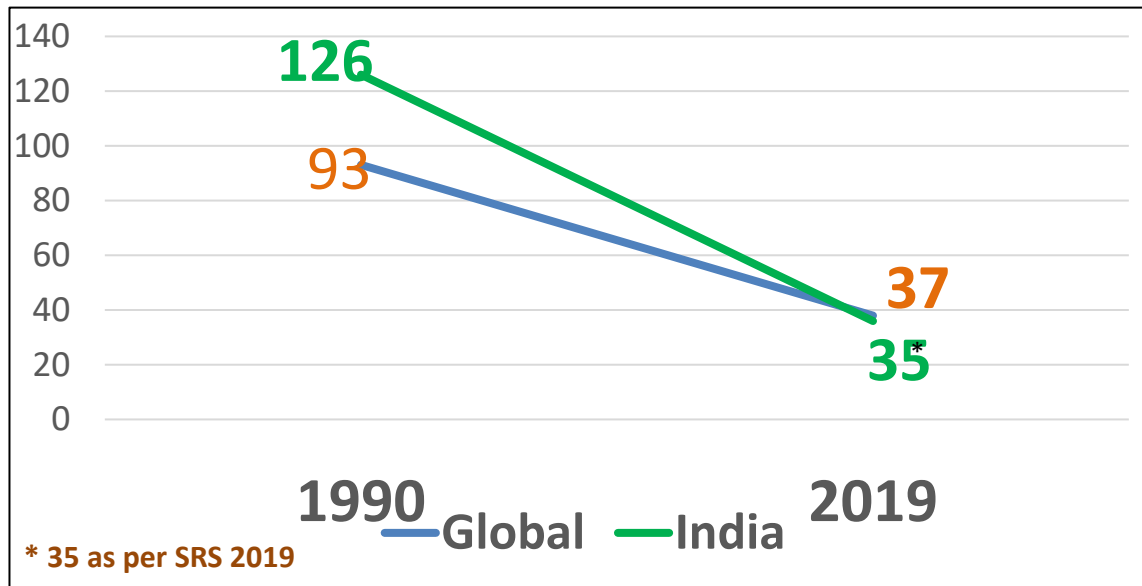




MusQan: Ensuring Child Friendly Services In Public Healthcare Facilities

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Additional Commissioner IC (CH)

Under 5 Mortality Rate (U5MR)



Data Source: SRS, India and Levels & Trends in Child Mortality Report 2021, Estimates developed by the UN Inter-agency Group for Child Mortality Estimation

Between 1990 and 2019

India
U5MR
Decline

72%

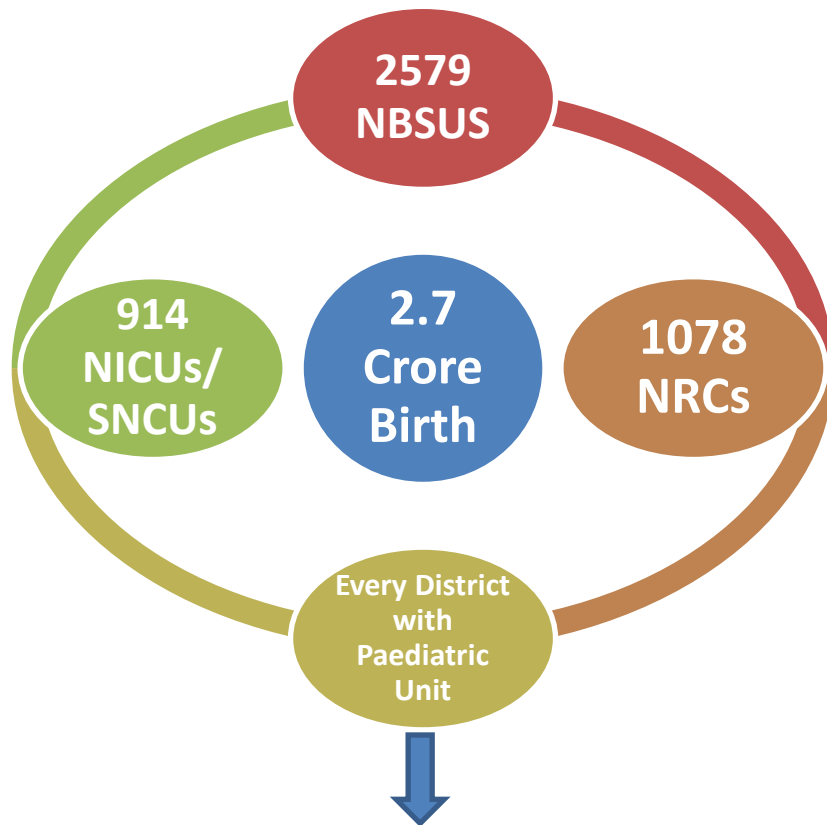
Global
U5MR
Decline

60%

SDG Target: 25 by 2030

As per SRS 2019, **Eight States have already attained** SDGs target of U5MR (Kerala (9), Tamil Nadu (16), Delhi (13), Maharashtra (21), J&K (21), Punjab (21), West Bengal(24)& Himachal Pradesh (23)

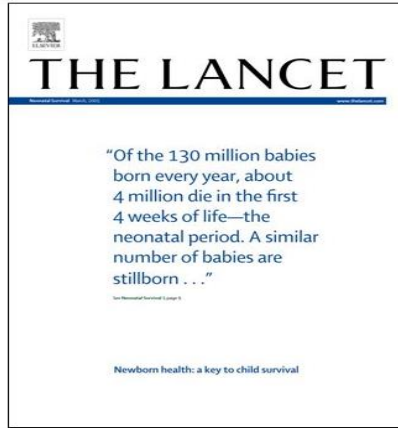
Facility Based Newborn Care in India- at a Glance



- 88.6% Institutional Deliveries
- 76.4% Full Immunization Coverages
- 79.1% Postnatal care visits to newborn
- More than 11 Lakhs sick and small newborn received treatment annually
- Nearly 2.0 Lakhs sick SAM children received in NRCs

This Leads to shift focus to quality along with services

Why Quality



- Poor quality care is common- Health Systems should measure and report what matters most to people
- Structural changes are required for the transformation from low quality to high quality
- Quality generates demand, improves utilization, promotes confidence, Helps to achieve desired outcome

- Available evidence shows that provision of quality facility based newborn care significantly reduces mortality
 - 5-20% through skilled birth attendance;
 - 20-40% by quality care of small newborns and
 - 5-15% by emergency newborn care



Launch of MusQan by Hon'ble HFM

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



Overview

- *Launched by the Hon'ble Health Minister on 17th 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">• Paediatric OPD• Paediatric Ward• SNCU• Nutrition Rehabilitation Centre	3 Departments <ul style="list-style-type: none">• Paediatric OPD• Paediatric Ward• SNCU/ NBSU	3 Departments <ul style="list-style-type: none">• Paediatric OPD• NBSU	4 Departments <ul style="list-style-type: none">• Paediatric OPD• Paediatric Ward• SNCU/NICU• Nutrition Rehabilitation Centre



Key Interventions

**Children & parent/attendant friendly
ambience infrastructure**

**Strengthen referral and follow-up
services**

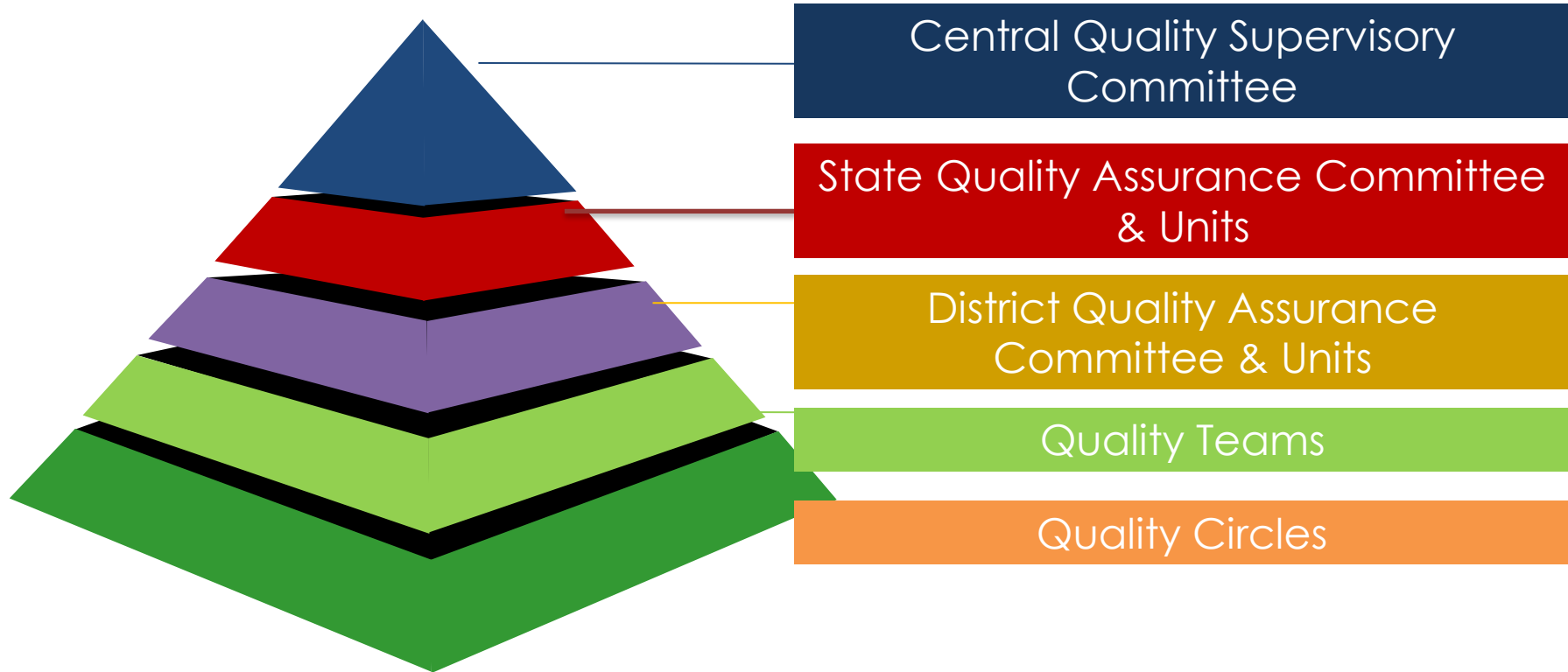
Provision of respectful & dignified care

**Strengthen Clinical Protocols &
Management Processes**



**Quality Certification, Improved
Indicators and Satisfied Families**

Institutional Arrangement



Performance Indicators

Measurement of
KPI's

Improvement
using RIE's



MusQan: Key Performance Indicators (KPI)



Sr No.	Indicators	Target
1	Average waiting time for the initial assessment by physician	More than 90 % cases are seen within 10 minutes of arrival in the facility
2	Patient satisfaction score (Parent – attendant)	80% of parent-attendants are either satisfied or highly satisfied (or Equivalent score > 3.5 on Likert scale)
3	Follow up rate	At least 50% discharged patients report for facility follow-up within one month
4	Percentage of Low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	At least 75% and above success rate
5	Referral rate	20% reduction from the baseline

MusQan: Key Performance Indicators (KPI)



Sr No.	Indicators	Target
6	Mortality rate	20% reduction from the baseline
7	LAMA rate	20% reduction from the baseline
8	Enhanced skills of mothers/families for providing optimal care to sick and small new-borns	At least 80% or more mothers/families are trained on Family Participatory Care (FPC)
9	Percentage of sick newborn received only breast milk (either of mother's own or DHM) throughout their stay at facility	At least 80% or more
10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU	At least 80% or more

MusQan: Key Performance Indicators (KPI)



Sr No.	Indicator	Target
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	At least 1 hr or more
12	Number of stock out days for essential paediatric drugs	No stock out
13	Hospital acquired infection rate in SNCU/NBSU	Less than 5% or at least reduction of 30% from the baseline
14	Number of non-functional equipment days	20% reduction from the baseline
15	Rational use of antibiotics	20% reduction from the baseline

MusQan: Key Performance Indicators (KPI)



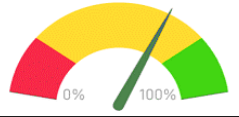
Sr No.	Indicator	Target
16	Average time lag between admission and ticket upload online /filling of admission ticket	20% reduction from the baseline
17	Average door to drug time in the health facility	At least 30% reduction from baseline
18	Percentage of mothers receiving IYCF counselling availing care in the OPD	At least in 80% cases
19	Turnaround time- Diagnostic Services a. Radiology b. Laboratory	At least 30% reduction from baseline
20	Case Fatality Rate a. Pneumonia b. Diarrhoea	At least 10% reduction from baseline

MusQan: Key Performance Indicators (KPI)



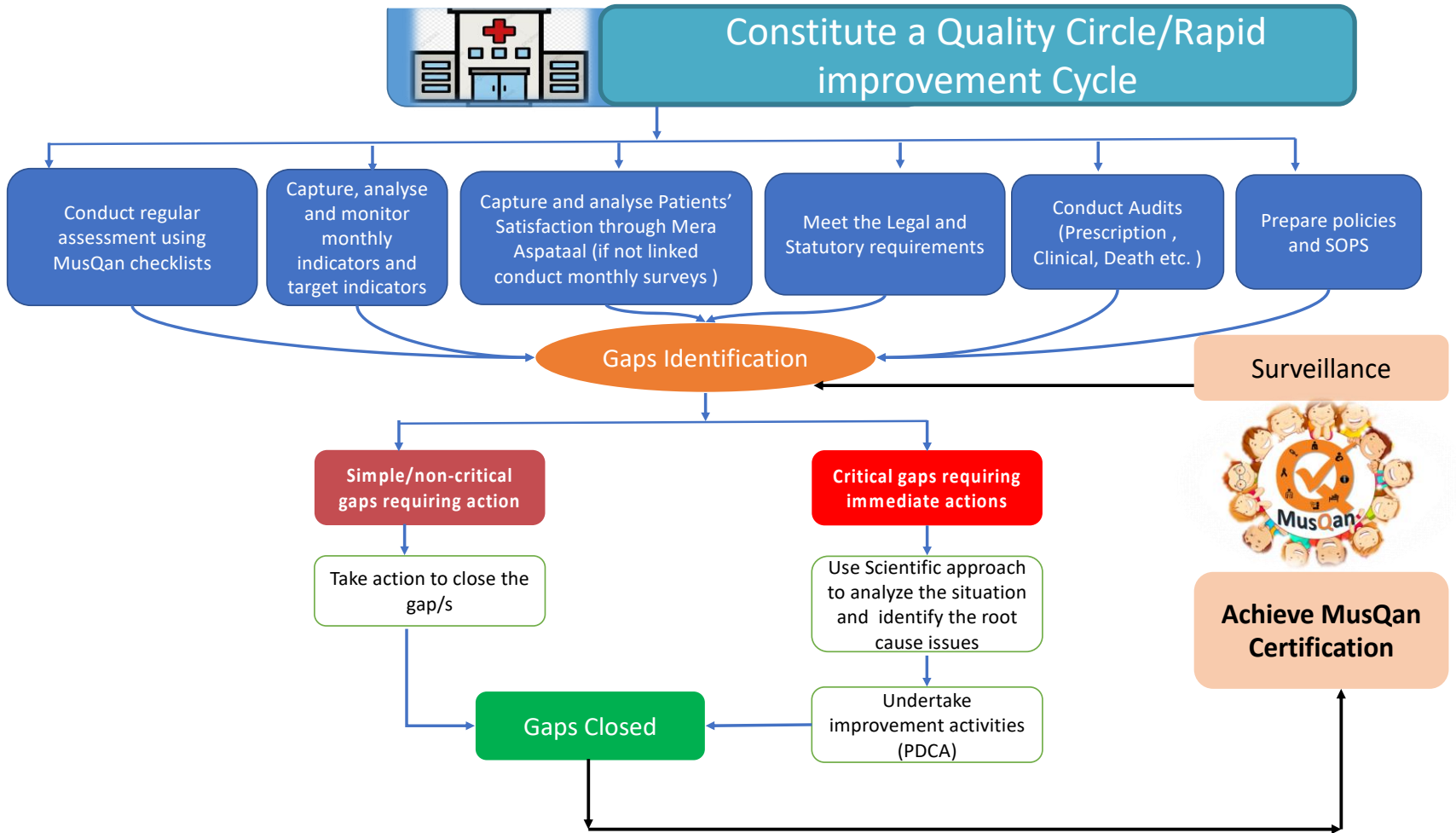
Sr No.	Indicator	Target
21	Quarterly Child Safety Audit (Physical safety and security, environmental safety, medication and medical devices related safety, HAI etc.)	100% achievement of conducting the quarterly Child Safety Audit in last 6 months
Essential Information		
22	Bed: Nurse Ratio	Target to reach 4:1 (SNCU) / 4:1 (NBSU)
23	Percentage of doctors and staff nurses trained in FBNC and Observership training	Target 100%
24	Facility conducts newborn and child death audit and "Near – miss" on monthly basis	Records to be maintained for root cause analysis and actions taken thereafter

GUNAK application



- Baseline scores will be submitted by facilities on GUNAK app
- Data collection for the indicators on monthly basis
- Sharing the collected information regularly





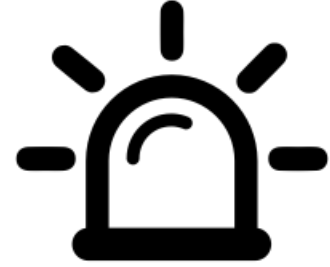
Steps for Implementation at Facility

MusQan: Rapid Improvement Event



1. Timely initiation of emergency treatment in sick neonates and children and making timely referral

- Emergency Triage Assessment and Treatment (ETAT)
(Emergency, Priority & Non urgent)
 - Admission based on criteria (SoP)
- Timely referral
 - Identify babies who need referral
 - Pre-referral stabilization, Preparation of transport
 - Proper documentation and handover to the family
 - Counseling and support to family
 - Janani Sishu Suraksha Karyakaram



2. Improvement in breastfeeding , hypothermia (temperature maintenance) and KMC practices in eligible neonates



- Breast feeding
 - Early initiation of Breast feeding
 - Exclusive breast feeding
 - Counseling support
- Hypothermia management
 - Maintaining warm chain
- Kangaroo Mother Care (KMC)
 - Provision of KMC to all stable low birth weight babies

3. Ensuring improvement in infection prevention practices and reduction in Hospital Acquired Infections (HAIs)

- Infection Prevention
 - Hand washing
 - Separate equipment set for each
 - Disinfection and sterilization for any invasive procedure
 - Personal protection equipments (PPE)
- Cleanliness of equipments
 - Disinfection and sterilization of equipments
- Bio Medical Waste Management
 - Segregation, collection, transport and disposal of BMW



4. Improving documentation and record management practices. The RI cycle include timely recording and update of information

- Real time Updation of SNCU online portal, NBSU, NRC and Paediatric recording and reporting
- Documentation and record management
 - Admission case record sheet
 - Discharge sheet
 - Referral sheet
 - Stock records
 - Inventory



5. Ensuring implementation of Clinical Protocols eg: rational use of antibiotics, oxygen, fluid etc.



- “Do No Harm”
 - Routine close monitoring of admitted children
 - Clinical examination for hydration, general conditions, cyanosis, feeding, yellow discoloration, extravasation of fluids etc
- Rational use of antibiotics
- Rational use of oxygen
- Rational use of phototherapy
- Rational use of fluids etc.
- Treatment as per SOPs/STGs
- Monitoring of growth, feeding, wt. gain etc. for NRC Children
- Wide display of algorithms and charts- decision support systems

6. Respectful care, improving engagement of mother / attendant in newborn care and ensuring enhancement in mother/ parent attendant's satisfaction who are seeking care in public healthcare facilities.

- Capacity building
- Family Participatory Care
- Kangaroo Mother Care
- Mother Newborn Care Unit (MNCU)
- Counseling of family members
- Involvement of family members in decision making
- Ensuring zero out of pocket expenditure at Public facilities



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).

Financial incentivisation

- a) DH Rs. 3 lakh and FRU-CHC Rs. 2 lakh for each department for achieving national certification.

ROLES AND RESPONSIBILITIES

NATIONAL
LEVEL

STATE
LEVEL

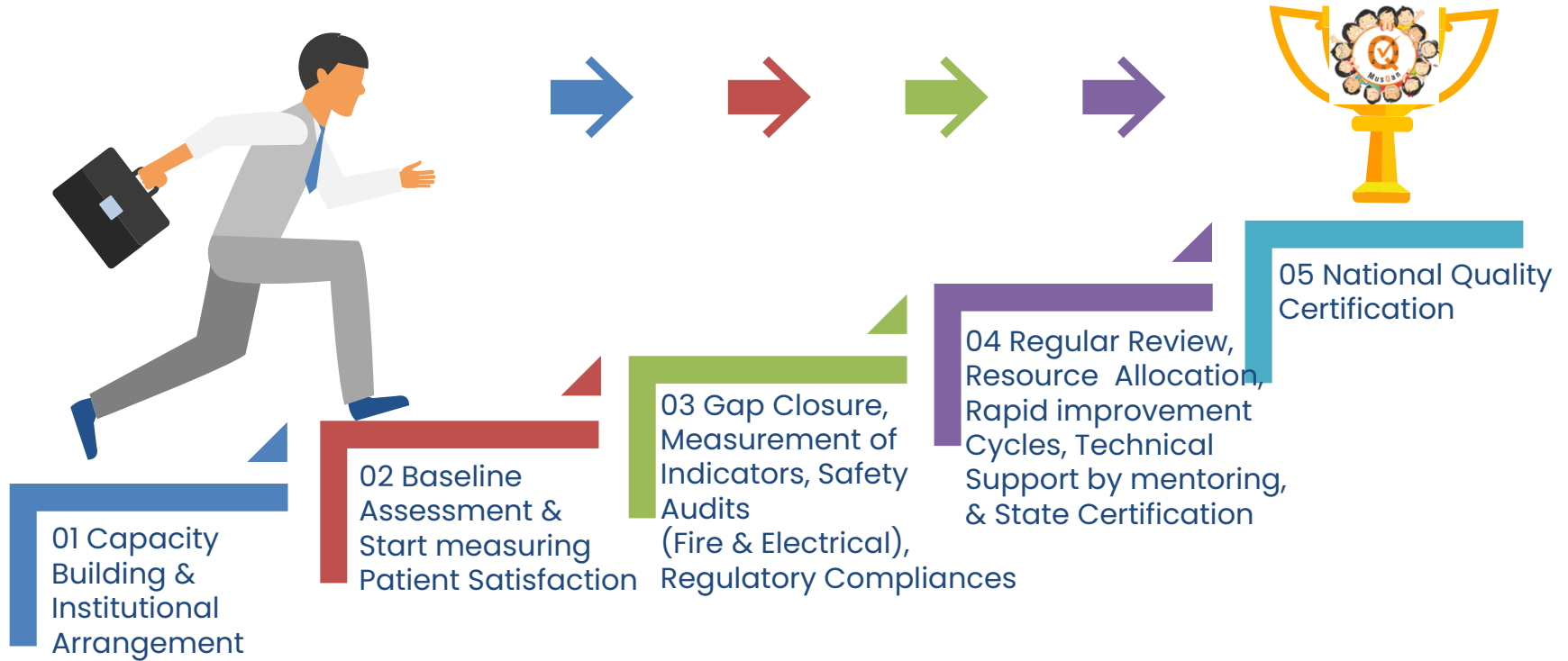
DISTRICT
LEVEL

FACILITY
LEVEL



- Ensure availability of required technical resources
- Capacity building of quality team and department quality circles
- Ensure conduct of baseline assessment of targeted health facilities within specific timeline
- 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

