**Quality Improvement in ANC and PNC: Evaluation of a blended learning package for health care workers**

**Fiona Dickinson1, Lydia Mwanzia2 on behalf of the QI package development team (UK, Kenya & Nigeria)**

***1Emergency Obstetric & Quality of Care Unit, Liverpool School of Tropical Medicine, Liverpool, UK***

***2Emergency Obstetric & Quality of Care Unit, Liverpool School of Tropical Medicine, Nairobi Kenya***

**Background**

Whilst coverage of maternal and newborn health services is important, to improve health outcomes, the quality of care provided also needs to be of a high standard. The LSTM quality improvement (QI) course provides healthcare workers with the necessary tools to evaluate and improve the quality of care provided using standards-based audit. To make the course accessible to as many participants as possible and to be cost-efficient, the existing full face-to-face course was modified to use a blended learning approach, a format that has been found to work well previously for other courses. The QI course comprised Self-directed learning (SDL) using the World Continuing Education Alliance online platform, online real-time, virtual group learning (OGL), and face-to-face (F2F) group learning. We describe the development and evaluation of this new training approach in Kenya and Nigeria.

**Methods**

Material from the previous standard format QI course were used as a foundation for the new course and content was allocated to the pedagogic approach most appropriate, ensuring adequate coverage and avoiding unnecessary duplication. The course presentations and supporting materials were developed, reviewed and recorded by members of the team and then piloted. A participant workbook containing templates and worked examples, and a detailed facilitators’ manual were also developed. Once finalised, online orientations were conducted to familiarise existing course facilitators with the new package, and a master trainer package was developed for new facilitators not familiar with online QI training approach. We assessed the participant reaction to the new training approach using the Kirkpatrick framework (levels 1 & 2).

**Results**

Four online facilitator orientation sessions were conducted, with 58 participants from Kenya, Nigeria and Tanzania.

To date, the QI BL course has been rolled out in two countries, Kenya and Nigeria. A total of 251 healthcare providers have completed the SDL component, with 221 (88%) scoring 70% or above in the final assessment. In addition, 191 have completed the OGL component, and 92 attended the F2F component.

Based on feedback from participants, most were nurse/midwives (93%), had never done blended learning before (56%) and accessed the course using a mobile/cell phone (84%).

All participants who provided feedback found the course to be a useful method of learning, scoring the SDL at 4 or 5 out of 5. They commented that it provided flexibility and requested for further similar courses in the future.

**Conclusion**

Initial stages of the QI blended learning course have been generally well received, allowing larger numbers to access the learning materials in a short space of time, than would have otherwise been possible with a traditional style course. Implementation experiences and feedback from participants will be used to continue to improve the course content and delivery.