Enhancing reporting of community data through community-facility linkages

Welcome to the sixth edition of the Afya Uzazi Nakuru-Baringo Program Data Bulletin.

We continue to share insights into data for specific indicators for Afya Uzazi Program, now in its third year. In the third quarter of Year 3, reporting rates improved for family planning, reproductive, maternal, neonatal, adolescent and child health (FP/RMNCAH) commodities across the focus sub-counties. During the quarter, the program launched mHealth solutions that combines SMS reminders to pregnant women and utilization of Appointment Diaries to encourage uptake of antenatal care, skilled delivery and postnatal care services. However, some challenges persist. For instance, some facilities are not optimally using the partograph to monitor women in labour. Afya Uzazi is supporting health facilities to conduct continuous medical education to address such gaps and enhance the quality of services offered by healthcare workers.

We continue to gather feedback from our stakeholders and the general audience on topics that interest. Send suggestions on content that you would like to see included in the next issue or on how we can improve this publication to the editor via e-mail to: info@afyauzazi.org

Afya Uzazi's Technical Assistant for Data Management, Gladys Kiura, provides support to a healthcare worker during ANC and Maternity data review session.

The Community Health Strategy (CHS) seeks to ensure healthcare is accessible to everybody, regardless of distance to health facilities. The strategy underlines the role of community health volunteers (CHVs) in providing healthcare services by visiting households regularly and delivering health services and messages.

CHVs are the first contact in the health system and provide information, and sometimes, treatment for common health problems such as diarrhea and malaria. They increase demand for services by referring clients with conditions they cannot manage, to health facilities. They help pregnant women to plan and receive appropriate care during pregnancy and delivery, and families to take care of expectant women, mothers and their newborns.

In order to improve the quality of community-based health services, Afya Uzazi supports CHVs and community health extension workers (CHEWs) who oversee their work to capture data on maternal, newborn, child and adolescent health as well as nutrition and water, sanitation and hygiene (WASH) at household level and aggregate it at the community level.

The project has ensured that health information generated by CHVs is linked to the facility-based Kenya Health Information Systems (KHIS) for referral care and aggregated, higher level reporting. (See flow chart on page 2).

KHIS is used to continuously improve data quality and completeness of reporting. It allows users to conduct simple, customized data analysis. This encourages data use for decision-making right from the lowest level (community) to national level.

To improve the quality of community data, Afya Uzazi has initiated regular meetings and consultations among CHVs, CHEWS...
and healthcare workers to track women who are referred from the communities but do not visit health facilities for services.

CHVs are tasked to make household visits to follow up on the women and establish why they did not seek for services.

As part of quality improvement, Afya Uzazi also conducts monthly community data review meetings, usually attended by the CHVs, CHEW and technical staff of Afya Uzazi. Feedback from these meetings is used to improve decision-making.

Data Flow Chart

Data collection and aggregation
- Data is collected by the CHVs using the MOH 513 tool from the households.
- CHVs then summarize the data to the MOH 514.

Data review and summarization
- The CHEW holds monthly meeting with the CHVs during which they submit the data to the CHEW
- The CHEW summarizes the data using the MOH 515 and submits it to the link facility attached to the community unit.

Data entry into the KHIS
- The SCHRIIO enters the data into KHIS desegregated by the community level units attached to a facility.

Data validation and submission
- The facility CHEW validates the data
- Facility CHEW submits the data it to SCHRIIO together with other facility MOH data.

mHealth solutions to increase demand for MNCH services

The 4th ANC attendance (ANC4), skilled birth delivery (SBA) and 1st postnatal care visit (PNC) indicators have continued to record relatively low performance compared to the rest of the project indicators. This is attributed to several reasons which include:

- Late identification of pregnant women, thus limiting the number of ANC visits they can make before they deliver.
- Inadequate facility readiness to retain every pregnant woman who comes for the first ANC services.
- Challenges related to access to the health facility such as long distance to the nearest facility, poorly developed road networks and lack of money or transport.
- Shortage of health care workers, leading to long queues of clients seeking services. Pregnant do not like to stay in the queue for long
- Attitudes and beliefs: Many pregnant women believe they can receive adequate support from traditional birth attendants (TBAs) without necessarily attending ANC clinics.

Studies and interventions have demonstrated that mHealth, including SMS systems, significantly improve uptake of essential services during pregnancy and after delivery through delivery of health tips and appointment reminders. On this basis, Afya Uzazi has designed a customized mHealth system that involves the adoption of a paper-based Appointment Diary that will be used by HCWs to schedule ANC and SBA appointments. It utilizes an open data kit (ODK) system for submitting missed ANC and SBA scheduled appointments captured in the diaries, and an SMS-based application for sending SMS appointment reminders to the pregnant mothers.

The mHealth system will be implemented across health facilities the project supports in Kuresoi North Sub-County. The county and sub-county health management teams (C/SCHMTs) have been briefed on the interventions and all facility in-charges give orientation on its use. The distribution of Appointment Diaries, training of the health care workers on the ODK system, and rollout of the system will be done in the subsequent quarter.

Technical Officer, Data Management and Health Information Systems – Afya Uzazi Program
CMEs contribute to better service delivery at referral hospital

Continuous medical education (CME) sessions help practitioners in the medical field maintain competence and learn about new and developing areas of their field. According to the Medical Superintendent for Baringo County Referral Hospital, the facility introduced regular CMEs in 2014, prompted by the need to enable staff receive regular health-related updates so that they offer quality services. It also aims at standardizing patient care systems.

CME sessions are held every Wednesday afternoon and usually last one hour. Each week, a department is assigned to make a presentation on a topic. An average of 30 staff attend the sessions.

Feedback from five facility staff indicates that the CME sessions have built their confidence.

“It gives the motivation because once you have built your confidence and have that knowledge which you also apply in managing the conditions that we usually discuss,” said the nurse in charge of MNCH at the referral hospital.

CME sessions have ensured sustained implementation of good reproductive health practices such as Kangaroo Mother Care (KMC)

“After the CME on KMC the program was rolled out at the facility and it picked up really well contributing to the facility being the leading one in North Rift... members from other counties have even visited to witness this.” Medical Superintendent, BCRH.

The former CME coordinator said that client satisfaction is at 92% and it is believed the CMEs have played a part. There is also an increased demand for services.

“There is increased knowledge transmission through on-job-training” Reproductive Health Nurse and former CME Coordinator

Moving forward, the health facility plans to increase CMEs to twice weekly, invite external speakers and benchmark with other facilities excelling in CME.

By Mary C. Sang
Pharmacist,
Baringo County Referral Hospital

Research Ethics Training Curriculum (RETC) 2nd Edition

Human research ethics rest on three basic principles: respect, beneficence and justice. These principles are the foundation of all regulations or guidelines governing research ethics and transcend all geographic, cultural, economic, legal and political boundaries. Although these principles are universal, there are few tools available to help researchers learn about the development and philosophy of ethics or find out how ethical principles can be applied in a practical way. FHI 360’s version of this training comes with a pre-/ post-test, evaluation form and certificate of completion. https://www.fhi360.org/sites/all//libraries/webpages/fhi-retc2/index.html

Visit Afya Uzazi website

Visit the Afya Uzazi project website (https://afyauzazi.org/) for updates on activities in Nakuru and Baringo counties, including a calendar. The website promotes knowledge exchange and learning. It links users to resources on maternal, child and adolescent health.

We encourage users to contribute local and other useful resources via email to: info@afyauzazi.org.

Reporting rates for FP/RMNCAH commodities improve

Continuous and adequate supply of safe and efficacious health commodities is a critical element in the implementation of FP/RMNCAH programs. One of the main challenges to accessing FP/RMNCAH services is weak supply chain management at the national, county, and facility levels. To address this challenge in PY3, Afya Uzazi Program offered mentorship to healthcare workers on proper quantification of FP/ RMNCAH commodities and best inventory management and storage practices, which include provision of job aids and reporting tools.

Consequently, between Quarters 2 and 3 of PY3, timely reporting for FP commodities improved from an average of 92% to 97% in Baringo Central, 96% to 100% in Kuresoi North, and from 92% to 97% in Kuresoi South. In addition, the stock-out level of the most commonly used FP method in Kenya, depot medroxyprogesterone acetate (DMPA) reduced to 6% in Kuresoi sub-counties and at 3% in Baringo Central. The project attained 100% reporting for contraceptive commodities and reported overall reduction in stock-out of FP method mix from 37% as reported in PY1 to 22%.
Afya Uzazi will continue to support sub-county health management teams to conduct on-job trainings to build capacity of health care workers on how to complete the commodity Facility Consumption Data Requesting and Reporting (FCDRR) form and proper quantification of health commodities.

The project will conduct onsite mentorship on commodity management (quantification and forecasting, inventory management, good storage practices) in selected facilities. Technical working groups will get support to monitor the FP commodity pipeline and stock status using an electronic dashboard to promote commodity security.

Use of partograph to monitor labor and delivery in Baringo County still low

A partograph is a graphical presentation of the progress of labor, and of the fetal and maternal condition during labour.

WHO recommends use of the tool in detecting whether labor is progressing normally or abnormally and to give warning as soon as possible if there are signs of fetal distress or if the mother’s vital signs deviate from the normal range.

Maternal and fetal complications due to prolonged labor are less common when a partograph is used.

In Baringo County, Afya Uzazi Project has sensitized midwives on the importance of documentation of the care and procedures they are offering. Completeness of all the parameters from the fetal heart rate to the summary of labor is imperative when it comes to evidence-based decision making. When an unfortunate situation related to labor and deliver arises, the partograph will always be their shield to demonstrate how they did their role as a healthcare worker.

Partographing improved between January and February 2019. However, this was shadowed by a decline in the completeness and quality of partographs in the subsequent months due to staff shortages and knowledge gaps in the use of the partograph.

“There is a still a gap in the chart’s utilization at the maternity, with some of the MO interns, CO interns and student nurses not fully conversant with charting all parameters,” Elizeba Komen, BCRH Maternity In-Charge, reported. She continued to say that “Some people may just plot the partograph because it is a requirement and not use it to monitor the labor progress and make decisions ... The quality and completeness of the partograph is dependent on who is on duty to check if it is well done.”

Strategies for continuous improvement in the monitoring tool utilization:

- Routine DOA on the partograph by randomly sampling to maintain standards.
- Allocation of qualified staff to guide student-nurses through the 1st stage of labour.
- Continuous motivation and induction of new staff by the maternity in charge.
- During QA/QI meetings, the hospital and Kenya Medical Training College (KMTC) can identify mentors to guide students on midwifery such as partographing.

About Afya Uzazi:

Afya Uzazi, meaning healthy parenthood in Kiswahili, is a five-year project funded by the United States Agency for International Development (USAID) under award No. AID-615-A-16-0011. Afya Uzazi aims to increase access to quality family planning/ reproductive health, maternal, neonatal, child, and adolescent health (FP/RMCAH) in focus sub-counties of Baringo North, Baringo Central, Marigat, and Mogotio in Baringo County and Kuresoi North and Kuresoi South in Nakuru County.

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Numerator: Number of adolescents (age 10-19) receiving ANC.
Denominator: Total pregnant adolescents
Data Collection method: Data is routinely collected at service delivery points using ANC register MOH 405.
Data collection frequency: Data is collected continuously at facilities as part of service delivery.

Feedback

Your feedback will help us improve this publication and guide us to ensure we give you the information that you would find most useful. Email comments or suggestions to: info@afyauzazi.org

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