



Quality Improvement Strategies in Kenya Result in Better EmONC Services

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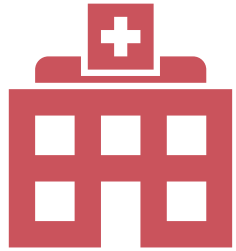
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Learning Objectives

1. Explain the importance of capacity-building approaches for improving uptake and quality of emergency obstetric and newborn care (EmONC) services in Kenya.
2. Define the role that data for local decision-making plays in quality improvement (QI) of EmONC services.
3. Recognize the roles that advocacy and support from leadership play in program sustainability.

Results



More health facilities provide quality EmONC services: **increased from 23 in 2015 to 67 in 2016.**



Over 25,000 pregnant women received better-quality EmONC services in 2016.



Number of women with eclampsia decreased by **17%.**



Number of assisted vaginal deliveries (AVDs) **increased by 123%.**

Results



756 low-birthweight/preterm infants received kangaroo mother care.

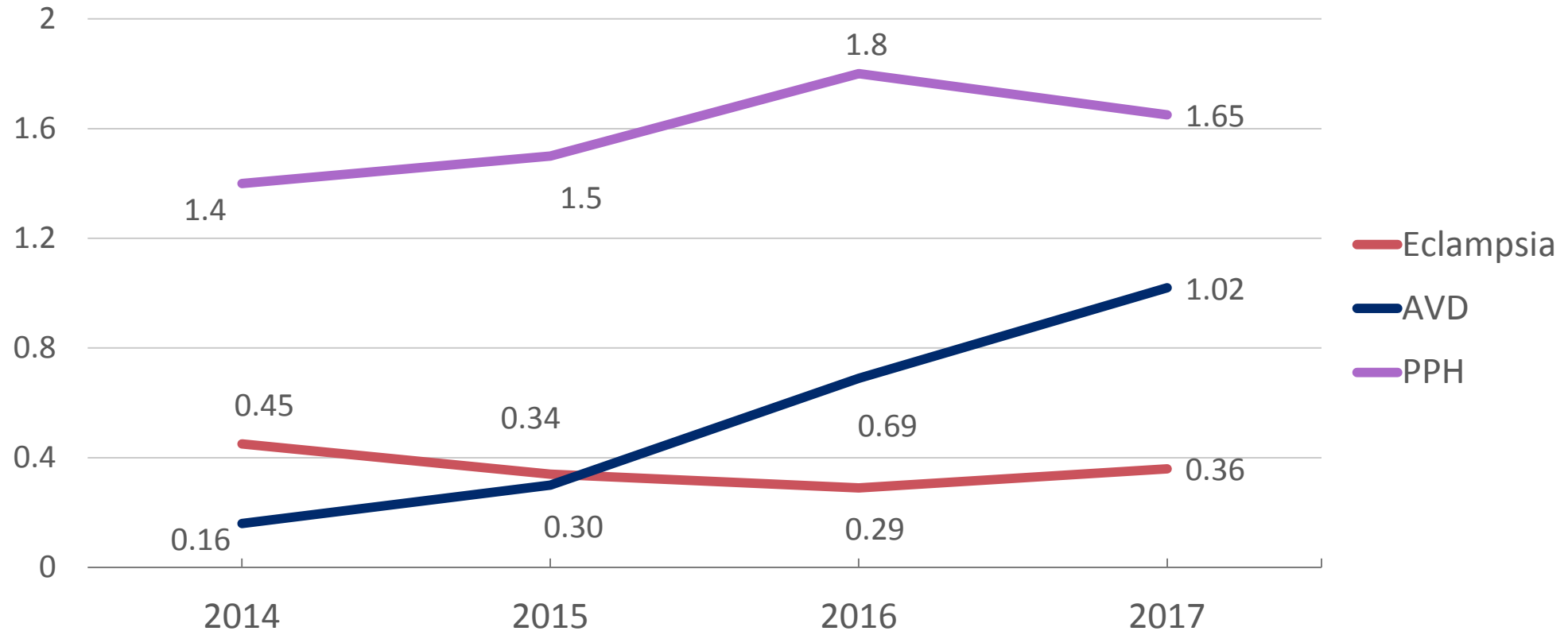
87% (658/756) were discharged alive.



Stock-outs of uterotonics in public health facilities for several months in 2015 and 2016, and the doctors' strike from December 2016 to March 2017 hampered prevention and management of postpartum hemorrhage (PPH).

Trends 2014–2017

Cases per 100 births



Data accessed from DHIS2 on May 28, 2018

Background

- EmONC services are a universal priority for the Ministry of Health (MOH), but quality has often been below MOH standards.
- The MOH, with the support of MCSP, initiated an EmONC QI program in 57 health facilities in Kisumu and Migori to improve service utilization and quality for over 25,000 women during pregnancy and childbirth.

Methods

- Established subcounty-level capacity-building teams, which provided regular EmONC mentorship to health care workers at health facilities based on gaps identified in clinical skills assessments.
- Conducted quarterly assessments to determine adherence to quality standards using the Standards-Based Management and Recognition (SBM-R[®]) approach.

Methods

- Supported data collection, analysis, and use.
- Supplemented select equipment and supplies as necessary.
- Disseminated EmONC job aids and advocated for ownership of QI by MOH leadership.



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Key Messages

1. Sustainability requires beginning with the end in mind and the MOH leading the process.
2. Support needs to be institutionalized within the existing MOH health system structure.
3. QI results in expanded uptake of services.

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