



“Breastfeeding Friendly Hospitals”

National Accreditation Centre for Private Hospitals having Maternity Services

A Joint BPNI-AHPI Project

Supported by 13 health professional
organisations/institutions

A CONCEPT NOTE

November 25, 2021



Introduction

The Breastfeeding Promotion Network of India (BPNI) has been working on protection, promotion and support of breastfeeding for over 30 years and earned credits and legitimacy to its work. BPNI is technical partner of the Government of India in implementing its MAA programme as well as member of several committees related to child health or nutrition, and has maintained a track record of working on ethics. BPNI does not receive funds from sources that have conflicts of interest such as baby food industry or its allies.

The MOHFW-Government of India, WHO and UNICEF recommend i) initiation of breastfeeding within one hour of birth, ii) exclusive breastfeeding (only breastfeeding, nothing else) for the first six months of life and iii) continued breastfeeding till 2 years of age or beyond along with appropriate complementary feeding after six months of age.

The WHO and UNICEF launched the Baby Friendly Hospital Initiative (BFHI) in 1993 to implement the Ten Steps to Successful Breastfeeding” in the health facilities that provide maternity services. This led to improved breastfeeding outcomes in health facilities. WHO has recently revised its guidance and improved the quality for adaptation at the national level. The MOHFW, Government of India did adopt BFHI in 1993 but it did not sustain beyond 1998. In 2016, the Government of India launched the Mothers Absolute Affection (MAA) programme and its guidance¹ and renewed its commitment to improve breastfeeding in the health facilities. The MOHFW in partnership with WHO and BPNI has developed the standards/tools for self – assessment and independent external assessment of health facilities under the guidance of TAG chaired by the Commissioner Child Health. Since the MAA programmes does not reach private health facilities, BPNI and Association of Health Care Providers in India (AHPI) joined hands for implementing the project in India to improve standards of care for early breastfeeding and skin to skin contact within an hour of birth. The project will focus on private health facilities. The project has a **national accreditation centre** that will promote its services as voluntary. The centre will be hosted by the BPNI and would offer its technical advice and services to the willing private hospitals with maternity services all over India. This concept note provides rationale, objectives, governance, the process as well as the ‘standards/tools’ to be used for assessment, monitoring and accreditation of health facilities. The BPNI-AHPI NAC web portal is on this link. <https://www.bfhi-india.in/home.php>

¹https://nhm.gov.in/MAA/Operational_Guidelines.pdf

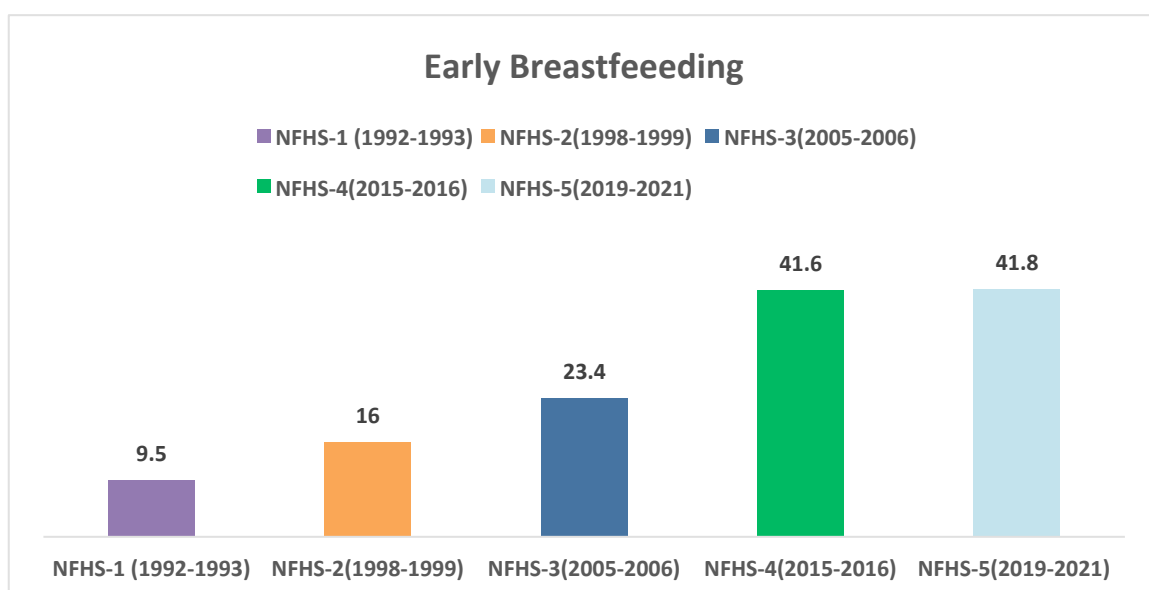
The Rationale

An international study on cost of not breastfeeding estimates that in India inadequate breastfeeding results in 100,000 preventable child deaths (mainly due to diarrhoea and pneumonia), 34.7 million cases of diarrhoea, 2.4 million cases of pneumonia, and 40,382 cases of obesity in India. Health impact on mothers is more than 7000 cases of breast cancer, 1700 of ovarian cancer and 87000 of type- 2 diabetes and India spends INR 727.18 crores on health care due to illness. Optimal feeding has the potential to simultaneously reduce the risk or burden of under-nutrition and overweight, obesity or diet-related NCDs (including type 2 diabetes, cardiovascular disease and some cancers). Review of the global evidence reveals that implementing BFHI/Ten Steps is beneficial to enhance early and exclusive breastfeeding (Pérez-Escamilla et al 2016)².

Despite the unparalleled value, the breastfeeding rates remain low in India.

The NFHS-5, National data revealed that 88.6% women deliver in hospitals, 41.8% are able to begin breastfeeding within an hour of birth, 63.7 % breastfed exclusively during 0-6 months, 45.9 % received timely complementary feeds at 6-8 months and only 11.1 % received adequate diet during 6-23 months.

Initiation of breastfeeding within one hour of birth has increased from 9.5% in NFHS-1 (1992-93) to 41.8 % in NFHS – 5 (2015-16) However, in 18 states and Union Territories, the rate of early breastfeeding has declined compared to NFHS-4 data (2015-16). Comparing NFHS-4 and NFHS-5 early breastfeeding rate is almost stagnant, which is a matter of concern. This is key are of BFHI-India NAC.



²<https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12294>

Exclusive breastfeeding in infants <6months of age has increased from 54.9 % in NFHS-4 to 63.7 % in NFHS-5. Pre-lacteal feeding has gone down from 57.2% in NFHS-3 to 21.1% NFHS-4. In some states of India, it remains very high, e.g., in Uttar Pradesh 41.5% and in Uttarakhand 39.1%. One of the worrisome trends is an increasing use of bottle-feeding. According to NFHS-4, every fifth infant (6-9 months) in India is being bottle-fed. Analysis of breastfeeding and progress towards SDGs underlines the need for concrete action to improve breastfeeding rates in health facilities³.

In view of majority of births happening in the health facilities, there is huge scope for improvement in the practice of early initiation of breastfeeding. According to a recent qualitative World Bank Study on BFHI in the South Asia⁴ region, including India, BFHI does not receive the attention it needs. Challenges reported from India include: “(a) lack of ownership and funding of BFHI, (b) inadequate human resources, (c) overburdened health facilities, (d) weak monitoring and evaluation mechanisms, (e) inability to involve private hospitals, (f) ineffective implementation of the International Code of Marketing of Breastmilk Substitutes (the Code) and (g) lack of proper mechanisms to provide technical support and leadership. At the hospital level, separation of babies from mothers especially in cesarean section births, more so in the private sector; inadequately trained health staff; unnecessary use of infant formula due to commercial influence of baby food industry on health facilities; and inadequate counselling and support to mothers during antenatal and postnatal periods were some additional barriers to success of BFHI implementation”.

The MAA programme guidance and the WHO guidance with the revised “Ten Steps to Successful Breastfeeding”⁵ urge hospitals to follow some policies and practices, like e.g. implementing the Infant Milk Substitutes Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act), written feeding policy, data management system, competent staff by training of staff in breastfeeding counselling, antenatal counselling on breastfeeding, support at birth to initiate breastfeeding, breastfeeding friendly practices like rooming-in, avoiding foods other than breastmilk unless medically indicated etc. The World Bank study recommends couple of actions at national level and state level. The one at national level includes coordinated technical support for lactation counselling and periodic monitoring, and external assessment of health facilities at least every five years.

As per the guidance of the MAA programme of Government of India a pool of assessors would be created at State/District level, under the oversight of National Accreditation

³https://insa.nic.in/writereaddata/UploadedFiles/PINSA/PINSA_2018_Art49.pdf

⁴ World Bank. 2019. South Asia-Baby-Friendly Hospital Initiative in South Asia: Implementing Ten Steps to Successful Breastfeeding-India, Nepal, and Bangladesh Challenges and Opportunities (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/91689157311241173/South-Asia-Baby-Friendly-Hospital-Initiative-in-South-Asia-Implementing-Ten-Steps-to-Successful-Breastfeeding-India-Nepal-and-Bangladesh-Challenges-and-Opportunities>

⁵ Ten steps to successful breastfeeding (revised 2018) <https://www.who.int/nutrition/bfhi/ten-steps/en/>

Centre (NAC). The assessors would be qualified personnel, trained and willing to carry out assessment of health facilities in the private sector. The NAC will maintain the state wise list of assessors who have been authorised for this work

With this background, BPNI and AHPI jointly launch the National Accreditation Centre to accelerate implementation of Ten Steps to Successful Breastfeeding in the private hospitals.

Objectives of the NAC

Objectives include:

- To facilitate assessment and monitoring of private hospitals with maternity services using standards that have been field tested and validated under the TAG of the Government of India
- To analyse and provide award certificate of accreditation to the hospitals, which adhere to the standards validated through independent external assessment.
- To maintain the digital portal, and database of such hospitals and follow up for re-assessment and award after 3 years.
- To provide technical advice, and services to the hospitals for strengthening their support to breastfeeding mothers, delivered by normal or cesarean section deliveries.

The Strategy

The NAC is established as a unit of BPNI, would serve as an agency certifying Hospitals as “Breastfeeding Friendly Hospital (BFH)” for implementing MAA programme Guidance/ “Ten Steps to Successful Breastfeeding”. BFHI – India National Accreditation Centre will use the standards and tools approved by the Government of India for conducting self and external assessments. To accelerate implementation, the NAC entered into partnership with AHPI and various health professional organizations e.g., obstetricians, pediatricians, midwives, lactation support staff and nurses. It will reach out to BPNI’s 1300 trained counsellors and more than 150 national trainers and related experts to apply for being an authorised External Assessor. It will work on a self-supporting model to be sustainable through nominal fees on a non-profit basis.

Functioning of the NAC

- NAC will work as a project of BPNI and under the overall governance of BPNI.
- NAC will function as an agency to carry out assessment of the hospitals that express interest for assessment and awards.
- NAC will fix up a nominal fee for its services and revise as needed in order to sustain

this work.

- NAC will function under the guidance and supervision of an “Expert Advisory Group” (EAG).

Expert Advisory Group (EAG) of the NAC:

- This will be a 9-member group, which will be jointly chaired by the BPNI Central Coordinator or a person nominated by the Central Coordination Committee of BPNI and the Director General of the AHPI.
- Seven (7) members: BPNI National Coordinator or a person nominated by the Central Coordination Committee of BPNI (as member secretary), and 6 others from among Obstetrics/Health research/Pediatrics/Nursing/Lactation /a mother/ public health and public policy expert.
- Special invitees – UNICEF India, WHO India and any other expert as per the need.

Terms of reference:

The EAG will meet every 6 months and have following functions:

- Review and advise about assessment tools and keys.
- Review criteria for authorising external assessors.
- Review and advise on the fee/charges for management, assessment, and certification from time to time.
- Receive the report of the NAC on accreditation/grading of “Breastfeeding Friendly Hospital” every 6 months.
- Update if needed, the tools at least every 5 years.
- Establish accountability mechanisms and redress mechanisms for any complaints.
- Provide policy inputs

EAG for 2021-2025

Co-Chairpersons

Dr. Arun Gupta, BPNI and Dr. Girdhar Gyani, DG, AHPI

Members

1. Dr. Piyush Gupta, President, Indian Academy of Pediatrics (IAP) 2021.
2. Mrs. Evelyn P. Kannan, Secretary General, The Trained Nurses Association of India
3. Dr. Kiran Guleria, HOD Obstetrics, GTB Hospital, New Delhi
4. Dr. Shubhangini Bhalla, Management Expert and a mother.
5. Dr. Sanjiv Kumar, Public Health Expert.
6. Ms. Deepika Shrivastava, Former Sr. Advisor to EAC to PM.
7. Dr. Sangeeta Rani (Pediatrician) Guru Gobind Singh Hospital, Delhi (Member Secretary)

Special Invitees

1. Representative of WHO–India
2. Representative of UNICEF–India

Staff Functions

Broadly, NAC staff will analyse information and facilitate technical assistance and correction of inappropriate practices in the hospitals and recognize the hospitals and coordinate the work including:

- Work in close liaison with the AHPI
- Examine the self assessment reports
- Establish criteria to register and authorise to work as external assessors.
- Maintain a data- base of assessors for each State/District.
- Train/guide the assessors if required.
- Appoint and authorise external assessors.
- Manage the information received from health facilities and reports of the external assessors.
- Call for external assessment when indicated.
- Provide certificates of BFHI-India to the hospitals that qualify for accreditation; and supply digital communication materials.
- Provide technical advice.
- Facilitate technical services if required e.g., capacity building of staff of hospitals.
- Prepare annual reports and share with respective partners and the governments.

Governance of the NAC

The NAC would function under the overall control of the Central Coordination Committee of BPNI as a legal entity. BPNI will oversee the work of BFHI-India National Accreditation Centre including the administration, staff at the secretariat, financial management and reporting.

Partnership with AHPI

The BPNI' s National Accreditation Centre for BFHI will enter into a MOU with AHPI in order to reach out to private hospitals.

The Supporting Partners

Following originations have given commitment as supporting partners. AHPI being the strategic partner in implementation.

1. Association of Healthcare Providers of India (AHPI)

2. CTARA-IITB
3. Epidemiological Foundation of India (EFI)
4. Indian Academy of Pediatrics (IAP)
5. Indian Association of Preventive and Social Medicine (IAPSM)
6. Indian Medical Association (IMA)
7. Indian Public Health Association (IPHA)
8. Pediatric and Adolescent Nutrition Society (PAN) -
9. IAP Nutrition Chapter
10. Public Health Resource Network (PHRN)
11. National Neonatology Forum (NNF)
12. The INCLEN Trust International
13. Trained Nurses Association of India (TNAI)
14. UNICEF

TOR- Supporting Partners

1. Assist in promotion of BFHI
2. Participate in technical discussions and provide inputs
3. Be listed on the website of BFHI/its documents
4. Be part of the launch of BFHI
5. May like to link BFHI on partners' website
6. May provide Logo of the organisation to be used on the documentation including BFHI certification.
7. This does not have any financial implication on partners.

The Process for Assessment and Awards

It has two components. The first is self- assessment by the health facility that provides answers to key questions and an objective score. If the score is above 50%, the facility qualifies for external assessment. If not, it receives technical advice and support to achieve higher scores.

Second part is external assessment carried out by an authorised “External Assessor”. The job of authorized assessor is to verify findings of self-assessment, check for competence of staff and observe the health facility. After checking and analysing the hospital compliance with the standards, a numerical score will be given to each standard/criterion as already identified in the Tools. Based on the findings of the external assessment the health facility receives a ‘Grade from 1-5’ in descending order of performance. The hospital that receives Grade-1 will be awarded a certificate as **“Breastfeeding Friendly Hospital” - implementing Ten Steps to Successful Breastfeeding and MAA Programme”**.

The BFHI – India National Accreditation Centre makes decisions for accreditation based on the findings of the external assessment and guidelines for grading. The NAC informs the

EAG also. Once certified, it will be valid for a period of three (3) years from the date of certification. Hospitals will be required to undergo assessment after 3 years for continued accreditation. The hospitals will have to re-apply after this for further accreditation.

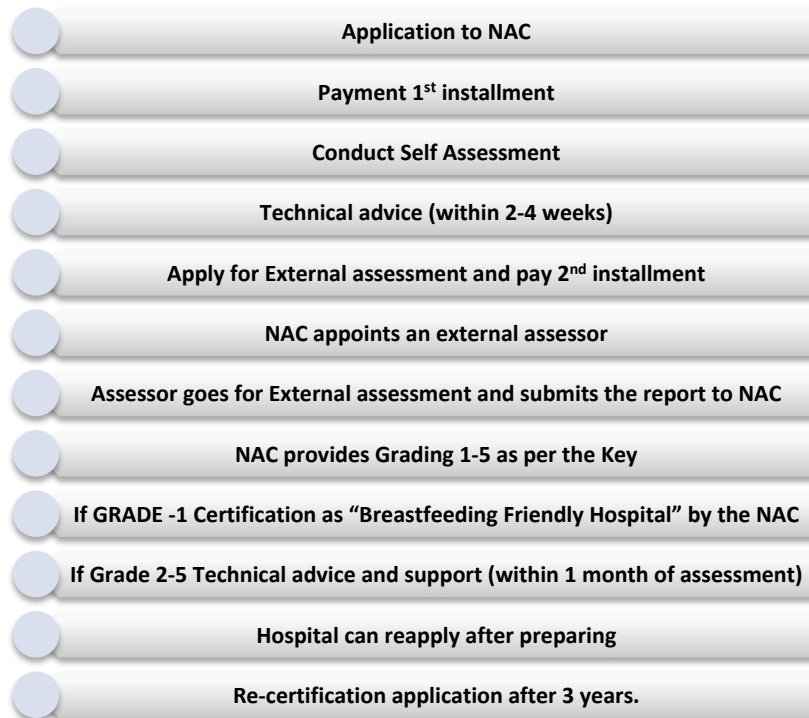


Fig.1: Steps of Assessment and Accreditation of "Breastfeeding Friendly Hospital"

The NAC will provide a rapid response service to any questions on the Tools/Standards or their interpretation. It will keep compliance with the WHO standards and national guidelines as standards.

Use of Certificate of the Accreditation

The health facilities receiving the certificate can use it for display in the services and promote their maternity services adding value to mother and baby both. They are not permitted to make false claims or deceptive advertising to promote themselves.

Benefits of Accreditation

Babies

Babies and their mothers are the biggest beneficiaries, getting not only the highest quality of care, but also the best quality of nutrition for the best start in life.

Hospital

Accreditation stimulates continued improvement to benchmark with the best. It enables the hospital to demonstrate its commitment to quality care and raises the community's

confidence in its services.

Hospital staff

Accreditation provides hospital staff with continuous learning, leadership and ownership of processes. It improves the professional competency of all staff and stimulates quality improvement.

Complaints

The NAC will evaluate and review complaints, concerns, and inquiries related to certified hospitals, which may be received from any related sources like parents, families, and healthcare practitioners, governmental agencies, or through information from the media. The term complaint, therefore, covers a broad spectrum of information received by BFHI – India NAC.

Suspension of Certification and Appeals

The NAC may initiate suspension of the process or awards in cases where:

1. The hospital violates the provision of services that was considered for the award.
2. Non-payment of fees or refusal of access to hospital.
3. Hospital has made false public claims regarding its certification, and used in away that is unjustifiable or deceptive in advertising.
4. Information from parents on non-compliance with the standards.

The NAC if it decides in favour of suspension of award or its process, it will inform the hospital in writing. This letter will describe the situation that has led to suspension as well as the requirements and timelines that must be met to have it reinstated. The hospital will have two weeks from receiving the notification letter to respond/appeal the decision. Verification of the requirements may require additional on-site visits that will be charged to the hospitals based on the rates and costs used in the original contract.

Fee Structure (Valid up to December 2023)

The NAC will charge a nominal fee for its services and management. This fee includes:

1. Provision of digital portal for self- assessment /external assessment
2. Coordination, communication
3. Technical advice for improving the situation both at the time of self assessment and external assessment
4. Data management of hospitals, assessors and certification
5. Analysis of Self-assessment form and report on eligibility.

6. Organising a visit by the authorized assessors for External assessment, management of his /her honorarium, travel, lodging & boarding) and reporting by the external assessor.
7. Analysis of the external assessment report and grading according to the guidelines.
8. Cost of certificate and its mailing.
9. Approval by the BFHI – India National Accreditation Centre and Expert Advisory Group.

The fee includes a maximum of three (3) self -assessment attempts within a year of registration and one time (1) external assessment.

The fee does NOT include support for training of staff etc.

Fee will be payable in two installments

1st: – INR 4999/- plus GST

2nd: Upon application for external assessment: INR 11999/- plus GST.

(The NAC reserves the right to make change in the fee structure, e.g. for the repeat assessment after 3 years)

Authorised Assessors

Eligibility

The BFHI – India NAC will register and authorise external assessors for the BFHI-India project from all over India (State/Districts) based on following criteria for qualifications and skills:

- a). Proficient in English and Hindi /other local languages.
- b). Proficient in use of web portal, MS word
- c). Medical graduates, Para Medical Graduates, B.Sc. Nursing /Dietician/Nutritionist/ Nutrition Officers/ Masters in Social Welfare/Masters in Nutrition/Masters in Food and Nutrition
- d). Candidates with certification in BPNI's 4 in 1 IYCF Counselling training programme.
- e). Experience in breastfeeding and maternal support is desirable.
- f). Experience of doing hospital assessment for BFHI is desirable.

Roles and Responsibilities of the Authorised Assessor

1. Authorised Assessors will function under the guidance of the NAC
2. Authorised Assessors will take part in the orientation by the NAC
3. Authorised Assessors will receive and confirm the assignment of assessment of an eligible hospital.
4. Authorised Assessors will prepare herself/himself with designated assessment forms

to record his/her observations of the assigned hospital assessment.

5. Authorised Assessors will make a contact with the assigned hospital after receiving the information from BFHI-India NAC and make a visit on a convenient date.
 - The assessor will submit the assessment findings in the designated external assessment forms to the BFHI-India NAC through the BFHI-India digital portal. Before and during the assessment visit, the assessor will:
 - a). Apprise the health facility staff (administrator, medical officers, nurses) about the BFHI and MAA programme and brief them about the process of assessment.
 - b). Conduct interviews of the health facility administrator (Medical Superintendent/Medical Director (1) the doctors Pediatrician/Obstetrician/Medical officer; (2), nursing staff in the maternity facilities (3); and mothers in antenatal clinic, labour room, post-natal ward (one cesarean, one normal delivery) and a mother with baby in the neonatal unit – five. (Total of 11 interviews)
 - c). Observe the practices in the health facility including compliance with the IMS Act
 - d). Check/review relevant hospital records.
 - e). Debrief the administrator and other relevant staff about the assessment visit.

Conditions

Authorised Assessors will not share the assessment results with anyone else other than the national accreditation centre.

Payment of honorarium

The assessor will be paid a consolidated sum of INR 7500/- to cover following costs

1. Communication with the hospital
2. Transport to and from the hospital
3. Conduct interviews
4. Honorarium

The Tools, Scoring and Grading

1. The Self-Assessment Tool

The tool has two parts i.e. basic information and breastfeeding practices. The tool has a provision for objective scoring, which will help in identifying health care facilities to be eligible for the external assessment. An online system of submission will also be used for self-assessment. The questionnaire for self- assessment includes a total of 9 basic information questions and 12 questions on supporting documents and methods. Once a

health facility has registered its willingness for accreditation, the process begins with Self-assessment and those who score more than 50% will be eligible for the next stage of external assessment. Guidelines for self-assessment tools are available.

Tool for Self- Assessment; <https://www.bfhi-india.in/admin/uploads/documents/final-self-assessment-334.pdf>

2. The External Assessment Tool

The tool has 7 different questionnaires for interviews of administrators, health care providers and mothers and a checklist for observation of breastfeeding practices, implementation of the IMS Act and competency of the nursing staff to support breastfeeding mothers. The health facility will be assessed and verified on 18 parameters and would be given Grades 1-5 in descending order. Grade 1 (Excellent), Grade 2 (Good), Grade 3 (Average), Grade 4 (Second Lowest) and Grade 5 (Lowest). The health facility which scores Grade 5 will be accredited/Certified as BFH for 3 years; health facilities scoring below Grade 5 will be issued a technical advisory to improve the breastfeeding monitoring and practices encouraging them to re-apply for the external assessment. The accreditation/certification will be valid for 3 years only. Guidelines for external assessment tools are available.

External Assessment Tool; <https://www.bfhi-ndia.in/admin/uploads/documents/external-assessment-tool-284.pdf>

About BPNI

Breastfeeding Promotion Network of India (BPNI) was founded on 3rd December, 1991 at Wardha, Maharashtra. BPNI is a registered, independent, nonprofit, national organization; working towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants & young children. BPNI acts on the targets of Innocenti Declarations, Convention on the Rights of the Child (CRC), International Code of Marketing of Breastmilk Substitutes, and the Global Strategy for Infant and Young Child Feeding (WHO 2002). BPNI's core areas of work include policy advocacy to educate policy makers and managers, training of health workers, capacity building of State governments for implementing the policy, social mobilization during World Breastfeeding Week (WBW) each year and monitoring compliance with the "Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003 (IMS Act).

BPNI is notified in the Gazette of India as a child welfare NGO to initiate action under section 21(1) of the IMS Act for officially monitoring and implementing IMS Act since 1995. Over the years BPNI has played the role of a watchdog organization and exposed several big baby food brands on how they undermined the IMS Act.

BPNI coordinates and facilitates the education and training of grassroots personnel in the health and nutrition sector and private hospitals through skilled counseling as a sustainable support to mother-baby dyads. Our training alliances include the National Health Mission (NHM) and Integrated Child Development Scheme (ICDS). BPNI training courses are self-sustained.

BPNI works in close liaison with the Government of India and is recognized for its technical expertise and credible standing on the issues & concerns of child health and nutrition. BPNI's contribution in earlier five years plans documents and restructuring of ICDS mission document for Government of India are golden feathers in its cap. BPNI holds major contributions in the development of the National Guidelines on Infant and Young Child Feeding (2004 and 2006) and Operational Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices (2013). Latest among these are guidelines for 'MAA' programme wherein BPNI provided crucial inputs. BPNI is the technical partner to the country's very first nationwide programme "MAA-Mother's Absolute Affection" for breastfeeding promotion launched by Honorable Health & Family Welfare Minister Sh. Jagat Prakash Nadda on 5th August 2016. Other than the government, BPNI has been working in partnership with development partners like WHO, UNICEF, World Bank, Norwegian and Swedish Governments.

BPNI's Ethical Policy

BPNI does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipment. BPNI does not associate with organizations having conflicts of interest.

About AHPI

Association of Healthcare Providers (India) represents the majority of healthcare providers in India. It works as "not for profit" organization and advocates with the government, regulatory bodies and other stake holders on issues, which have bearing on enabling its members organizations to deliver appropriate healthcare services to community at large. The association functions through an empowered secretariat which facilitates the members organizations in improving their systems, processes and outcomes on continuous basis, in line with the vision, mission and objectives of the association.

Vision

The Association of Healthcare Providers (India)'s vision is to have healthy India, encompassing society, community and common man at grass root.

Mission

AHPI shall work with all stakeholders in establishing a national system where, common man can avail assured universal access to basic health services. The Federation will facilitate its members and partnering bodies, in carrying out healthcare improvements to serve the community effectively and efficiently.

Our Objective

AHPI strives to fulfill objectives, of the International Convent on Economic, Social and Cultural Rights, to which India has acceded and by which society and community has right to health in terms of availability (quantity to meet needs), accessibility (non-discriminatory and affordable), acceptability (ethical) and quality (clinically sound).

- AHPI, as conglomeration of entire healthcare providers i.e. hospitals/nursing homes/clinics, diagnostic centres, medical equipment companies, insurance providers and all others that are accountable to the community, will work closely with the key stake holders i.e. the Government and the Society to realise the universal health coverage.
- AHPI to collaborate and partner with other associations, accrediting bodies, regulatory agencies, councils, research institutions, academic institutions and solicit their support to realise the vision and mission as above.
- AHPI to actively work with the government, policy making institutions, various commissions and committees on proposed legislations/regulations and other reforms, which can enable healthcare providers to deliver affordable healthcare services.
- AHPI to promote and recognise the highest professional and ethical standards, healthcare service delivery, innovative medical technology and applied research for the betterment of patient safety and community Well Being.
- AHPI to help member organizations to comply with regulatory and other requirements as appropriate, related to infrastructure and manpower, based on the type of the facility i.e., teaching hospital, tertiary/secondary care hospital or clinic. It will also help them complying with minimum clinical protocols on patient safety. The Association will institute

peer evaluation mechanism based on the best practices to carry out above tasks.

- AHPI to assist the member organizations in analysis of secondary data associated with healthcare performance across multiple dimensions and create national depository of healthcare indicators.
- AHPI to institute unique national awards to recognize and encourage the Leadership initiatives related to community health services.
- AHPI to institute and administer certified training programs as CME, based on well-designed body of knowledge within healthcare management, in the areas of quality (clinical & managerial), facility management, nursing etc. as needed by the healthcare providers.
- AHPI to function as communication hub and notify members on national and international affairs, which may have ramifications for Indian healthcare providers. Association will have a resource centre, which besides bringing out regular NEWS BULETTIN will also coordinate and collate to bring out publications on topics of expertise as needed by the healthcare providers. AHPI in time to come will create centres of excellence in knowledge management i.e. Centre for Healthcare Governance, Centre for Healthcare Research and Quality etc.
- AHPI to coordinate and comprehend efforts to extend value added services to its members to improve overall governance, which may include, working green, complying with regulatory requirements, implementing accreditation standard, establishing quality improvement framework (5S, Kaizen, Lean, Six Sigma) etc. The overall objective once again would be to help members to be cost/quality competitive to meet the objectives of the Association.
- AHPI to promote the member bodies and their services to the public (including medical tourism); simulate greater awareness through various means of communication between member bodies and the society/community.
- AHPI to collaborate with national and international FORUMS engaged in work of similar nature to have access to best practices and may undertake on request training & quality improvement activities abroad.
- AHPI to establish an empowered secretariat to help member organizations (single window solution concept) in building capacities to realise the mission and objectives as stated above.