A. Modelling an Effective MNH Continuum of Care in the targeted counties for MNH Implementation through establishment of “Centres of Excellence”

UNICEF will model implementation of the MNH program through establishment of MNH Centers of Excellence in the targeted counties (to include the county hospital with its catchment/linked HFs and communities). The two dimensions of continuum of care approach both in terms of timing and place of providing essential maternal and new-born services will be used. The approach will be to identify strategically positioned facilities that have the potential to offer basic and comprehensive maternal and neonatal health (MNH) services with a reasonable level of investment. For the strategic establishment of the MNH Centers, the following areas will be modelled as shown in the diagram.

B. Components of the MNH Center of Excellence

At National Level:
- Enabling environment – Policy formulation, guidelines, standards and strategy development
- Implement ALL evidence based MNH Hills including life- saving commodities and Interventions such as Kangaroo Mother Care (KMC), Chlorhexidine (CHX) for cord care, ACT, Standard Based Management and Recognition (SBM-R), Uterine Balloon Temporane (UBT).
- Institutionalize a mentorship/On Job Training (OJT) / Continuing Medical Education (CME) Program to engage the link facilities to address the issue of attrition and enhance capacity of HWs.
- Facility to be “Baby Friendly Hospital Initiative” (BFHI) compliant
- Integrate MNCH services in a comprehensive manner at MCH service point as a “One Stop Shop”
- Support facility to conduct regular Maternal and Perinatal Death Review (MPDR) with regular reporting on DHIS with appropriate response mechanisms established at HF, sub-county, county and national levels (Maternal Perinatal Death Surveillance and Response - MPDSR),
- Conduct Maternity tours during ANC
- Model innovations on strategic approaches – Birthing position, Maternity waiting homes, Decongestion etc.
- Close linkages to the PHC facilities within catchment and community units
- Establish and Strengthen all management committees such as health facility committee, Quality improvement committee, Integrity committee Procurement and Therapeutic committee.
- Ensure provision of “Respectful Maternity Care” services
- High Quality ANC and PNC services
- Good documentation and quality reporting to DHIS

At community Level
- Community dialogue, involvement in planning and implementation of MNH activities
- Train CHWs on cMNH
- Verbal Autopsy conducted
- Social accountability and community participation – Community Scorecard

Multi-Sectorial Engagement
- WASH: To ensure safe water and improved sanitation availability and usage in targeted health facilities
- Nutrition: Optimal maternal nutrition at MCH, Integration of Nutrition at MCH, BFHI in the targeted health facilities (BF/IYCF) and community nutrition Hill
- Child Protection – FGM, Early marriages, GBV (sexual)
- HIV/AIDS
- Education: School health Program – WASH, Nutrition, C4D (Communication for Development)
- SPME (Social Policy Monitoring and Evaluation)
- Birth registration

The goal is to ensure all MNH high impact intervention are being implemented and appropriately linked to all levels of health care. The Center of excellence therefore becomes the unit of implementation of all MNH program components (see UNICEF MNH Strategy) including but not limited to; Health Systems strengthening, capacity enhancement of technical areas, quality assurance, strengthening accountability and coordination, partnerships, demand generation and other innovative approaches.

The county referral hospital will be supported to provide quality comprehensive emergency obstetric care services to become a training and mentorship center for other health facilities within its catchment population and the county as a whole.

The CoE is therefore not a single health facility but a hub linking the referral facility to the linked primary health facilities and the community structures.