

## BACKGROUND

The Ministry of Health and Amref Health Africa in Kenya with funds from DANIDA have been implementing a Sexual Reproductive Health and Rights project in Hard to Reach Areas of Kenya. The project targets Turkana, Wajir, Mandera, Isiolo and Marsabit counties. The project aims at contributing to Improved Maternal and Newborn health services and increased enjoyment of sexual rights among girls, women, youth and men.

In order to improve the quality of Maternal and Newborn health services in these areas, the project adopted the Standard Based Management and Recognition (SBMR) approach which utilizes WHO approved standards on: Antenatal Care, Intrapartum Care, Post-partum care, Management of Complications, and Infection Prevention.

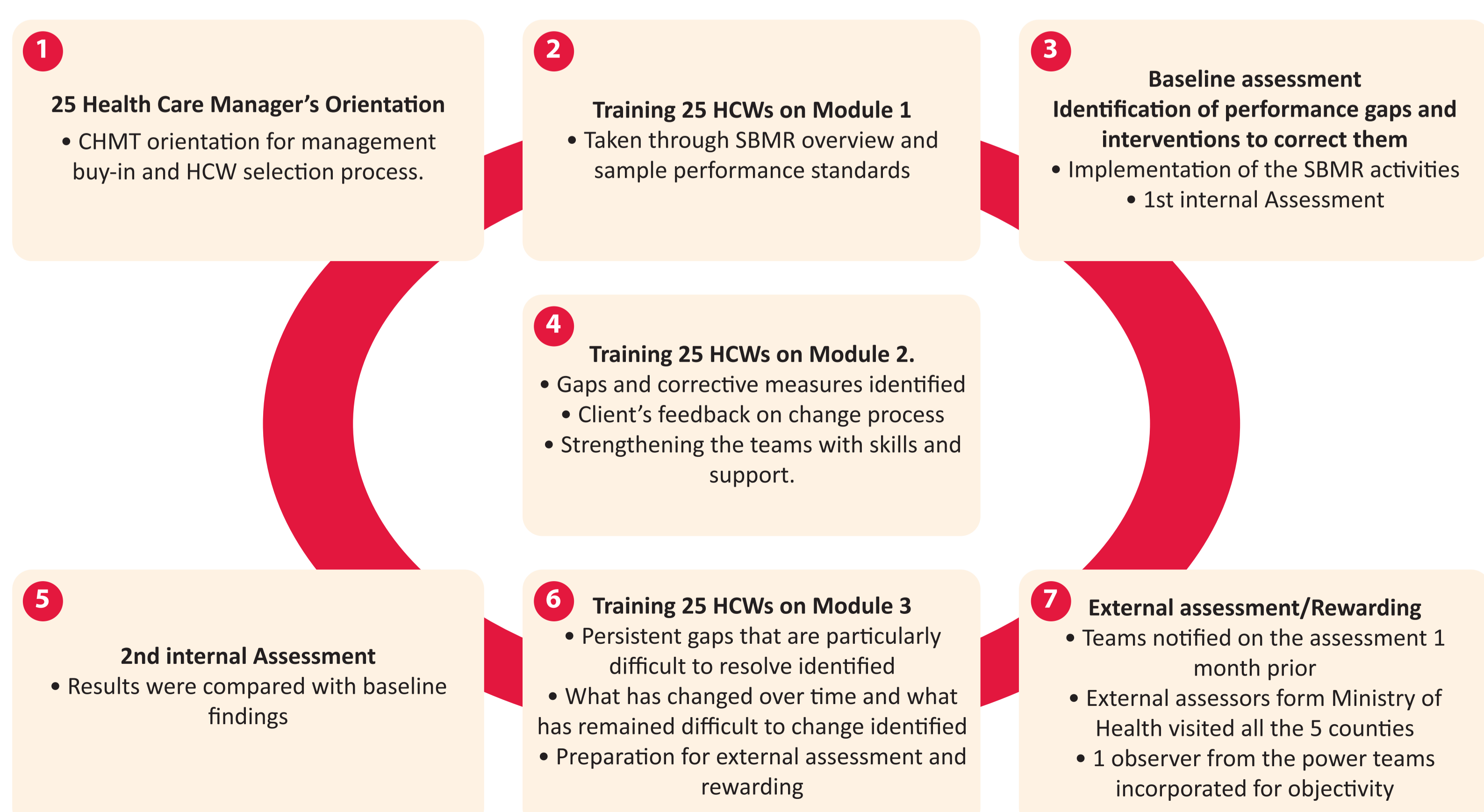
## OBJECTIVE

The objective of this study was to analyze the effect of Standard Based Management and Recognition (SBMR) approach in improving the performance and quality of MNCH services delivery in areas of antenatal care, intrapartum and post-partum care including management of complications, and infection prevention. Standard Based Management and Recognition (SBMR) is an innovative initiative to improve the quality of MNH services aiming at ascertaining its feasibility in resource constrained settings.

## METHODS

A baseline assessment was done targeting antenatal, intrapartum, and post-partum care; management of complications, and infection prevention was conducted to evaluate the standards of MNH services provision in five referral health facilities in the target counties. Standard Based Management and Recognition (SBMR) approach was then implemented in these facilities.

Healthcare managers were first oriented on SBMR. Healthcare workers from various departments were then trained on module 1, 2 and 3 of the Standard Based Management and Recognition (SBMR) approach. Subsequent internal assessments were done after every module. The assessments employed interviews and observation using standard WHO checklist and scoring tools. Scores were awarded as percentages by dividing total standards achieved against set standards.

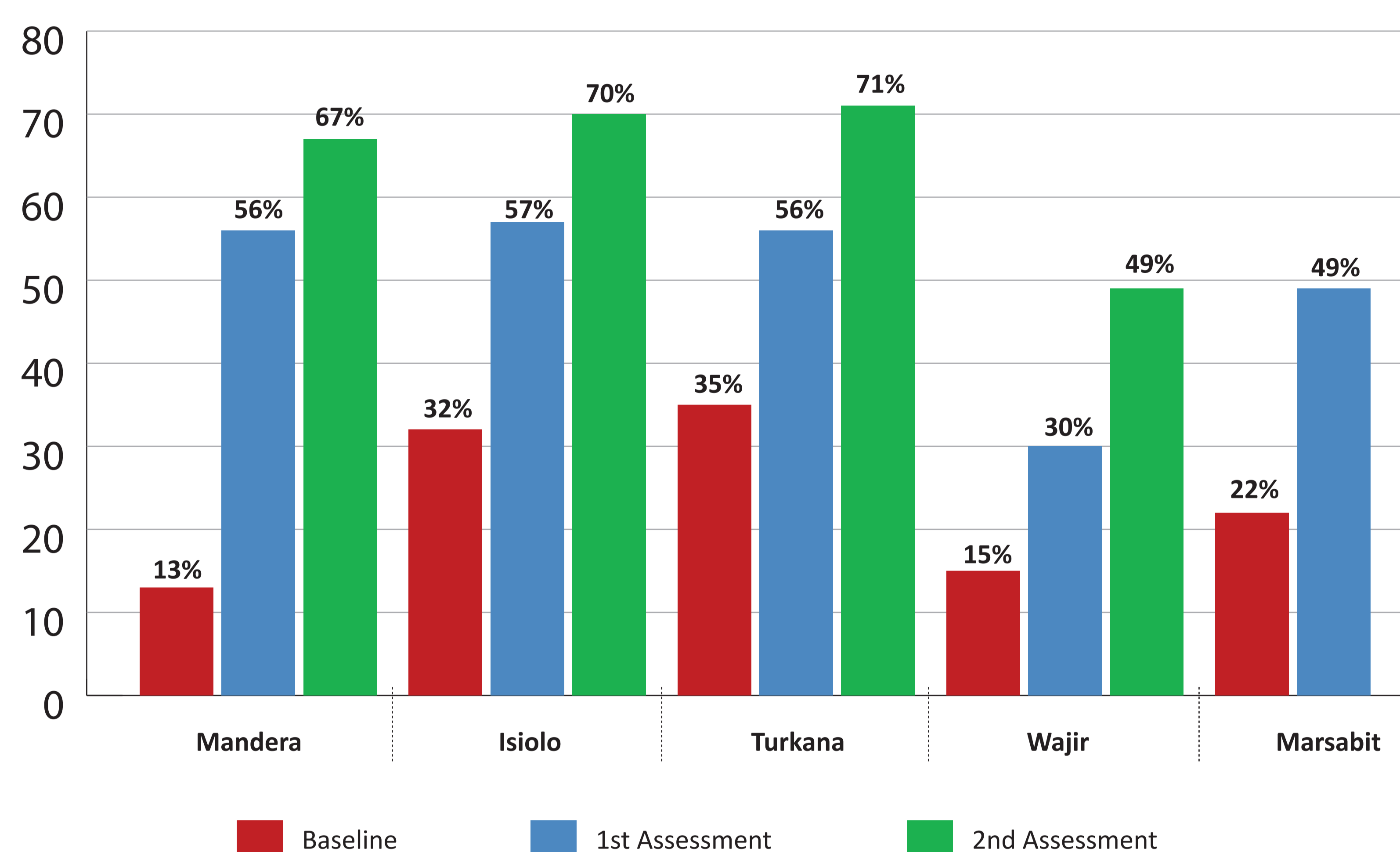


SBMR Process/Methodology

## RESULTS

- Antenatal care improved from 50% at baseline to 75% during the second assessment in Turkana; Mandera improved from 25% to 75%. Wajir county Improved from 25% to 75%. However in Isiolo County there was no improvement in Ante natal care.
- Intrapartum care improved from 27% at baseline to 64% at second assessment in Turkana; while in Mandera it improved from 0% to 57%. Wajir county Improved from 15% to 36% while Isiolo improved from 40% to 64%.
- Postpartum care improved from 50% at baseline to 100% at second assessment in Turkana; while Mandera improved from 0% to 100%. Wajir County improved from 0% to 50% while Isiolo improved from 0% to 50%.
- Management of complications (antenatal, intrapartum and postpartum) improved from 50% at baseline to 71% at second assessment in Turkana; while Mandera improved from 14% to 57%. Wajir County improved from 14% to 43% while Isiolo County improved from 0% to 86%.

Average standards achieved



## CHALLENGES

- Attitude of Health Care Workers towards change
- Limited support from CHMTs
- Interdepartmental reshuffles
- Transfer and high turnover of Health Care Workers

## CONCLUSION

One way of improving quality of MNH and strengthening the health system is through a systematic implementation of the SBMR approach.

## RECOMMENDATION

Since some facilities have attained 100% quality in postpartum care, there is need to scale up SBMR to lower level facilities and target to raise the quality of ANC and intrapartum care to 100%.

## ACKNOWLEDGEMENT

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