jhpiego.org

Manyata

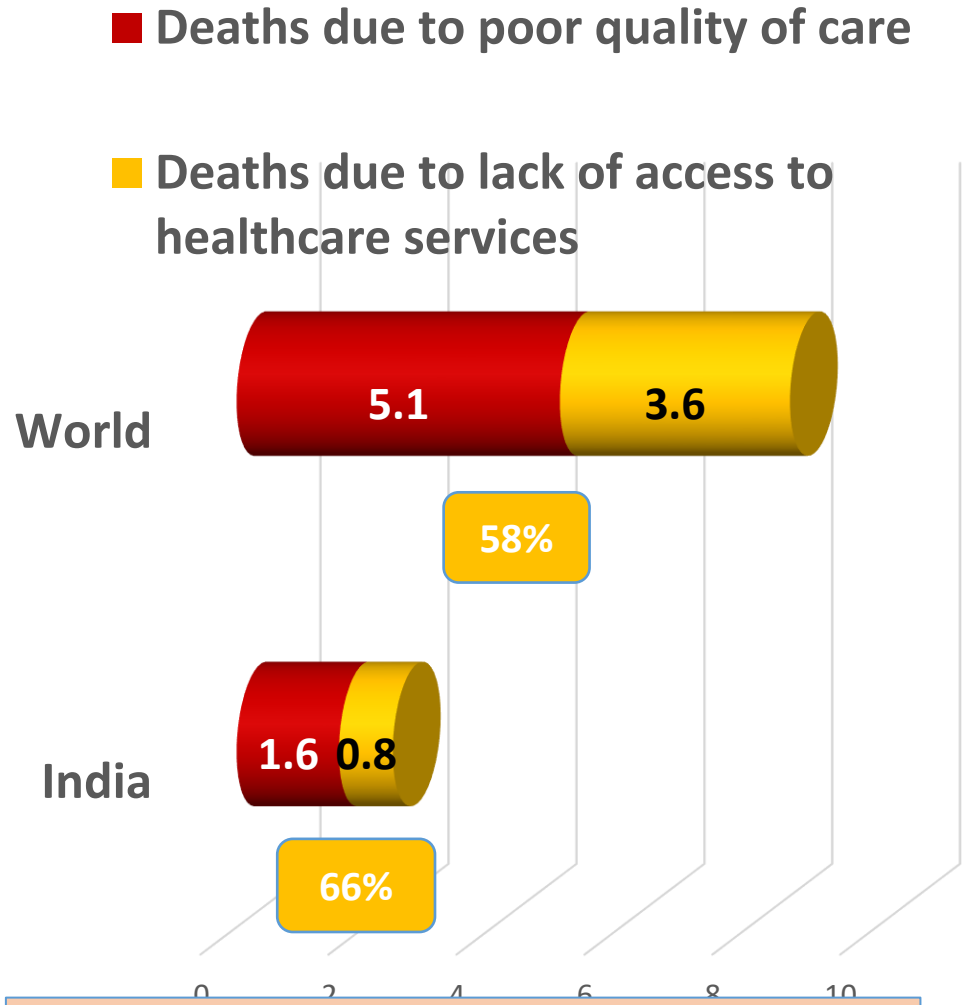
An initiative for assuring quality of care in private sector facilities providing maternity services in India

Johns Hopkins University Affiliate

jhpiego

Why Manyata?

Manyata is a Quality of Care program for intrapartum and immediate postpartum care in India for the private sector.



Source: Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries.
Lancet. 2018 Nov 17;392(10160):2203-2212.

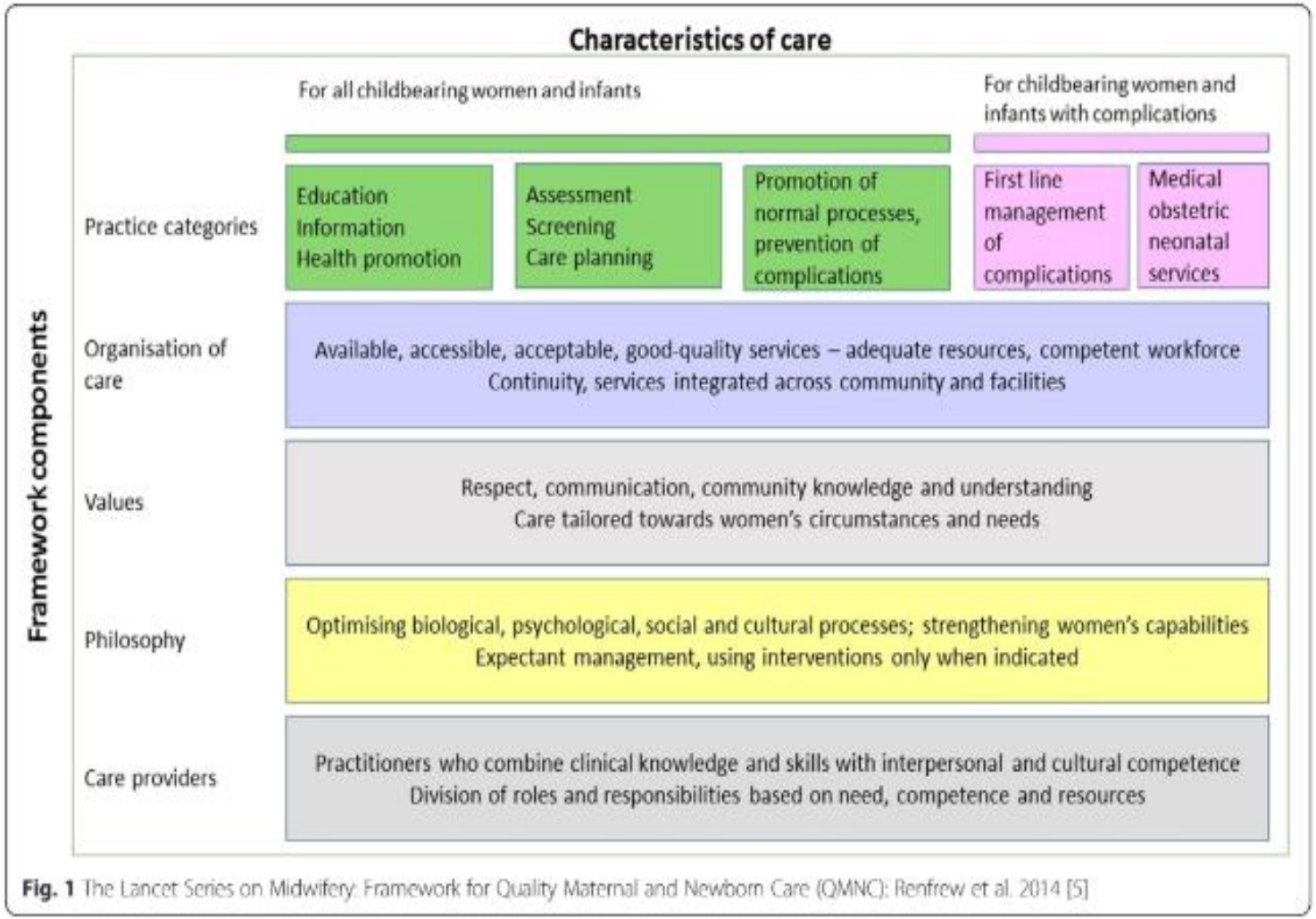
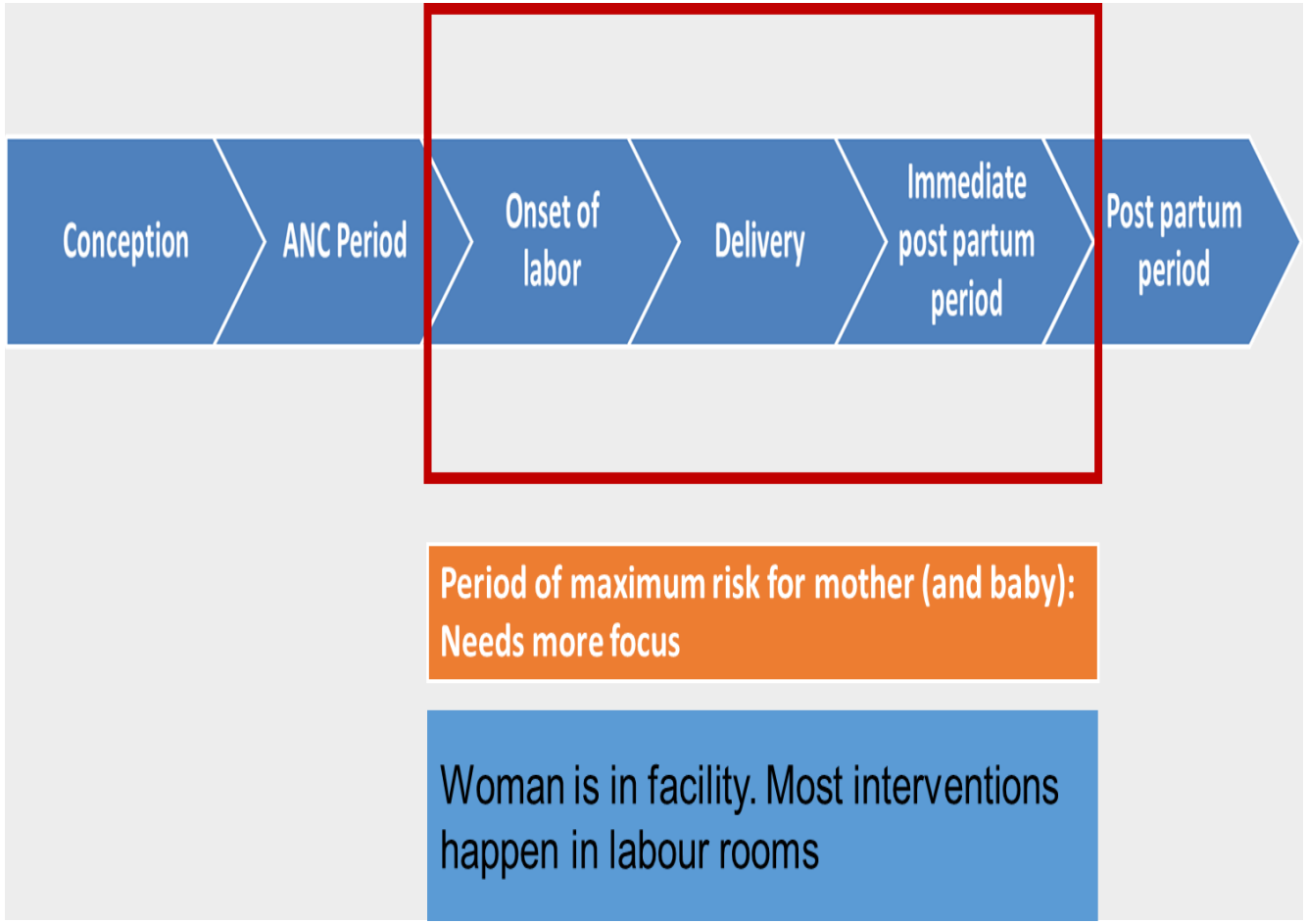
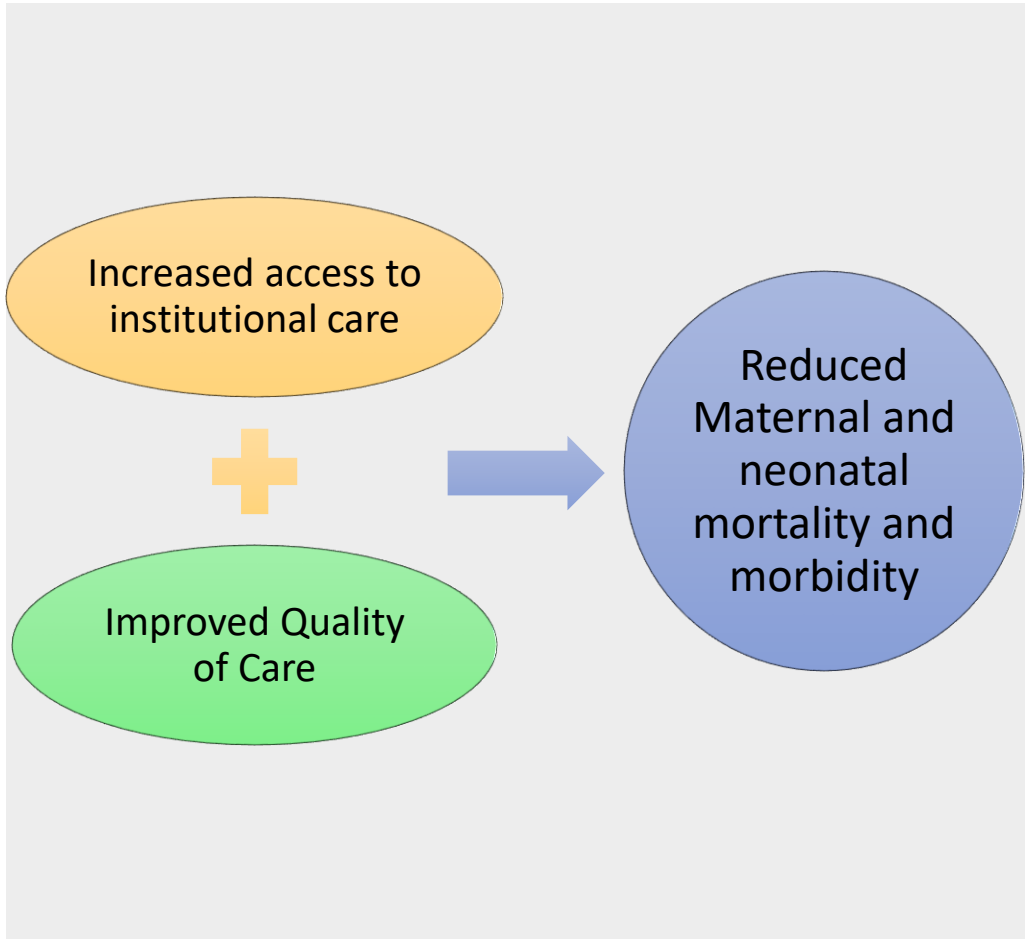


Fig. 1 The Lancet Series on Midwifery: Framework for Quality Maternal and Newborn Care (QMNC): Renfrew et al. 2014 [5]

1 Better quality of care at childbirth could avert up to 1.49 million maternal and newborn deaths and stillbirths annually and significantly improve maternal and newborn survival

2 Most maternal and neonatal mortality is centred around delivery (intra and immediate postpartum period)





MANYATA™
DON'T FORGET MOMS – A FOGSI INITIATIVE

Why India

- India accounts for 17% of Global maternal death
- Increase in Institutional delivery did not translate to proportionately decline in mortality
- Quality in institutions is key

Why private sector

- 36.8% of institutional births are in the private sector
- Quality in maternal care in the private sector is sub-optimal contrary to popular belief
- Unlike public sector, there are no focused efforts on improving quality of maternity care in private sector

What is Manyata?

MANYATA™
DON'T FORGET MOMS – A FOGSI INITIATIVE

Manyata is a seal of quality

The Branding

Manyata is a certification (accreditation mechanism)

The QA component

Manyata is a mechanism to achieve quality

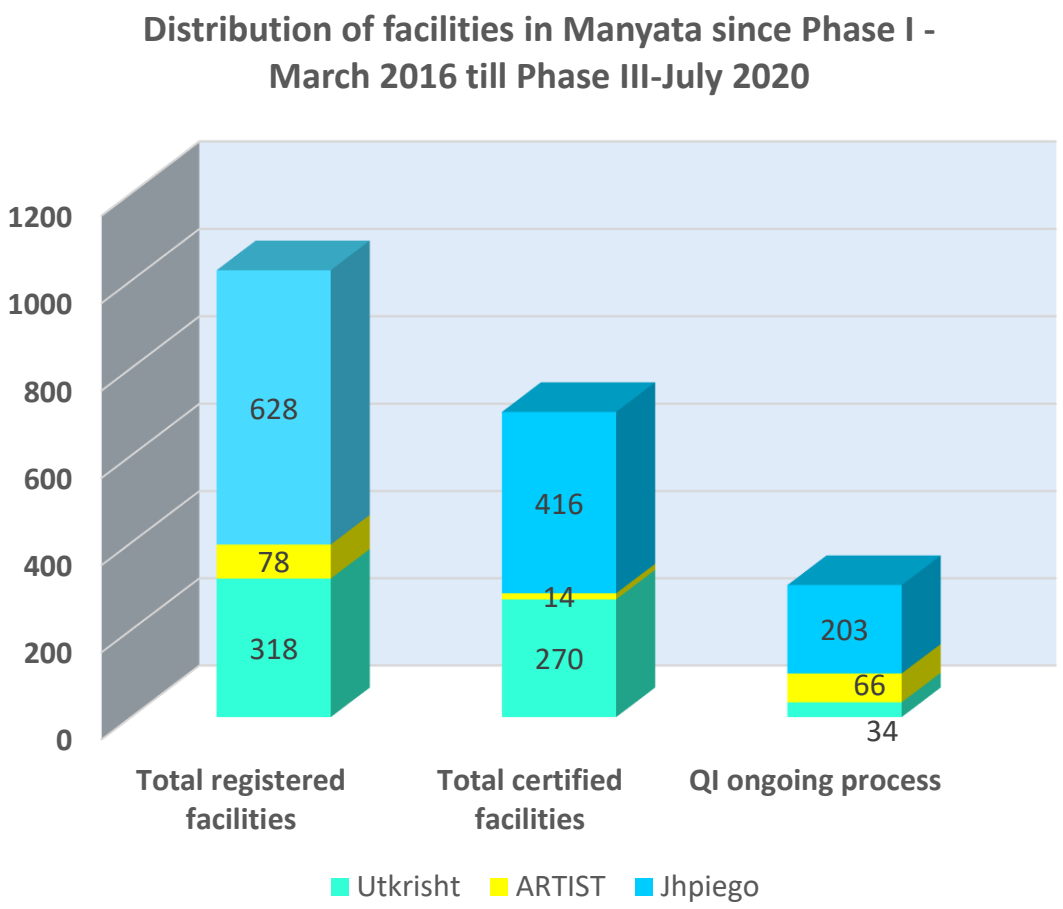
The QI component

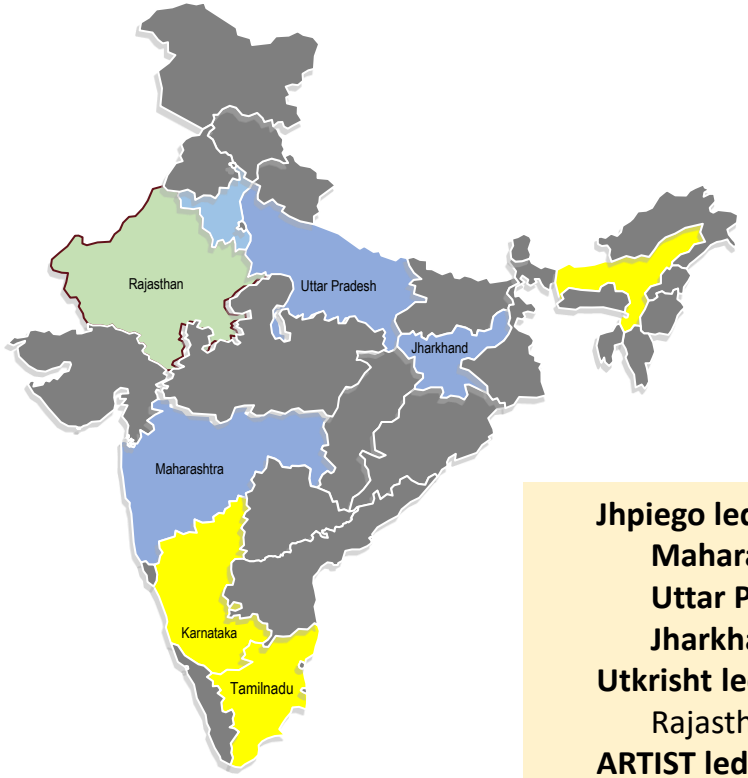
Manyata is a community of practitioners that strive for Quality

The Quality 'movement'

Manyata – the scale

probably the largest private sector Quality Improvement program in the world





Jhpiego led (PIII + PII &PI)

Maharashtra: 165 + 119

Uttar Pradesh: 58+ 174

Jharkhand: 22 + 88

Utkrisht led

Rajasthan 318

ARTIST led

Karnataka 15

Tamil Nadu 63

Key learnings from Manyata

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

2 Clinical competency and skill building

Integrated team based trainings – Low dose but high frequency

Clinical: Skills and Drills for all staff

Integrating respect, dignity with quality

Innovative use of digital technology and skills labs

Picture of training

3 Building quality management system

- Engage with management: Problem solving approach
- Establishing Standard Operating Procedures for clinical processes and safety
- Ensuring adequate resources through checklists and inventory management
- Better case records and documentation
- Institutionalizing quality circles

Picture of mentoring

3 Building quality management system

- Engage with management: Problem solving approach
- Standard Operating Procedures for clinical processes and safety
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Picture of mentoring

4 Establishing a certification process

Assessments	Certification	Continuous reporting
• Peer clinician • Peer + Government	• FOGSI led • Encouraged to self report standards every quarter	• Facilities encouraged to report quarterly on standards

Picture of assessment

4 Sustaining quality through market approaches

- QI through a lean system
- QI done through peer support by FOGSI champions
- QI done through a paid module

Sustainable QI

- Certification has a meta-regulator seal (government / NABH)
- Advocating for meta-regulator to take over QA

Sustainable QA

Picture of assessment

What have we achieved in Manyata?

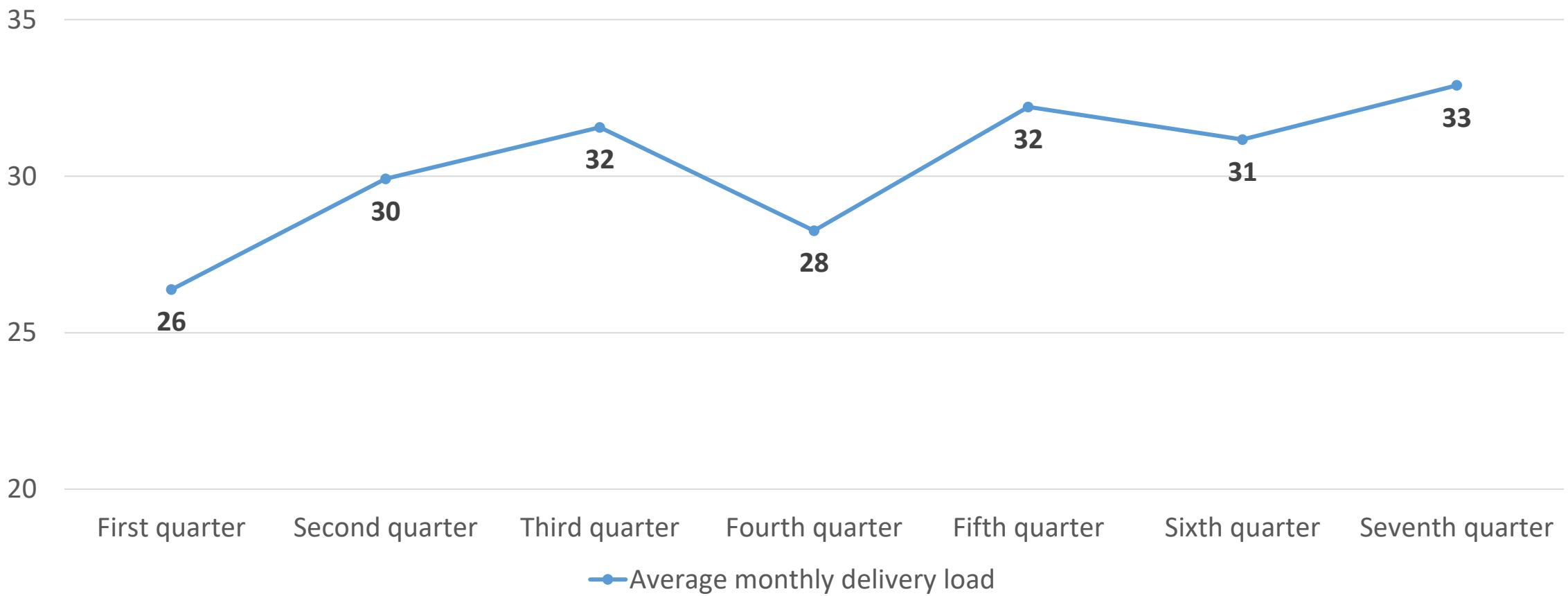
Better quality of care

Reduced adverse outcomes

Greater footfall

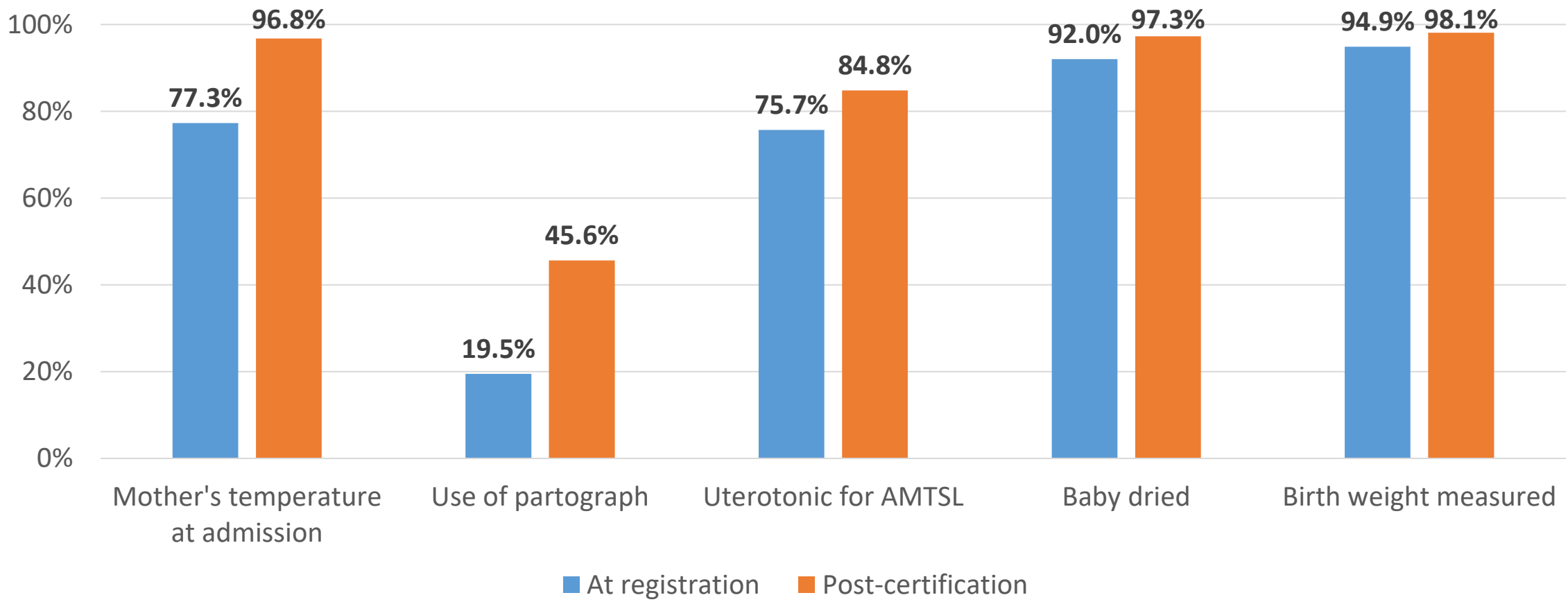
1. Greater footfalls (average monthly delivery load)

27% increase



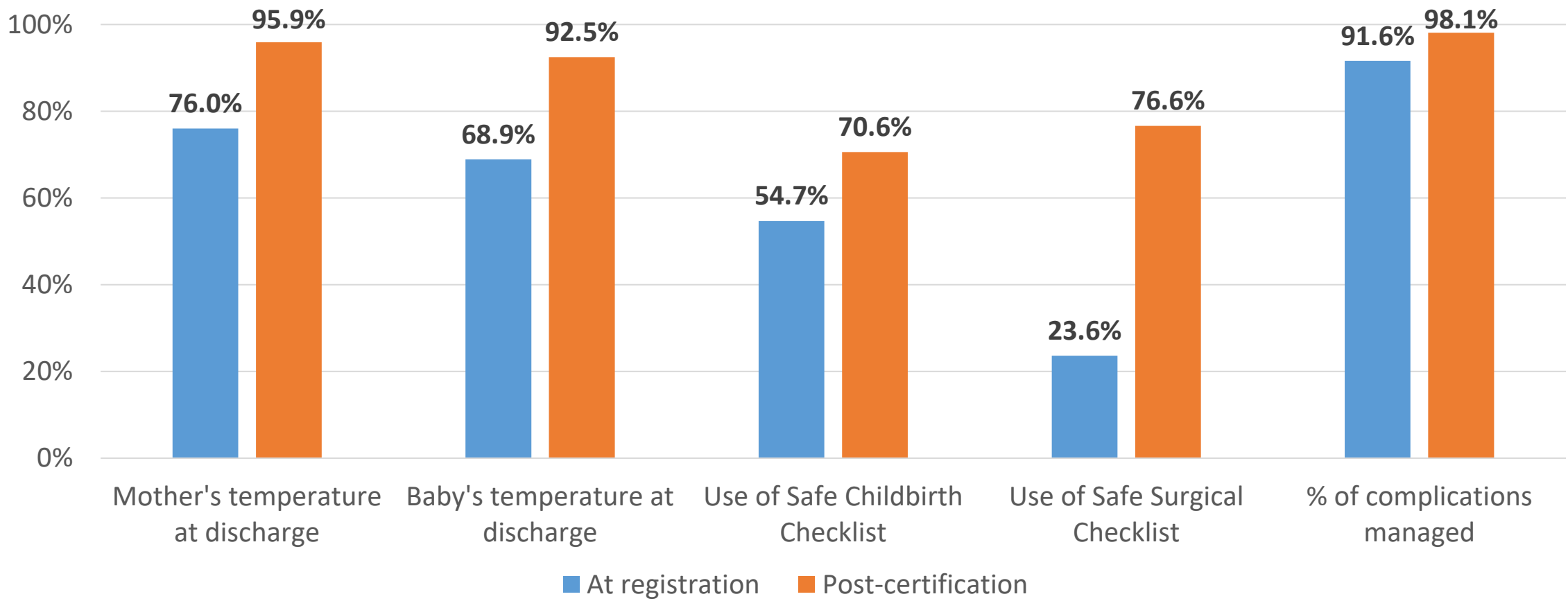
Source: MPR data of 42 Manyata facilities which regularly submitted MPRs during 2017-19

2. Better Quality of Care



Source: MPR data of 42 Manyata facilities which regularly submitted MPRs during 2017-19

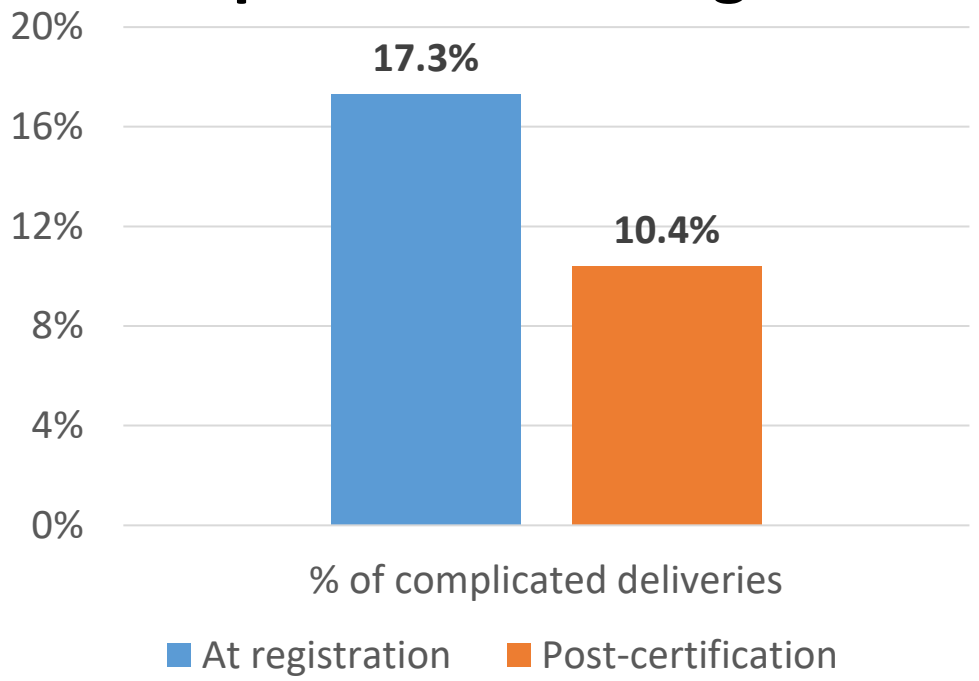
Better Quality of Care (…cont'd)



Source: MPR data of 42 Manyata facilities which regularly submitted MPRs during 2017-19

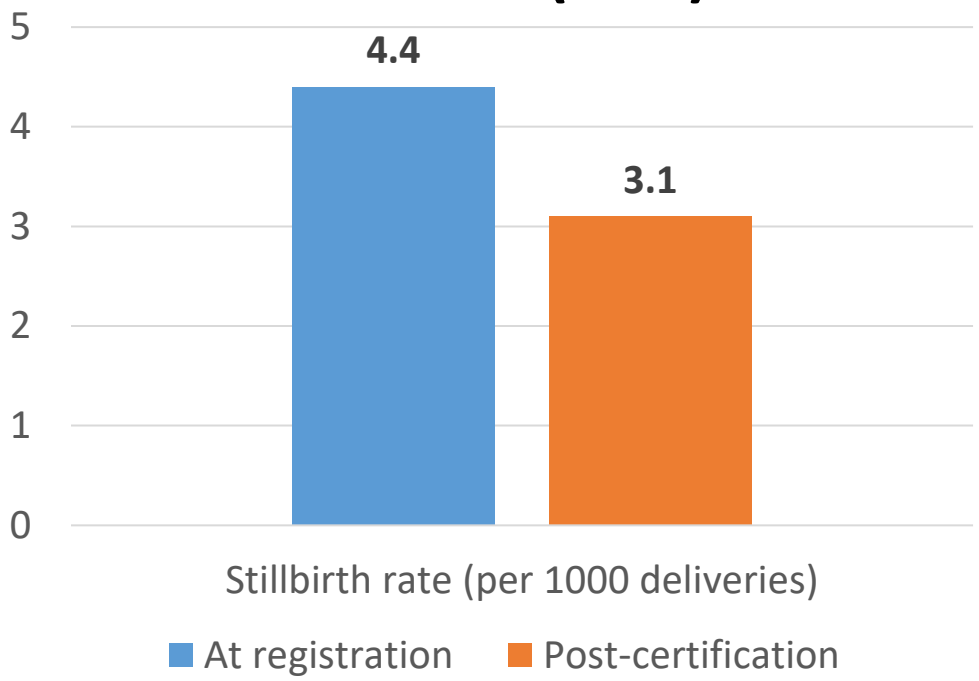
3. Reduced Adverse Outcomes

Complications during childbirth



40% reduction

Stillbirth rate (SBR)



29% reduction

Source: MPR data of 42 Manyata facilities which regularly submitted MPRs during 2017-19

IPartners

MSD for Mothers

सार्वजनिक आरोग्य विभाग
महाराष्ट्र शासन

MacArthur Foundation

jhpiego
Saving lives. Improving health. Transforming futures.

FEDERATION OF OBSTETRIC AND GYNAECOLOGICAL SOCIETIES OF INDIA
FOGSI

WEBER SHANDWICK
engaging always.

Project ECHO

Logo of Ariadne labs

AVALON
Information Systems Private Limited

pwc