Jhpiego's approach to Quality Assurance programs

Consultative workshop on National Quality Assurance Program

September 12th , 2022

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Saving lives. Improving health.
Transforming futures.

Overview of Organization

Who we are

We are a nonprofit global health leader and Johns Hopkins University affiliate. We partner with governments, health experts and local communities to build the skills and systems that save lives and guarantee a healthier future for women and families. Through our partnerships, we are revolutionizing health care for the world's most disadvantaged and vulnerable people.

Technical areas across > 17 programs in India

Adolescent health & Family Planning — Human Resources for Health — Maternal & Child Health — Women's Cancers & NCDs — Health System Strengthening — Emergency response — Digital Health — Innovation — Gender
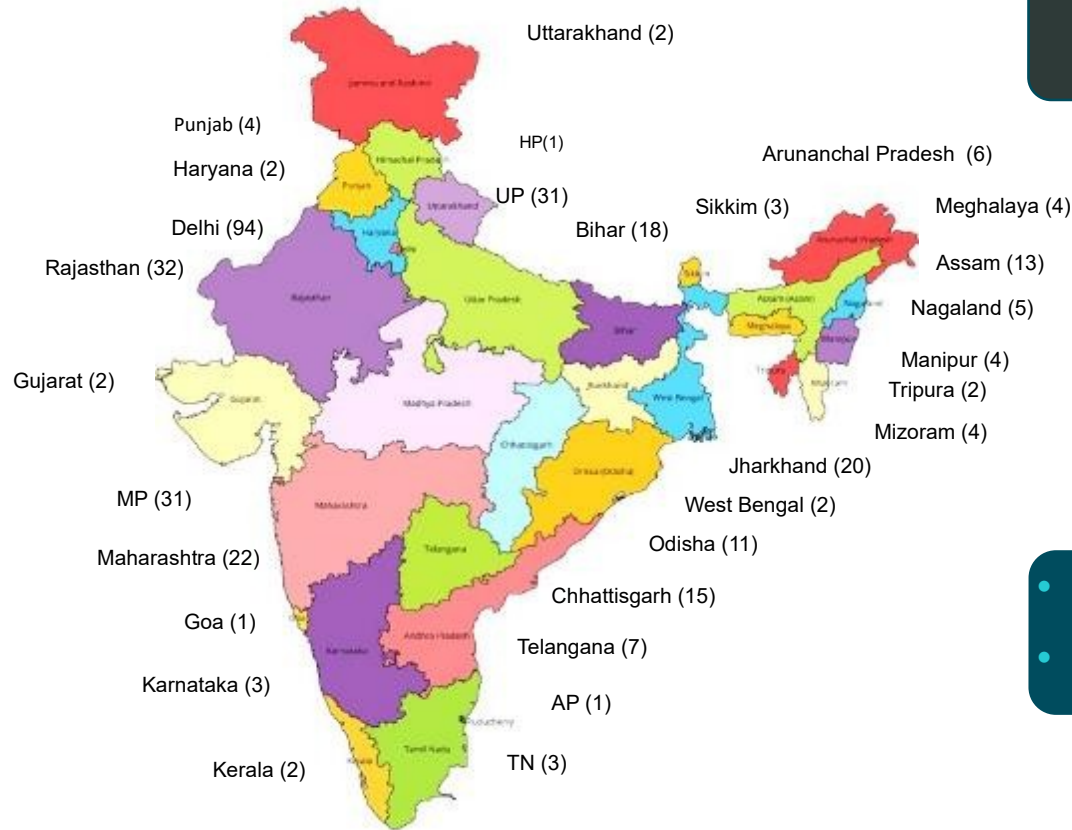
Our impact at a glance

- **COVID-19 emergency response**: Jhpiego-led NISHTHA and RISE built the capacity of **>50,000** health care workers on COVID-19 management, supporting > **43 million** individuals in facing the pandemic.

- **Family Planning**: Over the past 6 years, Jhpiego supported the GoI to save the lives of an estimated **86,000** children & **10,000** women through improved contraceptive services. Averting an estimated **16.9 million** unintended pregnancies &and **10 million** abortions saved an estimated **US$ 579 million** in direct health care spending. (Estimates calculated using Impact 2 (Marie Stopes International) and data as of September 2018)

- **Quality care**: Through its collaboration with the public and private sectors, Jhpiego helped ensure that competent health care workers provided high-quality childbirth services for > **2.8 million** deliveries across the country.

- **Primary care**: Through its comprehensive primary health care (CPHC) strengthening programs, Jhpiego has provided technical assistance in establishing > **45,000** Health & Wellness Centers across **14 states**. These centers cater to a population of **326 million**, bringing CPHC nearer to their homes.

Jhpiego staffing

Jhpiego India works in 29 states/UTs

Uttarakhand (2)

Punjab (4)

Haryana (2)

HP(1)

UP (31)

Arunanchal Pradesh (6)

Sikkim (3)

Meghalaya (4)

Delhi (94)

Bihar (18)

Assam (13)

Rajasthan (32)

Nagaland (5)

Gujarat (2)

Manipur (4)

Tripura (2)

Mizoram (4)

Jharkhand (20)

MP (31)

West Bengal (2)

Maharashtra (22)

Odisha (11)

Goa (1)

Chhattisgarh (15)

Karnataka (3)

Telangana (7)

AP (1)

Kerala (2)

TN (3)

- **Number of Staff : 400+**
- **Number of Consultants : 90+**

About Jhpiego's CPHC Portfolio

USAID supported NISHTHA
12 states

Effective and responsive **Technical Assistance** for strengthening comprehensive primary healthcare

Ecosystem for co-designing and testing **Innovative Solutions**

Strategic Partnerships between the public and private

NISHTHA's Core Areas of Support

Ensuring Effective Delivery of Accessible, Affordable and Quality Care for

Maternal and Child Health

Family Planning

Tuberculosis

School Health and Wellness Program

Healthy Hygiene Behaviours

BMGF supported CPHC
UP & Bihar

Goal: Establishment of functional and well resourced comprehensive primary healthcare system in UP and Bihar for improved health and wellbeing of targeted population

To facilitate strengthened and robust health systems that accelerate transformation of HWCs

Obj 1:TA for CPHC roll out

Integrate RMNCHN+A within CPHC service delivery through HWCs for improved quality of care for women and children

Obj 2: RMNCHN+A Integration

Technical support in designing and implementing the continuum of care models in demonstration districts

Obj 3: Continuum of Care models

Codesign a robust and responsive primary healthcare system to cater public health emergencies

Obj 4: Public Health Emergencies

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Total reach of Jhpiego's CPHC work

61,111

facilities to be upgraded as HWCs by December 2022

Of which **50,127**

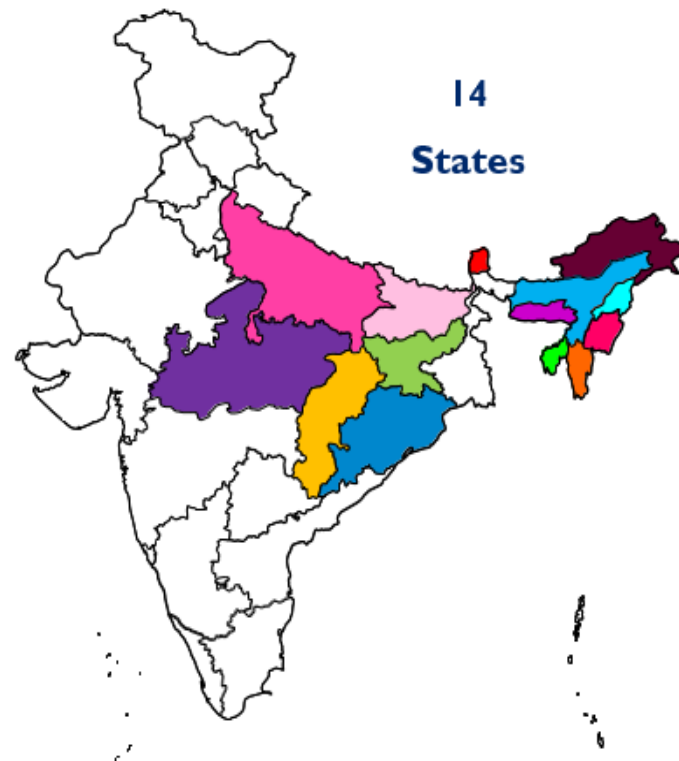Sub Health Centers to be upgraded as HWCs by December, 2022

45,240

facilities operational as HWCs (as on Sept'8, 2022)

36,018

CHO's deployed in SHC-HWCs

14 intervention states

- Arunachal Pradesh
- Assam
- Bihar
- Chhattisgarh
- Jharkhand
- Madhya Pradesh
- Manipur
- Meghalaya
- Mizoram
- Nagaland
- Odisha
- Sikkim
- Tripura
- Uttar Pradesh

14 States

Project Duration: Till November 2024

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Key Areas of Support for NQAS certification of HWCs

01 Technical support to states for operational planning and developing roadmap to meet the target

02 Support in Identifying Potential HWCs to be nominated for NQAS certification

03 Capacity Building of Stakeholders and Primary Care Teams on Quality Assurance

04 Preliminary gap assessment of identified HWCs

05 Handholding support to primary care teams to address the gaps

06 Development of NQAS toolkit to support primary care teams in NQAS certification

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Activities Supported so far

Target for HWCs for NQAS certification — 4259 HWCs, 14 states

Identification of HWCs for NQAS — 1453 HWCs, 14 states

Preparation of roadmap — 13 states

Technical support for Internal assessment of identified facilities — 587, 14 states

Support for capacity building of stakeholders — 14 states

Development of NQAS Toolkit to support certification of HWCs

NQAS Toolkit

Containing mapped to include all the necessary:

1. Work Instructions for mandatory 7 Service Packages based on guidelines

2. List of documentation required for NQAS certification at HWCs

3. SoPs for use of RDKs, etc. as per standards

4. Standard/ suggestive formats for records and reports

5. Policies and certifications

Once approved, the toolkit will be contextualized and adopted as per state specific needs

Current Status of Implementation

S. No	Name of the state	Number of functional HWCs	No. of HWC targeted for NQAS certification for FY 2022-23	No. of HWCs from the target which have been identified for NQAS certification	Status of internal assessment	Status of state level assessment	No. of HWCs NQAS certified, If any
		Total	Total	Total	Total	Total	Total
1	Arunachal Pradesh	291	19	19	0	0	0
2	Assam	3433	63	63	39	29	1
3	Bihar	4649	94	94	19	0	0
4	Chhattisgarh	4542	146	146	283	68	38
5	Jharkhand	1789	207	207	207	0	0
6	Madhya Pradesh	9571	975	0	0	0	0
7	Manipur	325	46	8	5	0	1
8	Meghalaya	419	37	37	0	0	0
9	Mizoram	292	9	9	9	0	0
10	Nagaland	344	41	41	7	0	4
11	Odisha	5096	711	711	0	0	17
12	Sikkim	133	8	8	0	0	1
13	Tripura	549	110	110	18	18	7
14	Uttar Pradesh	13827	1793	0	0	0	0
	Total	**45260**	**4259**	**1453**	**587**	**115**	**69**

* Facility wise target for Madhya Pradesh yet to be finalized by state
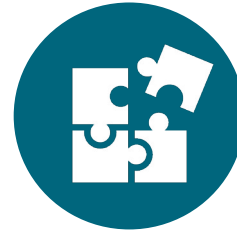
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Planned Activities

Planning and Roadmap development

- ✓ Develop State specific roadmaps to achieve targets

- ✓ Site selection/ facility identification

Capacity Building

- ✓ Orientation of stakeholders at state, district and block levels

- ✓ Training of primary care teams at identified HWC

Gap assessment

- ✓ Preliminary assessment of identified HWCs

- ✓ Handholding support for addressing the gaps

- ✓ Advocacy for implementation of standard formats, registers, documentation, certifications

Handholding support

- ✓ To the district and block level teams for state level certification of HWCs

- ✓ To state team in facilitating national application after state certification

- ✓ Supportive supervision visits

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Suggestions /Technical assistance needs

Challenges / Support Required

- **Lack of institutional mechanisms like state/district quality cells in few intervention states**

- **Service deliver of expanded range limited up to 7th package in most states**

- **Lack of clarity on process of NQAS certification among the teams at program management and facility levels**

- **Difficulties in approvals and authorizations from fire and pollution boards**

Proposed Solutions

- Regional coordination meetings/consultations to enable **constitution/formalization of quality cells across states**

- NHSRC may accept application for **state level customization of NQAS checklist for mandatory 7 Service Packages** only for HWCs for FY 2022-23

- A **standardized training resource package** for training the teams at facility level

- **Review, adoption and dissemination of NQAS toolkit** with states

- Interventions from GOI in BMW & Pollution control board certification in the state

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Resource Materials
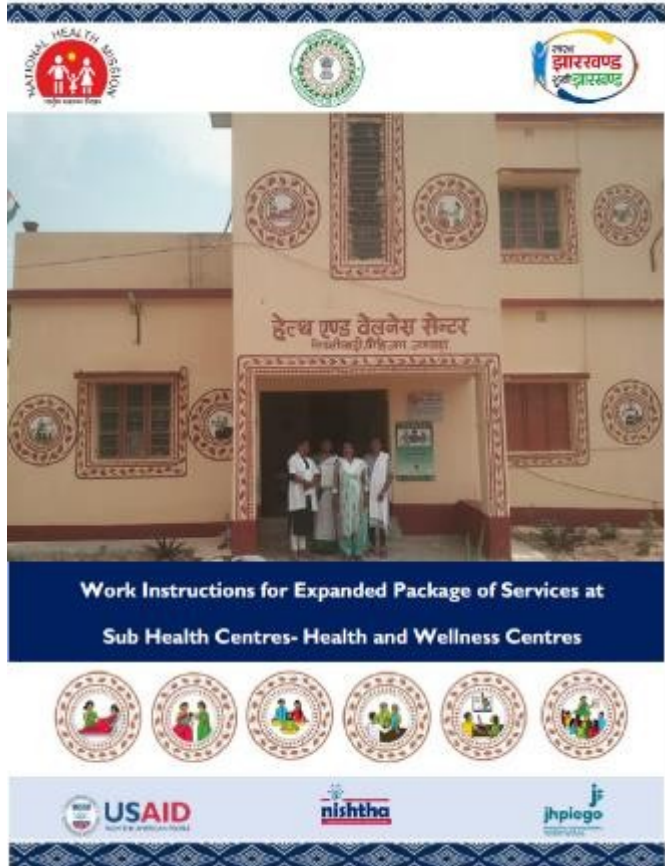
Development of Work Instruction for HWCs
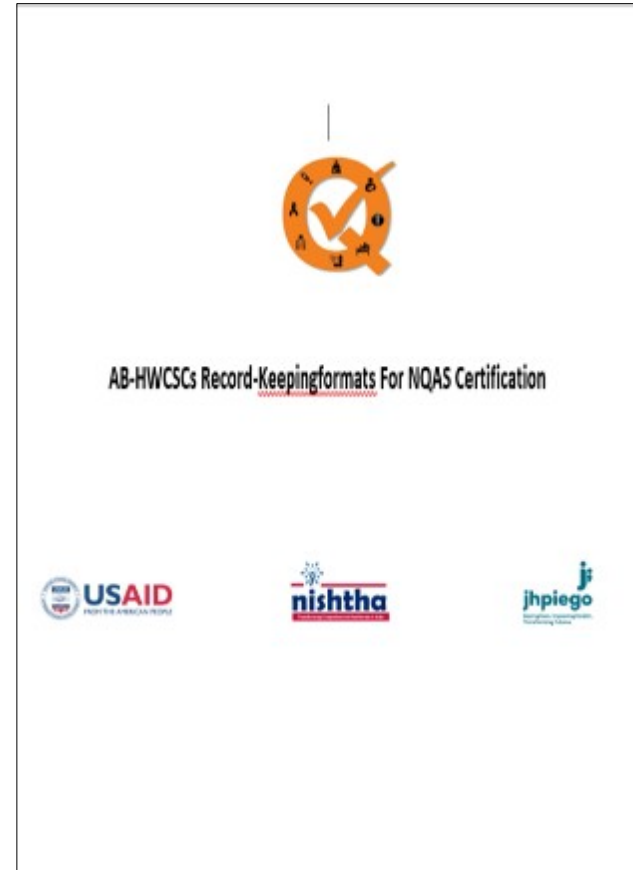
Uniform Reporting System for HWCs

Glimpses from Field

Participation in External Assessor Training conducted by NHSRC

Support in Kayakalp training for HMs, DPMU Staff

Support in LaQshya State Certification Assessment

Facilitation in External Assessor Training conducted by NHSRC

NQAS training for CHOs and Block Medical officers

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Jhpiego's existing support in Quality Improvement in MNCH

Interventions in states with highest MMR

Assam: 205
- CPHC
- Total District Approach
- Focus on Tea Garden Districts
- ANC IR

UP: 167
- CPHC
- Demonstration districts
- PPH Management

MP: 163
- CPHC
- PPH Management
- Quality Management across CoC
- Digital Health solutions

CG: 160
- CPHC
- Quality Management
- MPDSR

RJ: 141
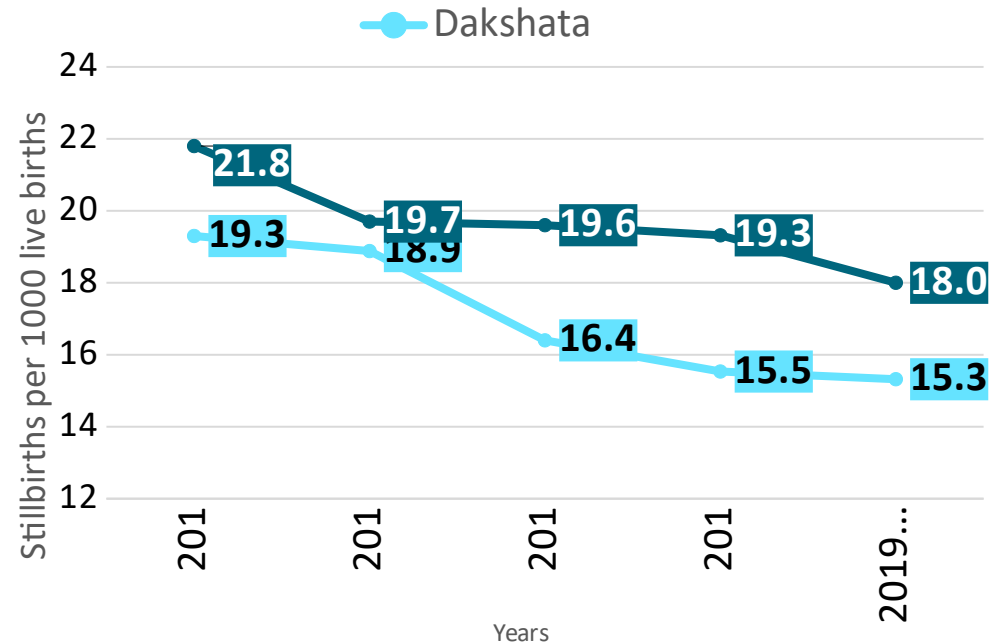- Quality ANC services
- Intelligent CoC
- Quality Management

Odisha: 136
- CPHC
- Quality Management
- MPDSR

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Coverage and Impact of Dakshata: QI

31 states & UTs

Legend:
- 2015-16
- 2016-17
- 2017-18
- 2018-19
- 2019-20
- 2020-21

Dakshata (dark line): 21.8 → 19.7 → 19.6 → 19.3 → 18.0
Dakshata (light line): 19.3 → 18.9 → 16.4 → 15.5 → 15.3

Y-axis: Stillbirths per 1000 live births
X-axis: Years (201_, 201_, 201_, 201_, 2019...)
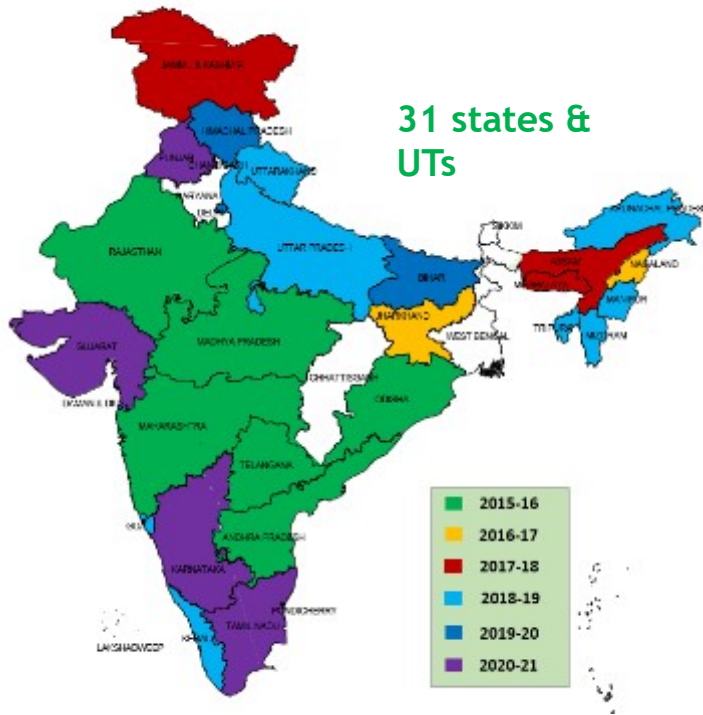
Still birth rate

- >**2,000** Dakshata facilities across the country
- >**16,000** providers trained
- >**1,700** master trainers developed
- >**8,000** mentoring visits conducted

Source: PCTS, Rajasthan data

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Manyata - Quality of Care initiative for private maternity homes

- **Flagship program for the private sector**, driven by Federation of Obstetrics and Gynaecological Societies of India (FOGSI)

- **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.

State-wise certified facilities

PROGRAM IMPACT

>7,50,000	> 15,000	2000 +	1700+
SAFER DELIVERIES	PROVIDERS TRAINED	HOSPITALS REGISTERED	HOSPITALS CERTIFIED

Jhpiego's Approach:

- Total District Approach

- Beyond trainings support

  - Hands on workshop for LaQshya implementation

  - Interactive, activity and game based learning methods

  - Trackers, templates and customizable learning resource packages

- Supporting Quality Circles formation, validation of scores, preparation of Time Bound Action Plans (TBAP)

- Structured customized Clinico-managerial Mentorship and Supportive Visits (MSVs)

- Advocacy and problem solving support in all 8 areas

- Preparedness of facility for assessment

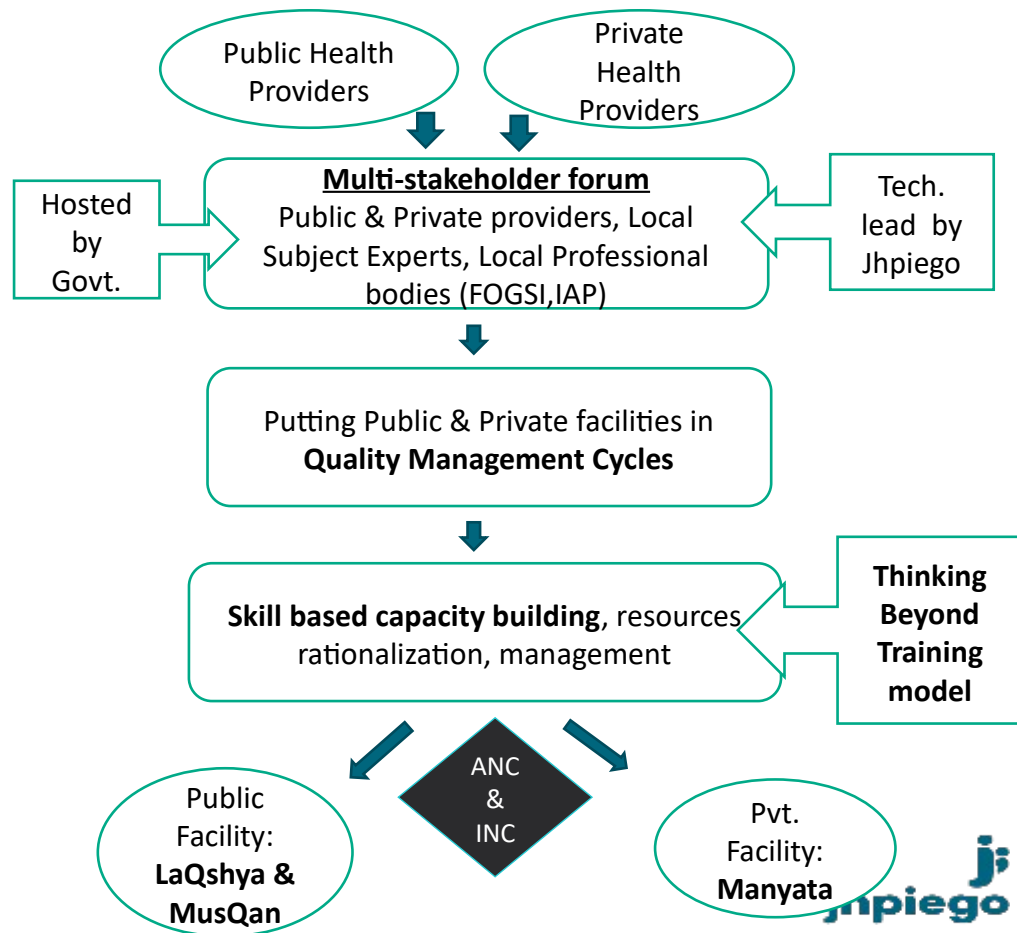# Total District Approach: Assured quality services during maternity

- Efforts to ensure quality MNCH services in the district
- Public sector caters to large number of deliveries and is burdened and resource constrained
- There are existent programs and structures to build capacity of staff
- Private sector has poor support systems to ensure capacity of staff

Approach:
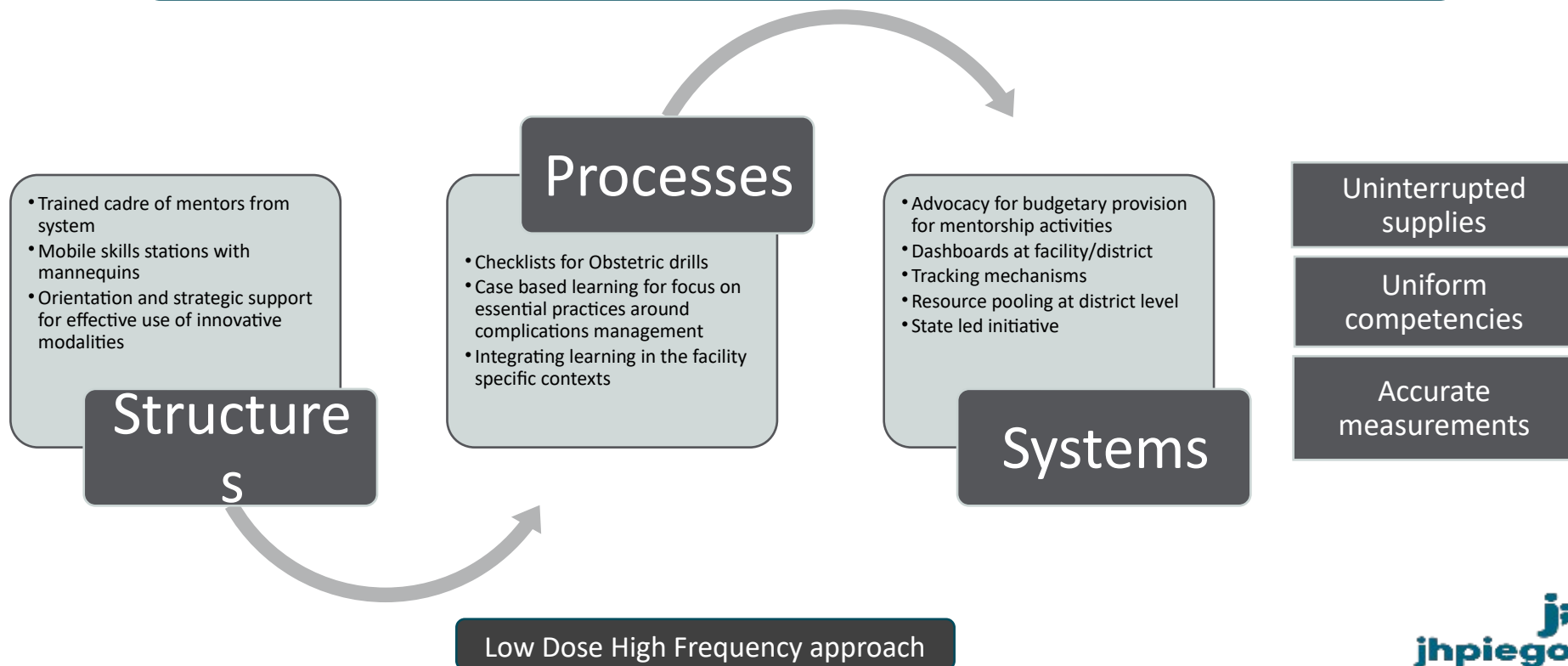Onboard facilities (~20%) (public plus private) which cater to around 80% of deliveries in the district

Value proposition:
- District officials will get to ensure quality services across facilities in the district
- Private sector providers will get an opportunity to build capacity of their staff and be a part of overall campaign to improve quality

Public Health Providers

Private Health Providers

Hosted by Govt.

Multi-stakeholder forum
Public & Private providers, Local Subject Experts, Local Professional bodies (FOGSI,IAP)

Tech. lead by Jhpiego

Putting Public & Private facilities in **Quality Management Cycles**

Skill based capacity building, resources rationalization, management

Thinking Beyond Training model

ANC & INC

Public Facility: **LaQshya & MusQan**
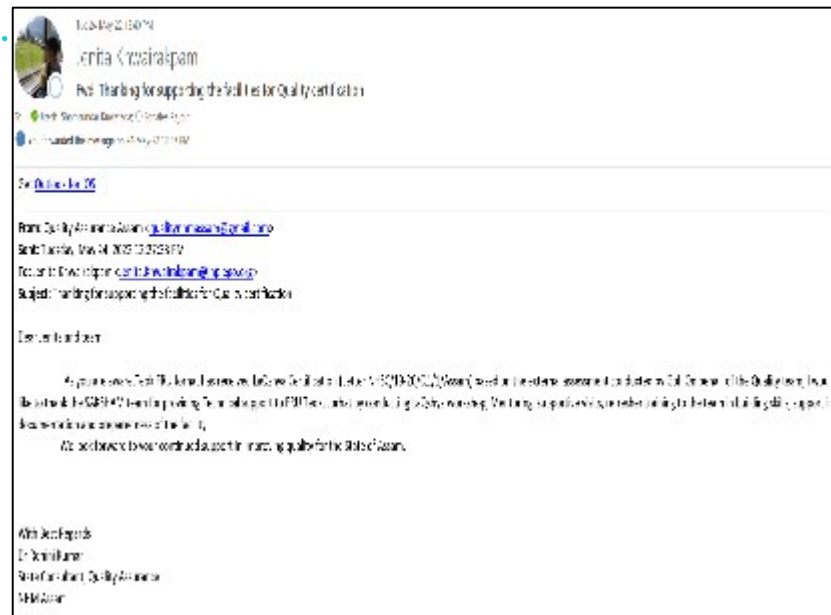
Pvt. Facility: **Manyata**

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Thinking beyond Trainings

- Increasing institutional delivery underpins the need of quality improvement in institutions
- Existing classroom based training programs have limited utility in converting knowledge into skills and skills into practice
- Mentorship has been a proven mechanism to institutionalize practices
- We intent to demonstrate "Thinking beyond trainings" through **obstetric drills based mentorship package**

Structures

- Trained cadre of mentors from system
- Mobile skills stations with mannequins
- Orientation and strategic support for effective use of innovative modalities

Processes

- Checklists for Obstetric drills
- Case based learning for focus on essential practices around complications management
- Integrating learning in the facility specific contexts

Systems

- Advocacy for budgetary provision for mentorship activities
- Dashboards at facility/district
- Tracking mechanisms
- Resource pooling at district level
- State led initiative

Uninterrupted supplies

Uniform competencies

Accurate measurements

Low Dose High Frequency approach

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Few Glimpses from field:

> "We have not yet applied for LaQshya certification. They have **made things very clear and easier** so that we can get the certification. I learned **extremely useful steps** of getting LaQshya certification. It was a very fruitful workshop. Thanks to the several activities and to the way information was delivered."
>
> **Dr. Farzana Zaheer**
>
> **Asso. Prof- OBGY,**
>
> **Assam Medical College, Dibrugarh**

Jhpiego is supporting states and districts for various Quality Improvement and Assurance programs

- LaQshya
- NQAS
- SUMAN
- MusQan

State	Districts	Support for LaQshya

Madhya Pradesh	10	• Technical assistance at state level for program implementation
		• Focused implementation support in select districts which includes;
		  • Hand-holding support to identified facilities facilities
		  • Skills building workshops for managerial and clinical domains

Rajasthan	4	
Uttar Pradesh	2	
Assam	4	
Chhattisgarh	3	
Odisha	2	

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Thank You!