

Implementation of the New Model of Antenatal Care at Moi Teaching and Referral Hospital, Eldoret, Kenya

Draft Action Plan drawn by Boaz Otieno-Nyunya, 2nd July 2005

My Long Term Goal: provide high-quality antenatal care using the 4 visit New model ANC to all women who come to MTRH, and ensure that at least 60% of the women deliver at MTRH							
Short/Medium Term Goals to Achieving Long Term Goal	Actions Required	Resources Needed	Resources Available	Constraints	Who or What Can Help Me	Target Date for Action	Date Completed
Develop and finalise proposal for New model ANC	<ul style="list-style-type: none"> • Finish WHO course • Continuing communication with placenta colleagues and e-professors • Define roles, responsibilities and authority in the implementation 	Time	Placenta colleagues e-professors	Unstable internet connection Heavy workload (Teaching/learning; Research and development; Outreach and extension) Lack of face-to-face interaction	Dr.Qureshi Dr.Kirwa	July 2005	July 31 st 2005

<p>List, Examine and Describe Current clinical Assessments, Procedures/Tests Performed; and Information obtained and recorded during ANC visits, on Admission and At Delivery and on Postnatal Visits</p>	<ul style="list-style-type: none"> • Develop Checklists and Questionnaires. • Collect Information on Visits and Admissions. • Analyse Information so collected. 	<p>Stationery Time Photocopying Funds</p>	<ul style="list-style-type: none"> • Computer • Printer 	<p>Poor HIS making retrieval of data difficult</p>	<p>Medical students Statistician</p>	<p>September 2005</p>	<p>November 2005</p>
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Study (TAS, patient flow) 1 st and subsequent ANC visits, admission, delivery and postnatal visits) two-months before and two after initiation of the project	<ul style="list-style-type: none"> • Develop data capture forms. • Collect data • Analyse data. 	Time (Research assistant, Statistician). Photocopying	Computer and printer.	Hawthorne effect affecting behaviour of health providers	Medical Student	July/Aug. 2005	December 2005

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Develop/use/adopt protocols for ANC and EOC (basic and comprehensive)	<ul style="list-style-type: none"> • Meet consultants. Collect protocols from MOH,/other institutions • Adopt protocol. • Train HCPS on protocols. 	Communication (mobile phone, scratch cards, transport, photocopying)	<ul style="list-style-type: none"> • Meeting rooms • Training facilitators 	Finance for workshop	Consultants Midwives Medical officers, Hospital management	Nov. 2005	January 2005

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Ensure that all procedures (TT,Hb,HIV testing, IPT, blood gp etc)PB Weight) for 1 st ,2 nd 3 rd , 4 th , delivery and postnatal visits are performed	<ul style="list-style-type: none"> •Train HCPs on community management, lab ,tests •Procure laboratory reagents (BS, rapid HIV test, RPR, blood grouping) •Procure adequate BP machines and Weighing machines 	<ul style="list-style-type: none"> •Laboratory reagents and equipment. •Finance for Renovation and relocation of a dedicated laboratory within ANC 	Some reagents and equipment	Policy environment on laboratory testing	Lab. Tech. Midwives	Nov. 2005	Jan/Feb 2006

<p>Monitor, Evaluate, Report and Supervise the project</p>	<ul style="list-style-type: none"> •Develop monitoring, evaluation and facilitative supervision instrument and,. •harmonise with national instruments •Train HCPs on the use of MES instrument. 	<ul style="list-style-type: none"> • MES Checklists, guides and questionnaires • Training curriculum and manual 	<p>Facilitators Training venue PC and printer LCD projector</p>	<p>Time Demotivation</p>	<p>Statistician Consultants in the department Midwives Medical officers</p>	<p>Nov. 2005</p>	<p>November 2006 and ongoing</p>
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Reduce the # of ANC visits per woman to 4 and ensure average booking visit is before 12 weeks	<ul style="list-style-type: none"> •Present RCT findings, Time Action Study(TAS), outcomes and impact results to division of obs-gyn members. •Discuss process. •Agree on initiation/ implementation. 	Information Education Counselling Communication (IECC) Material	LCD projector Meeting venues	Resistance to Change Poor staff motivation	Consultants midwives	Nov. Dec. 2005	November 2006
Increase/enhance proportion of women who deliver (booked) at MTRH following ANC attendance	<ul style="list-style-type: none"> •Mobilise communities and facilities through IEC. •Improve quality of care through use of 	IECC Material	LCD projector Meeting venues	Cultural barriers Time Poor Staff motivation	Community field educators District Public Health Nurse	Nov./Dec 2005	Nov/Dec 2006

	protocols, New model ANC and clinical audits Develop and Include ANC process indicators as part of performance improvement indicators						
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Standardise the data collected from individual and group patients in ANC and maternity	<ul style="list-style-type: none"> •Modify mothers card •Modify registers used in ANC, admission and delivery •Improve storage and retrieval of ANC maternity cards. 	Classifying forms Mothers' cards	PC and Printer Personnel	Time	Records officer	Nov. 2005	June 2006
Develop and finalise proposal for New model ANC	<ul style="list-style-type: none"> •Finish the course •Continuing communication with colleagues and Professors •Define roles, responsibilities and authority 	Stationery Time Photocopying funds Time	<ul style="list-style-type: none"> •Computer and •printer 	Time	Medical students Statistician	Sep,2005	Nov. 2005
Introduce and use maternity electronic HIS in antenatal and maternity units	<ul style="list-style-type: none"> •Discuss with management. •Procure computers Develop 2-forms •Initiate M EHIS. 	2 computers 2 printers Stationery	Personnel Informatics experts	Computeracy Digital divide	Record officer informatics		

Create/strengthen linkages to high risk clinic FPC, HIV clinic, maternity ward, referring clinics and laboratories	Hold joint regular meetings, share information, Harmonise registers and forms	IECC Material	PC and Printer LCD Projector	Time	Clinicians and Midwives		
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