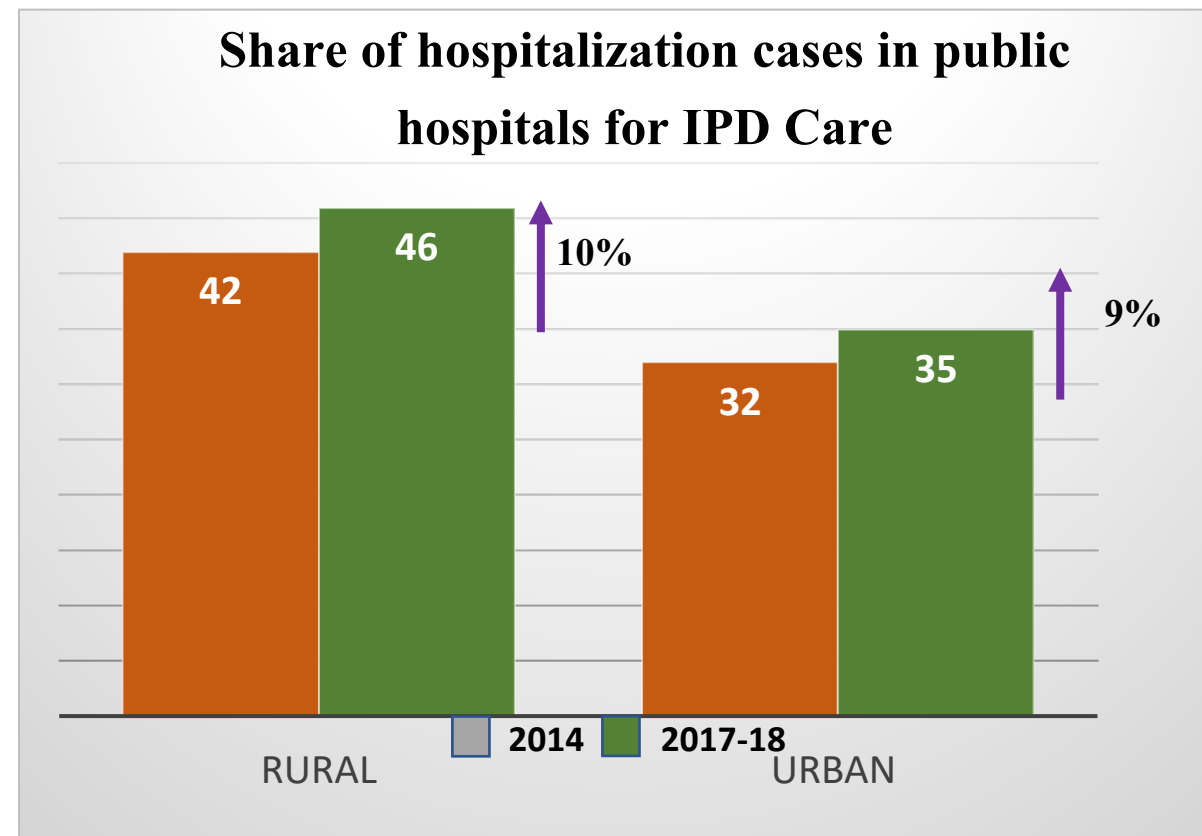
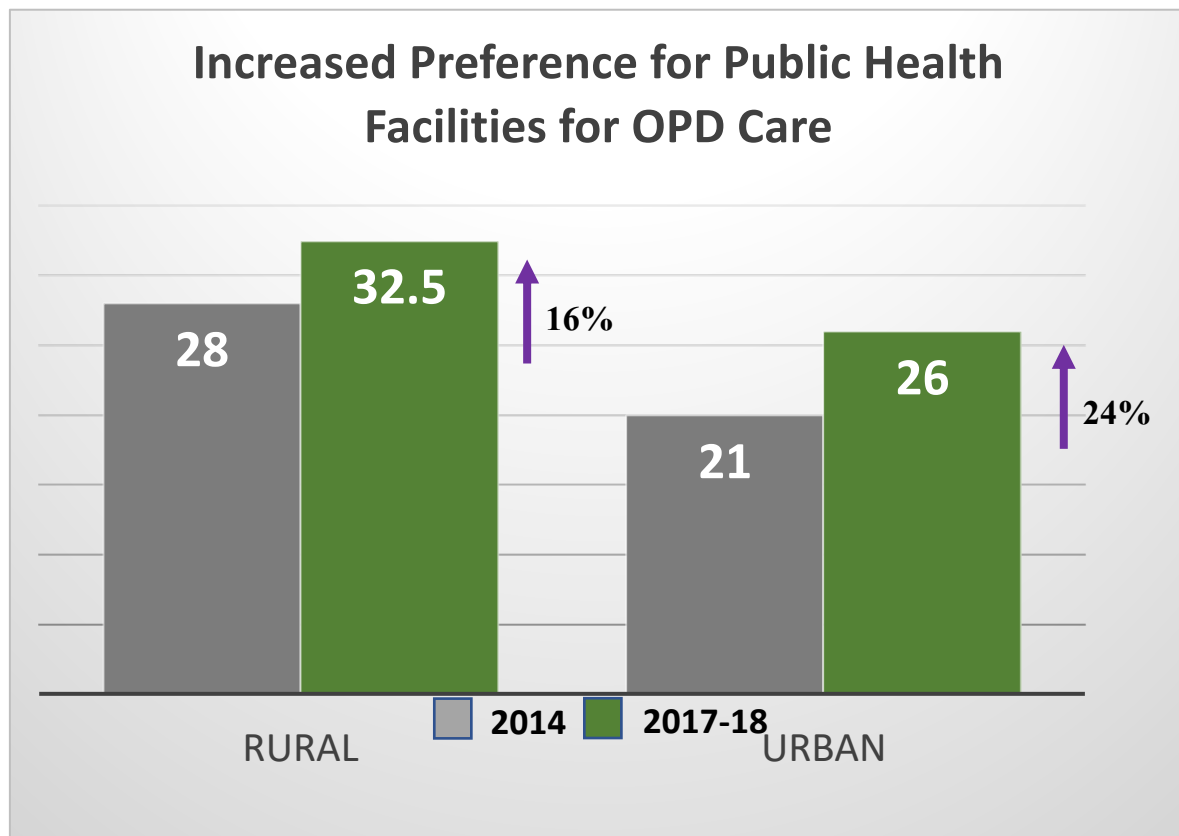




# MusQan: Ensuring Child Friendly Services In Public Healthcare Facilities



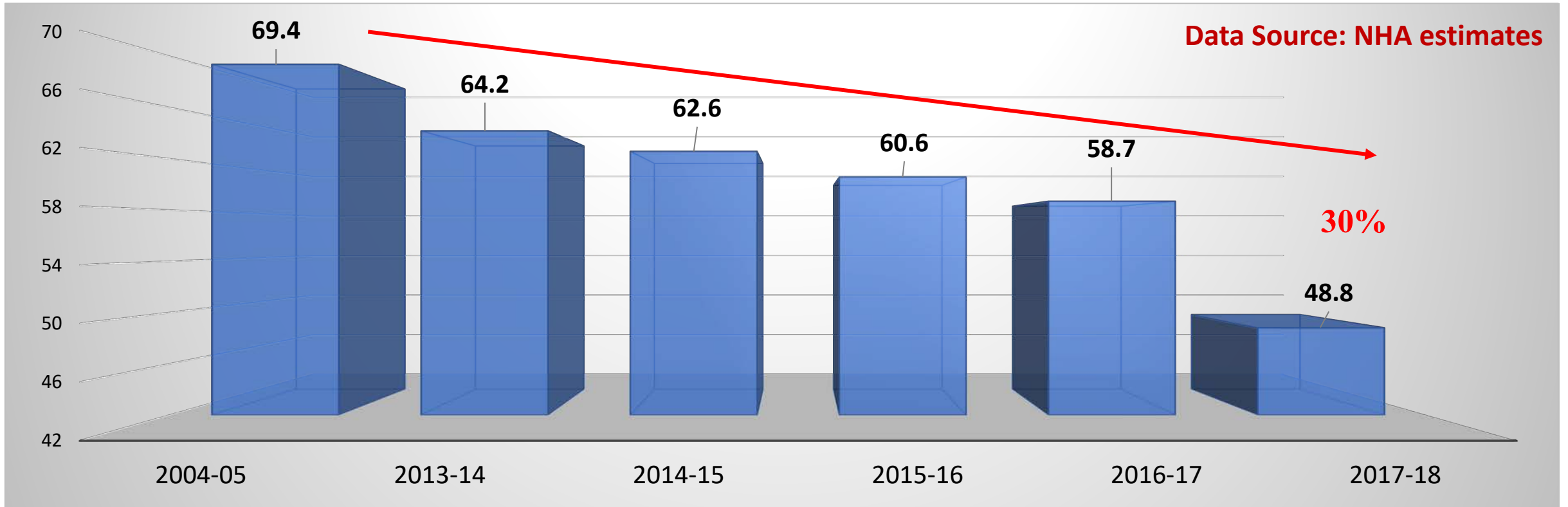
# Increased public healthcare utilization



**Considerable increase in utilization of public health facilities as per NSSO Survey**

# Continuing Reduction of OOPE

Out of Pocket Expenditures (OOPE) as percent of Total Health Expenditure



**Major interventions for considerable reduction in OOPE.**

**National Health  
Programmes**

**Free Drugs  
Services Initiative  
(FDSI)**

**Free Diagnostic  
Services Initiative**

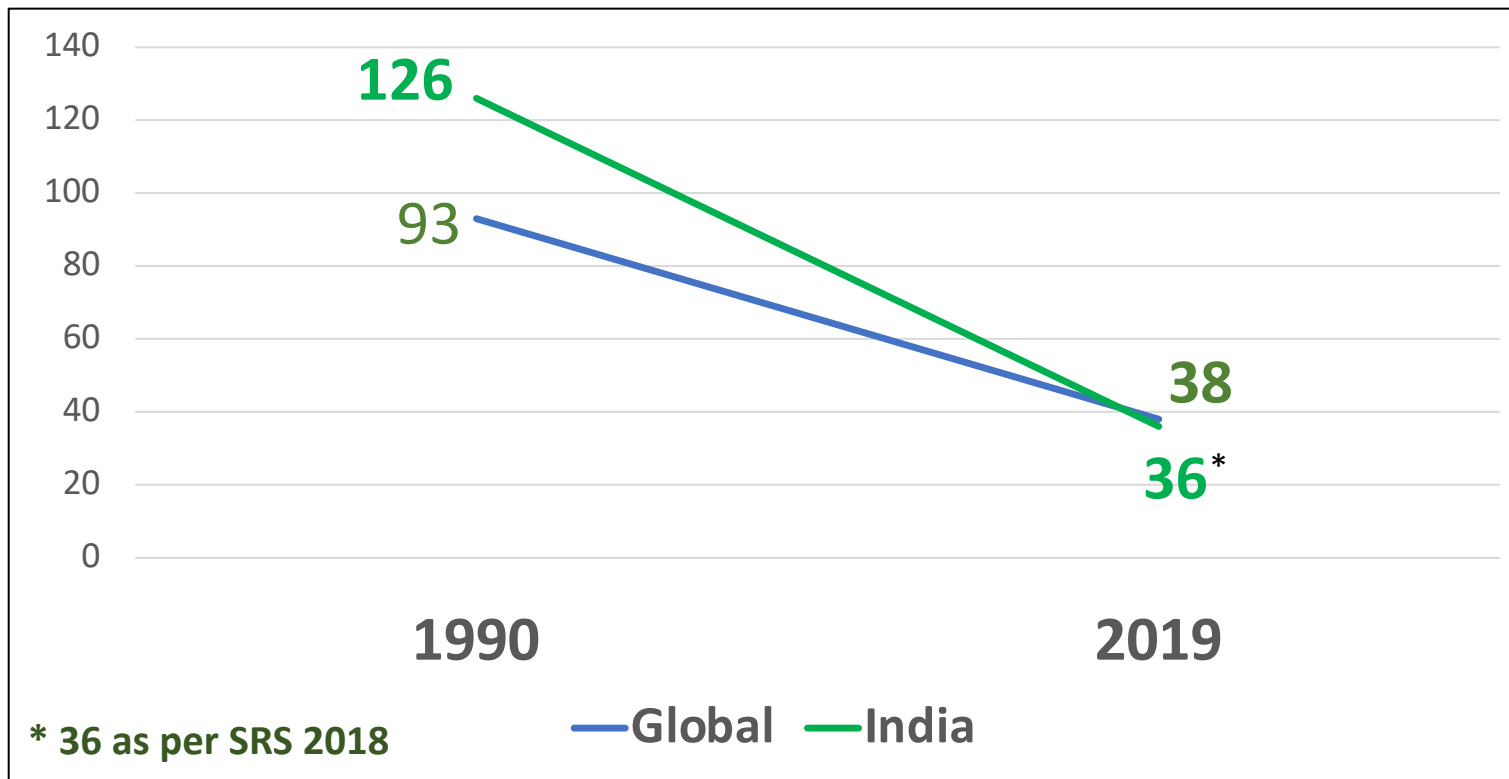
**Specialists,  
Doctors, other HR  
and ASHAs**

**Infrastructure &  
Referral  
Transport  
Services**

**NQAS, Kayakalp,  
LaQshya &  
Mera-Aspatal**



# Under 5 Mortality Rate (U5MR)



Between 1990 and 2019

India  
U5MR  
Decline

71%

Global  
U5MR  
Decline

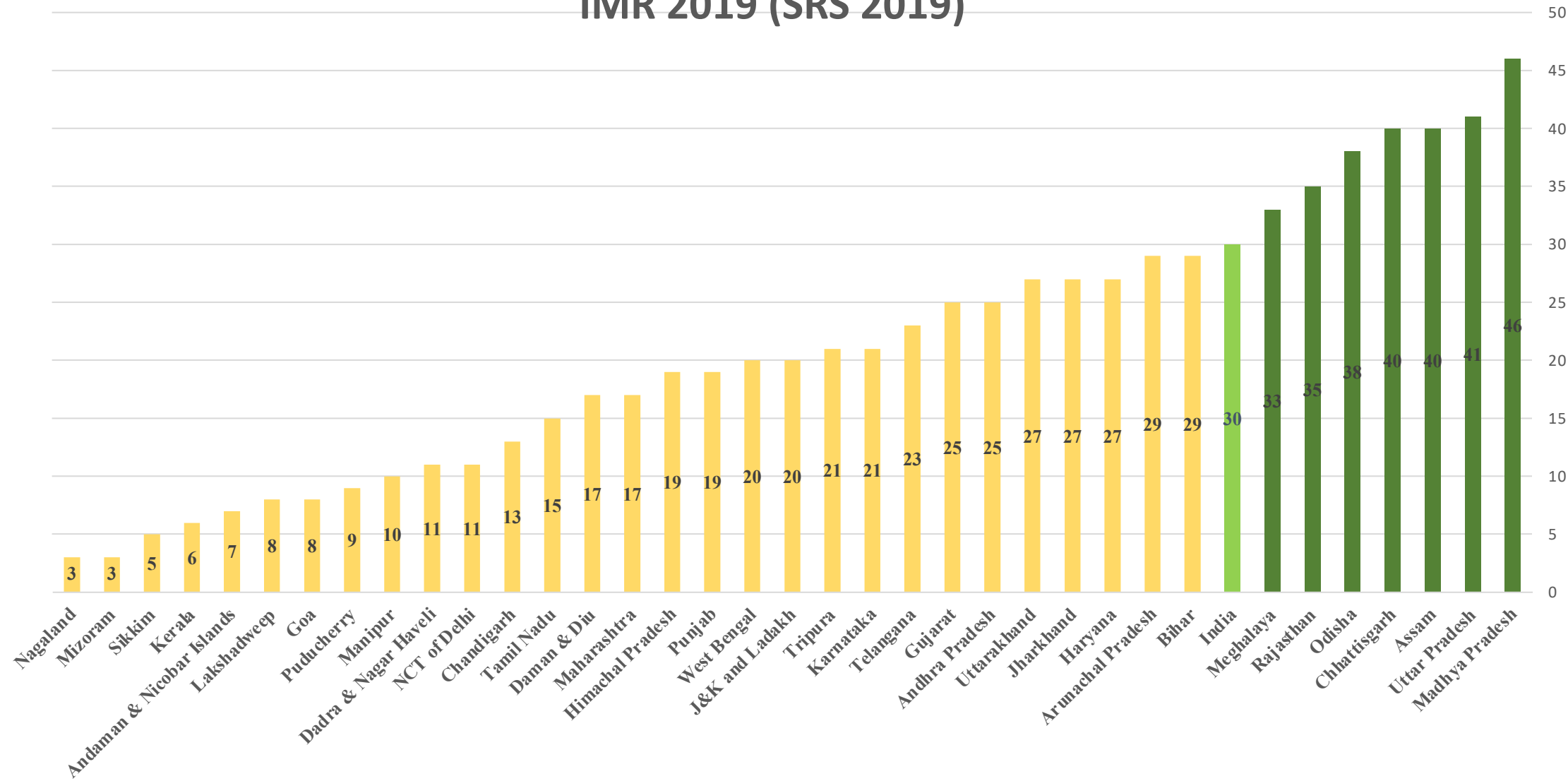
59%

**Data Source:** SRS, India and Levels & Trends in Child Mortality Report 2020 ,  
Estimates developed by the UN Inter-agency Group for Child Mortality Estimation

**SDG Target: 25 by 2030**

As per SRS 2018, **seven States have already attained** SDGs target : Kerala (10), Tamil Nadu (17), Delhi (19), Maharashtra (22), J&K (23), Punjab (23) & Himachal Pradesh (23)

# IMR 2019 (SRS 2019)



## Deaths per thousand livebirths\*

	Neonatal (0-27 days)	Post-neonatal (28 days to 1 year)	Child (1-4 years)	Under-5
South Asia	23.2	10.6	7.4	40.6
Bangladesh	21.0	7.5	5.9	34.0
Bhutan	19.8	8.0	5.4	32.9
India	21.8	10.7	7.2	39.2
Nepal	18.5	7.1	4.0	29.4
Pakistan	31.8	12.6	9.9	53.4

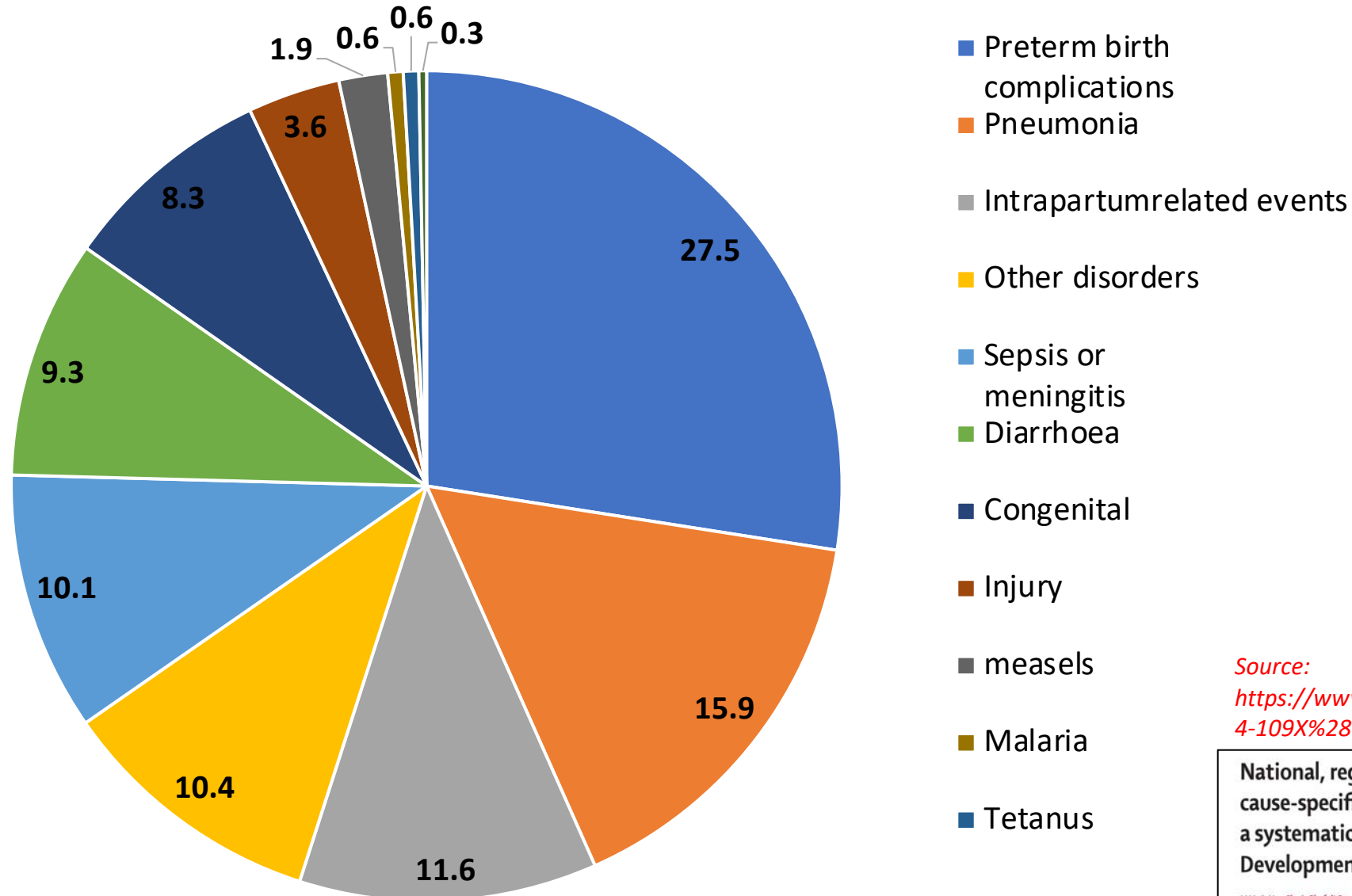
\* Source – Global, regional, and national under-5, adult mortality, age-specific mortality, and life expectancy, 1070-2016: a systematic analysis for the Global Burden of Disease Study 2016, [www.thelancet.com](http://www.thelancet.com) Vol 390 September 16, 2017

# Mortality due to low-quality health systems in the UHC era\*

	Avertable deaths		Amenable deaths		
Country	Deaths preventable by public health interventions	Deaths amenable to health care	Deaths due to use of poor-quality services	Deaths due to non-utilization of health services	Percent of amenable deaths due to poor quality
Maldives	25	138	103	35	75%
<b>India</b>	<b>1,498,027</b>	<b>2,438,342</b>	<b>1,599,870</b>	<b>838,473</b>	<b>66%</b>
Pakistan	256,683	348,174	225,389	122,785	65%
Indonesia	235,662	351,190	225,641	125,549	64%
Srilanka	7252	18,121	10,721	7,401	59%
Nepal	27,541	46,400	26,556	19,845	57%
Bangladesh	117,549	182,905	91,631	91,275	50%
China	847,843	1,283,099	629,765	653,334	46%

\* Source - Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries, Margaret E Kruk, et al, [www.thelancet.com](http://www.thelancet.com) Vol 392 November 17, 2018

# Distribution of causes of under-5 deaths in 2015



Source:

<https://www.thelancet.com/action/showPdf?pii=S2214-109X%2819%2930080-4>

National, regional, and state-level all-cause and cause-specific under-5 mortality in India in 2000–15: a systematic analysis with implications for the Sustainable Development Goals

Li Liu\*, Yue Chu\*, Shefali Oza, Dan Hogan, Jamie Perin, Diego G Bassani, Usha Ram, Shaza A Fadel, Arvind Pandey, Neeraj Dhingra, Damodar Sahu, Pradeep Kumar, Richard Cibulskis, Brian Wahl, Anita Shet, Colin Mathers, Joy Lawn, Prabhat Jha, Rakesh Kumar, Robert E Black, Simon Cousens



**Swachh Swasth Sarvatra:**  
Convergence with  
Ministry of Jal  
Shakti

**Kayakalp:**  
Swachh Bharat  
Swasth Bharat

**National  
Quality  
Assurance  
Standards:**  
For DH, CHC,  
PHC, UPHC &  
HWC

**LaQshya:**  
Ensuring Quality of  
care during delivery  
& immediate post-  
partum

**Mera-Aspataal:**  
Platform to capture  
voice of Patients  
for improving  
Quality Services

**AEFI Surveillance:**  
Ensuring Quality  
in AEFI  
Surveillance

**MusQan:**  
NQAS  
certification  
of Pediatrics  
Services

Overview



**National Quality Assurance Program**





# 'MusQan': Ensuring Child Friendly Services in Public Health Facilities



## Overview

- *Launched by the Hon'ble Health Minister on 17<sup>th</sup> September 2021.*
- *A focused approach towards ensuring delivery of Quality Care to paediatric age group (0-12 years) at the public health facilities*

## Objective

- *To reduce preventable mortality and morbidity among children below 12 years of age.*
- *To enhance Quality of Care (QoC) as per National Quality Assurance Standards (NQAS).*
- *To promote adherence to evidence-based practices and standard treatment guidelines & protocols.*
- *To provide child-friendly services to newborn and children in humane and supportive environment.*



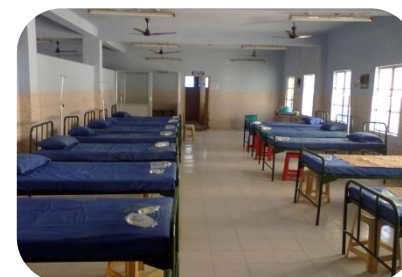
# Aligned with Existing NQAS Framework



**A. Service Provision**



**B. Patient Rights**



**C. Inputs**



**D. Support Services**



**E. Clinical Services**



**F. Infection Control**



**G. Quality Management**



**H. Outcome**

# Scope

District Hospitals	Sub District Hospitals (SDH)	All functional FRU CHCs	All other facilities (Example: LaQshya certified, Medical Colleges)
4 Departments <ul style="list-style-type: none"><li>• Paediatric OPD</li><li>• Paediatric Ward</li><li>• SNCU</li><li>• Nutrition Rehabilitation Centre</li></ul>	3 Departments <ul style="list-style-type: none"><li>• Paediatric OPD</li><li>• Paediatric Ward</li><li>• SNCU/ NBSU</li></ul>	3 Departments <ul style="list-style-type: none"><li>• Paediatric OPD</li><li>• NBSU</li></ul>	4 Departments <ul style="list-style-type: none"><li>• Paediatric OPD</li><li>• Paediatric Ward</li><li>• SNCU/NICU</li><li>• Nutrition Rehabilitation Centre</li></ul>

# Key Interventions

Children & parent/attendant friendly  
ambience infrastructure

Strengthen referral and follow-up  
services

Provision of respectful & dignified care

Strengthen Clinical Protocols &  
Management Processes

Quality Certification, Improved Indicators  
and Satisfied Families



# Key Strategies:

## 1. Ensuring Child Friendly Services–

- Ensuring dedicated services
- Developing Child-friendly Ambience
- Ensuring availability of drugs (paediatric) and formulation





# Key Strategies

## 2. Strengthening of Referral and Follow up services-

- Continuum of care
- Two-way referrals
- Referral audit





# Key Strategies

## 3. Strengthening the Clinical Protocols & Management Processes-

- Adherence to guidelines-clinical & non-clinical
- Strengthening of Services-early screening, diagnosis, and intervention
- Competency and Skill Enhancement
- Breastfeeding-Promotion, Protection and Support





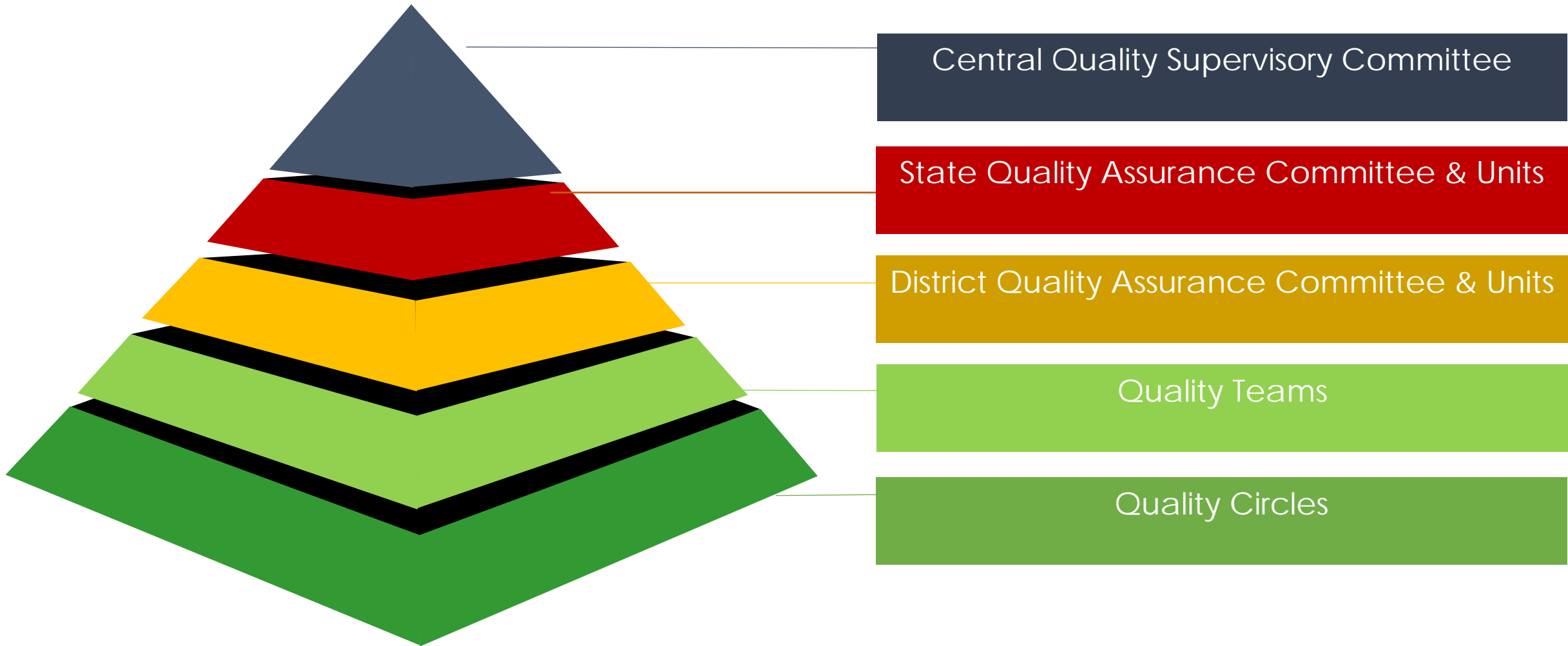
# Key Strategies

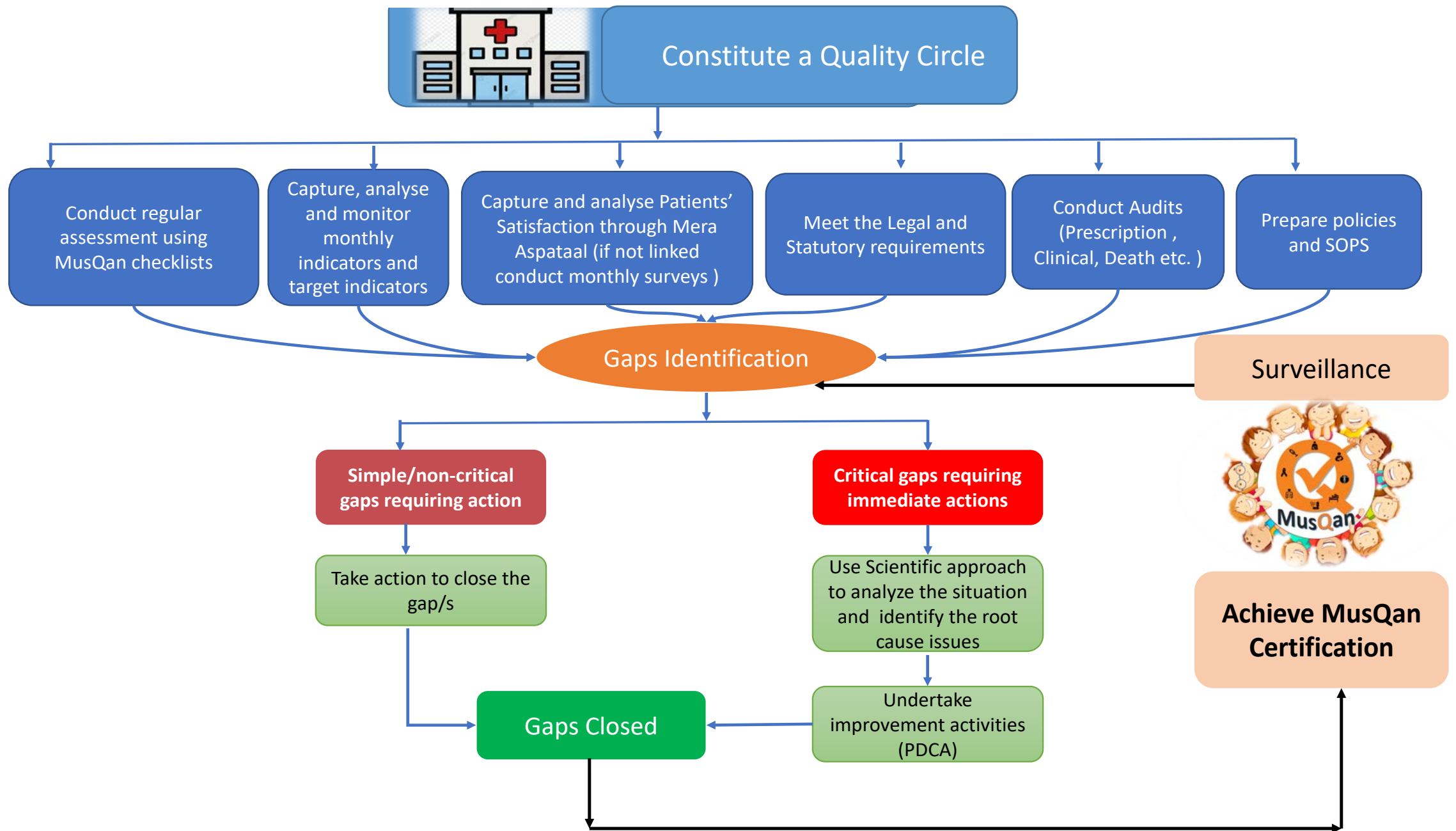
## 4. Ensuring provision of respectful and dignified care for Mother & Newborn-

- Empathetic staff behaviour
- Ensuring food and shelter for mothers
- Basic amenities
- Regular training for empowering mothers to participate in newborn care



# Institutional Arrangement



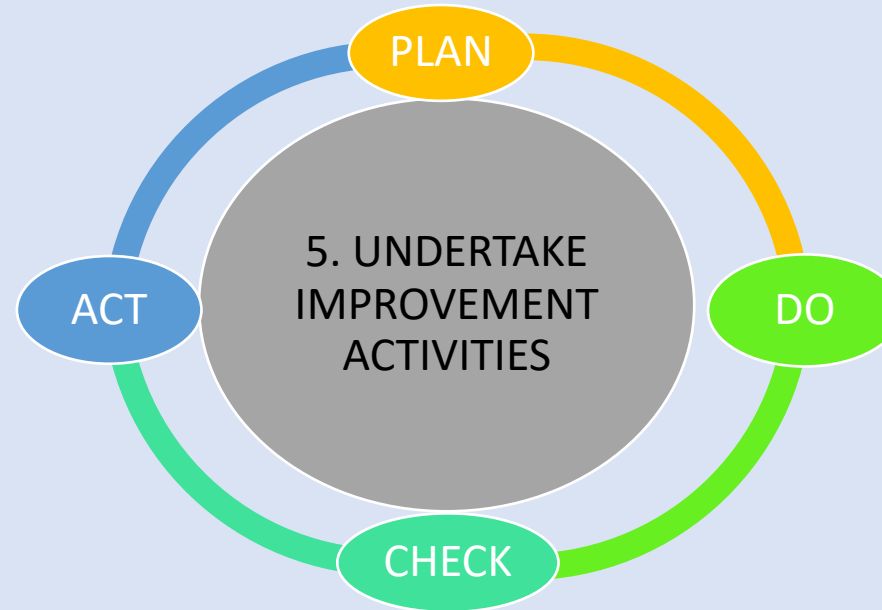


# Steps for Implementation at Facility



## REGULAR MENTORING & MONITORING

1. Establish Quality Circle at each department
2. Conduct Assessment- using NQAS Standards & measure performance indicators
3. Identify gaps & perform root cause analysis
4. Plan interventions & RIE

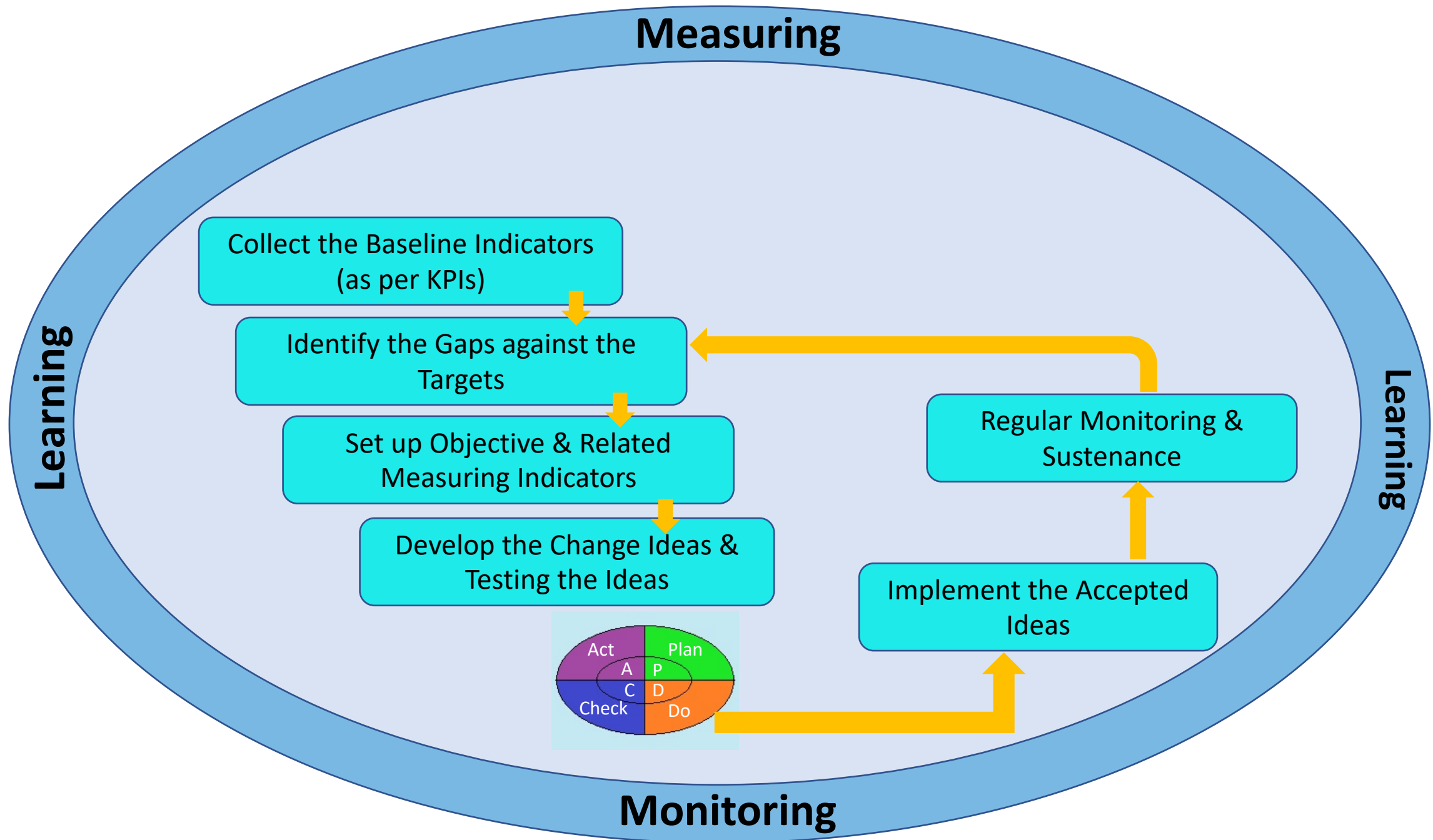


6. Traverse the gaps in timebound manner
7. Achieve MusQan certification & targets
8. Sustenance

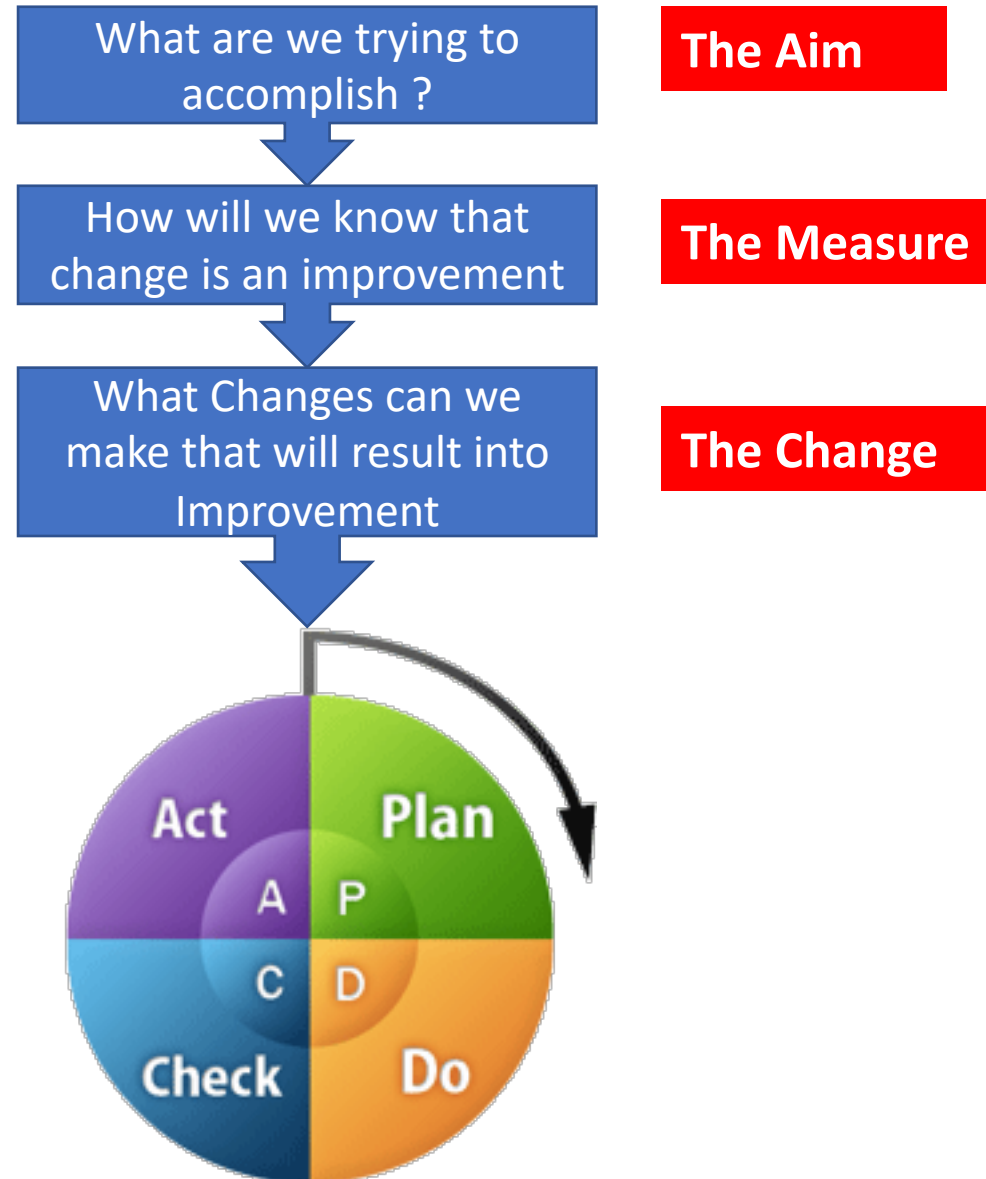
CAPACITY BUILDING

ENSURE AVAILABILITY OF RESOURCES

CONTINUOUS MEASUREMENT OF QUALITY INDICATORS



# Model for Improvement – Deming's Cycle/ PDCA Cycle



# Certification Process



# Certification Criteria

- a) NQAS Certification of SNCU/NBSU, Paediatric Ward, OPD and NRC. Facility needs to take 70%, or more in external assessment
- b) Attainment of at least of 75% or more of facility-level targets
- c) 80% of the parent-attendant group are either satisfied or highly satisfied (or Equivalent score  $>4$  on the Likert scale).

# Synergies between LaQshya and MusQan

## LaQshya



- To reduce preventable **Maternal and Newborn** mortality & morbidity.
- To improve Quality of care during the delivery and immediate post-partum care; Improving Care around Birth
- Quality certification of **Labour Room** and **Maternity OT** at all level of facilities (Medical College/DH/SDH/CHC)

Name of Departments	District Hospital	Sub-District Hospital	FRU-CHCs	LaQshya Certified/Medical College
Labour Room	✓	✓	✓	✓
Maternity OT	✓	✓	✓	✓

\* *High case load CHCs and FRU-CHC*

- 20 Key performance indicators (as per Annexure-C)
- Certification Criteria**

Attainment of at least 75% or more KPIs and its verification by State Assessors.

## MusQan



- To reduce preventable mortality and morbidity among **Children up to 12 years of age**.
- Quality certification of **Four departments (Paediatric OPD, Paediatric Ward, SNCU/NBSU , NRC)**

Name of Departments	District Hospital	Sub-District Hospital	FRU-CHCs	LaQshya Certified/Medical College
Paediatric OPD	✓	✓	✓	✓
Paediatric Ward	✓	✓		✓
SNCU	✓	✓	✓	✓
Nutrition Rehabilitation Centre	✓			✓

\* *DH and equivalent facilities can take exemptions for the NRC assessment, if NRC is not established in the State.*

- 21 KPIs
- Certification Criteria**

Attainment of at least 75% or more KPIs and its verification will be done by National Assessors at the time of external assessment.



# ROLES AND RESPONSIBILITIES

NATIONAL  
LEVEL

STATE  
LEVEL



DISTRICT  
LEVEL

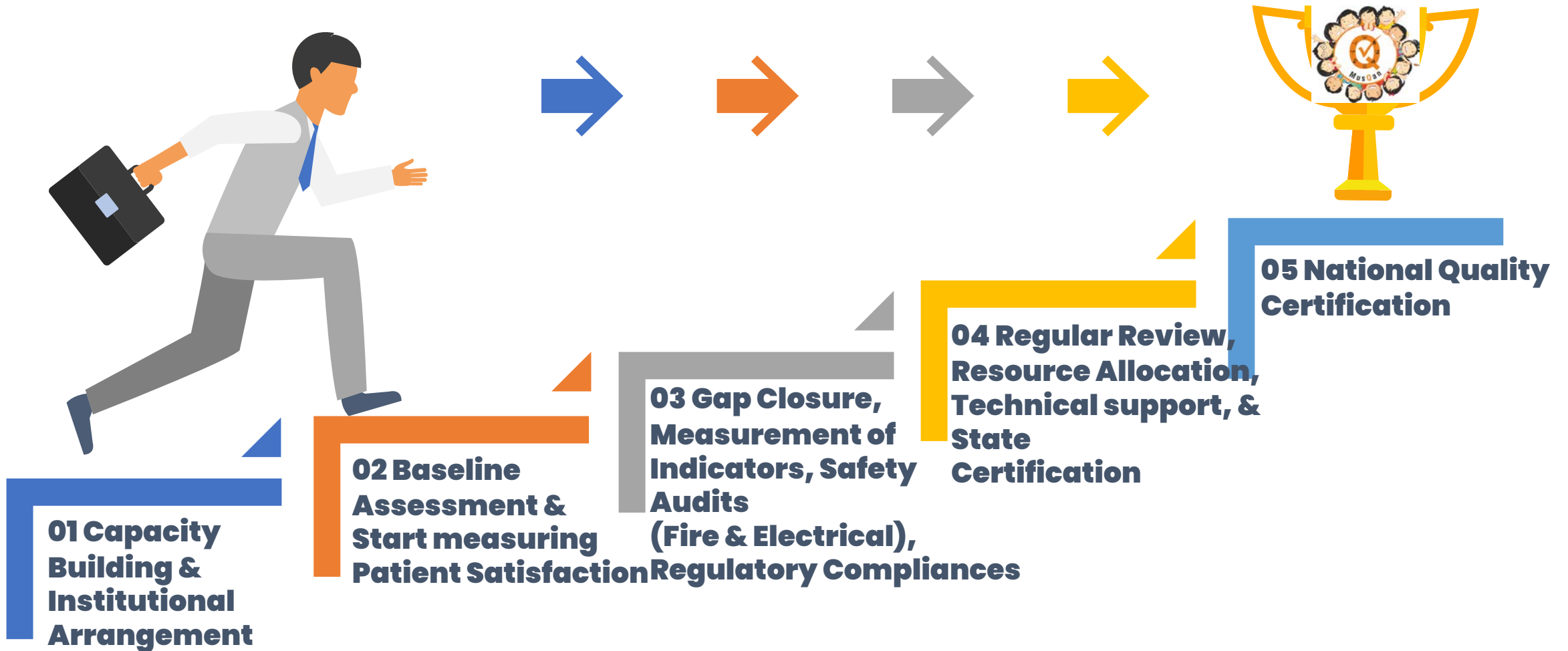


FACILITY  
LEVEL



- Ensure availability of required technical resources
- Capacity building of quality team and department
- Dissemination of guidelines, standards & assessment tools to States
- Ensuring orientation, capacity building & continuous support
- Conducting periodic visits to States & mentoring
- Recommending mid course corrections
- System for reporting & sharing State's achievements
- Handholding Quality Assurance committees & units at State level
- Developing monitoring & evaluation protocols and implementation

# 'MusQan' Journey





Thank You

