

# GUIDELINES FOR ACCREDITATION OF PRIVATE HEALTH FACILITIES FOR Providing RCH Services



**Maternal Health Division**  
**Ministry of Health & Family Welfare**  
**Government of India**  
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## Abbreviations

AD	Auto Disposable
ANC	Ante Natal Care
ANM	Auxiliary Nurse-Midwife
BCG	Bacillus Calmette-Guérin
BP	Blood Pressure
BPL	Below Poverty Line
BSc(N)	Bachelor of Science (Nursing)
C-Sections	Caesarean Sections
CHC	Community Health Centre
CMO	Chief Medical Officer
DAC	District Accreditation Committee
DGO	Diploma in Obstetrics and Gynaecology
DHS	District Health Society
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
e.g.	for example
etc	et cetera
FOGSI	Federation of Obstetrics and Gynaecologists of India
FP	Family Planning
GoI	Government of India
Hb	Haemoglobin
HBsAg	Hepatitis B surface Antigen
Hep B	Hepatitis B
HIV	Human Immunodeficiency Virus
IAP	Indian Association of Paediatrics
IUCD	Intrauterine Contraceptive Device
ICTC	Integrated Counselling and Testing Centre
IFA	Iron-Folic Acid
ILR	Ice-Lined Refrigerator
IMA	Indian Medical Association
IMEP	Infection Management and Environmental Plan
IV	Intra Venous
JE	Japanese Encephalitis
JSY	Janani Suraksha Yojana
KOH	Potassium Hydro-oxide
LBW	Low Birth Weight
LOI	Letter Of Interest
LMP	Last Menstrual Period
LR	Labour Room
M.B.B.S	Bachelor of Medicine and Bachelor of Surgery
MCH	Maternal and Child Health
MO	Medical Officer
MoU	Memorandum of Understanding
MR	Mumps Rubella
MS	Master of Surgery
MTP	Medical Termination of Pregnancy
MVA	Manual Vacuum Aspiration
NIHFW	National Institute of Health and Family Welfare

NIPI	Norway India Partnership Initiative
NNF	National Neonatology Forum
NRHM	National Rural Health Mission
NSV	No-Scalpel Vasectomy
O <sub>2</sub>	Oxygen
Obs-Gyn	Obstetrician and Gynaecologist
OCP	Oral Contraceptive Pills
OPD	Out Patient Department
OPV	Oral Polio Virus
ORS	Oral Rehydration solution
OT	Operation Theatre
PHCs	Primary Health Centre
PHFs	Private Health Facility
PIP	Project Implementation Plan
PN	Post Natal
PNCs	Post Natal Care
PNDT	Pre-Natal Diagnostic Techniques
PPH	Postpartum Haemorrhage
PPP	Public Private Partnership
PPTCT	Prevention of Parent-to-Child Transmission
QAC	Quality Assurance Cell
RCH	Reproductive and Child Health Programme,
RH	Reproductive Health
Rh	Rhesus
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SCOVA	Standing Committee of Voluntary Agencies
SHS	State Health Society
SN(s)	Staff Nurse(s)
SS	Stainless Steel
STI	Sexually Transmitted Infection
TA/DA	Travel Allowance/Dearness Allowance
Tab	Tablet
TL	Tubal Ligation
TORs	Terms of Reference
TOT	Training of Trainers
TPHA	Treponema Pallidum Haemagglutination
TT	Tetanus Toxoid
TV	Television
UIP	Universal Immunization Programme
UNFPA	United Nations Population Fund
USG	Ultrasonography
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization
cc	cubic centimetre
g	gram
hr	hour
mg	milligram
mm	millimetre

# PREFACE

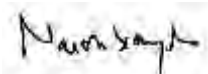
The National Rural Health Mission (NRHM) aims to provide quality health services with easy accessibility for the poor people, especially women and children living in remote and rural areas. The Reproductive and Child Health Programme-II sets out technical and institutional strategies to achieve programme goals for reduction of MMR, Child Mortality and Total Fertility Rate as reflected in the National Population Policy and plan documents.

Institutional deliveries have increased manifold during the last 2 to 3 years due to the demand promotion schemes like Janani Suraksha Yojana. Efforts are being made for upgrading the services at the public health facilities to match the demand.

Developing Public Private Partnership is also one of the commitments under NRHM. It is a fact that a sizeable chunk of clients access private sources for RCH services even in rural areas. Clearly there is need to effectively engage private health care sector in achievement of the national programme goals. With this in back-ground, Ministry of Health & Family Welfare interacted with the professional bodies like FOGSI, NNF and held regional stake-holders meeting for evolving a consensus to engage private health care providers at the primary and secondary level for delivering quality maternal, child health and family planning services.

The guidelines for accreditation of private health care providers in delivery of Maternal, Child health and Family Planning service have been prepared by the Maternal Health Division in collaboration with FOGSI and substantive technical inputs from UNFPA and WHO. I hope these guideline will help programme managers in the state and districts to accredit private health care providers leading to an increase in access of quality RCH services, especially for poor families in underserved areas. It is hoped that such accreditation of Private Health Facilities for Maternal, Child Health and Family Planning Services will widen the base of such services at the grass root level and also link these facilities with national health programmes under NRHM.

New Delhi  
August, 2009



Naresh Dayal  
Secretary  
Ministry of Health and Family Welfare  
Government of India





## FOREWORD

Under Reproductive and Child Health Programme, GoI has a commitment to minimize the regional variations in the areas of reproductive and child health along with population stabilization to meet the unmet demands of the target population with a provision of assured, equitable, and responsive quality services. Increased access to quality Maternal, Child health and Family planning services is critical for achieving program objectives.

As The Public Health Facilities, particularly at Sub District and Block Level, are being geared up to provide quality RCH services, but there is an immense need to scale up all the reproductive health services. In view of this there is a commitment to engage private sector for the provision of client friendly, good quality and affordable services, within the reach of families and community, under RCH II/ NRHM. With this in view guidelines for accrediting private health facilities for providing quality maternal, child and family planning services at different levels have been developed. Modalities and quantum of reimbursement to the private health facilities providing services to BPL families shall be decided by the respective State/District Health Societies. Preference will, however, be given to PHFs identified below district level/sub district in districts with adverse health indicators in High Focus States.

These guidelines have been developed through a consultative process led by FOGSI in collaboration with WHO, UNFPA and GoI. The guidelines have been pilot tested and views of service providers in both private and public sector have been taken before finalizing the guidelines.

I would like to acknowledge here the efforts put in by the experts in finalizing the Guidelines for Accreditation of Private Health Sector in provision of RCH services. I am sure this effort will go a long way in strengthening the public private partnership at the sub district level and help in providing good quality services.



G.C. Chaturvedi  
Mission Director ( NRHM) & Additional Secretary  
Ministry of Health and Family Welfare  
Government of India



## FORE WORD

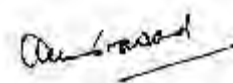
Assured access to quality Reproductive Child Health Services for every section of society in general and vulnerable sections in far flung, remote rural areas in particular is essential to achieve NRHM objectives. GoI is committed to extend all help to states in achieving the same.

With the launch of NRHM, many positive changes are taking place in public health infrastructure and service delivery along-with demand promotion schemes like Janani Suraksha Yojana. However, there is still need for upgrading facilities and services to meet the demand generated and aspirations of people. So it is obvious that public health system alone can not provide all the required services. The resources available in private/NGO sector needs to be harnessed to achieve national health goals. NRHM has commitment to develop Public-Private Partnership for improving the reach and quality in provision of RCH services. For this a transparent system needs to be in place to build confidence and develop trust for private sector to pitch in its efforts on a sustained basis. The system is also required to ensure the quality of clinical care and counseling in public as well as private health facilities. The critical services covered include care related to pregnancy and birth, child health and family welfare services.

To facilitate engagement of private sector and ensure quality of care, GoI has developed accreditation guidelines for private health facilities / providers, by the Maternal Health Division of this Ministry with inputs from experts, professionals, development partners and leaders in the field.

I hope this guideline will help in undertaking accreditation process in state and districts, reining in private health sector in RCH program, and in expanding the network of institutions providing services of assured quality in poor and underserved areas. It is further hoped that this document will be used by the private sector to establish benchmarks for quality of care of RCH services in their facilities.

Date : 28.08.09



(Amit Mohan Prasad)  
Joint Secretary Health & FW  
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# ACKNOWLEDGEMENT

Government of India Under the RCH Program at primary and secondary level has taken several steps for operationalizing public health facilities. Resources such as civil work, equipments/supplies and contractual hiring of human resources have been made available to the states for up-grading the infrastructure. A major intervention for skill up-gradation has been launched to enable existing health work force to deliver services as per standards and guidelines.

Despite such efforts, our public health facilities are in the process to cope up with the surge in demand for services particularly during pregnancy and child birth which has increased manifolds due to the schemes like Janani Suraksha Yojana.

In view of this, a reference manual has been prepared for accreditation of private health facilities in providing maternal, child health and family planning services. Accreditation of private health care providers within the programmatic framework of PPP will go a long way in addressing MCH and FP service delivery needs of poor.

I take this opportunity to acknowledge the contribution of the office bearers of FOGSI, particularly Dr. Duru Shah, Dr. C.N. Purandere, Dr. Hema Diwakar and Dr. H. Patnaik. Dr. Dinesh Agarwal, UNFPA-India needs a special mention for his valuable inputs and efforts in finalizing the document. I also acknowledge the support from Dr. Arvind Mathur, Dr. Rajesh Mehta and Dr. Sonia Trikha; WHO- India in organizing meetings, workshops and their inputs for accomplishing the preparation of the guidelines. The contribution of Dr. Arvind Saili of NNF and Dr. Harish Kumar of UNICEF has helped in firming the guidelines. Mr Ajey Kumar from AVNI foundation helped in organizing meetings, workshops and pilot study on behalf of FOGSI.

It is the contribution of Maternal Health, Child Health and RSS Division which has put this document in present shape. The sincere and hard work of Dr Narika Namshum, Dr. Himanshu Bhushan, Dr Manisha Malhotra, Dr Avani Pathak & Dr Rajeev Agarwal from Maternal Health Division needs special mention. I hope this document will be a useful tool for program managers in accrediting the private health facilities at primary and secondary level for Maternal, Child health and Family Planning Services in the districts.



Ms. Aradhana Johri  
Joint Secretary  
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## Program Officers Message

The Goal of the National Rural Health Mission is to improve the availability of, and access to, quality health care by people, especially for those residing in rural areas, i.e. the poor women and children. The aim of the mission is to establish a well functioning, effective and efficient public sector in health care at all levels i.e. both at primary and secondary level to enable assured service delivery for the community.

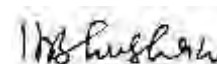
As the Public Health System is being geared up, many households seek routine health care and also during distress from the Non-governmental sector. NRHM has the commitment for developing Public Private Partnerships (PPP) and many states have undertaken a variety of such initiatives for different Reproductive health services like Chiranjeevi Scheme in Gujarat, which has been replicated in few other States as well. Although such schemes aim to improve the coverage of service providers for institutional delivery, but at times the quality of service is not being monitored.

Moreover, there is a need for provision of complete range of linked services like ANC, PNC, Institutional Delivery and also co-related services like Childhood illnesses, Immunization, Family Planning etc. This guideline has been developed for those private partners who are interested in delivering full range of RCH services like Maternal health, Child Health, Safe Abortion and Family Planning. Working in-tandem with professionals outside the public health system is needed to achieve the goal of maternal and infant mortality reduction along with a decline in TFR.

These guidelines attempt to provide a framework for accreditation, which can be used by the State/District health Society to work in partnership with non-government sector to establish a trust worthy, transparent and ethical system to deliver quality reproductive health services.

I hope these tools will help in accreditation of private health facilities and thus allow them to follow ethical standards and standard treatment protocol. I take this opportunity to thank everyone who has contributed in framing the guidelines.

New Delhi  
August, 2009



**(Dr. Himanshu Bhushan)**  
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# INTRODUCTION

The National Rural Health Mission (NRHM), launched by the Government of India in April 2005, aims to improve the availability of and access to, quality Reproductive Health Care Services throughout the country. Reducing Maternal and Infant Morbidity and Mortality along with Population Stabilization has been envisioned in the Reproductive and Child Health Programme, under the umbrella of NRHM.

Maternal Mortality, Infant Mortality and Total Fertility Rate in India continues to remain unacceptably high. Historical evidence at the global level has demonstrated that it is possible to bring down all the above indicators effectively if a package of Reproductive and Child Health services is provided within easy reach of the communities and families.

In India approximately 27 million births take place every year; and about 67,000 mothers die annually in this process, and of these births about 1.1 million infants die before attaining the first year of life. Reducing all these poses a big challenge to the country and has been prioritized under NRHM. To address these challenges and to provide easy access to health care services, there is a commitment for operationalizing all CHCs as First Referral Units and at least 50% PHCs as 24 \* 7 facilities for providing comprehensive and basic RCH services respectively.

As the Public Health Facilities, particularly at Sub District and Block Level, are being geared up to provide quality RCH services, there is a significant gap between service demand and provision. In order to bridge this gap and to achieve our desired goals as well as to ensure provision of quality RCH services, there is a need to widen the base of health care providers. As the public health delivery system undergoes expansion, NRHM envisions partnerships in the non-government sector for achieving the desired goals and simultaneously working together for the provision of client friendly, good quality, affordable services within the reach of families and the community.

With this in view, guidelines for accrediting Private Health Facilities (PHFs) for providing quality maternal, child and family planning services at different levels have been developed. The guidelines defines the process, services and tools of the whole process of accreditation of PHFs for reproductive health services. However the modalities and quantum of reimbursement to PHFs for providing services to BPL families shall be decided by the respective State/District Health Societies. Preference will be given to PHFs identified below district level or at sub district level in the districts with adverse health indicators in High Focus States.

These guidelines have been developed by GoI through a consultative process led by FOGSI in collaboration with WHO, UNFPA, NIHF, and other professional bodies. A wide range of regional stake holders meetings were organized for taking inputs both from public and private sector, before formalizing the guidelines; these were then pilot tested. The purpose of these accreditation tools is to assist the programme managers at the district level to engage providers of health services in private sector for the provision of defined RCH services to BPL clients, especially in districts with adverse health indicators of High Focus States.

# Objectives

1. To enhance access to quality RCH services through optimal engagement of private sector.
2. To establish an institutional mechanism for accreditation of private health facilities to ensure adherence to minimum standards of service delivery.

## Purpose

The purpose of this document is to help and guide the Programme Managers and Private Health Facilities with the tools and processes for accrediting Private Health Facilities for providing RCH services.

# Accreditation Process

The term accreditation reflects the systematic assessment of health services against explicit standards. In simple terms, we can say that accreditation refers to a voluntary process wherein the functioning of a participating health facility is assessed periodically against set standards.

## ➤ **Step 1: Establishing District Accreditation Committees (DAC) for Accreditation of PHF**

- District Accreditation Committee to be established by the Chairperson of District Health Society (DHS) at district level.
- Committee would have the following composition (including at least 1 woman member):
  - District CMO – Convenor
  - 1 FOGSI member – Co - Convenor
  - District RCH Officer/District Program Manager (DPM) - Member Secretary
  - Representatives from IMA/IAP/NNF
  - Any other Technical/Program Officer from the District Health Office can also be nominated by District CMO
- ***In case Chairperson decides to utilize the already established District QAC, then he should ensure that private service providers, especially members of professional organization like FOGSI/IMA/IAP/NNF at the district level, are nominated and given due representation.***
- The same committee which has been appointed for accreditation of PHFs for conducting SBA training will also be doing accreditation of PHF for RCH services .
- Nominated members from the professional organization will have tenure of 3 years.
- Other than making regular site assessment visits, the DAC has to meet once every quarter to review the situation, discuss the progress made on accreditation, carry out the procedural formalities and ensure a focus on quality.
- Meeting of the committee shall be called by the convenor and facilitated by co-convenor.
- Member Secretary will be the custodian of the records for the DAC meetings and shall be responsible for putting up files, notes etc. to the convenor /committee and convening the DAC meetings.
- CMO/ Member Secretary of DAC will be primarily responsible for executing the TORs in which FOGSI will facilitate timely accomplishment of the process.

## ➤ **Step 2: Orientation of DAC members**

- One day orientation of DAC members on the TORs of the committee and the process of Accreditation including the tools can be done at District/State level.
- TORs of the Committee are:
  - 1) To decide the package of reproductive health services for which PHFs will be reimbursed for the services rendered. Committee will also fix the rates of the selected services.
  - 2) Ensure that the accreditation scheme gets necessary publicity to attract the PHFs.
  - 3) Committee will be responsible for the whole process of accreditation which will include inviting letters of interest for accreditation, screening the same, undertaking site assessment, certification, monitoring, reviewing the progress of accreditation and undertake remedial measures.
  - 4) Facilitate formalization of MOU between the DHS and PHF
  - 5) Committee will have the power to revoke the accreditation of the PHF in case of non-compliance/ unethical practice etc.
  - 6) To provide budgetary estimates for the accreditation process and reflect the same in respective district PIPs.

➤ **Step 3: Selection of the package of reproductive health services.**

- Services which will improve the poor RH indicators of the district should be selected by the State / DAC for reimbursement to the PHF.
- Rate of reimbursement for selected RCH services has to be fixed by DAC. A suggestive package for institutional delivery has been mentioned at Table 1.
- Alternatively if the State government decides the services/ package, the same can be adopted at the District Level.
- However, the rate of re-imbursements of Family Planning services would be as per the package given under “Revised Compensation Scheme” dated 7<sup>th</sup> September 2005. (Annexure –IX)
- Funding for the scheme will be through District RCH flexi-pool funds.

➤ **Step 4: Publicizing the Scheme:**

- DAC will take necessary steps for the adequate awareness generation of the scheme both among the service providers i.e. PHFs and the clients.
- Ensure that message on awareness is communicated adequately at sub district level and the PHFs should be motivated to join the scheme.
- Information about the scheme can be communicated through mass media like newspaper, radio, TVs, poster etc.
- Appropriate information about the scheme including the service detail, minimum standards for getting accreditation etc will be available at websites of National/State Health Ministry and professional bodies like FOGSI/IMA/IAP etc.
- **DAC will publish adequate number of brochure/forms which include information on the scheme, process, package, self evaluation checklist, liabilities of PHF/ DAC etc. for distribution.**

➤ **Step 5: Pre- accreditation procedure**

- PHFs who are interested in the scheme will obtain forms from CMO of the district which will include the Self Evaluation Checklist and Letter of Interest (LOI) (Annexure VI).
- PHFs will submit duly filled LOI, self evaluation checklist along with the application fee of Rs 1000/- at the office of District CMO.
- Office of District CMO will issue acknowledgment receipt on receiving the LOI.
- Member Secretary/DPM scrutinizes the application, lists the level for which accreditation is requested.
- Quarterly meetings will be called by CMO and during these meetings plan for the Site Assessment for Accreditation is developed according to the number of applications.
- ***Whole process of accreditation including site assessment, certification, signing of MoU, and release of funds has to be completed by the DAC within 3 months of submission of LOI by the PHFs.***

➤ **Step 6: Site Assessment for Accreditation:**

- Site Assessment has to be undertaken within 21 days of the Quarterly meeting.
- Site Assessment will be done by at least 2 members of DAC, comprising of 1 member from Government and 1 representative from professional bodies in the DAC.
- During site assessment of the PHFs, the self evaluation checklist submitted by the PHFs has to be verified. Authenticity, especially in terms of manpower and service delivery protocols, has to be judged.
- Site assessment team submits its report (**Annexure II, III and IV**) along with its recommendations for the level (**Annexure V**) and the type of services for which accreditation of the PHF can be granted by the District CMO within 10 days of site assessment.

- Adequate funds have to be kept and made available by the DHS, for DAC members to undertake the site assessment visits.

➤ **Step 7: Certification and Signing of MoU:**

- As per the report of site assessment team, the PHF is notified about the acceptance/rejection of its application by the District CMO within 7 days.
- **If the site assessment team recommends PHFs for accreditation, certification of Accreditation (*Annexure VII*) is issued, MoU (*Annexure VIII*) is signed between the District CMO and owner of PHF and adequate funds are released to the PHF (detail under the financial head). The whole process has to be accomplished within 3 weeks of the visit of site assessment team.**

In case **application of the PHF is rejected** as per the recommendation of Site Assessment team, reasons for the same have to be communicated to the PHF within 3 weeks of site assessment team's visit. Such PHFs can strengthen the gaps and can reapply on the same application number within 6 months from the date of rejection. No additional application fee will be charged for 6 months from the date of rejection. Beyond this period PHF has to reapply and it will be treated as a new application.

❖ **Validity of Certificate/Renewal of Certificate:**

- Certificate once issued will be valid for a period of 3 years.
- After expiry of the certificate, PHFs will have to re-apply for accreditation.
- To maintain the continuity of accreditation, during the interim period (3 months) facility will be deemed as Accredited.

***In case of any delay/denial of accreditation certificate without any valid reason, the PHF can approach the State Mission Director, NRHM for redressal.***

# Categorization of Private Health Facilities

- Any number of private health facilities below district level which provide the RCH services as in [Annexure I](#), can be accredited. The providers will be categorized into Level 1 and Level 2. Accreditation of private health facilities at district level preferably should be restricted for the districts having adverse health indicators, particularly for institutional delivery.
- Preference will be given to facilities offering comprehensive RCH services. However, if such facilities are not available, facilities offering specified services of MCH (ANC/PNC/Child Health etc) and Reproductive Health (RTI/STI, Safe Abortion, Family Planning etc) can also be accredited separately either for MCH or for RH services as the case may be. Accreditation will be conducted as per the checklist placed at [Annexure II](#), for MCH and [Annexure III](#) for RH services respectively. [Annexure IV](#) is for infrastructure and man power requirements for both services. This will be applicable for both the levels i.e. Level 1 and Level 2.
- ***Accreditation of PHFs for MTP and FP services by the District Accreditation committee shall be done as per the existing rules and regulations laid down for provision of these services. Hence no other registration/certification would be required by the PHFs for rendering the services under these heads***
- Such accredited facilities will be deemed to be accredited for Central Government Sponsored Schemes under Maternal and Child Health and also Reproductive Health such as JSY, MTP, and Family Planning etc.
- The financial benefits/compensations/package would be given to the PHF as laid down under such schemes and in such cases, no additional benefits can be given to beneficiaries.
- ***PHF's will be required to follow prescribed service delivery protocols as laid down in guidelines by GOI from time to time. For guideline and booklets of the GOI please refer to <http://mohfw.nic.in/NRHM.htm>.***
- ***A Private Health facility, which gets accredited for RCH services will receive a Certificate of Accreditation and will be authorized to display the NRHM logo. The certificate will mention the type of services and the level for which accreditation has been done.***

# Budgeting for Accreditation

## ➤ Financial Reimbursement to PHF:

- State/ District Health Society should decide the financial package and the services they want to buy from the private health sector for improving the RCH indicators that needs immediate attention.
- Reimbursement should be restricted to the BPL families as per the criteria decided by the respective States.

A sample for financial package under Maternal Health for the States with high MMR/low institutional delivery:

**Table 1: SAMPLE PACKAGE FOR INSTITUTIONAL DELIVERY**

- **Target Group:** BPL families.
- **Level:**
  - Preferably at or below Sub District level.
  - At district level having adverse health indicators particularly for institutional delivery.
- **Services:** Registration including first ANC and subsequently 3 more ANCs, Institutional Delivery with 48 hr stay for normal delivery and 5-7 days for caesarean delivery. This will also include at least 1 PNC and Family Planning counselling.
- **Indicative Financial Package:**
  - Institutional Delivery (including Caesarean Sections and Complication Management): Rs 2000 per delivery along with 48 hr stay post delivery.
  - Rs 100 per visit to the maximum of Rs 400 would be added to the total package of Rs 2000/- subject to the Mother/PHF declares that it has received / rendered (in discharge ticket) 4 ANC and 1 PNC to the mother.
- **Records to be maintained:**
  - Every discharge ticket for Institutional Delivery (Annexure X) will have a certification from the beneficiary for no. of ANCs and PNCs provided at the PHFs where delivery has been conducted. A copy of the discharge ticket will have to be maintained by PHF for a period of about 3years.
- **Mode of Reimbursement:**
  - Reimbursement will be made to the PHFs on conducting 100 deliveries. This will include all Normal/Assisted Deliveries, C-Sections and Management of complications of such cases.
  - Accredited PHFs, on signing of MoUs after certification shall be given 50% advance and on submission of accounts after conducting 100 deliveries (including C-Section and Complication Management) they will be reimbursed the balance amount and will again be given in addition 50% advance for next 100 deliveries.
  - This arrangement can continue as long as DHS / SHS desires. On termination of accreditation no further funds will be given and this will be obligatory on the part of the PHFs and DHS to clear outstanding dues against the services rendered before termination.



➤ **Budgeting for the Accreditation Committee:**

❖ **Expected Heads of the expenses for Accreditation of PHF:**

- State level TOT for DAC members.
  - IEC and sensitization meetings of PHFs.
  - Printing of Guideline, Forms, Checklists and Certificates etc.
  - Organizing meetings of DAC.
  - TA/DA/ Honorarium of DAC members for Site Assessment visits.
  - TA/DA/ Honorarium for monitoring visits.
  - The amount collected through application of PHF can also be utilized for such administrative expenses.
  - Any other head which the DAC/Accreditation Committee deems necessary for facilitating the process.
- District and State PIP should reflect the budget for Accreditation Process undertaken by DAC and funds can be utilized from RCH flexi pool fund placed at the disposal of the District/ States.
- Adequate funds should be released by the State Health Society/SCOVA to the District Health Societies, which in turn will place the funds for Accreditation Process, at the disposal of the District CMO.
- DPMU will ensure that transfer of advance to the PHFs is made after accreditation certificate is awarded.
- Adequate funds for Accreditation and monitoring to be undertaken by DAC should be placed in the respective PIPs.

## Records to be maintained

The PHF will have to maintain the records pertaining to the service package imparted for a minimum of 3 years.

Following documents have to be maintained by the PHF for the respective services: -

1. Patient case records along with a copy of Discharge ticket.
2. Records of referral stating the reasons for the same.
3. Financial records.
4. PHF will have to report the MTP/Family Planning cases to the district authorities as per the MTP/Family Planning Regulations/guideline.

# Monitoring and Evaluation

Monitoring is not to be used as an inspectory tool. Monitoring is to ensure that quality of services is being maintained, no discrimination to BPL patients, uniform service protocol are being adhered to etc.

The following steps have to be undertaken to ensure monitoring of quality of services:-

- District Quality Assurance Committee will be mainly responsible for monitoring of Accredited PHFs for quality and coverage of services provided to them. At least 10% random checks will be undertaken by them in a year and the committee will submit their report to District CMO.
- Periodic visit by District Level CMO or representative.
- Any National/State health official visiting district for routine monitoring and supervision will also visit the PHFs to ensure validity of cases & quality of services rendered.
- Adequate funds for the monitoring have to be kept and projected in the District PIP.

## Role of Professional Associations

To maintain transparency in the process of accreditation it is suggested that wherever available FOGSI office bearers and other such professional bodies should be involved for the same. The few important roles assigned to them can be:

- Advocacy with professionals for popularizing the accreditation process.
- Identifying District Nodal Officer from FOGSI for coordinating the process of Accreditation.
- In case none of the FOGSI member is interested / available in the district, then this role can be given to any other active member of other professional bodies like IMA, IAP, and NNF etc.
- Provide ground support to the accreditation committee
- Offering technical assistance, whenever needed.
- Identifying centers which will take up the process and show case the success.
- Play a key role in monitoring and implementation of the program.

## Tools for assessing the PHF for Accreditation of RCH Services

### ➤ Guidance on how to use the tool:

- The given tools comprise the checklist in terms of service delivery, manpower, infrastructure, drugs, equipments etc. for comprehensive RCH services which include MCH (Maternal and Child health) services and Reproductive Health Services (Safe abortion and Family Planning). These checklists can be used both by the PHFs (for self assessment) and by the team of assessors for assessing the facility against the set standards before certifying it as accredited.
- Annexure I gives the basic infrastructural requirement and also the services to be delivered at both the levels i.e. Level I & Level II. For assessment of these requirements by the assessors a comprehensive tool has been developed. The tool is divided in four parts:
  - a) **Annexure II:** Checklist for MCH services, which includes :-
    - ♦ Maternity Services:
      1. Ante natal Care:
      2. Intra natal Care
      3. Post Natal Care
    - ♦ Under 5 -Child health Services:
      1. Child health services
      2. Immunization.
  - b) **Annexure III:** Checklist for Reproductive Health Services, which include:
    - ♦ Safe Abortion Services
    - ♦ Management of RTIs/STIs
    - ♦ Family Planning Services.
  - c) **Annexure IV:** includes Infrastructural and manpower requirement.
  - d) **Annexure V:** contains the assessment table and on the basis of this “certificate of assessment” will be given.
- The Private Health Facilities will specify the level (**Level I/II**) as well as the type of services (Comprehensive RCH/MCH/RH) for which the accreditation is requested, in its Letter of Interest (LOI).
- For PHF to get accredited for **MCH services** at any level, they will have to fulfill all the requirement as laid down in **Annexure II** and IV at that particular level. Similarly for **RH services**, PHF will have to fulfill all the requirements of that particular level as mentioned in **Annexure III** and IV. For **comprehensive RCH services**, PHF has to fulfill all the requirements at that particular level as per **Annexure II, III and IV**.

### ➤ **Use of the Checklist:**

- Each checklist has 4 relevant columns. The 1st column indicates the requirements in terms of infrastructure/equipments/manpower etc under the specified service. 2nd and 3rd column indicate which of the requirement mentioned in the 1st column are “required/not required/desirable”, as per Level I and II. 4th column is the remarks column, in which the assessor has to fill his observation as ✓ (available)/ X (Not available)/Actual number, as per the actual site assessment, which the PHF fulfills.
- At the end of each checklist, assessor will have to compile his observation on the site assessment as marked in 4th column under “Grading of Checklist”, and list the level for which accreditation can be given. For compiling, the Assessor will have to match his observation/assessment (in 4th column) with the requirements for Level I and II as mentioned in 2nd and 3rd column.

- Assessor will have to ensure that even if a single service requirement mentioned in 2nd and 3rd column doesn't match with his/her observation (as in the 4th column), then that facility fails to qualify for that particular level with which it doesn't match.
- The assessment of level done for each individual services should be compiled in the assessment record ([Annexure V](#)) by the assessor. On basis of the information filled in the assessment record ([Annexure V](#)), assessor will finally recommend/reject the application of PHF for accreditation.

➤ **Instructions for the team of assessors:**

- Team of assessors going for assessing the PHF should carry their own copy of the tool ([Annexure II, III and IV](#)), along with the instruction given above.
- PHFs who have requested for accreditation of comprehensive RCH services will be assessed as per the assessment tools provided in [Annexure II, III and IV](#).
- PHFs who have requested for accreditation of MCH services will be assessed as per the assessment tools provided in [Annexure-II and Annexure IV](#).
- PHFs who have requested for accreditation of Reproductive Health Services will be assessed as per the assessment tools provided in [Annexure-III and IV](#).
- While checking the availability of drugs as per the checklist, this is to be seen that either drugs are available at the private health facility or are easily accessible at the time of need. However the emergency drugs as indicated should be physically available at the facility.
- Similarly while checking the list of equipments, the assessors should be satisfied about availability of key equipments required for the services for which the PHFs has applied for accreditation. The checklist of the equipments given in the annexures is for the guidance of assessors, so that quality of the services can be ensured.
- After assessing the PHF as per the requisite [Annexure](#), assessors would have to compile their observations in assessment record ([Annexure V](#)) and submit the same along with assessment tool to DAC.

# Annexure I

## Basic Infrastructure of facilities

Following table outlines the broad eligibility requirements for each level

	Level 1	Level 2
<b>i) Minimum number of beds</b>	2 - 5 beds	> 5 beds
<b>ii) Human resource</b>	- 1MO/Obs-Gyn (Allopathic Degree/Diploma holder) on call 24hours - Round the clock presence of qualified Staff Nurses / ANM.	- Obs-Gyn during OPD Hours and on call for 24 hrs.. - 24 hr/On call anesthetist & pediatrician. - 3 staff nurse having qualification of BSc (N)/ degree/diploma or ANM : one of them should be available round the clock - 1 laboratory technician
<b>iii) Functional Labour room</b>	At least 1 labour table functioning with adequate staff	Same as in Level I
<b>iv) Functional Operation theater</b>	Not required	At least 1 well equipped and functional OT
<b>v) MTP site</b>	Site approval needs synchronization as per MTP Act to provide safe abortion services up to 12 week.	Site approval needs synchronization as per the MTP Act to provide safe abortion services upto 20 weeks

## Basic Service Provision by the facilities

### Maternity Services

	Level 1	Level 2
<b>v) ANC</b>	ANC session should include:- - Registration (within 12 weeks) - Physical examination + weight+ BP+ abdominal examination plus referral linkages for complicated pregnancies and deliveries - TT immunization - IFA prescription. - Nutritional counseling - Essential lab investigations (Hb%, urine for albumin/sugar, blood grouping & Rh typing) - Linkage with nearest ICTC/PPTCT center for voluntary counseling and testing for HIV and PPTCT services.	Level 1 + Management of complications in pregnancy.
<b>vi) Intranatal Care</b>	· Normal delivery with Active management of third stage of labour · Desirable: Assisted vaginal deliveries like outlet forceps, vacuum. · Essential New Born Care*. · Pre-referral management & stabilization of	· Normal delivery · Assisted vaginal deliveries (forceps, vacuum) · Surgical interventions like Caesarean section. · Management of obstetric

## Annexure I

	<p>patients with obstetric emergencies e.g. eclampsia, PPH, shock, prior to referral.</p> <ul style="list-style-type: none"> <li>· Referral linkages with higher facilities.</li> </ul> <p>* Essential New Born Care will include:</p> <ul style="list-style-type: none"> <li>√ Neonatal resuscitation.</li> <li>√ Warmth.</li> <li>√ Infection prevention.</li> <li>√ Counselling for Early and exclusive breast feeding.</li> <li>√ Weighing of newborns.</li> <li>√ Care of LBW babies (&gt;1800gms).</li> <li>√ Referral services for newborns &lt; 1800 gms).</li> <li>√ Identification, management &amp; referral of sick neonates, low birth weight and preterm babies.</li> <li>√ Referral linkages for management of complications.</li> </ul>	<p>emergencies e.g. PIH/Eclampsia / PPH/shock retained placenta etc.</p> <ul style="list-style-type: none"> <li>· Access to Blood Bank/Blood Storage Center (either available or linked).</li> <li>· Essential New Born Care as in Level I +</li> <li>· Care of LBW &lt; 1800 gms.</li> <li>· Phototherapy facilities for Hyperbilirubinemia.</li> </ul>
<p><b>vii) Post natal care (also includes care of new born in Post Natal Ward).</b></p>	<ul style="list-style-type: none"> <li>· 48 hours stay post delivery.</li> <li>· Counselling for Feeding, Nutrition, Family Planning, Hygiene, Immunization and Post Natal checkup.</li> <li>· Timely referral of women with Post Natal Complications.</li> <li>· New Born Care: <ul style="list-style-type: none"> <li>√ Warmth</li> <li>√ Hygiene and cord care</li> <li>√ Initiation of breast feeding within an hour of birth should be accomplished and exclusive breast feeding maintained thereafter.</li> <li>√ Immunization: OPV, BCG, HbsAG.</li> <li>√ Screening for congenital anomalies.</li> <li>√ Referral in c/o any complications/LBW.</li> <li>√ Care of LBW babies &gt;1800gms.</li> <li>√ Referral services for newborns &lt; 1800 gms</li> </ul> </li> </ul>	<p style="text-align: center;">--Same as Level 1--</p> <p style="text-align: center;">+</p> <p style="text-align: center;">Clinical management of women with postnatal complications such as Breast Abscess, Secondary PPH, Puerperal Sepsis etc</p>
<p><b>Under -5 Child health services</b></p>		
<p><b>viii) Child health:- Services</b></p>	<ul style="list-style-type: none"> <li>· Identification, management &amp; referral for fever, diarrhea, respiratory infections and malnutrition.</li> <li>· Referral linkages for management of complications</li> <li>· Micronutrient supplementation with Vitamin A every 6 months, from 9 months to 5 years IFA supplementation for 100 days in a year to all clinically anemic children with iron syrup from 6 months to 5 years, and with paediatric IFA tablets thereafter till 10<sup>th</sup> year of age</li> </ul>	<p style="text-align: center;">---Level 1 --- plus</p> <p style="text-align: center;">Outpatient services for under 5 children Management of complications in under 5 children.</p>



## Annexure I

<b>ix) Immunization</b>	All the vaccines for under-5 children as per the National Immunization schedule of GOI (Annexure I A). - Counseling for repeat visits for immunization. Monitor adverse events post immunization	Same as Level 1 ----
<b>Reproductive Health services</b>		
<b>x) ** Safe abortion services as per MTP Act.Ward).</b>	<ul style="list-style-type: none"> <li>· Up to 12 weeks of pregnancy</li> <li>· Post abortion Contraceptive counseling</li> <li>· Referral linkages with higher centre in c/o termination &gt;12 weeks and upto 20 weeks of pregnancy</li> <li>· Treatment of incomplete/spontaneous abortions</li> <li>MMA with referral linkages</li> </ul>	Same as Level 1--- plus <ul style="list-style-type: none"> <li>· Upto 20 weeks of pregnancy</li> <li>· Management of post abortion complications.</li> </ul>
<b>xi) Management of RTI/STIs</b>	<ul style="list-style-type: none"> <li>- Identification, management and referral of RTI/STIs</li> <li>- Referral linkages with ICTC</li> </ul>	---Same as Level 1 ----
<b>xii)** Family Planning services as per the FP guidelines</b>	<ul style="list-style-type: none"> <li>· Counseling for informed choice for contraception.</li> <li>· Spacing methods ( IUCD, OCP &amp; condoms)</li> <li>· Emergency contraception pills</li> <li>Referral linkages for Sterilization</li> </ul>	---Same as Level 1— plus <ul style="list-style-type: none"> <li>· Male sterilization.</li> <li>· Female sterilization (minilap and laparoscopic tubectomy).</li> </ul> Empanelled doctors to provide sterilization services as per the GoI Guidelines.( see Annexure III and IV for details)
<b>xiii) Laboratory services</b>	ANC - Blood grouping & Rh typing, Hb, urine albumin/sugar, urine for pregnancy test  MTP - Hb, urine albumin/sugar, urine for pregnancy test, Blood Grouping and Rh typing,  RTI/STI (desirable linkages) - Wet mount (saline/KOH), RPR/VDRL, intra-cervical/urethral swab for Gram's staining Sterilization - Hb, urine albumin/sugar	---Same as Level 1 ---- RTI/STI (desirable)- Wet mount (Saline/KOH), RPR/VDRL, intra-cervical/urethral swab for Gram's staining.
<b>xiv) Miscellaneous requirements</b>	Optimal miscellaneous requirements laid down in the site readiness checklists have to be fulfilled by each level	

*\*\* Accreditation of PHFs for MTP and FP services by the District Accreditation committee shall be done as per the criteria laid down under these programs, hence no separate accreditation/ certificate shall be required by the PHF for rendering the services under these heads.*

**IMMUNISATION SCHEDULE**

<b>National Immunization Schedule for Infants, Children and Pregnant Women</b>				
<b>Vaccine</b>	<b>When to give</b>	<b>Dose</b>	<b>Route</b>	<b>Site</b>
<b>For Pregnant Women</b>				
TT-1	Early in pregnancy at first contact	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If 2 <sup>nd</sup> pregnancy occurs within three years of last TT-2 vaccinations*	0.5 ml	Intra-muscular	Upper Arm
<b>For Infants</b>				
<b>BCG</b>	At birth (for institutional deliveries) or along with DPT-1	0.1 ml (0.05 ml for infant up to 1 month)	Intra-dermal	Left Upper Arm
<b>Hep B 0<sup>^</sup></b>	At birth for institutional delivery, preferably within 24 hrs of delivery	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
<b>OPV - 0</b>	At birth, if delivery is in institution	2 drops	Oral	Oral
<b>OPV 1, 2 &amp; 3</b>	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
<b>DPT 1, 2 &amp; 3</b>	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
<b>Hep B1, 2 &amp; 3</b>	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
<b>Measles</b>	9-12 months	0.5 ml	Sub-cutaneous	Right upper Arm
<b>Vitamin-A (1st dose)</b>	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
<b>For Children</b>				
<b>DPT Booster</b>	1st booster at 16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
	2nd booster at 5 years age	0.5 ml	Intra-muscular	Upper Arm
<b>OPV Booster</b>	16-24 months	2 drops	Oral	Oral
<b>JE<sup>^</sup></b>	16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)

<b>MR</b>	16-24 months	0.5 ml	Intra-muscular	Outer Mid-thigh (Antero-lateral side of mid thigh)
<b>Vitamin A (2nd to 9th dose)</b>	2nd dose at 16 months with DPT/OPV booster. 3rd to 9th doses are given at an interval of 6 months till 5 years age	2 ml (2 lakh IU) Oral	Oral	Oral
<b>TT</b>	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

\* TT-2 or Booster dose to be given preferably before 36 weeks of pregnancy, but can be given even after delivery to complete schedule and give protection for next pregnancy.

A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis (where ever implemented) and Measles before one year of age.

^ JE (Japanese Encephalitis) and HepB in Select States/ UTs/ Districts/Cities

*Note: The Universal Immunization Programme is dynamic and hence the immunization schedule needs to be updated from time to time*

# Annexure II a

+ Required at that level   - Not Required at that level    Desirable at that level

## Antenatal Care

	Requirement/Services	I	II	Remarks : Indicate availability “✓”/ “X”
<b>A</b>	<b>Services (Provide services as in Annexure I: S.No (v))</b>			
i	Registration	+	+	
ii	Ante Natal Examination	+	+	
iii	Referral Linkages for Complications	+	+	
iv	TT Immunization	+	+	
v	IFA Supplementation/ Prescription	+	+	
vi	Nutrition Counselling	+	+	
vii	Essential Lab Investigations	+	+	
viii	Linkages with ICTC/PPTCT	+	+	
ix	Management of Complications during pregnancy	+	+	
<b>B</b>	<b>Equipments</b>			
I	Adequate set up/Tools for ANC Examination	+	+	
	Grading of the PHF as per the above list.			<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)

# Annexure II b

+ Required at that level    - Not Required at that level    Desirable at that level

## Intranatal Care

	Requirement/Services	I	II	Remarks : Indicate availability “v”/ “X”
<b>A</b>	<b>Services (Provide services as in Annexure I: S.No (vi))</b>			
i	Normal Delivery with Active Management of Third Stage of Labour.	+	+	
ii	Assisted Vaginal Delivery	-	+	
iii	Essential New Born Care	+	+	
iv	Pre-referral stabilization of Patient with Obstetric Emergency	+	+	
v	Cesarean Sections	-	+	
vi	Management of Obstetric Emergency	-	+	
vii	Blood Storage Centre/ linkage to Blood Bank	-	+	
viii	Blood Bank	-		
ix	Referral linkages	+	+	
<b>B</b>	<b>Requirements</b>			
<b>I</b>	<b>General Requirement</b>			
i	Delivery table	+	+	
ii	Newborn Care Corner in the LR with facilities for neonatal resuscitation	+	+	
iii	Suction machine	+	+	
iv	Facility for oxygen administration	+	+	
v	Partographs	+	+	
vi	Referral Slips	+	+	
vii	Functional OT	-	+	
<b>II</b>	<b>Equipments: (Indicative list, facilities should be operational with adequate equipments)</b>			
i	Tables for Instruments	+	+	
ii	Instrument Tray	+	+	
iii	Autoclave and Drums to sterilize equipments	+	+	
iv	Sponge holder 10 inches	+	+	
v	Kocker's forceps straight 8 inches	-	+	
vi	Curved artery forceps 6 inches	-	+	
vii	Knife handles and Blades	-	+	
viii	Alley's forceps 6 inches	+	+	

## Annexure II b

+ Required at that level
- Not Required at that level
☐ Desirable at that level

ix	Episiotomy scissors	+	+	
x	Stainless steel kidney tray, 8 inches	+	+	
xi	Disposable syringes and needles	+	+	
xii	Vaginal Speculum	+	+	
xiii	Needle holder and Suture material	+	+	
xiv	Abdominal retractors	-	+	
xv	Catheters-different nos. plastic and rubber	+	+	
xvi	Clamps	+	+	
xvii	Disposable gloves	+	+	
xviii	Vacuum extractor	-	+	
xix	Outlet Forceps	-	+	
xx	Sterile Cord Ties	+	+	
<b>III</b>	<b>Drugs (both for adult and children)</b>			
i	Antibiotics	+	+	
ii	Anti Hypertensives	+	+	
iii	Anti convulsants/ Sedatives	+	+	
iv	Analgesics	+	+	
v	Oxytocics	+	+	
vi	IV Fluids / Plasma Expanders	+	+	
vii	Emergency Drugs	+	+	
viii	Vitamins and Minerals	+	+	
ix	ORS	+	+	
x	Antimalarials	+	+	
xi	Broncho dilators	+	+	
<b>IV</b>	<b>Equipment for neonatal care &amp; resuscitation</b>			
i	Foetal stethoscope	+	+	
ii	Baby weighing scale	+	+	
iii	Radiant warmer	+	+	
iv	Phototherapy unit	-	+	
v	Self inflating bag and mask (neonatal size)	+	+	
vi	Oxygen hood (neonatal) and cylinder	+	+	
vii	Paediatric Laryngoscope and endotracheal tubes	+	+	
viii	Mucous extractor with suction machine	+	+	
ix	Feeding tubes	+	+	

## Annexure II b

Required at that level   
  Not Required at that level   
  Desirable at that level

V	Equipment for Anaesthesia	I	II	
i	Facemask	-	+	
ii	Airway	-	+	
iii	Laryngoscope	-	+	
iv	Spinal Anesthesia needles sizes 23,25 & 27	-	+	
v	Endotracheal tubes	-	+	
vi	General Anaesthesia machine with all accessories	-	+	
vii	Intravenous drip sets	-	+	
viii	Oxygen cylinder with attachments	+	+	
	<b>Overall grading of the PHF as per the above list.</b>	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

## Annexure II c

Required at that level   
  Not Required at that level   
  Desirable at that level

### Post Natal Care


	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services (Provide services as in Annexure I: S.No (vii))</b>			
i	48 hr stay post delivery	+	+	
ii	Initiation and counselling for Exclusive Breast Feeding	+	+	
iii	PN Checkup of mother and newborn	+	+	
iv	Referral for Complications	+	+	
v	Management of Complications	-	+	
<b>B</b>	<b>Equipments/Facilities</b>			
i	Tools for PNC Examination	+	+	
ii	Infrastructure/Beds for 48 hrs stay post delivery	+	+	
	<b>Overall grading of the PHF as per the above list.</b>	<b>Level I/Level II/None</b> (Please tick √ for the appropriate level)		



# Annexure II d

+ Required at that level   - Not Required at that level    Desirable at that level

## Child Health

	Requirement/Services	I	II	Remarks : Indicate availability “v”/ “X”
<b>A</b>	<b>Services (Provide services as in Annexure I: S.No (viii))</b>			
i	Care of LBW~ 1800-2500 gm	+	+	
ii	Referral Services for <1800 gm	+	+	
iii	Care of LBW < 1800gm		+	
iv	Provision of common childhood services	+	+	
v	Referral linkages for Management of Complications	+	+	
<b>B</b>	<b>Equipments</b>			
i	General Equipments for providing designated services including facilities for assured referrals	+	+	
ii	Weighing Machine	+	+	
iii	Nutritional Counselling	+	+	
iv	Thermometer	+	+	
v	Nasogastric Tube	-	+	
vi	Ventilator	-	+	
vii	Bag and mask (Neonatal and Paediatrics)	+	+	
viii	Facility for O <sub>2</sub> administration (minimum O <sub>2</sub> flow at 1-2 litres/min)	+	+	
ix	Nasal prongs	-	+	
x	Nasal catheter	-	+	
xi	Blood Transfusion Facilities/Linkages with licensed Blood Bank/Blood Storage unit for Whole Blood/Packed cells.	-	+	
xii	Compressed Medical Air/compressor	-	+	
xiii	Spacer device made from a plastic cup or 1 liter plastic bottle	-	+	
	Overall grading of PHF as per the above list.	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

## Annexure II e

+ Required at that level    - Not Required at that level    ☐ Desirable at that level

### Immunization

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services (Provide services as in Annexure I: S.No (ix))</b>			
i	Immunization services as per the National Immunization Schedule for under 5 children.	+	+	
<b>B</b>	<b>Equipments for vaccination</b>			
i	All vaccines under UIP for children up to 5 years of age maintained appropriately in the Cold chain	+	+	
ii	Domestic refrigerator/ILR/Deep Freezer as per guidelines of GoI.	+	+	
iii	Clean running water	+	+	
iv	Vaccine carrier	+	+	
v	Frozen ice packs	+	+	
vi	Auto Disabled syringes	+	+	
vii	Hub cutter	+	+	
viii	Equipment for waste disposal-black & red bags	+	+	
ix	Cotton swabs	+	+	
x	Paracetamol 125 mg liquid or tablets	+	+	
xi	Soap for hand washing	+	+	
xii	Metal file to open ampoules	+	+	
xiii	Mother and Child Protection card/Immunization card	+	+	
xiv	Immunization register	+	+	
xv	Counterfoils pertaining to the session	+	+	
xvi	Immunization tally sheets(Reporting forms for immunization)	+	+	
xvii	<b>UIP Vaccine Stocks maintained under cold chain</b>	+	+	
xviii	Diluents	+	+	
	Overall grading of PHF as per the above list.	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

# Annexure III a

## Annexure III a :

+ Required at that level   - Not Required at that level   ☐ Desirable at that level

### Safe Abortion Services

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services: Provide services as per Annexure I (x)</b>			
i	Site approval needs synchronization with MTP Act to provide Safe abortion services upto 12 weeks	+	+	
ii	Site approval needs synchronization with MTP Act to provide Safe abortion services more than 12 weeks and upto 20 weeks	-	+	
iii	Contraceptive/STI/HIV Counseling	+	+	
iv	MVA &/ or Electric Vacuum Aspiration	+	+	
v	Medical Methods of Abortion	+	+	
vi	Initial Management of complications	+	+	
vii	Referral linkages for abortions / complications which cannot be managed by the Health facility	+	+	
<b>B</b>	<b>Abortions upto 12 weeks</b>			
<b>I</b>	<b>Drugs for Medical Methods of Abortion (upto 49 days of LMP)</b>			
i	Tab Mifepristone -200mg	+	+	
ii	Tab Misoprostol 400 mcg	+	+	
iii	Tab Paracetamol 500 mg	+	+	
<b>II</b>	<b>Equipments for Surgical Methods</b>			
i	MVA syringes(60 cc) / Electric suction machine	+	+	
ii	Flexible plastic cannulae (Karman's)/Easy grip autoclavable cannula of size 4-12mm	+	+	
iii	Sim's and/ or Cusco's speculum	+	+	
iv	Anterior vaginal wall retractor	+	+	
v	Allis forceps ( long ) / Vulsellum (small toothed)	+	+	
vi	Sponge holding forceps	+	+	
vii	Sterilized cotton swabs	+	+	
viii	Strainer for tissues	+	+	
ix	Sterile kidney tray (for keeping the syringe in case of reuse )	+	+	
x	Kidney tray for emptying the contents of the syringe	+	+	
xi	Bowl for antiseptic solution	+	+	
xii	Cheatle forceps	+	+	

## Annexure III a

+ Required at that level
- Not Required at that level
☐ Desirable at that level

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
xiii	Proper light source	+	+	
xiv	Plastic bucket for chlorine solution for keeping soiled instruments	+	+	
<b>C</b>	<b>Abortion beyond 12 weeks and upto 20 weeks</b>			
<b>I</b>	<b>Drugs and Equipments for procedure</b>			
i	Electric suction machine and related parts	-	+	
ii	Sponge Holder	-	+	
iii	Vaginal Speculum	-	+	
iv	Anterior Vaginal Wall Retractor	-	+	
v	Dilator Set	-	+	
vi	Curette	-	+	
vii	Artery Forceps	-	+	
viii	Ovum Forceps	-	+	
ix	Foley's catheter for Ethacridine Lactate instillation	-	+	
x	Ethacridine Lactate Solution	-	+	
<b>D</b>	<b>Supplies</b>			
i	Antiseptic solution: Freshly prepared Chlorhexidine 1% or <b>Glutaraldehyde</b> 2%. It is preferable to use Povidone Iodine solution if available.	+	+	
ii	Chlorine solution (0.5%) for decontamination	+	+	
iii	Sterile saline or sterile water for flushing blocked cannulae	+	+	
iv	Sterile Gloves	+	+	
v	Clean perineal sheet(desirable)	+	+	
vi	Examination/ Labour Table	+	+	
vii	Instrument Trolley	+	+	
viii	Revolving Stool	+	+	
ix	Light Source	+	+	
x	Electric Suction machine	+	+	
xi	Foleys Catheter	+	+	
xii	Disposable syringes & needles	+	+	
<b>E</b>	<b>Drugs and Parenteral Fluid (both level I and II)</b>			
i	Antibiotic – Ampicillin, Amoxycillin trihydrate, cephalixin, Doxycycline or a suitable alternative	+	+	

## Annexure III a

+ Required at that level
- Not Required at that level
☐ Desirable at that level

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
ii	Analgesic – Paracetamol, Pentazocine, Dicyclomine, Ibuprofen or a suitable alternative	+	+	
iii	Local anaesthetic – Injection Lignocaine 1 percent	+	+	
iv	Injection Diazepam	+	+	
v	Uterotonics- Injection Oxytocin and Injection Methylergometrine maleate, Injection Prostaglandins are optional	+	+	
vi	Injection Atropine Sulphate	+	+	
vii	5 per cent Dextrose and Ringer lactate solution with IV sets and cannulae or scalp vein sets	+	+	
viii	Injection Adrenaline	+	+	
ix	Injection Aminophylline	+	+	
x	Injection Sodium Bicarbonate 7.5 per cent	+	+	
xi	Injection Calcium gluconate 10 per cent	+	+	
xii	Antiemetics- Injection Promethazine hydrochloride or suitable alternative	+	+	
xiii	Steroid – Injection Hydrocortisone succinate	+	+	
xiv	Injection Frusemide	+	+	
xv	Injection Dopamine	+	+	
xvi	Injection Nifedipine	+	+	
xvii	Injection Mephentermine	+	+	
xviii	Injection Lignocaine hydrochloride	+	+	
xix	Sterile drip/IV set	+	+	
xx	Sterile syringe and needle set	+	+	
xxi	Sterile cotton and gauge	+	+	
xxii	Adequate number of gloves	+	+	
<b>F</b>	<b>Equipments for resuscitation</b>			
i	Ambu Bag	+	+	
ii	Oxygen Cylinder with Connections	+	+	
iii	Oral airway	+	+	
iv	Oxygen hood	+	+	
v	Laryngoscope and endotracheal intubation tubes	+	+	
vi	Blood Storage Linkages	☐	+	

## Annexure III a

Required at that level   
  Not Required at that level   
  Desirable at that level

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
G	<b>Sterilization Equipment</b>			
I	Autoclave (single drum)	+	+	
ii	Steel drums	+	+	
iii	Steam Sterilizer	+	+	
iv	Disinfectants : Glutaraldehyde /Formalin	+	+	
	<b>Counselling</b>	I	II	
i	Counsellor/ Personnel having counselling skills.	+	+	
ii	Adequate space & privacy for counseling	+	+	
	Overall grading of PHF as per the above list	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

# Annexure III b

+ Required at that level   - Not Required at that level    Desirable at that level

## Annexure III b:

### RTI/STI Service package

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services: Provide services as per Annexure I (xi)</b>			
i	History taking including Behaviour Risk Assessment	+	+	
ii	Clinical management of RTIs/STIs as per GoI guidelines	+	+	
iii	Partner Management	+	+	
iv	Counseling for Safe Sex Practices including the use of condoms	+	+	
v	Referral Linkages to higher facility if case cannot be managed	+	+	
<b>B</b>	<b>Items to be present at Consultation and Examination Room</b>			
i	Screens for privacy	+	+	
ii	Examination couch-ideally with steps and 'cut-away' recess for speculum examination	+	+	
iii	Examining chair (preferably with wheels)	+	+	
iv	Sheets & pillows for examination couch	+	+	
v	Good examination light-preferably wall-mounted	+	+	
vi	Torch with fresh batteries and back-up supply of batteries	+	+	
vii	Hand held magnifying Lens	+	+	
viii	Sphygmomanometer	+	+	
ix	Stethoscope	+	+	
x	Thermometer	+	+	
xi	Adult weighing scales	+	+	
xii	Medicine cabinet	+	+	
<b>C</b>	<b>Instruments and sterilization</b>			
i	Steam sterilizer or autoclave	+	+	
ii	Scissors	+	+	
iii	Instrument tray with cover	+	+	
iv	Cotton ball holder	+	+	
v	Cusco's speculum of various sizes	+	+	
vi	Proctoscopes or anoscopes of various sizes	+	+	
vii	Cheate's forceps	+	+	
viii	Needle and hub cutter	+	+	
ix	Foot-operated bins to collect bio-waste as per norms	+	+	

## Annexure III b

+ Required at that level
- Not Required at that level
▨ Desirable at that level

D	Medical Supplies-Consumables			
i	Needles and syringes-disposable	+	+	
ii	Cotton wool	+	+	
iii	Examination gloves, single use	+	+	
iv	Water-soluble lubricant for clinical examination	+	+	
v	Tongue depressors, disposable	+	+	
vi	pH paper (3.8 - 6 range)	+	+	
vii	Bleaching powder	+	+	
viii	Male latex condoms	+	+	
ix	Female latex condoms (if available)	+	+	
x	Sharps disposal containers	+	+	
<b>E. 1</b>	<b>Laboratory: General</b>			
i	Binocular microscope with dark ground illumination	▨	▨	
ii	Refrigerator	▨	▨	
iii	Centrifuge	▨	▨	
iv	VDRL rotator	▨	▨	
v	Alcohol lamp	▨	▨	
vi	Staining racks	▨	▨	
vii	Micropipette (adjustable volume)	▨	▨	
<b>E. 2</b>	<b>Reagents and Consumables:</b>			
i	Cotton-tipped swabs (sterile and non-sterile)	▨	▨	
ii	Gram stain kit	▨	▨	
iii	Potassium hydroxide 10% solution	▨	▨	
iv	Sterile distilled water	▨	▨	
v	Normal saline solution	▨	▨	
vi	70% isopropyl alcohol	▨	▨	
vii	RPR kits	▨	▨	
viii	TPHA kits (for designated clinics)	▨	▨	
ix	Micropipette (adjustable volume)	▨	▨	
x	Yellow pipette tips (disposable)	▨	▨	
xi	Test tubes (12 X 75 mm)	▨	▨	
xii	Glass slides and cover slips	▨	▨	



## Annexure III b

Required at that level   
  Not Required at that level   
  Desirable at that level

F. 1	Essential STI/RTI Medicines	I	II	
i	Clotrimazole 500 mg vaginal pessaries	+	+	
ii	Tab. Erythromycin 250 mg or 500 mg	+	+	
iii	Tab. Metronidazole 400 mg	+	+	
iv	Podophyllin tincture 20%	+	+	
v	Cap. Amoxicillin 500 mg	+	+	
vi	Tab. Secnidazole 1 g or 2 g	+	+	
vii	Tab Fluconazole 150 mg	+	+	
viii	Tab. Tinidazole 500 mg (optional)	+	+	
ix	Inj. Benzathine Penicillin 2.4 MU	+	+	
x	Inj. Distilled water ampoules/glass vials 10 ml	+	+	
xi	Tab. Cefixime 200 mg or 400 mg	+	+	
xii	Tab. Azithromycin 500 mg or 1 g	+	+	
xiii	Tab. Acyclovir 200 mg or 400 mg	+	+	
xiv	Cap. Doxycycline 100 mg	+	+	
xv	Clotrimazole 500 mg vaginal pessaries	+	+	
F. 2	Essential General Medicines			
i	Tab. Rantac 150 mg	+	+	
ii	Tab. Metaclopramide	+	+	
iii	Tab. Ibuprofen 400 mg or Tab. Paracetamol 500 mg	+	+	
iv	Inj. Adrenaline (epinephrine) 1:1000 dilution	+	+	
v	Antihistamines for injection and oral administration (e.g., Diphenhydramine and Chlorpheniramine)	+	+	
vi	Inj. Hydrocortisone	+	+	
<b>Overall grading of the PHF as per the above list.</b>		<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

## Annexure III c

+ Required at that level
- Not Required at that level
☐ Desirable at that level

### A) Family Planning Services

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services: Provide services as per Annexure I (xii)</b>			
I	Counselling for Contraception	+	+	
ii	Spacing methods-IUD, OCP, Barrier Contraceptives	+	+	
iii	Referral Linkages	+	+	
iv	Sterilization Services-TL & NSV	-	+	
<b>B</b>	<b>Equipments</b>			
<b>I</b>	<b>Supplies for Spacing methods: OCP/Barrier/IUD insertion</b>			
i	Oral Contraceptive Pills (OCP)	+	+	
ii	Barrier Contraceptives	+	+	
iii	Copper-T in a pre-sterilized packet(in unopened, undamaged, sterile package that is not beyond its expiry date & has been stored in a cool dry place).	+	+	
iv	Examination table with clean cover	+	+	
v	Operation table	-	+	
vi	Drawsheet to cover the woman's pelvic area	+	+	
vii	Scalpel and Blades	-	+	
viii	Surgical tray with cover	+	+	
ix	Sterile Gloves of adequate size and no.	+	+	
x	Sterile Gauze- of adequate size and no.	+	+	
xi	Light source sufficient to visualize cervix(e.g. flashlight)	+	+	
xii	Medium artery forceps curved- of adequate size and no.	+	+	
xiii	Straight scissors- of adequate size and no.	+	+	
xiv	Curved scissors- of adequate size and no.	+	+	
xv	Vulsellum	-	+	
xvi	Dissecting forceps, toothed- of adequate size and no.	+	+	
xvii	Uterine Sound	+	+	
xviii	Sponge Holder	+	+	
xix	Uterine Elevators	+	+	
xx	Antiseptic solution (chlorhexidine or povidone iodine)	+	+	
xxi	SS tray (to rinse the laparoscope)	+	+	
xxii	Vaginal speculum	+	+	

## Annexure III c

+ Required at that level     - Not Required at that level     Desirable at that level

		I	II	
22	Anterior vaginal wall retractor	+	+	
23	Used linen box	+	+	
	Overall grading of PHF as per the above list	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

## Annexure III d

### Requirements for Sterilization Services (only at Level 2):

+ Required at that level
- Not Required at that level
☐ Desirable at that level

	Requirement/Services	Female	Male	Remarks : Indicate availability “v”/ “X”
<b>A</b>	<b>Facilities:</b>			
i	Well ventilated, fly proof room with concrete/tiled floor which can be cleaned thoroughly	+	+	
ii	Running water supply through tap or bucket with tap	+	+	
iii	Electricity supply with a standby generator and other light source	+	+	
<b>B</b>	<b>Space Required</b>			
i	Area for reception	+	+	
ii	Waiting area	+	+	
iii	Counseling area	+	+	
iv	Laboratory with facilities for blood & urine examination	+	+	
v	Clinical examination room for initial assessment and follow up	+	+	
vi	Pre-operative preparation room for trimming of hair, washing, changing of clothes and pre-medication	+	+	
vii	Hand washing area near the OT for scrubbing	+	+	
viii	Sterilization room, near the OT, for autoclaving, washing and cleaning equipment, preparation of sterile packs	+	+	
ix	Operation theatre: should be isolated and away from the general thoroughfare of the clinic, it should be large enough to allow operating staff to move freely and to accommodate all the necessary equipment. Lighting should be adequate.	+	+	
x	Recovery room: must be spacious and well ventilated, number of beds will be determined by the available space, should be adjacent to the OT.	+	+	
xi	Adequate number of toilets: sufficient number of sanitary type toilets with running water for the clients and the staff.	+	+	
xii	Storage area	+	+	
xiii	Office area for keeping records	+	+	
<b>C</b>	<b>Equipments and Supplies</b>			
<b>a)</b>	<i>Examination Room Requirements</i>			
i	Examination Table and gloves	+	+	
ii	Foot Stool	+	+	
iii	Blood Pressure apparatus	+	+	
iv	Thermometer	+	+	

## Annexure III d

**Requirements for Sterilization Services (only at Level 2):**    + Required at that level    - Not Required at that level    ☐ Desirable at that level

	Requirement/Services	Female	Male	Remarks : Indicate availability “√”/ “X”
v	Stethoscope	+	+	
vi	Examination Light	+	-	
vii	Weighing Scale	+	-	
viii	Instrument for pelvic examination	+	-	
<b>b)</b>	<i>Laboratory</i>			
i	Haemoglobinometer and accessories	+	+	
ii	Apparatus to estimate albumin and sugar in urine	+	+	
iii	Reagents	+	+	
<b>c)</b>	<i>Sterilization Room</i>			
i	Autoclave	+	+	
ii	Boiler	+	+	
iii	Surgical drums	+	+	
iv	SS Tray	+	+	
v	Glutaraldehyde solution 2%	+	+	
vi	Autoclave drums	-	+	
<b>d)</b>	<i>Cleaning Room</i>			
i	Hand Brushes	+	+	
ii	Utility gloves	+	+	
iii	Basins	+	+	
iv	Detergents	+	+	
v	Chlorine solution 0.5%	+	+	
<b>e)</b>	<i>Operation Theatre</i>			
i	Operating table (capable of Trendelenburg's position for female sterilization)	+	+	
ii	Step up stool	+	+	
iii	Spot light	+	+	
iv	Instrument trolley	+	+	
v	Mini Laparatomy kit	+	-	
vi	Laparoscopy kit	+	-	
vii	Conventional Vasectomy kit	-	+	
viii	Non-Scalpel Vasectomy kit	-	+	
ix	Blood Pressure Instrument	+	+	
x	Stethoscope	+	+	

## Annexure III d

### Requirements for Sterilization Services (only at Level 2):

+ Required at that level
- Not Required at that level
☐ Desirable at that level

	Requirement/Services	Female	Male	Remarks : Indicate availability “√”/ “X”
xi	Syringe with needles	+	+	
xii	Emergency equipment and Drugs	+	+	
xiii	Room heater	+	+	
xiv	IV Stand	+	+	
xv	Waste basket, storage cabinet, buckets, basins for decontamination	+	+	
xvi	Box for used linen	+	+	
xvii	Puncture proof box for needles	+	+	
<b>f)</b>	<b><i>Recovery Room</i></b>			
i	Patient's cot with mattress, sheet, pillow, pillow cover and blankets	+	+	
ii	BP Instrument	+	+	
iii	Stethoscope	+	+	
iv	Thermometers	+	+	
v	IV Stand	+	+	
vi	Emergency equipment and Drugs-as per list	-	+	
<b>D</b>	<b>Emergency Equipment and Supplies</b>			
i	Stethoscope	+	+	
ii	BP Instruments	+	+	
iii	Oral Airways guedal size 3,4,5	+	+	
iv	Nasopharyngeal Airways 6,6.5,7.0	+	+	
v	Suction machine with tubing & two straps	+	+	
vi	Ambu bag with mask size 3,4,5	+	+	
vii	Tubing and oxygen nipple	+	+	
viii	Oxygen cylinder with reducing valve and flow meter	+	+	
ix	Blanket	+	+	
x	Gauze pieces	+	+	
xi	Kidney tray	+	+	
xii	Torch	+	+	
xiii	Syringes and needles, including butterfly sets, IV cannula	+	+	
xiv	Intravenous infusion sets and fluids	+	+	
xv	Sterile laparotomy instruments	+	-	
xvi	Endotrachael tube 6,6.5,7,7.5,8.0	+	+	
xvii	Laryngeal mask airway size 3, 4, 5	+	+	

## Annexure III d

### Requirements for Sterilization Services (only at Level 2):

Required at that level   
  Not Required at that level   
  Desirable at that level

	Requirement/Services	Female	Male	Remarks : Indicate availability “v”/ “X”
xviii	Combitube	+	+	
xix	Cricothyroidectomy set	+	+	
<b>E Essential Drugs</b>				
i	<b>Injection</b> Adrenaline	+	+	
ii	Injection Atropine	+	+	
iii	Injection Diazepam	+	+	
iv	Injection Deriphylline	+	+	
v	Injection Physotigmine	+	+	
vi	Injection Xylocard	+	+	
vii	Injection Hydrocortisone (Dexamethasone)	+	+	
viii	Injection Pheniramine Maleate	+	+	
ix	Injection Promethazine	+	+	
x	Injection Pentazocine	+	+	
xi	Injection Ranitidine	+	+	
xii	Injection Metoclopramide	+	+	
xiii	Injection Calcium Gluconate/Calcium Chloride	+	+	
xiv	Injection Sodium Bicarbonate (7.5%)	+	+	
xv	Injection Dopamine	+	+	
xvi	Injection Mephenteramine	+	+	
xvii	Injection Frusemide	+	+	
xviii	Injection Methergine	+	-	
xix	Injection Oxytocin	+	+	
xx	Water soluble jelly	+	+	
xxi	Electrode jelly	+	+	
<b>F IV fluids</b>				
i	Ringer Lactate	+	+	
ii	0.9 % Sodium chloride (Normal saline)	+	+	
iii	5% Dextrose	+	+	
iv	Heta Starch (HES 6 %)	+	+	
v	Glucose 25 %	+	+	
	Overall grading of PHF as per the above list	<b>Level II/None</b> (Please tick ✓ for the appropriate level)		

## Annexure IV a

+ Required at that level    - Not Required at that level    ☐ Desirable at that level

### A) Human resource and bed strength requirements:

	Requirement/Services	I	II	Remarks : Indicate availability "√" "X" or write the number wherever available
<b>A</b>	<b>Beds</b>			
I	No. of Beds	2-5	>5	
<b>B</b>	<b>Human Resource*</b>			
1	24 hr/On Call MBBS	+	+	
2	24 hr Ob/Gyn	☐	+	
3	24 hr/On Call Pediatrician	☐	+	
4	24 hr/On Call Anesthetist	☐	+	
5	SN/ANM	1	3	
6	24 hr/On Call SN/ANM	1	1	
7	Lab Technician	☐	+	
8	Attendant	+	+	
	Overall grading of PHF as per the above list	<b>Level I/Level II/None</b> (Please tick ✓ for the appropriate level)		

### ***\* Mandatory requirement for Sterilization Services***

#### Eligibility of Providers for Performing Sterilization Services:

Sr. No.	Sterilization Service	Basic Qualification Requirement of Provider
1	<b>Minilap</b>	MBBS doctor trained in Minilap Surgery
2	<b>Laparoscopic</b>	DGO/MD (Obs-Gyn)/ MS (Surgery) (Trained in Laparoscopic Sterilisation)
3	<b>Vasectomy (Both No-Scalpel &amp; Conventional)</b>	MBBS doctor trained in Vasectomy



## Annexure IV b

+ Required at that level
- Not Required at that level
☐ Desirable at that level

### Miscellaneous requirements

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>A</b>	<b>Services</b>			
i	<b>Essential Laboratory Services</b>			
	Provide services as per Annexure I (xiii & xiv)	+	+	
ii	<b>Referral Linkages</b>			
	Referral Linkages with facility for USG Services (Registered under PNDT) and for other laboratory investigations which cannot be conducted at the health facility	+	+	
<b>B</b>	<b>General requirements</b>			
i	Waiting area	+	+	
ii	Covered garbage bin near the waiting area	+	+	
iii	Potable 24 hour water facilities	+	+	
iv	Clean Toilets (cleaned 3-4 times a day and once in the night with disinfectants such as phenyl etc.)	+	+	
v	Universal Precautions for Infection Prevention	+	+	
vi	The beds in the wards should always have clean linen, which is changed at least every alternate day. Blankets should be washed at least once in a fortnight.	+	+	
vii	Functional laboratory space for all essential investigations	+	+	
viii	Toilet facilities in the vicinity of the labour room and the ward	+	+	
ix	Enclosures in the OPD and wards to ensure privacy	+	+	
x	Regular electricity supply with back-up arrangements to ensure uninterrupted supply to the labour room and to maintain cold chain	+	+	
xi	Uninterrupted functioning of telephone connection	+	+	
xii	Round the clock availability of ambulance or transport services (owned or locally hired)	+	+	
<b>C</b>	<b>Waste Segregation Practices</b>			
i	Wet Mopping, Sweeping & swabbing of floor with disinfectant solution	+	+	
ii	Treatment and Disposal of Bio Medical Waste as per Bio-Medical Waste Management Rules-Schedule 1	+	+	
iii	Waste Storage in Colour Coded Bins as per IMEP Guidelines	+	+	
vi	Transportation of Wastes by trolley, Handling of Sharps, Use and Disposal of Auto-Disable(AD) Syringes, use and sterilization of glass syringes, mercury and waste disposal as per IMEP Guidelines	+	+	

## Annexure IV b

Required at that level   
  Not Required at that level   
  Desirable at that level

	Requirement/Services	I	II	Remarks : Indicate availability “√”/ “X”
<b>D</b>	<b>Infection Prevention Equipment</b>			
i	Dustbin	+	+	
ii	Autoclave/Boiler	+	+	
iii	Stove for Sterlizing Equipments	+	+	
iv	Puncture proof container	+	+	
v	Autoclave drums	+	+	
<b>E</b>	<b>Blood Storage facility</b>			
i	Linkages to Blood bank / Blood Storage	<input type="checkbox"/>	+	
ii	Refrigerators to store blood when necessary.	<input type="checkbox"/>	+	
iii	Reagents for cross matching	<input type="checkbox"/>	+	
iv	Kits for Blood Transfusion	<input type="checkbox"/>	+	
v	Follow the rules and regulations of Blood transfusion	<input type="checkbox"/>	+	
	<b>Overall grading of PHF as per the above list</b>	Level I/Level II/None (Please tick ✓ for the appropriate level)		

## Annexure V: Assessment Record

(Tick ✓ which ever is applicable)

(I) Maternal and Child health Service		
<b>A</b>	<b>Maternity Services</b>	
i	Bed Strength (as per Annexure IV a)	Level I/Level II/None
ii	Human resource (as per Annexure IVa)	Level I/Level II/None
iii	ANC (as per Annexure II a)	Level I/Level II/None
iv	Intranatal services(as per Annexure II b)	Level I/Level II/None
v	Post natal care (as per Annexure II c)	Level I/Level II/None
<b>B</b>	<b>Under -5 Child Health Services</b>	
i	Child Health Services(as per Annexure II d)	Level I/Level II/None
ii	Immunization(as per Annexure II e)	Level I/Level II/None
<b>C</b>	<b>Miscellaneous requirements (as per Annexure IV b )</b>	
<b>(II) Reproductive Health services</b>		
i	Bed Strength(as per Annexure IV a)	Level I/Level II/None
ii	Human resource (as per Annexure IV a)	Level I/Level II/None
iii	Safe abortion services (as per Annexure III a)	Level I/Level II/None
iv	Management of RTI/STIs(as per Annexure III b)	Level I/Level II/None
v	Family Planning Services (as per Annexure III c)	Level I/Level II/None
vi	Sterilisation Services (as per Annexure III d)	Level II/None
vii	Miscellaneous requirements(as per Annexure IVb )	Level I/Level II/None

### *Observation*

**According to the observation in Assessment Record above, Facility can be accredited\* for:**

	Service Type	Level	Remarks
i	<b>Comprehensive RCH services (Maternal, Child Health, MTP, RTI/STI &amp; FP )</b>	Level I/Level II/None	
ii	<b>Maternal and Child Health Services</b>	Level I/Level II/None	
iii	<b>Reproductive Health services (MTP, RTI/STI &amp; FP )</b>	Level I/Level II/None	
iv	<b>Sterilisation Services</b>	Level II/None	

\*: Please read instructions at the start of the tool.

# Annexure VI

## Letter of Interest

To,  
The CMO/DHO  
Health Department  
District \_\_\_\_\_  
State \_\_\_\_\_

Sub: Accreditation of Health Facility for RCH services wrt Adv No. \_\_\_ dated \_\_\_\_\_

1	Name of the Institution	
2	Complete Postal Address	
3	Location (District/Sub-District/Block/Village)	
4	Type of institution (Pvt. Hospital/Trust/NGO/Dispensary)	
5	Date of establishment	
6	Name of the Owner	
7	Is the Institution registered with DHS	
8	Authorization obtained from which agency	
9	Authorization No.	
10	Major services offered	
11	Services for which accreditation requested (Comprehensive/MCH/RH)	
12	Level I/II	

I hereby submit my application requesting for accreditation of my facility for \_\_\_ Comprehensive/MCH/RH \_\_\_\_\_ services for Level \_\_ I/II \_\_\_\_\_. I have duly assessed my facility as per the checklist provided by the DHS and submitted the same along with this Letter of Interest. I hereby declare that all the information furnished by me is true as per my knowledge and the staff working at the health facility does not indulges in any sort of illegal or unethical practices. If in any case information furnished by me are found not be true, then the authority has the right to cancel my application.

Date:

Signature of the Authorized person/Owner

Address

Mobile/Telephone No.  
Email -i.d

## Annexure VII



### *District Health Society (DHS)*

presents

### **Certificate of Accreditation to**

(.....*Name of PHF*)

**For providing**

**Reproductive and Child Health Services/ Maternal  
and New Born Care Services/Reproductive Health  
Services (*specify services to be provided*)**

Date of Accreditation:

Validity of Accreditation: 3 years from the date of Accreditation.

*The Accreditation shall remain in force for the period notified subject to continuing compliance with Site Readiness Checklist and any further requirements specified by the District Accreditation Committee (DAC).*

\_\_\_\_\_  
Convenor, DAC

\_\_\_\_\_  
Co- Convenor, DAC

\_\_\_\_\_  
Member Secretary

# Annexure VIII

## MEMORANDUM OF UNDERSTANDING BETWEEN DISTRICT HEALTH SOCIETY

AND

### NAME OF PHF

MEMORANDUM OF UNDERSTANDING made on \_\_\_\_\_ day \_\_\_\_\_ month 20\_\_ , between DISTRICT HEALTH SOCIETY (hereinafter called DHS) NAME OF THE DISTRICT which in turn shall include its successors, assigned and authorized persons of the first part and the NAME OF PHF hereinafter called the implementing agency which shall include its successor, assigns and authorized persons of the second part, under the scheme of Accreditation of Private Health Facility for Reproductive and Child Health Services.

DHS has formulated a Project for “Accreditation of Private Health Facility for Reproductive and Child Health Services” as per the directions of State Government vide circular no \_\_\_\_\_ and the project will be financed from District RCH Flexi Pool fund for the current financial year. Herein the DHS will be working with ----- (Name of PHF) for providing RCH Services as per Level 1/ Level 2 for comprehensive Reproductive and Child Health Services/ Maternal and New Born Care Services/ Reproductive Health Services. (Tick for which PHF has been identified)

Now it is hereby agreed by and between the parties as under:

### Contributions of the (Name of the PHF)

- 1) (Name of the PHF) will be providing (mention the selected service for which PHF has been accredited), free of cost to (mention the category of patients for which financial assistance has been agreed upon) from a period \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_.
- 2) Package of services which (Name of PHF) will be providing are as follows:  
(Provide the detail of Services for which reimbursement will be given)
- 3) For the services provided by PHF, DHS will be reimbursing amount as per the list given below:  
Indicate the services approved by the respective State/DHS for reimbursement.
- 4) Mode of payment will be as decided by DHS. Mention here it in detail. Accredited PHFs on signing of MoUs after certification shall be given 50% advance and on submission of accounts after conducting 100 deliveries ( including CS) shall be reimbursed the balance amount and will again be given in addition 50% advance for next 100 deliveries.
- 5) PHFs will submit the Statement of Expenditure annually/as per the point 4 above.
- 6) PHF herewith will be entitled to maintain the record of the beneficiary of this scheme for a period of 3 financial years.
- 7) PHF to report the MTP cases to the district authorities as per the MTP Regulations.
- 8) PHF herewith will abide by the service delivery protocols and standards as mentioned by the same while getting the facility accredited for the mentioned services. PHFs will allow for the monitoring visit/auditing of funds/ finance released by government by the officers deputed by the DHS.

## Annexure VIII

- 9) PHFs will not indulge in any sort of malpractice or unethical practice. If found so, the license will be automatically cancelled.
- 10) In case the scheme is withdrawn or license of the PHF is suspended, PHF will automatically return the balance amount, if any, and submit the Statement of Expenditure for the amount DHS owes to the PHF.

### Role of the District Health Society (DHS)

The District Health Society will ensure the following:

- 1) The District Health Society will inform the State Government of the provisions of the present Memorandum of Understanding.
- 2) The District Health Society will ensure the timely release of funds to the Accredited PHF for the type of services agreed upon.
- 3) On the signing of MoU, DHS will release funds (if any) to the PHF.
- 4) The DHS will ensure timely release of funds (if any) to the accredited PHF.
- 5) The CMO/representative of the district will have a right to visit the Accredited PHF to ensure quality of services.
- 6) CMO/Member Secretary of DAC will ensure all above tasks.

### **SUSPENSION**

Non compliance of the commitments and obligations set in the MOU may require the District Health Society to review the assistance committed through this MOU leading to suspension or cancellation of accreditation thereof. The DHS commits to issue sufficient alert to the State Government before contemplating any such action.

Similarly PHFs will have the right to withdraw from the scheme with 3 months advance notice. In such cases they will have further obligation to clear and settle the accounts and submit SOE/UCs as the case may be.

If there were to be any differences between the District Health Society and the implementing private health facility the same shall be settled amicably and any undecided dispute shall be referred to the Mission Director, NRHM, Health and Family Welfare Department, \_\_\_\_\_ (Respective State), whose decision shall be final and binding on the parties to the agreement.

In witness whereof the parties hereto have here unto set their hands on the day indicated below:

Chief Medical Officer

In-charge/Medical Officer

District Health Officers  
For and on behalf of First Party

(Name and Address of Private Health Facility)  
For and Behalf of Second Party

Date:

Date:

## Annexure IX

### Revised compensation package to acceptors of Sterilization and IUD insertions at private accredited health facilities

#### A. Revised compensation package to acceptors of Sterilization Services at Accredited Private/NGO Facilities:

<i>Category</i>	<i>Type Of Operation</i>	<i>Facility</i>	<i>Motivator</i>	<i>Total</i>
*High Focus 18 States	Vasectomy (ALL)	1300	200	1500
	Tubectomy (ALL)	1350	150	1500
**Non-High Focus 17 States/UTS	Vasectomy (ALL)	1300	200	1500
	Tubectomy (ALL) (BPL + SC/ST)	1350	150	1500

\***HIGH FOCUS STATES** - Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttarkhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

\*\***NON-HIGH FOCUS STATES** - Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Puducherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu.

#### A. Revised compensation package to acceptors of IUCD Services at Accredited Private/NGO Facilities:

The existing scheme would continue wherein Rs 75, inclusive of the cost of the IUD, would be admissible to all the the accredited private/ NGO facilities in the EAG states only. It is the discretion of the States to apportion this compensation among various activities keeping the clients' interest and the quality of services as the uppermost



## Annexure IX

### Guidelines for Sterilizations done at Accredited Private Facilities/ NGOs

1. The State should **accredit the private facility/ NGO and empanel its doctors for providing sterilization services as per the qualification requirements and criteria for accreditation** (Please refer to the manual on Standards for Female and Male Sterilization Services, Oct., 2006. GOI - the Red Book)
2. A **minimum of 2 private facilities** (can be more) should be accredited per block for provision of these services. If the block has only one private center for accreditation, the centers from the neighbouring blocks could be recognized for this purpose. Accrediting more private facilities would bring in healthy competition thereby ensuring quality services.
3. **Compensation for sterilization services:**
  - a. **For High Focus States:** An amount of Rs. 1500 instead of the existing Rs. 800 would be available for **both tubectomy and vasectomy** services in these private centers. Out of this the accredited private facilities would receive **Rs. 1300 for each case of male sterilization and Rs.1350 in each case of female sterilization as against the existing Rs. 630.**
  - b. **For Non High Focus States:** An amount of **Rs 1500 instead of existing Rs.800 would be available** for vasectomy (for all categories of people) *and tubectomy (for BPL/SC/ST only)* services in these private centers. Out of this accredited private facilities would receive **Rs.1300 for each case of male sterilization and Rs.1350 in each case of female sterilization as against the existing Rs.630.**
4. Rs. 200 for vasectomy and Rs.150 for tubectomy as against the existing Rs 150 is towards the payment of the Motivator/ ANM/ ASHA/ AWW/ link worker for counseling, motivating and follow up visit of the cases who have undergone sterilization.
5. The package of Rs. 1500 is the government subsidy towards transactional costs of such procedures.
6. **No user fee shall be levied on any client.**
7. **No charges whatsoever for drugs and dressings or other incidental costs should be charged from the client.**
8. It is the clients' choice to go to a Government or an accredited private/ NGO facility. However **if the client chooses to go to a private institution, he or she shall not be entitled to any compensation money, but the client would be entitled to avail of cashless sterilization service at the private/ NGO facility.** The client shall also be entitled to the motivator's component if he or she is self motivated.
9. The upper age for men undergoing vasectomy in private institutions is 45 years and it is the responsibility of the facility/ motivator/ANM/ ASHA/ AWW/ link worker to ensure this.
10. The Private/NGO facility should display prominently its accreditation certificate as well as the range of services provided and the quantum of compensation for the motivators. **It should also display that sterilization services are provided free to all clients** (who furnish voucher issued by a competent authority) **with no user charges whatsoever levied on any client.**

## Annexure IX

### **Mode of payment for Sterilizations done at Accredited Private centers/ NGOs in both HFS (High Focus States) & NHFS (Non High Focus States)**

For availing sterilization services at accredited private/ NGO facilities the Motivator/ ANM/ ASHA/ AWW/ link worker should facilitate the acceptor in obtaining a voucher from the district CMO's office/ DH/ SDH/ CHC/ PHC/ SC, which should be deposited with the private facility providing the service. However a self motivated client should take the voucher directly from the district CMO's office and deposit the same with the private facility where the services are to be availed so as to be entitled for the motivators component as well as the sterilization operation. The private facility would then encash the voucher from the District Health Society on production of proof of the sterilization operation. The validity of cases should be ensured by conducting at least 10% sample checks and random checks by the States. The State Government should devise appropriate mechanism to ensure quality of services, maintenance of records and accounting procedures and payment of compensation promptly at the accredited health facilities..

**NOTE: *No subsidy to be provided to accredited private centers/NGOs for female sterilization for APL clients in NHFS (non-high focus states)***

# Annexure X

## Draft Discharge Ticket (For Institutional Delivery) (Copy to be kept by the PHF)

**Name of the Beneficiary:**

**Address**

**BPL Card No:**

**Date:**

**Husband's Name:**

**Telephone No:**

**ANC Details:**

**Registration including Ist ANC Date:**

**2<sup>nd</sup> ANC Date:**

**3<sup>rd</sup> ANC Date:**

**4<sup>th</sup> ANC Date:**

**Delivery Details:**

\_\_\_\_\_ delivered a live/Male/Female/ Still birth baby weighing \_\_\_\_\_ gm on \_\_\_/\_\_\_/20\_\_\_  
at \_\_\_\_\_ A.M/P.M through Normal/Assisted/Caesarean delivery.

**Type of Complications and Management (if any):**

**Discharge Details:**

**Date of Discharge**

Mother's vitals:

Baby Details:

**Advice:**

**Mother's Declaration:**

I herewith testify that information mentioned above are true to my knowledge and there is no discrepancy in any of the details mentioned above. I also received 1/2/3/4 ANC and 1 PNC by the -----  
----- (Name of Health Facility)

Mother's Signature:

Name and Address:

**Sign/Stamp of the PHF:**

Date:



**Maternal Health Division**  
**Ministry of Health & Family Welfare**  
**Government of India**  
**April 2010**