



Maternal and Newborn Health Service e-Cohort

Baseline findings on ANC care

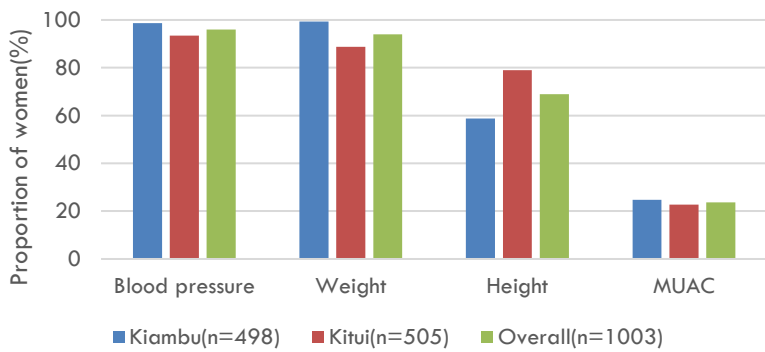
BACKGROUND AND APPROACH

- Focus on improving the quality of care that mothers and their neonates have traditionally been on inputs, such as hospitals, infrastructure and resource availability, and addressing human resource issues, with less attention given to the actual quality of care provided.
- Despite improvements in these areas over time, the quality of care has remained constant hence the stagnation of maternal and neonatal morbidity and mortality.
- The E-cohort study aims to rectify this by shifting the focus towards enhancing health system performance by focusing on quality of care through a patient-centered approach over time

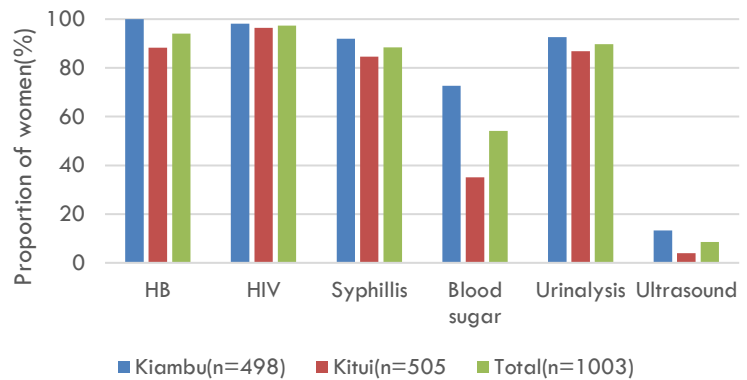
Competent care and systems

More than 90% of women had their blood pressure taken but majority their MUAC were not measured. Only 8.6% of women had an Ultrasound done

Measurement of vital signs



Routine lab test and imaging



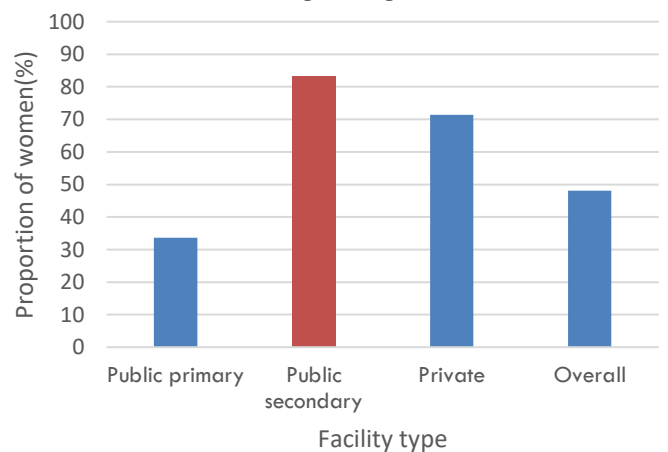
Competent systems

Among women who reported to have experienced at least one of the danger signs:
The detection and management of danger signs did not significantly differ across the study counties.

However, a noticeable contrast was observed in the detection and management rates of danger signs between public secondary facilities (80%) and private facilities (71%)

*danger signs included severe headaches, abdominal pain, bleeding, difficulty in breathing, loss of consciousness and convulsions

detection and management of danger signs



User experience

Generally, only 63% of the women reported receiving very good quality antenatal care at the facility level.

Additionally, Kitui perceives the quality of care more positively than Kiambu.

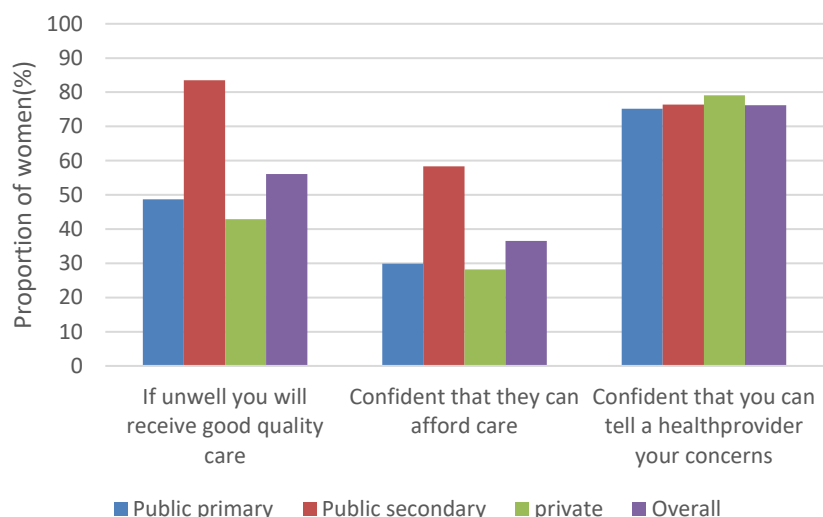
Higher proportion of women rated public secondary(74%) and private facilities(73%) unlike the public primary(55%) facilities

The waiting time, time spent by the provider, and availability of supplies and tests were all rated as very good by 50%, 65.6%, and 68.3% respectively. Despite these positive ratings, they were relatively low and similar across both counties, indicating a notable gap in these areas

Positive rating of different elements of care	Kiambu(n=498(%))	Kitui(n=505(%))	Overall(n=1003(%))
Knowledge and skills of provider	70.1	83.3	76.7
Availability of supplies and tests	67.8	68.8	68.3
Respect provider showed	67.9	83.5	75.7
Provider's explanation clarity	71.1	84.3	77.7
Your Involvement in decision making	70.8	81.3	76.1
Time spent by provider	60.4	70.8	65.6
Waiting time	50	50.6	50.3
Courtesy and helpfulness of facility staff	62.8	78.6	70.7

Confidence and trust in the health system

Confidence in the health system



- Although overall confidence in receiving quality care when unwell was at 56.1%, a striking 84% of respondents enrolled from public secondary facilities reported being very confident that they would receive quality care if they were unwell.
- Additionally, only 37% of participants expressed a high level of confidence in affording healthcare, with 58% of them originating from primary secondary facilities.
- significant 76% of respondents stated they were very confident in sharing their concerns with healthcare providers, particularly among those attending private facilities

IMPLICATIONS

- 1.Prioritize Patient Education:** Increase awareness about the importance of early antenatal care attendance.
- 2.Enhance Health Provider Awareness and Screening:** Improve screening for danger signs during antenatal care visits to address gaps in communication and ensure timely management.
- 3.Promote Ultrasound Utilization:** Encourage the use of ultrasound for early detection of fetal abnormalities by removing barriers to access e.g cost, availability and promoting its integration into routine antenatal care.
- 4.Improve Service Delivery Based on Perceived Quality:** Enhance service delivery across healthcare facilities to address patient dissatisfaction such as waiting, availability of medical supplies and promote consistency in care quality

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