

NOTE FROM THE EDITOR

Welcome to the third issue of the MEASURE Evaluation PIMA (MEval-PIMA) *Activity Update*, a monthly publication dedicated to sharing news on the project's work to strengthen monitoring and evaluation (M&E) systems in Kenya.

This issue's theme focuses on World Contraception Day 2015, and highlights efforts to scale up basic emergency obstetrics and newborn care (EmONC).

Wanting a Safe Pregnancy: Quality Care is Critical

NAIROBI, Kenya—A vision of a world where every pregnancy is wanted is an important goal: more than 40 percent of pregnancies in Kenya are unintended; either mistimed or unwanted, mainly arising from an unmet need for contraceptives.¹

Among the United Nations' 15-year Sustainable Development Goals are improving care to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and ending preventable deaths of newborns and children under five years old.²

Women should not delay seeking care, nor be prevented from reaching and receiving care. But the care they do receive should be quality care. Ensuring quality care is partly dependent upon building technical capacities among health care workers. These capacities include being able to gather, analyze, and interpret maternal and newborn indicator data to design interventions to address complications at childbirth. With funding and support from USAID Kenya since July 2013, MEval-PIMA has been supporting seven USAID maternal, newborn, and child health



Photo by Yvonne Otiemo, MEval-PIMA

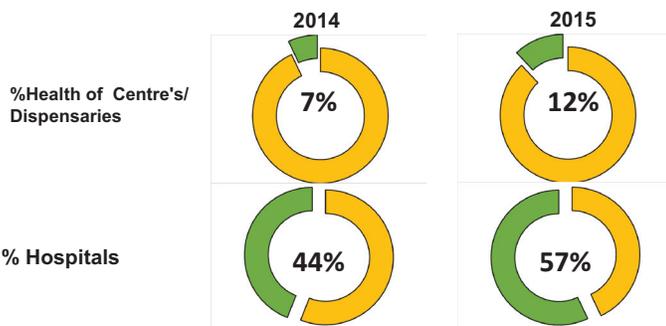
Breast feeding is lauded as a best practise in newborn care. Breast feeding immediately after birth helps keep the baby warm, and provides natural antibiotics from the mother.

(MNCH) projects to monitor and evaluate the scale-up of basic EmONC, a high-impact intervention aimed at reducing maternal and newborn deaths in 15 counties that have high rates of maternal mortality.

This work is guided by a set of "signal functions," which are the indicators/criteria used to determine whether a facility is ready to offer *basic emergency obstetrics and newborn care* (BeMONC) or *comprehensive emergency obstetrics and newborn care* (CeMONC). There are seven indicators for BeMONC and two for CeMONC, as illustrated in the figure on the following page.

Through MEval-PIMA's leadership, the scale-up has showcased the use of data to drive decision making and track clinical progress. Over the last three years, MEval-PIMA has coordinated an annual training of county teams, the refinement of survey tools, data visualization dashboards and county data charts, and dissemination and action planning workshops. The project has worked in collaboration with the Reproductive and Maternal Health Services Unit of the Ministry of Health and the County Health Management Teams to strengthen the provision of family planning to women, increasingly focusing on the period after delivery (i.e., post-partum family planning).

Kitui County Status of facilities with the seven Signal functions on Emergency Obstetric and Newborn Care (EmONC)



¹ Kenya National Bureau of Statistics (KNBS), ICF Macro. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro, 2010.

² Sustainable Development Knowledge Platform. Sustainable Development Goals. Source: <https://sustainabledevelopment.un.org/topics>. Accessed: September 24, 2015.

EmONC Signal Functions

BEmONC (Tier 2 Facilities)	CEmONC (Tier 3 & 4 Facilities)
(1) Administer parenteral antibiotics	Perform signal functions 1–7, plus:
(2) Administer uterotonic drugs	(8) Perform caesarean section
(3) Administer parenteral anticonvulsants	(9) Perform blood transfusion
(4) Manually remove the placenta	
(5) Remove retained products	
(6) Perform assisted vaginal delivery	
(7) Perform basic neonatal resuscitation	

“Quality data is critical for tracking progress, identifying gaps, and designing interventions,” to address those gaps.

Dr. Sheila Macharia,
USAID Kenya/East Africa

In the past week, USAID-funded partners working on the EmONC scale up held a meeting in Kitui County to share and learn from best practices from implementing the intervention. The partners included APHIA Plus Kamili, APHIA Plus Nuru ya Bonde, APHIA Plus Imarisha, APHIA Plus Nairobi and Coast, APHIA Plus Western, Maternal and Child Health Integrated Program (MCHIP), and Academic Model Providing Access to Healthcare (AMPATH). MEval-PIMA prepared and presented detailed county data charts as part of learning sessions on knowledge sharing and action planning.

The data showed marked improvements in hospitals’ readiness to offer emergency services. But lower-tier facilities, dispensaries, and health facilities, which are the first line of providers to the vast majority of rural women, were still ill-prepared to help mothers seeking care.

Speaking during the workshop, Dr. Sheila Macharia, USAID Kenya/East Africa Manager for Family Health, reiterated the Mission’s commitment to supporting government efforts to improve maternal and newborn health. “Quality data is critical for tracking progress, identifying gaps, and designing interventions to address those gaps,” said Dr. Macharia.

From the experiences shared, it was evident that more needs to be done to end preventable maternal and neonatal deaths and that localized innovative solutions can play an important role at the health facility level. For example, in Kitui County, staff use WhatsApp (a mobile phone messaging application) to facilitate quick consultations during emergencies. The app also can be deployed to improve the reporting of maternal and newborn deaths. It is by making such improvements in the quality of maternal health data and decision making that care provided is also improved to help ensure every pregnancy is wanted and every pregnancy is safe.



Photo by Yvonne Otiemo, MEval-PIMA

Dr. Catherine Kago attends to Judith Kimuyu at the Labour Ward in Muthale Mission Hospital in Kitui County, Kenya. Muthale is one of the hospitals providing EmONC services to the community.

For more information visit <http://www.cpc.unc.edu/measure/pima/maternal-and-reproductive-health> and <http://www.cpc.unc.edu/measure/pima/meval-pima-news/partnerships-and-improved-strategic-information-scales-up-emergency-obstetric-and-newborn-care-in-kenya>

Contact: Benter Owino Dinda, M&E Advisor, Family and Reproductive Health, MEASURE Evaluation PIMA.
Email: benter.owinodinda@icfi.com

MEASURE Evaluation PIMA supports Kenya’s Division of Family Health and Reproductive and Maternal Health Services Unit (RMHSU) to monitor strategy implementation, standards, and tools for data quality. The work presented here has been supported by the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation PIMA Associate Award AID-623-LA-12-00001. Views expressed are not necessarily those of USAID or the U.S. government.