सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

SURAKSHIT MATRITVA AASHWASAN
SUMAN

SURAKSHIT MATRITVA AASHWASAN (SUMAN)

STANDARD OPERATIONAL GUIDELINES

- Ambulance services (102 or 108)
- Minimum 4 antenatal check-ups
- Normal delivery or C-section delivery
- Medicines, lab tests for mother (from conception to 6 months after delivery) & baby upto 1 year
- Proper care with respect and dignity
- Grievance redressal mechanism (Toll-free no. 104)

ALL THE ABOVE SERVICES ARE PROVIDED FREE OF COST

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सबका साथ, सबका विकास, सबका विश्वास
Sabka Saath, Sabka Vikas, Sabka Vishwas

सत्यमेव जयते

डॉ हर्ष वर्धन
Dr Harsh Vardhan

स्वास्थ्य एवं परिवार कल्याण, विज्ञान और प्रौद्योगिकी व पृथ्वी विज्ञान मंत्री, भारत सरकार

Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences Government of India

Preface

We have made unprecedented progress in India when it comes to maternal health. Our Maternal Mortality Ratio (MMR) has fallen faster than the global decline. The compound annual rate of decline of MMR has increased significantly and India's current rate of MMR decline puts the country well on track to achieve the Sustainable Development Goal 3 (SDG 3) target of MMR below 70 by 2030.

2. Our government is committed to and is serious about improving the wellbeing of mothers, infants, and children and this has been an important public health goal. We, thus, want to go one step beyond the commitments under the SDGs. Evidences and deliberations with experts indicate that it is possible to end all preventable maternal and new-born deaths by ensuring that quality and comprehensive emergency obstetric and neonatal care is offered with zero expense to the women accessing health services at our health facilities. ***Surakshit Matritva Aashwasan (SUMAN)*** initiative is a commitment of the government for providing quality maternal & infant care services without any out of pocket expenditure for the beneficiaries. It has one goal, **'end all preventable Maternal & Neonatal deaths'.** I am sure that the initiative will be able to provide dignified, respectful and quality health care services to the mothers and infants and ensure a positive birth experience.

3. I would like to thank the Ministry officials for preparing the guidelines in a very short time, defining clear and articulated roles for various stakeholders, including PRIs and community. I am also sure that the States will find it useful in implementing the initiative and taking time-bound actions to ensure that the commitments made under SUMAN are fulfilled.

(Dr. Harsh Vardhan)

New Delhi, Nov. 13, 2019.

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अश्विनी कुमार चौबे
Ashwini Kumar Choubey

सत्यमेव जयते

सर्वेसन्तु निरामया

स्वच्छ भारत
एक कदम स्वच्छता की ओर

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

Foreword

Improving the well-being of mothers, infants and children has been an important public health goal for all welfare societies and governments. Their well-being also determines the health and productivity of the next generation.

Under National Health Mission (NHM), India has made a concerted push to increase access to quality maternal and newborn health services and reduce the numerically large number of preventable, neonatal and infant deaths. Initiatives under Ayushman Bharat, IPHS, LaQshya have helped community in accessing various maternal and child health services at public health facilities.

Despite improvement in access, the reports from field indicated the need to focus on zero expense, high quality and respectful delivery services. The Government of India has thus framed a policy that is comprehensive, multi-pronged and integrated to ensure assured & free of cost service delivery. I am glad that the Ministry has taken initiative to convert the policy into action under the Surakshit Matritva Aashwasan (SUMAN) initiative that provides access to quality obstetric and newborn care to every pregnant woman & her child visiting public health facilities.

I believe that this initiative will go a long way in ending all preventable maternal and neonatal deaths in the country & make birthing a pleasant experience for all the women irrespective of their backgrounds.

(Ashwini Kumar Choubey)

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सचिव

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

27th August, 2020

PREFACE

Various initiatives have been launched under the National Health Mission in order to improve care during pregnancy and childbirth. These have resulted in considerable improvements in maternal and child health outcomes. However, challenges still exist in delivering comprehensive maternity care without any out of pocket expenditure. As Government of India is advancing towards Universal Health Coverage, it is important to address this crucial component.

With this perspective MoHFW has launched "SUMAN - Surakshit Matritva Aashwasan", an initiative that subsumes all existing initiatives under one umbrella. It is a comprehensive initiative which provides a service guarantee for the entitlements delivered with care in a congenial environment. It also provides a platform for guaranteed access to good quality maternal and infant care services.

Accordingly, the Government of India has prepared the 'Standard Operational Guidelines' for SUMAN which will provide a framework of implementation for the different components under the umbrella Scheme. It has been developed with the intention to guide all stakeholders in organizing various activities under this initiative in order to ensure safe motherhood services.

I earnestly hope that these guidelines will help the States and UTs, Mission Directors, Program Officers and service providers in planning and operationalizing quality and respectful care to the women seeking services at public health facilities.

I also appreciate the efforts put in by the Maternal Health Division in holding wide ranging and numerous deliberations while framing this comprehensive document.

27/8/20

(Rajesh Bhushan)

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FOREWORD

With concerted efforts made under RMNCH+A, India has made remarkable progress in the maternal & child health field. However, India still accounts for 12% of global maternal deaths. We have been able to increase our footfalls in government health facilities and various initiatives under NHM helped in improving the institutional delivery rate from 38.7% in NFHS-3 to 78.9% in NFHS-4.

Nevertheless, we still have a long way to go with regards to ensuring quality in service delivery. Similarly, assured delivery of services and assured management of complications without any expense to the family along with respect for women's autonomy, dignity, feelings, choices and preferences still remains a challenge.

Firm implementation of the programs is exactly what is needed to make further gains and achieve SDG targets. ***Surakshit Matritva Aashwasan (SUMAN)*** is a unique initiative by the GOI that focuses on assured delivery of maternal and new-born healthcare services encompassing uniform and free of cost access to quality care services with zero tolerance for denial of services, management of complications, assured referral support and commitment for respecting a woman's autonomy, dignity, feelings, choices and preferences during pregnancy and child birth.

I thank Ms. Preeti Sudan, Secretary, H& FW and Mr. Manoj Jhalani, SS& MD NHM for their continuous guidance and support in designing this initiative. The contribution and efforts of Maternal Health division of NHM and NHSRC are noteworthy in drafting this guideline based on wide range of deliberations and consultations with partner organizations.

(Vandana Gurnani)

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FOREWORD

Not just care, but quality care with respect and dignity must be the goal that we must pursue. This is particularly true when it comes to care provided to pregnant women and infants in the public health system. Improving the health and survival of mothers and infants and moving beyond institutional deliveries to a positive pregnancy experience is the need of the hour.

Surakshit Matritiva Aashwasan (SUMAN) is a critical initiative in this direction. It focuses not only on ending preventable maternal and neonatal mortality but also on humanizing birth. Several strategies have been envisaged, for operationalizing the service guarantee under the SUMAN initiative namely improving accountability through a robust grievance redressal mechanism and a client feedback mechanism, special focus on community engagement and maternal death reporting and review, a mega IEC/ BCC campaign on zero preventable maternal and newborn deaths and intersectoral convergence.

I hope that these guidelines inspire the health system to make every effort in order to realize the aspirations and dreams of each and every mother in the country.

13/11/2019

(Dr. Manohar Agnani)

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Department of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Message from Programme Officer

India has made significant progress in improving maternal health in recent years and has progressed towards achieving National and Global targets of Maternal Mortality Reduction. National Health Mission has provided support for the implementation of key National policies and programs. As India strives towards achieving the Sustainable Development Goals (SDGs), progress in reducing maternal mortality becomes an important frontier. Every pregnancy is special and every pregnant woman must receive special care.

Following schemes like JSY, JSSK, PMSMA and LaQshya have brought significant gains in reduction of Out of Pocket Expenditure (OOPE), increase in the institutional deliveries along with Quality care in ante-partum, intra-partum & post-partum period.

The health, nutrition and mental well-being of the pregnant woman have direct impact on the cognitive & physical development of her baby. Thus, it is important that care during pregnancy and child-birth should be optimal, quality compliant and delivered with respect and dignity. There is also a need to go beyond 'service delivery' to 'assured service delivery' with zero tolerance for any negligence or denial of services to any pregnant woman and infant visiting public health facilities.

SUMAN aims that every women visiting a public health facility during her pregnancy and post-partum period gets assured, respectful, cashless and quality health care services with zero tolerance for any negligence or denial of services. The initiative provides service guarantee for the entitlement delivered with care in a congenial environment. I hope this initiative is able to ensure high quality maternity care to every woman with dignity and respect and end all preventable, maternal early new-born deaths.

I am sure this guideline will help the states and UTs, Mission Directors and Program officers in planning and operationalizing safe motherhood services.

(Dr Teja Ram)

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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

ACKNOWLEDGEMENT

The 'Standard Operational Guidelines for SUMAN' have been developed with the intent of providing a framework which States and districts can follow while they endeavour to improve services during pregnancy and childbirth. The Guidelines provide information on the tenets of the programme, define roles and responsibilities, and lay down action points at different levels. They have been formulated with the aim of providing high quality maternity care to every woman with dignity and respect and end all preventable maternal early new-born deaths.

I extend my heartfelt thanks to Shri Rajesh Bhushan, Secretary (Health & Family Welfare) for guiding us in framing the guidelines.

I am also grateful to Ms. Preeti Sudan, Ex Secretary, H&FW, Mr. Manoj Jhalani, Ex SS & MD (NHM) and Ms. Vandana Gurnani, AS & MD (NHM) for their unflinching support. Thanks are also due to Dr. Manohar Agnani, JS (RCH) who has been a constant source of encouragement.

The effort undertaken by my erstwhile colleague Dr. Dinesh Baswal, Dr. Teja Ram (Joint Commissioner) and the Maternal Health team comprising Dr. Santosh, Dr. Bhumika, Dr. Priyanka, Dr. Surbhi and Dr. Tushar, development partners and experts is deeply appreciated. I would also like to place on record my appreciation for the contributions made by Dr. Himanshu Bhushan, Dr. Sumita Ghosh, Dr. Kalpana and other members for their valuable contribution and support in bringing out this guideline.

I am confident that these guidelines will serve as an effective tool to guide States and UTs in this important initiative and ensure effective implementation of the programme.

28/8/2020

(Dr. S. K. Sikdar)

INTRODUCTION

Improving the well-being of mothers, infants and children is an important public health goal for the Government of India (GoI). A healthy woman forms the cornerstone of a healthy, dynamic and progressive nation. Safe pregnancy, child birth and postpartum period are important milestones in the continuum of care for women to achieve optimal maternal and neonatal outcomes that have a significant impact on the future of mothers, children and families in the long run.

GoI has made significant progress in reducing the maternal mortality ratio (MMR) from 556 per lakh in 1990 to 113 per lakh live births in 2016-18 (a decline of 80% compared to the global decline of 45%). India is currently on track to achieve the Sustainable Development Goal 3 (SDG 3) target of an MMR below 70 by 2030. It is even more heartening to note that the socio-economically backward states referred to as the Empowered Action Group (EAG) States have registered the maximum decline in MMR over the last decade.

Similarly, Infant Mortality Rate (IMR) has declined from 89/1000 live births in 1990 to 32/1000 live births in 2018 (a decline of 63% compared to the global decline of 55%)

With the launch of various initiatives under National Health Mission (NHM), India has made a concerted push to increase access to quality maternal and newborn health services and reduce the large number of preventable, neonatal and infant deaths. Schemes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) brought significant gains in institutional deliveries and helped in improving coverage as well reducing out of pocket expenditures. As a result, institutional delivery rates improved from a mere 38 % in 2005 to 79 % in the year 2015-16 (NFHS 4).

To make further gains and achieve SDG targets in each state, PMSMA has been introduced where all pregnant women are provided a minimum package of antenatal care services (including investigations & drugs) on the 9th of every month wherein, identification and line-listing of high risk pregnancies based on obstetric/medical history and existing clinical conditions is carried out.

In light of the fact that the day of the birth of the child is of highest risk to the woman and the baby, LaQshya programme has been launched with the aim to improve the quality of care in Labour room and Maternity operation theatres to mitigate those risks.

Nevertheless, we still have a long way to go with regards to ensuring quality and assured delivery of services. In order to achieve SDG targets, firm implementation of the existing programs is the need of the hour. There is a need to go beyond 'service delivery' to 'assured service delivery'.

With that aim the Government of India has launched "SUMAN – Surakshit Matritva Aashwasan" a multipronged and coordinated policy approach that subsumes all existing initiatives under one umbrella in order to create a comprehensive initiative which goes beyond entitlements and provides a service guarantee for the entitlements. Simultaneously it also underlines the commitment of the

[1] *SRS2016-18*

government for addressing the existing inequities in maternal and newborn health care services and move towards zero preventable maternal and newborn deaths.

The SUMAN initiative was launched by the honorable Health Minister on 10th October 2019, at the 13thconclave of the Central Council of Ministers, wherein the GoI and the State Governments collectively committed to achieve zero preventable maternal and newborn deaths in the country and providing service assurance for maternal and newborn care services.

SUMAN promotes safe pregnancy, childbirth and immediate postpartum care with respect and dignity by translating the entitlements into a service guarantee which is more meaningful to the beneficiaries.

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.

OBJECTIVES:

Assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience.

- To provide high quality medical , sugical and emergency care services in a dignified and respectful manner as per SUMAN service package at no cost to the benefiaries.
- To leverage institutional and community-based platforms to help create awareness in the community on the entitlements under SUMAN.
- To strengthen Grievance Redressal Mechanism by incorporating client feedback.
- To orient service providers and build their capacity for delivering SUMAN package.
- To ensure reporting and review of all maternal and infant deaths.

BENEFICIARIES OF THE INITIATIVE :

All pregnant women

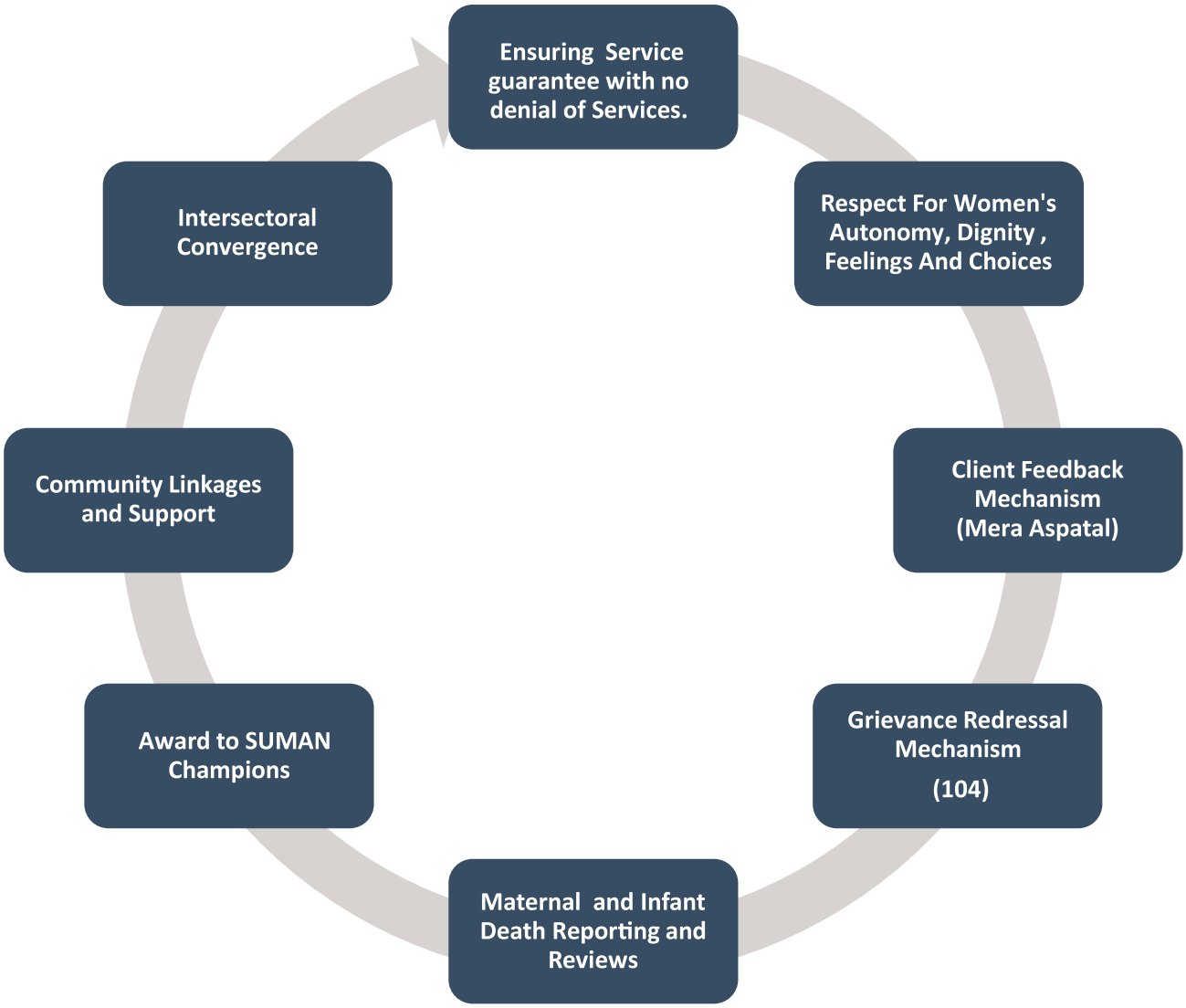
All mothers upto 6 months post delivery

All sick infants

MODE OF DELIVERY:

Provide services by identifying and strengthening facilities to make them SUMAN Compliant

ATTRIBUTES OF A SUMAN COMPLIANT FACILITY:



These facilities would provide services under all existing schemes with service guarantee, robust grievance redressal mechanism and respectful maternity care.

BROAD PILLARS OF THE INITIATIVE

SUMAN INITIATIVE

- ✓ Free Antenatal, Delivery and Post Natal Care.
- ✓ Free management of sick infants and neonates.
- ✓ Assured delivery plan for the High Risk Pregnant Women.
- ✓ Ensuring quality standards at all levels of delivery points.

Service guarantee	Health system strengthening	Monitoring & reporting	Community awareness	Incentives and Awards	IEC/BCC
•JSSK •JSY •PMSMA •Laqshya • MAA •SNCU care for sick & small babies. •Home based care for mothers & newborn (HBNC)	•Infrastructure- LDR, OT, Obstetric HDU/ICU,NBCC,NBSU, SNCU/MNCU •Human resource •Drugs and diagnostics. •Assured Referral systems •Creating centre of excellences.	•Call center for better Grievance redressal and reporting. •Monthly reporting. •HMIS analysis. •Formation of National, State level monitors . •Maternal and infant death reporting	•Involving VHSNCs and SHGs for better communty engagement. •Interdepartmental convergence •Suman Champions •SUMAN volunteers. •Use of Safe motherhood booklet and MCP card.	•Awards and recognition to performers. •First responder of maternal death to get Rs 1000/-.	•Mega IEC/BCC activities promoting "zero preventable maternal & newborn deaths"

In line with the above, the "Guidelines" provide:

1. The contours for service guarantee packages, grievance redressal mechanism and community engagement,
2. A ready reckoner for programme officers implementing the initiative.

Charter for SUMAN Compliant Facilities:

GoI has committed to SUMAN charter for universal coverage and assurance of services listed under the charter **(Annexure-I)** for each and every mother and newborn in the country with quality, respect and dignity.

SUMAN SERVICE GUARANTEE PACKAGES

Under the SUMAN initiative, all Pregnant Women/Newborns visiting public health facilities are entitled to a set of free services. However, since all services cannot be provided at all facilities, each health facility is expected to notify the service guarantee package on the basis of their current resources and service availability with measures put in place to reach 100% of the expected service standards for the level of that facility. The packages under SUMAN has been divided into **Basic, BEmONC and CEmONC** for both maternal and newborn services.

Steps for Operationalizing Service Guarantee Package

Each and every public health facility, including medical colleges and facilities in urban areas, is expected to follow the following steps in order to operationalize the Service Guarantee Package under the initiative. The responsibility of ensuring this lies with the State and District Health Administration.

step 1
- Identification of Facilities under SUMAN.

step 2
- Self-Assessment by the facilities.

step 3
- Notification of the SUMAN facilities by the district/state authority once they find the assessment to be satisfactory.

step 4
- District Administration to ensure facilities provide SUMAN Service packages and propagate it through citizen charter, website and other mass and midmedia) .

step 5
- List of SUMAN Facilities to be shared and displayed at Panchayat, Zila Parisad, WCD, NRLM, Health facilities including AB-HWC etc.

step 6
- Link SUMAN identified facilities through online and IT enabled system.

step 7
- Monitor and review every six months and accordingly notify the revised list of facilities.

Identification of Facilities under SUMAN:

- As a first step, each and every facility would identify the level of Maternal and Newborn Service Guarantee Package that it would be in a position to provide from one of the following:

- The services for each of the above package are detailed in **ANNEXURE II**
- Only those facilities which are in a position to provide one of the above packages **comprehensively** should be identified under SUMAN Initiative.

Prioritization in Identification of Facilities.

- All **Medical colleges and DHs** should be earmarked for service package of CEmONC level mandatorily.
- All **NQAS and LaQshya certified facilities** must also be earmarked for SUMAN CEmONC oe BEmONC facilities.
- All SDH should be identified for service package of either BEmONC or CEmONC level. If it is of BEmONC level then, a definitive plan for achieving CEmONC level services should be drawn out and implemented in a time bound manner.

To maintain service standards, it is essential that all the facilities identified under SUMAN from Medical College to CHC level should ***necessarily be certified under Part NQAS/NQAS*** *within a defined timeframe.*

Note: All the designated SUMAN compliant facilities should have the necessary HR and facilities as per the IPHS norm.

Gap Analysis & Closure vis-a-vis Defined Package:

- Once the facility has been identified for the type of package it would deliver, then the facility team led by the facility in charge would identify the gaps in service delivery if any, and draw up a plan to close the gap within a maximum period of 6 months with support from the district/state if required.

Quality Assurance under SUMAN

- For improving QoC around birth, Ministry of Health and Family Welfare launched the 'LaQshya' initiative in Dec 2017. The initiative aims at improving quality of intra-partum

and immediate post-partum care and accentuating the Respectful Maternal Care (RMC) in Public Health Facilities. Under LaQshya, NQAS certification of labour room and maternity OT is undertaken with attainment of performance indicators and enhanced satisfaction of beneficiaries.

For ensuring quality in the delivered care and sustaining it further at SUMAN facilities, National Quality Assurance Programme will be embedded in such facilities, as mentioned below.

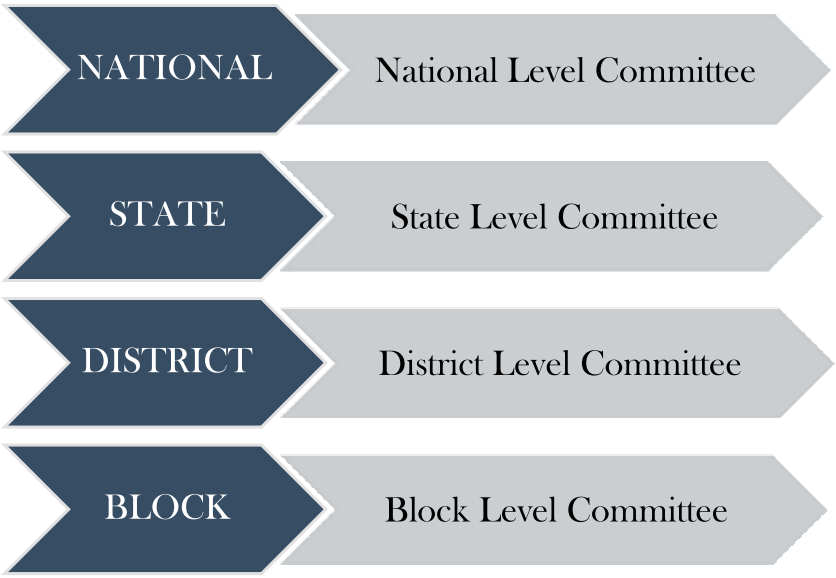
- ✓ After notification of SUMAN CEmONC facilities, States/UTs shall attain either full NQAS certification / Part NQAS certification of those additional departments in such facilities, where SUMAN services are being delivered.
- ✓ Non-FRU CHCs and PHCs, designated for SUMAN BEmONC services should attain NQAS certification of such designated health facilities.
- ✓ SUMAN compliant HWC-Sub Centres should also attain the minimum standards.

At the time of notification of SUMAN facilities, the states need to ensure that such facilities are at least state level NQAS certified and they attain National NQAS certified status within six months of the notification.

Some of the Key quality parameters for antenatal, post natal and newborn services are placed at **ANNEXURE III**

INSTITUTIONAL FRAMEWORK

Under the National Health Mission, the States have been supported in creating institutional framework for Quality Assurance viz.- State Quality Assurance Committee (SQAC), District Quality Assurance Committee (DQAC), and Quality Team at the facility level. These committees currently support implementation of NQAS and LaQshya interventions. The existing Quality team at the State, District and facility level with additional 2-3 members can work for implementation of SUMAN initiative as per the TOR mentioned in the 'Guidelines'.



National Level Committee

The committee will be responsible for implementation of the directions of the government and provide overall guidance, and ensure sufficient funding for implementation of the SUMAN. They will monitor and review the performance of the states. They shall also make recommendations/ suggestions for improvement of the initiative for implementation by the states. The committee would meet biannually.

Members: -

1. Additional secretary and Mission Director- Chairperson
2. Joint Secretary - RCH: Convener
3. Program Division Heads: Maternal, Child , immunization, Family Planning.
4. State Mission Directors (Three) by rotation
5. Representative from DGHS and centrally funded medical colleges
6. Representative from National Health Systems Resource Centre(NHSRC)
7. Representatives from development partners
8. Representatives from professional bodies

State Level Committee

The State level Committee will be responsible for implementation of the initiative in the State. It will handhold the districts in development of their plans as well as review their implementation. The existing committee formed under PMSMA would be subsumed under this committee. It will meet quarterly.

Members:

a) Principal Secretary Health & Family Welfare: Chairperson

b) Mission Director: Member Secretary and convener

c) Directors of Health Services & Medical Education

d) Representative from Departments like; Finance, AYUSH, Women and Child Development, Public Health Engineering, Water and Sanitation, Panchayati Raj, Rural Development, Tribal/SC Welfare, Urban Affairs and Planning and Programme Implementation, Director AYUSH, Urban Development.

e) Commissioners City Corporation.

f) Representative from State Institute of Health and Family Welfare (SIHFW)

g) Nodal programme officers for Maternal health and Child health.

h) Representatives from development partners working in the state

i) Representatives from professional bodies - 2 members (Public Health Professionals, MNGO representatives/ representatives of Medical Associations)

j) Representatives from departments of OBGY, Neonatology, Pediatric& PSM in Medical Colleges.

k) Any other member with the approval of the chair.

District Level Committee

The district level committee will be responsible for real time implementation of the initiatives and review the progress of SUMAN. It will meet monthly.

Members:

a) District Collector: Chairperson

b) Chief Medical Officer: Member Secretary and convener

c) CMS/MS of the Medical College and district hospital

d) District RCH Officer

e) District Program Managers.

f) Representative from Departments like; : Finance, AYUSH, Women and Child Development, Public Health Engineering, Water and Sanitation, Panchayati Raj, Road and transport

Department, Rural Development, Tribal/SC Welfare, Urban Affairs and Planning and Programme Implementation, Director AYUSH, Urban Development.

j) Nodal Officer from Department of Information and Broadcasting

k) Development partners working in the field of maternal and child health in the district.

m) Representatives from civil society organizations.

n) Any other member with the approval of the chair

Block Level Committee

Members:

a) Medical Officer In Charge (MO-IC)

b) A proactive CHO (Community Health Officer) or Mid Level provider

c) Block Community Mobilizer

c) A senior nurse or a pharmacist or lab technician

d) Block Programme Manager

e) Representatives from ICDS-CDPO (Child Development Project Officer), Education department, PRI, etc.

f) Nominee from any development partner having presence in the block

g) Civil society organizations working in MCH having presence in the block

The detailed TOR of each of the committee members is attached as **Annexure IV**

CREATING CENTERS OF EXCELLENCE:

Extending service guarantee becomes a commitment of the state towards the beneficiaries of the initiative. Hence, it becomes imperative to place a mechanism for guidance, mentoring and capacity building of the service providers and public health institutes delivering maternity care services.

States will identify institutions, which will provide technical support in implementation of SUMAN. These institutions will guide, mentor and build capacity of the service providers

It is therefore envisaged that the CoEs will be developed at state levels. Priority can be given to all AIIMS, MGIMS Wardha, Central institutes like BHU, AMU, PGI, JIPMER etc., along with MCH centres and Medical colleges in the states. The faculty and service providers of these institutes will be trained and oriented to achieve NQAS/Part NQAS certification. Such identified facilities will undertake self-assessment, find gaps, if any, as per the NQAS and IPHS (Indian Public Health Standards) standards and then reflect budgetary requirements in the PIP.Those certified as platinum holders will be the CoE for MCH care and will support the states and districts within their jurisdiction for delivering quality maternity and newborn care services.

State committee will identify at least one Medical college/MCH centre as a CoE and the Professors & HOD of OBGY and paediatrics department of that centre will be the nodal person to coordinate activities of that CoE. The roles and responsibilities of the CoE are listed in **Annexure -V**

Budgetary support to these Centre of excellences shall be provided through state PIPs.

Role of National Mentors

Creation of a pool of national mentors is one of the critical components of the activities of the CoEs.

The national mentors can be technical experts in the field of maternal and newborn health. They can be from Government Health Facilities, Medical colleges (eg.PGI, JIPMER etc.), Universities and academic organizations grooming public health professionals (viz. TISS, IIHMR etc.), Developmental partners, social sector organizations etc. These mentors will conduct periodic mentoring visits to hand hold the public health care facilities providing services under SUMAN, interact with beneficiaries and take their feedback, assess gaps, suggest ways for closing those, and support in augmentation of their performance.

In addition, existing mentors identified and created under NHM shall also be utilized for mentoring this initiative.

SUMAN CLIENT FEEDBACK AND GRIEVANCE REDRESSAL (GR) MECHANISM

Patient satisfaction for Public health services is considered an essential criteria to measure the quality of healthcare services. Grievances are generated if **there is lack of access or lack of quality in services.** Timely redressal of grievance is imperative for satisfaction of clients. The system needs to be extremely prompt in resolution of the grievances if the services are related to pregnant women and the newborn. Thus all real time grievances particularly the urgent grievances have been prioritized to be addressed through a robust grievance redressal mechanism under SUMAN.

Process of Grievance Registration:

✓ Registration of Grievances-

Beneficiaries can register their grievances through any of the following mechanisms:

- **104 health helpline**-Beneficiaries can call toll free number.
- **Portal-** Register at https://suman.nhp.gov.in/
- **Help Desk** at high case load SUMAN Facilities (to be set up by States/ UTs)

All the grievances received through any channel needs to be registered at web portal.

All three components will register the grievances, inform the concerned authority and give the feedback to the complainant. While the Helpdesk will be implemented at the SUMAN facility level, the health help line will be implemented through centralized 104 call centre. Web portal & software will be designed at national level and nodal officers of States will have access rights. State Health Society (SHS) will be the nodal body responsible for implementing the GR system in the state. Facility in charges will be responsible for resolution of grievances.

States, which have already implemented the 104 GR mechanism need to integrate the SUMAN web portal under the same portal. Any other GR system in the state can also be integrated with GR Health portal to have a uniform and single directory for SUMAN & other health related grievances and its timely redressal.

The expected flow under SUMAN for registration and resolution of grievances is indicated below-

Who Can Register Grievances

Grievances can be filed by any stakeholder directly or indirectly accessing services under SUMAN.

A **stakeholder** includes:

i. Women using any of the SUMAN entitlements for herself or her new born;

ii. Relatives, well-wishers/ Volunteers etc.;

iii. VHSNC /PRI members or CBOs

iv. Any other persons/Organizations/agencies having an interest or concern to bring about zero preventable maternal and new born deaths and the implementation of SUMAN Initiative.

- If the grievance has been registered through a call centre agent, triaging would be done by the person registering the grievances. The triaging would primarily focus on the level at which the grievance must be registered eg: should the grievance be registered at a particular facility, a particular district or should be sent directly to the State level1
- Grievances would then be referred either at facility/district or state level with an 'SMS' to the complainant, the concerned facility/district GR Nodal Officer and his supervisory authority. SMS on registration of grievance would be automatically generated.

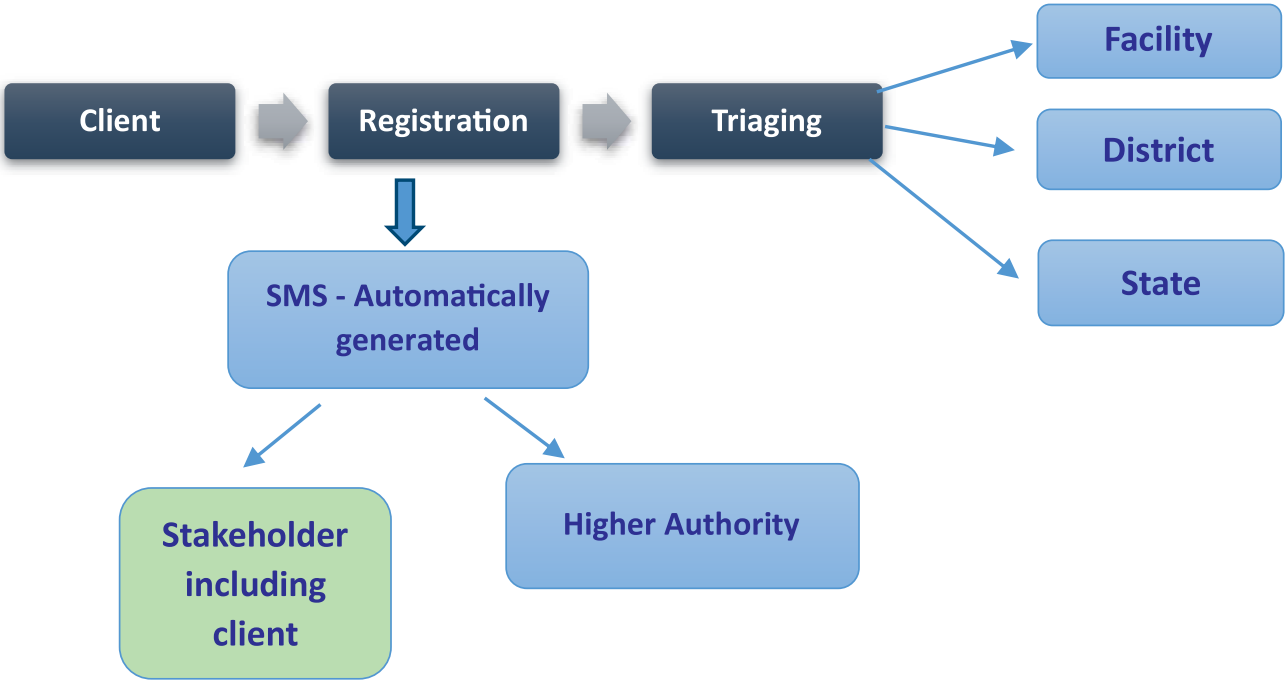


Figure: shows the flow of registration of grievances.

✓ **Grievance resolution and escalation**

In general, the facility will be the first level/authority to resolve the grievances. The facility has a maximum window of 7 days under which it has to resolve the grievance and upload it on the web portal, failing which it would get automatically escalated to the district level. If it still remains unresolved at the district level for a further 7 days, then it would get escalated automatically to the state level to the Principal Secretary Health or Mission Director(NHM) of the state/UT. It is presumed that once the grievance reaches the Principal Secretary health/ Mission Director(NHM), it would be resolved within the next 7 days which effectively means that a particular grievance gets resolved within a maximum period of 21 days (See chart below). At every step of the escalation, the stakeholder gets automatically generated SMSs showing the status and level of his/her grievance.

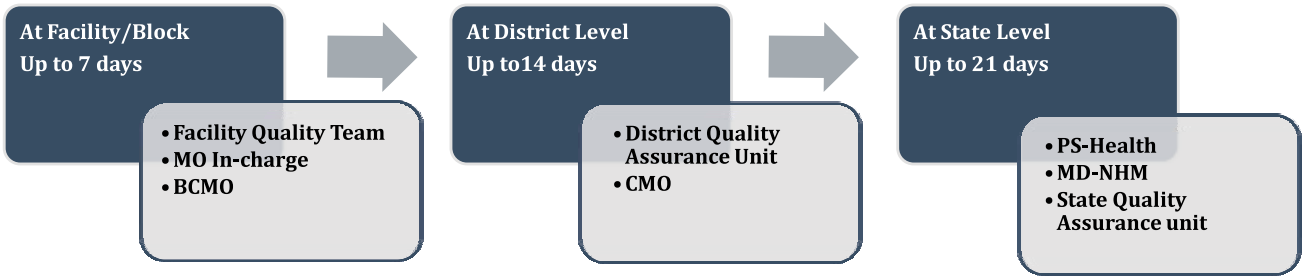


Figure: Escalation of Grievances from Facility to PS-Health level with Time Limits and Nodal Persons

NOTE

- ✓ SUMAN nodal persons have to be identified at facility, block, district and state levels.
- ✓ It is the responsibility of the State Government to ensure that contact details of the State GR Nodal Officers, District CMHOs/ District GR Nodal Officers and nodal officers of SUMAN facilities (identified by the State) are uploaded on the SUMAN portal.
- ✓ Every nodal officer will have an individual ID and password to check the grievances reported for their facility/district/state and follow up on resolution of the issue with the concerned facility.
- ✓ The nodal officers will have the responsibility of checking the portal at regular intervals for noting down grievances registered at their level.

All real time grievances that have been registered via help desk would be additionally triaged into urgent and non-urgent categories. All urgent grievances need to be resolved immediately as per the need and requirement of the case.

Grievance Monitoring and Reporting:

- SUMAN committees at various levels and also the state/district health society and RKS at facility level shall be monitoring the registration, resolution and escalation of the grievances every month.
- The committees will also suggest corrective actions and gap filling for such grievances which are generated due to systematic gaps in availability of Infrastructure, HR, drugs, diagnostics, transport and patient amenities etc.

Awards/ recognition of facilities, districts and States would be based on parameters such as time taken in resolving the grievances.

SUMAN Beneficiary Feedback Mechanism

- Upon discharge, beneficiary will receive a feedback request where she can share her feedback about her hospitalization experience.
- While feedback must be collected via feedback forms at facility level, mechanisms for beneficiary feedback through **"Mera Aspataal"** will be strengthened.

For details on establishing GR System: *Guidelines for Establishing Grievance Redressal and Health Help Line* by MOHFW may be referred.

SUMAN – COMMUNITY LINKAGES & SUPPORT

Community participation, ownership and sustained action is critical to equitable and high-quality delivery of entitlements guaranteed under SUMAN.

The SUMAN initiative needs to be scaled up to the village and Panchayat level with support from public representatives and community. They need to be sensitized to take cognizance of the fact that maternity and infant care are part of health services and should be available at their respective Sub-center, PHC,CHC or HWC . Therefore, it is important that public leaders take positive interest in ensuring that the health facilities are functional and requisite services are being delivered.

There are various institutional structures and platforms, development actors and change agents at community level, which have a critical role in Social Mobilisation for delivery and quality of healthcare service for improving health of community. In every community a number of these institutional platforms and workers are in place, who can be used effectively in social mobilisation and accountability processes within the SUMAN initiative.

The broad functions of these agencies (PRIs, RKS/HWC, VHSNC, CSOs, NGOs, CBO and SHGs) would be:

- ✓ Organizing periodic meetings to generate awareness among beneficiaries and their families.
- ✓ Raising awareness about the cashless care during pregnancy, childbirth and postnatal period, including care of newborn and infants at public health facilities.
- ✓ Sensitizing the family on the importance of getting timely ANC checkups and ensuring stress-free environment for a pregnant woman for healthy pregnancy outcomes.
- ✓ Celebrating motherhood with no gender discrimination.
- ✓ Ensuring 100% registration and social review (verbal autopsy) of maternal deaths and addressing the social causes of maternal deaths
- ✓ In the event of having a problem in getting referral transport on time, the Panchayat / community to come forward and facilitate it.
- ✓ Adopting the Health Facilities

The detailed roles and responsibility of each agencies are listed in **“Annexure-VI”.**

SUMAN VOLUNTEERS

Premise of SUMAN Volunteers:

- Although access to health services has seen significant improvement under the National Health Mission, several challenges still persist especially in Aspirational Districts and in remote and difficult locations.
- The challenges range from high out of pocket expenditure, lack of timely availability of ambulances/ referral transport, lack of appropriate and timely information during emergencies leading to multiple referrals, lack of respectful care etc. Additionally, adequate and complete ANC, adequate nutrition during pregnancy, home deliveries etc. are still a challenge in view of lack of appropriate IEC and prevailing myths and misconceptions.
- It is believed that empowered and well respected members of the society can address the above challenges better as they are from the same community as the beneficiary.

Hence, the concept of SUMAN volunteers has been introduced under the initiative.

Profile of SUMAN Volunteers

Empowered and well respected members of society such as PRI representatives, opinion leaders, school teachers, civil society representatives, SHG members etc can opt to become SUMAN Volunteers, provided they are committed to the cause and are willing to devote time for the same. They can be from any gender.

Expected Roles and Responsibilities of SUMAN Volunteers

The volunteer should support the beneficiaries in the following-

- Should devote some time for supporting the community /family in getting the services envisaged under SUMAN initiative.
- Should have good liaison with the local service providers working in government health facilities and support them in delivering SUMAN services.
- Should participate in VHSNC/Panchayat/MAS meetings and orient the members on various entitlements under the SUMAN.
- Should engage/support in generating community awareness about various entitlements under the program.
- Should meet family and community and help in sensitizing them on the type of support that they can provide to the pregnant women for safe motherhood. He/ She must ensure that all pregnant women are registered and receive their entitlements.
- In case of emergencies, they must ensure that the pregnant woman have access to referral transport and reach the appropriate level of health care facility in time.

- Should visit the nearest and referral health facilities to observe and understand the services being rendered and the problems the service providers are encountering or the lack of logistics like drugs, diagnostics, equipmens, being faced by the health facilities and discuss these with RKS and PRIs to improve the services.
- Should obtain feedback from pregnant women in their area every quarter on their experience of care, document this feedback and share the results with the local MO, ANM, ASHA, AWW etc. He/ she should report about achievements and deficiencies in services, upload photographs/pictures ofservice delivery activities etc. on social media or on the web portal of this program.
- They should report any denial of services at the facilities designated under SUMAN to higher authorities. If pregnant women or their families report lack of cashless services, informal payments, lack of respectful care etc. they must submit the grievances through the SUMAN portal so that assured resolution can be attained..

In short SUMAN Volunteers should strive to act as a bridge between the health system and the community to enable the beneficiaries to avail of their entitlements under the scheme.

Registration and Capacity Building of Volunteers:

- Every Anganwadi Centre, Sub Centre, HWC and PHC must conduct a drive to register volunteers and maintain the village wise list of volunteers in their area.
- States /district can organize half day orientation program for the registered volunteers to orient them on various provisions and entitlements under SUMAN and the expected role of the volunteers.
- Every Anganwadi Centre, Subcentre, HWC and PHC must display the names of registered volunteers in their area and share the information with pregnant women and their families while registering them with MCP cards.

Awards to Volunteers - SUMAN CHAMPION

Awards would be based on overall performance of the village/ area where the volunteers provide services which can be checked from the RCH portal data of the village.

These 'Champions' can be anyone from the population who is either a volunteer, ASHA, ANM, Nurse, Doctor or any service provider who has done exemplary work for saving the lives of mothers and infants.

It will be the prerogative of the district to identify a good performing volunteer and felicitate/ recognize them with Certificates/Mementos etc.

REPORTING OF MATERNAL DEATH

GoI introduced MDR (Maternal Death Review) and later MDSR (Maternal Death Surveillance and Response), which is a continuous cycle of identification, notification and review of maternal deaths followed by actions to improve quality of care and prevent future deaths. However, the reporting of maternal deaths is still very low and its review for corrective action is negligible.

Current Mechanism

- The MDSR and CDR guidelines clearly identifies the **primary informants** which are the village level volunteers i,e ASHA reporting all women's death in the age group of 15 to 49 years and children from 0-5 years.
- In urban areas, urban ASHAs/Link workers are the primary informants.
- All maternal deaths and child deaths are to be reported by the ASHA (as primary informant) which is then verified/countersigned by the ANM.
- The deaths are then notified/conveyed/reported to the block MOIC.
- The block MO In charge then forms a committee within 3 weeks for review of the maternal death. The committee after investigating the death, submits the report to the block MOIC.
- The cause of death is then decided as per protocol laid down in the guidelines.

Ensuring 100% reporting of maternal deaths is one of the expected outcomes of this initiative and this will help in identifying and closing the gaps to prevent future maternal deaths.

Proposed Mechanism for Strengthening Reporting & Review of Maternal Death under SUMAN

Any person who first reports a maternal death shall be entitled to get an incentive of Rs 1000/-.**The mode of reporting shall only be through 104 call center.** No other mode of reporting except those specified by the State through a Government Order shall be entertained. Incentives shall be payable to the **first informant** (as per the verifiable records) only after the death is certified by the designated block team.

Generally the maternal death reporting includes both **facility based** and **community based** as in MDSR system. However for payment of incentives, only deaths taken place in the community should be considered.

Process for Registering Maternal Death-

1. The caller/first reporter will report the maternal death on the 104 Call centre.
2. The call handler will record the credentials of the reporter. He/ She should also note the name and identity number (from amongst any of the accepted ID cards accepted in India e.g .AADHAR, Voter ID, Passport, Driving license, Ration card etc.)

(Also record the details of the mother whose death is reported – Name, Age, Husband/ Father's name, Address)

3. Upon registering the call, the call center operator will inform the SNO/DNO of the district as per the residential address of the mother whose death was reported.
4. The state/district nodal officer will inform the concerned block MOIC of the area where the deceased was residing.
5. The block MOIC will constitute a team as per MDSR guideline for verification of death as maternal death.
6. Once the death is verified as maternal death the block MOIC will inform the call center and also update on the web portal about the confirmation of death.
7. Block MOIC will also inform the first caller for sending bank details for online transfer of the incentive amount.
8. The call center will then confirm from the person who reported death about receipt of incentive money before closing the report.

NOTE

- Besides designated primary informant anybody from the population/community can also make a call for giving information about a particular maternal death.
- **In case the first informant is an ASHA she will get the incentive for being the first informant along with the incentive meant for primary informant.**
- In case of a death in transit that has occurred in an ambulance, the ambulance technician is mandated to notify the death
- Incentives/Certificates/Awards to the districts may be given for achieving 100% reporting and reviewing of maternal deaths.

MONITORING AND SUPERVISION

Monitoring and supportive supervision of the SUMAN Initiative is primarily the responsibility of the National, State and District SUMAN Committees. The national and state program divisions also need to monitor the implementation and bottlenecks in the program and facilitate closure of gaps through financial support in annual programme implementation plans.

Under National Health Mission various mechanisms have already been defined for monitoring and supervision. These mechanisms should be leveraged for monitoring the program for eg: RKS can play an important role in monitoring the performance of the health facilities vis-a-vis the service guarantee charters. These agencies can deliberate and discuss about the support required by the facilities. Some of the existing platforms are-

- VHSNC/MAS
- Gram/block/Zila Panchayat
- Urban Local Bodies
- RKS/DHS/SHS

FACILITY ASSESSMENT CHECKLIST for SUMAN –**Annexure VII**

FACILITY READINESS CHECKLIST for States –**Annexure VIII**

BUDGET

Initiatives under the SUMAN are to be delivered through existing public health system. There is already provision of budget under NHM for infrastructure, HR, equipment, capacity building, IEC and other various components of the program and health system.

Accordingly, any budgetary requirement for SUMAN can be reflected under pertinent budget heads for existing activities having unique FMR codes

Activity	FMR Code
Notification of SUMAN basic, BEmONC and CEmONC facilities	Assessment and notification cost-FMR-1.1.1.6
If there are gaps at facility level that needs to be filled,they can be budgeted under respective heads for HR/ procurement etc.	Ministry of Health & Family Welfare
Strengthening of 104 Grievance redressal mechanism (including help desk)	FMR- 13.3.1
Advocacy for SUMAN	FMR-11.4
Community engagement under SUMAN	FMR- 3.3.4
Incentive for 1st responder for maternal deaths	FMR-3.2.3.4
Any other activity under SUMAN	FMR- 1.1.1.6

ANNEXURE I

Service Guarantee Charter

All Pregnant Women/Infants visiting SUMAN designated public health facilities are entitled to the following free services:

- Respectful care with privacy and dignity
- Safe Motherhood booklet and Mother and Child Protection Card with service guarantee charter (in the local language).
- 4 ANC checkups (including one checkup during the 1st trimester) and at least one checkup under PMSMA in the 2nd or 3rd trimester of pregnancy.
- 6 home based newborn care visits.
- Free transport from home to health institutions (dial 102/108), assured referral services with scope of reaching health facility within one hour of any critical case emergency and Drop back from institution to home after due discharge (minimum 48 hrs)
- Cashless delivery and C-section facility and management of complications.
- Early initiation and support for breastfeeding
- Cashless services for sick neonates and infants.
- Zero/birth dose vaccination.
- Post-partum services and counseling including for Family planning services.
- Comprehensive Abortion Care Services in line with the MTP Act.
- Services by trained personnel (including Midwife/SBA).
- Conditional Cash transfers/ direct benefit transfers under various central and state specific schemes.
- Time bound redressal of grievances through call center/helpline, web portal etc

ANNEXURE II

SUMAN Facility-wise Service Guarantee Packages

	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
Type of Facility	(HWC-SHC/HWC-PHC/PHC/ UPHC)	(Non- FRU CHC/UCHC/ SDH/Other hospitals)	(Medical College/ District Hospital/Sub District Hospital/FRU-CHC/UCHC)
Essential Package across all levels	• Community awareness and engagement for SUMAN information and package dissemination. • Safe motherhood booklet, mother and child protection card. • Counseling and IEC/BCC for safe motherhood and newborn care • Provision of Family Planning services (as per basket of contraceptive choices), and Family planning counselling of eligible couples with emphasis on importance of Healthy Timings and spacing of Pregnancy (HTSP) for mother and child health. • Detection of pregnancy through pregnancy testing kits. • Maternal and newborn services delivered with Quality and Dignity by trained personnel (including Midwifery/SBA/NSSK) • Ensuring respectful maternity care (including privacy, confidentiality, provision of birth companion, choice of birthing position, cordial, congenial and supportive environment etc) • Counseling during ANC and intra-partum period on early initiation of breastfeeding, benefits of breastfeeding (including colostrum feeding) for mother and baby and counseling for exclusive breastfeeding during post-partum period • Lactation support and management services at health facilities and counseling including support for breastfeeding at community as well as VHSNDs • Clean health facilities with provision of water, hygiene and sanitation measures. (As per Kayakalp and IPHS guidelines) • Free and zero out of pocket expense services for beneficiaries – ANC, PNC, delivery, maternal and newborn complication management. • Free referral transport from home to facility, inter facility and drop back for pregnant women at the time of delivery and in case of ANC/PNC complications along with sick infants upto 1 year of age • Home based newborn care visits following Home based young child care visits. • Family participatory care • Conditional Cash Transfer under Janani Suraksha Yojana and Pradhan Mantri Matru Vandana Yojana and any other State scheme.		

	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
	• Time bound redressal of grievances through SUMAN web portal/ call center/helpline/ sms / help desks (only at high case load facility)		
Type of Facility	• Pre-Pregnancy Care Service Package • Detection of pregnancy through pregnancy testing kits • Routine ANC, PNC and identification and management of basic complications. • At least 4 ANC checkups, referral for one PMSMA checkup • Complete and comprehensive ANC of all pregnant women as per GoI ANC guidelines. • Breast examination during ANC visits in 3rd trimester and diagnosis and management of difficult breast conditions (Inverted/cracked nipples) and counseling on early initiation of breastfeeding, benefits of breastfeeding for mother and baby. • Identification basic management and referral of high risk pregnancies. • Identification and screening of HIV & Syphilis cases.	**All in Basic package, plus the followings:** • Assisted vaginal deliveries (ventouse delivery) • Management of basic complications and referral to CEmONC after initial management if required. • Episiotomy and suturing • Stabilization of obstetric emergencies and assured referral to CEmONC facilities. • Antibiotics for preterm or PROM for prevention of sepsis of newborns • Postnatal Maternal Care Package including 48 hours stay • Sterilization services, if available) • Depending on the availability of trained provider/s in facilities, comprehensive abortion care services (including counseling & contraception) for medical methods (MMA) in PHCs and both Manual	**All in BEmONC Package, plus the followings :** • Identification, screening and testing for Elimination of Mother to Child Transmission (EMTCT) services for HIV & Syphilis including Early Infant Diagnosis. • Link ART/ART at DH. • Delivery of HIV positive women • CEmONC Services including signal functions • Comprehensive management of all obstetric emergencies, eg, PIH/ eclampsia, sepsis, PPH, retained placenta, shock, obstructed labour, severe anemia • Caesarean Section and other surgical interventions • Blood bank/storage center • Blood grouping and cross-matching • Depending on the availability of trained provider/s in facilities, medical

	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
Type of Facility	• Case management of RTI/STI • Skilled Birth Attendance (only in subcentre designated as delivery points) • Pre-referral management for obstetric emergencies (Eclampsia, PPH, shock) • Family planning counselling of eligible couples with emphasis on importance of Healthy Timings and Spacing of Pregnancy (HTSP) for mother and child health. • Provision of Condoms, Oral Contraceptive Pills and Pregnancy testing kits. (IUCD, Injectable MPA services, if trained provider is available) • Refer women to appropriate referral site for safe abortion care services • Confidential Counselling of safe abortion services • Follow-up for any complication after abortion and appropriate referral, if needed	Vacuum Aspiration (MVA) & MMA in CHCs as per provisions of MTP Act.	and surgical methods of abortion upto 20 weeks as per provisions of MTP Act. • Treatment of incomplete/Spontaneous Abortions • Management of all post abortion complications
Type of Facility	• Newborn Care Corners- Essential Newborn Care including resuscitation • Birth dose immunization (OPV, BCG, Hep B; as per GoI schedule), Inj. Vit. K I	**All in Basic package, plus the followings:** • Newborn Stabilization Units (non-FRU CHC)	**All in BEmONC Package, plus the followings :** • Special Newborn Care Unit (at DH or Medical College)

	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
	• Early initiation of Breastfeeding including colostrum feeding. • Exclusive breastfeeding • Identification and prompt referral of "at risk" or "sick" newborn • 6 Home Based Newborn Care visits • Home based Young Child care visits • Free Referral of sick neonate and infants under JSSK • Use of oral Amoxicillin and injection Gentamycin by ANM at community for neonatal sepsis management • In Infant, community level management of Diarrhea with ORS and Zinc and Pneumonia with oral Amoxicillin	✓ Identification and Management of LBW infants >/= 1800 g with no other complications ✓ Phototherapy for newborns with hyperbilirubinemia ✓ Management of newborn sepsis ✓ Stabilization and referral of sick newborns and those with very low birth weight • Facility level management of sick infant including Diarrhea and Pneumonia • Breastfeeding and support for Express breastfeeding and KMC *1LBW infants >/= 1800g at NBSU level.* *2 LBW infants </=1800g at SNCU level.*	✓ Management of LBW infants </= 1800g ✓ Managing all sick newborns (expect those requiring mechanical ventilation major surgical interventions) ✓ Management of newborn sepsis ✓ Stabilization and referral of sick newborns for Level III care • Follow-up of all babies discharged from the unit and high-risk newborns. • Stabilization and referral of sick newborns for Level III care • Follow-up of all babies discharged from the unit and high-risk newborns.

[2]*It is not mandatory that all facilities providing the SUMAN Basic Package should conduct deliveries. However, facilities that are already conducting deliveries may continue to do so. Such facilities must prepare a prospective plan for shifting these deliveries to higher centres in due course. Such a shift is being promoted as evidence dictates that facilities with high birth volumes have higher score for maternal care quality.*

ANNEXURE - III

Indicators for Measuring Quality Maternal Care Services.

Antenatal Indicators

1. % of ANC registered within first trimester against the total ANC registrations.
2. % of pregnant women receiving four or more antenatal care check-ups against total ANC registrations.
3. %of pregnant women having severe anemia treated against total number of PW having severe anemia tested cases.
4. % of Institutional Deliveries out of total estimated deliveries

Labor Room Indicators

1. % of deliveries attended by birth companion.
2. % of deliveries conducted at night.
3. % of obstetric complication cases managed.
4. % of deliveries conducted using real time Partograph.
5. % of deliveries conducted using safe birth checklist.
6. Proportion of episiotomies done against all deliveries.
7. Proportion of elective caesarean section.
8. % of cases referred to OT.
9. % of newborn required resuscitation out of total live births.
10. % of newborn breastfeed within 1 hour of birth.
11. No of cases of neonatal asphyxia and neonatal sepsis.
12. No of cases of maternal death related to eclampsia/PIH.
13. No of cases of maternal death related to APH/PPH.
14. % of newborn referred out of those detected with danger signs
15. Number of fresh stillbirths
16. Number of cases of neonatal sepsis
17. Number of cases of birth asphyxia
18. Number of neonatal deaths and proportion reported
19. % of LBW babies receiving KMC
20. % of mothers of LBW supported for breast feeding
21. Proportion of newborn received birth dose immunization

Post Natal Indicators

1. % of PPIUCD inserted against total number of normal delivery.
2. Women discharged under 48 hrs of delivery in public institutions to total Number of deliveries in public institutions.
3. Newborns visited within 24 hrs of home delivery to total reported home deliveries.
4. % of mothers received postnatal care from trained health personnel within 7 days of delivery.
5. % of mothers received postnatal care from a trained community worker within 3 days of delivery.
6. % of newborns received post natal care from a trained community worker within 3 days of delivery.
7. % of registered pregnancies for which the mother received mother and child e-card.

ANNEXURE - IV

TOR State Level Committee:

- ✓ To develop a road map and action plan for implementation of the initiative with the aim to ensure that the RMC and entitled services are delivered free, as part of service guarantee for maternal , newborn and infant care.
- ✓ To strengthen the health system by ensuring Assured availability of required HR, Specialists, Drugs, Diagnostics, Referral services, responsive allocation of funds to healthcare facilities etc. in the state.
- ✓ To ensure that there are adequate number of CEmONC facilities/ First Referral Units that are so geographically distributed that they can be accessed within an hour from all health care facilities in line with the time to care approach.
- ✓ To ensure 100% registration of all maternal deaths and ensuring systematic maternal death review (facility and community based) are undertaken as per the Guidelines for Maternal Death Surveillance, Response, and corrective measures undertaken to address the systemic gaps.
- ✓ To conduct output oriented review of all the districts to ensure that all the entitlements are being provided to the pregnant women in the state.
- ✓ To undertake special orientation for PRIs and social groups including SHGs to generate awareness, ownership and highlighting the facilities which are performing well and those who need further support.
- ✓ To conduct interdepartmental convergence meetings.
- ✓ To develop Center of Excellences so that they can provide guidance, mentoring and capacity building to the respective districts.
- ✓ To support districts in translation of IEC material & operational guidelines.
- ✓ To monitor status of implementation of the initiative through HMIS reports and field monitoring visits by state team/district officials.
- ✓ The committee members will meet every quarter to review the progress, grievances, bottlenecks and solutions to overcome it.
- ✓ To ensure that necessary budgetary provisions for the SUMAN are made in the state annual PIPs and are disbursed responsively (online/ otherwise) to the facilities to ensure assured availability of adequate funds at all times.

TOR District level committee:

- ✓ Monthly review of the initiative based on the HMIS data, supportive supervision visit findings and reports.
- ✓ Orientation and capacity building of the service providers and stakeholders on SUMAN.

- ✓ To ensure that there are adequate number of CEmONC facilities/ First Referral Units that are so geographically distributed that they can be accessed within an hour from all health care facilities in line with the time to care approach.
- ✓ To ensure 100% registration of all maternal deaths and ensuring systematic maternal death reviews (facility and community based) are undertaken as per the Guidelines for Maternal Death Surveillance and Response and corrective measures undertaken to address the systemic gaps.
- ✓ Facilitating interdepartmental convergence and ensuring use of community-based platforms like VHND and VHNSC (Village Health, Nutrition and Sanitation Committee)for holding meetings, and Gram Panchayats for community mobilization and mass awareness.
- ✓ Developing strategies that will ensure community mobilization, participation and monitoring, so that community ownership can be generated.
- ✓ Ensuring that all the SUMAN notified facilities are NQAS quality certified.
- ✓ Ensuring time-bound redressal of grievances.

Additional Critical Responsibilities of Block Level Committee:

- ✓ Ensuring that assured service guarantee (including 4 ANC checkups), assured referral services , post natal home visits etc, are being provided to the beneficiaries.
- ✓ Ensuring the availability of EDL (Essential Drug List) at the desired facility level.
- ✓ Ensuring that all SCs and PHCs are converted in HWCs and providing services as per comprehensive primary health care guidelines.
- ✓ To ensure 100% registration of all maternal and Child deaths and ensuring systematic maternal death review (facility and community based) are undertaken as per the Guidelines for Maternal Death Surveillance and Response and corrective measures undertaken to address the systemic gaps.
- ✓ Holding interdepartmental convergent activities.
- ✓ Ensuring use of community-based platforms like VHND, VHNSC for holding meetings, and Gram Panchayats for community mobilization and mass awareness.
- ✓ Ensuring that facilities are compliant with NQAS quality certification and standards.
- ✓ Making appropriate usage of health care technology in reporting, recording and service provision, e.g., usage of tablets by ANMs.
- ✓ Identifying champions and best performers in the block/village level and recognizing them on village level platform.
- ✓ Generating monthly reports on initiative performance and regular analysis of the same.

ANNEXURE - V

Roles and Responsibilities of Centers of Excellence

These Centres of Excellence (CoE) will act as a resource center for: -

- ✓ Technical, programmatic and monitoring support to public health facilities for implementation of the SUMAN.
- ✓ Orientation, training and supporting service providers for creating a mother-friendly environment at facilities to provide safe delivery and respectful maternity care.
- ✓ Creating an ideal demonstration model for training and counselling the center to train all the service providers on quality ANC, PNC, Safe delivery and Respectful maternity care.
- ✓ Guiding and conducting training for provision of quality infant care including complication management.
- ✓ Identifying State Trainers and Supervisors to monitor these activities, in collaboration with the State Committee,
- ✓ Creating a pool of Master Trainers to train service providers on highlighting the connection between human rights language and key program issues relevant to safe maternity care.
- ✓ Ensuring i that each and every maternal death is reported and investigated as per the GoI MDSR guidelines.
- ✓ Conducting regular referral audit of all unnecessary referral cases or refusal to admit complicated pregnancies at PHC, CHC, FRU, district hospitals and other medical colleges.
- ✓ To establish a CoE, the respective medical college will get all necessary budgetary support through State PIP.
- ✓ CoE will meet on a monthly basis with State Committee to update, discuss the progress or any implementation challenges, so as to get necessary support from State.
- ✓ Generate actions to support changes in provider behavior, clinical environments and health systems to ensure that all women have access to respectful, competent and caring maternity health care services by ensuring high professional standards of clinical care.

ANNEXURE - VI

Role and Responsibilities of PRIs/ RKS/HWCs/ VHSNCs/ NGOs/CBOs/ SHGs:

- Support in spreading awareness about the SUMAN entitlements across all levels
- Encourage community to share their experiences and complaints related to delivery of services and their quality and all entitlements under the initiative.
- Play an active role in execution of social accountability measures such as social audits, public hearings, health assemblies, etc.
- Actively participate in and play lead role in community level consultations, which will be facilitated by ASHA, ANM and ASHA Facilitators,
- Raise concerns related to local health facilities with the respective RKS
- Engage with the community to raise awareness about SUMAN entitlements
- Support in monitoring and improving local health facilities by actively participating in the meetings of block level and district level SUMAN Committees
- Support the delivery of entitlements under the SUMAN program
- Participate in community-led accountability initiatives such as social audits and also in VHND and VHSNC meetings especially on issues around maternal health.
- Share materials and information on entitlements under SUMAN as provided by VHSNCs/ PRIs with the community members
- Ensuring all maternal Death Reporting.
- Promote grievance reporting and monitoring number (toll-free number)
- Organize 'Maternal Health Month' and drive campaigns to generate awareness on maternal health issues
- Organise annual interface meetings at different levels (district, state and national) in coordination with PRIs and RKS to enable community review of health plans and their performance as well as record ground-level experiences, which call for corrective responses at the systemic level.
- Conduct community mobilization events to encourage SUMAN uptake like 'Mothers' picnics' where first time mothers in their first or second trimester are taken to the hospital for explanation of what actually happens in a hospital, where to go and whom to meet to access various services. It would help in familiarizing mothers with the hospital premises and protocols, help improve their faith in the public health system and enable a positive pregnancy experience.
- Gram Sabha discussions to increase awareness of right practices, RMC, citizen charter, grievance redressal system, Government initiatives need to be conducted during PRI meetings

- Devise innovative non-monetary incentives to motivate volunteers and ensure that the champions are provided with the promised incentives
- ZP, JP and GP members should enroll as SUMAN Volunteers and also motivate other respected members of society to join
- In all SUMAN designated facilities and also all CHC level facilities, RKS/HWC should be engaged in supporting the SUMAN programme and facilitating community's access to services under the initiative
- RKS will ensure accountability of the service provider towards the community by ensuring compliance with the minimum standards
- RKS/HWC will act as a key facilitator to improve the quality standards of facility, based on inputs received from the community via various social accountability mechanisms as adopted by VHSNCs, PRIs, and other community members including SUMAN volunteer.
- RKS/HWC will monitor the grievances specific to the facility keeping it as a standing agenda of the monthly meetings
- All the feedback received under GR will be reviewed by District Quality Assurance Cell (DQAC), and Block Quality Circles for action, thereby assuring the accountability of health services towards women and communities.

Note: The roles and responsibilities under SUMAN for various stakeholders are mostly common. Depending upon the presence of organizations/groups active in a particular geographical area, they can sit together and identify the localities that they will prefer to serve. Accordingly various geographical area can be adopted by such volunteers/ Groups/ NGOs/PRIs etc.

ANNEXURE - VII

Facility Assessment Checklist- SUMAN

Name of state:	Name of district:	Name of Facility: Type of facility: Medical college/DH/ SDH/AH/CHC/Any other
Name of person visiting :	Designation & Contact details:	Date of visit:

S.No	Questions	Yes/No/Mention Nos	
GENERAL INFORMATION			
	Level of Facility - L1/L2/L3		
	Population covered by the facility under assessment		
	Whether the facility is LaQshya certified	State/national/both/none	
	Does the facility come under remote/difficult areas.	(Yes/No)	
INFRASTRUCTURE			
1.	Number of beds in the entire health facility		
2.	Number of functional operation theatres (OTs)		
3.	Number of Labor tables/ LDR beds		
4.	Number of beds in obstetrics HDU/ ICU		
5.	Functional- Emergency Department	Yes/No	
6.	Number of beds in Emergency Department (if functional)		
7.	For Q 8-10, answer for maternity ward and pediatric ward separately	Maternity ward (ANC+PNC)	Pediatric ward
8.	Number of functional beds		
9.	Bed occupancy Rate (%) (MCH Wings/DH level) (Total number of inpatient days for a given period x 100 / Available beds x Number of days in the period)		
10.	Average daily OPD/IPD last month		

11.	Number of beds (if available)	SNCU	
		NBSU	
		NICU	
12.	Availability of functional blood bank/ blood storage		(Yes / No)
13.	Availability of functional round the clock lab services		(Yes / No), If Yes, whether (In house or outsourced)
14.	Availability of functional toilet in Labor room		(Yes / No), If Yes, whether (separate for male & female/ common)
15.	Number of Beds in Pediatric Ward		_____,(Adequate/Inadequate)
16.	Newborn Care Corner		(Yes/No)
FUNCTIONALITY OF SERVICES			
A	**Maternal health**		
1.	Avg. Number of deliveries per month	Normal	
		Assisted	
		C- section	
2.	Number of complicated cases per month	APH	
		PPH	
		Eclampsia	
		Obstructed Labour	
		Fetal Distress	
		Septicaemia	
3.	MTP services	Upto 12 weeks of pregnancy.	(Yes / No)
		More than 12 weeks of pregnancy.	(Yes / No)
4.	Number of maternal deaths in the last 1 year		
5.	Number of PPIUCD insertions in last 3 month.		

B	**Newborn & Child Health**	
	Total admission in the SNCU unit(3 months) Inborn: Out born:	
1.	Number of live births in last 3 months	
2.	Number of still births in last 3 months	Fresh_____ , Macerated_____
3.	Number of neonatal deaths in last 3 months	
4.	Number of under 5 deaths in last 3 months	
5.	Total admissions in Pediatric ward (3 months) (Under 5 children admitted)	
6.	Number of birth doses given in last 3 months	bOPV _____
		Hep B _____
		BCG_____
		Inj.Vitamin-K
7.	Bed Occupancy rate of SNCU/NBSU	
8.	Case fatality rate in SNCU	
9.	Successful discharge rate in SNCU/NBSU	
10.	Mortality cause SNCU (Mention number) Acute Respiratory Distress Sepsis/Pneumonia Prematurity Birth Asphyxia	
11.	Babies referred from community(from SC-HWC/ASHA)	
12.	Oxygen system in SNCU (Mention type)	
13.	Neonatal type Pulse Oximeter in SNCU (Yes/No)	
14.	% of SNCU graduates followed up at facility (Number of SNCU graduates followed up/Number newborns Discharged in last 3 months *100)	

C	**Other RCH**	
1.	Avg. Number of Major Surgeries done per month (excluding C-section like-Cesarean Hysterectomy, Laparotomy for repair of deep vaginal tears, third degree cervical tears, uterine rupture, broad ligament hematoma, manual removal of Retained placenta etc.)	
2.	Avg. Number of Laboratory tests done per month	
3.	Average Number of Ultrasounds done per month	
4.	Average Number of X-rays done per month	
5.	Average Number of blood units issued per month (in-house for the facility)	
6.	Average number of cases referred- in per month	
7.	Average number of cases referred- out per month	
HUMAN RESOURCE AVAILABILITY (Check adequacy as per Maternal and Newborn Toolkit)		
1.	Number of Anesthetists	_____,(Adequate/Inadequate)
2.	Number of Pediatrician	
	Pediatric ward	_____,(Adequate/Inadequate)
	SNCU	_____,(Adequate/Inadequate)
3.	Number of Gynecologists & Obstetricians	_____,(Adequate/Inadequate)
4.	Number of Radiologists/Sonologist	_____,(Adequate/Inadequate)
5.	Number of Medical Officer	
	SNCU	_____,(Adequate/Inadequate)
	NBSU	_____,(Adequate/Inadequate)
	Pediatric Ward	_____,(Adequate/Inadequate)
6.	Number of Staff nurses (Designated for LR and OT)	_____,(Adequate/Inadequate)
	SNCU	_____,(Adequate/Inadequate)
	NBSU	_____,(Adequate/Inadequate)
7.	Number of counsellor (if any)	_____,(Adequate/Inadequate)

8.	Number of Lab technician	_____,(Adequate/Inadequate)
9.	Number of cleaning staff (Designated for LR and OT)	_____,(Adequate/Inadequate)
10.	Number of SNCU DEO	
EQUIPMENT'S & CONSUMABLES AVAILABILITY		
1.	7 Trays in LR (5 in case of L2 facility)	All/Some/None available
2.	Availability of autoclave drums for instruments, linen, gloves, cotton, gauge, sanitary pads etc.	(Yes / No)
3.	Refrigerator	(Yes / No)
4.	Pulse oxymeter	(Yes / No)
5.	Sterilizer	(Yes / No)
6.	Fetal Doppler	(Yes / No)
7.	PPIUCD Forceps	(Yes / No)
8.	MVA syringe and cannula	(Yes / No)
9.	MTP cannulas	(Yes / No)
10.	Episiotomy scissors with Needle holder	(Yes / No)
11.	Radiant warmers with Thermostat & Bag and mask set	(Yes / No)
12.	Laryngoscope and Endotracheal intubation tubes	(Yes / No)
13.	Phototherapy unit	(Yes / No)
14.	Oxygen concentrator /Filled O2 cylinder with Mask and tubing	(Yes / No)
15.	Boyle's apparatus	(Yes / No)
16.	Availability of essential medicines (Inj Oxytocin, Inj mag sulph, Inj dexamethasone, Inj Ampicillin, Inj Gentamicin, Inj.Adrenaline, Tab nifidipin, Tb methyldopa, Tab misoprostol)	(Yes / No), mention which is in stock-out_____
TRAINING & CAPACITY BUILDING		
	Whether Staff is trained on :-	
1.	SBA/BEmONC	(Yes / No)

2.	CEmONC/LSAS	(Yes / No)
3.	MTP	(Yes / No)
4.	NSSK	(Yes / No)
5.	FBNC	(Yes / No)
6.	F-IMNCI	(Yes / No)
7.	PPIUCD	(Yes / No)
ASSESSMENT OF RMC AT FACILITY (Observation)		
1	Screens/curtains are present at the entrance of ALL wards and labour room	(Yes / No)
2	Female toilets are clean with running water	(Yes / No)
3	Availability of western style Seat in labor room toilet	(Yes / No)
4	Availability of Labor delivery recovery room (LDR) for giving birth in alternate positions	(Yes / No)
PERFORMANCE OF RMC BY FACILITY STAFF		Ask the beneficiary
1.	Whether all findings and status of the progress of the client are shared by the staff with the woman under care and her companion	(Yes / No)
2.	Whether the service providers and support staff communicate respectfully and politely with the pregnant woman and her companion	(Yes / No)
IPC PRACTICES AND PROTOCOLS		
1.	Hand washing facilities are provided at point of use	(Yes / No)
2.	Staff is trained and adhere to standard hand washing practices	(Yes / No)
3.	Facility ensures adequate personal protection Equipment as per requirements	(Yes / No)
4.	Spill management protocols are implemented	(Yes / No)
5.	Availability of colour coded bins & Bags at point of waste generation	(Yes / No)

6.	Segregation of Anatomical and soiled waste in Yellow Bin	(Yes / No)
7.	Zoning in LR and OT	(Yes / No)
8.	Standard practice of mopping and scrubbing are followed & three bucket system is followed	(Yes / No)
OOP expenditure- Ask the beneficiary / companion		
1.	Whether the companion was asked to purchase any drug/consumable/blood etc from outside?	(Yes / No), If yes, mention the item ……..
2.	Was any beneficiary or her family members were asked for bribe or any form of informal payments?	(Yes / No)

ANNEXURE - VIII

Format for SUMAN compliant facilities

		SUMAN Service Guarantee Basic Package	**SUMAN Service Guarantee BEmONC Package**	**SUMAN Service Guarantee CEmONC Package**
	Type of Facility	(HWC-SHC/HWC-PHC/PHC/UPHC)	(Non- FRU CHC/ UCHC/ SDH/Other hospitals)	(Medical College/ District Hospital/ Sub District Hospital/FRU-CHC/UCHC)
1	Number of SUMAN identified facilities (A)			
2	Out of (A) Number of LaQshya certified facilities (B)			
3	Out of (B) Number of SUMAN compliant (NQAS certified) facilities			

ABBREVIATIONS:

AB-HW	:	Ayushman Bharat- Health and Wellness Centre
AIIMS	:	All India Institutes of Medical Sciences
AMU	:	Aligarh Muslim University
ANC	:	Antenatal Care
ANM	:	Auxiliary Nursing Midwifery
ART	:	Antiretroviral Therapy
ASHA	:	Accredited Social Health Activist
AWW	:	Anganwadi Worker
AYUSH	:	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BCG	:	Bacille Calmette-Guerin
BCMO	:	Block Chief Medical Officer
BEmONC	:	Basic Emergency Obstetric and New-Born Care
BHU	:	Banaras Hindu University
BPM	:	Block Programme Manager
CBOs	:	Community-Based Organizations
CDR	:	Child Death Review
CEmONC	:	Comprehensive Emergency Obstetric and New-Born Care
CHCs	:	Community Health Centre
CHO	:	Community Health Officer
CMO	:	Chief Medical Officer
CMS/MS	:	Chief Medical Superintendent/ Medical Superintendent
COE	:	Centers of Excellence
CSOs	:	Civil Society Organizations
DH	:	District Hospital
DHS	:	District Health Societies
DNO	:	District Nodal Officer

DPM	:	District Program Manager
DQAC	:	District Quality Assurance Committee
EAG	:	Empowered Action Group
EDL	:	Essential Drug List
EMTCT	:	Elimination of Mother to Child Transmission
FMR	:	Financial Management Report
FRU	:	First Referral Unit
GoI	:	Government of India
GP	:	Gram Panchayat
GR	:	Grievance Redressal
HBNC	:	Home Based Care for Mothers & New-Born
HDU/ICU	:	High Dependency Unit/ Intensive Care Unit
HIV	:	Human Immunodeficiency Virus
HMIS	:	Hospital Management Information System
HR	:	Human Resource
HTSP	:	Healthy Timings and Spacing of Pregnancy
HWC	:	Health and Wellness Centre
ICDS-CDPO	:	Integrated Child Development Services - Child Development Project Officer
IEC/BCC	:	Information Education Communication/ Behaviour Change Communication
IIHMR	:	Indian Institute of Health Management Research
IMR	:	Infant Mortality Rate
IPHS	:	Indian Public Health Standards
IT	:	Information Technology
IUCD	:	Intrauterine Contraceptive Device
JIPMER	:	Jawaharlal Institute of Postgraduate Medical Education & Research
JSSK	:	Janani Shishu Suraksha Karyakram

JSY	:	Janani Suraksha Yojana
KMC	:	Kangaroo Mother Care
LaQshya	:	Labour Room Quality Improvement Initiative
LBW	:	Low Birth Weight
LDR	:	Labor, Delivery, Recovery
MAA	:	Mother's Absolute Affection
MAS	:	Mahila Arogya Samiti
MCH	:	Maternal & Child Health
MCP Card	:	Mother and Child Protection Card
MD-NHM	:	Mission Director – National Health Mission
MDR	:	Maternal Death Review
MDSR	:	Maternal Death Surveillance and Response
MGIMS	:	Mahatma Gandhi Institute of Medical Sciences
MMA	:	Medical Methods of Abortion
MMR	:	Maternal Mortality Ratio
MOHFW	:	Ministry of Health and Family Welfare
MOIC	:	Medical Officer In-Charge.
MPA	:	Medroxy Progesterone Acetate
MTP	:	Medical Termination Pregnancy
MVA	:	Manual Vacuum Aspiration
NBCC	:	New-Born Care Corner
NBSU	:	New-Born Stabilization Unit
NFHS 4	:	National Family Health Survey 4
NHM	:	National Health Mission
NHSRC	:	National Health Systems Resource Centre
NQAS	:	National Quality Assurance Standards
NRLM	:	National Rural Livelihoods Mission
NSSK	:	Navjaat Shishu Suraksha Karyakram

OBGY	:	Obstetrics and Gynaecology
OPV	:	Oral Polio Vaccine
ORS	:	Oral Rehydration Solutions
OT	:	Operation Theatre
PGIMER	:	Post Graduate Institution of Medical Education Research
PHC	:	Primary Health Centre
PIP	:	Program Implementation Plans
PMSMA	:	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	:	Post Natal Care
PPH	:	Post Partum Hemorrhage
PRI	:	Panchayat Raj Institutions
PROM	:	Prolonged Rupture of Membranes
PS-Health	:	Principal Secretary Health
PSM	:	Preventive & Social Medicine
QoC	:	Quality of Care
RCH	:	Reproductive and Child Health
RKS	:	Rogi Kalyan Samiti
RMC	:	Respectful Maternal Care
RTI	:	Reproductive Tract Infection
SBA	:	Skilled Birth Attendant
SDG 3	:	Sustainable Development Goal 3
SHGs	:	Self Help Groups
SHS	:	State Health Societies
SIHFW	:	State Institute of Health and Family Welfare
SIRD	:	State Institute of Rural Development
SNCU/MNCU	:	Sick New-Born Care Unit/ Maternal New-Born Care Unit
SNCU	:	Sick New-Born Care Unit
SNO	:	State Nodal Officer

SQAC	:	State Quality Assurance Committee
SRS	:	Sample Registration System
STI	:	Sexually Transmitted Infections
SUMAN	:	Surakshit Matritva Aashwasan
TISS	:	Tata Institute of Social Sciences
TOR	:	Terms of Reference
UT	:	Union Territory
VHND	:	Village Health, Nutrition Days
VHSNC	:	Village Health, Nutrition & Sanitation Committee
WCD	:	Women and Child Development
ZP	:	Zilla Parishad

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