



Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



INDIA

Core demographic data

Population	13 billion
Fertility rate per woman	2.3
Total maternal deaths in 2015	44 000
Neonatal Mortality Rate	26 per 1,000 live births
Stillbirth rate	22 per 1,000 births

Coverage of key interventions

	%
Demand for family planning satisfied	54
Antenatal care (4 or more visits)	45.5
Skilled attendance at delivery	81.1
C-section rate	15.1
Early initiation of breastfeeding	44.6
Exclusive breastfeeding	64.9
Postnatal visit for the baby	33.6
Postnatal care for mother	39.3

Policies

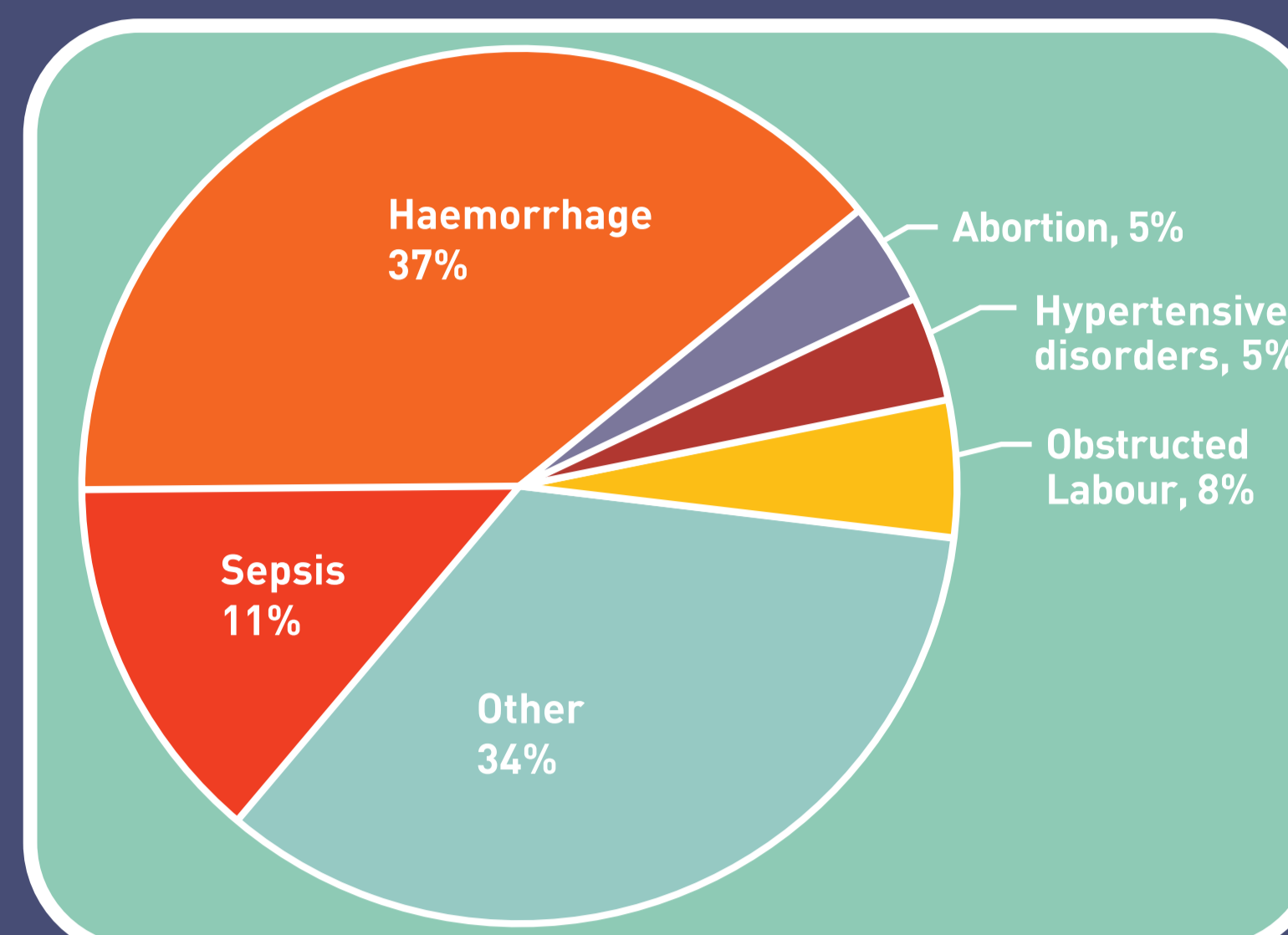
Midwives authorised for specific tasks (x of seven)	6 of 7
Maternal deaths notification	Yes
Postnatal home visits in first week after birth	Yes
Kangaroo mother care in facilities for low birth-weight/preterm newborns	Yes
Antenatal corticosteroids as part of the management of preterm labour	Yes
International Code of Marketing of Breastmilk Substitutes	Yes

Systems

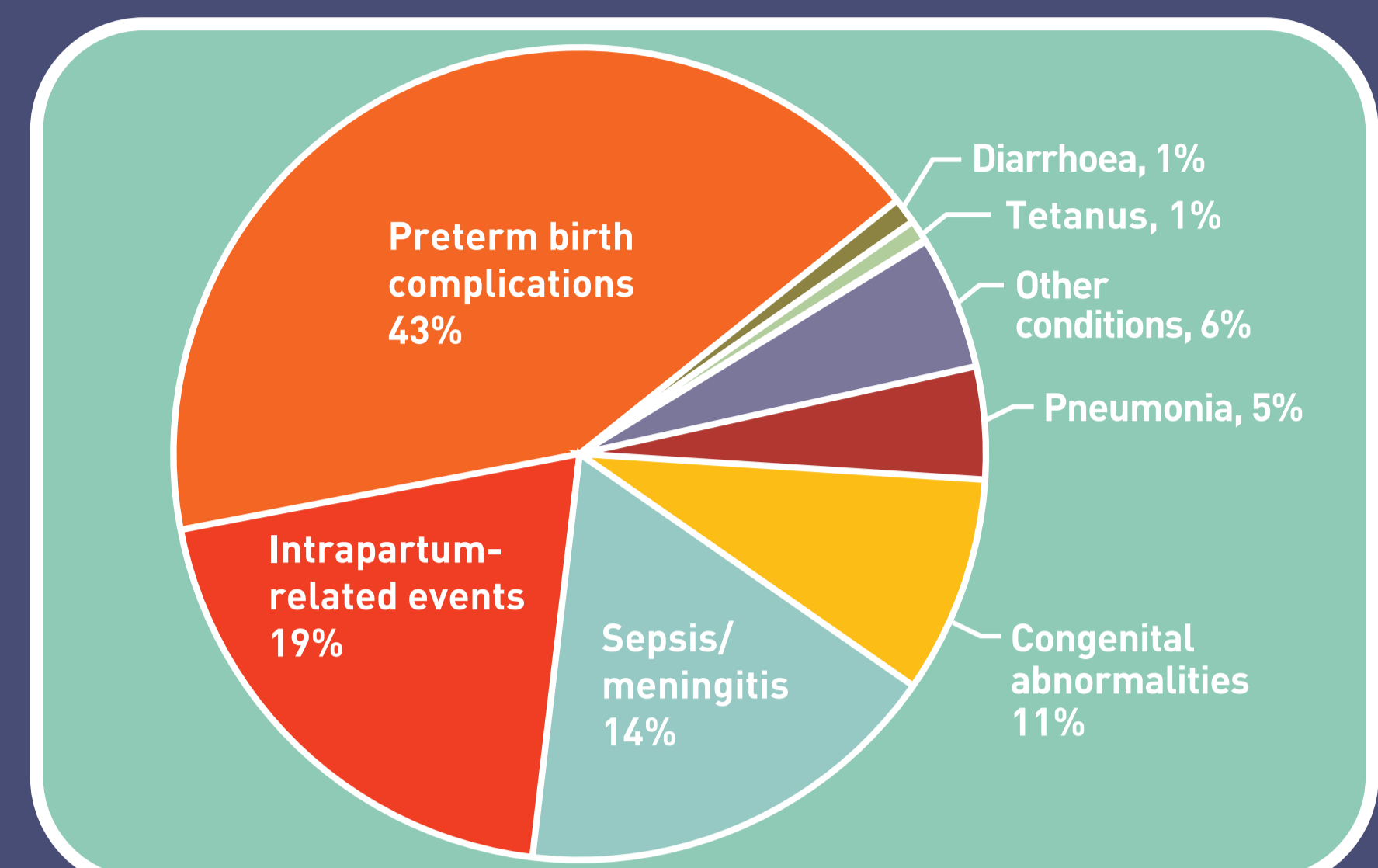
Costed National Implementation plan(s) for maternal, newborn, child health available	Yes
Maternal and Newborn Lifesaving Commodities on the national Essential Medicine list:	
Reproductive Health (x of 3)	1
Maternal Health (x of 3)	3
Newborn Health (x of 4)	3
Child Health (x of 3)	3
Density of Doctors, Nurses and Midwives (per 10,000 population)	24.5
National Availability of Emergency Obstetric Care Services (% of recommended minimum)	37

Causes of maternal and newborn mortality

Most common causes of maternal deaths in India



National Causes of Newborn Mortality (2015)



Snapshot of readiness to improve quality of care

Leadership

- Functional Leadership Structure for Quality Improvement
- Quality of Care Committees established in District Health Management Teams

Plans, strategies & standards

- National Quality of Care Strategy for the Health Sector
- National Strategy for Maternal and Newborn Health addresses Quality of Care
- National Quality of Care Standards and Protocols

Data

- National Situational Analysis for Quality of Care up to date
- Assessment of Quality of Care in Health Facilities completed in the past two years

Supporting systems

- Maternal and Perinatal Death Surveillance and Response System established
- 13 Maternal and Newborn Lifesaving Commodities on the Essential Medicine list
- Water Coverage in Health Care Facilities (%)
- Skilled attendance at delivery (%)
- National Availability of EmOC (%)



Governance of quality of care

- The National Quality Assurance Secretariat is located with National Health Systems Resource Centre (NHSRC), which performs this function in coordination with Deputy Commissioners Programme Divisions & Director National Health Mission (NHM).
- A Quality Assurance Committee in each State ensures the implementation of the Quality Improvement Program in each State, including the strategic planning and roll-out of the program. Quality Assurance Committees & Units are established at the State & District Level.
- The QA Committees at every level have representation from Program divisions including Maternal, Child Health, Immunization, Adolescent Health, Family Planning, etc.
- The National Institutional Organization for Quality Assurance is set out in Figure 1.

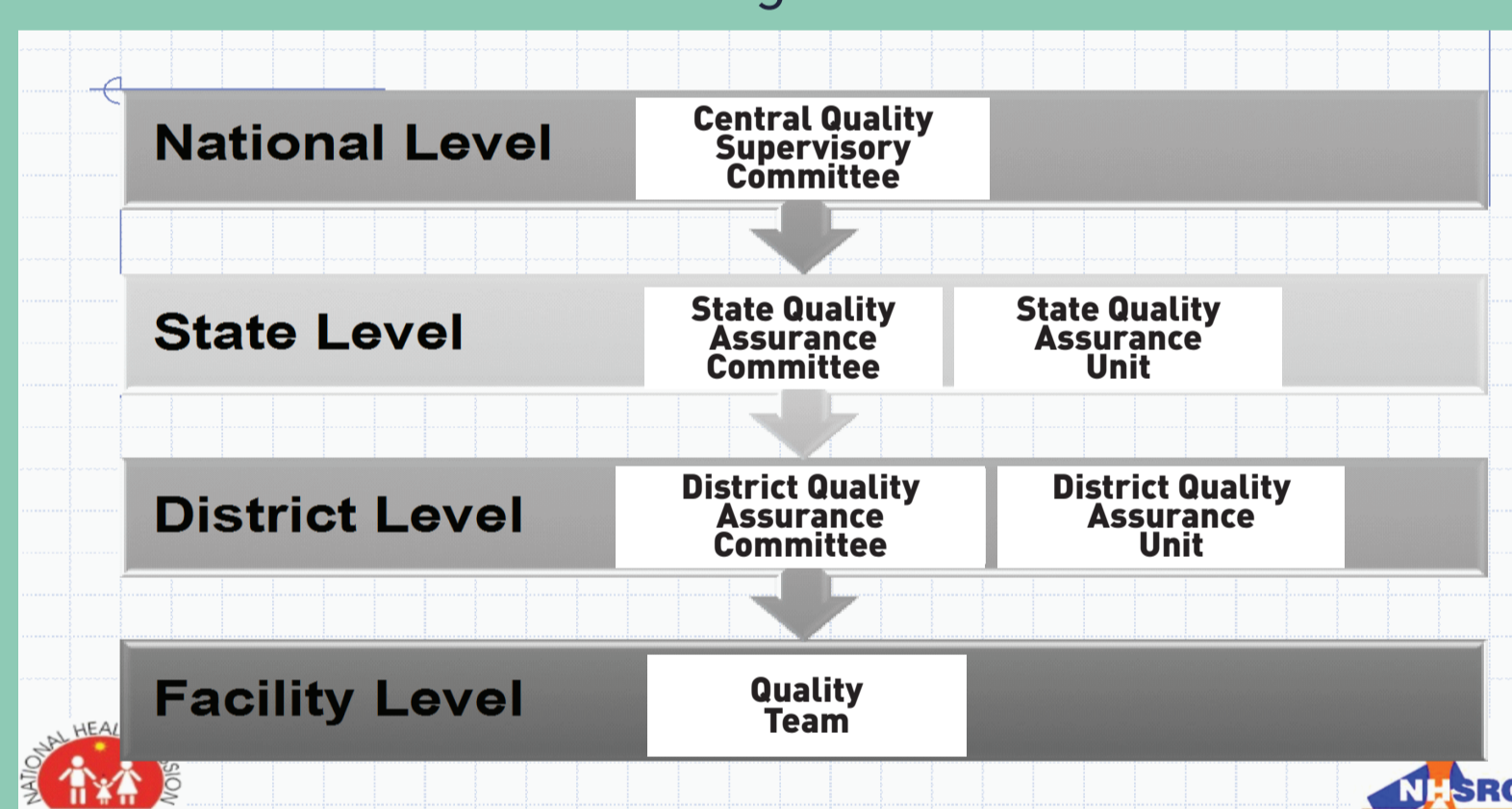


Figure 1: Institutional Arrangements for Quality Assurance

Journey of the National Quality Assurance Program

- 2012** - Review of Pre-Existing Models of Quality & Accreditation for Public Health Facilities
- Consultation with Programme Divisions, States, DPs & Academic Institutions
- 2013** - Release of Operational Guidelines for Quality Assurance & National Quality Assurance Standards for District Hospitals
- 2014** - Reconstitution of Quality Assurance Committees & support under NHM
- Release of QA Standards for PHC & CHC
- 2015** - Launch of 'Kayakalp Award Scheme' for DHs
- Capacity Building
- 2016** - Launch of Quality Standards for U-PHCs & QA under Urban Health
- ISQUA Accreditation of Quality Standards
- Quality Standards for AEFI Surveillance Programme
- Certification of Public Health Facilities Started
- Extension of Kayakalp to CHCs & PHCs and launch of 'Swachh Swasth Sarvatra'

Three Aspects of Quality Improvement have been agreed for country-wide implementation:

- Inputs**
 - Prioritization of interventions for implementation of Quality protocols e.g.
 - Family Welfare Day (Shifting from Camp approach to Fixed Day Services)
 - Labour Room Standardization
 - Fully functional NBCCs (exclusive trained HR at high case load NBCCs)
- Processes**
 - Skill assessment (utilizing temporary Lab.)
 - Skill building through mentoring initiatives (Sub center, Delivery Point & other Critical Care Units)
- Monitoring for sustenance**
 - State Quality Assessment Committees (SQAC) and District Quality Assessment Committees (DQAC)
 - State integrated monitoring Team
 - Patient Satisfaction Protocols

National standards of care for health service delivery

National Quality Assurance Standards (NQAS) are complete for each level of the facility. See Figure 2.



Under the National Quality Assurance Standards, the measurable elements & checkpoints for RMNCAH activities are defined under eight areas of concerns with 74 related Standards and 351 measurable elements.

The eight areas of concern are:

- Services delivery
- Patients' right
- Inputs
- Support services
- Clinical care
- Infection control
- Quality management
- Outcomes

See Figure 3.

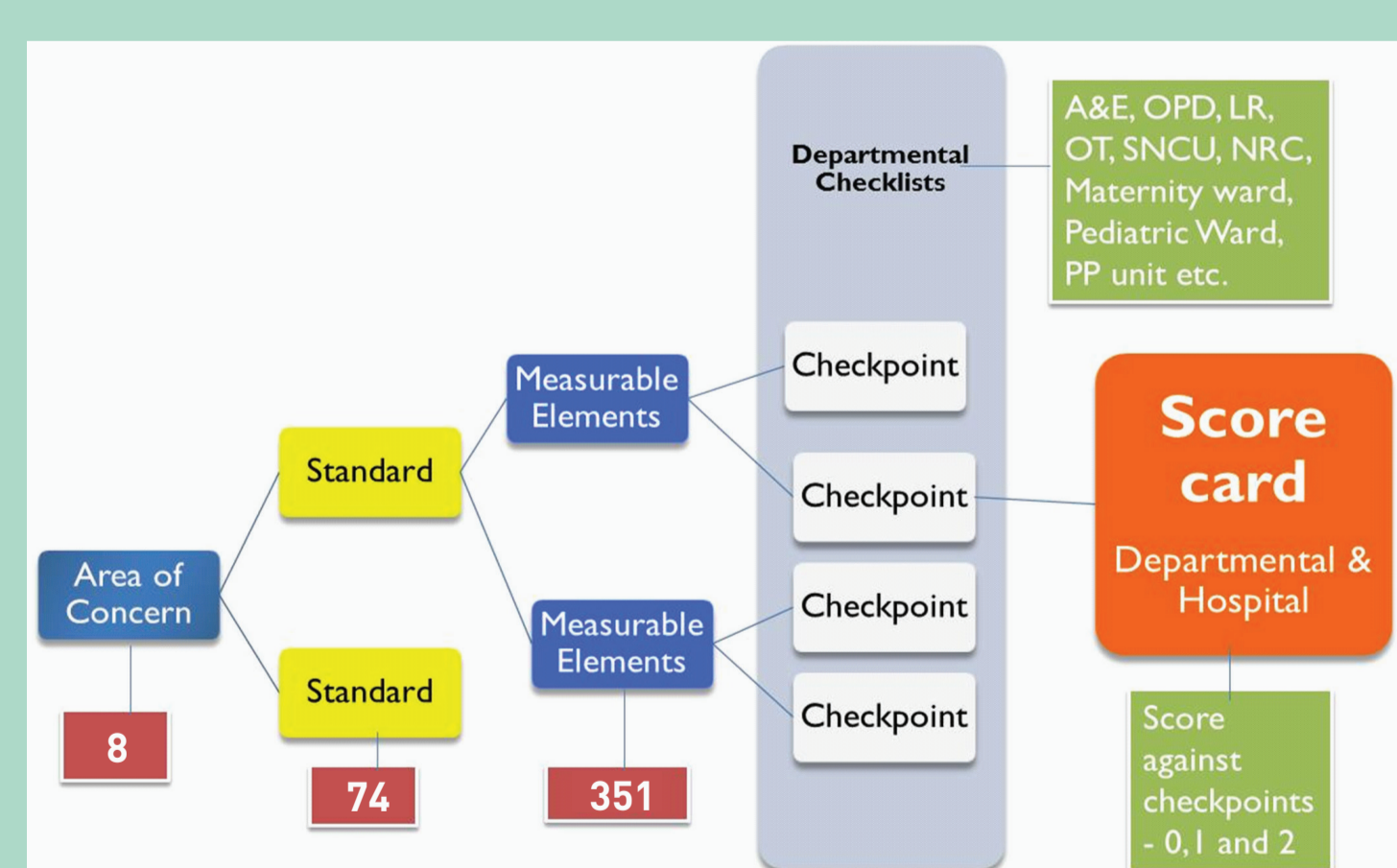


Figure 3: NQAS Standards and Measurable Elements.

References:

- Countdown to 2015, 2015 report. See <http://countdown2015.org/> 2. Maternal Notification Policy (WHO, 2016). See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/bangladesh-mntr.pdf?ua=1
- Maternal Causes of Death (WHO, 2016). See Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels JD, et al. Global causes of maternal death: a WHO systematic analysis.
- Newborn Causes of Death (UNICEF, 2015). See <http://www.unicef.org/docs/pdf/publications-promises-progress-report.pdf>
- Water, sanitation and hygiene in health care facilities (WHO and UNICEF, 2016) http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf?ua=1
- All other data received from Ministry of Health and Family Welfare, India in the preparation of this poster.

Health Facility Monitoring and Assessment of Quality Improvement

Monitoring in health facilities is done in two ways:

- (1) Monitoring cum assessment visits are done at defined intervals by SQAU & DQAU.
- (2) Defined Key performance indicators (KPIs) are reported at district & state level on monthly basis.

Specific Key Performance Indicators:

For every facility four group of KPIs are defined. Each Facility reports on the KPI to DQAU on a monthly basis & DQAU report same to state level.

At the state level these indicators are monitored and registered in the National HMIS web-portal. Once there is adequate data (at least of 2 yrs), benchmarking is undertaken.

Four Key Performance Indicators:

- Productivity
- Efficiency
- Clinical care
- Safety & Service Quality

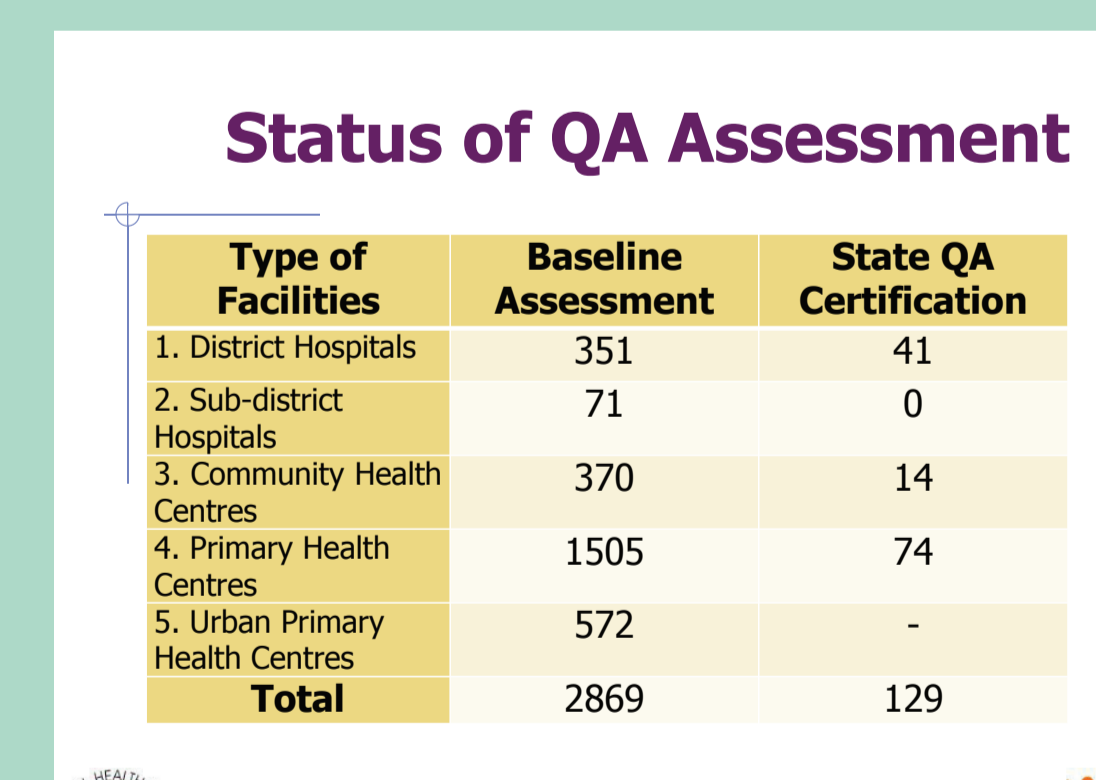


Figure 4 shows the Status of Quality Assessments in Health Facilities in January 2017.

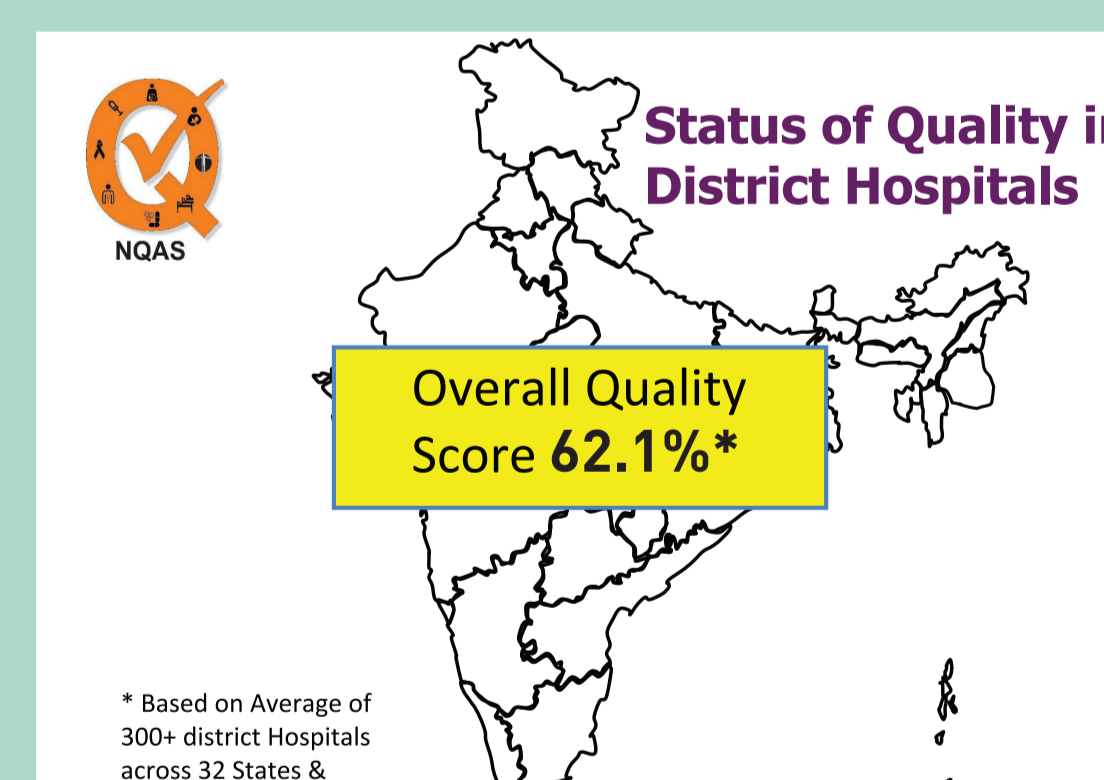


Figure 5 shows the Overall Status of Quality in District Hospitals based on data from 300 hospitals nationwide

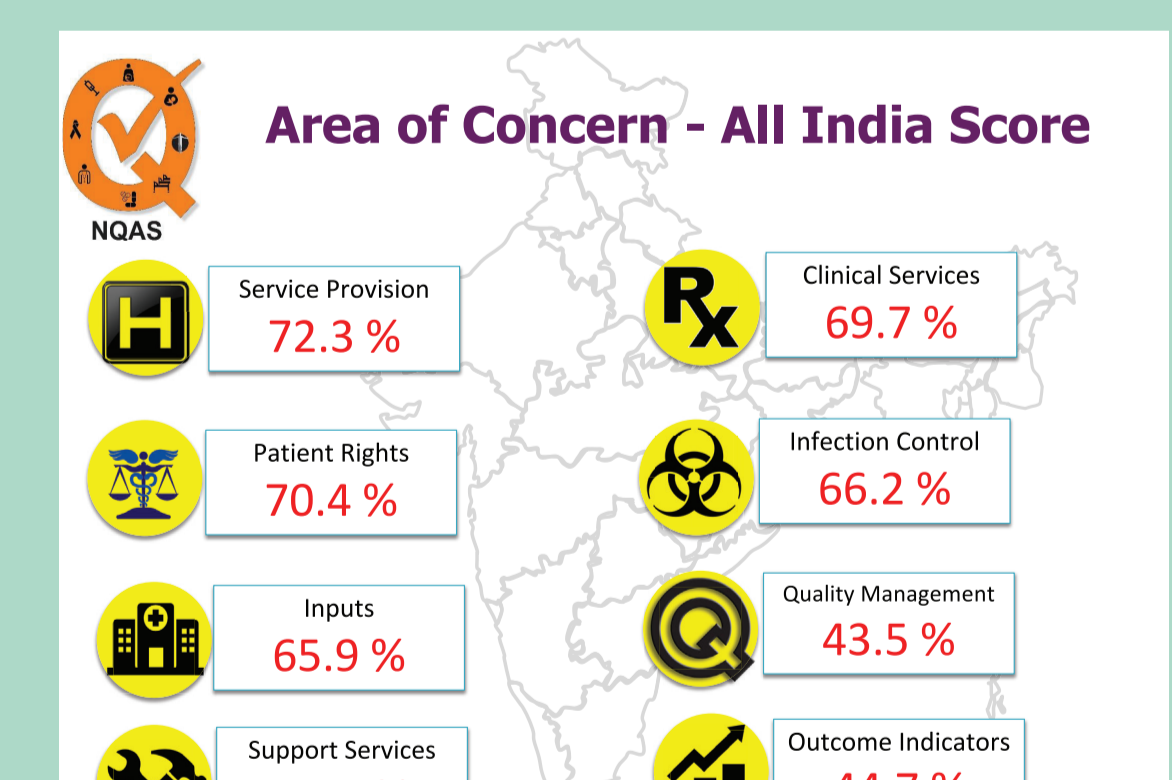


Figure 6 shows the overall quality improvement based on a QI Program in 6 Pilot Districts Head Hospitals in 2015.

Partnerships for quality of care improvement

- Tata Institute of Social Sciences, International Institute of Health Management Research Delhi and Karnataka State Health Systems Resource Centre, Bangalore undertake quality of care assessments in facilities
- The Asian Development Bank (ADB) provided support through Price Waterhouse Coopers for the development of the Operational Guidelines.
- Standard Development for Urban-Public Health Centre undertaken by NHSRC in collaboration with Prog. Divisions, AIIMS, States, DPs & ADB
- States are developing SOPs for Urban-Public Health Centre Standards. ADB provide State level TA support team in Assam, Karnataka, Rajasthan, Telangana & West Bengal.
- All India Institute of Medical Science and WHO Collaboration Centre support quality improvement curricula in Nursing Schools
- USAID ASSIST support Quality Improvement in health facilities in six States – Haryana, HP, Delhi, Jharkhand, Punjab.
- Bill and Melinda Gates Foundation support Nursing Mentors in Bihar and Uttar Pradesh
- JHPIEGO support the roll-out of Safe Birth Checklists in Uttar Pradesh State
- STG Development – in partnership with NICE International (UK)
- Capacity Building/Training
 - NHSRC & Tata Institute of Social Science Mumbai – Postgraduate Diploma in Health Quality
 - NHSRC & Public Health Foundation of India – Short-term training Programme

Further partners include WHO, UNICEF, UNFPA, Public Health Foundation India, USAID, PGE Global, UKAID, GIZ, Save the Children International, Liverpool School of Tropical Medicine and the Aga Khan Development Foundation

Get involved: www.qualityofcarenetwork.org