

PROCEEDINGS OF THE STATE MISSION DIRECTOR, THIRUVANANTHAPURAM

Present : Dr.Rathan U. Kelkar IAS

Sub:- Mother and baby Friendly Hospital certification Process, Standards and Check points orders issued.

ORDER NO: NHM/2925/DEO(RBSK)/2021/SPMSU, Dated, 29.07.2021

Read:- Letter & Minutes of the online meeting held on 07/07/2021; Health FW-2/171/2021 dated 24/07/2021.

Process notes on Certification of Health facilities under MBFHI

Through various steps taken in line with SDG 2030, the Government of Kerala strives hard to prevent all possible under-five mortality and improve the quality of life of children. The Government has reviewed the current situation of Early Initiation and Exclusive Breastfeeding indicators and suggestions put forth by various stakeholders and agreed that there should be a strategy to improve the status. It should involve both hospitals based and community-level activities. As per the reference cited above, The State Mission Director, National Health Mission Kerala, has been designated to coordinate and monitor the activities in this line. The Government, in principle, accorded sanctions to start the activities as mentioned above.

The Indian Academy of Paediatrics Kerala submitted the proposal to improve the responses from Hospital settings and make the hospitals more sensitive about breastfeeding promotion through a campaign; reviewed at the NHM level by the Child Health wing and Quality team. As a result, hospitals will be encouraged to get certified as "Mother and Baby Friendly Hospital". As per the directions from The State Mission Director NHM, Child Health and Quality wing in NHM discussed the suggested modifications on the parameters with the Scientific Committee of IAP and experts from NNF and KFOG. Under these circumstances, National Health Mission and their partners IAP Kerala, NNF Kerala, KUHS, UNICEF, KFOG, TNAI, etc., in this venture has decided to go for the certification process. An external assessor team will visit those hospitals applied for it and certify them as 'Mother and Baby Friendly Hospital' using a predefined checklist and criteria.

In order to over see the activities the following committees are constituted at State and District Level. with following members.

The State Level MBFHI Committee.

1. The State Mission Director, National Health Mission Kerala (Chair)
2. The Director of Health Services (Vice-Chairman)
3. The Director of Medical Education (Vice-Chairman)
4. The Additional Director FW (Member)
5. The Additional Director Medical (Member)
6. The President IAP Kerala, (Member)
7. Professor School of Public Health KUHS (Member)
8. The State Quality Assurance officer (Convenor)
9. The President KFOG (Member)
10. The Joint DNE Nursing
11. The President National Neonatology Forum Kerala (Member)
12. The State Nodal officer Child Health (Member)

The District Level MBFHI Committee

1. The District medical officer Health (Chair)
2. The District Program Manager National Health Mission (Convenor)
3. The District RCH Officer (Member- Coordinator)
4. The President IAP Chapter (Member)
5. The President KFOG Chapter (Member)
6. The President NNF Chapter (Member)
7. The District Nursing Officer (Member)
8. A representative from TNAI (Member)
9. The District RBSK Coordinator (Member)
10. The Junior Consultant Quality Assurance (Member)

Certification will be effective from 01st August 2021.

1. **Unit of Certification** – All self-certified health facilities through Institutional Committees formed in this regard as per established certification standards are eligible to apply for the MBFHI Certification.

2. **Process of Certification:** Institution should conduct necessary trainings and self-evaluation of the institution with the MBFHI checklist provided. After self-evaluation the Institution level committee should analyse the gaps and prepare an action plan for closing the gaps. Once the gaps are closed the institution should do the self-evaluation and the institution level committee should verify the same and self-certify. Then a formal application for MBFHI certification within prescribed format should be submitted through the district level committee. The Convenor of the State Level Committee for MBFHI will assign External Assessors strictly following the guidelines and allot dates for Assessment. After assessment the assessors will submit the report online to the state MBFHI committee. The MBFHI team will verify the same and recommend to the MBFHI committee regarding the certification. The MBFHI committee will meet once in every two months and certify the qualified institutions after due verification.

3. **Criteria for certification** – Certification of the facility will be finalized based on the score obtained in the following four criteria for MBFHI certification: -

Certification Criteria for MBFHI

- *Criterion 1* - Overall Score of the Institution should be $\geq 80\%$
- *Criterion 2*- Score of each Area of Concern should be $\geq 70\%$
- *Criterion 3*- Individual scores of all Ten core Standards should be $\geq 70\%$
- *Criterion 4*- Individual Score in each mandatory Standard should be 100%

The facility will be MBFHI certified if the facility meets all the above four criteria and validated by the State Level Certification Committee. If the facility fails to meet any one of the first two and have minimum 50% of scores, they will be given a certification with conditionality which will be valid for a maximum period of six months.

4. **Application for the Certification** – Health Facility ready for certification can apply through the state MBFHI Certification committee (SQAC). The application should be made

only after ascertaining that the facility meets the self-certification. It is advisable that the institution level committee validate these scores before applying for the State level certification. Application for MBFHI Certification should be sent in the prescribed format along with the specified attachments given in Annexure.

5. **Verification of submitted Documents** - All the documents that have been requested from the health facility would undergo two level of verification. The initial verification in terms of adequacy will be done by the designated District Committee. Thereafter the set of documents will be forwarded to the State Program Management and Supporting Unit of NHM. There also the documents will be verified for completeness before allotting dates for assessment.

6. **Selection of the assessors** –From the pool of empanelled external assessors, two to four assessors shall be selected for each assessment the following criteria: -

Table 2- Assessors for MBFHI certification

Type of facility	No. of Assessors
Beds 500 & above	4
Beds 200-500	3
Up to 200	2

Assessors will be shortlisted based on the number of field assessments conducted and type of health facility to be assessed without any possibility of conflict of interest. In all cases there will be one Paediatrician in the team. The Assessor should not have worked in that institution in the last five years. Family members of the assessor should not be currently working in the hospital. The Assessor should not have any shares or partnership in the Institution. It is the responsibility of the Assessor to intimate the same once they are selected for the assessment. If the same is violated the Assessor will be permanently barred from the list of Assessors.

Assessors are selected through a process where those interested can apply individually for getting into the panel of the Assessors for MBFHI Certification program in the prescribed format. They will have to undergo a training program organised by the State level Committee for MBFHI Certification. They should score minimum 80% marks in the exit exam conducted to successfully get empanelled as an Assessor for MBFHI. Those who can not score 80% marks can attend the next exam only after attending the next training program.

The empanelled Assessor will have to take up minimum 5 Assessments per year and will have to get empanelment in every two years. Those who have not completed five Assessments in an year will have to undergo the empanelment process to consider for next assessment.

Minimum educational Qualification for an Assessor are

1. MBBS with minimum 10 years' experience
2. MBBS with Post Graduation in Paediatrics or O&G with two years of working experience.
3. B.Sc/GNM Nursing with 10 years' experience completed Lactation Management certification program by KUHAS.

7. **Honorarium for the assessor**- Assessor's honorarium shall be reimbursed by SPMSU for the undertaking MBFHI certification at the rate of Rs 2000 /Assessor for all level of facilities. They are eligible for TA as per NHM rules on submission of request in prescribed formats along with supportive documents.

8. **Timelines for report submission** - The assessors are expected to assess the content of the documents submitted as per the scope of services in the facility. The assessors will conduct the tour of the facility and prepare the report there itself and submit online before leaving the Institution. The Institution should make necessary facilities for online submission of reports. The Assessment criteria along with the draft report format are attached as *Annexure – A*.

9. **Validity of Certification** – The Certification is valid for maximum period of Two years with a mandatory condition of self-certification by the Institution level committee annually. This should be intimated to the State MBFHI committee in the prescribed format before the expiry of one year. The certification with conditionality is valid for a maximum period of six months within which the facility is encouraged to close the gap and intimate the same with evidence of photographs to the State MBFHI Committee, which will be duly verified by physical assessment. The institution should reapply three months before expiry of certification (two years) for renewal.

The State MBFHI committee has the right to make surprise inspection if required or suspend the certification in case of any discrepancy noted with evidence against the standards pertaining to IMS act compliance by the hospital.

10. Assessment Process –

1. After receipt of the application, supporting document will be verified by designated District Committee and forward the same to State Nodal Officer CH, SPMSU NHM. This will be forwarded to the convenor State level Committee for MBFHI Certification after due verification.
2. Date of assessment will be finalized with mutual consent of state quality team and Assessors and will be intimated to the facility at least one week prior to assessment. Date of assessment would usually be within one month of receipt of application if it is noted that the supporting documents are satisfactory. The application for the assessment should always be accompanied by the supporting documents, as mentioned above in the prescribed format attached.
3. State certification team will allocate external assessors following already established protocols for external assessment. A team comprising of two to four external assessors will be assigned for assessment of applicant healthcare facility as per set criteria.
4. The assessors should make sure that the assessment should not be a fault finding process, rather it should be a handholding process.
5. The assessment should start with an opening meeting in which the institution can present

the path followed in the process of MBFHI certification until then.

6. The assessment should end with a closing meeting where the assessors can brief their observations. This should only be done after the submission of online forms to the State MBFHI committee. This process is planned to facilitate the process of gap filling and process improvement for the institution assessed.
7. A copy of the filled checklist can be shared with the institution's convenor at the end of the closing meeting.
8. Assessors shall complete the assessment including report in the facility itself on the same day. The assessors will conduct the tour of the facility and prepare the report there itself and submit online before leaving the Institution. The Institution should make necessary facilities for online submission of reports.
9. TA and assessor honorarium will be provided by the state as per existing certification guidelines & norms after receiving the report. Respective Junior Consultant Quality Assurance and District RBSK Coordinator will be responsible for smooth coordination of assessment activities in the district.
10. Assessors can use paper checklist for assessment. Filled checklist and signed assessment report are to be submitted to Certification team at SPMSU within a week of assessment through post.
11. Certification team at SPMSU will validate submitted assessment report and recommend to the State Certification Committee for issuing of certification to concerned facility, as per approved criteria. If facility fails to meet the certification criteria, a letter from Certification Committee will be sent to the facility stating the reason for same.
12. Facility failing in certification can reapply once they have closed the gaps identified in external assessment, only after 2 months from the date of previous external assessment. Before reapplying District level MBFHI committee must be satisfied and recommend that the facility has made reasonable progress and expected to meet the certification criteria and if necessary, get an independent assessment done from district level.

The certified Facility can display the certification status in boards/letterheads /ID cards, etc. as long as the facility retains the certification. It should be removed immediately (within one month) of loosing the validity of certification.

Dr.Rathan U. Kelkar IAS
State Mission Director

Approval Valid

Digitally Approved By
Dr.Rathan U. Kelkar IAS
Date: 29.07.2021
Reason: Approved

The document is digitally approved. Hence signature is not needed.