

The Maternal and Newborn Improvement Quality of Care (MANI-QC) 2-year project achievements

The MANI-QC project is working with the Ministry of Health and other development partners to improve the quality of health services and maternal and newborn outcomes for mothers and babies in Nandi, Kericho, Mombasa and Kwale Counties. The project interventions are anchored in a targeted health system strengthening approach to improve the quality of Emergency Obstetric and Neonatal Care (EmONC) service delivery. This is done by using evidence gathered from the Kenya Health Information System (KHIS) and mobile-based EmOMC readiness Assessment Tool - Quality of Institutional Care (QuIC) tool, strengthening Maternal, Perinatal Death Surveillance and Response systems and capacity building of service providers on the provision of quality EmONC services.

Technical approach

The project interventions are anchored in a targeted health system strengthening approach aimed at improving emergency obstetric and newborn care (EmONC) service delivery by weaving together the following main components.

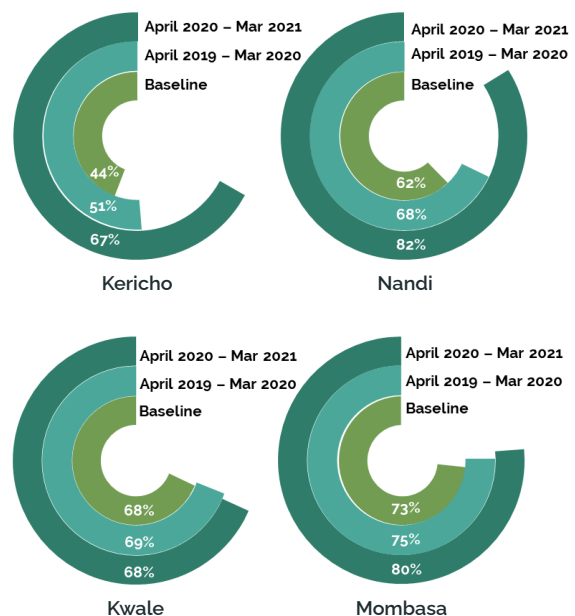
The following are a summary of the results achieved for the first two years of implementation (from April 2019 to Mar 2021):



Skilled birth attendance rate

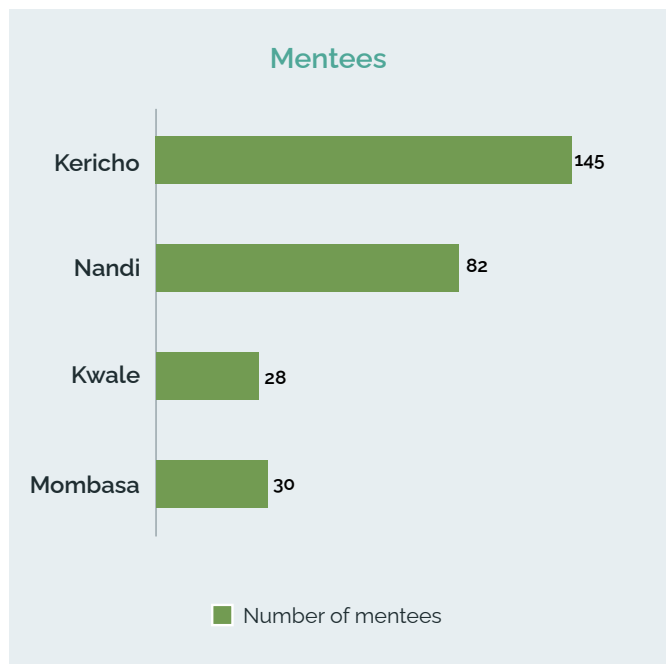
More pregnant women sought maternity services in health facilities, with the overall skilled attendance rate improving by 13% across the counties. Baseline -62%, year 1 -63% and 75% in year 2 as shown in the graph below.

Skilled birth attendance rate (%)



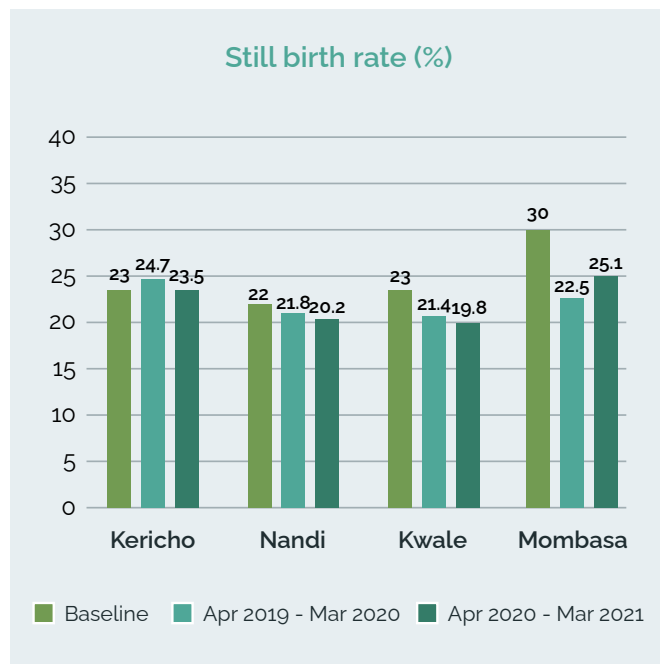
EmONC Mentorship:

285 (143%) mentees have been mentored across the four counties, exceeding the project's 200 mentees target.



Stillbirths

Stillbirths reduced overall, evidenced by the stillbirth rate lowering from 24.5% at baseline to 22.6% in year 1 and further to 22.1% in year 2.

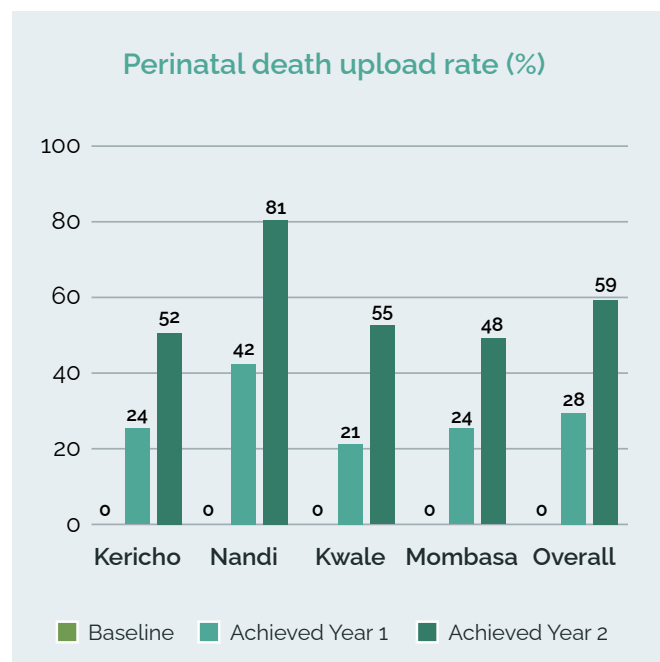
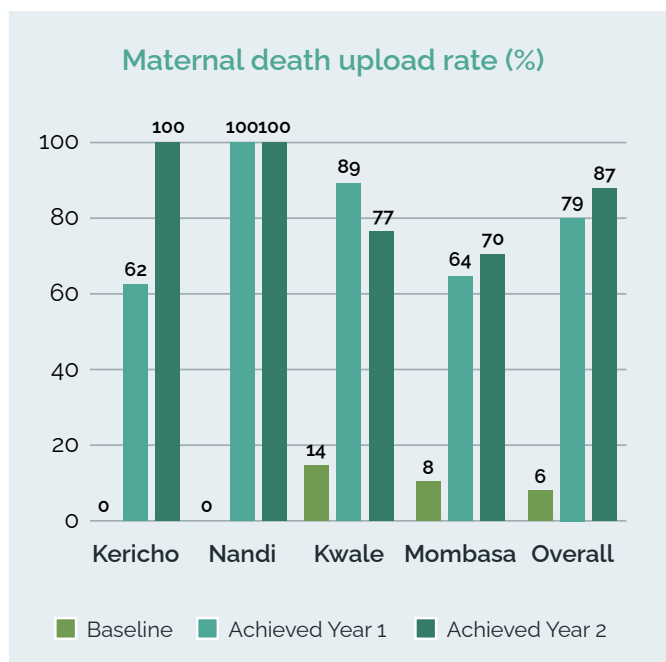


Blood Availability

9,598 pints of blood were collected across all four counties from 59 blood drives.

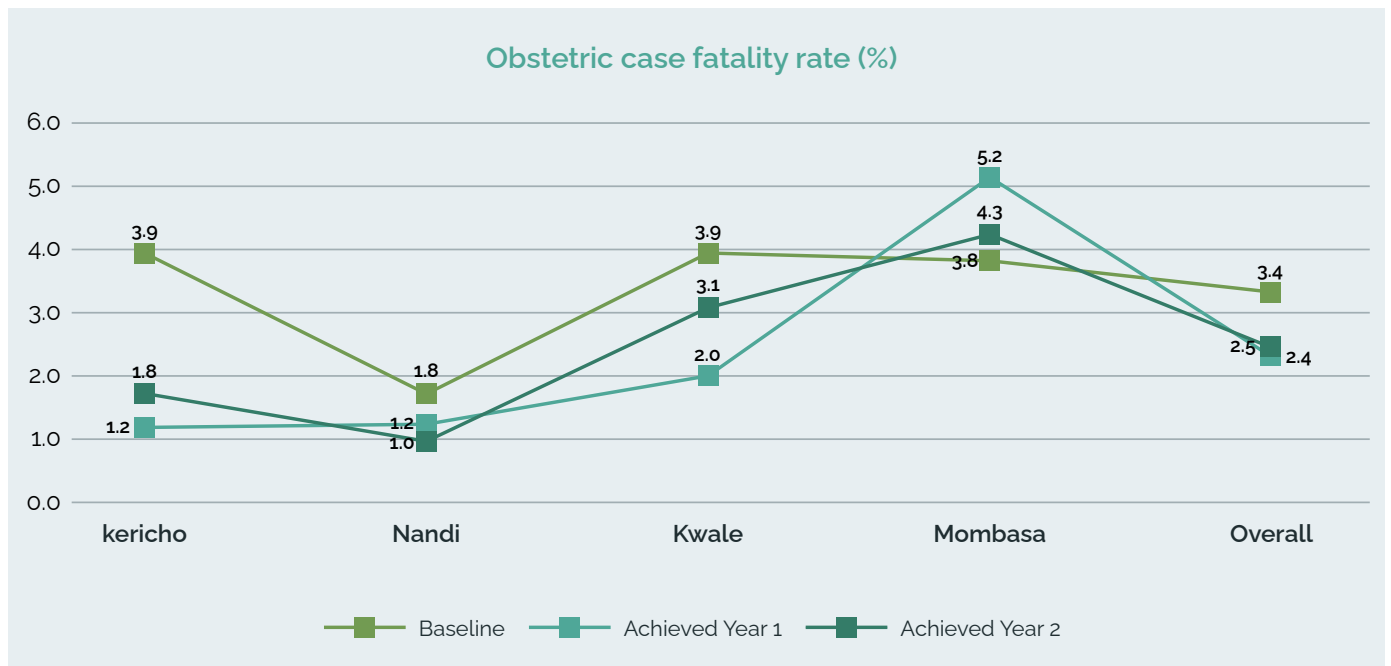
Maternal, perinatal death surveillance, and response

Upload of maternal and perinatal reviews improved significantly. Maternal Death Reviews increased by 81% (6% at baseline and 87% at end of year 2). Perinatal death Reviews improved from zero (0) at baseline to 59% at March 2021 over the 2 years of implementation.



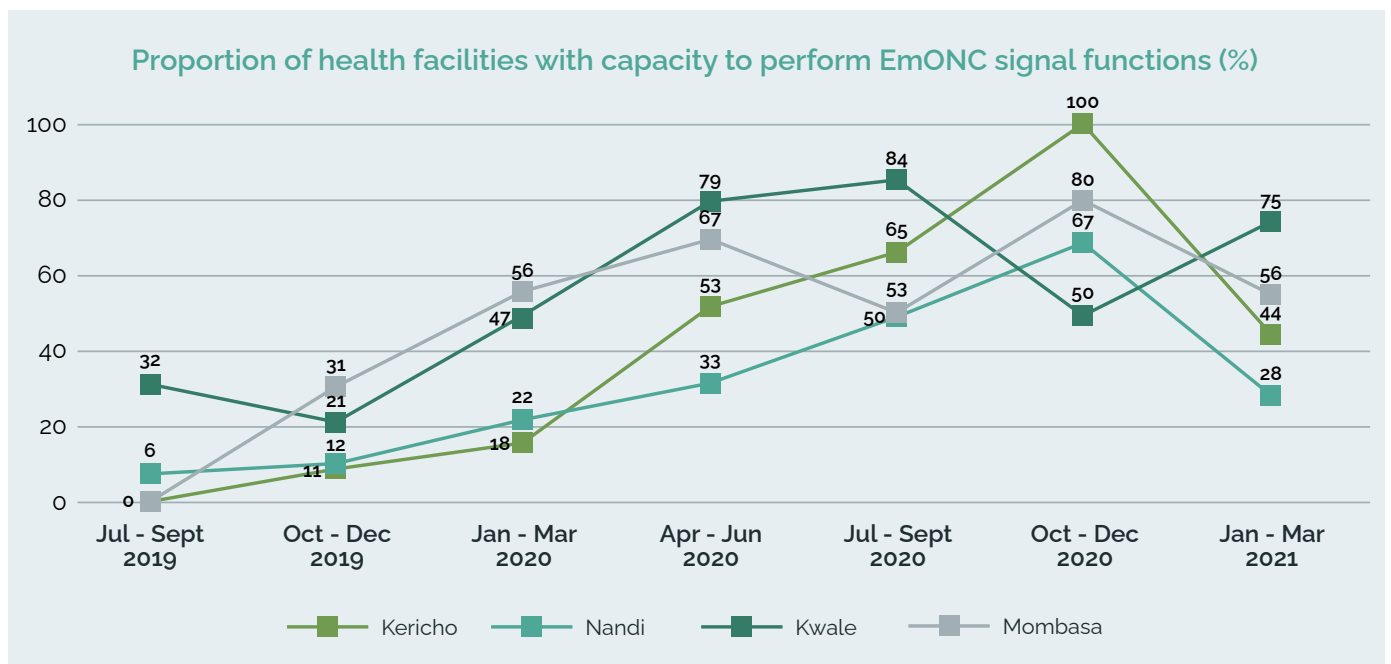
Obstetric case fatality rate

The fatality ratio delivering women with complications reduced by 0.9% over the two years.







Facility EmONC readiness

Through the quarterly QuIC assessments, the capacity of facilities to provide EmONC services was enhanced over the period.



Health system strengthening

Category	Achievements
 Health Care Financing	<ul style="list-style-type: none"> The health sector in all four counties receives the highest budget allocation as a percentage of the total county budget (at least 25%) from 22% in 2019/2020 FY. Three counties (Mombasa, Nandi and Kericho) developed Facility Improvement Fund Bills at the final stages of being enacted. All four counties have the capacity to plan and budget and are doing their annual workplans, reviewing their performance, prioritising, and budgeting in a programme-based manner
 Use of data for Decision Making	<ul style="list-style-type: none"> There is increased use of data for decision-making. i.e. evidence from MPDSR and hemovigilance meetings in Kwale and Kericho was used to procure additional blood transfusion cold chain equipment and subsequent increase in capacity and number of public transfusing facilities. Nandi County developed a Human Resource for Health Strategy that guarantees adequacy and equitably in the distribution of health workers across the county. The strategy is a crucial step towards ensuring that recruitment is targeted and addresses the core needs. Previously, the county employed more non-core/support staff than medical professionals.
 Sustainability	<ul style="list-style-type: none"> All four counties have included key MNH priorities in their plans and budgets and fund those activities. Some of the priorities outlined by the counties include Mentorship, MPDSR, EmONC training, Hemovigilance activities, and data quality audits.
 Partnership	<ul style="list-style-type: none"> Partnership among the health sector stakeholders has been enhanced across the counties. The team holds regular meetings and co-fund activities, reducing costs, minimizing duplication, and promoting value for money.



About Options

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options.co.uk
info@options.co.uk

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