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Maternal and Child
Survival Program


KMC Implementation Experience MCSP –Tanzania

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Outline

- MCSP Tanzania Program Objectives
 - Intervention coverage
 - Program approach and Achievements
 - Best Practices and lessons learnt
 - Success story
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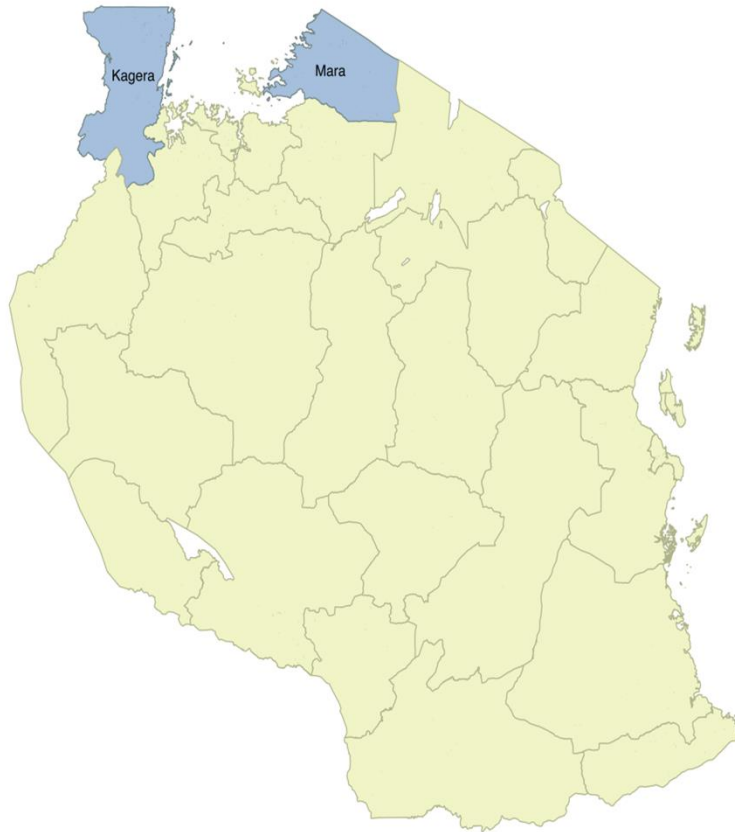
MCSP Tanzania Objectives

GOAL: Increase access to & coverage of quality RMNCH services through scale up and roll out of high impact interventions

Objectives:

- Improved environment for RMNCH services
 - Key health systems strengthened for quality RMNCH services
 - Strengthened civil society and community participation in RMNCH
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KMC Intervention Coverage



- Two regions, Mara, Kagera
- 16 Districts
- 25 hospitals
- Gov't and Faith based

Program Approach and Interventions

- Needs assessment
- Equipment and supplies
- Onsite Trainings
 - Trained 288 Health providers
 - Trained 39 clinical site mentors
- Clinical mentoring and coaching
- Integrated SS with QI approaches
- Verification and recognition



Program Achievements

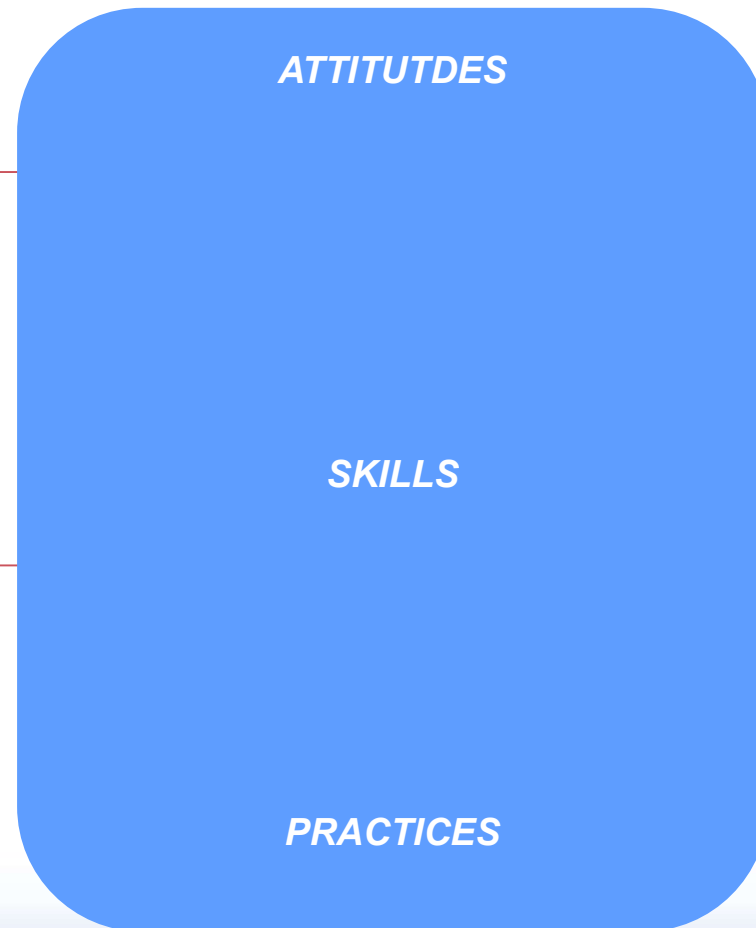
Achievements

Increased H/F
Management support

KMC Service Space
created (rooms)

Onsite Clinical
mentors supporting
transfer of KMC skills

Continuous
Internal QI
Assessments
External
Verification &
recognition



Results

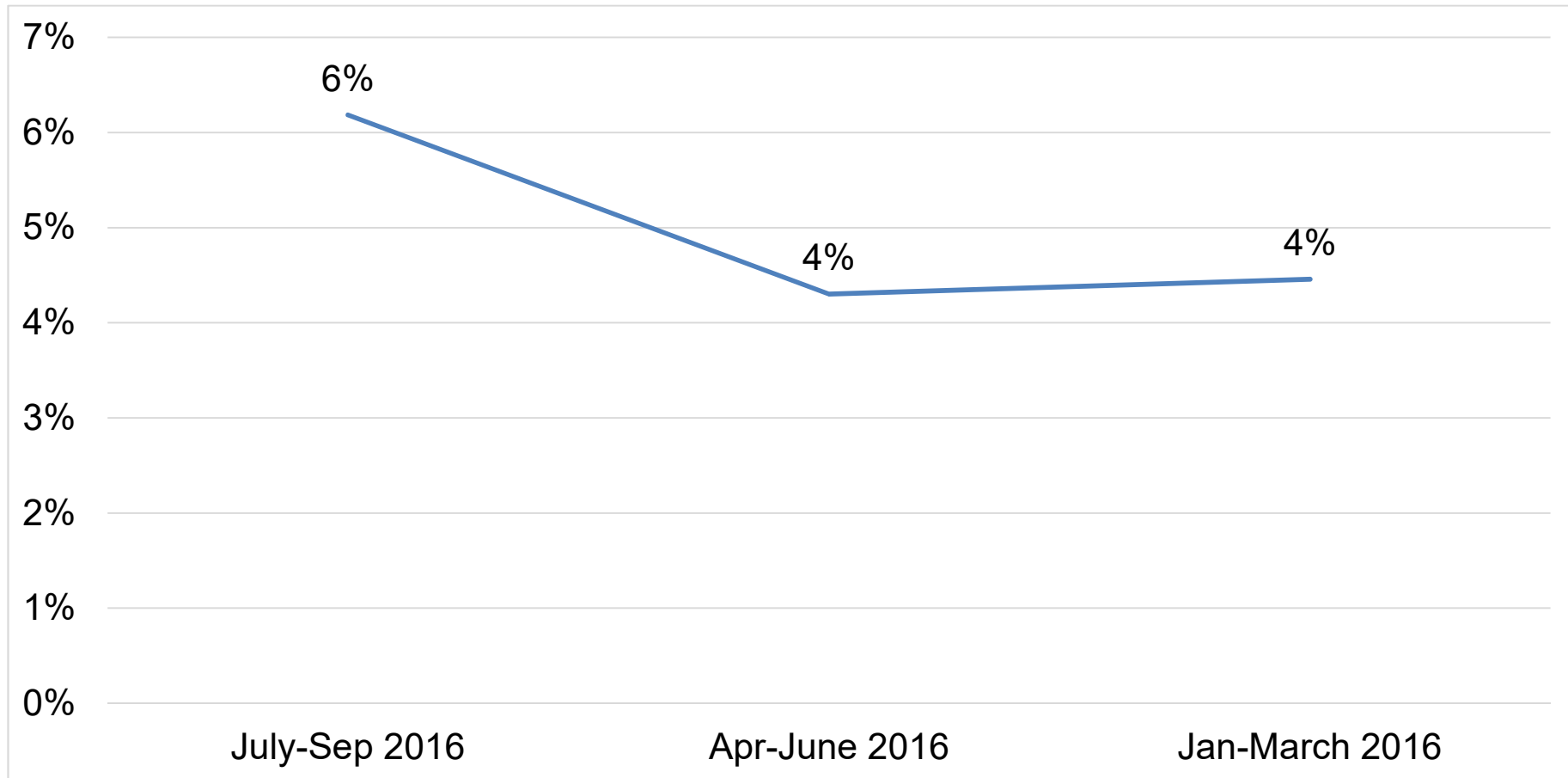
Innovative use of
space to ensure KMC
service delivery

KMC data being
collected

ANC, Maternity
and Postnatal
staff competent
in KMC service
provision

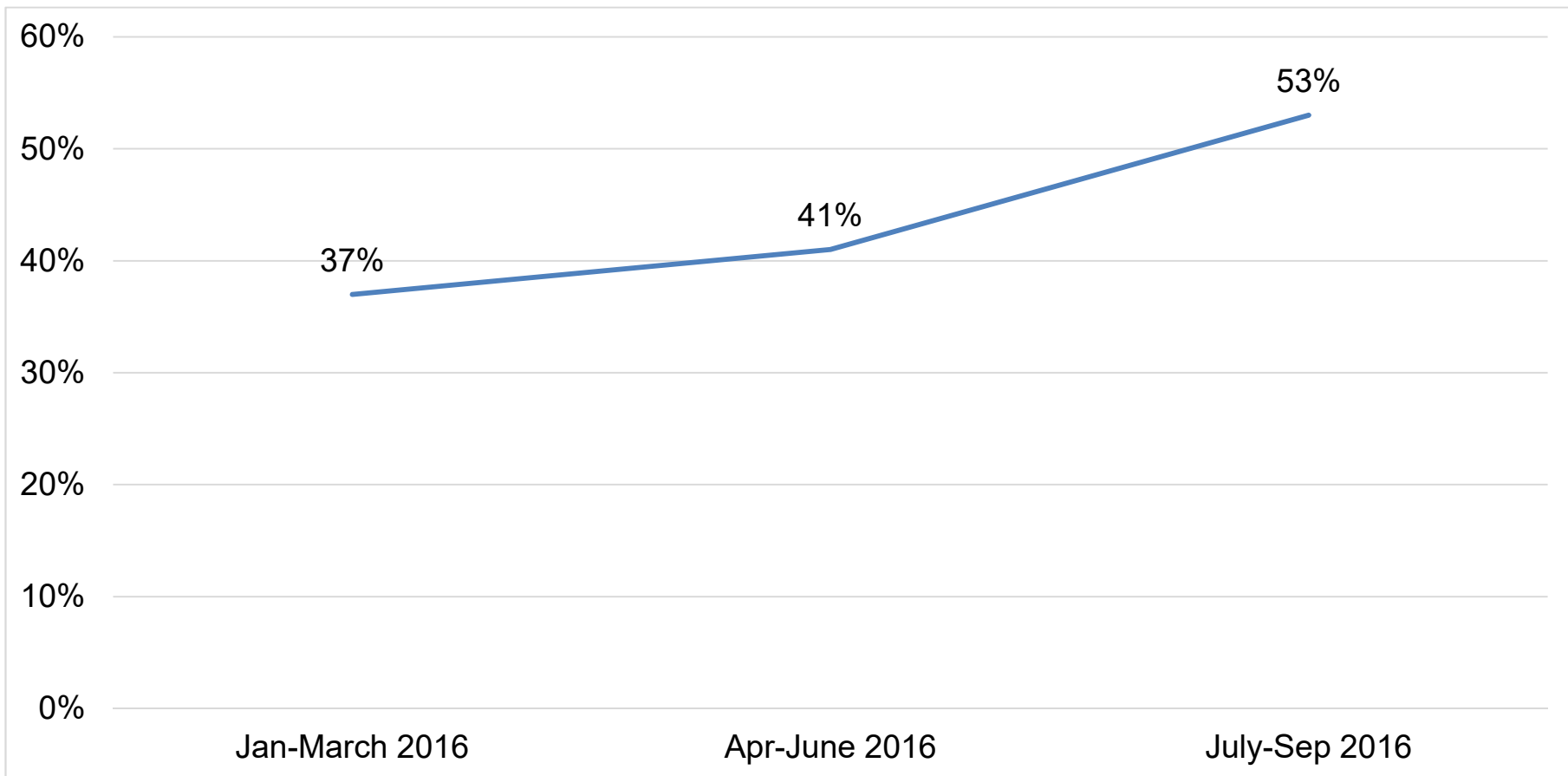
11 Health facilities set for
recognition as LS
Baseline (30%-50%)
Current(61%-86%)
Performance standards
achieved

Proportion of facility births needed KMC (n=25)



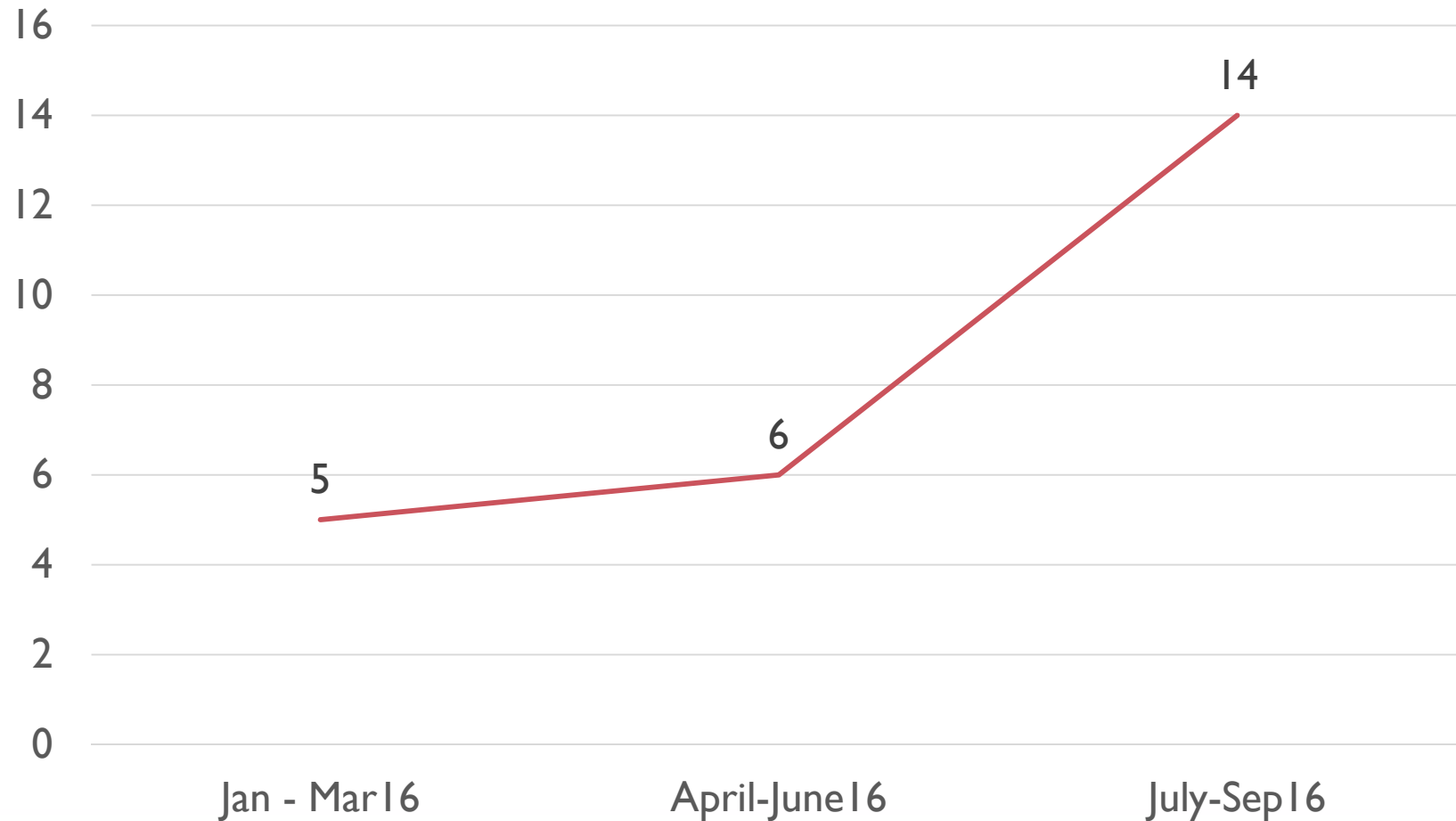
Between Jan – Sept 16, total deliveries were 36,964 while 1,835 (5%) babies were born with LBW (n=25)

% admitted KMC in 25 MCSP sites Jan – Sep 16

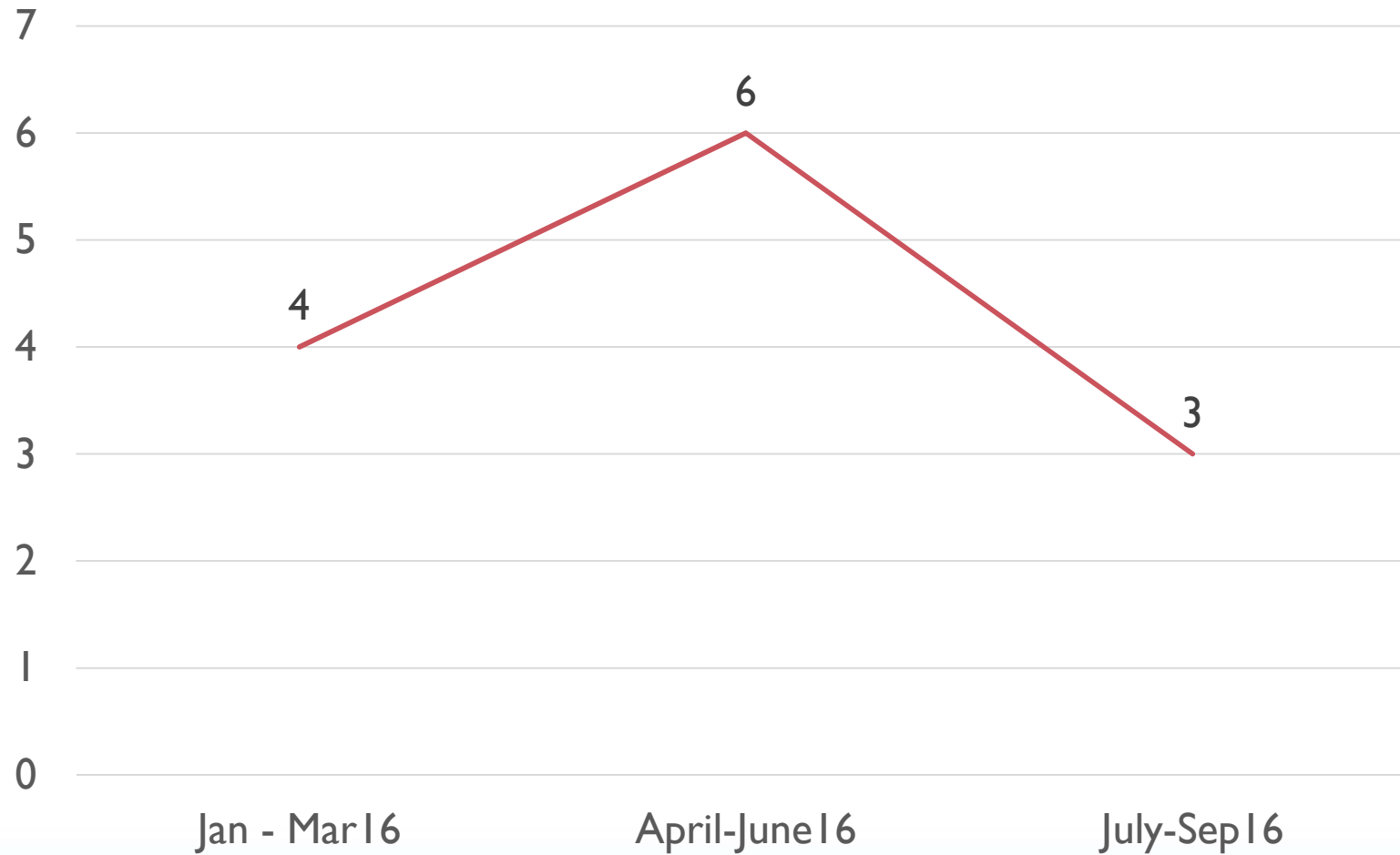


Between Jan to Sept, a total of 922 LBW babies were admitted to KMC ward. An average of 4% of those who were admitted died in KMC ward.


Average hospital stay Kagera (n=14)



Average hospital stay Mara (n=12)



Best Practices

- Internal/external assessment-Performance standards
 - Innovative use of space(creativity)space vs. service, flexibility
 - Onsite clinical mentors for continuous mentorship and coaching
 - Engagement of Health facility administration
 - Integrated supportive supervision
- 

Lessons learned

- Train health providers from all departments i.e. L&D and PNC on KMC
- H/F Admin and management support for sustainability
- KMC data inclusion in the DHMIS -data collection increases commitment
- The role of CHW is key in follow up of KMC clients
- Verification and Recognition increases motivation
- Welfare support (Health facility and family) is key in keeping clients at KMC ward thus graduation from KMC

A story of Zai- How counseling on KMC Practice changed her attitude



For more information, please visit
www.mcsprogram.org

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