



Improving Quality of Newborn and Child Health Services in Private Facilities

Lessons from Manyata Project in India

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Co-hosted by the Quality of Care subgroup

and the Private Sector Engagement subgroup



Speakers



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What did we do in Manyata?

A BRIEF DESCRIPTION

What is Manyata?



Manyata is a
branding

Quality
Seal

Manyata is a
certification

Quality
Assurance

Manyata is a
mechanism to
achieve quality

Quality
Improvement

Manyata is a
community of
practitioners that
strive for Quality

Quality
'movement'



Government of
Maharashtra



Manyata Stakeholders

Quality Certification

- FOGSI
- DoHFW, Government of Maharashtra
- (NABH)

Quality Improvement

- Centres for Skills Enhancement

Catalyzers

- MSD for Mothers
- And partners

1 Codified quality into standards for practice

16 standards
for clinical
practice

Created these standards with FOGSI and the
Government of India

10 standards
for facility
systems

Created these standards with FOGSI and
Government of Maharashtra



**Focus on clinical care – what,
when and how**

Includes high-impact practices

**Objective assessment tool
linked to standards**

Self assessed regularly

2 Clinical competency and skill building

Whole team approach

Integrated team-based trainings

Low dose but high frequency

Innovative use of digital technology and skills labs

Clinical competencies

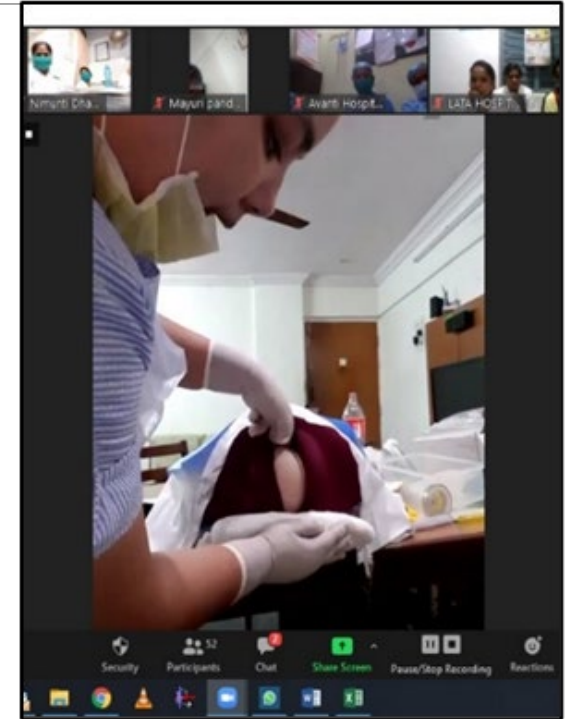
Basic training for knowledge and skills

Mentoring for change management at the facility

Skills and Drills for all staff

Client focus

Integrating respect & dignity with quality



3 Building quality hospital management system

Governance

- Institutionalizing quality circles
- Problem solving approach
- Clinical audits and reviews (Robsons Criteria)

Ensuring consistency

- Standard Operating Procedures for clinical processes and safety
- Continuous training and mentoring
- Feedback loop for

Setting systems

- Better case records and documentation
- Human Resource management
- Resource and inventory management



4 Establishing a certification process

Assessments

- Peer clinician
- Peer + Government

Certification

- FOGSI Governed
- Joint collaboration with the Government of Maharashtra

Continuous reporting

- Facilities encouraged to report quarterly on standards



5 Incubating Centers for Skills Enhancement



Artist, Diwaker Hospital, Bangalore

Smriti, Rainbow Hospital, Agra

NMOGS, Navi Mumbai

Krishna Hospital, Lucknow

Jeevan Jyoti Hospital, Gorakhpur

La Femme, New Delhi

Omega Hospital, Nagpur

Gupte Hospital, Pune

Manyata – the journey



Phase I (2013-2016)

FOGSI & Jhpiego joined hands supported by MSD for Mothers Clinical standards & program design developed
QI support to the facilities (Training and Mentoring)

140 facilities engaged scored 86% on clinical standards

Phase II (2016-19)

Manyata certification system designed
Evolution of NPMU
Conceptualization of QI Hubs

272/386 Manyata certified facilities
83 facilities applied for NABH

Phase III (2019-22)

- Enrolled 1800+ facilities onto Manyata
- Strengthened over 7 CSEs across India as a sustainable business model
- Generate evidence for the model

ABOUT MANYATA



Flagship program for the private sector, driven by Federation of Obstetrics and Gynaecological Societies of India (FOGSI), to reduce preventable maternal and newborn mortality in India.

Follows 16 clinical standards, based on WHO standards, for antenatal, intrapartum and postpartum care to ensure that women receive quality maternity care

Applies innovative methods like virtual sessions, mentoring visits, drills and simulation to train and equip private healthcare providers.

Complements India's national efforts towards achieving Universal Health Coverage (UHC) and national maternal health priorities.

PROGRAM IMPACT

>5,50,000

SAFER DELIVERIES

> 12,000

PROVIDERS TRAINED

1,700 +

HOSPITALS REGISTERED

1200+

HOSPITALS CERTIFIED

150+

HOSPITALS RECERTIFIED



MANYATA LEARNING AGENDA

Aug 2022

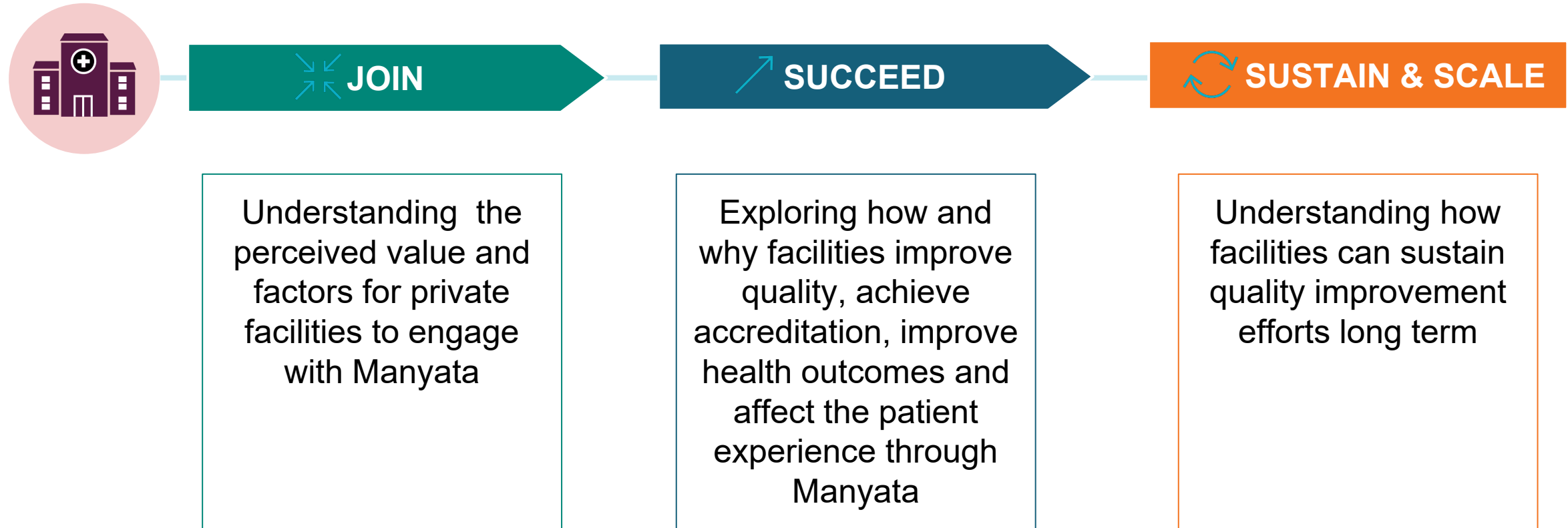


 **Brigham and Women's Hospital**
Founding Member, Mass General Brigham

 **HARVARD T.H. CHAN**
SCHOOL OF PUBLIC HEALTH



RESULTS FRAMEWORK: JOIN, SUCCEED, SUSTAIN



SECTION 2:

JOIN

Attracting private sector facilities to participate in Manyata



JOIN: SUMMARY OF FINDINGS

MOSTLY SMALL FACILITIES

joined Manyata
(<30 births per month)

MOTIVATION FOR JOINING MANYATA

- 1) Access to staff training
- 2) Strategies to improve the quality of care
- 3) Affiliation with FOGSI

ENROLLMENT

New enrollments in the program varied from month to month (range: 1 to 46 new facilities per month)

CLEAR COMMUNICATION NEEDED

to ensure facilities start the QI journey after joining

PERCEIVED VALUE OF MANYATA: STAFF TRAINING & STRATEGIES TO IMPROVE QUALITY

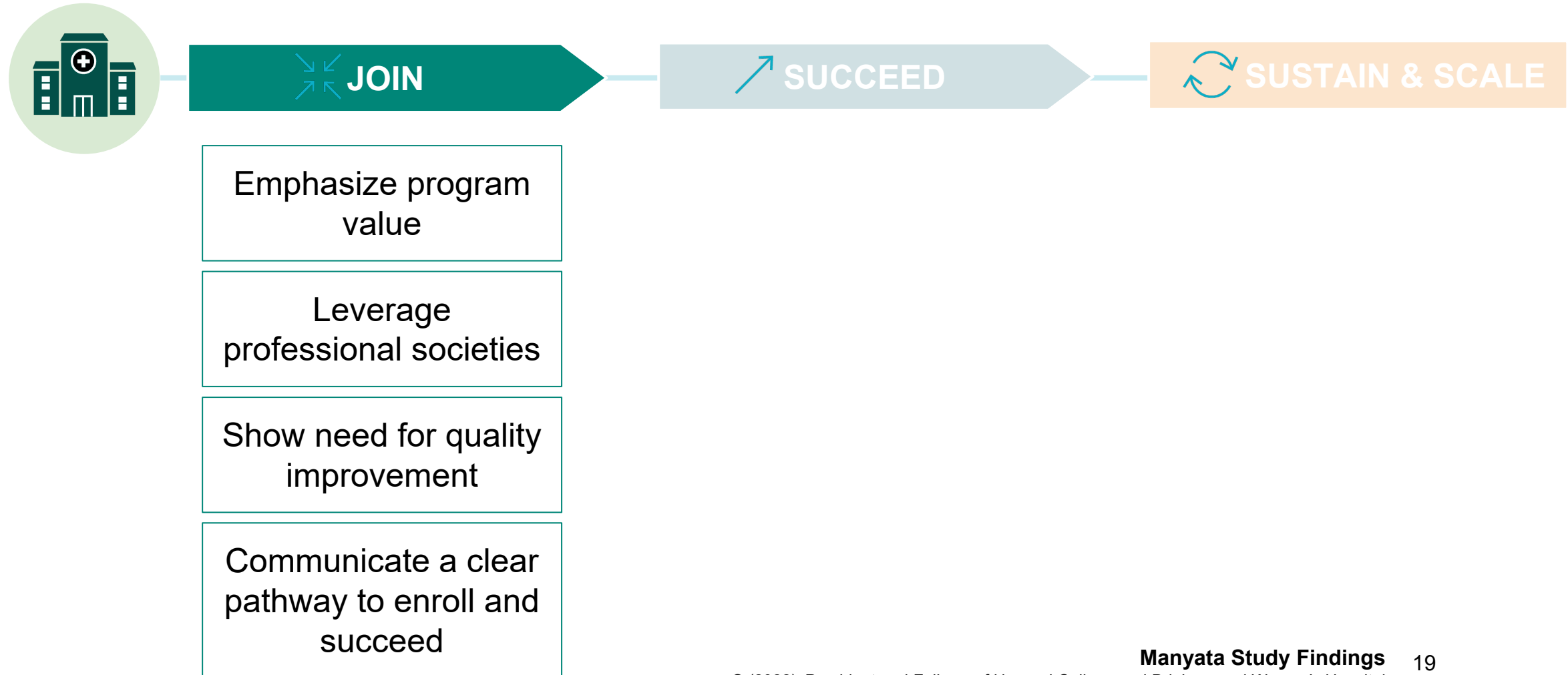
Highest value and motivation
for joining Manyata

- > Access to staff training
- > Strategies to improve the quality of care
- > Affiliation with FOGSI
- > Improved patient experience
- > Government recognition could increase motivation

Lower value, not main
motivation

- > Accreditation certificate
- > Facilities' ability to increase fees

MAIN RECOMMENDATIONS



SECTION 3:

SUCCEED

Supporting quality in the private sector



SUCCEED: SUMMARY OF FINDINGS

ADHERENCE TO
STANDARDS WAS LOW
at baseline

ALL STANDARDS AND
SUB-STANDARDS
IMPROVED WITH
MANYATA: Supply
preparation standards were
easiest; Complication
management standards were
the most difficult

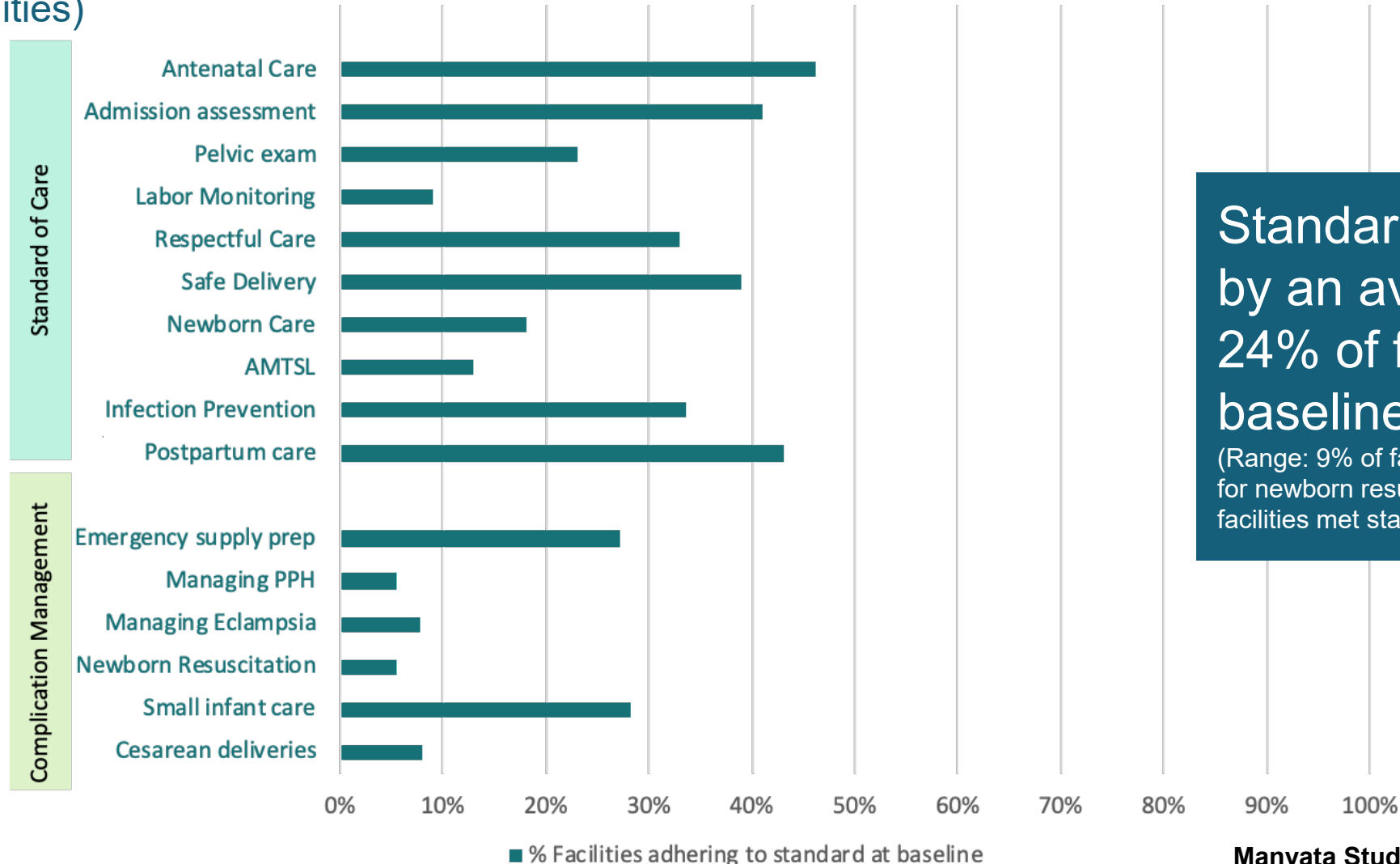
CESAREAN STANDARD had
the lowest adherence

LEADERSHIP SUPPORT and
higher staff competency contribute
to increased accreditation

LIMITED DATA ON
MORBIDITY AND PATIENT
EXPERIENCE resulted in no
detectable changes

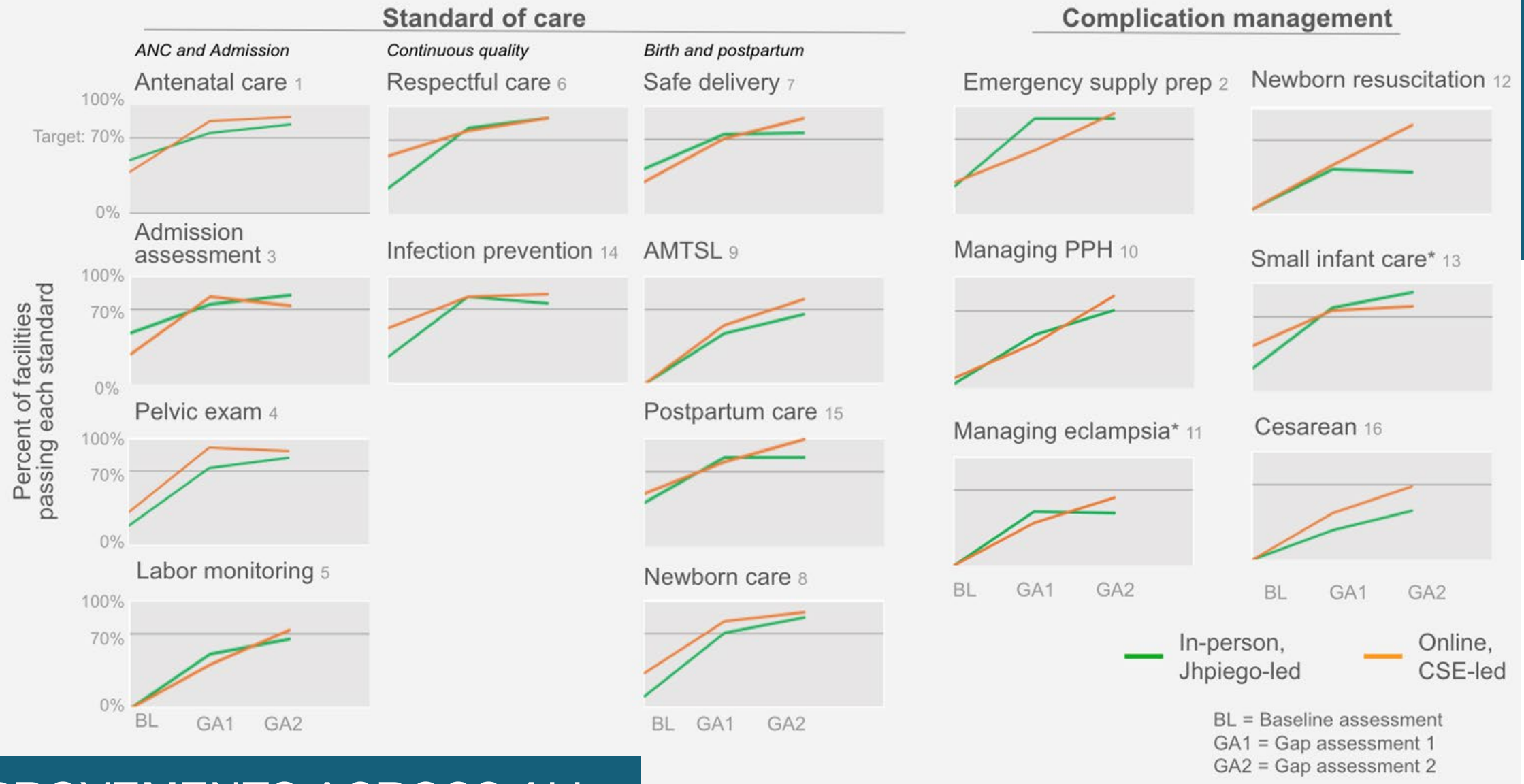
HOW FAR DID WE START FROM THE GOAL?

Baseline adherence to Manyata quality standards (n=405 facilities)



Standards were met by an average of 24% of facilities at baseline

(Range: 9% of facilities met the standard for newborn resuscitation to 46% of facilities met standard for ANC)



IMPROVEMENTS ACROSS ALL
STANDARDS AND MODEL
MANYATA III

Manyata Study Findings

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EARLY WINS

- + SUPPLY
PREPARATION
STANDARDS

- + PROCESS
IMPROVEMENT
for clinical practices that
were already being done,
especially in antenatal
care (ANC)and newborn
assessments

*Results from quantitative sub-standard data



Manyata Study Findings

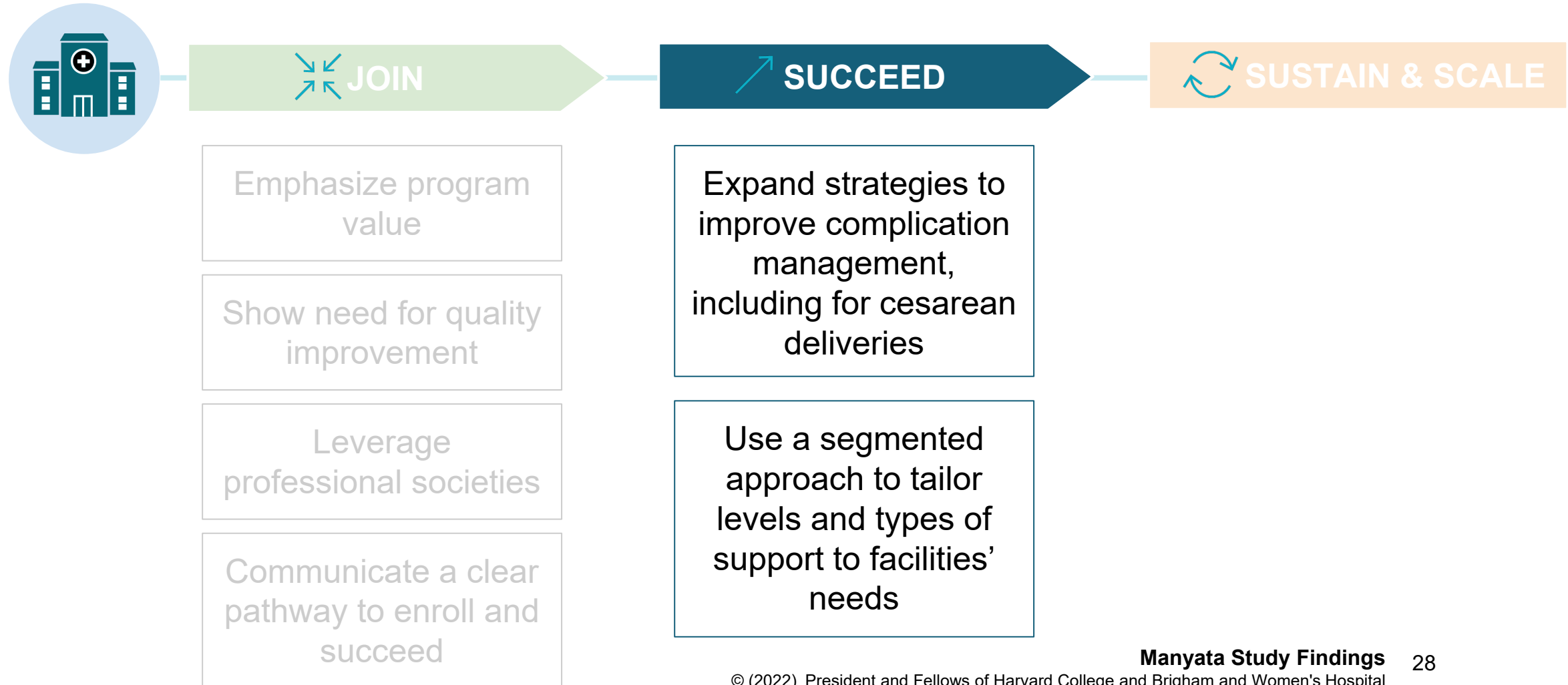
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BIGGEST CHALLENGES TO QUALITY

- LOW BIRTH VOLUME, INFREQUENT COMPLICATIONS can lead to challenges in maintaining time-critical skills
- COMPLEX CLINICAL DECISION MAKING (eg. eclampsia management) requires in-depth teaching and practice
- DOCUMENTATION related to complication monitoring



MAIN RECOMMENDATIONS



SECTION 4:

SUSTAIN AND SCALE

Continuing quality after accreditation



SUSTAIN AND SCALE: SUMMARY OF RECOMMENDATIONS FROM STAKEHOLDERS

ADD TRAINING OPPORTUNITIES
to handle staff turnover and skill practice for infrequent complications

SUPPORT QI CONTEXT
to enable leaders and staff to continue to foster a learning culture after certification

CONDUCT RECURRING ASSESSMENTS
to ensure practice changes are sustained



REDUCE DATA BURDEN
to focus on a few reliably-collected variables

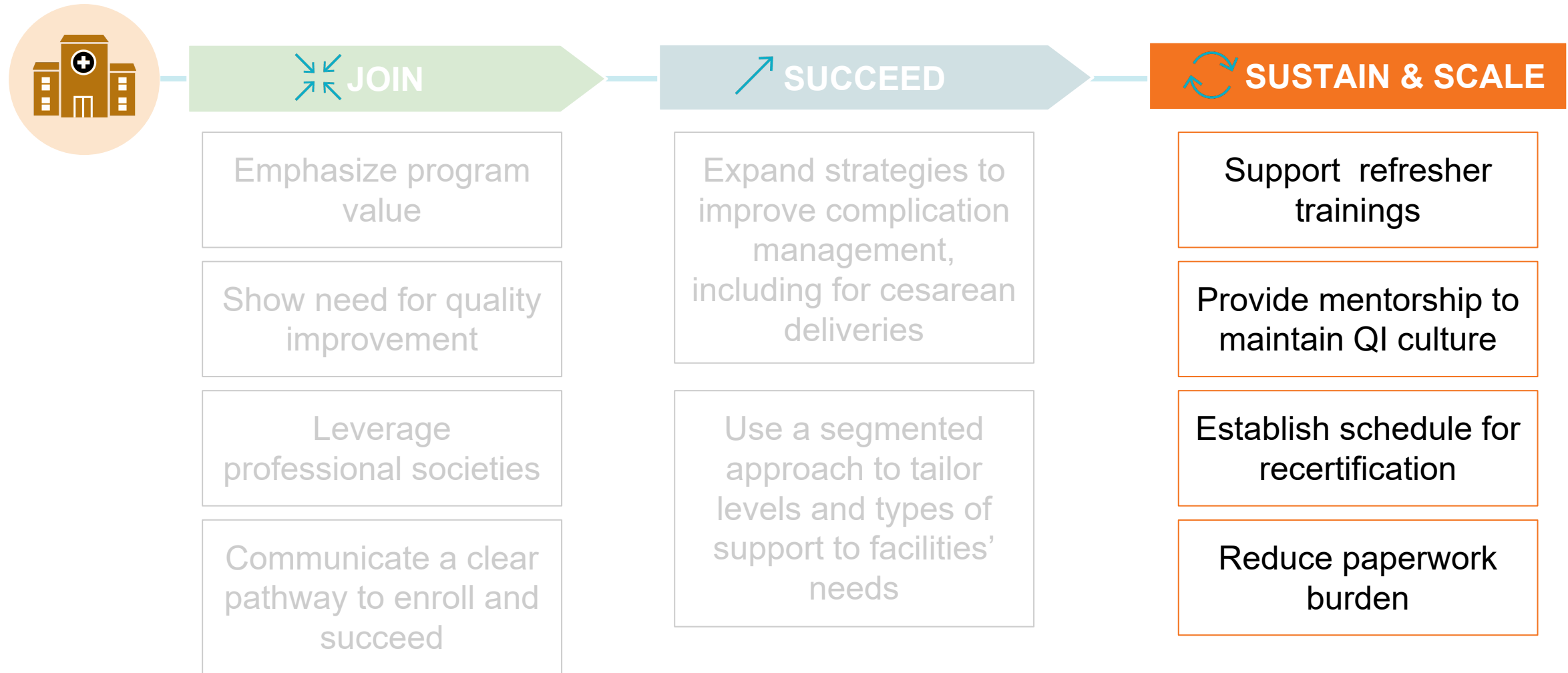
TRAINING NEEDED AFTER ACCREDITATION

“

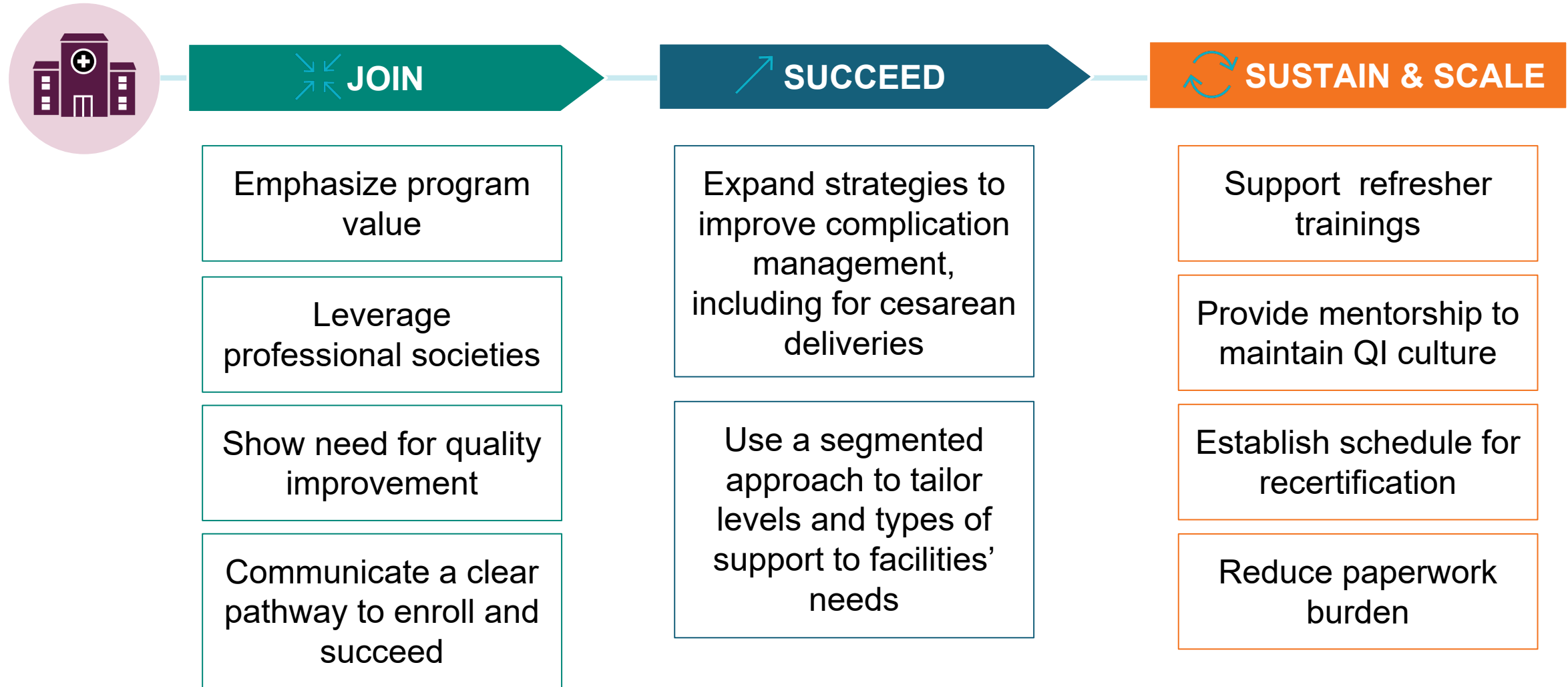
“The things that we regularly do won’t be any problem. The things that we do only sometimes, like baby resuscitation, we lose practice. We have to keep doing rehearsals to remember these skills.”

- Manyata nurse, Jharkhand

MAIN RECOMMENDATIONS



MAIN RECOMMENDATIONS





Thank You!

Connect with the us

Engage with the **QoC subgroup co-chairs:**

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Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/qoc and www.childhealthtaskforce.org/subgroups/private-sector

**The recording and presentations from this webinar will be available on this page in a couple days*

Join the Child Health Task Force here: <https://bit.ly/joinchtf> & follow us on LinkedIn: www.linkedin.com/company/child-health-task-force



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