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Maternal and Child Survival Program

MCSP Kenya Program Brief
Maternal and Newborn Health

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A woman receiving ANC services in East Pokot during an outreach Photo credit: [Allan Gichigi/MCSP Kenya]

Goal

To reduce maternal and newborn morbidity and mortality the MCSP Kenya program focused on a continuum of care addressing the major causes of mortality – haemorrhage, pre-eclampsia/eclampsia and infection for mothers and preterm birth, infections, and asphyxia for neonates- through evidence based high impact interventions at health facility levels, accompanying increased facility delivery with quality improvement of services, and appropriate community-based approaches focusing on birth preparedness, postnatal care and behaviour change for improved health practices, generating demand for all MNH services, and advocating for sustainable support. MNH began in September 2014 and will complete its work in December 2017, having reached 17 sub-counties across Kisumu, Migori, Meru and Baringo.

Program Approaches and Strategies

Strengthened the capacity of county and sub-county health management teams to implement RMNCAH services:

In line with USAID Kenya's health strategy, MCSP role was to strengthen county health teams and county health systems—to implement quality RMNCAH services. The 2013 Kenya Service Availability and Readiness Assessment Mapping report indicated that the service readiness index for provision of maternal health services in Migori and Kisumu was at 38% and 42% respectively. Prior to implementation, MCSP led a rapid needs assessment across 77 health facilities in the 17 sub counties of Baringo, Meru, Kisumu and Migori that identified readiness to respond to obstetric and perinatal emergencies as key gaps and areas of need for service providers. As a result, the Program conducted a Basic Emergency Obstetrics and Newborn Care (BEmONC) training for 94 service providers from the target counties. The participants comprised mainly clinicians, nurses, laboratory staff with a few from other cadres like nutrition, pharmacy and health records. The trainings sought to equip the health care providers with the requisite knowledge and skills to effectively handle emergencies in the ante-natal, delivery, post- natal and perinatal emergencies. The 5-day classroom training focused on lectures, role plays and case studies on emergency preparedness and management, and practicing skills on humanistic models. This was followed by weekly on-site mentorship to ensure skills acquisition and competency within a six-week period. The trained providers then cascaded the skills on –site at the facility level to all providers. Monthly assessments were conducted at each facility to re-evaluate status and offer remedial action. The BEmONC and CEmONC readiness is at over 80% in both Migori and Kisumu as of September 2017. In Baringo and Meru Counties, most of the providers were reached via whole site orientations and mentorship.

Created demand for facility level MNH services:

Misconceptions and geographical barriers have consistently prevented community members from seeking and accessing facility level MNH services (e.g., skilled birth attendant). Often community members are either unaware of available MNH services or lack confidence in the service providers' ability to manage emergencies. To mitigate the effect of these demand barriers, the program trained 2,699 Community Health Volunteers (CHV) from Baringo, Meru, Kisumu and Migori counties using the Community Maternal and Newborn Health modular curriculum. The training was delivered through a mix of methods including lectures, role plays, group work and discussions. The events took place at community venues e.g. schools and church halls. The empowered CHVs – trusted members of the communities – led outreach activities like home visits, community dialogue and action days and advocacy for skilled birth attendance. MCSP also conducted a traditional birth attendants mapping exercise at 12 sub counties in Ksumu and Migori which informed the respective counties on how best to utilize them as referral agents. To strengthen community and facility linkages, MCSP supported Maternity Open Days foras which created an environment for free interaction between pregnant mothers and Service Providers, and sharing personal experiences during childbirth with others. These fora motivated those anxious about pregnancy and childbearing.

Advocated for sustainable financial and technical support for MNH services at the facility level:

At program inception, devolution was at its initial phase. Funds were pooled together at county level irrespective of department and equal resources disbursed to all facilities without regard to the level of the facility or demand. Through health stakeholder forums convened by the County Health Departments, MCSP was able to make a case for allocation of funding towards purchase of life saving MNH commodities like oxytocin and chlorhexidine for cord care by the County Assemblies. This was on realization that the same were not as readily available through the national supply chain mechanism. These advocacy efforts resulted in funding allocations that enabled the county health departments to procure goods and services locally.

Improved commodity management at facility level:

In Kisumu and Migori, MCSP used the whole site orientation approach that targetted all facility staff. They received updates on forecasting and quantification, prompt ordering and mechanisms for reporting. The orientations were conducted by County and sub county managers who weere faciliatated to reach the facilities by MCSP. Subsequently, the managers conducted targeted supportive visits to facilities with specific challenegs. Improved forecasting and supply planning resulted in securing more allocation for MNH commodities by the County Governments. and also informed the re-distribution of commodities in cases of over and under supply.

Key Results and Findings

Results

- **Increased skilled birth attendance (SBA) rate:** From Oct. 2013 – 2016, through improving provider knowledge and skills, provision of basic equipment and commodities, support supervision and community engagement, the skilled birth attendance rose from 48% to 58% in Kisumu and 39% to 53% in Migori County. Improved SBA meant that there was early referral, early recognition of danger signs and improved readiness of the facilities to respond to high risk pregnancies. Regular audits of the maternal and perinatal mortalities were crucial in determining quality of care.
- **Improved MNH commodity stock levels**: In Kisumu and Migori, MCSP-supported facilities increased the availability of essential drugs and non-pharmaceuticals: oxytocin, Magnesium Sulphate, uterine balloon tamponade, assisted ventilation bags and warm resuscitation equipment.
- **Improved demand for 1st and 4th antenatal care (ANC) visits at health facilities:** Between October 2013 and 2016, the 1st ANC attendance improved from 58% to 91% of pregnant mothers in Kisumu and from 53% to 89% pregnant mothers in Migori. Over the same time period, ANC 4th visit increased from 48% to 54% of pregnant mothers in Kisumu; and 37% to 40% of pregnant mothers in Migori County.

Findings

- **Allocation of funds by the County Government ensures regular access to quality MNH services.** MCSP commenced implementation at County level at a time devolved health care was just beginning. During the facility assessments for BEmONC scale up, it was found that a lot of the solutions to some challenges at the facility level could be overcome if the County Government factored them into their budgetary allocations in good time. The funds could be used for capacity building for Service providers, commodities management and equipment procurement.
- **Community involvement ensures sustainability and provision of services including health promotion.** Barriers to access can easily be addressed by Community Health Volunteers and demand creation.
- **Innovations and scaling up of best practices to other Counties and S/Counties enhances access to services.** Maternity Open Day creates an environment for free interaction between pregnant mothers and Service Providers, and sharing personal experiences during childbirth with others. These fora motivate those anxious about pregnancy and childbearing.

Recommendations

- **Budgetary allocation at the county level improves and sustains high-quality MNH service delivery.** With devolved health service provision, there is a great need to invest local resources towards improving maternal health services. This along with the complementary contribution from partners should be chaneled tiowards provider training, procurement of equipment, commodities supply, regular supportive supervision and incentives for Community Health Volunteers.Progress has been made in this respect with the County assemblies of Kisumu and Migori in the development and dissemination of Costed Implementation Plans for Family Planning. Some commodities on the essential drug list are now procurable at County level.

- **Public-Private partnerships**
  About 50% of health services are offered in private and faith based health facilities in Kenya and this was no different in the program intervention counties. MCSP in partnership with the County Health Departments of Kisumu and Migori built the capacity of service providers from the private sector to provide quality services as per national guidelines. In addition, commodity supply chains with the County structures were strengthened to ensure that these facilities access the free essential commodities such as FP commodities, MIP prophylaxis drugs and vaccines.MCSP also supported the CHMTs and SCHMTs to provide supportive supervision to these facilities. This coordination of Privately-owned facilities to needs be enhanced by including more providers from the private facilities in data review meetings and capacity building as data generated from both Public and private facilities should inform decision making for respective Counties. This also ensures that clients receive a standard of care as prescribed by the national guidelines irrespective of the facility-ownership and type.