



National Health Systems Resource Centre

Technical Support Institution with National Health Mission
Ministry of Health & Family Welfare, Government of India



L.No – NHSRC/21-22/QI/01/QA Guidelines

Date: - 10 December 2021

To,

Mission Director – NHM
All States/UTs

Subject: Guidance Note on roll out of Quality Assurance under SUMAN

Dear Madam/Sir,

As you are aware, under the Surakshit Matritva Aashwasan (SUMAN) initiative, assured quality services are committed to be delivered to all pregnant women, mothers up to six months after delivery and all sick infants at SUMAN notified public health facilities.

Such facilities are expected to be initially State NQAS certified followed by National certification of such health facilities within six months of notification. If Quality certification of all departments is not possible, departments, where SUMAN beneficiaries would be availing the services, need to be NQAS certified (Please refer to MoHFW letter no NHSRC/13-14/QI/01/QAP dated 10th March 2017 as Annexure – I.

Currently, 4935 health facilities have been notified as SUMAN facilities, out of which 117 facilities are nationally NQAS certified, and 120 facilities are state NQAS certified.

For fast-track certification of remaining SUMAN facilities, a national workshop on NQAS certification of SUMAN facilities has been conducted on 13th October 2021.

Attached herewith please find a guidance note on NQAS certification of Health Facilities. The note has approval of AS & MD, MoHFW.

Yours sincerely

(Dr J N Srivastava)
Advisor - QI

Copy to:

- State Nodal Officer – QA – All States/UTs
- State Nodal Officer – SUMAN – All States/UTs



Manoj Jhalani

Joint Secretary & CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



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

No.NHSRC/13-14/Q1/01/QAP
10th March 2017

Subject: Certification of Public Health Facilities against National Quality Assurance Standards

Dear Colleague,

After launch of the National Quality Assurance Programme, States and UTs have been supported for operationalization of Quality Assurance Units at State and District level and capacity building of the quality teams. However, only a few public health facilities have been certified under NQAS.

It is understandable that obtaining certification of all of its departments (18 departmental check lists for DH, 12 departmental check lists for CHC, 6 check lists for PHC and 12 Thematic check lists for Urban PHC) could be overwhelming for some of the public health facility managers. The matter has been considered in the Ministry. It is felt that the facility in-charge should be advised that they could start with obtaining certification of few service departments of health facilities. It will be a good idea to prioritize services such as RMNCH+A and Emergency Department services for QA certification. The National Certificate under NQAS would be issued for such departments of the health facilities on meeting the certification criteria during external assessment. The incentive structure under NHM is proposed to be suitably modified to reward States based on number of health facilities with QA certification even when only a few departments of these health facilities may have been certified.

Criteria for QA certification of DH, CH and PHC are enclosed as Annexure I, II and III for ready reference.

With regards,

Yours sincerely,

(Manoj Jhalani)

Principal Secretary (Health) of all States / UTs

Copy to:

Mission Directors (NHM) – All States and UTs.

Criteria for Certification of DH

- I. Criterion 1 - Aggregate score of the health facility $\geq 70\%$
- II. Criterion 2 - Score of each department of the health facility $\geq 70\%$
- III. Criterion 3 - Segregated score in each Area of Concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$
- IV. Criterion 4 - Score of Standard A2, Standard B5 and Standard D10 is $\geq 70\%$ in each applicable department.
 - Standard A2 States "The facility provides RMNCHA services".
 - Standard B5 states that "the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services".
 - Standard D10 states "the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government."
- V. Criterion 5 - Individual Standard wise score $\geq 50\%$
- VI. Criterion 6 - Patient Satisfaction Score of 70% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.5 on Likert Scale

Award of Certification -

- a) **Certification** - If health facility meets all of above-mentioned criteria.
 - i. Certification/recertification is valid for a period of three years, subject to validation of compliance to the QA Standards by the SQAC team every year for subsequent two years.
 - ii. 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.
- b) **Certification with Conditionality** - If a Health Facility's aggregate score is 70% or more (Criterion I), and also meets at least three criteria out of remaining five (Criterion II, III, IV, V & VI). Within agreed timeframe of six months, the facility is required to submit evidence of having addressed the reasons of conditionality, which may be verified by an external agency.

If the hospital does not meet the conditionality in stipulated time-frame, the QA certification may be revoked after giving one more chance for a period of six months.

- c) **Deferred Certification** – The certification may be deferred until follow-up assessment if Hospital overall score is 70% in external assessment, but does not meet the criteria for conditional certification as mentioned in Para (b) above. The window for follow-up assessment will be from 6 months to one year from the date of declaration of external assessment result.
- d) **Certification declined** - If hospital does not score 70% in external assessment the certification will be declined. The hospital may freshly apply for certification but not before one year of declaration of external assessment result.

Criteria for Certification of CHC/U-CHC

Criterion I - Aggregate score of the health facility $\geq 70\%$

Criterion II - Score of each department of the health facility $\geq 70\%$

Criterion III - Segregated score in each Area of Concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$

Criterion IV - Score of Standard A2, Standard B5 and Standard D8 is $\geq 60\%$ in each applicable department.

- Standard A2 States *"The facility provides RMNCHA services"*
- Standard B5 states that *"the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services"*.
- Standard D8 states *"the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government."*

Criterion V - Individual Standard wise score $\geq 50\%$

Criterion VI - Patient Satisfaction Score of 65% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.2 on Likert Scale

Award of Certification - As for DH

Criteria for Certification for PHC/U-PHC

Criterion I - Aggregate score of the health facility $\geq 70\%$

Criterion II - Segregated score in each Area of Concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 60\%$

Criterion III - Score of Standard A2, Standard B5 and Standard F6 (PHC)/F4 (U-PHC) is $\geq 60\%$ in each applicable department.

Standard A2 (PHC/U-PHC) states *"The facility provides RMNCHA services"*.

Standard B4 (PHC) states that *"the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services"*. OR B3 (U-PHC) states that *"The Services provided are affordable"*.

Standard F6 (PHC)/F4 (U-PHC) states *"the facility has defined and established procedures for segregation, collection, treatment and disposal of Biomedical & Hazardous Waste"*.

Criterion IV - Individual Standard wise score $\geq 50\%$

Criterion V - Patient Satisfaction Score of 60% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.0 on Likert Scale

Award of Certification -

- a) **Certification** - If the health facility meets all of above-mentioned criteria.
- b) **Certification with Conditionality** - If a Health Facility's aggregate score is 70% or more (Criterion I), and also meets at least three criteria out of remaining four (Criterion II, III, IV & V).
- c) **Deferred Certification** - The certification may be deferred until follow-up assessment if Health facility's overall score is 70% in external assessment, but does not meet the criteria for conditional certification.

For State level certification score of above-criteria may be reduced by 5%.