



# Dissemination on Maternal and Newborn Health Service Accreditation Program

Organized by Hospital Services Management  
Directorate General of Health Services

Supported by USAID's MaMoni Maternal and Newborn Care Strengthening Project



# **Welcome and Introduction**



# Opening Remarks



# **MNH Service Accreditation Program brief and progress**

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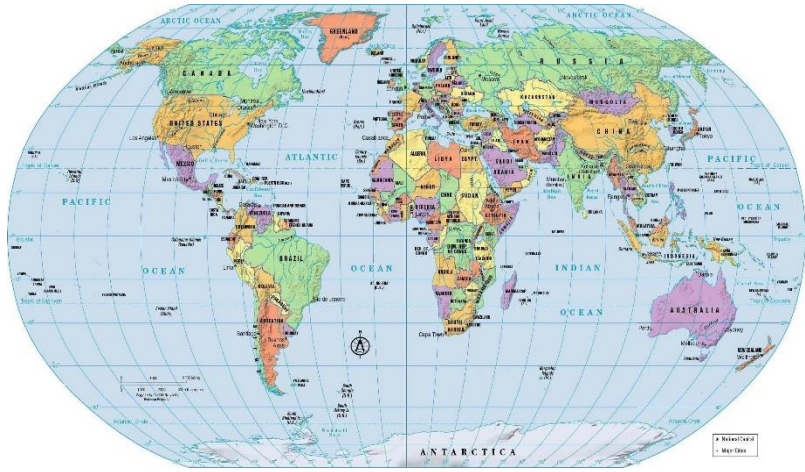
**Hospital Services Management**

**Directorate General of Health Services**

# MNH Service Accreditation Program

## Background





# Understanding the Global and National context



# GLOBAL FACTS

Over **40%** of all countries have fewer than 10 medical doctors per 10,000 people; over **55 %** of countries have fewer than 40 nursing and midwifery personnel per 10,000 people.

**94%** of all maternal deaths occur in low and lower middle-income countries.

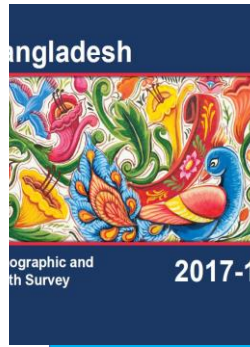
Every day in 2017, approximately **810 women died** from preventable causes related to pregnancy and childbirth.

In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds..

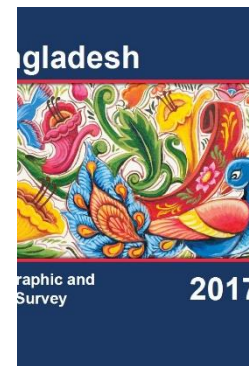
In 2018 an estimated **6.2 million children** and adolescents under the age of 15 years died, mostly from preventable causes. Of these deaths, 5.3 million occurred in the first 5 years, with almost **half of these in the first month of life.**

Maternal mortality ratio – the proportion of mothers that do not survive childbirth compared to those who do – in developing regions is still **14 times higher** than in the developed regions.

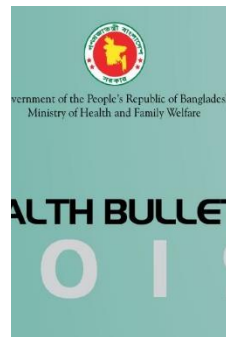
Young adolescents (ages 10-14) face a **higher risk of complications** and death as a result of pregnancy than other women.



**ANC visits** increased from 64% to 82%. However, **less than one in five (18%)** pregnant women received quality ANC.



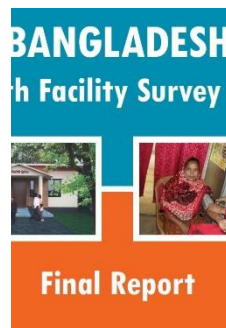
The private sector is now the most prominent source of ANC, both in urban and rural areas. Overall, **58% of ANC seekers went to the private sector** to receive checkups, while 36 % used the public sector.



**Half of the deliveries occur in a facility**, mostly in **private facilities (32%)**. The public and NGO health sectors account for 14% and 4% of deliveries, respectively.



The percentage of *women receiving the complete continuum of maternity care* has increased significantly **from 5% in 2001, to 19% in 2010, and to 43% in 2016.**



According to Bangladesh Health Facility Survey 2017 **only 1% health facilities offering NVD services had standard readiness** to provide normal delivery service.



The 5 recommended **essential newborn care practices** were instituted for **only 7% of newborns** among *non-institutional deliveries*.



# Focusing Ourselves

- ❑ A health care system striving to reduce morbidity and mortality related to pregnancy must focus on maternal and newborn health.
- ❑ The health care that a woman receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and the Newborn.



**Maternal and Newborn Health  
Service Accreditation  
..... a way forward**

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# MNH Service Accreditation Program

- ❑ Activities started in 2020 to develop a mechanism to establish accreditation system for health services to improve **QOC**.
- ❑ Process led by: **HSM, DGHS** – piloting approach under PHCFR & Accreditation component of HSM's Operational Plan.
- ❑ Awarding body: **DGHS**
- ❑ USAID's MaMoni MNCSP provided technical support, capacity building support and operation support for piloting Service Accreditation for MNH services.

# MNH Service Accreditation – Milestones



**Advocacy  
Workshop in  
Mar'21**



**Standard Setting &  
Operation Manual  
Development**



**Assessor Poll  
Formation**



**Capacity  
Building of  
Assessors  
Sep'21**



**Health Facility  
Assessment  
OGSB Hospital  
Sep'21**



**Award Committee  
Meeting  
Jul'22 & Feb'23**



**Consultative  
Workshop on  
Accreditation at  
DGHS  
Mar'22**



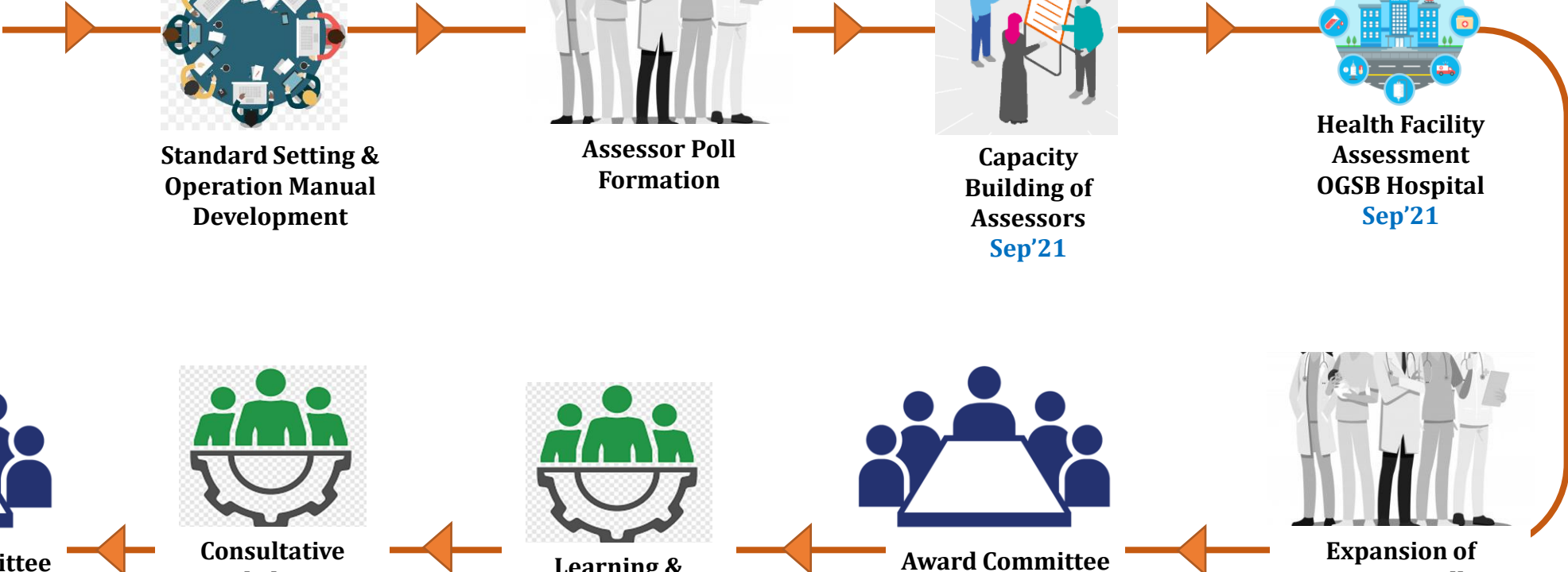
**Learning &  
Sharing  
Workshop  
Dec'21**



**Award Committee  
Meeting  
Dec'21**



**Expansion of  
Assessor Poll &  
Orientation  
Nov'21**



# USAID's MaMoni MNCSP Support

## ❑ **Technical**

- Development of 'Operation Manual'
- Development of 'web-based application'
- Field testing of the web-based App
- Customize the App as suggested by the users
- Trouble shooting support
- Data transferring to central DGHS server

## ❑ **Capacity Building**

- Facilitate initial kick off and design workshops
- Orientation of 'Assessor' poll through in-person workshop and online call

## ❑ **Operation**

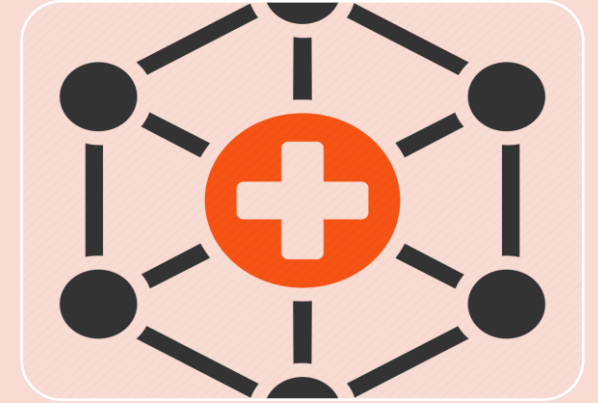
- Facilitate facility assessments
- Facilitate 'Accreditation Committee' meetings

# MNH Service Accreditation

- ❑ A process by which DGHS recognizes a facility that meets certain predetermined MNH standards specified by the subject matter experts and endorsed by the DGHS
- ❑ Covering three dimensions
- ❑ Through this program assurance can be sought on the provision of Quality MNH care in public and private facilities.



# Benefits for Maternal & Newborn Health Service Accreditation Program



## Value for facility

- Ensures a minimum set of standards for MNH service
- Facilitates standardized work
- Delivers respectful maternity care
- Encourages leaders and managers to undertake regular supervision
- Motivation to maintain standards to retain Service Accreditation status

## Value for patient

- Improved Experience of Care
- Better quality care leading to better health outcomes for women and newborn
- Safer and respectful care
- Assurance of standards of care
- Patient Satisfaction

## Value for Healthcare system

- Assurance that certified/ accredited facilities are adhering to national quality standards for MNH care
- Aligns with national MNH priorities for achieving SDG goals.
- Opportunity to expand the approach to more facilities
- Helps to create a pathway to accreditation

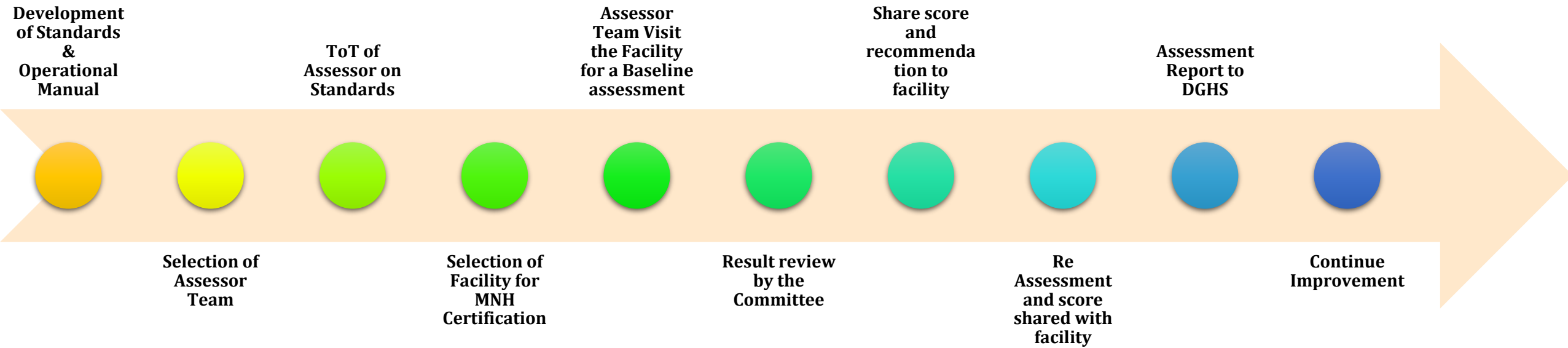
# How is Service Accreditation going to help achieve System Accreditation?



- ❑ system wide accreditation requires an act, constitution and a body to formalize the process
- ❑ Service Accreditation / Certification process allows the system to understand how they are performing and where they need to improve
- ❑ The process is simpler as high impact services can be addressed first allowing services to improve
- ❑ Allows facilities to appreciate accreditation as a supporting component of the broader Quality Management system
- ❑ System wide accreditation can be less daunting when Services Accreditations are underway



# Steps of MNH Service Accreditation



**By getting this certification, the facility will be recognized for its excellence in Maternal & Newborn Care.**

# What are the MNH Certification areas?

## Maternal Indicators

- Antenatal Care
- Care During Admission
- Care During Delivery
- Care After Delivery
- Complications Management
- Post Natal Care
- Cesarean Section

## Newborn Indicators

- Essential Newborn Care
- Newborn Resuscitation

## Facility Readiness

- Provision of Logistics
- Infection Prevention and Control
- Waste Management

## Experience of Care

- Respectful Care
- Queue Management
- Discharge and Referral Protocol

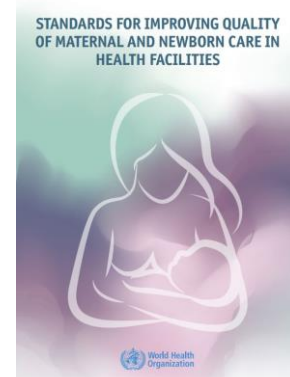
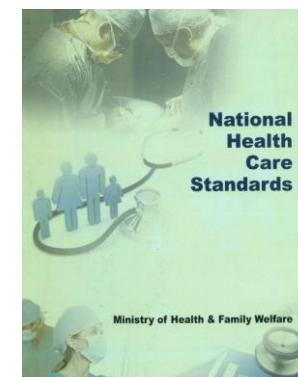
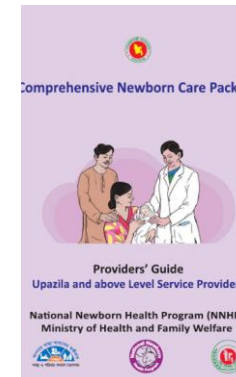
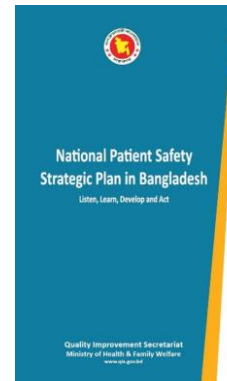
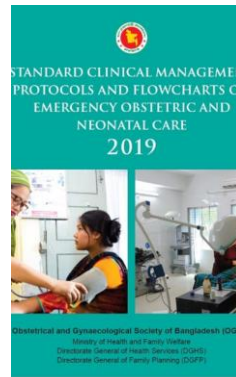
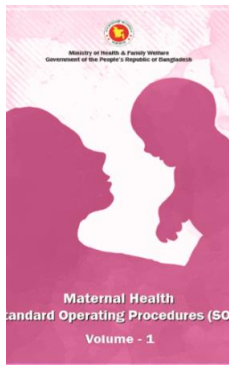
# Development of Standards and Checklists with help from Professional Bodies & HSM

## Four Standards developed on

- Maternal Health
- Newborn Health
- Facility Readiness
- Experience of Care

## Six Checklists developed on

- Antenatal Care
- Postnatal care
- Delivery and complication
- Newborn care
- Facility Readiness
- Experience of Care





Representative from DGHS

Representative from OGSB

Representative from BNF

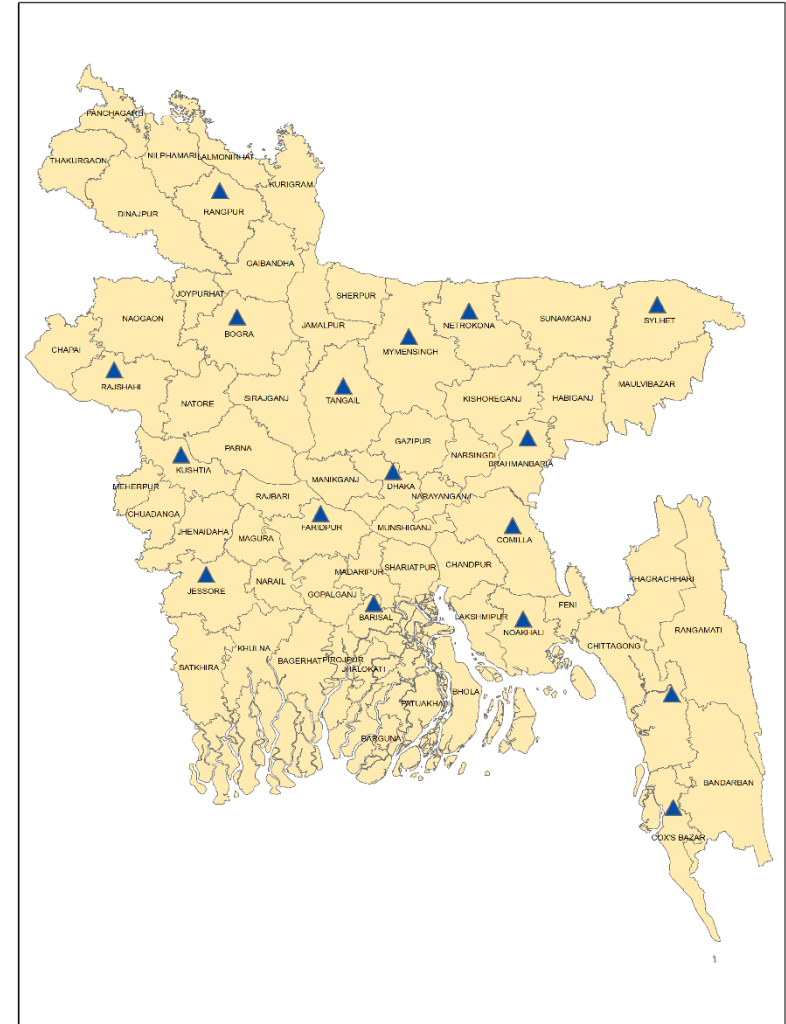
Representative from BSACCPP

**Assessor  
Team**

# Assessors Poll

Organization	Number
Directorate General of Health Services (DGHS) HSM and Director Hospital and Clinics	08
Obstetrical and Gynaecological Society of Bangladesh	17
Bangladesh Neonatal Forum	12
Bangladesh Society of Anaesthesiologists, Critical Care and Pain Physicians	16
<b>Total</b>	<b>53</b>

**53 Assessors** from **17 Districts** of Bangladesh



# Facility Selection

## District Hospital

Division	District
Dhaka	Madaripur
	Tangail
	Manikganj
	Faridpur
	Rajbari
Chattagram	Chandpur
	Brahmanbaria
Sylhet	Habiganj
	Moulvibazar
	Sunamganj
Khulna	Kushtia
	Bagerhat
Rangpur	Kurigram
Rajshahi	Sirajganj
	Joypurhat
Barisal	Pirojpur
Mymensingh	Netrokona

## Non-government/Private

District	Facility name
Manikganj	Monno Medical College Hospital
Dhaka (Ashulia, Savar,)	Centre for Women and Child Health (CWCH)
Dhaka (West Dhanmondi)	Z. H. Sikder Women's Medical College & Hospital (PVT) Ltd.
Dhaka (Mirpur)	OGSB Hospital
Cox's Bazar	Hope Foundation Hospital

### Initial phase...

- **17 District Hospitals**
- **4 Private facilities**
- **1 NGO Hospital**

**Total of 22 health facilities**

# Facility Assessment

## District Hospital

Division	District	Assessment
Dhaka	Madaripur	Completed
	Tangail	Completed
	Manikganj	Completed
	Faridpur	Completed
	Rajbari	Completed
Chattagram	Chandpur	Completed
	Brahmanbaria	Completed
Sylhet	Habiganj	Completed
	Moulvibazar	Completed
	Sunamganj	Completed
Khulna	Kustia	Completed
	Bagerhat	Completed
Rangpur	Kurigram	Completed
Rajshahi	Sirajganj	Completed
	Joypurhat	Completed
Barisal	Pirojpur	Completed
Mymensingh	Netrakona	Completed

## Non-government/Private

District	Facility name	Assessment
Manikganj	Monno Medical College Hospital	Completed
Dhaka (Ashulia, Savar,)	Centre for Women and Child Health (CWCH)	Completed
Dhaka (West Dhanmondi,)	Z. H. Sikder Women's Medical College & Hospital (PVT) Ltd.	Completed
Dhaka (Mirpur)	OGSB Hospital	Completed
Cox's Bazar	Hope Foundation Hospital	Completed

Three re-assessment were completed at-

- Faridpur District Hospital
- Rajbari District Hospital
- Tangail District Hospital

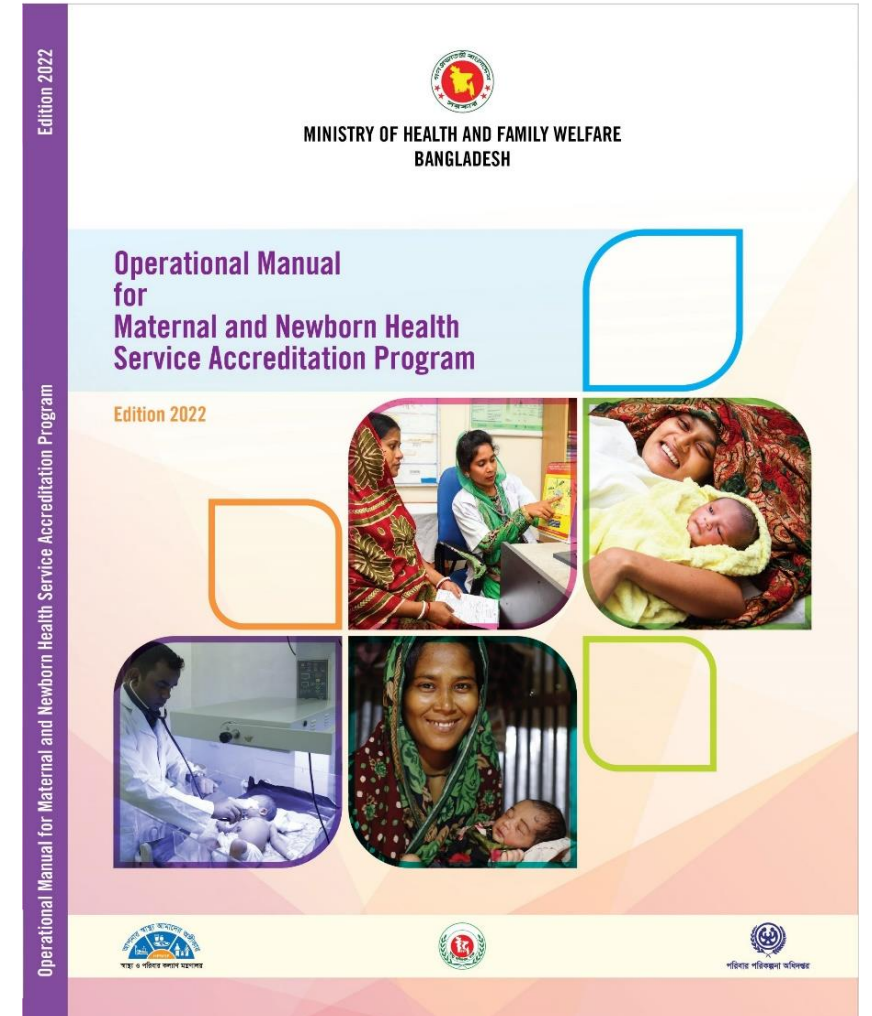
**Progress made so far.....**





# Development of Operational Manual

- ❑ Operational manual for MNH Service Accreditation Program developed
- ❑ Approved by the Curriculum Committee of DGHS



# MNH Service Accreditation Governance

- A **Service Accreditation Committee** was formed under the leadership of the **Line Director, HSM** with members including .....
- The committee review the result and recommendations and provide approval

Details of Member	Role on Committee
Director General, DGHS	Chief Advisor
ADG ADMIN, DGHS	Advisor
Line Director – HSM	Chairperson
Director- Hospital & Clinics	Vice-Chairperson
Director & Line Director- MNC&AH	Member
Director MIS, DGHS	Member
Deputy Director 1 - Hospital& Clinics	Member
Deputy Director 2 - Hospital& Clinics	Member
PM, Maternal Health, MNC&AH	Member
PM, Newborn Health, MNC&AH	Member
DPM, PRIVATE HEALTH CARE FACILITY REGULATORY, HSM	Member
DPM, QOC, HSM	Member
Deputy Program Manager – EOC and Gender issue, HSM	Member
President - OGSB	Member
President- BNF	Member
President- BSACPP	Member
President - BPCDOA	Member
National Consultant, QOC, HSM	Member
MaMoni MNCSP team	Non-Voting Member
Program Manager- HSM	Member Secretary

## Sharing feedback

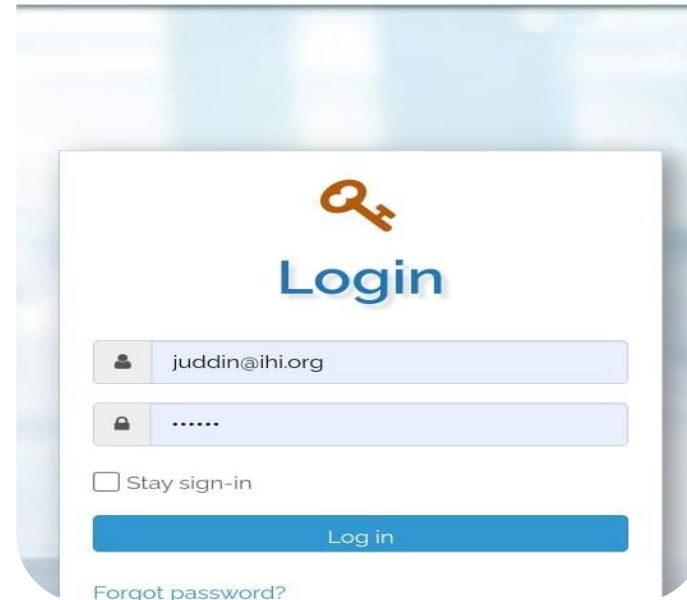
### After approval from **MNH Service Accreditation Committee**

- Result/scores shared with the assessed facilities
- Feedback provided to facilities on which areas to improve as per recommendations and timelines for follow-up visits
- Facilities also trying to comply with the recommendations

# Development of web-based application

- Facility can be selected from the list
- Assessor can be assigned
- Checklist can be assigned to Assessor
- Auto calculation of scores
- After data collection
  - Result can be checked
  - Report can be generated

## MNH Service Accreditation



Login

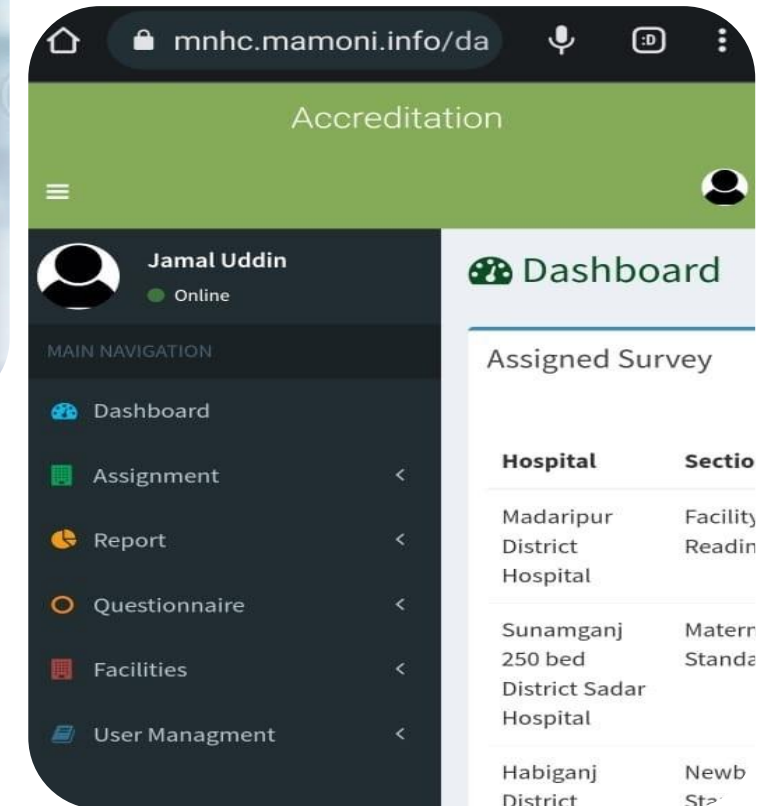
juddin@ihi.org

.....

Stay sign-in

Log in

[Forgot password?](#)



Accreditation

Jamal Uddin  
Online

Dashboard

MAIN NAVIGATION

- Dashboard
- Assignment
- Report
- Questionnaire
- Facilities
- User Management

Assigned Survey

Hospital	Section
Madaripur District Hospital	Facility Reading
Sunamganj 250 bed District Sadar Hospital	Maternal Standards
Habiganj District	Newborn Standards

# Inclusion of additional facilities on the list

## MCH

Name of MCH
Chattagram Medical College Hospital
Sylhet Osmani Medical College Hospital
Mymensingh Medical College Hospital
Comilla Medical College Hospital
Faridpur Medical College Hospital
Rajshahi Medical College Hospital
Rangpur Medical College Hospital
Shaheed Suhrawardy Medical College

## District Hospital

Division	District
Dhaka	Munshiganj
	Kishoreganj
	Shariatpur
Chattagram	Chattagram
	Bandarban
	Rangamati
	Noakhali
	Feni
Khulna	Shatkhira
Mymensingh	Jalpalpur

## Private

District	Facility name
Dhaka	Green life Hospital
	Samarita Hospital
	Uttara Crescent Hospital
	Ahsania Mission Cancer and General Hospital
Chattagram	Chattagram Ma o Shishu Hospital
Cox'sBazar	Fuad Al Khatib Hospital

Another 24 facilities included in this program-

- 8 Medical College Hospitals
- 10 District Hospitals
- 6 Private Hospital


# Results, Opportunities, and Challenges.....

**Dr. Surajit Dutta**

**Program Manager**

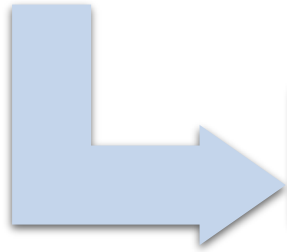
**Hospital Services Management**

# Assessment process

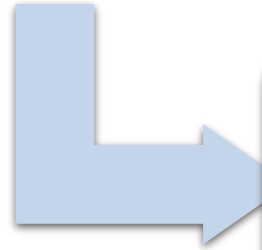
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- Communication with nominated assessors
  - Communication with selected facility 3 days prior to assessment
  - Conduction of assessment by assessors by using structured checklists on **Maternal Health, Newborn Health, Facility readiness, and Experience of care.**
  - Data entry, compilation of score and recommendations by DGHS QI Cell
  - Review the scores/result and recommendation by MNH Service Accreditation Committee
  - Result and recommendation shared with assessed facility after agreement of the committee

# Assessment process.....

Observation



Record Review



Open ended  
questions to Service  
Provider





# Few snaps of assessment visit










# Few snaps of assessment visit



# The MNH Service Accreditation Scoring and Award Matrix

Scoring During Visit	Star Rating after Assessment	Level of Certification	Final Assessment Timeframe	Outcome
90%		Level 3	N/A	Certification Awarded valid for 2 years
80%-89%		Level 2	Re Assessment Can be applied for higher level within <b>3 months</b>	
70%-79%		Level 2	Re Assessment Can be applied for higher level within <b>6 months</b>	
60%-69%		Level 1	Re Assessment Can be applied for higher level within <b>09 moths</b>	
Below 60%		Level 1	Re Assessment Can be applied for higher level within <b>12 months</b>	

*Note: If any facility achieved less than 50% score in any component, the facility will get Level 1 and 1\*. The facility can apply for reassessment after incorporation of the feedback for that particular section*

# Assessment Score Calculation as an example

Area	Achieved Score	Total Score	Percentage
Maternal Care	1427	1700	84%
Newborn Care	245	305	80%
Facility Readiness	1014	1235	82%
Experience of Care	120	160	75%
<b>Total</b>	<b>2806</b>	<b>3400</b>	<b>83%</b>

Final Results Based on Assessment Score

Facility Level

2

Facility Star



The facility can apply for re-certification for a higher level after 3 Months.

# Results of the assessed facilities

Facility level-3: Facility star-\*\*\*\*\*

OGSB Hospital, Dhaka

Facility level-2: Facility star-\*\*\*\*

District Hospital

- Chandpur
- Kushtia
- Moulvibazar

Private Hospital

- Centre for Woman and Child Health (CWCH), Ashulia Dhaka
- Monno Medical College and Hospital, Manikganj

Total: 5 Facilities

Facility level-2: Facility star-\*\*\*

District Hospital

- Manikganj
- Madaripur
- Sirajganj
- Pirojpur
- Bagerhat
- Habiganj
- Sunamganj
- Joypurhat
- Kurigram
- Netrokona

Private Hospital

- ZH Shikder Womens Medical College Hospital, Dhaka

NGO Hospital

- Hope Foundation Hospital, Cox's Bazar

Total: 12 Facilities

Facility level-1: Facility star-\*

District Hospital

- Faridpur
- Rajbari
- Tangail
- Brahmanbaria

Total: 4 Facilities



# Some Recommendations made by the Assessors

## Antenatal Care & Postnatal Care:

- During history taking, need to ask for all the required history as per standard including family history of any diseases, general illness( allergy, hypertension, asthma, diabetes, heart diseases), TT immunization and any medication history), past obstetrical history.
- General and Abdominal examination process should comply with the Maternal Health SOP.
- Need improvements in Antenatal care and Postnatal care counseling by messaging all the relevant information including the importance of ANC and PNC visit, birth preparedness, maternal and newborn danger signs, and essential newborn care.

## Delivery Care:

- Hand washing practice needs to improve before/after attending the patients.
- General, Abdominal & Vaginal Examination: Proper checking of urinary output, respiratory rate count, and heart - Lung auscultation should be a part of regular practice. During vaginal examination, should maintain required steps as per standards.
- Should have to practice partograph for every eligible mother during labor
- Intrapartum Care, Care During Delivery Assessment: Orient the birth companion on activities to support the mother during labor and delivery, and share information with the patient and family.
- Robson's classification should practice for Cesarean Section (CS)

## Some Recommendations made by the Assessors

### **Complication Management:**

- It would be good if Consultant Gynae/Obs or Medical Officer (Gynae/Obs) can take a small session on the Management of Pre-eclampsia/Eclampsia and Postpartum Hemorrhage (PPH) for the SSN and Midwives in regular intervals. It will help the service providers to be confident and knowledge will be updated and always be ready for manage the cases.

### **Newborn Care:**

- Consultant Pediatrics/ Neonatologist should give on-the-job training on newborn health care, Helping babies breathe to the SSN/Midwives on a regular intervals.

### **Infection Prevention:**

- Infection Prevention Committee (IPC) meetings need to be held regularly.
- IPC committee should take appropriate action to orient staff about all aspects of infection control and prevention.
- All the bins should be in the right place with labels and the lid should be closed.

## Some Recommendations made by the Assessors

### Facility Readiness:

- Visual aids/Job Aids need to be used during counseling.
- Hospital authority can arrange in-house refresher training on Antenatal, Postnatal, and Labor & Delivery Care for the Service providers with the support of Subject Matter Expert (SME).
- For emergency management drugs need to ensure including Calcium Gluconate, Lebatelol, Hydralazine, MgSO<sub>4</sub>, inj. Ergometrine, phenobarbitone, airway tube etc.
- For waste management proper steps need to be followed. A dumping pit needs to be installed for placenta dumping
- Need to arrange/dedicated a toilet for pregnant mothers.

### Experience of Care:

- Service providers should try to Greet Warm welcome with self-introduction to the patients as well as share information with patients and caregivers.
- In the discharge certificate all the required and relevant information should be written clearly.
- Need to improve the signage system



# Re-assessment result

Facility Name	Category during initial assessment	Category after re-assessment
Rajbari DH	Level 1 and *	Level 2 and ****
Faridpur DH	Level 1 and *	Level 2 and ***
Tangail DH	Level 1 and *	Level 2 and ***

# Opportunities

- This program is well aligned with HSM Operational Plan
- HSM selected additional 24 facilities to assess for accreditation. Medical College Hospitals, District Hospitals, and private hospitals to continue the program by utilizing government own resources.
- Positive feedback from professional bodies and assessors is interwoven phenomenon for the successful outcomes of the program.
- Facilities become inspired by getting recommendations for improvement and are well-responsive to recommendations.
- Covering more private facilities for accreditation and creating platform for capitalization of the award through existing health systems
- Opening of a window for capacity building of service providers of private facilities by national level subject matter expert using national SOP/Guidelines/Training materials

# Challenges

- **Availability of assessors** is sometimes challenging where there are educational programs that overlap with assessment dates –

*Solution: already 53 assessors are trained – One more batch of training will increase the pool of assessors.*

- **Travel** to sites where assessment facilities are further away from Dhaka is often difficult – links to the availability of assessors.

*Solution: increase the pool of assessors*

- **Reassessment of facilities** – scheduling the reassessment visit will be dependent on the availability of assessors.

# Challenges

Challenges faced during the process of pursuing service accreditation by the healthcare organizations may be classified into two groups

## The Programmatic Challenges

- Assessors' availability to accelerate the assessment process
- Assessment visit arrangement outside Dhaka city
- Financial impediments regarding the service accreditation implementation
- Marketing of the process across the health sectors
- Integration of service accreditation standards with professional requirements

## The Organizational Challenges

- Management and Organizations
  - Knowledge, skills and commitment
  - Prioritizing the activities
  - Stringent accreditation standards to be implemented and followed
  - Lack of management attachment
- Human Resources
  - Staff proficiency
  - Creating motivation
  - Continuous education and technical assistance of the staff
  - Physician-patient ratio
- Financial and Facilities Resources
  - Lack of resources
  - Financial incentives
  - Infrastructural hurdles and space constraints
- Quality Improvement
  - Knowledge and Skills on QI
  - Participation of personnel and relationship between sectors
  - Tracking and monitoring adherence
  - Trust and transparency to be achieved in services to be delivered

# Recommendations

- We strongly feel that our health systems is getting maturity and it's the high time to think and proceed with 'System Accreditation'. To do that coordination among all 'OPs' is highly recommended
- We could think of independent or dependent accreditation entity at the policy level
- Sustainable support for the service accreditation program in terms of financing in healthcare
- Government aid and funding from eligible sources (as example, GOB owned insurance agency) can act as catalyst in enhancing the pace of service accreditation across the healthcare sector, specially pulling the private sector
- Marketing and publicizing the service accreditation and its importance in health service delivery among the people in a way that represent the service accreditation results terms of quality, patient safety and cost effective mode of care will aggravate the consumption of health service through accreditation model



**Experience sharing by the assessors.....**

## Next plan with this approach

**Dr. Supriya Sarkar**  
**Program Manager**  
**Hospital Services Management**



## Next plan of HSM with this approach

- HSM wants to continue this approach with utilizing OP resources
- Additional 24 facilities have been included in this program including MCHs, DHs and Private facilities.
- Planning to increase assessor pool by arranging training for assessors.
- Arranging the transfer of data and system of MNH Service Accreditation web-based application to DGHS server.
- Continue keeping coordination with other units of DGHS and professional bodies.
- Planning to include this program in the next sector plan.



## Open Discussion



# Speech from Guests



## Closing remarks

Line Director

Hospital Services Management

Directorate General of Health Services





THANK YOU