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NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

MUSQAN

Ensuring Child Friendly Services in Public Health Facilities

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

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2021

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

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Government of India
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मनसुख मांडविया
MANSUKH MANDAVIYA

सत्यमेव जयते

स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India

Message

India has made significant progress in reducing Child mortality. The Ministry of Health and Family Welfare (MoHFW) undertook a series of national initiatives to achieve the ambitious targets on reducing child mortality as envisaged under National Health Policy (2017).

Health outcomes of newborns and children are shaped by biological, social and economic factors along with the cultural environment. Moreover, the rapid scale-up of Special Newborn Care Units (SNCUs), Newborn Stabilisation Units (NBSUs) and Nutrition Rehabilitation Centres (NRCs) in the country has accelerated the reduction of neonatal mortality. It has also brought to light the issues of Quality of Care (QoC) in many facilities as the main challenge. This makes the task more complex and demanding.

This is the opportune time to focus on improving the quality parameters for ensuring availability of infrastructure, equipment, supplies, skilled human resource, clinical protocols and evidence based practices.

National Quality Assurance Standards (NQAS) implementation ensure delivery of quality care within the facilities. The Quality Assurance Programme envisages to instill a culture of Quality & Safety in patient care and strengthen the health systems.

Within the ambit of NQAS, a new activity named 'MusQan' is being launched to target delivery of quality services to children within the health facilities. MusQan will ensure providing of timely, appropriate, quality, and safe service in public

कार्यालय: 348, ए-स्कंध, निर्माण भवन, नई दिल्ली - 110011 • **Office:** 348, A-Wing, Nirman Bhawan, New Delhi - 110011
Tele.: (O): +91-11-23061661, 23063513 • **Telefax** : 23062358

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healthcare facilities. These guidelines elaborately describe key features and strategies for making the facilities child friendly.

The MusQan initiative would play a pivotal role in contextualizing and formalizing the country's commitment in terms of improving health systems and health delivery platforms for accelerating the efforts for improving newborn and child survival. I am confident that ***"MusQan-Child Friendly Services in Public Health Facilities"*** will definitely bring a sharper focus on the implementation of the existing and new initiatives for the newborn and children for their survival and subsequent growth and development.

(Mansukh Mandaviya)

डॉ. भारती प्रविण पवार
Dr. Bharati Pravin Pawar

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

सर्वेसन्तु निरामया

एक कदम स्वच्छता की ओर

MESSAGE

Investing in the early years of life is one of the most effective investments one can make to create healthy and strong foundation of life contributing towards growth of the country. The Nation has made remarkable progress to reduce the number of child deaths and there is scope to intensively act on preventable newborn and child mortality.

It is now well recognised that child survival cannot be addressed in isolation by ensuring availability of physical infrastructure only. It is intricately linked to the quality of care delivered at health facilities and is further determined by the periodical measurement of system's performance. Providing quality paediatric care services through the public health facilities is one of the mandates of the National Health Mission. Taking cognizance of the importance of quality and safety aspects in child care, the Government of India has recently launched several initiatives such as Facility Based Newborn Care (SNCU/MNCU), Home-based Newborn Born Care (HBNC), Home-Based Care for Young Child (HBYC) and National Quality Assurance Standards for different level of health facilities.

As a step further in addressing all the social, nutritional, and quality aspects, a novel initiative to ensure the provision of Quality Child-friendly services in public health facilities is being launched. The objective of this initiative 'MusQan' is to reduce child mortality and morbidity through strengthening clinical protocols, management processes, provision of respectful and dignified care to newborns and children.

I urge all the States/UTs to come together to implement MusQan within their health facilities and ensure that all our newborns and young children are provided effective, safe, and quality care.

Let us all come together to realize the mission of our Hon'ble Prime Minister of India in reducing the neonatal and under-5 mortality rates to achieve the targets of Sustainable Development Goal by 2030.

(Dr. Bharati Pravin Pawar)

"दो गज की दूरी, मास्क है जरूरी"

Office: 250, 'A' Wing, Nirman Bhavan, New Delhi-110011, Tel. : 011-23061016, 23061551, Telefax : 011-23062828
E-mail : mos-mohfw@gov.in

राजेश भूषण, आईएएस
सचिव
RAJESH BHUSHAN, IAS
SECRETARY

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Message

Healthy children build the foundation of a healthy Nation. The Government of India has traversed an eventful journey of evolution and implementation of policies and child health programs during last couple of years. Under the National Health Mission (NHM), India has made a concerted push to increase access to quality maternal and child health services and has significantly reduced a number of preventable neonatal and child mortality. We have been able to increase our footfalls in Government health facilities and various initiatives under the NHM which helped to strengthen health services for supporting children's health and wellbeing.

Nevertheless, we still have a long way to go achieve our defined targets under the National Health Policy (2017) and Sustainable Development Goals (2030). Therefore, a multi-pronged strategy is required to achieve the targeted goal of SDG and reaching the most marginalized children across the country.

MusQan is one such initiative by the GOI which aims to ensure child-friendly health services in public health facilities with the provision of assured quality and safe care for children in all stages of growth and development. It encompasses all the pivotal aspects of child growth and development, including the child's physical, mental and social development. It also ensures that child-friendly services are provided to the newborn and children in a supportive environment. In addition to expanding the scope of existing National Quality Assurance Standards, this initiative intends to achieve an explicit improvement in the quality of childcare services in public health facilities of India.

I am confident that these guidelines will galvanise efforts of MoHFW and the State/UT Health Departments for achieving the targeted goals of improving the quality of child healthcare and transforming each public health facility into a child-friendly healthcare institution.

Place : New Delhi
Date : 10th September 2021

(Rajesh Bhushan)

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhfw@nic.in

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली – 110011
Government of India
Department of Health and Family Welfare
Nirman Bhavan, New Delhi - 110011

वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

MESSAGE

India has made commendable progress in maternal and child health in recent era as evidenced by a steep decline in maternal and child mortality in India compared to global decline. With the National Health Policy 2017 in place and with a sight on the Sustainable Development Goals agenda, the opportunity is ripe to build upon the gains already made and accelerate the pace of improvement for child health.

Government of India is committed to provide quality and accessible Child Health services to every beneficiary reaching at our Public Health facilities. The MusQan guidelines is being launched with the objective of ensuring quality services to each newborn and child in the public health facilities with focus on sick newborn and children.

Under MusQan, multi-prolonged strategy has been adopted for ensuring that gaps in the SNCUs, NBSUs, Post-natal wards, Paediatric Care units including PICU/ HDU against the quality standards are traversed within the shortest possible time and palpable improvement in quality care services.

The National Health Mission is committed to provide financial and technical support to achieve the success of this very important initiative for safety and healthy life of our future generation for a strong healthy nation.

(Vandana Gurnani)

Place: New Delhi
Date: 3rd September 2021

Tele : 011-23063693, Telefax : 011-23063687 E-mail : vandana.g@ias.nic.in

विकास शील
अपर सचिव
VIKAS SHEEL
Additional Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

MESSAGE

The Ministry of Health and Family Welfare has been working with the States and UTs for strengthening of Maternal and Child Health Services. Several interventions such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Facility and community based Newborn and Child Care Programmes, Rashtriya Bal SwasthyaKaryakram (RBSK), IYCF (Infant and Young Child Feeding) and MAA (Mother's Absolute Affection) etc. are already in place to guide our efforts in this direction.

MoHFW is also implementing NQAS and LaQshya schemes under the National Quality Assurance Program, which have established an institutional framework for the quality assurance in public health facilities.

Now MoHFW has come out with the 'MusQan' initiative, which aims to ensure high-quality and safe care to children at public health facilities. It targets to improve the quality of care provided in the Outpatient Department (OPD), Special Newborn Care Unit (SNCU)/ Newborn Stabilization Unit (NBSU), Pediatric Ward and Nutrition Rehabilitation Centre (NRC).

This initiative envisages strengthening the health system by implementing evidence-based practices for clinical management, functional referral systems, engaging families for effective & trust-worthy communication and participatory decision-making. The initiative focuses on implementing key strategies for transforming a health facility into a child-friendly facility to improve the provision and experience of care for newborn and children.

The operational framework for MusQan has a systematic approach where the facilities are being supported by the state & district level teams to undertake a series of Rapid Improvement (RI) cycles to ensure that desired health outcomes are achieved at the individual and facility level. Apart from these RI cycles, facilities are encouraged to consider and include any other critical issue as per local need.

These Guidelines of MusQan shall help States/UTs to draw a time-bound plan for implementation, which would yield rich dividends in terms of improved Child health services and achievement of targets on key performance indicators for child health.

(Vikas Sheel)

Room No. 158, 'A' Wing, Nirman Bhawan, New Delhi-110011
Tel. (O) : 23061481, 23063506, E-mail : sheelv@nic.in

डॉ. पी. अशोक बाबू, भा.प्र.से.
संयुक्त सचिव
Dr. P. Ashok Babu, IAS
Joint Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-११००११
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI-110011

MESSAGE

India has made a substantial progress in improving health care services provided to the mother and children which has translated into significant decline in Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) and Maternal Mortality Ratio (MMR).

One of the key strategies in the direction of ensuring safe and healthy childhood is provision of quality services for children in all stages of their growth and development and ensuring continuum of care.

MusQan has evolved under the gamut of NQAS & LaQshya to ensure timely, appropriate, qualitative, safe, child friendly services in public healthcare facilities. Scope of MusQan scheme focuses on management of sick (Low birth, preterm, malnourished, etc.) newborn and children up to 12 years of age through intensive/inpatient services. It also includes breastfeeding promotion, immunization, nutrition counselling, early identification for diseases, defects, developmental delays, & deficiencies, etc. through both OPD/IPDs.

It is critical that States/UTs make a robust plan for implementation of these child friendly initiatives in a time bound manner.

I am confident that States/UTs will take this initiative forward with the enthusiasm which in turn will be reflected in our efforts towards reduction of child morbidity and mortality in comparison with the global benchmarks.

I would like to thank all the technical experts who participated in the discussions during the formulation of the MusQan Standards and shared their valuable experiences and suggestions.

(Dr. P. Ashok Babu)

Room No. 243 (A), 'A' Wing, Nirman Bhawan, New Delhi - 110011
Tel. : 011-23061447 E-mail : jsrch-mohfw@gov.in

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
Nirman Bhavan, Maulana Azad Road,
New Delhi - 110108

DR. SUMITA GHOSH
Additional Commissioner
Telefax : 011-23063178
E-mail : sumita.ghosh@nic.in

Message from Programme Officer

India has achieved substantial progress in child health indicators through sustained efforts of various stake holders under the overall umbrella of National Health Mission. The Under-five Mortality Rate in India presently is below the global average and is on track to achieve NHP and SDG goals. To make further dent in child health morbidity and mortality, the quality of care need to be addressed along with coverage of services.

Quality improvement in health care is a systematic approach that monitors, assesses and improves the standard of quality care. MusQan initiative is being launched with the objective of ensuring child safety and child friendly services in the public health facilities using the existing quality standards and setting targets with measurable outcome for improvement.

Six rapid improvement cycles have been defined in the guidelines to ensure that facilities reach desired standards rapidly. The improvement in quality of services will create a positive impact by improving the experience of care felt in public facilities and will generate demand for services in public facilities.

I acknowledge the guidance and support received from AS&MD NHM, GoI, JS (Policy) and JS (RCH) in developing this guidelines. The Child Health Division and NHSRC team worked together to work out the finer details of the guidance. Experts and Development partners of the Ministry have contributed by giving technical inputs.

It is my earnest request to all the Mission Directors and Programme officers of States/UTs to take personal initiative in quality improvement of Neonatal and Paediatric care services as envisaged in MusQan to provide quality care in public health facilities and bring smiles to millions of children and their families.

(Dr. Sumita Ghosh)


MusQan

List of Contributors

1.	Ms. Vandana Gurnani	Former AS&MD, MoHFW
2.	Shri. Vikas Sheel	AS&MD, MoHFW
3.	Shri. Vishal Chauhan	JS, Policy, MoHFW
4.	Dr. P Ashok Babu	JS, RCH, MoHFW
5.	Dr. Sumita Ghosh	Addl Commissioner (Child Health), MoHFW
6.	Maj Gen (Prof) Atul Kotwal	ED, NHSRC
7.	Shri. Sachin Mittal	Director, NHM II
8.	Dr. J N Srivastava	Advisor, QI, NHSRC
9.	Dr. Ashoke Roy	Director, RRC-NE
Consultants from MoHFW and NHSRC		
10.	Dr. Deepika Sharma	Senior Consultant - QI, NHSRC
12.	Dr. Kapil Joshi	Senior Consultant, Newborn Health, MoHFW
13.	Dr. Rashmi Wadhwa	Senior Consultant, Maternal Health, MoHFW
14.	Ms. Vinny Arora	Consultant – QI, NHSRC
15.	Mr. Mandar Randive	Consultant - NHM
16.	Mr. Vishal Kataria	National Technical Consultant, Child Health
17	Dr. Vaibhav Rastogi	Lead Consultant, Child Health
18.	Mr. Sharad Singh	Lead Consultant, Child Health
19.	Mr. Vinit Mishra	Senior Consultant, Child Health
20.	Ms. Sumitra Dhal Samanta	Senior Consultant, Child Health

List of Contributors

NHSRC & RRC NE Quality Improvement Team		
1.	Dr. Arvind Srivastava	Consultant, QI
2.	Dr. Chinmayee Swain	Consultant, QI
3.	Dr. Shivali Sisodia	Consultant, QI
4.	Dr. Arpita Agrawal	Consultant, QI
5	Mr Gulam Rafey	Consultant, QI
6.	Dr. Abhay Kumar	Consultant, QI
7.	Dr. Alisha Dub	Consultant, QI
8.	Dr. Neeti Sharma	Consultant, QI
9.	Dr. Sushant Agrawal	Consultant, QI
10.	Dr. Vineeta Dhankhar	External Consultant, QI
11.	Mr. Anupjyoti Basistha	Consultant, QI, RRC-NE

Others		
1.	Dr. Ashfaq A Bhat	Director, NIPI
2.	Dr. Vivek Singh	Health Specialist, UNICEF
3.	Dr. Deepti Agarwal	NPO, WHO
4.	Dr. Renu Srivastava	IHAT, UP TSU

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Introduction

India has made considerable progress in improving the survival of newborn and children. A major reason for this achievement is the massive scale-up of community and facility-based care that is being provided for newborn and children. A series of national level initiatives launched by the Government of India (GoI) under its flagship programmes, such as the National Rural Health Mission (2005), National Urban Health Mission (2013) and Ayushman Bharat (2018) have contributed to these improved indicators.

Undoubtedly, these initiatives have had significant impact on newborn and child mortality and morbidity. The neonatal mortality rate (NMR) which was 44 per 1000 live births in the year 2000 went down to 23 per 1000 live births (SRS 2018). Similarly, the Under Five Mortality Rate (U5-MR) reduced from 96 to 36 per 1000 during the same period.

Various maternal, newborn and child health initiatives and programmes, such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Facility Based Newborn Care (SNCU), Maternal and Newborn Care Unit (MNCU), strengthening of Maternal and Child Health (MCH) Wings, First Referral Units (FRU), Dakshata (for strengthening intrapartum and post-partum care), Surakshit Matritva Aashwasan (SUMAN) for assured delivery of Maternal and Newborn health-care services), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) which focuses on quality antenatal checkup for pregnant women for early identification, preparedness and management of complications), Infant and Young Child Feeding (IYCF) promotion, Mothers' Absolute Affection (MAA Programme) for infant and young child feeding, Anaemia Mukt Bharat (AMB), Rashtriya Bal Swasthya Karyakram (RBSK) (moving from child survival to development and protection of children and adolescents of age group 0-18 years from disease, delay, defect and deficiency) and the Social Awareness & Action Plan to neutralise Pneumonia Successfully (SAANS) Campaign have been initiated for having better outcomes for Newborns and Children in the country.

For ensuring continuum of care, post-discharge home-based care and regular follow-up through the Accredited Social Health Activist (ASHA), Home Based Newborn Care (HBNC) and Home-Based Care for Young Child (HBYC) have also been strengthened.

The growth and development of children depends on various physiological, nutritional, social and cultural factors. Often children are prone to complications that may

require prompt life-saving interventions. There is sufficient evidence to show that it is necessary to go beyond maximising coverage of essential interventions to accelerate reduction in childhood mortality and severe morbidity.

Quality of Care (QoC) for paediatric services within the health facilities looks through the prism of the Donabedian model of health quality. This is a conceptual model that provides a framework for re-organising health services for delivery of quality care. It includes availability of required infrastructure, equipment, supplies, adequate human resources with requisite knowledge, skills and capacity to deliver the committed level of service, adherence to administrative, clinical and service delivery protocols along with periodic measurement of system performance.

The National Quality Assurance Standards (NQAS) for District Hospitals, Community Health Centres (CHC), Primary Health Centres (PHC) and Urban Primary Health Centres (UPHC), accredited by the International Society for Quality in Healthcare (ISQua) supports the delivery of quality care within the facilities. A systemic approach under the NQAS implementation has established a well-structured institutional framework from the facility level to the national level. There is an in-built system of State and National level certification of health facilities those exhibiting compliance to the NQAS norms and sustaining also.

Rationale of Launch of 'MusQan'

Efforts over the past decade to minimise adverse outcomes for newborns and children have been directed for increasing access to institutional care. This has resulted in higher footfalls in health facilities in all regions. With increasing utilisation of health services, poor quality of care (QoC) in many facilities has become a major roadblock in the quest to end preventable mortality and morbidity.

The quality of newborn and paediatric services delivered in public health facilities need to achieve standard benchmarks for accomplishing desired goals and improve the child health scenario in the country. Moreover, every child needs skilled and evidence-based care, delivered in a humane and supportive environment. While states and union territories (UT)s are encouraged to undertake improvements at their own level, there is urgent need to make health facilities more accessible and favourable for both newborn and children, including families.

For ensuring child-friendly services in public health facilities, the Ministry of Health & Family Welfare (MoHFW) is introducing a new quality improvement initiative

"MusQan" for the paediatric age group (0-12 years), within the existing National Quality Assurance Standards (NQAS) framework. MusQan aims to ensure timely, effective, efficient, safe, person- centred, equitable and integrated quality services in public health-care facilities.

Purpose of the Document

The document elaborates the Key features of the MusQan initiative, its scope, strategies, targets, institutional arrangement for operationalisation. It contains Quality Standards, assessment tools to measure & improve the quality of care provided to newborn, infant & children in secondary care health facilities.

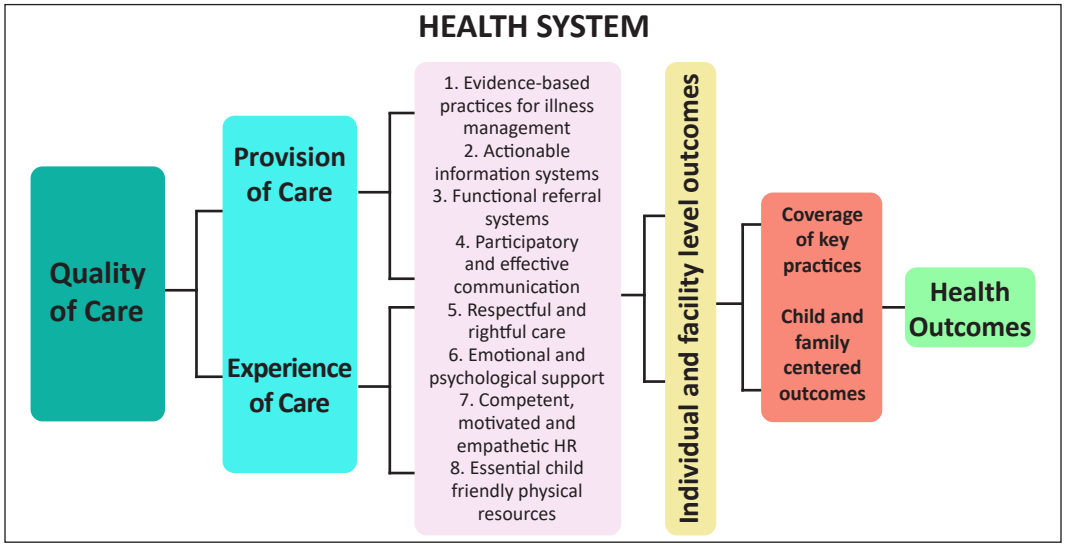
Target Audience

This document provides guidance to all stakeholders including policymakers, programme managers at district and state level and service providers on the MusQan initiative.

Chapter 1
MusQan Initiative

MusQan is designed to ensure provision of quality child-friendly facility based services from birth to children upto 12 years of age. The framework of health system QoC approach depicted below has been adopted to design the strategies for the MusQan initiative for paediatric care.[1]

Figure 1: Framework for Improving Quality of Paediatric Care



1.1 Goal

MusQan aims to ensure provision of quality child-friendly services in public health facilities to reduce preventable newborn and child morbidity and mortality.

1.2 Objectives

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

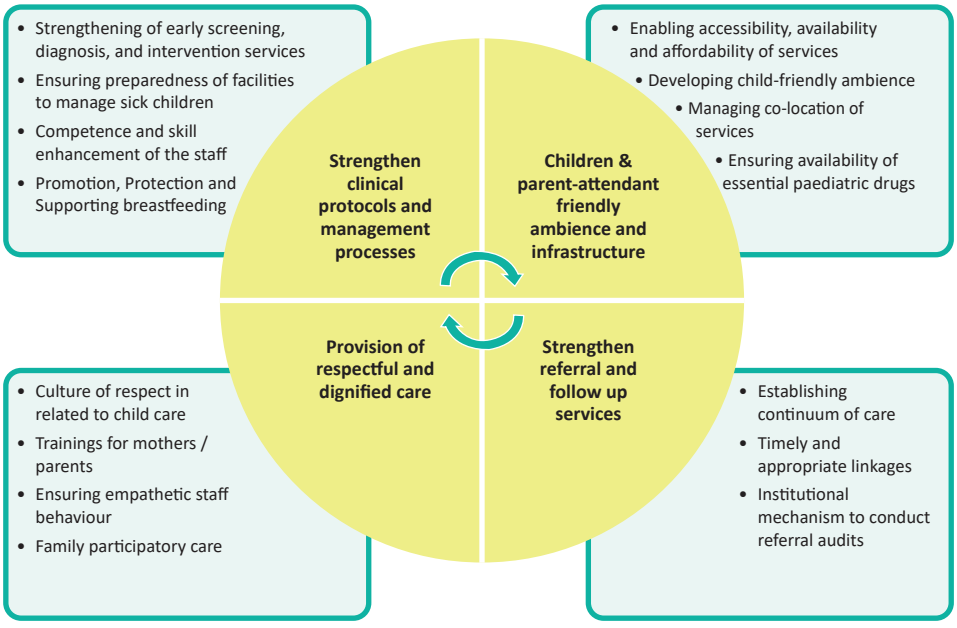
1. Adopted from Standards for improving Quality of Maternal & Newborn Care in Health Facilities, WHO-2016.

5. To enhance satisfaction of mother and family, seeking healthcare for their child.

1.3 Key Strategies

A framework has been developed to highlight four key strategies for rollout of 'MusQan' along with proposed actions for implementation.

Figure 2: Framework of MusQan Quality Initiative and Key Actions



1.3.1 Strategy 1: Strengthen Clinical Protocols and Management Processes

Strengthening the clinical protocols and management processes is the cornerstone for quality improvement. This can be achieved by taking the following steps:

1. **Improvements in clinical and non-clinical processes:** Apart from various structural changes, gap identification in clinical and nonclinical processes will be undertaken and suitable steps for their improvement completed using rapid improvement events. Adherence to policies, guidelines and treatment protocols such as FBNC guidelines, Paediatric care guideline and MAA will be used to achieve the envisaged results.

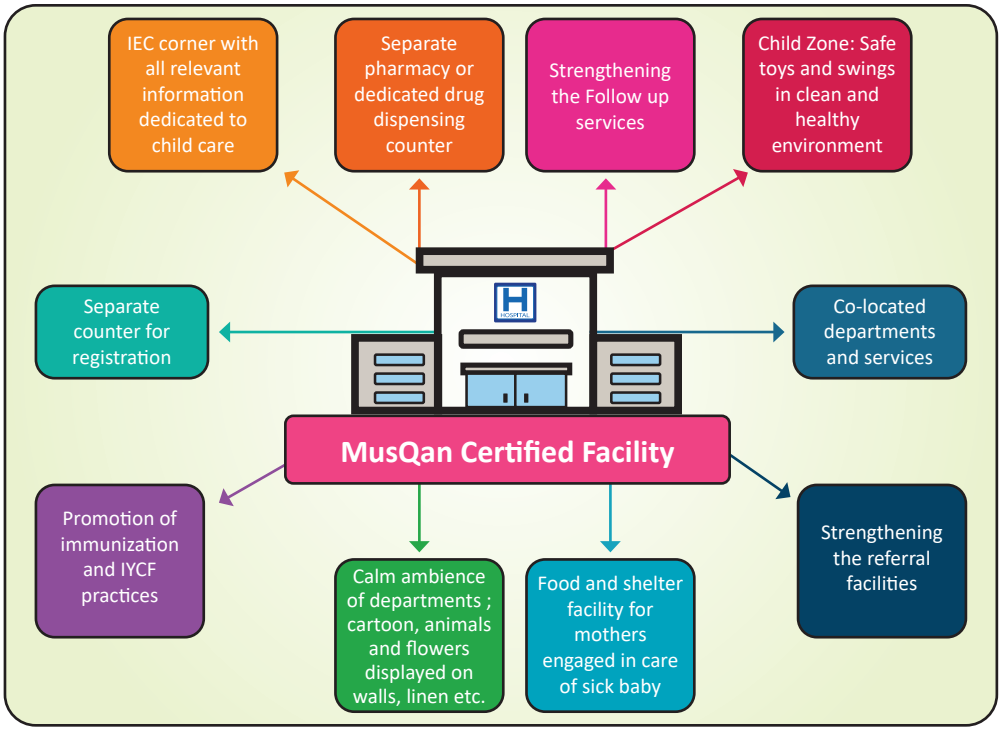
2. **Strengthening of early screening, diagnosis, and intervention services:** Facilities are encouraged to establish paediatric outpatient department

(OPD), inpatient department (IPD) services, emergency triage services, Newborn Care Units (SNCUs, NBSUs for small and sick newborns) and dedicated District Early Intervention Centres (DEIC). The facility must ensure the screening of newborns, and children requiring interventions in term of further investigation and treatment will be referred to next higher facility. Simultaneously, it will be important for the facility to strengthen its capability to provide the standard level of mandated care.

3. **Ensuring competency and skill enhancement:** The competency of the clinical and paramedical staff will be evaluated at regular intervals. Based on the identified gaps, refresher trainings and skill stations will be provided for continuous skill enhancement. Onsite mentoring support, measurement, learning and sharing for compliance will contribute towards continued quality improvement.

4. **Promotion, protection and supporting breastfeeding and nutritional counselling:** These facilities are encouraged to ensure promotion, protection and support to breastfeeding and availability of nutritional counselling.

Figure 3: Strategies for Transforming the Facility to a Child-Friendly Facility



1.3.2 Strategy 2: Ensuring Child Friendly Services

Under MusQan, the focus for ensuring child-friendly services will be on the following:

1. **Ensuring dedicated services for newborns and children:** Dedicated child-care services such as an OPD including growth, development, and immunization clinic, IYCF counselling room, District Early Intervention Centre (DEIC), breastfeeding corner, separate collection facility for laboratory investigations, registration/admission counters, pharmacy counters, SNCU/NBSU/MNCU, NRC, CLMC, and KMC room, etc will need to be planned together. While planning, care would be taken to co-locate these facilities in proximity to maternal health departments (labour, deliver and recovery room (LDR) complex, maternal OT/HDU, labour room, postnatal ward, etc.).

2. **Developing a child-friendly ambience:** Efforts would be undertaken to ensure that all paediatric departments (outpatient and inpatient) are visually appealing for children. This can be done by using soothing colours, painting the walls with familiar cartoon characters and themes that depict animals, flowers, water bodies, etc. Bright coloured linen (bed sheets/ patient clothes) will brighten the areas and a special child zone with age-appropriate toys, swings and visually appealing ambience must be created.

3. **Ensuring availability of paediatric drugs and formulations:** Availability and accessibility to all paediatric formulations and dosage of essential medicines as per the norms of the Indian Public Health Standards (IPHS) Guidelines for district hospitals (DH)/ sub-district hospital (SDH)/community health centres (CHC) need to be ensured.

1.3.3 Strategy 3: Strengthening of Referral and Follow-up Services

For ensuring continuum of care, it is important to establish referral criteria and functional linkages for two-way referrals. MusQan emphasises development of a referral cum follow-up mechanism that conducts a referral audit to identify gaps and thereafter take-up further improvement actions.

1.3.4 Strategy 4: Ensuring Provision of Respectful and Dignified Care

It is essential to involve the mother and family in the care of a sick newborn/child. Family engagement in the care has been proven to be beneficial for both child and mother. Facilities that ensure implementation of family-centric care must include the following components:

1. **Ensure food and shelter for mothers:** Facilities must plan to provide clean and safe accommodation with basic amenities like drinking water, toilet and bathing facilities, comfortable seating, sleeping arrangements, regular diet, etc. for mothers and accompanying family members.

2. **Regular trainings:** Mother and family members engaged in the care need to be trained on infection prevention, feeding (breastfeeding or assisted feeding), KMC, family -participatory care, etc. A designated room/area for training with proper seating arrangement should be ensured as part of the initiative.

3. **Basic amenities:** A dedicated waiting area for parent and attendant should be made available while the sick newborn receives the care in a department. The outpatient department should have an electronic calling system to facilitate orderliness in the OPD. Also, availability of child-friendly toilets, provision of drinking water and having a safe and calm breastfeeding corner for mothers in the departments must be part of the infrastructure and amenities that go into making child-safety a priority at the facility.

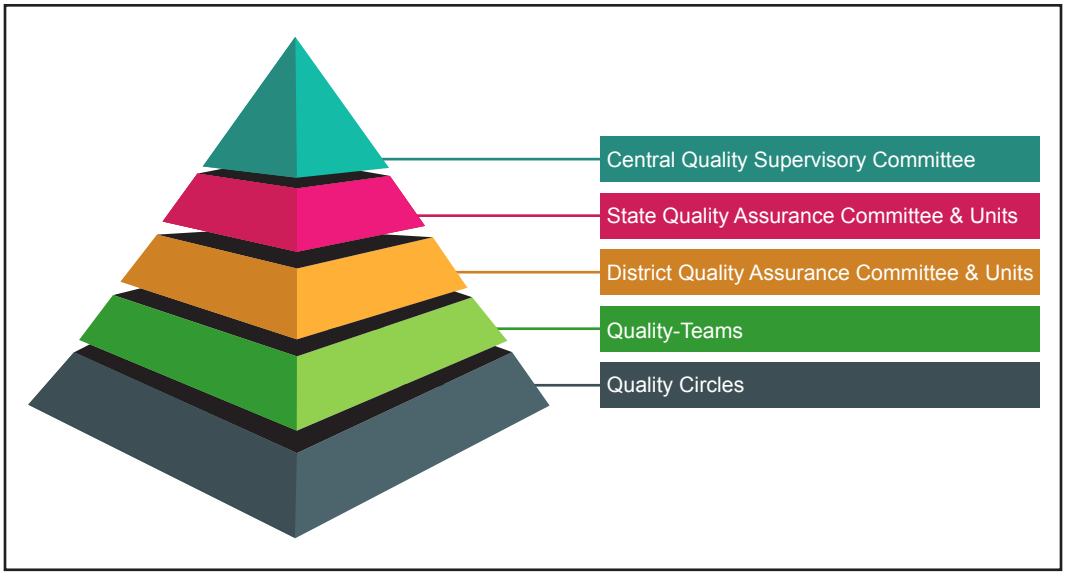
4. **Empathetic staff behaviour:** The facility must ensure that the staff in paediatric care departments and service stations is empathetic and courteous. This will go a long way in giving confidence to the family and community to seek care at the facility, and enhancing their experience and satisfaction.

Chapter 2
Institutional Framework

Under the NHM, States have been supported in creating an institutional framework for quality initiatives. Under the ambit of National Quality Assurance Programme, implementation of all quality initiatives are spearheaded by the Central Quality Supervisory Committee (CQSC) at the National level. There are State Quality Assurance Committees (SQAC) which have their execution arm, namely the State Quality Assurance Units (SQAU) at the state level. At the District level, there are District Quality Assurance Committees (DQAC) along with its execution arm, namely the District Quality Assurance Units (DQAU). At the facilities' level, there are Quality Teams and at the department level, Quality circles are constituted. These committees, teams/circles support the implementation of various quality initiative viz. NQAS, Kayakalp, LaQshya, etc.

The same institutional framework will be used to support the implementation of the MusQan initiative. The SQAU, DQAU, Quality teams/ circles will work in close coordination with the Child Health division or equivalent at all levels

Figure 4: MusQan Institutional Framework



2.1 National level

The primary role of the Central Quality Supervisory Committee (CQSC) is to provide overall guidance, monitoring and mentoring of quality assurance efforts under various programmes/initiatives. The Child Health Division at the MoHFW and QI Division NHSRC have been jointly mandated to provide overall guidance and implement the roll-out of MusQan. Oversight function of the 'MusQan' implementation and its monitoring and review will be performed by the CQSC.

Roles & Responsibilities of CQSC

- Dissemination of guidelines, standards and assessment tools to the states.
- Ensure orientation, capacity building and continuous support for MusQan's implementation.
- Conduct periodic visits to the states and provide mentoring support to a sample of the health facilities.
- Recommend mid-course correction whenever required.
- Ensure a system for reporting and sharing States' achievements in terms of indicator/target improvement of services.
- Handhold Quality Assurance committees & units at the State level.
- Develop monitoring & evaluation protocols and ensure their implementation

2.2 State Level

State Quality Assurance Committees (SQACs) are functional in all states/UTs. The SQAC comprises of ACS/ Principal Secretary, NHM Mission Director, Director of Family Welfare/Directorate of Health Services (DHS)/Director of Public Health or Additional/Joint Director of Family Welfare or equivalent and several other representatives as elaborated in the 'Operational Guidelines for Quality Assurance in Public Health-care Facilities'. The committee's main responsibility is to oversee quality assurance activities in the state in accordance with National & State guidelines. To ensure seamless implementation of MusQan, the State Child Health Division will support the SQAU under the guidance of SQAC.

Moreover, the SQAU and State child health team will be jointly responsible for undertaking assessments, extending implementation support under the initiative including capacity building, resource allocation and state level certification of targeted facilities.

Roles & Responsibilities at the State Level

- Ensure availability of required technical resources, such as programme guidelines, standard treatment protocols, Standard Operating Procedures (SOPs), etc and its effective dissemination.
- Capacity Building of Quality team and Department Quality circles in implementation of guidelines, SOPs and protocols
- Ensure conduct of baseline assessment of targeted health facilities within stipulated timelines, and measurement of the key performance indicators (Please refer relevant NQAS Assessors' Guidebook for the assessment tool and Annexure 'B' of 'MusQan' Guidelines).
- Mobilise state support, including provision of human resources, drugs, equipment, finance and other inputs through the State programme implementation plan (PIP).
- Develop resource materials/tools for competency evaluation, and organise trainings for skill enhancement of both clinical and non-clinical staff
- Provide onsite support to continuously underperforming facilities
- Provide inputs for improvement in guidelines and ensure implementation of recommended mid-course corrections.
- Organise and undertake state-level assessments and provide support for the national certification.
- Ensure regular monitoring and validation of indicators at the state level. Also support reporting of indicators at the national level.

2.3 District Level

District Quality Assurance Units (DQAUs) are the functional arm of District Quality Assurance Committees in the States/UTs. The District Collector/Deputy Commissioner, Chief Medical Officer (CMO)/Deputy Director/ Chief District Medical Officer (CDMO)/ Civil Surgeon/Chief Medical Health Officer (CMHO) or equivalent, District Family Welfare Officer (DFWO)/ Reproductive Child Health Officer (RCHO)/Additional Chief Medical Officer (ACMO) or equivalent and various other representatives as given in the 'Operational Guidelines for Quality Assurance in Public Health-care Facilities' are the members of the DQAU. The DQAU's main responsibility is to oversee quality assurance activities across the district in accordance with National & State guidelines.

To ensure seamless implementation of MusQan, the district level child health team and DQAU will be jointly responsible for assessments and validation of indicators.

Roles & Responsibilities at the District Level

- Mentoring and handholding of the facilities or department level quality circles for implementing MusQan.
- Capacity building of facility staff for undertaking assessments (internal/peer), generating scores, measuring target indicators, progression on quality and clinical care practices, gaps using improvement cycles and reporting scores and targets.
- Ensure conduct of baseline assessment of targeted health facilities within stipulated timelines, and measurement of the key performance indicators (Please refer relevant NQAS Assessors' Guidebook for the assessment tool and Annexure 'B' of 'MusQan' Guidelines).
- Competence assessment of the staff deputed for newborn and childcare in various departments such as the SNCU, NBSU, OPD, Paediatric ward and NRC.
- Conduct assessment and prepare facilities for state and national assessments and certification.
- Ensure regular reporting of indicators to the state and validate reported data at regular intervals or as and when required.
- Provide onsite support to the regularly low/ underperforming facilities.

2.4 Facility Level

Facility level Quality teams are functional in all public health-care facilities. The team comprises of Medical Superintendent or facility in-charge, Hospital Manager (wherever available), nursing in-charge and representative from other functional and related departments. The primary responsibility of the quality team is to oversee quality assurance activities across the facility.

Department level Quality Circles: To ensure implementation of the MusQan initiative at the facility/department level, Quality Circles need to be constituted in each of the targeted departments. These Quality Circles can serve as an informal group of staff designated to improve services dedicated for newborn and child health. Each Quality Circle comprises of Medical officer/Paediatrician Incharge of relevant

department such Paediatric ward, SNCU, NBSU, Paediatric OPD, Immunisation clinic. Nursing professionals of such departments would also be a part of department's quality circle, which will also co-opt other staff such as lactation counsellor, lab tech., pharmacist, housekeeping supervisor, etc.

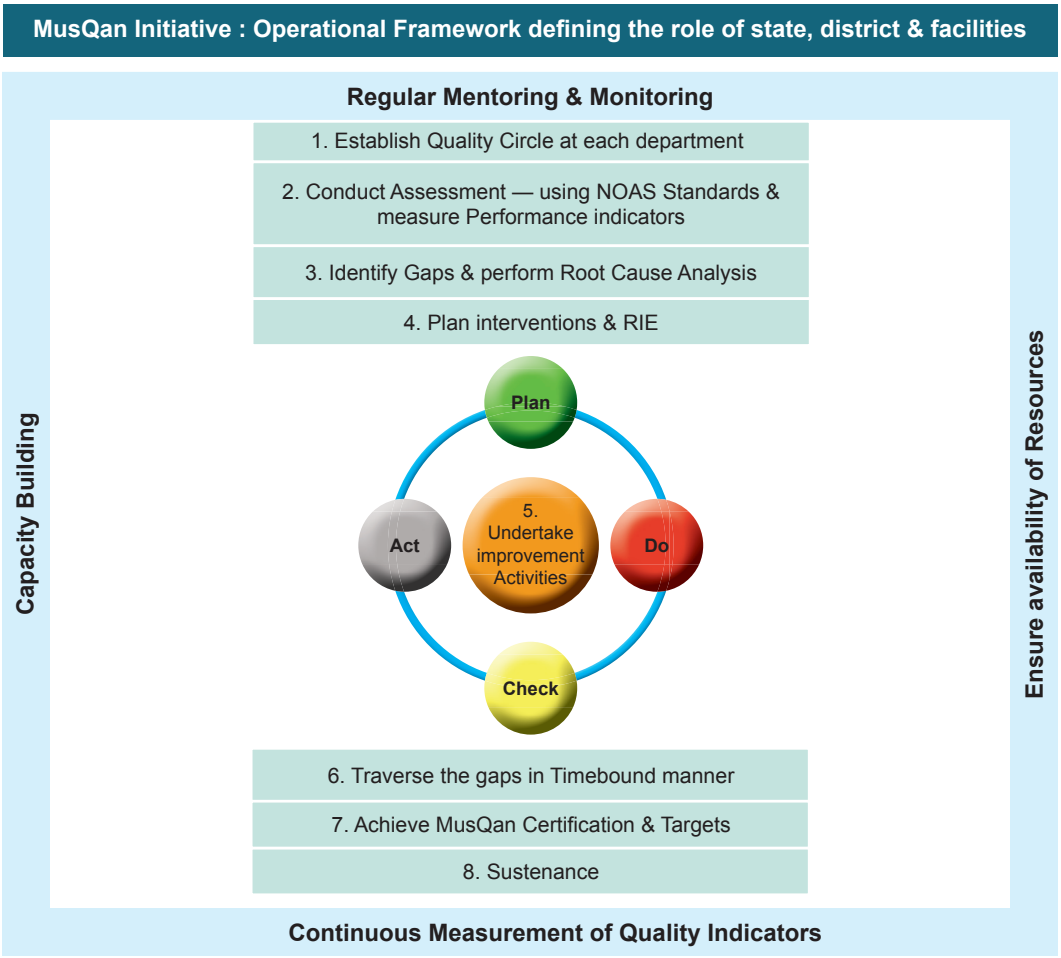
Roles & Responsibilities at the Facility Level

- ❖ Ensuring adherence to protocols and key clinical practices for newborn and childcare, IYCF, guidelines etc.
- ❖ Conduct regular assessments using NQAS checklists for MusQan. Collect and analyse indicators/targets.
- ❖ Prioritisation and action planning for traversing the gaps as per current recommendations and best practices.
- ❖ Ensure achievement of indicators using rapid improvement events approaches.
- ❖ The quality circles shall undertake various rapid improvement events for improving outcome indicators leading to the achievement of defined targets.

Chapter 3
Operationalisation of MusQan

The operational framework for MusQan encompasses a systematic approach where the facilities are supported by state and district level teams. Figure 5 depicts the key activities to be undertaken by the facility. These activities are supported and validated by the district and state Quality and Child Health teams those include identification of training needs of clinical and para-clinical staff, capacity building, technical support for process improvements, availability of resources, data collection and regular validation of QoC indicators. The roles of the state and district level teams are outlined in 'Chapter 2: Organizational Framework'.

Figure 5: MusQan - Operational Framework



3.1 Scope

Public health facilities and departments mentioned in Table 1 below are to be included under the 'MusQan' initiative.

Table 1: Departments to be Included Under MusQan

District Hospitals	Sub-District Hospitals (SDH)	All functional FRU CHCs	All other facilities (LaQshya certified, Medical Colleges)
4 Departments ❑ Paediatric OPD ❑ Paediatric Ward ❑ SNCU ❑ Nutrition Rehabilitation Centre	3 Departments ❑ Paediatric OPD ❑ Paediatric Ward ❑ SNCU/ NBSU	2 Departments ❑ Paediatric OPD ❑ NBSU/ SNCU (if available)	4 Departments ❑ Paediatric OPD ❑ Paediatric Ward ❑ SNCU ❑ Nutrition Rehabilitation Centre

Note:

District hospital and equivalent facilities may take exemption for the NRC assessment, if NRC is not established in the State.

At the CHC level, it is mandatory to include both OPD & NBSU for MusQan external assessments.[2]

See annexure for #NQAS checklists for paediatric OPD (DH& CHC), paediatric ward, SNCU, NBSU and NRC.

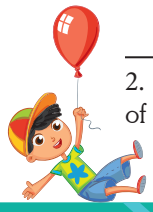
3.2 MusQan: Rapid Improvement Events

Through MusQan, a conscious effort is being made to make newborn and childcare services more easily accessible and friendly. To do so, the targeted facilities will undertake following rapid improvement events. Each event will be of two months and its progress will be rigorously mentored by the state and district-level teams.

Suggested list of Rapid Improvement (RI) Events:

1. Ensuring timely initiation of emergency treatment of sick newborns and children and making timely referrals.

2. In the states, if NRCs are established at CHCs, same would be included in MusQan initiative of such CHCs.



2. Improving breastfeeding, hypothermia (temperature maintenance), KMC practices in eligible neonates and developmental supportive care.

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

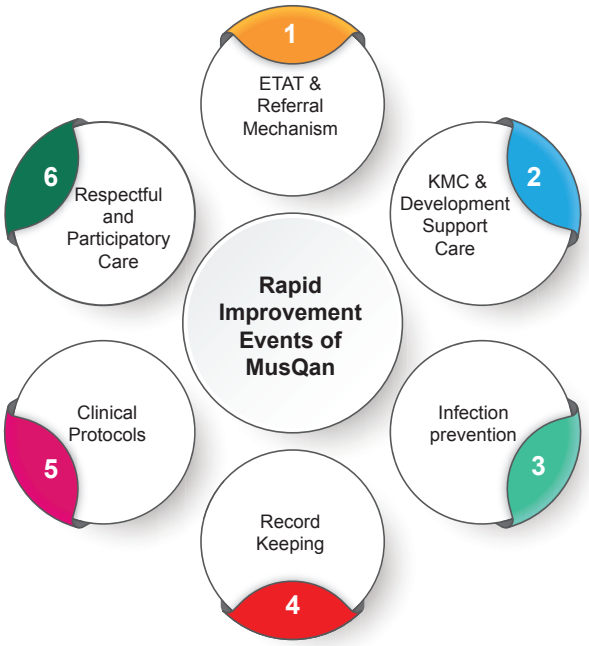
4. Improving documentation and record management practices. This RI event must include timely recording and updation of records and data.

5. Ensuring implementation of clinical protocols such as rational use of antibiotics, oxygen, fluids, etc.

6. Providing respectful care and improving engagement of mothers and families in newborn care and enhancing parents' and families' satisfaction with the care, given in the facilities.

These RI events will support the quality circles to reach the target population. Apart from these suggested RI events, facilities are encouraged to consider and include in RI events any other critical issue pertaining to their facilities. For implementation of the suggested RI events, the facilities will undertake the following steps which will aid them to achieve MusQan certification.

Figure 6: MusQan – Rapid Improvement events



3.3 Steps for Implementation of MusQan at Facility-level

1. **Constituting Quality Teams and Quality Circles at facility and department level, respectively:** A team consisting of motivated and committed staff of all cadre can contribute immensely to the efficient running of a facility. By constituting departmental quality circles, as an extension of facility quality teams , the level of operational efficiency and monitoring of progress at regular intervals will be enhanced considerably.

2. **Assessing Quality of Care:** The Quality team, will undertake the assessment of the departments utilising MusQan checklists. Simultaneously departmental quality circles will capture the indicators (departmental as well target indicators under the 'MusQan') and parent/family satisfaction (manually or through Mera Aspataal[3]). The team will also conduct and analyse information accumulated through audits vis-à-vis prescriptions, clinical and death audits. Quality tools will be utilised to detect bottlenecks/trends in existing parameters.

3. **Identifying critical gaps:** The MusQan quality tools (checklists) along with results of target indicators, audits (medical, death, prescription), competency evaluation, etc. will help the facility to identify gaps at the structural and process level. Each of these will be classified as critical and non-critical after due analysis.

4. **Planning interventions & Rapid Improvement Events:** Non-critical gaps are easy to manage and mostly require direct action to close them. However, critical gaps require further scoping and application of scientific methodology i.e., Plan, Do, Check, Act (PDCA) to attain the improvement(s). Facilities are encouraged to plan and undertake rapid improvement events (RI events). A suggestive list of improvement events is given in 'MusQan: Rapid Improvement events' in Section II. Apart from the suggested list, facilities can undertake other RI events pertaining to critical issues at local level.

5. **Undertaking improvement activities:** Once the facility/department identifies the critical gaps based on their assessments, the facility level quality team or departmental quality circle is expected to undertake specific steps for improvement/ closure of identified gaps. The improvements steps are outlined below:

3. मेरा अस्पताल (My Hospital) is a MoHFW, Government of India (GoI) initiative to capture patient feedback on services received from both public and empanelled private health facilities. It works through multiple communication channels, including Short Message Service (SMS), Outbound Dialling (OBD), a mobile application and a web portal.

a. **Setting-up SMART objectives**

b. **Undertaking Root Cause Analysis:** The team/circle will brainstorm and analyse each gap using tools like Fishbone diagram, why-why analysis, etc. The in-depth gap analysis will help the team not only to understand the problem but also develop specific change ideas.

c. **Developing change ideas:** The team/circle will brainstorm and come up with specific 'change' ideas. These ideas should be implemented after assessing their effectiveness.

d. **Setting up the measuring indicators:** To assess whether a change idea has impacted the main objective or not, the team must measure and analyse supportive indicators. Run Charts will be useful to analyse the effectiveness of the change idea over the selected period.

e. **Testing ideas through the PDCA cycle:** When the team has certain change ideas, the testing of these ideas becomes important. This is done using the Plan- Do – Check – Act[4] approach. Multiple change ideas are carried out through the PDCA approach to understand its impact and capability to achieve objectives. Based on its analyses, the idea will be either accepted 'as-it-is' in the system or require certain tweaking for acceptance. The same will be discarded, if it has any negative impact or is found to be unsustainable.

f. **Mentoring:** The identified clinical/technical gaps should be traversed with the support of national expert or State expert team involving medical colleges, Centres of Excellence, State Resource Centres, etc.

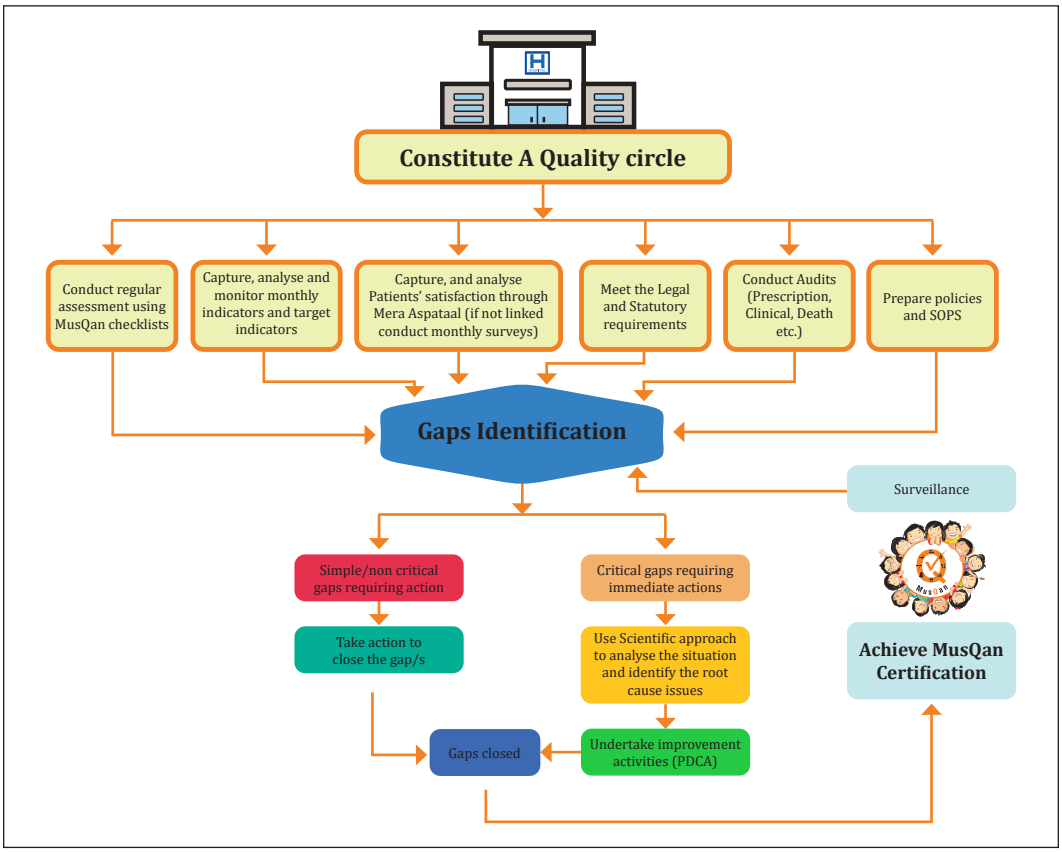
6. **Traversing gaps in a time-bound manner:** Based on the Gap analysis, facilities will prepare a time-bound action plan (for critical and noncritical activities) which will be reviewed in Quality circle/ Quality team meetings and by the district/ state teams providing handholding support to the facility. There will be resource requirements for organising training, assessment, mobility support, and other incidental expenses. Therefore, the state may allocate budgets which may be requested in relevant financial heads through the NHM PIPs.

7. **Certification:** Once the facility has substantially improved and is able to achieve at least 70% or more in NQAS assessment tools, it can apply for the State & National certification. The criteria and process of certification are explained in Section IV.

4. In certain literature, PDCA has been referred as PDSA, i.e., Plan – Do – Study – Act.

8. **Surveillance:** MusQan facilities achieving the NQAS certification of selected departments shall be assessed on yearly basis to ensure sustenance and further facility improvement.

Figure 7: Quality Circle for Achieving MusQan Certification



3.4 MusQan Certification Process

All the health facilities, which exhibit substantial improvement in their scores and indicators and are State level MusQan certified are eligible for the National MusQan certification. Such assessments would be undertaken by the NHSRC empanelled NQAS assessors. Process of empanelment of NQAS assessors is given in the 'Operation Guidelines of Quality Assurance in Public Health Facilities.'

Steps of the Certification Process

a. District Quality Assurance unit/ facility level quality team will inform the State Quality Assurance unit (SQAU) about its readiness for external assessments. The SQAU would verify NQAS scores of applicable departments and supporting documents including analysis of patient satisfaction scores and initiate the process of state level certification. Details of the state level certification process have been provided in the 'Guidelines for Certification of Public Health Facilities based on National Quality Assurance Standards'.[5]

b. On meeting all the criteria for state certification, the facility would be declared as 'State level MusQan Certified'.

c. Subsequently, the SQAC would send the application for the quality certification along with the requisite documents to Director NHM, MoHFW requesting for the National assessment. Copies of the application will be shared with the Quality Division NHSRC. The application and supporting documents would undergo scrutiny before deputing a team of assessors for the certification, as per NQAS certification protocol.

d. The Certification Unit shall coordinate the assessment process. After collating findings of field assessment reports, submitted by the National Assessors, the unit will make appropriate recommendations to MoHFW regarding certification status.

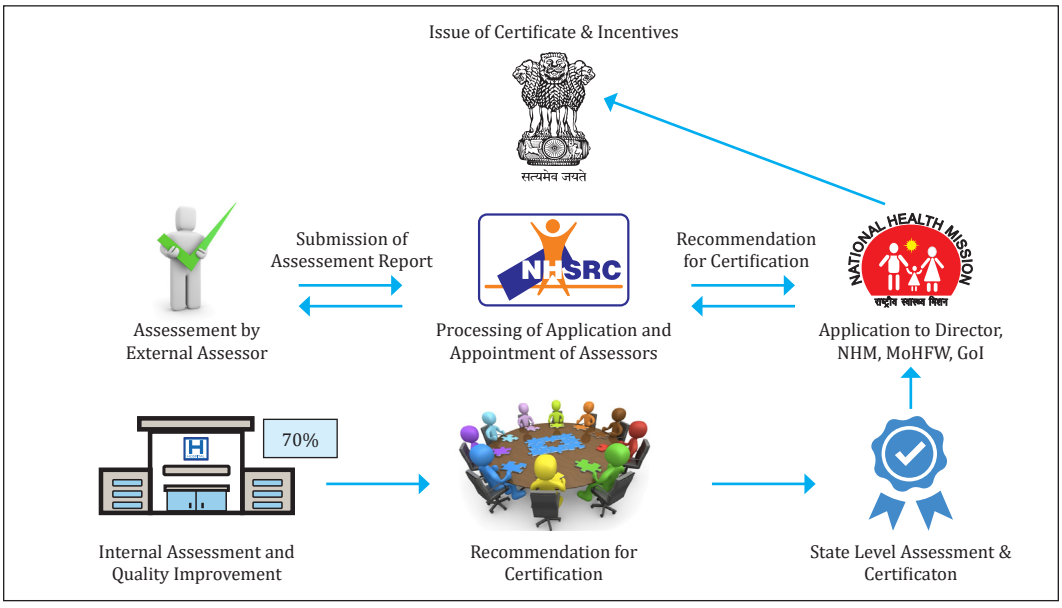
e. The facilities with noncompliance in certification criteria would be informed by the Quality Division about the observed gaps. These facilities will be expected to undertake concerted efforts for the improvement and gap closure.

f. Quality certification of MusQan facilities will remain valid for a period of three years. On completion of first year and second year after the national certification, the state would organise surveillance assessment. Its compliance report will be submitted to the certification unit and child health division.

g. In the third year, MusQan facilities would be reassessed by a team of National assessors. In addition, National Health System Resource Centre (NHSRC) and MoHFW may also undertake surprise assessments for ascertaining the sustenance of improvement activities.

5. Guidelines for Certification of Public Health Facilities based on NQAS, National Health Systems Resource Centre, http://qi.nhsrcindia.org/cms-detail/external-assessor-manual/MTEx.

Figure 8: National Certification Process



3.5 Certification Protocol

For ensuring implementation of MusQan, one of the key action point is to achieve certification as per the NQAS assessment tools.

- It is mandatory for the District Hospitals and equivalent facilities to include SNCU, Paediatric ward and Paediatric OPD in MusQan assessment and certification. Facilities may take exemption for the NRC assessment, wherever NRC has not been established.
- For functional FRU-CHCs, assessment of NBSU and Paediatric OPD would be mandatory.
- Once a facility meets all the NQAS certification criteria, it can apply for the state-level certification. After obtaining the state-level certification, it can apply for national-level certification.
- External assessors, empanelled with the NHSRC, will conduct the external assessment for the certification. Procedure for certification shall remain the same as currently being followed under NQAS.

Figure 9: Steps for Assessment and Certification

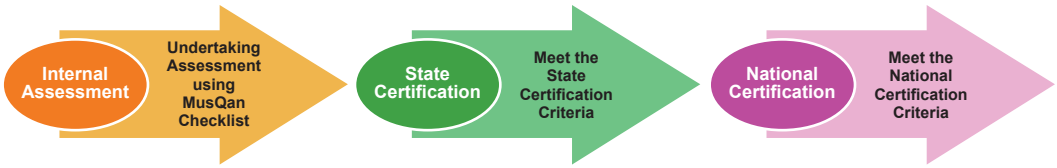


Table 2: Details of State & National Certification

State Certification	National Certification
• Responsibility of State/SQAU • Validity is for one year • Facility shall apply for National certification within one year of attaining State Certification	• Responsibility of CQSC/NHSRC (Following SQAU have applied for external assessment) • Validity is for three years • After national certification, the facility will undergo surveillance audit by SQAC during the subsequent two years. • In the third year, the facility would undergo re-certification assessment by the national assessors after successful completion of two surveillance audits by the SQAC.

3.6 Norms for Certification and Incentivisation under MusQan

1. Criteria for becoming a MusQan certified facility

For a facility to become eligible for achieving the status of 'MusQan certified', it needs to meet the following criteria:

a) NQAS Certification of SNCU/NBSU, Paediatric Ward, OPD and NRC as per protocol under the NQAS.

b) Attainment of at least 75% or more facility-level indicators (as given in Annexure 'A') and its verification by National Assessors at the time of external assessment and by SQAC at the time of surveillance.

c) 80% of the patient families are either satisfied or highly satisfied (or Equivalent score > 4.0 on the Likert scale). MusQan facilities should endeavour to

introduce the Mera-Aspataal based feedback system. As an interim measure, feedback may be taken manually from targeted departments. The National Assessors shall evaluate the component at the time of external assessment.

2. Incentivisation

- District Hospital and FRU- CHCs could be given incentives of Rs. 3 lakh and 2 lakhs (for each department) respectively on achieving national certification and compliance to facility-level targets.
- 25% of this amount may be used for staff incentivisation and 75% for branding activities like display of logo on signages, and for undertaking facility improvement activities, for which funds from other sources are not available.
- Incentives will be awarded for three consecutive years subject to submission of surveillance report by the state to QI division NHSRC and Child Health division of MoHFW. Surveillance will be done to ascertain status of the NQAS scores, sustenance or further improvement of targets and parent-attendant group satisfaction scores.

Chapter 4
Measuring, Improving and Learning

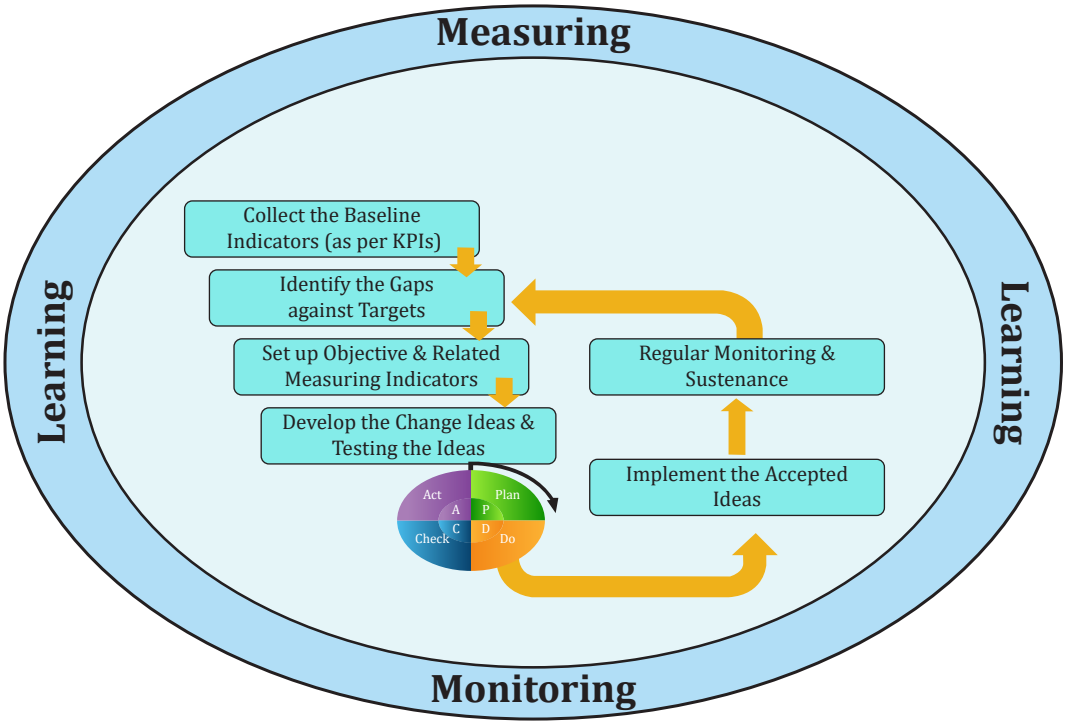
One of the key objectives of the MusQan initiative is to inculcate the practice of continuous monitoring of quality of healthcare and to make proactive efforts to assure and improve further. The initiative will enable the facility to understand methods of measurement of services and clinical quality given to patients. Also, the efforts and change ideas followed in one department will be shared with others in monthly quality team meetings.

The MusQan initiative is linked with 21 Key Performance Indicators (KPIs), which need to be measured by the facility every month. Additionally, there are 3 other indicators, as given in the Table 4 of the Annexure 'A. After the launch of MusQan, the state and district teams will make sure that these baseline indicators are appropriately recorded, validated and shared with the national team. The facility will continue to work to further improve these indicators while striving to achieve the targets given in Table 3 (Annexure -A)

Out of 24 KPIs, the progress on 21 indicators will be recorded on monthly basis while three indicators serve as essential information for which the information can be collected and updated at least biannually. The list of 24 indicators is given as Table 3 and Table 4 (Annexure -A)

All the indicators are monitored regularly at state, district and facility level, as required. Further, the change ideas are tested and applied for improvement. Facilities need to ensure that at least 75% of these indicators meet the target which have been defined in Annexure 'A'. NQAS encourages quality circles to identify indicators (apart from these 21 compulsory indicators), meeting the situational requirements and bring out the desired change

Figure 10: Diagram Depicting Measuring, Monitoring & Learning Through KPIs



Annexure A

List of Key Performance Indicators (KPI) and their targets

Table 3: List of KPIs and Targets

S.N.	Key Performance Indicator	Target	DH	CHC	Remarks
1	Average waiting time for the initial assessment by physician	More than 90% cases are seen within 10 minutes of arrival in the facility			Separately for SNCU/ NBSU
2	Patient satisfaction score (Parent – Attendant)	80% of parent-attendants are either satisfied or highly satisfied (or Equivalent score > 4.0 on Likert scale)			Separately for SNCU/ NBSU, Paediatric OPD, Paediatric Ward and NRC
3	Follow-up rate	At least 50% discharged patients report for facility follow-up within one month			Separately for SNCU/ NBSU, Paediatric OPD, Paediatric Ward and NRC
4	Percentage of low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	At least 75% and above success rate			NBSU- More than 1800 gram infants with no complications SNCU- Less than 1800 grams infants
5	Referral rate	20% reduction from the baseline			Separately for SNCU/ NBSU and Paediatric Ward
6	Mortality rate	20% reduction from the baseline			Separately for SNCU/ NBSU and Paediatric Ward
7	LAMA rate	20% reduction from the baseline			Separately for SNCU/ NBSU and Paediatric Ward
8	Enhanced skills of mothers/families for providing optimal care to sick and small newborns	At least 80% or more mothers/families are trained on Family Participatory Care (FPC)			Only for cases which are successfully discharged from the facility

S.N.	Key Performance Indicator	Target	DH	CHC	Remarks
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			Only for cases which are medically justified
10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU	At least 80% or more			
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	At least 1 hr or more			Only for cases which are medically justified as per GoI KMC guideline.
12	Number of stock-out days for essential paediatric drugs	No stock out			Separately for SNCU/ NBSU, Paediatric OPD, Paediatric ward and NRC • Formula – No. of stock out days for essential commodities X 100/ Total no. of commodities X days in a month
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			Separately for SNCU/ NBSU and Paediatric Ward
15	Rational use of antibiotics	20% reduction from the baseline			Separately for SNCU/ NBSU and Paediatric Ward

S.N.	Key Performance Indicator	Target	DH	CHC	Remarks
16	Average time lag between admission and ticket uploading online/filling of admission ticket	20% reduction from the baseline			Within 48 hrs
17	Average door-to-drug time in the health facility	At least 30% reduction from baseline			For Paediatric OPD
18	Percentage of mothers receiving IYCF counselling availing care in the OPD	At least in 80% cases			Only for cases which are successfully discharged from the facility
19	Turnaround time in diagnostic services a. Radiology b. Laboratory	At least 30% reduction from baseline			For Paediatric OPD SNCU/NBSU and Paediatric Ward
20	Case Fatality Rate				
(a)	Pneumonia	At least 10% reduction from baseline			For Paediatric OPD SNCU and Paediatric Ward
(b)	Diarrhoea	At least 10% reduction from baseline			For Paediatric OPD SNCU and Paediatric Ward
21	Child Safety Audit *	100% achievement of conducting the quarterly Child Safety Audit in last 6 months			Child Safety Audit includes physical safety & security, environmental safety, medication & medical devices-related safety, HAI etc. The audit will be conducted on a quarterly basis separately in the OPD, Paediatric ward, SNCU / NBSU and NRC
*Child safety Audit includes Physical safety & security, environmental safety, medication & medical devices-related safety, Healthcare-associated infections, etc.					

Table 4: Essential Information

S. No	Indicator	Target	DH	CHC	Status
1	Bed: Nurse Ratio	Target to reach 4:1(SNCU) /4:1 (NBSU)			
2	Percentage of doctors and staff nurses trained in FBNC and observer-ship training	Target 100%			
3	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			

Annexure B

MusQan Assessment Tools for DH/SDH and CHC

MusQan National Quality Assurance Standards and Assessment Tools for District Hospitals include 4 departments i.e. Paediatric OPD, Paediatric Ward, Special Newborn Care Unit (SNCU) and Nutrition Rehabilitation Centre (NRC).

While MusQan National Quality Assurance Standards and Assessment Tools for Community Health Centres (First Referral Unit) include 2 departments i.e. Paediatric OPD and Newborn Stabilization Unit (NBSU).

For further details, please refer Chapter 3 of this guidebook.

The workable excel sheets and print ready version of the checklists for District Hospitals and Community Health Centres can be downloaded from https://nhsrcindia.org/

Abbreviations

AMB	Anaemia Mukt Bharat
CHC	Community Health Centre
CQSC	Central Quality Supervisory Committee
CLMC	Comprehensive Lactation Management Centre
DEIC	District Early Intervention Centre
DH	District Hospital
DQAC	District Quality Assurance Committee
DQT	District Quality Team
FRU	First Referral Unit
HAI	Hospital Acquired Infection
HBNC	Home-Based Newborn Care
HBYC	Home-Based Care for Young Child
ISQua	International Society for Quality in Healthcare
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
KPI	Key Performance Indicator
LAMA	Left Against Medical Advice
MCH	Maternal and Child Health
MNCU	Mother and Newborn Care Unit

NBSU	Newborn Stabilisation Unit
NQAS	National Quality Assurance Standards
NRC	Nutrition Rehabilitation Centre
OPD	Outpatient Department
OT	Operation Theatre
PDCA	Plan-Do-Check-Act
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
QoC	Quality of Care
RBSK	Rashtriya Bal Swasthya Karyakram
SDH	Sub-Divisional Hospital
SNCU	Special Newborn Care Unit
SAANS	Social Awareness & Action Plan to Neutralise Pneumonia Successfully Campaign
SOP	Standard Operating Procedure
SQAC	State Quality Assurance Committee
SQAU	State Quality Assurance Unit
SUMAN	Surakshit Matritva Aashwasan
SRS	Sample Registration System
WHO	World Health Organization

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