

ENHANCING THE QUALITY OF MATERNAL HEALTHCARE IN INDIA

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Acknowledgements

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ABBREVIATIONS



AB-PMJAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
AMANAT	Apatkalin Matritva Avum Navjaat Tatparta Karyakram
ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ANMOL	ANM Online
ASHA	Accredited Social Health Activist
CHC	Community Health Centre
FOGSI	The Federation of Obstetric and Gynaecological Societies of India
FRU	First Referral Unit
HCO	Health Care Organisation
HWC	Health and Wellness Centre
IPHS	Indian Public Health Standards
ISQua	The International Society for Quality in Healthcare
JCI	Joint Commission International
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LaQshya	Labour Room Quality Improvement Initiative
MAS	Mahila Arogya Samiti
MCTS	Mother and Child Tracking System

MoHFW	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NQAP	National Quality Assurance Programme
NQAS	National Quality Assurance Standards
PHC	Primary Health Centre
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	Postnatal Care
QA	Quality Assurance
QCI	Quality Council of India
QI	Quality Improvement
RKS	Rogi Kalyan Samiiti
SCC	Safe Childbirth Checklist
SHCO	Small Healthcare Organisation
SUMAN	Surakshit Matritva Aashwasan
WHO	World Health Organization



EXECUTIVE SUMMARY



Quality in maternal healthcare is defined as the degree to which the maternal and newborn health services can be considered to be safe, effective, timely, efficient, equitable and people-centred. Integration of quality of care across the antenatal, intrapartum and postnatal period is essential to improve healthcare outcomes of mothers and newborns. As such, higher quality care would decrease the likelihood of the maternal and/or infant mortality, while also improving accessibility, utility and efficiency of the health systems, resulting in an improved experience for users.

Three types of stakeholders are engaged in quality of maternal health care - **PAYERS** (including government, users) fund and govern quality health delivery; **PROVIDERS** (including healthcare providers and platforms) deliver and implement quality as part of delivery of care; and **ENABLERS** (including apex bodies, professional associations etc.) play a supporting function by monitoring and influencing policy.

Quality includes **quality assurance (QA)**, a measurement-oriented recurring benchmarking, and **quality improvement (QI)**, a change-oriented activity undertaken on an ongoing basis. In India, policies and programmes have included several QA and QI initiatives for health overall and maternal health, however their uptake has been limited.

The quality in maternal health framework includes three components across the continuum of care. **Foundational health system levers** (including governance, infrastructure, technology and tools, health workforce and demand-side factors) form critical components of the system, which are implemented via **processes of care**. These enable competent care and systems and positive client experiences, thereby resulting in **improved outcomes** as an impact of greater quality. This results in better health, greater confidence in systems and economic benefits through enhances productivity and efficiency.

Challenges exist across all five foundational levers in maternal health quality in India. **Solutions in the ecosystem focus on capacity building, upgrading infrastructure, and monitoring of healthcare provisions, and include capacity building and upskilling health workers** on dignified care, in addition to technical skills; **bolstering medical equipment** and supplies in maternal healthcare, in line with standards and guidelines; and **strengthening the systemic monitoring and client feedback mechanisms** through awareness generation, and enabling demand for quality services.

Dialogue and action around quality is gaining traction in India. **The private sector is getting more involved in defining, enabling and monitoring quality of maternal health care with a rise in solutions and interventions in this space.** With the government undertaking pay-for-performance measures, recognising the need for QA mechanisms, and viewing quality as an important criteria for hospital empanelment and cashless transfer facilities by insurance providers, there is a strong tailwind to strengthen quality of maternal health.

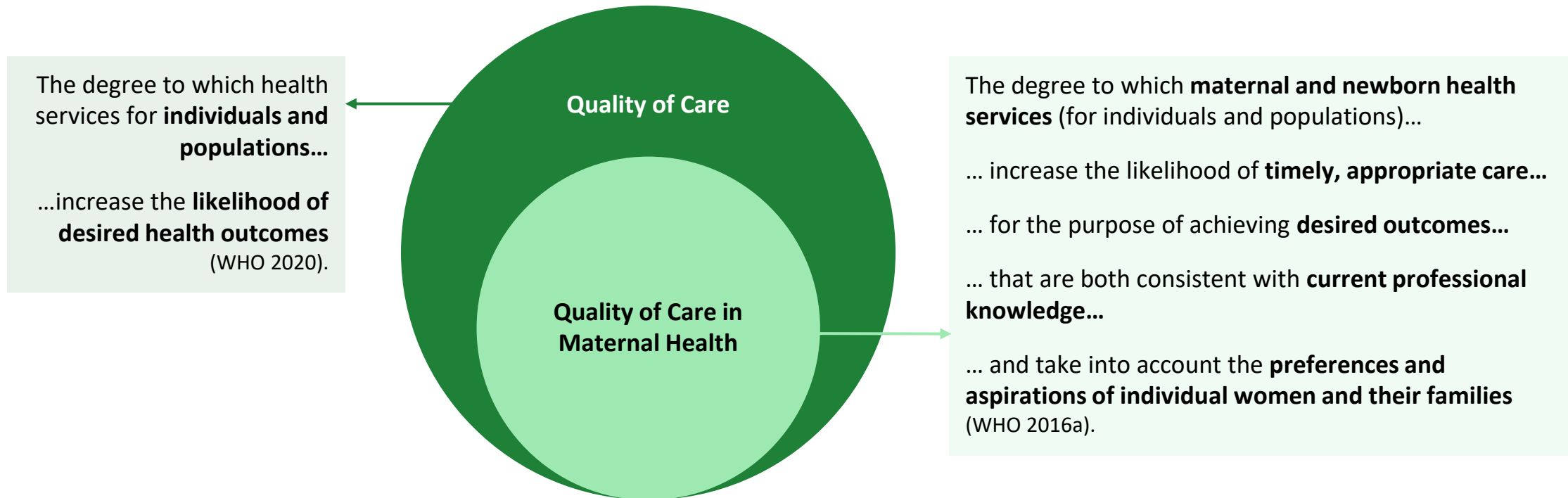


WHAT DOES QUALITY IN MATERNAL HEALTH ENTAIL?



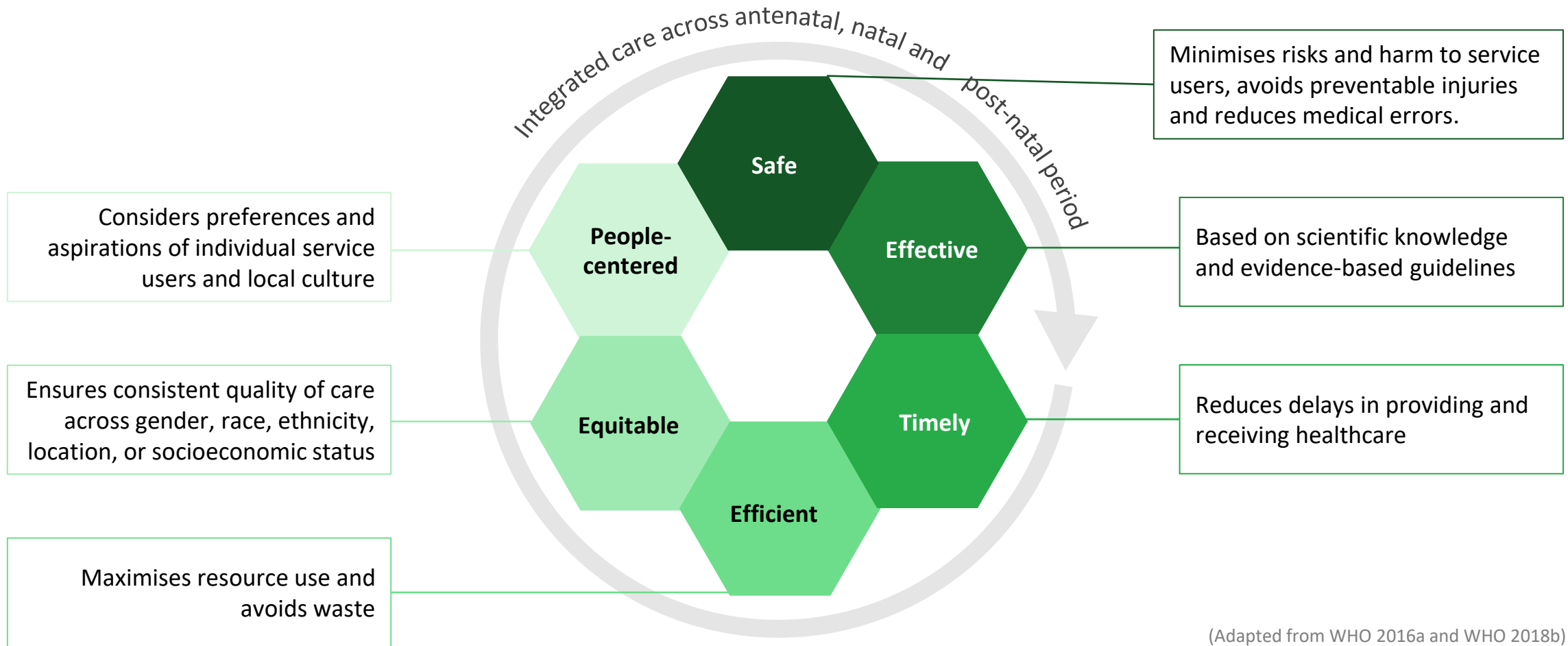
Quality in maternal healthcare is essential to achieve better maternal and newborn health outcomes across populations.

DEFINITIONS



High quality maternal healthcare has six key components integrated throughout the motherhood journey.

WHO constituents of quality maternal health services

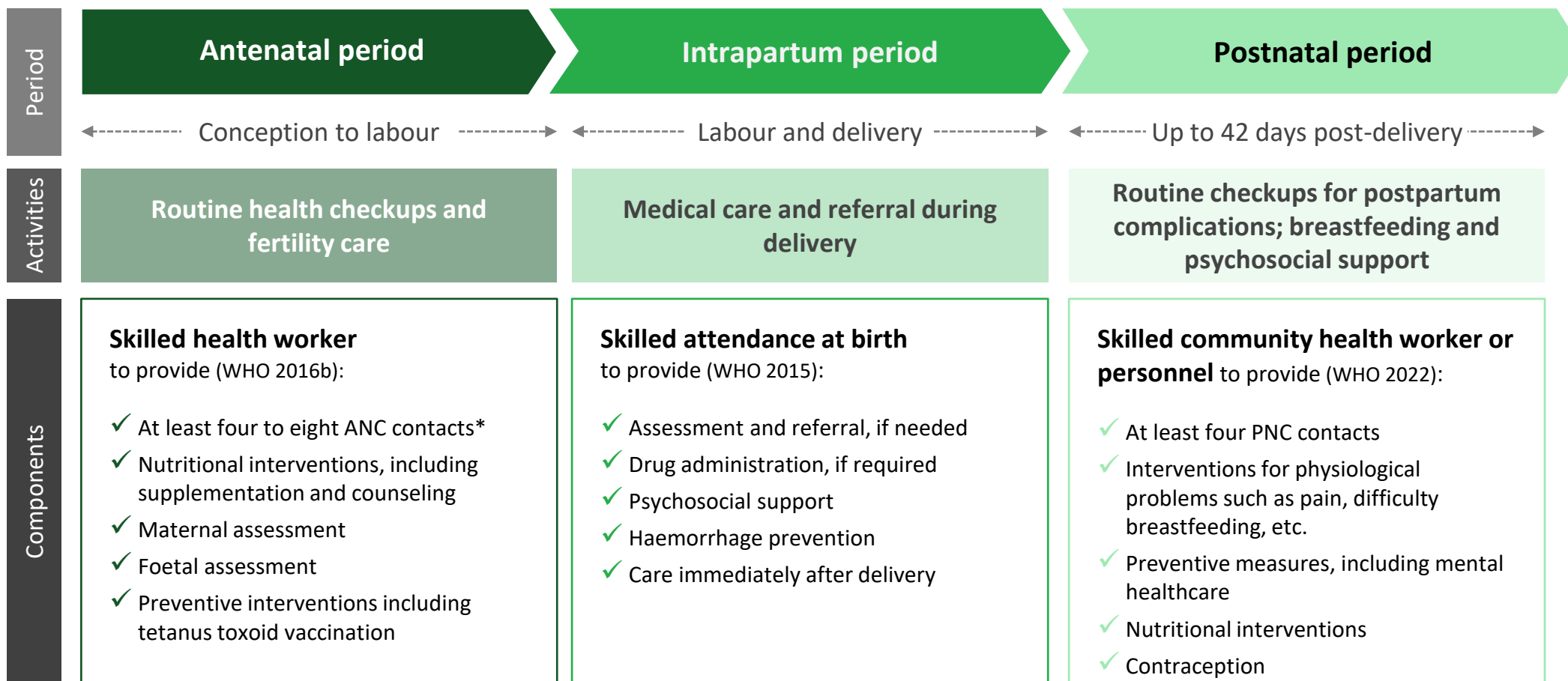


(Adapted from WHO 2016a and WHO 2018b)



Integration of quality across all stages of the continuum of care is essential.

Quality of care integration across the maternal health lifecycle

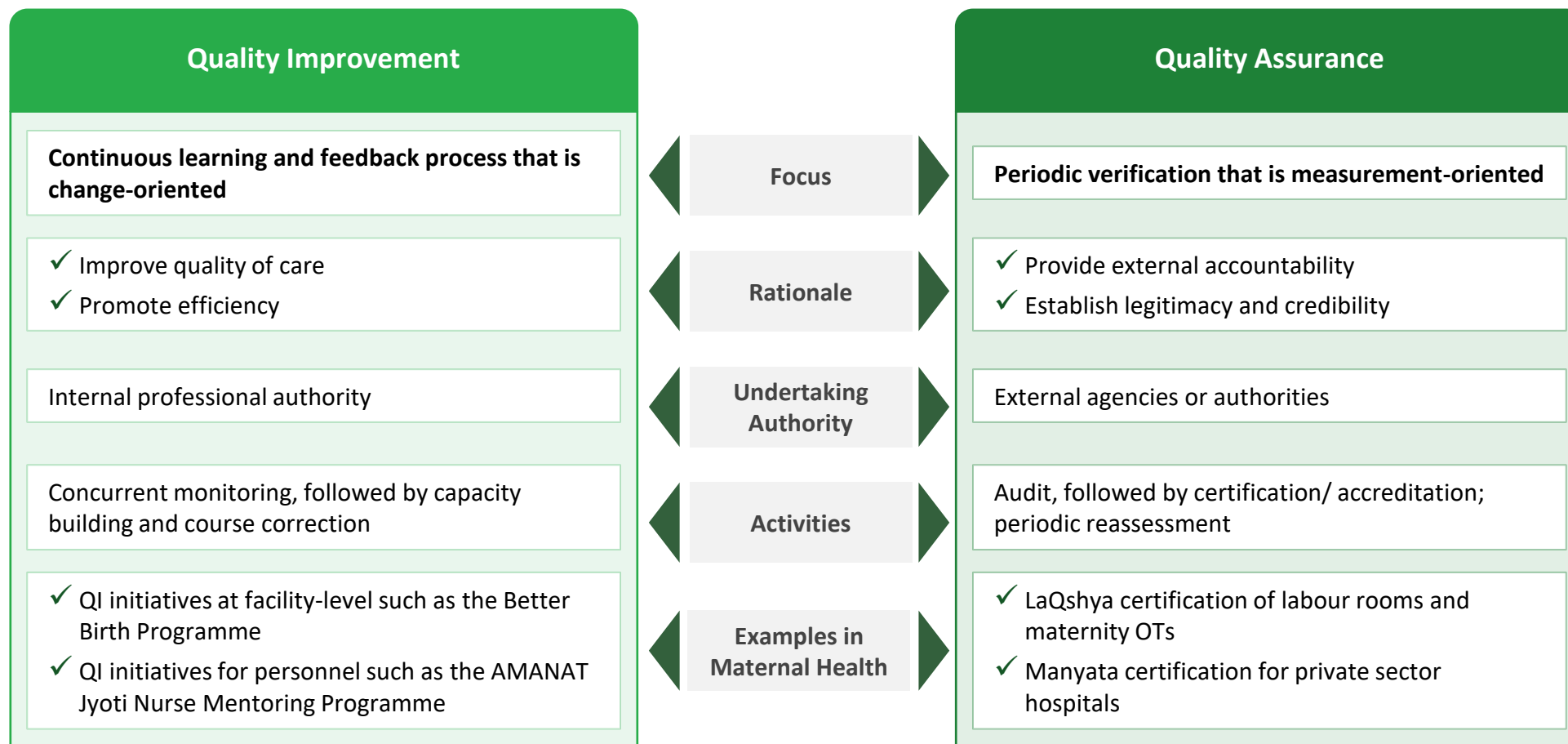


*Note: Guidelines in India still prescribe a minimum of four ANCs; postnatal care also includes care for newborns in addition to the components mentioned here.



Quality includes quality assurance, a measurement-oriented activity, and quality improvement, a change-oriented continuous process.

Types of quality interventions



(Adapted from Quentin et al. 2019)



WHO quality standards of maternal health define measurable indicators for implementation of services.

WHO standards of maternal health quality

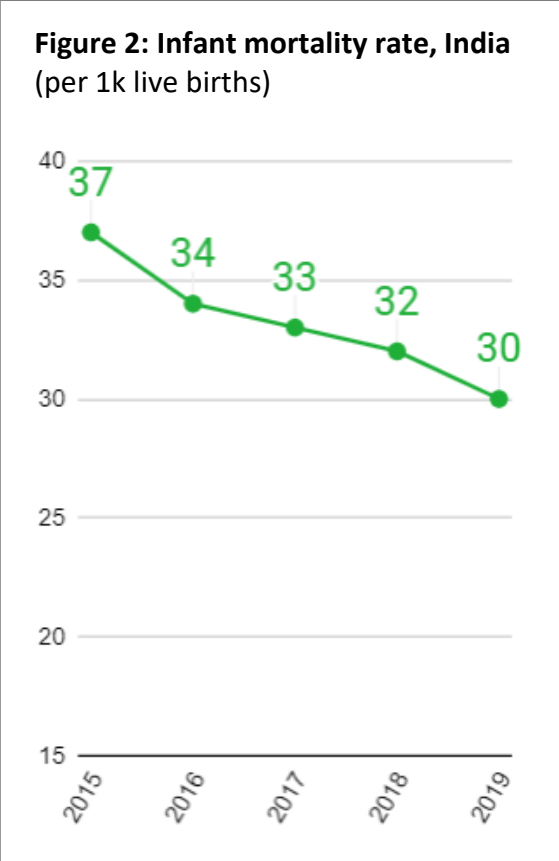
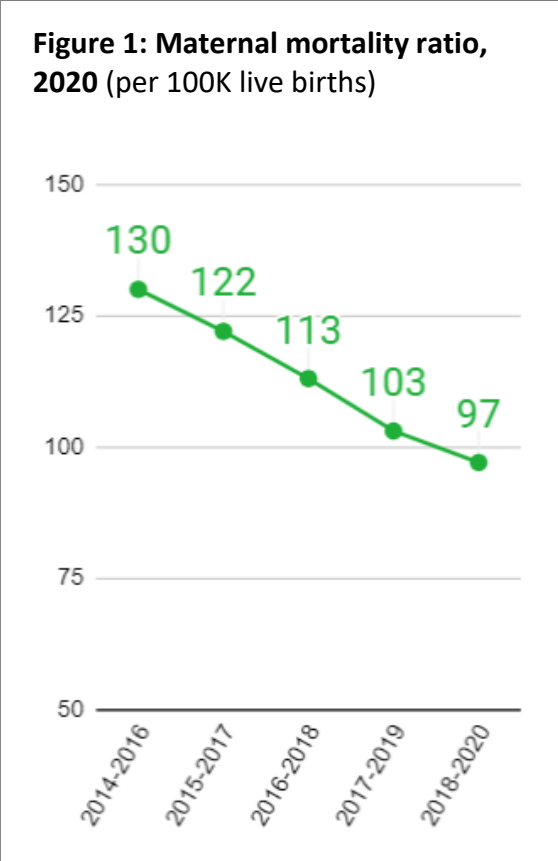
Evidence-based Care	Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period.
Actionable Data Systems	The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.
Functional Referral Systems	Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.
Effective Communication	Communication with women and their families is effective and responds to their needs and preferences.
Dignified Care	Women and newborns receive care with respect and can maintain their dignity.
Emotional Support	Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.
Capable Staff	For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.
Essential Resources	The health facility has an appropriate physical environment , with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

(WHO 2016-a)




Ensuring quality in maternal healthcare enables outcomes at individual and systemic levels.


Quality of care results in greater maternal and newborn survival...





Data source: MOHFW 2022b, MOHFW 2022c

...as well as better health system outcomes.

- 

Increased access to dignified care
(WHO 2018a)
- 

Increased utilisation of health services
(Kruk et al. 2018)
- 

Better experience for clients and improved satisfaction (World Bank 2004)
- 

More efficiency, with reduced costs and increased revenue (Shah and Course 2018)

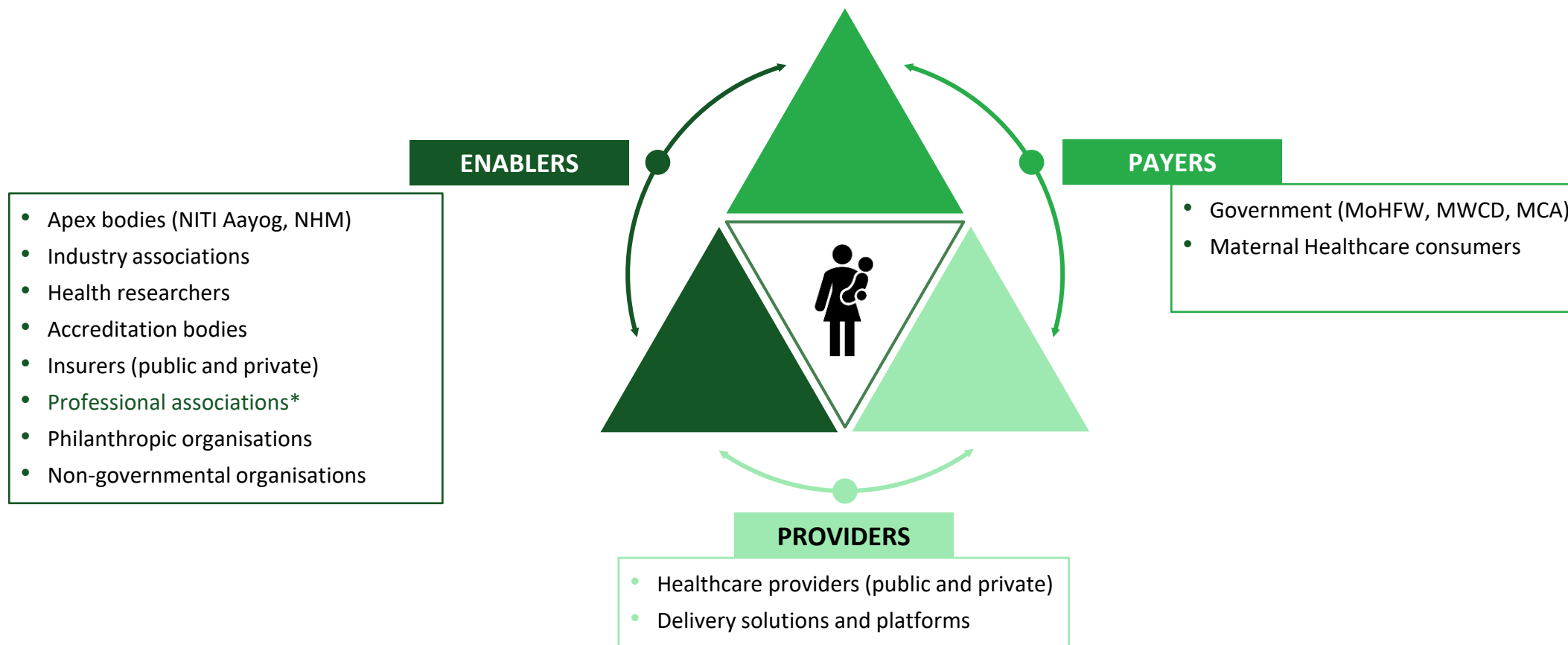


KEY INITIATIVES AND STAKEHOLDERS



Payers, providers and enablers contribute towards better quality in maternal healthcare.

Quality Maternal Healthcare Stakeholders



*Professional associations refer to networks of individual service providers. They act as enablers for greater adoption and prioritisation.

(Adapted from Mathematica 2019)



Enablers support the ecosystem by assisting, monitoring and influencing policy for better quality of maternal healthcare.

Roles and Responsibilities of Stakeholders in Quality Maternal Healthcare

Stakeholders		Policy and Legislation	Funding	Healthcare Delivery	Monitoring and Feedback	Influencing Policy
Enablers	Apex bodies	✓			✓	✓
	Insurers (public and private)				✓	✓
	Industry associations				✓	✓
	Health researchers			✓	✓	✓
	Professional associations					✓
	Philanthropic organisations		✓			✓
	Non-governmental organisations			✓	✓	✓

(Sattva 2023; adapted from Mathematica 2019)



Payers fund quality initiatives, create guidelines and monitor delivery; providers responsible for delivering high quality care.

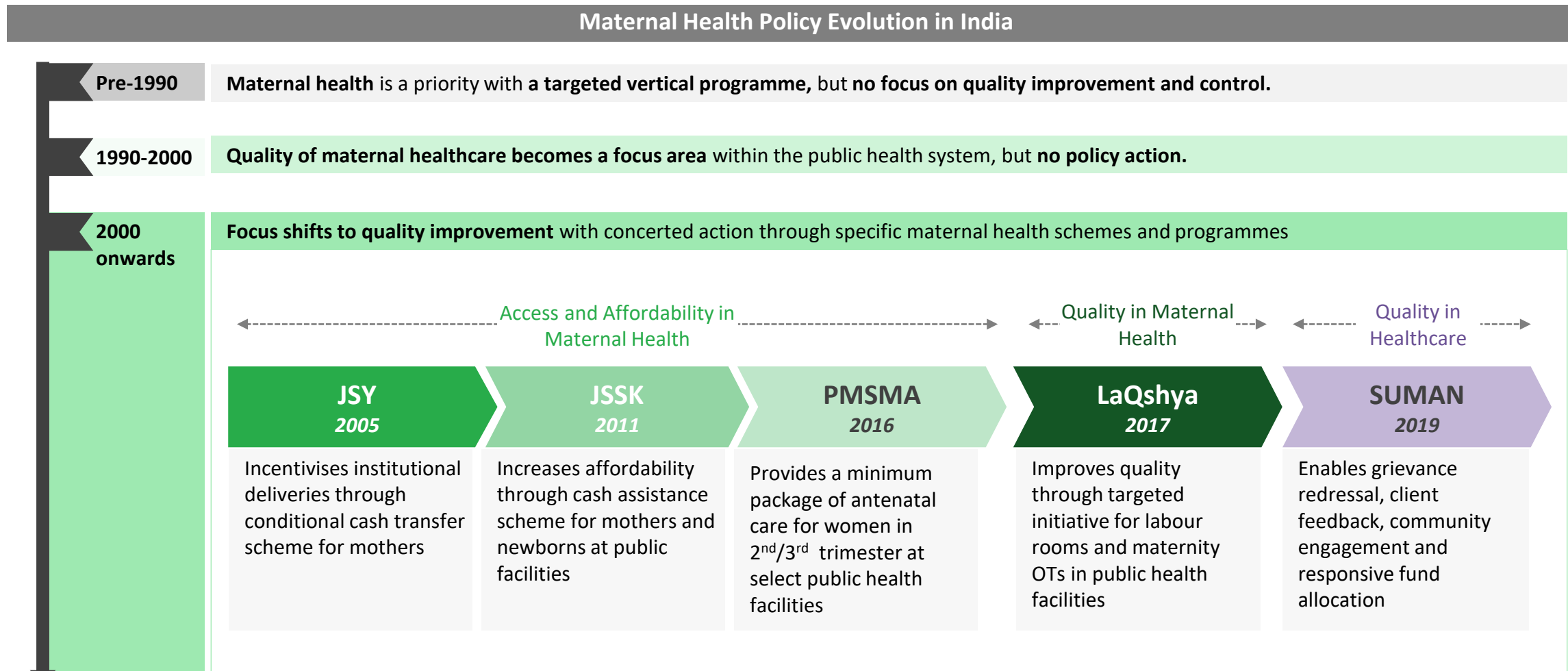
Roles and Responsibilities of Stakeholders in Quality Maternal Healthcare

Stakeholders		Policy and Legislation	Funding	Healthcare Delivery	Monitoring and Feedback	Influencing Policy
Payers	Ministry of Health and Family Welfare	✓	✓	✓	✓	
	Ministry of Women and Child Development	✓	✓	✓	✓	
	Ministry of Corporate Affairs	✓	✓	✓	✓	
	Maternal healthcare consumers		✓		✓	✓
Providers	Healthcare providers (public)			✓	✓	✓
	Healthcare providers (private)			✓	✓	✓
	Delivery solutions and platforms			✓	✓	✓

(Sattva 2023; adapted from Mathematica 2019)



Since 2000, maternal health policy in India has evolved to include targeted quality improvement strategies and initiatives.



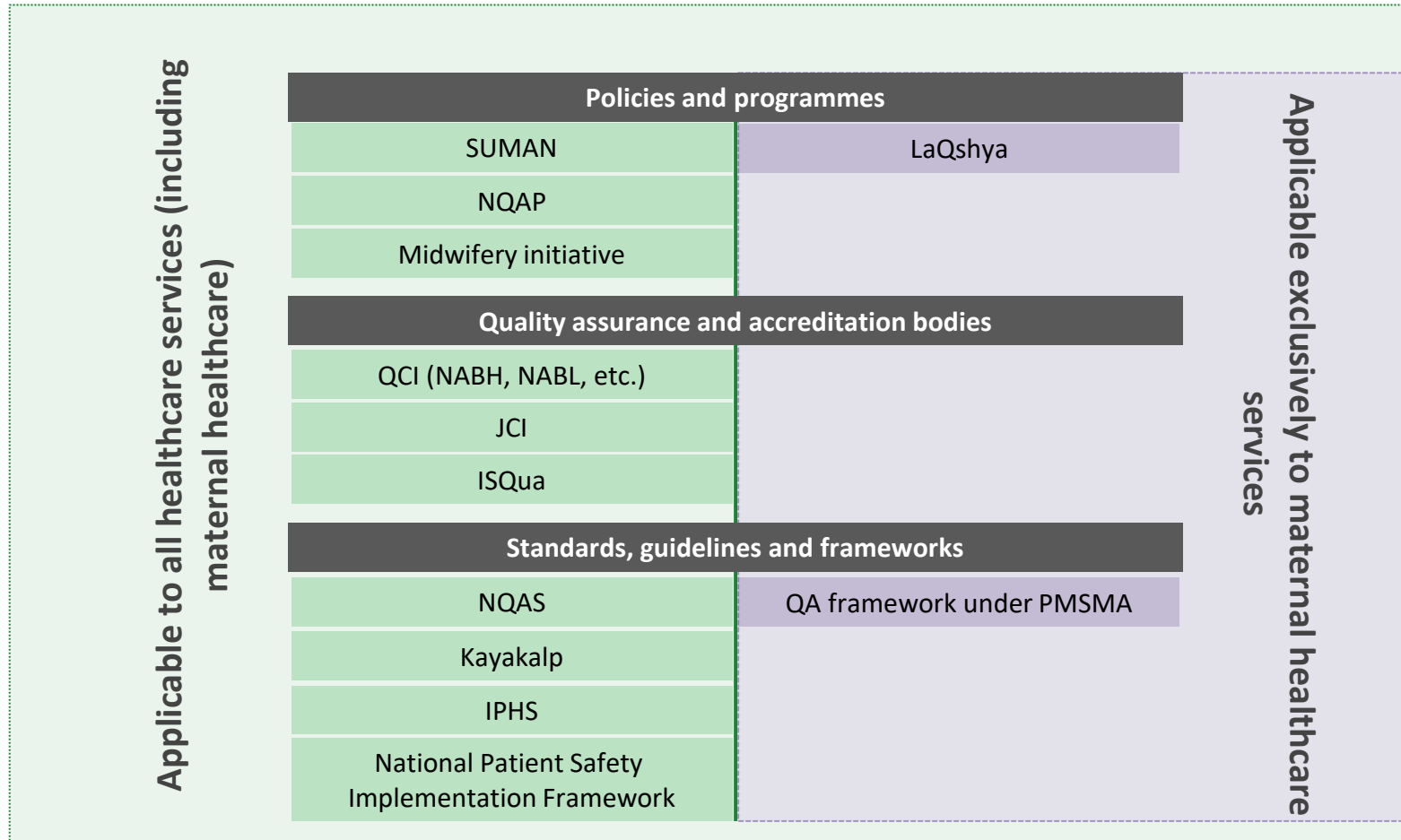
Note: The policies above are only indicative of key milestones in the evolution of maternal health quality in India.

(Adapted from Srivastava et al. 2014 and Agarwalla et al. 2019)



Quality in health initiatives broadly create an enabling environment for maternal health quality in the public sector.

Landscape for Maternal Health Quality in India's Public Sector

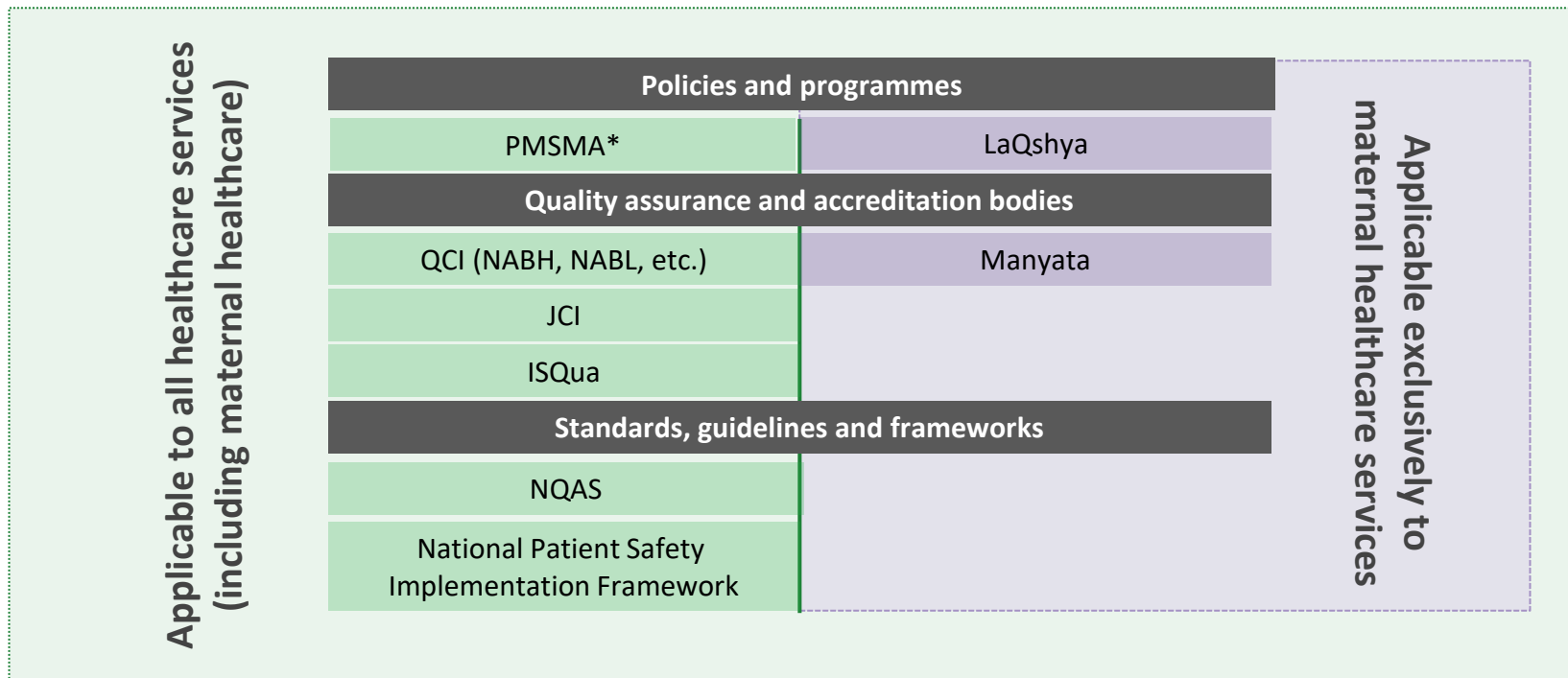


Note: Not an exhaustive list



In comparison, the private sector has fewer initiatives, with limited QA solutions in maternal health.

Landscape for Maternal Health Quality in India's Private Sector



Note: Not an exhaustive list

* The programme by MoHFW aims to provide assured, comprehensive and quality antenatal care, free of cost and follows a systematic approach for engagement with the private sector, which includes motivating private practitioners to volunteer and be part of the programme. The programme has set 'Standards for Provision of Complete & Quality Antenatal Care' and a monthly reporting format which applies to all public and private service providers.



The majority of quality assurance initiatives are promoting overall quality in health, with limited QA focused on maternal health.

Quality Accreditations and Certifications for Health Facilities in India

	NABH (Under QCI)	NQAS (under NQAP)	LaQshya
Scope	Quality in healthcare facilities	Quality in healthcare facilities	Quality in maternal healthcare facilities
Eligible facilities	Public and private facilities <ul style="list-style-type: none"> • HCO (>50 beds) • SHCO (<50 beds) 	Only public health facilities (at all levels)	Only public health facilities <ul style="list-style-type: none"> • Labour rooms • Maternity OTs
Key aspects	<ul style="list-style-type: none"> ✓ Process of patient care ✓ Patient rights, safety ✓ Infection control 		<ul style="list-style-type: none"> ✓ Layout and workflow ✓ Adherence to clinical protocols for management of complications ✓ Human resources ✓ Outcomes
	<ul style="list-style-type: none"> ✓ Information systems ✓ Human resource management 	<ul style="list-style-type: none"> ✓ Quality management ✓ Outcomes 	
	(NABH n.d)	(MoHFW 2022)	(MoHFW 2022)

AB-PMJAY incentivises the adoption of QA initiatives including NABH, NQAS, JCI through a Bronze-Silver-Gold quality certification of its own. (MoHFW, n.d.a)


Note: [] denotes maternal health specific QA initiatives



The uptake of QA in maternal and overall health has been limited.

Quality Accreditations and Certifications for Health Facilities in India

	NABH (Under QCI)	NQAS (under NQAP)	LaQshya
Number of Facilities	<p>1,119</p> <p>Hospitals with NABH accreditation in 2022</p>	<p>1,639</p> <p>Public health facilities with national-level NQAS certification in 2022</p>	<p>563</p> <p>Labour rooms in public health facilities with LaQshya certification in 2022</p>
	<p>726</p> <p>Small healthcare organisations with NABH accreditation in 2021</p>	<p>3,567</p> <p>Public health facilities with state-level NQAS certification in 2022</p>	<p>440</p> <p>Maternity OTs in public health facilities with LaQshya certification in 2022</p>
	(NABH n.d)	(MoHFW 2022)	(MoHFW 2022)

Note:  denotes maternal health specific QA initiatives



FRAMEWORK FOR QUALITY IN MATERNAL HEALTH



Achieving high-quality maternal health needs action on the foundations of healthcare, to ensure appropriate processes of care and quality outcomes.

Framework for quality in maternal healthcare

FOUNDATIONAL HEALTH SYSTEM LEVRS

Demand-side

- Clients of maternal healthcare, their families and communities

Governance

- Leadership, policies and financing
- Social determinants

Infrastructure

- Health facilities
- Equipment and supplies

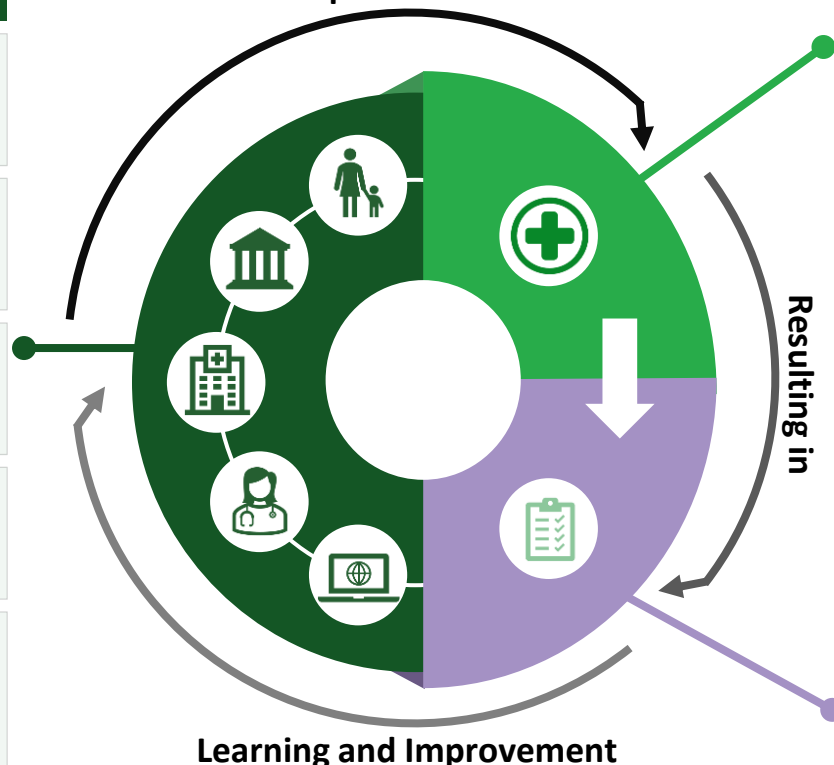
Workforce

- Maternal health workers
- Planners and managers

Technology and tools

- Information systems
- Use of data
- Feedback mechanisms

Implemented via



Learning and Improvement

PROCESSES OF CARE

Competent care and systems

- Evidence-based effective care
- Capable systems

Positive client experience, constituting:

- Respect
- Client focused care
- Enabling client (women) feedback

QUALITY IMPACTS

Better health

- Client outcomes

Confidence in system

- Satisfaction and trust
- Care uptake

Economic benefit

- Cognitive ability, work productivity
- Financial risk protection
- Health system efficiency

(Adapted from Kruk et al. 2018 and Quality, Equity, Dignity framework by WHO 2018b)

Note: Please refer to [annexure](#) for more details on this framework.

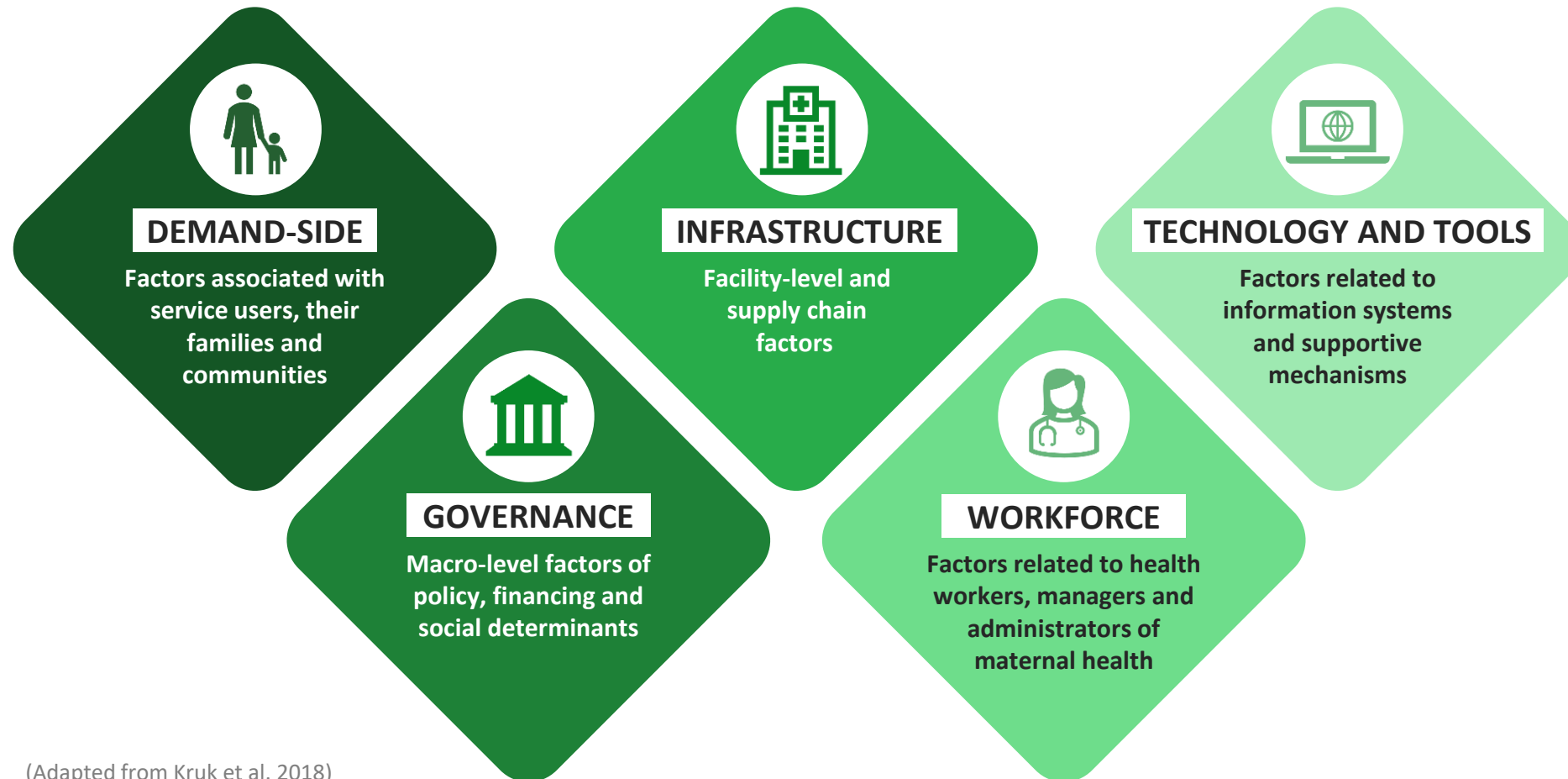


CHALLENGES TO QUALITY ENHANCEMENT



The foundational levers of health systems present unique challenges for maternal health quality.

Foundational Levers for Quality in Maternal Healthcare



(Adapted from Kruk et al. 2018)



Lack of health information and poor agency to demand better quality care lead to low utilisation of quality maternal healthcare.



Demand-side challenges to quality maternal healthcare

Low awareness about quality and entitlements

Low awareness about quality standards in maternal healthcare and relevant schemes and programmes among women are leading to difficulties in navigating the maternal health system (Hamal et al. 2020).

Strong influence of service providers on quality perception

Provider behaviour has a significant effect on satisfaction of clients, indicating a highly person-dependent experience of perceived quality of maternal healthcare, with challenges in regulation (Vyas et al. 2022).

Low agency and expressed need for quality care

Low expressed need for quality maternal healthcare stemming from lack of awareness and agency, and low expectations from health services (Roder-DeWan et al. 2019).

Vulnerability and marginalisation affecting access to quality maternal care

Vulnerable groups, e.g., tribal population, are less likely to use maternal health services owing to discrimination and economic inequality (Chauhan and Jungari 2020; Mishra et al. 2021).

Poor utilisation of, and access to quality maternal healthcare



Inadequate regulations and low prioritisation of quality control are detrimental to maternal health quality.



Governance

related challenges to quality maternal healthcare

Weak mandate for QA in the private sector

No mandates for quality accreditation in the private sector except for the Clinical Establishments Act; this includes no mandate for QA in maternal health among private sector facilities (Oxfam India 2021).

Ineffective supervisory mechanisms at facility level

Lack of proper monitoring and supervision, including no requirement for maternal death reviews at smaller facilities (with less than 500 deliveries per year), lack of mechanisms to ensure supervision (Hamal et al 2020; McFadden et al 2020).

Inadequate utilisation of funds for quality initiatives

Low allocation of funds towards the improvement of maternal health quality, and low prioritisation of fund utilisation for QI initiatives at the facility level (Hamal et al 2020).

Poor implementation of system-level accountability measures

Insufficient systems and legislation resulting in low accountability among stakeholders at all levels (Afulani and Moyer 2019).

Low motivation to provide high quality maternal care



Poor infrastructure and supply-side issues negatively impact the quality of maternal healthcare.



Infrastructure related challenges to quality maternal healthcare

Limited infrastructure impeding quality service delivery

Shortages of health facilities in rural and remote areas, and limited infrastructure needed to provide quality maternal health results in delays in receiving appropriate care (Hamal et al. 2020).

Lack of basic amenities at the facility level

11% of PHCs don't have regular water supply, 8% don't have electricity; only 24 hospital beds are available per 10,000 women in India (Kumar and Reshmi 2022).

Shortage of medical supplies and equipment

Lack of adequate blood supplies and equipment like ultrasonography machines affect the quality of care, further exacerbated during the COVID-19 pandemic (Hamal et al. 2020; Kumar et al. 2020).

Facilities unable to provide high quality maternal healthcare



Inadequate skills among health workers and lack of incentives lead to low prioritisation of quality maternal services.



Workforce

related challenges to quality maternal healthcare

Shortage of maternal health workers

India has a 74% shortfall of obstetricians and gynaecologists at CHCs, and 20-30% ANM posts vacant in PHCs, resulting in overburdened health workers (MoHFW 2021; Karan et al. 2021).

Poor implementation of training professionals in quality

Despite national health policies, training on quality maternal care is either not implemented or poorly implemented in many states (Munshi et al. 2022).

Poor attitudes and lack of sensitivity/respect

Prevalence of mistreatment and violence during childbirth by maternal health service providers in India is a challenge and is more prevalent among marginalised groups (Mayra et al. 2021).

Lack of incentives to provide quality maternal healthcare

There is limited clarity on how quality is incentivised in pay-for-performance measures under HWC guidelines. Remuneration for frontline health workers is often delayed, leading to low motivation (Asgari-Jirhandeh et al. 2021; Sharma et al. 2021).

Low prioritisation of maternal health quality among health workers



Inefficient data systems and poor quality of data hinder decision-making and governance.



Technology

related challenges to quality maternal healthcare

Fragmented data systems

Multiple, disparate sources of maternal health data with poor integration hinders decision-making and monitoring of quality maternal health (Priyadarshini and Joseph 2021).

Poor quality of data in information systems

Inaccurate data collection, poor capabilities of data entry operators, and lack of oversight result in low quality data in information systems, including maternal health system (Lemma et al. 2020).

Inadequate institutionalisation of feedback mechanisms

Facility-level concurrent monitoring of maternal health quality and client feedback cycles in public systems are reliant on defunct committees such as MAS and RKS; Moreover action taken based on these committees are ad hoc and not systematic (Priyadarshini and Kumar 2020; Selvaraj et al. 2022).

Inadequate information to support governance of maternal health quality

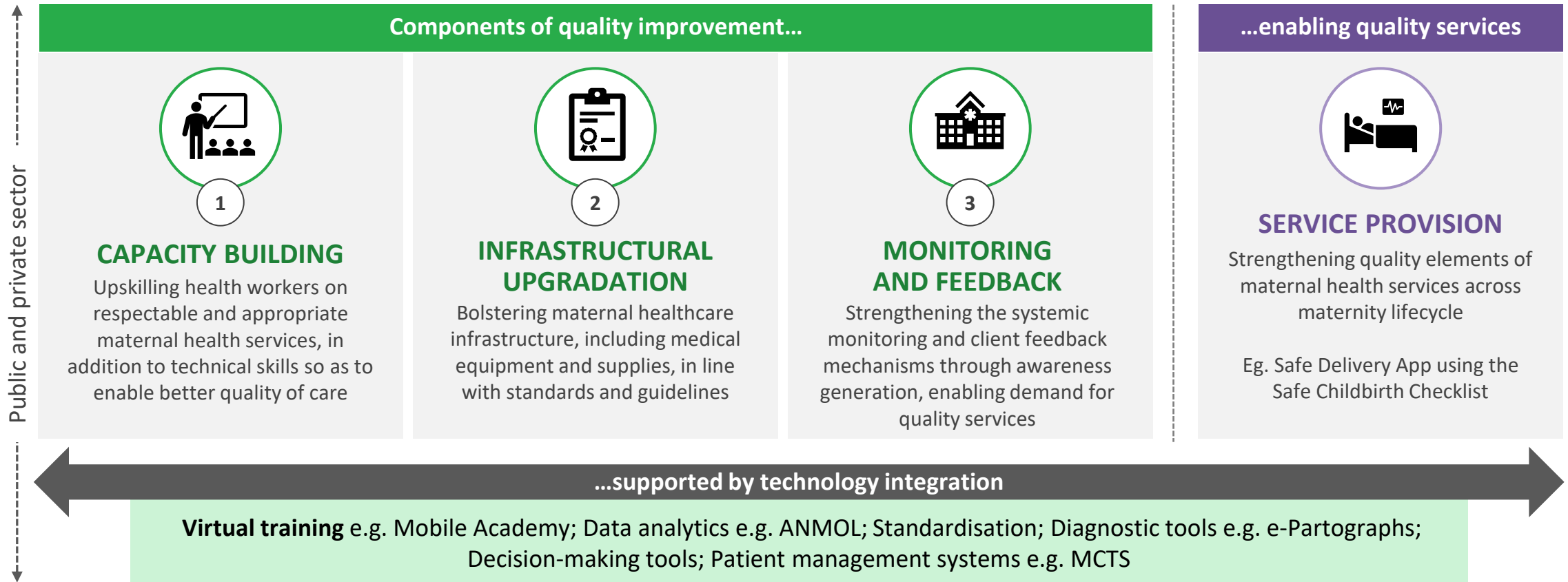


SOLUTIONS TO IMPROVE MATERNAL HEALTH QUALITY



Quality maternal health services are enabled by three key components of solutions: **capacity building, upgrading infrastructure, and monitoring.**

Solution landscape for quality of maternal healthcare in India



Capacity building solutions in the public sector focus on strengthening skills for facility-based maternal healthcare.


Illustrative examples of solutions for quality maternal healthcare in India

Solution	Facility coverage	Components included	
<p>Dakshata</p> <ul style="list-style-type: none"> ✓ Comprehensive intervention package by MoHFW, based on Safe Childbirth Checklist ✓ Aims to have competent, skilled providers at high delivery load facilities <p>(MoHFW 2015a)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
<p>Daksh Skills Lab for RMNCH+A services</p> <ul style="list-style-type: none"> ✓ Practical skill development of maternal health workers (ANMs and superintendent nurses) on ANC and intrapartum care ✓ Aim to develop skills of providers and enable better quality of maternal care <p>(MoHFW 2015b)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision



However, **capacity building solutions** for the public and private sector can differ in their scope, from facility-level to community-level skills.

Illustrative examples of solutions for quality maternal healthcare in India


Solution	Facility coverage	Components included	
<p>Nursing Training</p> <ul style="list-style-type: none"> ✓ Upskilling programme focused on practical training in maternal healthcare for nursing assistants in Karnataka ✓ Aims to train assistants to become frontline maternal healthcare workers <p>(D'Souza 2022)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
<p>Mobile Academy </p> <ul style="list-style-type: none"> ✓ Mobile-based Reproductive Maternal Neonatal and Child health refresher training course for ASHA workers ✓ Aims to improve knowledge and quality of engagement <p>(Chamberlain et al. 2021)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision

Note:  denotes technology-enabled solutions



Solutions also incorporate monitoring and feedback in addition to capacity building, to strengthen the health system for quality maternal care.

Illustrative examples of solutions for quality maternal healthcare in India



Solution	Facility coverage	Components included	
<p>Midwifery Training</p> <ul style="list-style-type: none"> ✓ Capacity building of nurse practitioners to build a cadre of trained midwives in public system ✓ Focus on quality maternal care in curriculum and certification ✓ Aligned and integrated with LaQshya <p>(MoHFW 2018)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
<p>AMANAT-Jyoti Nurse Mentoring Program </p> <ul style="list-style-type: none"> ✓ Initiative by CARE India in Bihar ✓ Focus on improving quality of obstetric and newborn care through onsite mentoring of, and by, facility-based nurses and ANMs <p>(Joudeh et al. 2021)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision

Note:  denotes technology-enabled solutions



Yet other solutions enable better quality of maternal care through facility-level improvements.

Illustrative examples of solutions for quality maternal healthcare in India



Solution	Facility coverage	Components included	
<p>Better Birth Programme </p> <ul style="list-style-type: none"> ✓ QI initiative focused on facility-level improvement in Uttar Pradesh ✓ Birth attendants and managers at 60 rural health centers coached on the use of Safe Childbirth Checklist <p>(Kara et al. 2017)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
<p>Born Healthy Programme </p> <ul style="list-style-type: none"> ✓ Proof-of-concept programme by Jhpiego introduced evidence-based ANC model focusing on nutrition, infection and quality of care ✓ Data integrated with government HMIS <p>(Jhpiego 2018)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision

Note:  denotes technology-enabled solutions



Technology can play a key role in facilitating capacity building and monitoring, as well as service provision.

Illustrative examples of solutions for quality maternal healthcare in India


Solution	Facility coverage	Components included	
<p>Alliance for Saving Mothers and Newborns </p> <ul style="list-style-type: none"> ✓ Package of mHealth technologies to support peripartum management ✓ Includes e-partograph and SCC among other tools ✓ Implemented in 81 facilities across Rajasthan and Madhya Pradesh 	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
(Usmanova et al. 2020)			
<p>Mera Aspataal </p> <ul style="list-style-type: none"> ✓ Mobile-based patient feedback mechanism for quality improvement ✓ Applicable for public and empanelled private facilities ✓ Aligns with MyGov platform of GoI 	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision
(MoHFW, n.d.b)			

Note:  denotes technology-enabled solutions





Manyata, implemented through multiple models, focuses exclusively on improving the quality of maternal healthcare in the private sector.

Illustrative examples of solutions for quality maternal healthcare in India

Solution	Facility coverage	Components included	
Manyata  <ul style="list-style-type: none"> ✓ One of the few QA and QI accreditation programmes for the private sector ✓ Focused approach on sustainable QI and certification through a scalable QI model <p>(Jhpiego 2018)</p>	Public	Capacity building	Infrastructural upgradation
	Private	Monitoring and feedback	Service provision

Manyata has also leveraged government platforms and innovative financing for implementation

Utkrishi Impact Bond  <ul style="list-style-type: none"> ✓ Private impact bond to support private health facilities in Rajasthan for upgrading their infrastructure to meet NABH and Manyata certifications <p>(Mathematica Policy Research 2020)</p>	Capacity building	Infrastructural upgradation
	Monitoring and feedback	Service provision
LaQshya-Manyata  <ul style="list-style-type: none"> ✓ Public-private partnership between Maharashtra government and FOGSI to support certification of private hospitals aligned with LaQshya and Manyata <p>(Patil 2022)</p>	Capacity building	Infrastructural upgradation
	Monitoring and feedback	Service provision

Note:  denotes technology-enabled solutions



CONCLUSION



Mainstreaming of quality in India is a tailwind to strengthen quality of maternal health going forward.

There is a growing dialogue and action towards **prioritising quality in India**, in addition to an **emerging focus on QI and QA in maternal healthcare**, in the public and private sectors.

The government is looking to incentivise quality, with a greater recognition of the need for QA mechanisms across all levels in the health system. For example, pay-for-performance measures are applied to the primary care team in AB-HWCs. Since 2017, India has also been part of the Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network), a broad-based partnership of committed governments, implementation partners and funding agencies working to deliver the vision that ‘every pregnant woman and new-born receives good quality care throughout pregnancy, childbirth and the postnatal period’.

Insurance providers are looking at quality as an important criteria for hospital empanelment and cashless transfer facilities, to promote QA. Insurers also offer financial incentives such as higher reimbursement rates for providers with recognised quality accreditations and certifications.

The **private sector is getting more involved in defining, enabling and monitoring quality** of maternal health care, with a rise in private sector solutions such as Manyata and the Private Maternity Care – Quality Toolkit. In order to improve the quality of maternity services to reduce the maternal mortality and strengthen health systems for safer childbirth, FOGSI collaborated with NABH in 2022 to jointly assess and accredit maternity service providers.

With a shift towards greater recognition of quality in maternal health, indicators of maternal health are expected to improve in the coming years.



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ANNEXURE

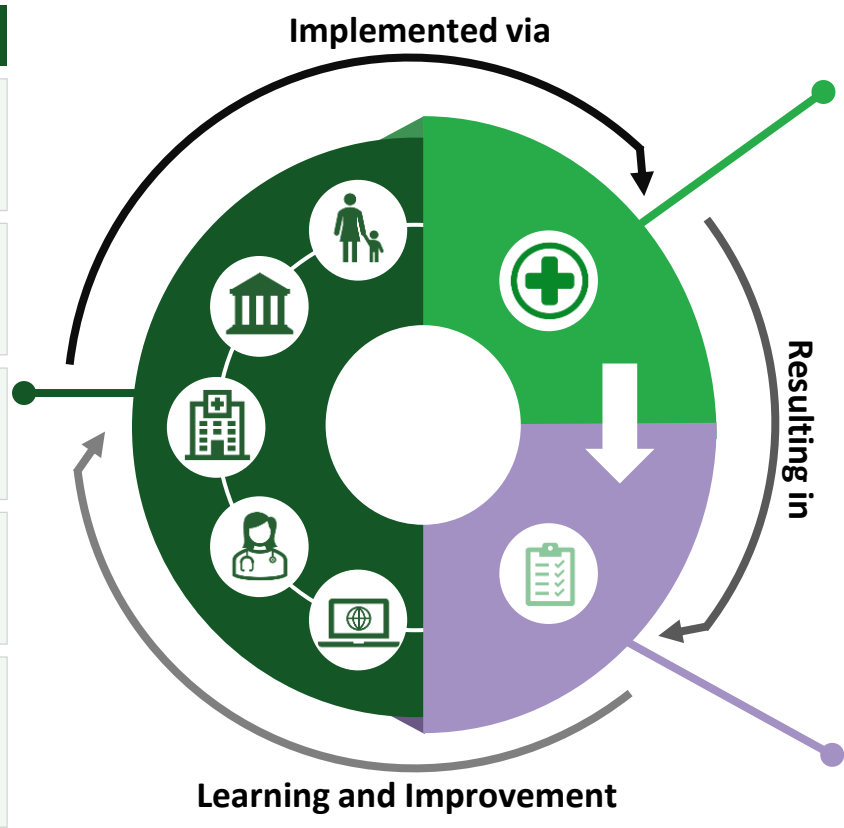


Achieving high-quality maternal health needs action on the foundations of healthcare, to ensure appropriate processes of care and quality outcomes.

Framework for quality in maternal healthcare

FOUNDATIONAL HEALTH SYSTEM LEVRS

- Demand-side**
 - Clients of maternal healthcare, their families and communities
- Governance**
 - Leadership, policies and financing
 - Social determinants
- Infrastructure**
 - Health facilities
 - Equipment and supplies
- Workforce**
 - Maternal health workers
 - Planners and managers
- Technology and tools**
 - Information systems
 - Use of data
 - Feedback mechanisms



PROCESSES OF CARE

- Competent care and systems**
 - Evidence-based effective care
 - Capable systems
- Positive client experience, constituting:**
 - Respect
 - Client focused care
 - Enabling client (women) feedback

QUALITY IMPACTS

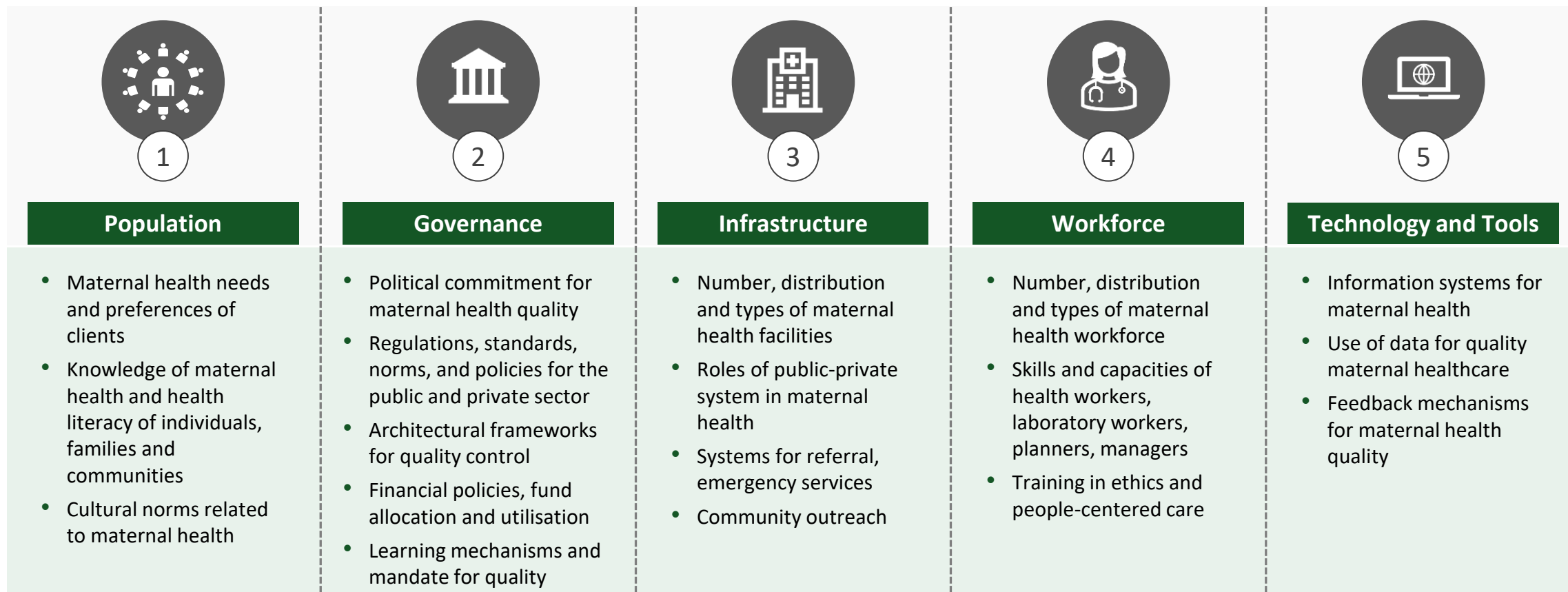
- Better health**
 - Client outcomes
- Confidence in system**
 - Satisfaction and trust
 - Care uptake
- Economic benefit**
 - Cognitive ability, work productivity
 - Financial risk protection
 - Health system efficiency

(Adapted from Kruk et al. 2018 and Quality, Equity, Dignity framework by WHO 2018b)



The foundational levers encompass all the different stakeholders, platforms and tools working together in the health system.

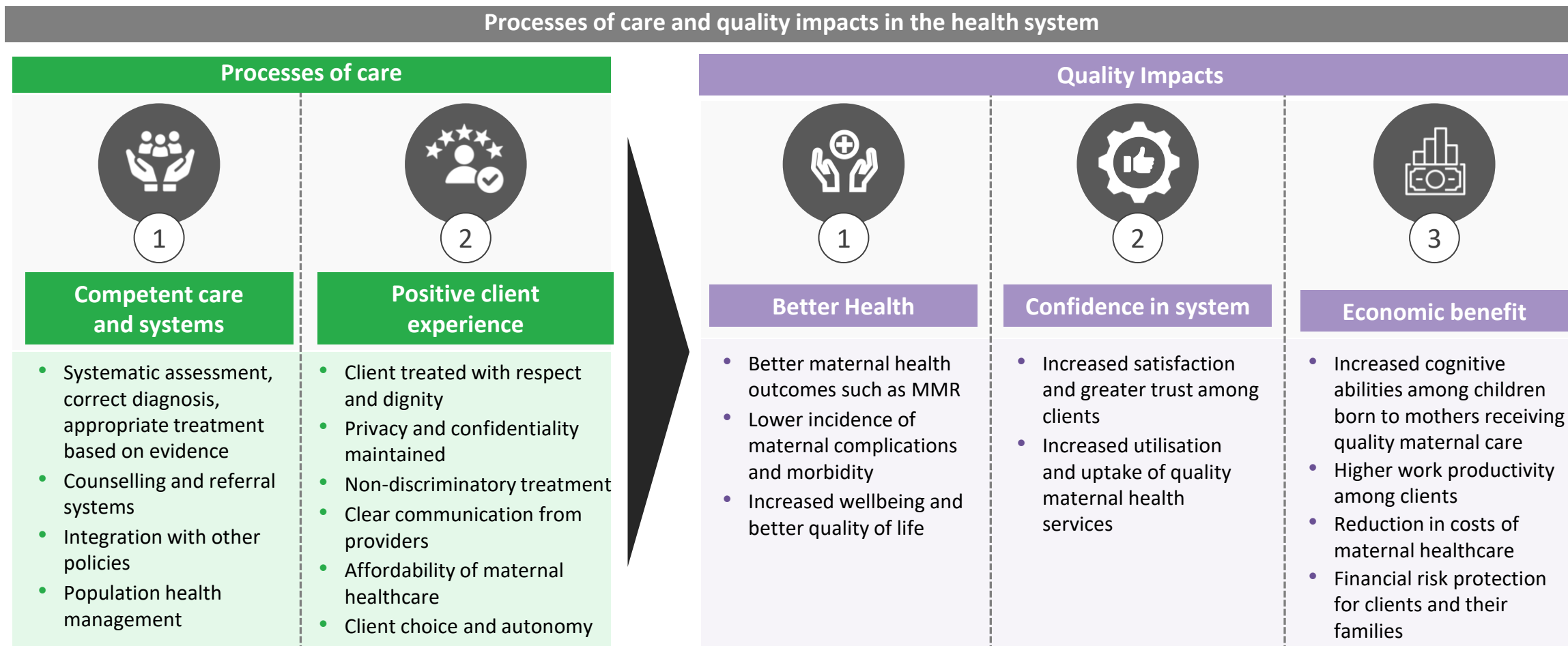
Foundational levers of the health system



(Adapted from Kruk et al. 2018 and Quality, Equity, Dignity framework by WHO 2018b)

Note: Clients refers to users and receivers of maternal healthcare services.

Enabled by foundational levers, competent care and better user experience lead to better health outcomes and larger economic benefits.



(Adapted from Kruk et al. 2018 and Quality, Equity, Dignity framework by WHO 2018b)

Note: Clients refers to users and receivers of maternal healthcare services.

