

**Web Table I Overview of the Rationale of Indices Considered in the SQCI Model**

<i>Objectives of the SQCI model</i>	<i>Index</i>	<i>Purpose of the index</i>	<i>Indicator obtained from the SNCU web portal</i>
To assess the optimal (& appropriate) utilization of services	Rational admission index	To know whether unnecessary admissions are being made (such as for healthy caesarean babies)	Proportion of new-born discharged within 24 hrs.
	Low birthweight admission index	To ascertain if the SNCU is fulfilling its envisaged role of addressing the vulnerable group of small (LBW or preterm babies <1800 g) babies	Proportion of low birth weight babies (<1800 g) admitted to the unit
	Optimal bed utilization index	To understand whether the newborn care units are over-crowded or underutilized	Average number of newborns admitted per bed per month
To identify gaps in skills and/or clinical practices	Inborn birth asphyxia index	To know about adequate management of third stage of labour and resuscitation services round the clock	Proportion of inborn admitted as birth asphyxia
	Rational use of antibiotics index	To know unnecessary antibiotic use of antibiotics as a difference between neonates received antibiotics and those with sepsis	Difference between neonates received antibiotics and those with sepsis as a proportion against the total admissions.
To track those survival/mortality indexes that influence key outcome indicators (such as NMR; IMR)	Low birthweight survival index	To ascertain if clinical practices including temperature maintenance, feeding of preterm/LBW	Proportion of low birthweight babies (1000-1800 g)
	Mortality in normal weight babies	Normally there should not be any mortality in this. Mortality signifies critical congenital defect or nosocomial infection and lack of adherence to treatment guidelines.	Proportion of deaths that take place in in-born with birth weight 2500 g or more