Improving Quality of Newborn and Child Health Services in Private Facilities
Lessons from Manyata Project in India

23 August, 2022

Co-hosted by the Quality of Care subgroup
and the Private Sector Engagement subgroup

Image credit: Mubeen Siddiqui/MCSP, Uttampus, Odisha, India
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India Director
MSD for Mothers
What did we do in Manyata?

A BRIEF DESCRIPTION
What is Manyata?

- Manyata is a branding
- Manyata is a certification
- Manyata is a mechanism to achieve quality
- Manyata is a community of practitioners that strive for Quality

- Quality Seal
- Quality Assurance
- Quality Improvement
- Quality ‘movement’
Manyata Stakeholders

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

Quality Improvement
- Centres for Skills Enhancement

Catalyzers
- MSD for Mothers
- And partners
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
## Clinical competency and skill building

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<tr>
<th>Whole team approach</th>
<th>Integrated team-based trainings</th>
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<td>Low dose but high frequency</td>
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<td>Innovative use of digital technology and skills labs</td>
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<th>Clinical competencies</th>
<th>Basic training for knowledge and skills</th>
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<td>Mentoring for change management at the facility</td>
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<td>Skills and Drills for all staff</td>
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<th>Client focus</th>
<th>Integrating respect &amp; dignity with quality</th>
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# Building quality hospital management system

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<th>Governance</th>
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| • Institutionalizing quality circles  
• Problem solving approach  
• Clinical audits and reviews (Robsons Criteria) |

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<th>Ensuring consistency</th>
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| • Standard Operating Procedures for clinical processes and safety  
• Continuous training and mentoring  
• Feedback loop for |

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<th>Setting systems</th>
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| • 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

>5,500,000 SAFER DELIVERIES  > 12,000 PROVIDERS TRAINED  1,700 + HOSPITALS REGISTERED  1200+ HOSPITALS CERTIFIED  150+ HOSPITALS RECERTIFIED
MANYATA LEARNING AGENDA
Aug 2022
RESULTS FRAMEWORK: JOIN, SUCCEED, SUSTAIN

JOIN

Understanding the perceived value and factors for private facilities to engage with Manyata

SUCCEED

Exploring how and why facilities improve quality, achieve accreditation, improve health outcomes and affect the patient experience through Manyata

SUSTAIN & SCALE

Understanding how facilities can sustain quality improvement efforts long term
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

- Emphasize program value
- Leverage professional societies
- Show need for quality improvement
- Communicate a clear pathway to enroll and succeed
SECTION 3:

SUCCEED
Supporting quality in the private sector
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*
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

*Results from quantitative sub-standard data
MAIN RECOMMENDATIONS

**JOIN**
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**SUCCEED**
- Expand strategies to improve complication management, including for cesarean deliveries
- Use a segmented approach to tailor levels and types of support to facilities’ needs

**SUSTAIN & SCALE**
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
“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

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SUSTAIN & SCALE
- Support refresher trainings
- Provide mentorship to maintain QI culture
- Establish schedule for recertification
- Reduce paperwork burden
MAIN RECOMMENDATIONS

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**SUSTAIN & SCALE**

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Thank You!
Connect with the us

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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*

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