



सर्वकार्ये सर्वकार्ये
Government of India



SURAKSHIT MATRITVA AASHWASAN



Overview of Quality Initiatives for Maternal Health



Presentation Outline

1. **Overview**
2. **Maternal Health Initiatives**
3. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**
4. **Surakshit Matritva Aashwasan (SUMAN)**
5. **LaQshya**
6. **Quality Assurance under Surakshit Matritva Aashwasan (SUMAN)**
7. **Way Forward**

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Overview

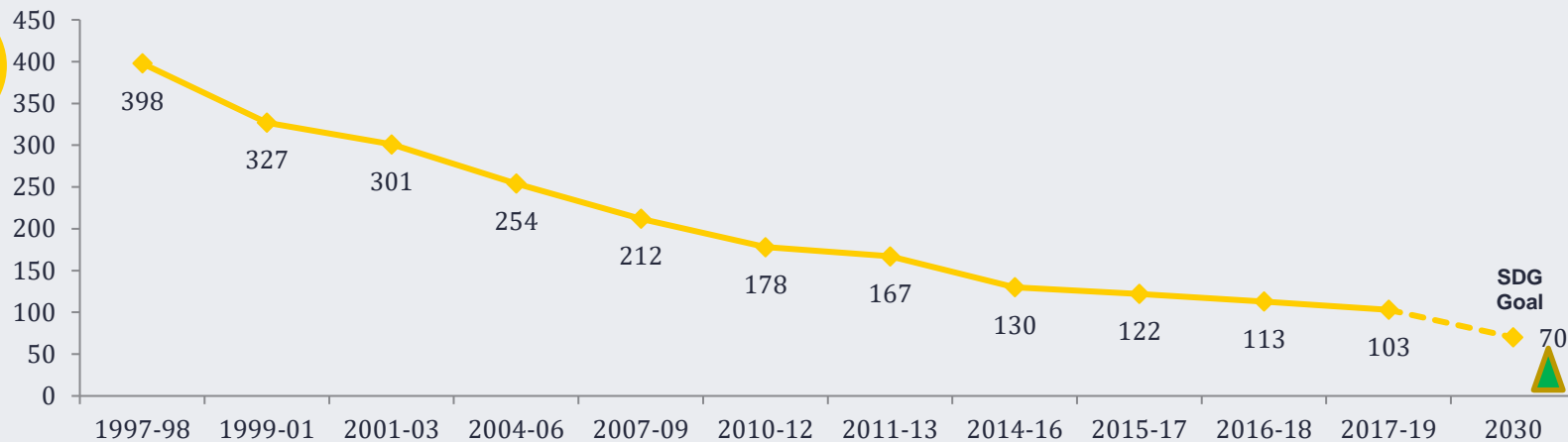
Overview



1. India has 1.3 billion population, 30 million pregnancies and 26 million birth annually
2. Government of India adopted the (RMNCH+A) framework in 2013 which aims to address major causes of mortality and morbidity among women and children.
3. **Despite one third reduction in MMR, India still contributes 12% to global maternal deaths**



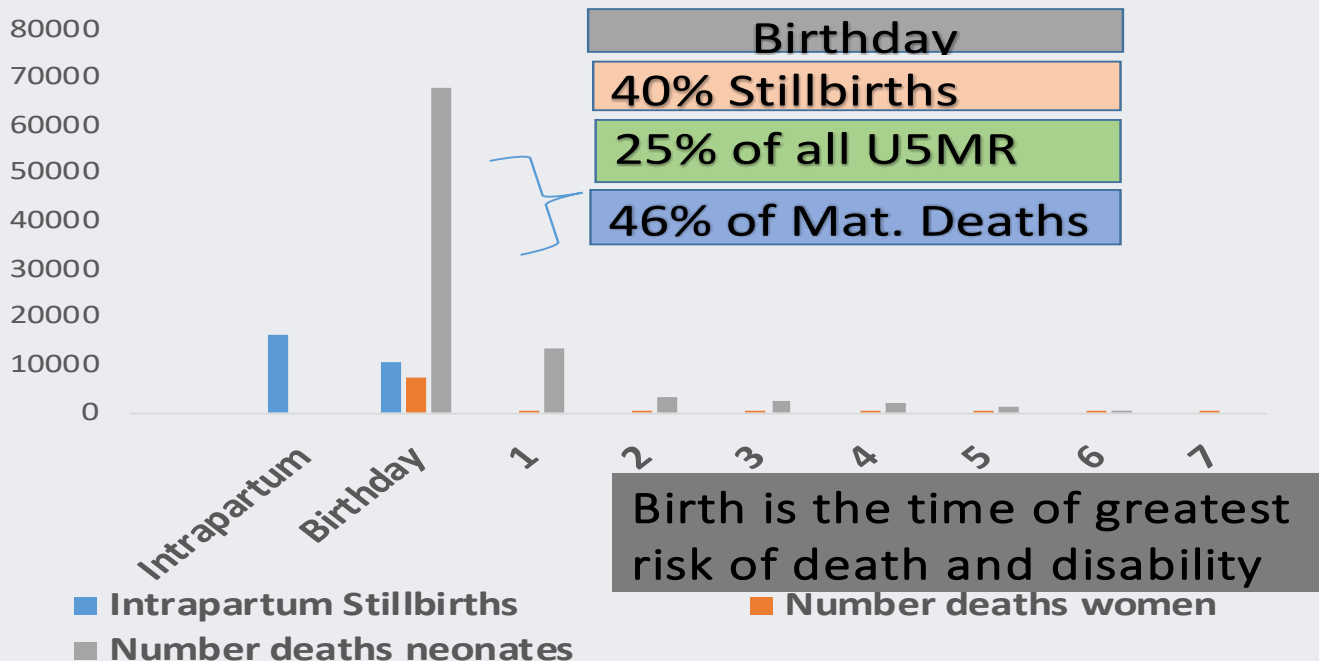
Maternal Mortality Ratio: India



Achievement of Targets

- SDG- 6 states (less than 70)** (Kerala (30), Maharashtra (38), Telangana (56), Tamil Nadu (58), Andhra Pradesh (58), Jharkhand (61), Gujarat (70)-on the verge
- NHP- 9 States (100 or less)** Above 7 States and the States of Karnataka (83) and Haryana (96)

Highest Risk is on Day-1



Maternal and Child Mortality : Concern & Solution



- **Reducing maternal and child mortality** is a **Key Priority** for improving population health outcomes and for achieving health related Sustainable Development Goals (SDGs)
- Ensuring **Quality Care** with provision of assured delivery of services with **Respect and Dignity** to a women and her infant will impact the outcomes hugely

**To meet the requirements, GOI Launched
LaQshya and SUMAN**

2

Maternal Health Initiatives

Government of India's initiatives, schemes and strategies under Maternal Health



Service Provision

1. **SUMAN:** Surakshit Matritva Aashwasan – Overarching
2. **EPMSMA:** Extended Pradhan Mantri Surakshit Matritva Abhiyan
3. **JSY:** Janani Suraksha Yojana
4. **JSSK:** Janani Shishu Suraksha Karyakaram

Quality Improvement Initiatives

- **SUMAN:** Surakshit Matritva Aashwasan (NQAS Certification of SUMAN Facilities)
- **LaQshya:** LR & MOT certification
- **Midwifery Initiative**

Infrastructural Upgradation

1. **FRU:** First Referral Unit
2. **MCH:** Maternal and Child Health Wings
3. OBS. HDU/ICU
4. Delivery Points (BEmONC & CEmONC)

Capacity Building (trainings)

1. SBA: Skilled Birth Attendant
2. CEmONC, BEmONC,
3. LSAS: Life Saving Anesthesia Skills
4. Daksh
5. Dakshta

Janani Suraksha Yojana (JSY)



Aims to reduce Maternal and Infant mortality by promoting institutional delivery among poor pregnant women.

Attributes

- Cash assistance for home delivery
- Subsidizing cost of Caesarean Section
- Accrediting private health institutions
- Direct Benefits Transfer



Janani Shishu Suraksha Karyakram (JSSK)

Entitlements for pregnant mothers

1. Free delivery
2. Free caesarian section
3. Free drugs and consumables
4. Free diagnostics (blood, urine test and ultrasonography)
5. Free diet (up to 3 days for normal delivery and up to 7 days for C-section)
6. Free provision of blood
7. Free transport from health to health institutions & drop back home
8. Exemption from all kinds of user charges

Entitlements for sick infants till one year after birth

1. Free and zero expense treatment
2. Free drugs and consumables
3. Free diagnostics
4. Free provision of blood
5. Free transport from home to health institutions and drop back home
6. Exemptions from all kind of user charges

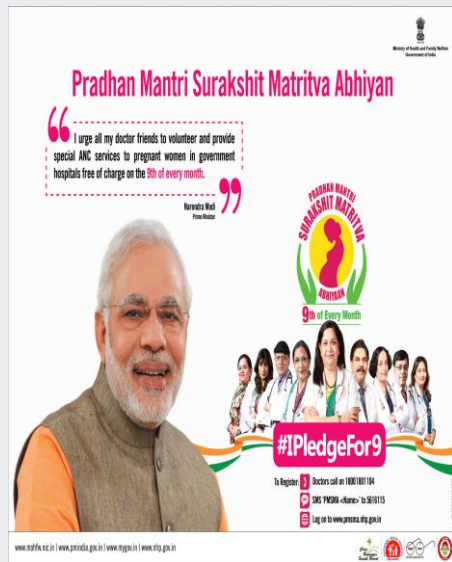
3

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)



- To provide assured, comprehensive and quality antenatal care, free of cost on the 9th of every month across the country
- Ensure that services are provided by a physician/ specialist in at least one ante-natal visit
 - All applicable diagnostic services including USG
 - Screening for the applicable clinical conditions
 - Appropriate management of Anaemia, Pregnancy induced hypertension, Gestational Diabetes etc.
 - Identification & tracking of High risk pregnancy





Extended Pradhan Mantri Surakshit Matritva Abhiyan (EPMSMA)

- **Identification of HRPs-** Ensuring 3 additional ANC visits for all HRP by Doctor/Obstetrician
- **Additional day for PMSMA clinics-** An additional day for PMSMA clinics over and above existing 9th day of every month
- **Qualified Service providers for PMSMA-**
 - Mandatory BEmONC training of MO at PHC/UPHC/UCHC
 - Deputation of Block HQ-OBGY /CEmONC /BEmONC doctor to lower level facilities on PMSMA days
 - Teleconsultation from PHC to a specialist at a hub



Extended Pradhan Mantri Surakshit Matritva Abhiyan (EPMSMA)

- **Linking of HRP with designated FRU-** For institutional delivery at designated FRU to be facilitated by ASHA
- **Financial Provisions-**

Case-based incentives to ASHA

- Rs.100/- per HRP for mobilization of HRP : for a maximum of three follow up ANC visits to PMSMA clinics/nearest facility for check up by a doctor/Obstetrician
- Rs.500/- per HRP on achieving a healthy outcome for both mother and baby :45th day post delivery after due verification by concerned ANM and MO.

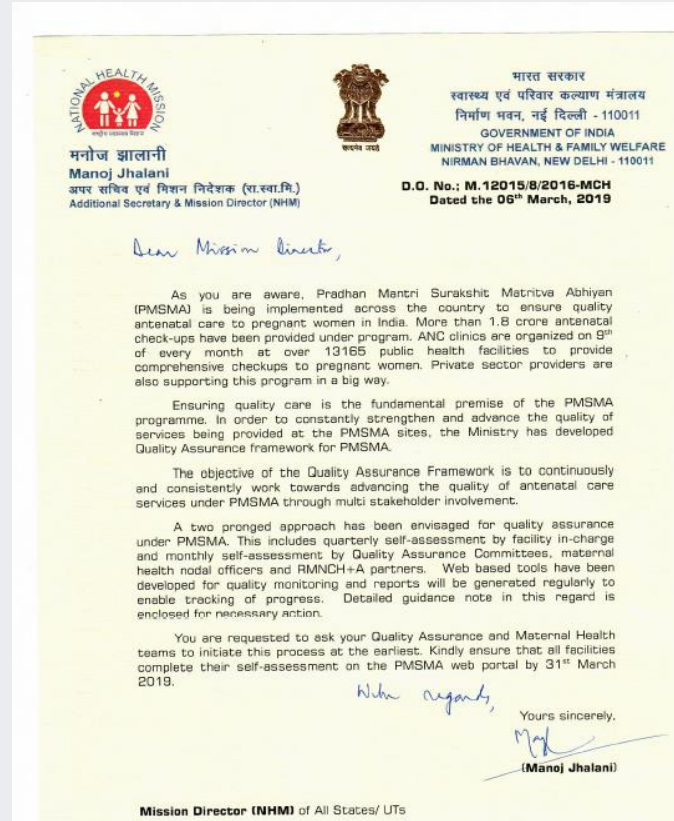
Case-based incentive to HRP

- Rs. 100/- per visit to meet transportation costs: for attending maximum of three PMSMA sessions /nearest facility for follow up ANC checkups by a Doctor/Obstetrician.

Quality Assurance Framework for PMSMA Site



- **Quarterly Self-Assessment** – Each and every PMSMA site to assess the completeness and quality of services being provided.
- **Monthly Supportive Supervision** Visits by Key Stakeholders , RMNCH+A partners, state level monitors, the District level Quality Assurance Committee (DQAC) will develop a district level supportive supervision plan for PMSMA sites (by 7th of every month)
- As per the plan, key stakeholders, will visit PMSMA sites on 9th of every month for supportive supervision and submit their feedback to DQACs.



Onsite Monitoring Format



Section A	Section B	Section C	Section D
Service Provider Information	Essential Equipment	Diagnostic Services	Drugs Available
<ul style="list-style-type: none"> • Obs & Gynae Specialist • Medical Officer (MO) <ul style="list-style-type: none"> ➤ CEmOc trained ➤ BEmOC trained • Private provider (O&G/ MO) • Staff Nurses (SN) <ul style="list-style-type: none"> ➤ Staff Nurses (Trained in SBA/ Dakshata) • Auxiliary Nurse Midwife (ANM) <ul style="list-style-type: none"> ➤ ANM (Trained in SBA/ Dakshata) • Counsellor(RMNCH+ A/SN/ANM) 	<ul style="list-style-type: none"> BP Apparatus Height scale Thermometer Plasma Standardized Glucometer Adult stethoscope Measuring tape Fetoscope/Doppler for FHS Weighing machine Torch Sterile Gloves 	<ul style="list-style-type: none"> • Hemoglobin • Urine Albumin & Sugar • Screening for Gestational Diabetes Mellitus (OGTT) • Malaria through RDK • Are reports of all blood investigations made available to PW on the same day? • Point of Care Test for Syphilis/ VDRL/ RPR • Whole Blood Finger Prick Test • Blood Grouping • Ultrasound (In-house/Outsourced) • Are USG reports made available to PW on the same day? 	<ul style="list-style-type: none"> IFA Tablets Tab Folic Acid Cap Ampicillin Cap Amoxicillin Tab Metronidazole Gentamicin Inj. Dexamethasone Inj Tetanus toxoid Tab. Calcium 500 mg & Vit D3 Tab. Albendazole Tab. Methyldopa Inj. Labetalol Tab. Labetalol Tab Paracetamol Tab Chloroquine Tab Nifedipine Erythromycin Tab Paracetamol

Onsite Monitoring Format



Section E	Section F	Section G	Section H
Infrastructure	Identification and Management of High Risk Pregnancies	Counselling Services	Documentation
<ul style="list-style-type: none"> • Clean Toilet for PW • Adequate waiting space for women • Availability of drinking water • Availability of refreshments/ food • Privacy maintained/ ensured • Examination tables in ANC clinic • Adequate Sign posting for ANC services • IEC Material on PMSMA 	<ul style="list-style-type: none"> • Women identified with: anaemia, severe anaemia, pregnancy induced hypertension, diabetes, Women identified as Seropositive for HIV, syphilis, hypothyroidism, any other high risk factor • IFA distribution, Calcium supplementation, Treatment for Hypertension, Diabetes, other high risk factors • PW with high risk factors referred for further treatment 	<ul style="list-style-type: none"> • Cadre Providing Counselling • Group Counselling /One on One Counselling • Counselling tool availability • PW counselling for Birth Preparedness and Complication Readiness? This should include: <ul style="list-style-type: none"> • Normal delivery • JSSK benefits and 102/ 108 services • Danger signs during pregnancy • Nearest facility to visit in case of complication • Counselling on FP, immunisation, nutrition etc. 	<ul style="list-style-type: none"> • ANC Register • Line list of HRP (including place of referral and deliveries) • MCP Cards • PMSMA reporting Formats

Onsite Monitoring Format



Section I	Section J
Check MCP Cards of 5 women who have completed their ANC during the PMSMA	Follow up of High Risk Pregnancies (Identify 5 high risk pregnant women from the PMSMA register and check for the following)
<ul style="list-style-type: none">• Gestational Age• Hb• Weight• BP• FHS• Abdominal Examination• USG• Appropriate Color sticker• Waiting time (Physician/lab tests)	<ul style="list-style-type: none">• Information of HRP been entered on RCH portal• Appropriately referred/ provided treatment• Follow up with the case for referral, delivery, neonates health• Counselling for birth planning , place of delivery, danger signs during pregnancy, JSSK benefits and 102/ 108 services

Reporting on PMSMA Portal



Ministry of Health & Family Welfare
Government of India

Pradhan Mantri Surakshit Matritva Abhiyan



NATIONAL HEALTH PORTAL
Gateway to authentic health information

Welcome Ministry

[Change Password](#) | [Logout](#)

- Home →
- Volunteer →
- List →
- Import →
- Reports →
- Statistics →
- Profile Status (State) →
- Profile Status (District) →
- List Of Facilities →
- User Details Report →
- Volunteer Service Provided Report →



Onsite/Self Monitoring Checklist Report



State:	<input type="text" value="Select State"/>	District:	<input type="text" value="Select District"/>
Facility:	<input type="text" value="Select Facility"/>	Type:	<input type="text" value="Onsite Monitoring Checklist"/>
From Month:*	<input type="text" value="Select Month"/>	From Year:*	<input type="text" value="Select Year"/>
To Month:*	<input type="text" value="Select Month"/>	To Year:*	<input type="text" value="Select Year"/>

SEARCH

RESET

4

Surakshit Matritva Aashwasan (SUMAN)

SURAKSHIT MATRITVA AASHWASAN



An Initiative for Zero Preventable Maternal and Newborn Deaths!



VISION

- To create a responsive health care system which strives to achieve zero maternal and infant deaths through quality care provided with dignity and respect.

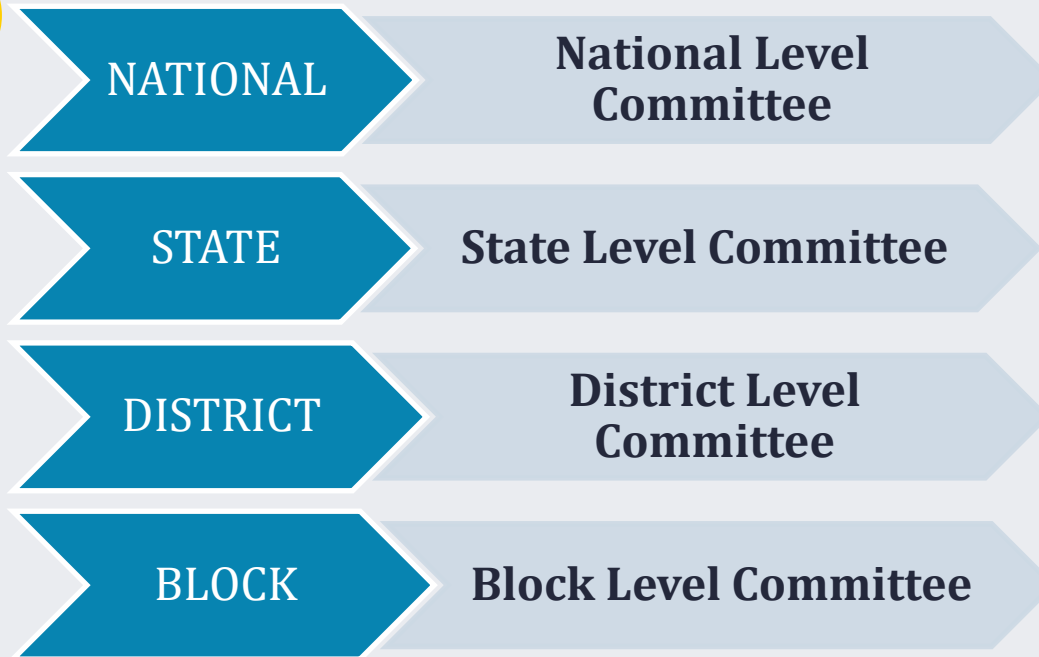
GOAL

- To end all preventable maternal and newborn deaths

BENEFICIARIES

- All pregnant women
- All mothers upto 6 months post-delivery
- All sick infants

Institutional Framework



National Level Committee

Responsible for

- Implementation of the directions of the government and provide overall guidance
- Monitor and review performance of the states.
- Ensure sufficient funding for implementation of SUMAN.
- Make recommendations/suggestions for improvement of the initiative
- Meet biannually.

BROAD PILLARS OF THE INITIATIVE



SUMAN

JSSK, JSY,
PMSMA,
LaQshya,
MAA, care
for sick &
small babies,
Home based
care for
mothers &
newborn

**SERVICE
GUARANTEE**

LDR, OT,
Obstetric
HDU/ICU,NB
CC,NBSU,
SNCU,
Human
resource,
Drugs and
diagnostics,
Referral
systems,.

**HEALTH SYSTEM
STRENGTHENING**

Service
Guarantee
Charter,
Grievance
redressal,
Capturing
Client
Feedback ,
cards
ensuring
availability of
MCP cards

**MONITORING &
REPORTING**

Involving
VHSNC and
SHGs,
SUMAN
Volunteer
and the best
performing
volunteer
can be a
SUMAN
champion

**COMMUNITY
AWARENESS**

Awards and
recognition to
performers
First
responder of
maternal
death (1000/)
Identifications
and felicitation
of champions

**INCENTIVES
AWARDS**

Mega
IEC/BCC
activities
promoting
"zero
preventable
maternal &
newborn
deaths".

IEC/BCC

SUMAN SERVICE GUARANTEE PACKAGES



SUMAN Basic Package

(HWC-SC/HWC-PHC/PHC/UPHC)

SUMAN BEmONC Package

(Non-FRU CHC/ UCHC/HWC-PHC/Other Hospitals)

SUMAN CEmONC Package

(Medical College/DH/SDH/CHC-FRU/UCHC)

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LaQshya



Dimensions of LaQshya



LaQshya is all about improving Quality of Care around birth

1. Quality Certification of Labour Room and/or OT – through Existing Assessment Process
2. Attainment of 75% of Facility level targets
3. Satisfaction of at least 80% beneficiaries

Scope of LaQshya

1. All Government Medical College Hospitals
2. All District Hospitals & equivalent health facilities
3. All designated First Referral Units (FRUs) and high case load CHCs with over 100 deliveries/60 (per month) in hills and desert areas
4. Facilities in Aspirational Districts are priority

Institutional Arrangement



National Level

- MOHFW & NHSRC
- National Mentoring Group

State Level

- State QA committee
- State Mentoring Group

District Level

- District QA Committee
- Coaching Team

Facility Level

- Quality Team
- Quality Circle (LR & OT)

Quality Measurement System



8

- **Area of Concerns**
- Broad area/ themes for assessing different aspects for quality like Service provision, Patient Rights, Infection Control

54

- **Standards**
- Statement of requirement for particular aspect of quality

158

- **Measurable Elements**
- Specific attributes of a standards which should be looked into for assessing the degree of compliance to a particular standard

300

- **Checkpoints**
- Tangible measurable checkpoints are those, which can be objectively observed and scored.

Area of Concerns



Service
Provision



Patient
Rights



Inputs



Support
Services



Clinical
Services



Infection
Control



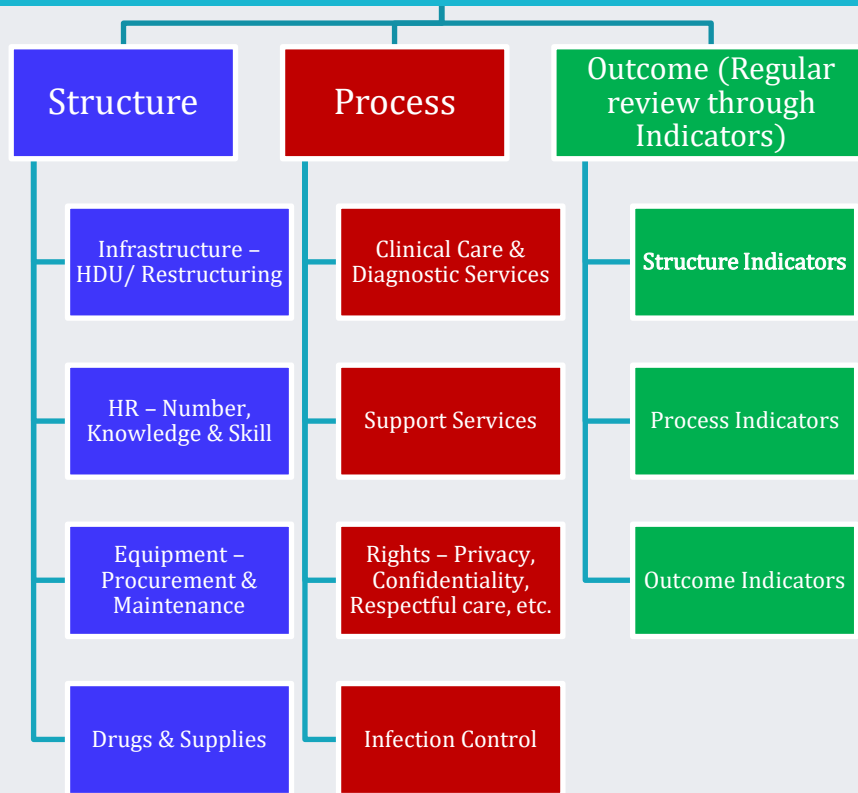
Quality
Management
System



Outcome



Quality improvement through LaQshya





Facility Level Targets

1	Facility has assessed Labour Room and OT using NQAS checklist and reported Baseline Quality Scores and indicators
2	Facility has set Quality Team at facility level and Quality Circles in Labour Room & Maternity OTs
3	Facility has oriented the Labour room and Maternity OT staff on LR protocols, RMC & OI
4	At least 90% of deliveries are attended by a birth companion
5	At least 90% deliveries are conducted using safe birth and Safe Surgery checklist in Labour Room and Maternity OT
6	Partograph is generated using real-time information in at least 90% deliveries in Labour Rooms
7	Achieved 80% percentage or more breastfeeding within 1 hour or at least 30% increment from baseline.

Facility Level Targets



8	Achieved 0% neonatal asphyxia rate in Labour Room or at least reduction of 20% from baseline
9	Achieved 0% neonatal sepsis rate in-born babies or at least reduction of 20% from baseline
10	Achieved 5% or less Surgical Site infection Rate in Maternity OT or at least reduction of 30% from baseline
11	Achieved 80% or more antenatal corticosteroid administration rate in case in preterm labour or at least increment of 30% from baseline
12	No case of pre-eclampsia, eclampsia & PIH related mortality or at least 25% reduction from baseline
13	No case of APH/PPH related mortality or at least 25% reduction from baseline
14	Facility Labour Room is reorganised as labour room standardization guidelines

Facility Level Targets



15	Facility Labour room has staffing as per defined norms in annexure B
16	100% of Women, administered Oxytocin, immediately after birth.
17	80%and more OSCE scores or at least increment of 30% from baseline
18	Facility conducts referral audit on Monthly basis
19	Facility conducts Maternal death, Neonatal death and near-miss on monthly basis
20	Facility report zero stock outs in Labour Room & Maternity OT

Facility Level Targets



One of the criteria for LaQshya Certification
Attainment of atleast 75% of these targets is mandatory

These indicators are in addition to the indicators captured under
AoC H- Outcome

Review the process of capturing , monitoring and utilization
of these indicators for attainment of targets

Guide facility for improvement in these indicators

Six Rapid Improvement Cycle



- These are the suggestive cycles
- Check & Encourage facilities to identify the gaps using various tools (Checklists and indicators) and have RI Cycles accordingly
- **Understand how does quality circles are undertaking these RI cycles ?**

1

Real-time Partograph generation, usage of safe birth & surgical safety check-list and strengthening documentation practices for generating robust data for driving improvement

2

Presence of birth companion during delivery, Respectful Maternity Care and enhancement of patients' satisfaction

3

Assessment, triage and timely management of complications including strengthening of referral protocols

4

Management of Labour as per protocols including Active Management of Third Stage of Labour (AMTSL) & rational use of Oxytocin

5

Essential and emergency care of newborn & pre-term babies including management of birth asphyxia, timely initiation of breast feeding as well as Kangaroo Mother Care (KMC) for pre-term newborn

6

Infection Prevention including Biomedical Waste Management

Core Elements of LaQshya which require immediate action



Infrastructure

Capacity
Building and
staff retention

Cleanliness
and Sanitation

Assured
Services
(Drugs and
Diagnostics)

Awareness
regarding
services

Respectful
and dignified
care



Recording of
indicators

Patient
/Mother's
satisfaction
Score

Utilization of
data for
improvement

Sustainability
and
Surveillance

Certification Criteria



S. No.	Criteria	Status		
		Certified	Conditionality	Declined
Criteria I	Overall Score of department $\geq 70\%$	✓	✓	Does not meet at least three criteria out of five
Criteria II	Score of each Area of Concern $\geq 70\%$	✓	at least three criteria out of remaining four	
Criteria III	Individual Scores of 3 core standards Standard B3 - $\geq 70\%$ Standard E 18 - $\geq 70\%$ Standard E 19 - $\geq 70\%$	✓	(✓)	
Criteria IV	Individual Score in each applicable Standard $\geq 50\%$	✓		
Criteria V	Beneficiaries' satisfaction of the department more than $\geq 70\%$	✓		

Incentivisation

1. Medical College – Rs. 6.0 Lakhs each for Labour Room & OT
2. DH – Rs. 3.0 Lakhs each
3. SDH/CHC – Rs. 2.0 L each

LaQshya Certification Status

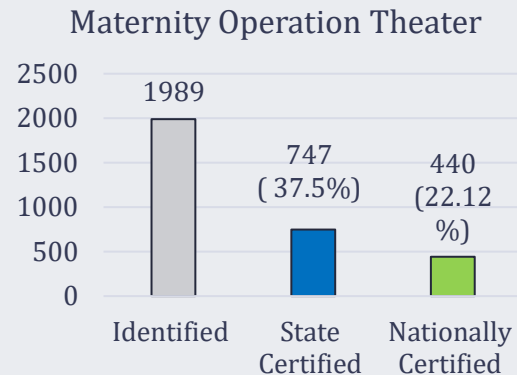
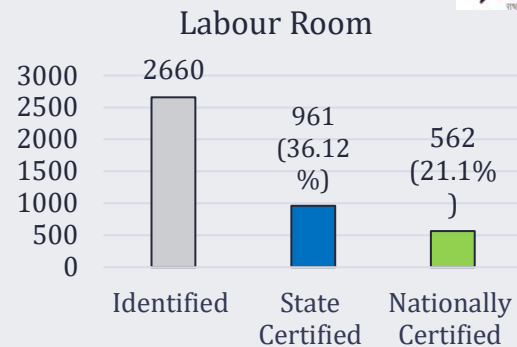


Sl. No.	State	No of LR & OT identified for LaQshya		Number of Facilities State Certified		Number of Facilities Nationally Certified	
		LR	OT	LR	OT	LR	OT
1	Andaman Nicobar Islands	6	1	0	0	0	0
2	Andhra Pradesh	116	116	49	46	43	34
3	Arunachal Pradesh	10	10	2	2	1	1
4	Assam	128	78	25	20	17	11
5	Bihar	170	75	39	14	17	8
6	Chandigarh	4	4	4	4	4	4
7	Chhattisgarh	58	58	22	21	15	14
8	Dadra N Haveli & DD	6	4	6	4	4	2
9	Delhi	18	18	4	4	4	4
10	Goa	5	5	3	2	3	2
11	Gujarat	153	86	70	57	57	47
12	Haryana	48	40	14	6	11	6
13	Himachal Pradesh	22	22	9	9	5	4
14	Jammu & Kashmir	23	23	5	5	4	4
15	Jharkhand	74	59	12	10	8	6
16	Karnataka	124	123	40	40	40	39
17	Kerala	45	45	5	4	6	6
18	Ladakh	2	2	0	1	0	0
19	Lakshdweep	4	4	0	0	0	0
20	Madhya Pradesh	302	95	109	55	76	44
21	Maharashtra	290	235	154	147	73	70




LaQshya Certification Status

Sl. No.	State	No of LR & OT identified for LaQshya		Number of Facilities State Certified		Number of Facilities Nationally Certified	
		LR	OT	LR	OT	LR	OT
22	Manipur	9	8	4	3	4	3
23	Meghalaya	13	13	2	2	0	0
24	Mizoram	9	1	8	1	1	0
25	Nagaland	11	11	2	2	0	0
26	Odisha	98	54	16	16	15	16
27	Pudducherry	3	3	3	3	1	1
28	Punjab	30	30	18	12	7	2
29	Rajasthan	199	108	44	27	35	19
30	Sikkim	2	2	1	1	1	1
31	Tamil Nadu	188	188	103	102	38	38
32	Telangana	75	75	30	30	15	14
33	Tripura	12	12	4	4	3	1
34	Uttar Pradesh	258	258	93	43	34	24
35	Uttarakhand	35	25	13	8	12	7
36	West Bengal	110	98	48	42	8	8
	Total	2660	1989	961	747	562	440




Quality Care Around Birth (A Holistic Approach) !





विकास शील, भा.प्र.से.
Vikas Sheel, I.A.S.
अपर सचिव एवं मिशन निदेशक (स.स्वा.नि.)
Additional Secretary & Mission Director (NHM)



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

D.O. No : NHSRC/18-19/QI/01/LaQshya
Date: 25 March 2022

Dear Colleague,


LaQshya initiative was launched in December 2017 with an objective of providing high quality obstetrics care including provision of quality emergency services around birth at high case load facilities. Key interventions under the initiatives include NQAS certification of labour room and maternity OT with delivery of respectful maternity care.

It is observed that in many states, services provided in labour room have been LaQshya certified but similar attention has not been given for improvement in maternity OT services.

This situation defeats the purpose of LaQshya initiative. Hence following decisions have been taken overall programme.

1. Under the 'LaQshya Initiative', only those facilities would be taken which have functional Labour room and Maternity OT. Such facilities should be in a position to provide comprehensive emergency obstetric care.
2. The facilities would be encouraged to apply for simultaneous LaQshya certification of Labour room and Maternity OT as well.
3. If the state has applied for certification of only one department or only one department has successfully completed the certification assessment, such certification would be provisional. The remaining department must attain the LaQshya certification within one year. Failing which the provisional certification of one department is liable to be suspended.

State/UTs are requested to adhere to the above-mentioned protocol pertaining to the certification process under the LaQshya.

Warm regards
Yours Sincerely,

(Vikas Sheel)

To,
ACS-Health/Principal Secretary Health - All States/UTs


Copy to:
Mission Director NHM - All State/UTs

जनक स्वास्थ्य - जनक्य आनंद


1. Only those facilities with CEMONC Services (LR +MOT) to be taken up .
2. Encouraged to apply for LR and MOT simultaneously .
3. If state has taken up or has got only one department certified, such certification will be provisional. **The remaining department must attain certification within in one year.**



It's all about Sustenance and Surveillance!



75
आज़ादी का
अमृत महोत्सव



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
D.O. No. NHSRC/18-19/QI/01/LaQshya
Dated the June 14, 2022

रोली सिंह, भा.प्र.से.
Roli Singh, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

Dear Colleagues,


LaQshya program was launched on 11th December 2017, with an aim to improve the Quality of care around birth and accentuating respectful maternal care in public health facilities. As per the LaQshya guidelines, Quality certification assessment is conducted on the similar lines of NQAS. Departments achieving Quality certification, meeting the outcome indicators and ensuring beneficiary satisfaction are incentivized.

In the 7th CQSC meeting, it has been directed that LaQshya certified facilities will be awarded incentives for three years subject to the below given criteria –

- Annual validation of Quality Standards for subsequent two years and submission of yearly surveillance assessment report
- Meeting the targets defined in the Annexure C of LaQshya guidelines
- 80% of the beneficiary are either satisfied or highly satisfied

States/ UTs may propose their incentives through the Supplementary PIP.

With regards,

Yours sincerely,

(Roli Singh) 14/6/22

Mission Director, NHM- All States/ UTs

Copy to:-

- Nodal Officers – Quality and Maternal Health – All States/ UTs.

स्वच्छ भारत - स्वस्थ भारत

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : asmd-mohfw@nic.in

In the 7th CQSC meeting, it has been directed that LaQshya certified facilities will be awarded **incentives for three years** subject to the below given criteria –

1. Annual validation of Quality Standards for subsequent two years and **submission of yearly surveillance assessment report**.
2. Meeting the targets defined in the **Annexure C** of LaQshya guidelines
3. 80% of the beneficiary are either **satisfied or highly satisfied**

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Quality Assurance under Surakshit Matritva Aashwasan (SUMAN)

SURAKSHIT MATRITVA AASHWASAN



QUALITY ASSURANCE UNDER SUMAN



After notification of SUMAN CEmONC facilities, facility shall attain either full NQAS certification / Part NQAS certification of those departments, where SUMAN services are being delivered.

Non-FRU CHCs and PHCs, designated for SUMAN BEmONC services should attain NQAS certification of such designated health facilities.

SUMAN compliant HWC-Sub Centres should also attain the minimum standards as per NQAS.

“All the SUMAN notified facilities should preferably ensure State level NQAS certification followed by attainment of National level NQAS certified Status within six months”.

NQAS Certification of SUMAN Compliant facilities



Sl. No	Level of Facilities	Department /Themes
1	District Hospitals / SDH (9)	OPD (Antenatal and Paediatric services), Labour room, Maternity OT, Maternity ward, Pediatric ward, SNCU, Post-Partum unit, Blood Bank/Blood storage unit, General Administration
2	CHC (8)	OPD (Antenatal and Paediatric services), Labour room, OT (maternity services), IPD, NBSU, Post-Partum unit, Blood Storage Unit, General Administration
3	PHC (6)	Preferably all departments (LR, OPD, IPD, General Administration, National Health Programme & Laboratory). <i>States may take exemptions for the National Health Programme & Laboratory, if needed.</i>
4	UPHC (7)	General clinic, Maternal Health, New born and Child health, Immunization, Family Planning, Outreach, General Administration
5	HWC (SC) (7 mandatory packages)	Care in pregnancy & child-birth, Neo-natal & infant health care services, Family planning and contraceptive services and other Reproductive Health Care Services, Management of communicable diseases including National Health Programme, Management of common communication diseases & outdoor care for acute simple illness and minor ailments, Screening, prevention, control and management of non-communicable diseases



Key Focus Areas for a SUMAN Compliant facility with NQAS Certification

Assured Service
Provision as per the
scope of Service
(Basic/BEmONC/CEmONC)

Quality Care with Respect and Dignity
No financial barrier to access of
services

Focused approach for
improvement of processes
improving clinical care

Safe, Hygienic and
clean facility with
provision of diet



Referral
linkages
(both ways)
are well
defined

Process defined in
SOP are
implemented

Facility measures, monitors and utilize
the information for improvement and is
able to sustain the changes

Well defined and
functional grievance
redressal mechanism

Status of SUMAN Notified Facilities



Sr. no.	Name of States	SUMAN Facilities Notification			
		CEmONC	BEmONC	Basic	Total
1	Andaman & Nicobar Islands	1	6	22	29
2	Andhra Pradesh	108	52	80	240
3	Arunachal Pradesh	9	21	3	33
4	Assam	27	26	40	93
5	Bihar	47	53	0	100
6	Chandigarh	4	0	0	4
7	Chhatisgarh	63	66	200	329
8	Delhi	0	0	0	0
9	Goa	7	7	24	38
10	Gujarat	123	83	150	356
11	Haryana	19	101	13	133
12	Himachal Pradesh	27	50	11	88
13	Jammu and Kashmir	69	52	37	158
14	Jharkhand	26	52	48	126
15	Karnataka	245	196	0	441
16	Kerala	0	0	0	0
17	Ladakh	0	0	0	0
18	Lakshadweep	0	0	0	0
19	Madhya Pradesh	144	146	0	290
20	Maharashtra	52	74	70	196

Sr. no.	Name of States	SUMAN Facilities Notification			
		CEmONC	BEmONC	Basic	Total
21	Manipur	0	0	0	0
22	Meghalaya	0	0	0	0
23	Mizoram	3	0	0	3
24	Nagaland	0	0	0	0
25	Odisha	69	243	57	369
26	Puducherry	0	0	0	0
27	Punjab	25	122	3449	3596
28	Rajasthan	59	110	231	400
29	Sikkim	2	0	0	2
30	Tamil Nadu	126	644	2836	3606
31	Telangana	0	0	0	0
32	DNH And DD	4	13	0	17
33	Tripura	8	6	13	27
34	Uttarakhand	20	20	15	55
35	Uttar Pradesh	182	303	97	582
36	West Bengal	92	72	0	164

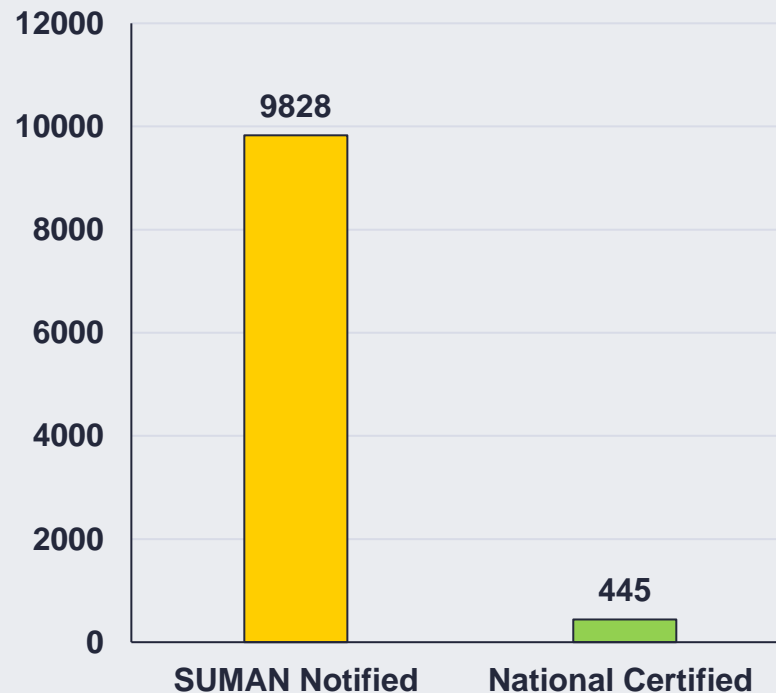
Total SUMAN Notified Facilities

CEmONC	BEmONC	BASIC	Total
1561	2518	7396	11475

SUMAN Compliant facility with NQAS Certification



SUMAN Status (As per Phase I)		
State	SUMAN Notified	National Certified
Andaman and Nicobar	29	
Andhra Pradesh	239	64
Arunachal Pradesh	6	
Assam	3	
Bihar	38	1
Chandigarh	2	
Chattishgarh	329	15
Goa	33	
Gujarat	254	116
Haryana	91	77
Himachal Pradesh	87	1
Jammu & Kashmir	156	3
Jharkhand	126	
Madhya Pradesh	290	6
Maharashtra	196	17
Mizoram	3	1
Odisha	312	6
Punjab	3593	12
Rajasthan	250	8
Sikkim	2	
Tamil Nadu	3566	85
Uttar Pradesh	199	31
Uttarakhand	24	2
(blank)		
Grand Total	9828	445



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Way Forward

Way Forward!

Collaboration between MH and QA for :

1. QA of PMSMA sites and support for improvement.
2. Expedite the process of State Certified LaQshya Facility to National Certification.
3. Take up of Medical College for LaQshya.
4. Ensure sustenance, surveillance and incentivisation (3 years) of LaQshya National Certified Facility.
5. Expedite the process of NQAS Certification of SUMAN Notified facilities.



Thanks!

