



Governance & Accountability for implementation of QA Programs

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Objectives



To discuss the key responsibilities of Program Officers & Consultants for achieving NHM targets.



To address the lacunae in action planning and implementation.



To discuss solutions for strategic planning and implementation at State and District level.



To highlight the key expectations from State.

Key responsibilities of Program Officers

- Ensuring well laid operational plan with adequate funding in PIP.
- Utilizing the dedicated institutional framework for quality.
- Ensuring coordination with related program divisions.
- Continual capacity building, mentoring & monitoring support.
- Defining targets and roadmaps.
- Monitoring the performance of State & District Consultants.
- Review the progress.

Key responsibilities of State Consultants

- Quarterly review meetings to monitor the progress.
- Supporting the DQAUs for administrative requirements, if any.
- Ensuring roll-out of the plan.
- Mentor and handhold the District teams.
- Ensuring the coordination of related program divisions at Districts.



State Consultant: Quality Assurance

- Supporting State Quality nodal officer and authorities to undertake annual **PIP (Programme implementation Plan)** of quality assurance and related activities
- Assist, support, conduct assessment & scoring as well as mentoring public health facilities for certification
- Ensuring conduct of meetings regularly & taking follow-up actions and presenting '**Action taken report (ATR)**' in the SQAC meetings.
- Providing **necessary support to DQAC/ DQAU** in the area of Quality Improvement and Certification.
- **Technical assistance** to achieve compliance to **statutory requirements**.
- Facilitate **need assessment for training**, prepare training curriculum and plan training activities
- Facilitation of **State and National level assessment and liaison with the Certification** for audits, surveillance and re-certification
- Ensure **incentive or monetary award distribution** norms are adapted or adopted as per MOHFW guidelines.
- **Ensure recording and documentation** of all the achievements/ learnings and submitting the same to NHSRC/MoHFW regularly



State Consultant: Quality Assurance

- Identify the **cause of any unreasonable delay** in the achievement of milestones, or in the release of funds and propose corrective action.
- Create a **single source repository** of data at the state level and enabling district teams to use data for the improvement
- **Ensure reporting, monitoring and analysis** of monthly **Key Performance Indicators (KPI)** and other quality indicators as per scope quality assurance initiatives from all districts

Lacunae in Action Planning & Implementation

- Administrative concerns.
- Target v/s available human resource.
- Identification of the District level issues.
- Prioritization of the issues for action.
- Representation from related from Divisions.
- Lack of stringent review mechanism.
- Lack of ownership and motivation.

Few Suggestive Solutions for Strategic Planning and Implementation

- Involvement of the top management.
- Increasing visibility of the program among related program divisions.
- Highlighting potential benefits of the program implementation.
- Rationalizing the available quality HR and their responsibilities.
- Utilizing the trained quality assessors for mentoring and handholding.
- Strengthening periodic review and monitoring mechanism.
- Introducing a culture of appreciation and felicitation.

Key Expectations

- To increase the number of State Certifications followed by National.
- To ensure the sustenance of the achieved standards.
- To increase the program visibility.
- To prioritize the barriers in implementation and communicate to NHSRC for necessary support.
- To report the best practices and innovations from the field.
- To ensure the achievement of the defined targets.
- To endorse the uptake of latest initiatives under the program.



Thank You