



**Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha**

Letter No : 5046

Dated : 22.04.2021

From

Smt. Shalini Pandit, I.A.S.
Mission Director NHM, Odisha

To

All Director of Health & Family Welfare, Odisha
The Superintendent of MCHs (All 7 Medical Colleges)
The CDM&PHOs (All 30 Districts)
The Director Capital Hospital, Bhubaneswar
The Director RGH, Rourkela

Sub : Guidelines for implementation of Surakshit Matritva Aaswasan (SUMAN).

Madam/Sir,

As you know in order to achieve zero preventable maternal and new born deaths, the programme Surakshit Matritva Aaswasan (SUMAN) will be executed throughout the State. The programme SUMAN promotes safe pregnancy, child birth and immediate post partum care with respect and dignity by translating the entitlements into a service guarantee which is more meaningful to the beneficiaries. The guideline for implementation of activities under SUMAN is attached herewith at Annexure-'A'.

You are therefore requested to take immediate steps for orientation of the staff and service providers and implement the activities as per the guideline with immediate effect.

Yours faithfully,


Mission Director NHM, Odisha

Date: 22.04.2021

Memo No: 5047

Copy submitted to the PS to the Addl. Chief Secretary, Health & Family Welfare Dept. for favour of kind information of the Addl. Chief Secretary.


Mission Director NHM, Odisha

Date: 22.04.21

Memo No: 5048

Copy submitted to all Collectors & District Magistrates for favour of kind information.


Mission Director NHM, Odisha

Date: 22.04.21

Memo No: 5049

Copy forwarded to all ADPHO(FWs) / ADUPHOs for information & necessary action.


Mission Director NHM, Odisha

Date: 22.04.21

Memo No: 5050

Copy forwarded to all DPMs / DMRCHs / DAMs for information & necessary action.


Mission Director NHM, Odisha

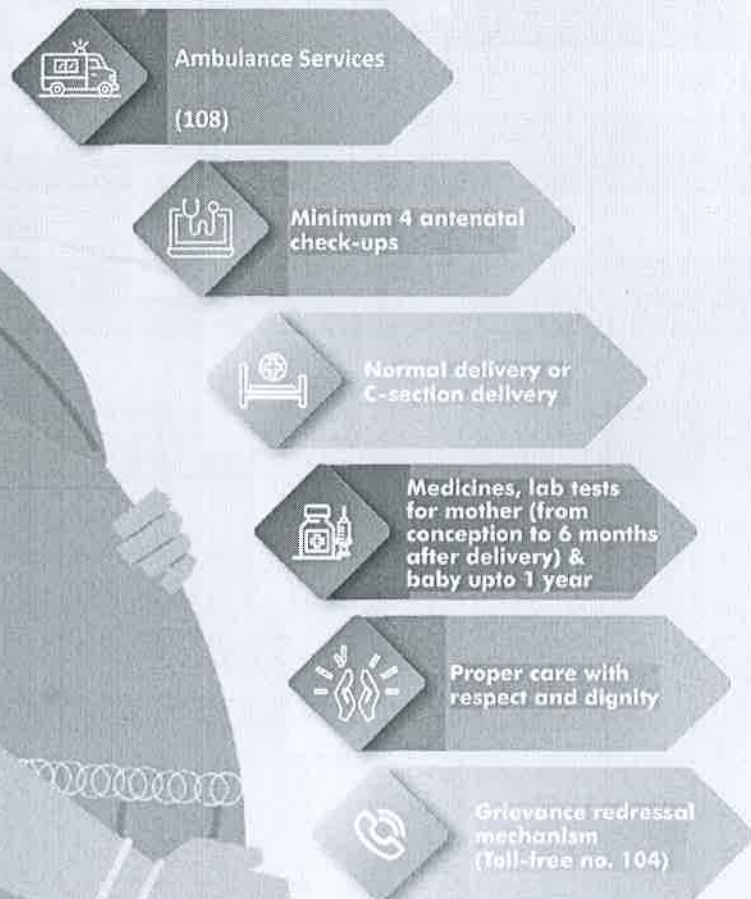


SURAKSHIT MATRITVA AASHWASAN



SURAKSHIT MATRITVA AASHWASAN (SUMAN)

STANDARD OPERATIONAL GUIDELINES



ALL THE ABOVE SERVICES ARE PROVIDED FREE OF COST



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S No	CONTENT	Page No
1	Introduction	2
2	Vision and Goal	4
3	Objectives and Beneficiaries of the initiative	4
4	Attributes of a SUMAN compliant facility	5
5	Broad pillars of the initiative	6
6	SUMAN service guarantee package	7
7	Institutional Framework	10
8	Creating Centers of Excellences	13
9	SUMAN Client feedback & Grievance Redressal mechanism	14
10	SUMAN Community Linkages & Support	17
11	SUMAN Volunteers	18
12	Reporting of Maternal Death	20
13	Monitoring & Supervision	21
14	Budget	22
15	Annexure (I-VII)	23
16	Abbreviations	43



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. In our State the MMR has reduced from 367 in 1998 (SRS) to 150 in 2016-18 (SRS).

Similarly, Infant Mortality Rate (IMR) in the country 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%) and in our state it was 87 (2002) and is 40 in 2018 (SRS).

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

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service guarantee for the entitlements. Simultaneously it also underlines the commitment of the 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 13th conclave 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 :

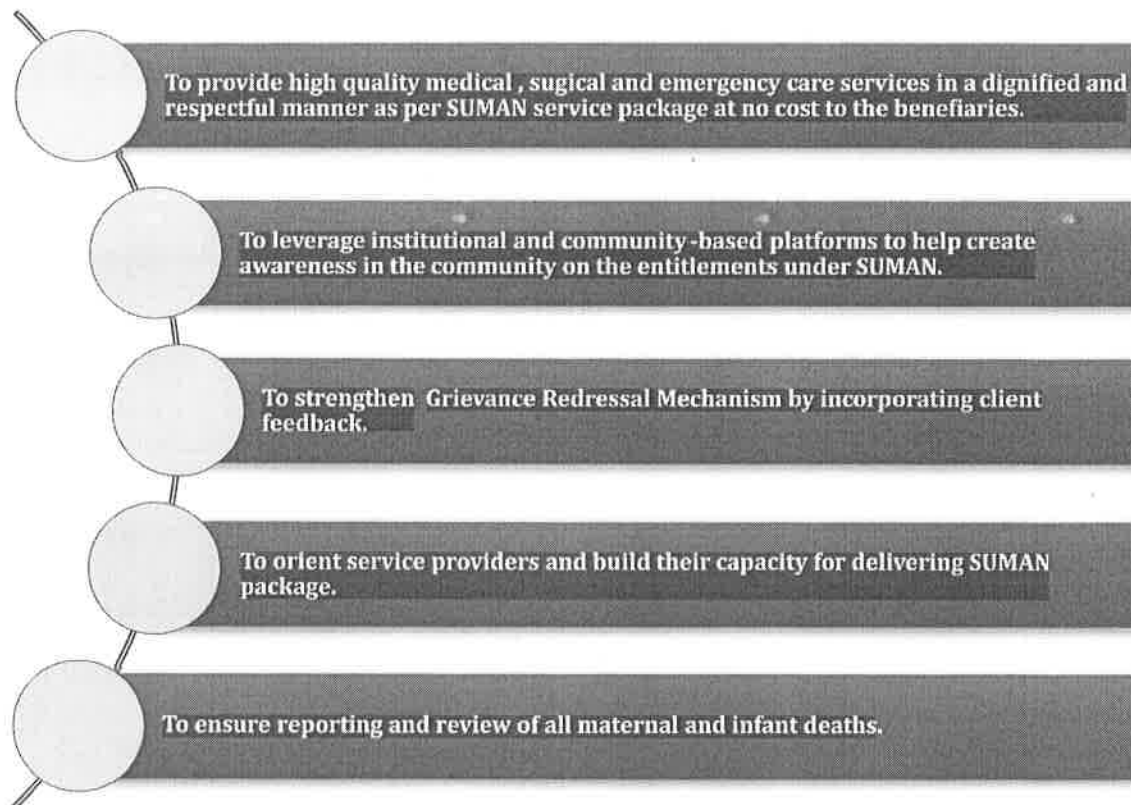
To create a responsive health care system which strives to achieve zero maternal and infant deaths through quality care provided with dignity and respect.

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.



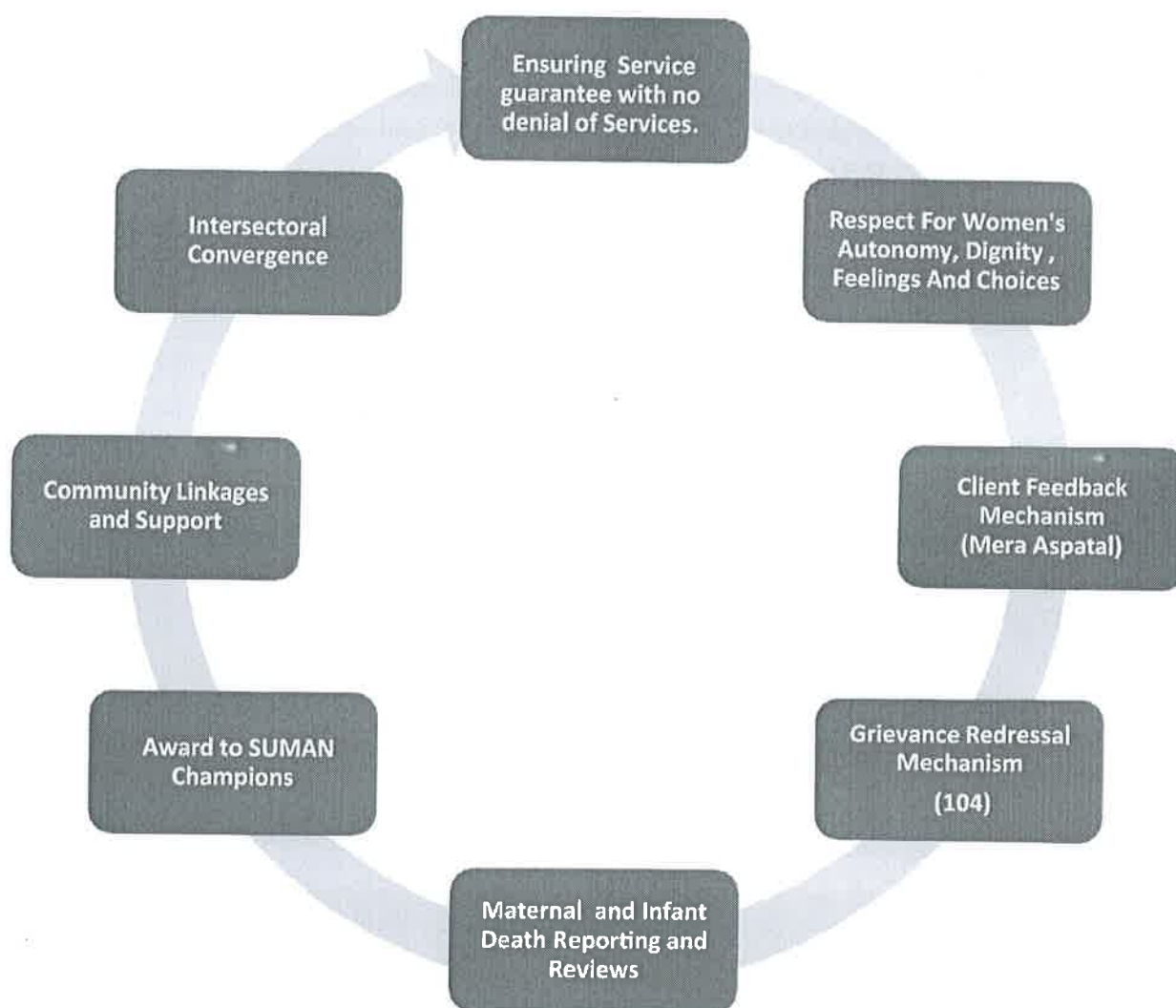
BENEFICIARIES OF THE INITIATIVE :



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
<ul style="list-style-type: none"> •JSSK •JSY •PMSMA •Laqshya •MAA •SNCU care for sick & small babies. •Home based care for mothers & newborn (HBNC) 	<ul style="list-style-type: none"> •Infrastructure- LDR, OT, Obstetric HDU/ICU, NBC C, NBSU, SNCU/MNCU •Human resource •Drugs and diagnostics. •Assured Referral systems •Creating centre of excellences. 	<ul style="list-style-type: none"> •Call center for better Grievance redressal and reporting. •Monthly reporting. •HMIS analysis. •Formation of National, State level monitors . •Maternal and infant death reporting 	<ul style="list-style-type: none"> •Involving VHSNCs and SHGs for better community engagement. •Interdepartmental convergence •Suman Champions •SUMAN volunteers. •Use of Safe motherhood booklet and MCP card. 	<ul style="list-style-type: none"> •Awards and recognition to performers. •First responder of maternal death to get Rs 1000/-. 	<ul style="list-style-type: none"> •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:

Gol 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.

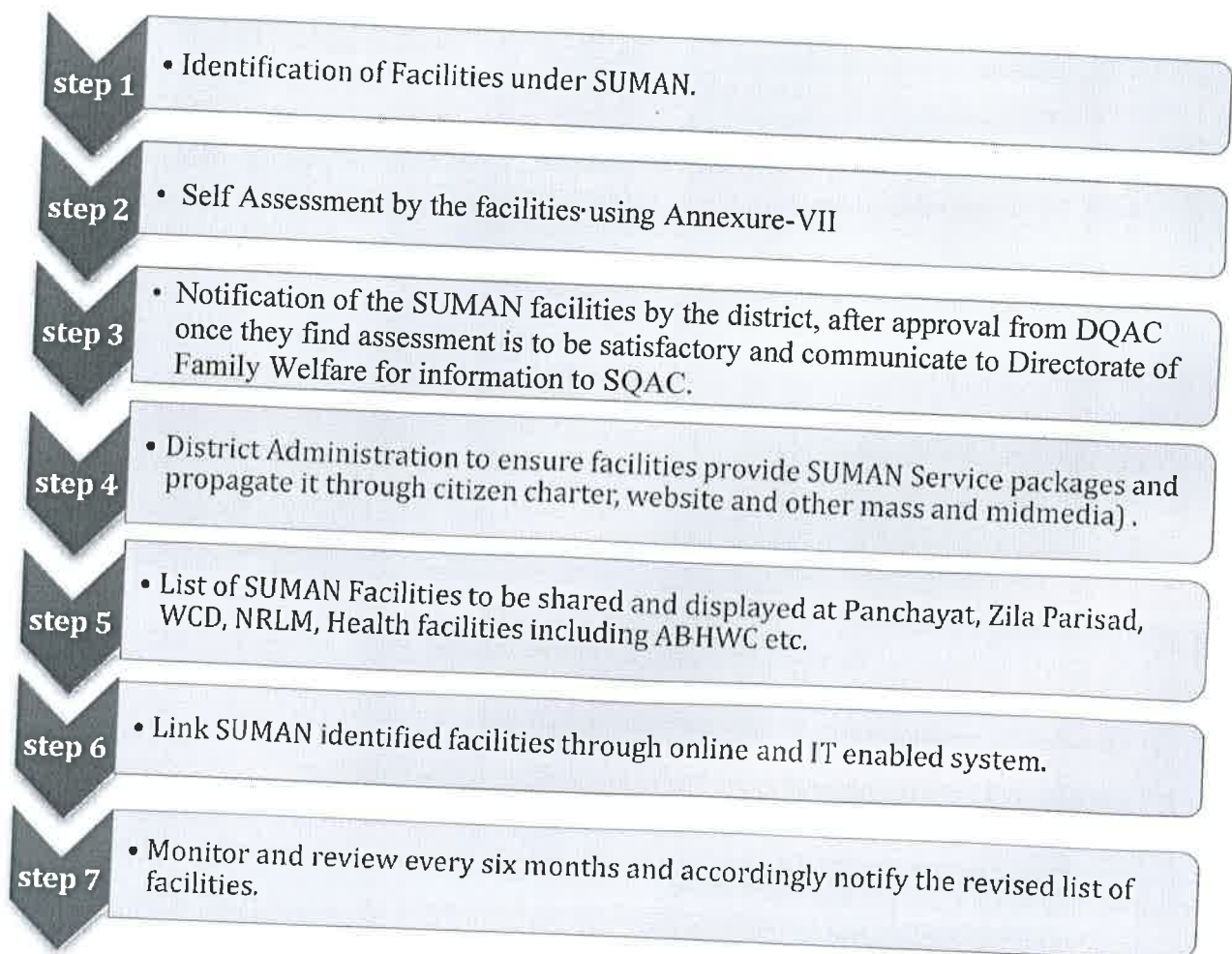


SUMAN SERVICE GUARANTEE PACKAGES

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

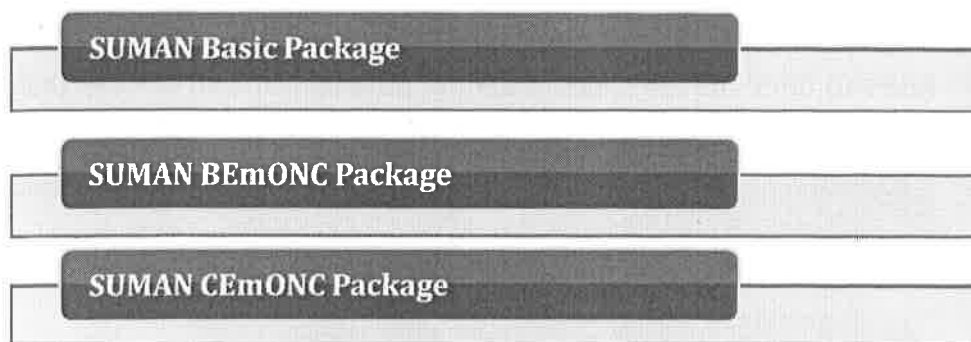
Each and every public health facility, including medical colleges and facilities in urban areas, is expected to follow the following steps in order to operationalize the Service Guarantee Package under the initiative. The responsibility of ensuring this lies with the State and District Health Administration.





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 or 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.

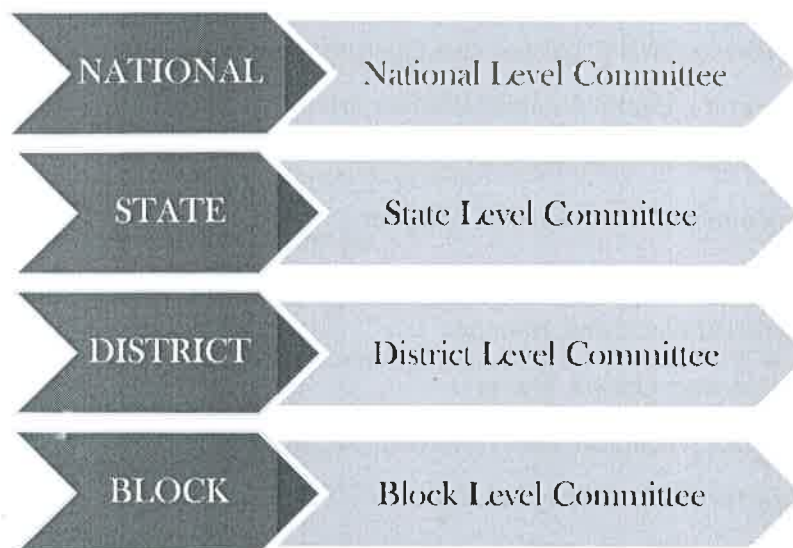
- After notification of SUMAN CEmONC facilities, States/UTs shall attain either full NQAS certification / Part NQAS certification of those additional departments in such facilities, where SUMAN services are being delivered.
- Non-FRU CHCs and PHCs, designated for SUMAN BEmONC services should attain NQAS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

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 will 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

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State Level Committee

The State level Committee i.e., SQAC 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:

1. Principal Secretary Health & Family Welfare: Chairperson
2. Mission Director, NHM Odisha, Vice Chairperson
3. Addl. Secretary, Health & Family Welfare, Member
4. Director Health Services, Odisha (Convener)
5. Director Family Welfare, Odisha, Member
6. Directors of Health Services & Medical Education, Odisha, Member
7. Director SIH&FW, Odisha, Member
8. Director Nursing, Odisha, Member
9. Joint Director (Technical) NHM (Member Secretary)
10. Joint Director (FW), Odisha, Member
11. Deputy Director Family Welfare, Odisha, Member
12. HOD, O&G Department, SCB MCH, Cuttack, Member
13. HOD, Dept. of Anaesthesia, SCB MCH, Cuttack, Member
14. HOD, Dept. Paediatrics, SCB MCH, Cuttack, Member
15. Senior O&G Specialist, Capital Hospital, Bhubaneswar, Member
16. CDM&PHO Khurda, Member
17. HOD Dept. of Surgery, SCB MCH Cuttack, Member
18. One representative from medical professional bodies eg. FOGSI, (Chairman FOGSI), Member
19. One representative from the Legal Cell, Member
20. One representative from IIPH, Member
21. One representative from AIIMS, Member
22. Team Leader, SHSRC, Member

District Level Committee

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



Members:

1. District Collector: Chairperson
2. Chief District Medical & Public Health Officer: Convener
3. ADMO(FW), Member Secretary
4. One Empanelled Gynaecologist, Member
5. One Empanelled Vasectomy Surgeon, Member
6. One Representative from Nursing Cadre, Member
7. One Anaesthetist, Member, Member
8. One Paediatrician (from Public Institutions), Member
9. One Representative from Legal Cell, Member
10. One Representative from Medical Professional Bodies, eg. FOGSI/IMA, Member
11. One Member from an Accredited private sector hospital /NGO (health care sector), Member
12. Any other determined by the Department of Health & FW (State Government), Member

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.

The COE for Maternal health functioning at SCB MCH, Cuttack will be the COE for SUMAN programme. The Professor & HOD of OBGY and paediatrics department of SCB MCH will be the nodal person to coordinate activities of the 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 (Set up by States)
- 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.

The 104 GR mechanisms, will integrate the SUMAN web portal under the same portal. 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:

- Women using any of the SUMAN entitlements for herself or her new born; Relatives, well-wishers/ Volunteers etc.;
- VHSNC /PRI members or CBOs
- Any other persons/Organizations/agencies having an interest or concern to bring about zero preventable maternal and new born deaths and the implementation of

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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 generate.

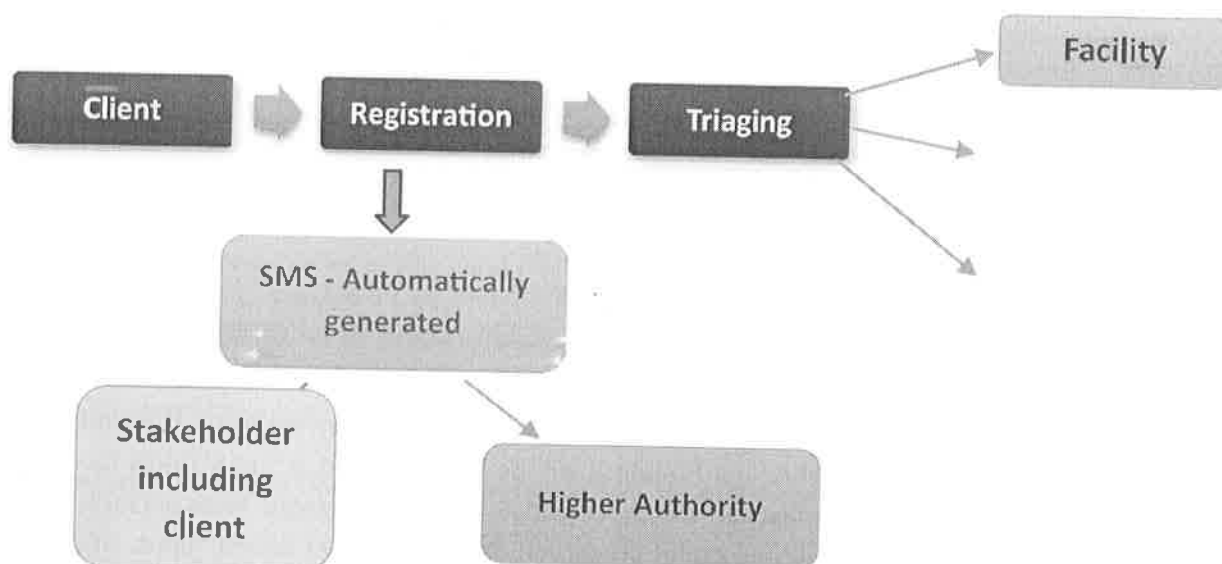


Figure: shows the flow of registration of grievances.

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 Director family welfare of the state. It is presumed that once the grievance reaches the Director Family Welfare, 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.

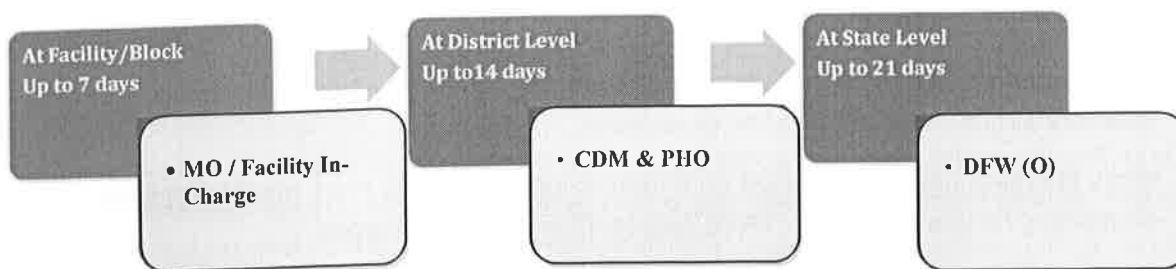


Figure: Escalation of Grievances from Facility to State level

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.

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 agency 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 GKS/ 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, equipments, being faced by the health facilities and discuss these with RKS and PRIs to improve the services.

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- 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 of service 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.

State Mandate: At least one volunteer is to be selected from each Sub center who will be linked to the nearest SUMAN facilities.

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 first responder incentive is applicable only to the community and transit death cases. The modalities of implementation of first responder incentive activity will be same as per the guideline shared earlier vide letter number 1500 dated 07/07/2020 from Directorate of Family Welfare, Odisha.



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-

- GKS/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.

The IEC materials like Printing of Service Guarantee Charter, Banner, Poster, Hoarding and logo for SUMAN compliant facilities will be met from PIP 2021-22 line item 11.4.3.



ANNEXURE I

Service Guarantee Charter

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

- 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 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	<ul style="list-style-type: none"> 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 colostrums 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. 		

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	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
	<ul style="list-style-type: none"> Time bound redressal of grievances through SUMAN web portal/ call center/helpline/ sms / help desks (only at high case load facility) 		
Type of Facility	<ul style="list-style-type: none"> 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. 	All in Basic package, plus the followings: <ul style="list-style-type: none"> 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 : <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Identification and screening of HIV & Syphilis cases. 		



	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
Type of Facilit y	<ul style="list-style-type: none"> • 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 • Follow-up for any complication after abortion and appropriate referral, if needed 	<p>Vacuum Aspiration (MVA) & MMA in CHCs as per provisions of MTP Act.</p>	<p>and surgical methods of abortion upto 20 weeks as per provisions of MTP Act.</p> <ul style="list-style-type: none"> • Treatment of incomplete/Spontaneous Abortions • Management of all post abortion complications
Type of Facilit y	<ul style="list-style-type: none"> • Newborn Care Corners- Essential Newborn Care including resuscitation • Birth dose immunization (OPV, BCG, Hep B; as per Gol schedule), Inj. Vit. K1 	<p>All in Basic package, plus the followings:</p> <ul style="list-style-type: none"> • Newborn Stabilization Units (non-FRU CHC) 	<p>All in BEmONC Package, plus the followings :</p> <ul style="list-style-type: none"> • Special Newborn Care Unit (at DH or Medical College)



	SUMAN Service Guarantee Basic Package	SUMAN Service Guarantee BEmONC Package	SUMAN Service Guarantee CEmONC Package
	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 <p>1LBW infants ≥ 1800g at NBSU level. 2 LBW infants ≤ 1800g at SNCU level.</p>	<ul style="list-style-type: none"> • Management of LBW infants ≤ 1800g • Managing all sick newborns (except those requiring mechanical ventilation major surgical interventions) • Management of newborn sepsis • Stabilization and referral • 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.

²It 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, GKS 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 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/ GKSs/ 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 GKS meetings especially on issues around maternal health.
- Share materials and information on entitlements under SUMAN as provided by GKSs/ 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 GKSs, 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	<table border="1"> <tr> <td>Maternity ward (ANC+PNC)</td> <td>Pediatric ward</td> </tr> </table>	Maternity ward (ANC+PNC)	Pediatric ward
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 Oxymeter 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 nifedipin, 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
CDM& PHO	: Chief District Medical and Public Health 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 New Born Care
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/ Behavior 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
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
WCD	:	Women and Child Development
ZP	:	Zilla Paris

