

Scale up of Isoniazid Preventive Therapy: A Quality Management Approach in Nairobi County, Kenya

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Abstract : HIV infection is the strongest risk factor for a person to develop TB. Isoniazid preventive therapy (IPT) for People Living with HIV (PLWHIV) not only reduces the individual patients' risk of developing active TB but mitigates cross infection. In Kenya, IPT for six months was recommended through the National TB, Leprosy and Lung Disease Program to treat latent TB. In spite of this recommendation by the national government, uptake of IPT among PLHIV remained low in Kenya by the end of 2015. The USAID/Kenya and East Africa Afya Jijini project, which supports 42 TBHIV health facilities in Nairobi County, began addressing low uptake of IPT through Quality Improvement (QI) teams set up at the facility level. Quality is characterized by WHO as one of the four main connectors between health systems building blocks and health systems outputs. Afya Jijini implements the Kenya Quality Model for Health, which involves QI teams being formed at the county, sub-county and facility levels. The teams review facility performance to identify gaps in service delivery and use QI tools to monitor and improve performance. Afya Jijini supported the formation of these teams in 42 facilities and built the teams' capacity to review data and use QI principles to identify and address performance gaps. When the QI teams began working on improving IPT uptake among PLHIV, uptake was at 31.8%. The teams first conducted a root cause analysis using cause and effect diagrams, which help the teams to brainstorm on and to identify barriers to IPT uptake among PLHIV at the facility level. This is a participatory process where program staff provides technical support to the QI teams in problem identification and problem-solving. The gaps identified were inadequate knowledge and skills on the use of IPT among health care workers, lack of awareness of IPT by patients, inadequate monitoring and evaluation tools, and poor quantification and forecasting of IPT commodities. In response, Afya Jijini trained over 300 health care workers on the administration of IPT, supported patient education, supported quantification and forecasting of IPT commodities, and provided IPT data collection tools to help facilities monitor their performance. The facility QI teams conducted monthly meetings to monitor progress on implementation of IPT and took corrective action when necessary. IPT uptake improved from 31.8% to 61.2% during the second year of the Afya Jijini project and improved to 80.1% during the third year of the project's support. Use of QI teams and root cause analysis to identify and address service delivery gaps, in addition to targeted program interventions and continual performance reviews, can be successful in increasing TB related service delivery uptake at health facilities.

Keywords : isoniazid, quality, health care workers, people leaving with HIV

Conference Title : ICT 2019 : International Conference on Tuberculosis

Conference Location : Venice, Italy

Conference Dates : August 13-14, 2019