HECTA CONSULTING

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Newsletter

Primary Healthcare Performance Management
Focus on MNCH

Supporting Health Systems

Maternal, Newborn and Child Health

Every pregnant woman, new mother and newborn deserves the best chance at survival and health. A strong primary health care (PHC) can help achieve this goal. Since February 2025, Hecta Consulting has worked with the County Health Departments of Nakuru and Trans Nzoia to strengthen PHC and improve maternal, newborn and child health care through County-led data review meetings, co-created dashboards and embedded mentorship. This newsletter briefly covers the change from baseline to endline, focusing on what changed in terms of Maternal, Newborn and Child Health Indicators.

This newsletter draws on a mixed-methods evaluation across 80 facilities, four assessment waves and key informant interviews, dyadic leadership interviews and community focus group discussions in both counties, assessed against the OECD DAC criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability.

How We Work

The PHC-PM project was designed as a partnership, county teams in Nakuru and Trans Nzoia helped choose the indicators worth tracking, then used a shared dashboard, monthly CHMT Core team meetings, ongoing and embedded mentorship to act on what the data showed.

In Trans Nzoia, that meant redistributing oxytocin from overstocked facilities to Endebess Sub-County Hospital and others running short, without waiting for a new budget cycle.

> Nobody will accuse you of discrimination once the data explains the decision.
>
> -Respondent, Trans Nzoia

The Chain of Practice

County-led indicators	Shared dashboard	Monthly review meetings	County-led action
Counties chose what to track, not Hecta, so the data mapped onto priorities already in motion.	Stock levels, staffing and readiness became visible to everyone	Leadership reviewed the data regularly enough to act on it.	Redistribution, budget shifts and hiring followed decisions counties owned and can keep making.

MNCH Commodities Performance

Across both counties, the tracer commodities that matter most for maternal and newborn care rose sharply. Tranexamic acid, used to control postpartum haemorrhage, rose 37 percentage points, up from a low baseline of 34%. Chlorhexidine gel for newborn cord care rose 24 points, ORS/zinc for child diarrhoea rose 28 points, oxytocin rose 13 points, and completion of maternal and perinatal death audits (MPDSR) improved by 14 points.

Government facilities, which serve the largest share of Nakuru and Trans Nzoia's most vulnerable and most rural mothers, saw tranexamic acid availability climb from 32% to 81%, nearly closing the gap with private facilities that started far ahead.

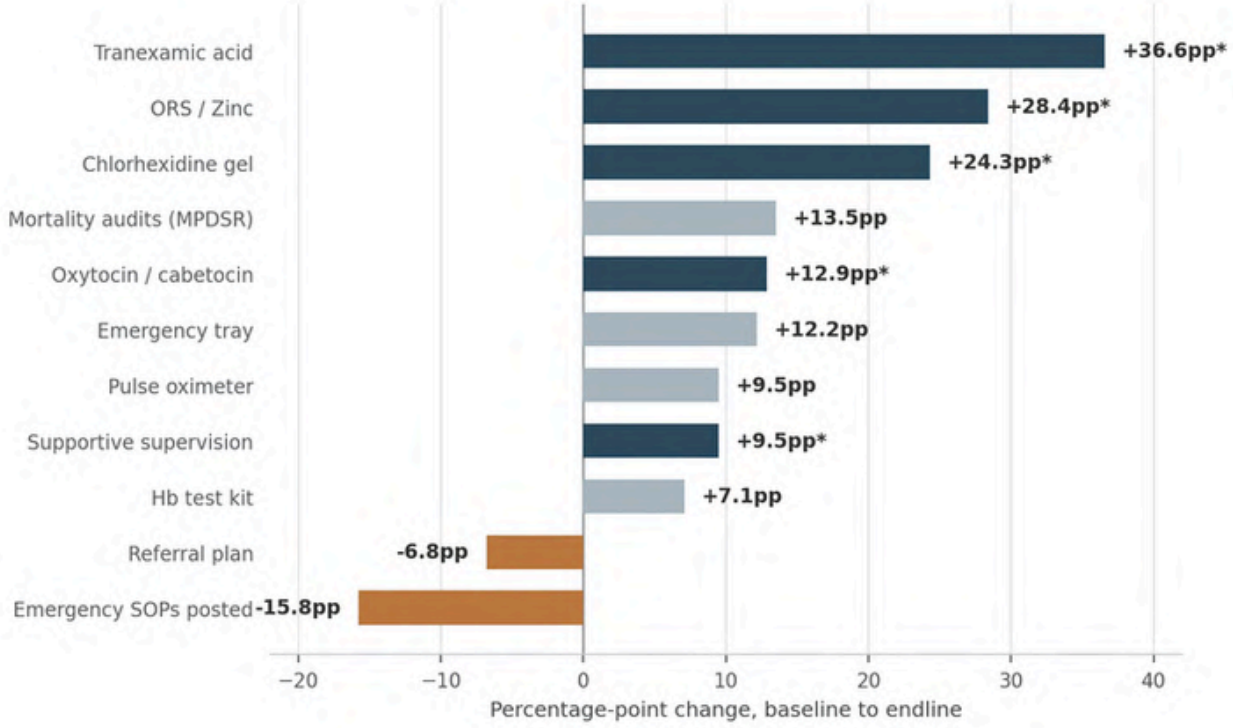

Figure 1. Change in MNH indicators, baseline to endline. Asterisk denotes statistical significance at p<0.05. Source: PHC-PM Endline Analysis, July 2026.

Increase in Tranexamic acid availability in government facilities (from 32% to 81%)

Performance of Commodities Compared to Processes

The endline draws a useful line between two different kinds of change. MNH commodities- the medicines and supplies on the shelf jumped from 66% to 90% availability, a 24-point gain. MNH readiness (equipment like pulse oximeters and posted emergency protocols) and MNH processes (referral plans, supportive supervision, mortality audits) moved only marginally, +1 and +6 points respectively. Getting a commodity onto the shelf is a procurement decision; turning that into consistent day-to-day practice takes longer, and that's exactly where county attention needs to go next.

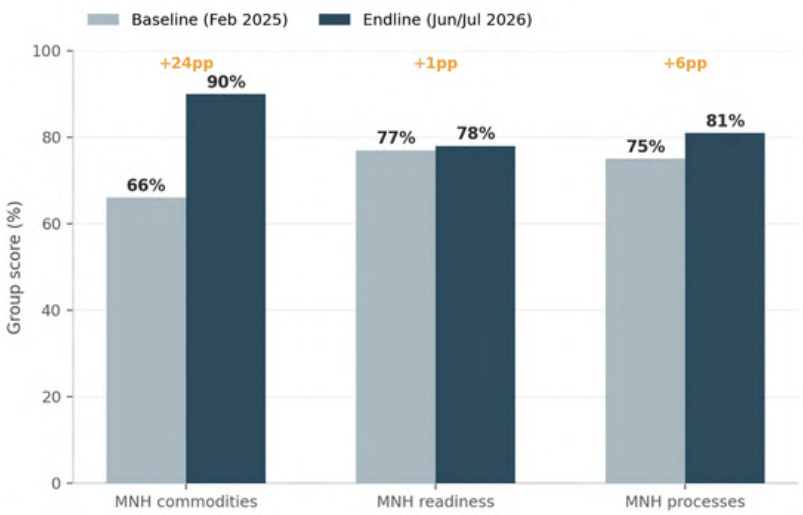

Figure 2. PHC capacity composite score by county, all four assessment waves. Nakuru and Trans Nzoia series read from the source chart; combined-county values as reported.

Overall PHC capacity improvement 67.3% → 78.6%

The strongest gains were in MNH commodity availability, while readiness and process indicators require continued improvement.

Data-Informed Decisions Improve Service Delivery

Trans Nzoia County

1. **SHA registration replacing cash payment -** A dedicated SHA coordinator is now in place. Instead of accepting a mother's cash payment for delivery, facility staff register her for SHA using that same amount.
2. **Infrastructure improvements -** a facility, which had neither at the first assessment, now has a placenta pit and burning chamber, built using SHA-linked funds. Deliveries at that facility are climbing toward 90 a month as trust grows.
3. **Data informing staffing decision -** County-level workforce data visible through the dashboard, was credited with informing a real recruitment decision: roughly 130 new nursing positions filled in Trans Nzoia.

Nakuru County

1. **A permanent budget line -** Primary healthcare is now a flagship item in Nakuru's County Integrated Development Plan — giving it a budget line that outlasts any single project cycle.
2. **Effective Follow-up -** Facility teams point to community health promoters as the reason: when a mother misses a second or third antenatal visit, a CHP traces her and works through the hesitation — discomfort with an HIV test, for instance — rather than simply logging the miss. It's patient, unglamorous work. It's also what turns a dashboard entry into a mother who comes back.

Lessons for Strengthening MNCH

1. Strengthen readiness alongside commodities - Commodity availability is an important first step, but health systems must also ensure that teams, equipment, protocols, and processes are ready to deliver quality care.
2. Give performance improvement time to take root - Inputs can improve quickly, while changes in care processes take longer. Continued mentorship, routine review and use of performance data sustain progress.
3. Embed performance management in existing structures - Performance improvement is more sustainable when integrated into existing health-system structures. This can be done through County-led review processes.
4. Prioritise the greatest gaps - The largest gains were seen among facilities that started furthest behind. Routine performance data can help health systems target resources, support and mentorship where they are most needed.

Looking Forward

The endline evaluation recommends scaling this approach further, with maternal and newborn health as the priority, and a natural next audience in EWENE's 26 priority counties.

Both counties are already treating dashboard sustainability as shared work. Nakuru is exploring hosting options that will outlast the project, and Trans Nzoia has raised the same question about its server. Domiciling the county core team within the CHMT permanently, rather than as a project-linked structure, is how this momentum keeps compounding after Hecta's role ends, and how the habits behind these numbers outlast the project that built them.

Health systems rooted in primary health care will benefit every region, country and community.

- Dr. Jarbas Barbosa da Silva Jr., PAHO Regional Director

DID YOU KNOW?

It's safe here, you won't find someone going to tell another person.

Client (on adolescent confidentiality)

Acknowledgements

NAKURU COUNTY
COUNTY OF UNLIMITED OPPORTUNITIES

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