Options

MARIE STOPES INTERNATIONAL
Children by choice, not chance

mani project
funded by the UK government

MANI Learning Series

HEALTH SYSTEMS STORY

April 2017

Improving maternity care through Standards-Based Management and Recognition (SBM-R)

The challenge of 'quality'

'Quality' is the lifeblood of any health care system: it is the degree to which health care services increase the likelihood of improved health outcomes. But in financially constrained settings, quality is notoriously difficult to achieve. From large hospitals to small dispensaries throughout Kenya, poor quality can often be directly observed. Floors can be dirty, medical waste may be disposed of incorrectly, hospital wards might be overcrowded and understaffed. There are also many other measures of quality that are harder to observe, but can be more important. Is the correct dosage of medication given to the right patient at the right time? Is a woman's delivery of a baby correctly monitored? And when an emergency happens, are standard interventions provided for the mother and newborn? To achieve quality for maternal and newborn health, health services must be safe, effective, timely, efficient, equitable and client-centred.

What is SBM-R and how does it help?

Health workers in low-income settings can grow accustomed to their work routines and surrounding environments. In this context, it can be difficult to make quality improvements if the bar for quality – the standards – are not clearly defined. Standards-based management and recognition (SBM-R) is a practical management approach for improving the performance and quality of health services in low-income settings, by following four simple steps; set standards; implement standards; measure progress; reward achievements[1].

SBM-R helps to improve the quality of service delivery by focusing on a specific area, such as maternal & newborn health. Service delivery standards are developed based on national and international guidelines, and each standard provides clear guidance to health workers not only on what to do, but how to do it. After a multi-stage training process, health workers implement services aligned to standards and their performance is assessed against objective criteria. Individuals and facilities that perform well are rewarded and motivated for their achievements.

This makes the quality improvement process concrete and highly relatable to clinicians. SBM-R also takes a positive and proactive approach, encouraging frontline health workers to focus on the solution (reaching a set standard), rather than focusing on an overwhelming set of problems.

Spotlight on Bungoma county

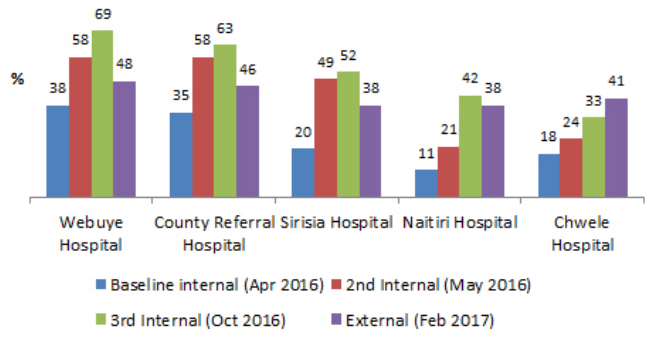
Kenya developed national standards for maternal and newborn health (MNH) in 2015, covering antepartum, intrapartum, and postpartum care[2]. These standards are available to all counties and health facilities in the country, to support SBM-R roll-out to improve MNH outcomes. Kenya's SBMR standards for MNH are anchored within the Kenya Quality Model for Health, as the country's overarching framework for quality improvement.

Bungoma county has made progress in increasing the proportion of pregnant women who deliver at health facilities (from 51% in 2014, up to 58% in 2016). However, sometimes an increase in coverage does not translate to the expected reduction of maternal and newborn deaths. One of the contributing factors is the poor quality of health care provided to pregnant women, particularly at high volume hospitals where emergency cases are often referred. MANI is partnering with the Bungoma county government to implement SBM-R for MNH at five of the largest government hospitals in the county, and early results from this work tell a powerful story.

1 Necochea, Edgar, et al. "Implementation of the StandardsBased Management and Recognition approach to quality improvement in maternal, newborn, and child health programs in lowresource countries." International Journal of Gynecology & Obstetrics 130.S2 (2015)

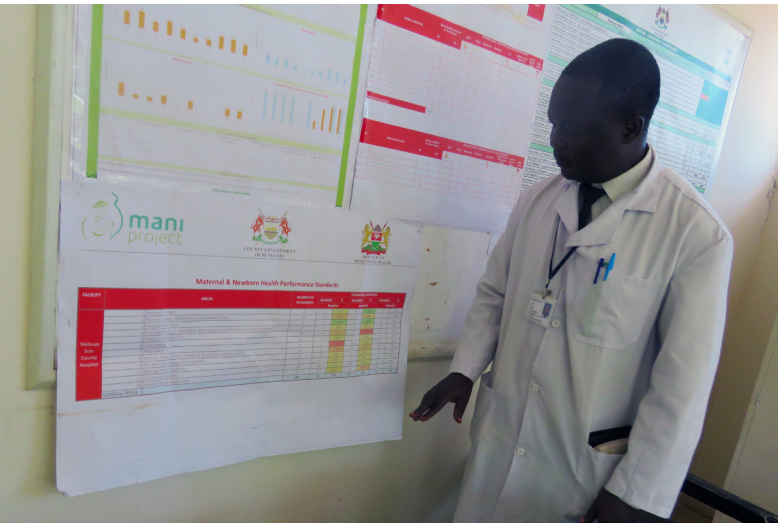
2 Maternal and Newborn Health Performance Standards (2015), Kenya Ministry of Health

Results and experiences



SBM-R MNH facility scores from four rounds of assessment

During the first year of implementation, all five facilities showed a big improvement in service quality and SBM-R scores; some facility scores have more than doubled. Four of the five hospitals recorded drops in performance in early 2017 as a result of nation-wide health workers' strikes. Data is printed quarterly and posted at health facilities so that everyone can see the change as it's happening.



In addition to promoting quality within one facility, the SBM-R process promotes the networking of facilities together into learning teams. Benchmarking and exchange visits are used to promote learning within the cluster of SBM-R sites.

"The benchmarking has been motivating and the exchange visits offered a good opportunity for real-life learning from other facilities and colleagues. Sirisia staff visited Naitiri Hospital to check on ANC performance and Naitiri staff visited Bungoma County Referral and Sirisia Hospitals."

Nursing Officer in Charge, Naitiri Hospital

In addition to quantitative change, health workers at SBM-R hospitals describe the changes in practice that have been made.

"Prior to SBMR, we did not have a postnatal register and did not provide postnatal care as staff felt that it increased their workload, so during baseline we scored 0%. We spoke to staff about the importance of providing quality postnatal care and availed a postnatal register. PNC is now in place and we have been able to score 100%. We are now seeing fewer complications in our postnatal clients and are even offering family planning to clients before discharge."

Nursing Officer in Charge, Bungoma Referral Hospital

"We have been taking care of mothers in labour and delivery, but we never used to monitor mothers using the partograph and if we did it was not according to protocol. When we were assessed we lost out on this standard twice, we decided to do a CME to remind the staff on the importance of using the tool according to protocol. Now as we talk we are able to monitor all are patients using the partograph. All the staff are competent in using the tool."

Nursing officer in Charge of Maternity, Webuye Hospital

As Bungoma county continues to implement SBM-R for MNH, the MANI project will support the county to gather feedback from clients on the services they receive. Some positive stories are already emerging:

"This is my third baby, the first baby I delivered in this hospital is 8 years old. The experience was very bad. I was in labour no nurse came to check on me until the time my baby was coming out. I shouted and the nurses took too long to come, I delivered on the floor alone. My second baby was delivered in the faith-based hospital as I feared to go through the same experience. For this baby, I decided to come here for the ANC clinic, the nurses at the clinic were so friendly all through the clinic visits. I decided to come and see whether I would receive the same care I had received during the clinic visit. To my surprise the care has been good, the nurses are good, they observed me well during labour, talked to me well till I delivered. The maternity is also very clean. Next time I will come back because of the service offered to me."

Post-natal client at a SBM-R hospital