

Guidelines for Accreditation of **PRIVATE HEALTH FACILITIES** in Providing SBA Training

Reference Manual for Programme Managers
on Accreditation Process



Maternal Health Division
Ministry of Health & Family Welfare
Government of India
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PREFACE

Providing skilled attendance at every birth in the community and in institutions is one of the goals of National Population Policy and has been one of the key strategies in the Reproductive and Child Health Programme (RCH-II). Keeping this in view, a skill-based training programme of 2–3 weeks duration for SNs and 3–6 weeks duration for ANMs/LHVs has been designed. This training involves acquisition of skills like abdominal examination, pelvic assessment, managing all the stages of labour involving intra-partum care, new born resuscitation, timely identification and management of complications etc.

To reduce maternal mortality and morbidity, we need to accelerate the pace of SBA training. In order to achieve this, it is important that we utilize the expertise of private practitioners and their health facilities in conducting SBA training. This is one of the steps in strengthening Public Private Partnership for reduction of maternal mortality and morbidity. In this regard Maternal Health Division, MoHFW has prepared guidelines for accrediting private health facilities for carrying out SBA training. This has been done after consultation with stakeholders both at national and state level. Technical inputs have been taken from FOGSI, WHO, UNFPA, NNF & NIHFWS.

I hope that all stakeholders at different levels will make optimal use of this document in accrediting private health facilities for SBA training, which will contribute to scaling up the training in the districts.

I would like to express my appreciation for the hard work and contribution put by Dr. N. Namshum (DC-MH), Dr. Himanshu Bhushan (AC-MH), Dr. Manisha Malhotra (AC-MH), Dr. Avani Pathak (Technical Consultant-MH) and Dr. Rajeev Aggarwal (Management Consultant-MH) in bringing out these guidelines.



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Date. 11/11/2008

ACKNOWLEDGEMENT

Under Reproductive and Child Health Programme, GoI has a commitment to provide access and availability of quality reproductive health care services throughout the country. To achieve this, all the health facilities have to be geared up for providing basic and comprehensive obstetric care services and the health workers should be proficient in timely identification and management of basic complications during pregnancy and child birth i.e. skilled to be labelled as Skilled Birth Attendant.

In view of this GoI has launched SBA training for SNs/LHVs/ANMs at District level, where intensive hands on training in mid-wifery skills will be provided to these health personnel. States are in process of gearing up their facilities for this training, simultaneously there is also a need to scale up this training to achieve our commitment of skilled attendance at every birth.

With this in view a guideline for accrediting private health facilities for providing SBA training have been prepared, through which private providers will train health personnel as SBA, and services of these trained persons can then be utilized at public health facilities for delivering quality obstetric care services.

I take this opportunity to acknowledge the contribution of all the office bearers of FOGSI especially Dr. Duru Shah, Dr. Dinesh Agarwal, UNFPA, Dr. Sonia Trikha- WHO-India and Dr. Deoki Nandan, Director, NIHFV. Their inputs have been highly valuable. The sincere and hard work of whole team of Maternal Health Division especially Dr. Himanshu Bhushan, Dr. Manisha Malhotra, Dr. Avani Pathak & Dr. Rajeev Agarwal needs special mention.

I hope this document will be a useful tool for programmes managers in accrediting the private health facilities in the districts for conducting SBA training.



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Date. 3/11/2008

ABBREVIATIONS AND UNITS

ANMs	Auxiliary Nurse–Midwife/s
CHC(s)	Community Health Centre(s)
CMO	Chief Medical Officer
DAC	District Accreditation Committee
DHS	District Health Society
DPM	District Program Manager
ENBC	Essential New Born Care
Etc.	et cetera
FOGSI	Federation of Obstetrics and Gynecological Societies of India
FRU	First Referral Unit
GoI	Government of India
GNM/s	General Nurse Midwife.
HLD	High-Level Disinfection
i.e.	that is
IAP	Indian Association of Pediatricians
ICOG	Indian College of Obstetrician and Gynaecologist
IFA	Iron–Folic Acid
IM	Intramuscular
IMA	Indian Medical Association
Inj.	Injection
IV	Intravenous
LHVs	Lady Health Visitor/s
LR	Labour Room
MMR	Maternal Mortality Ratio
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MS	Medical Superintendent
NBC	New Born Care
NIHFW	National Institute of Health and Family Welfare
NNF	National Neonatology Forum
NPP	National Population Policy
NRHM	National Rural Health Mission
PHC(s)	Primary Health Centre(s)
PHF(s)	Private Health Facilities
RCH	Reproductive Child Health
SBA	Skilled Birth Attendant
SCOVA	Standing Committee of Voluntary Agencies
SIHFW	State Institute of Health and Family Welfare
SNs	Staff Nurses
Tab.	Tablet
TA/DA	Travel Allowance/Dearness Allowance
TORs	Term of Reference (s)
TV	Television
WHO	World Health Organization
UCs	Utilization Certificates
UNFPA	United Nations Population Fund Agency
U	Units

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Introduction

With about 67,000 women dying every year during pregnancy and post partum period, maternal mortality in India continues to remain unacceptably high. To effectively reduce maternal mortality, provision has to be made for providing basic and emergency obstetric care to every pregnant woman.

Reducing maternal mortality and providing Skilled Attendance at every birth has been envisioned in Reproductive and Child Health Programme, under the umbrella of National Rural Health Mission (NRHM), which has been launched by the Government of India in April 2005, in order to improve the availability and access to quality reproductive health care services throughout the country.

To achieve the above goals, there is a commitment for operationalizing of all CHCs as First Referral Units for comprehensive obstetric care services and at least 50% of all PHCs to 24 × 7 centres to become proficient in providing basic RCH and obstetric care services. To achieve this, health workers at these facilities should be proficient in timely identification and management of basic complications during pregnancy and child birth i.e. they should be trained as Skilled Birth Attendants.

A **Skilled Birth Attendant** (SBA) is defined as “an accredited health professional—such as midwife, doctor or nurse—who has been educated and trained to achieve proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in pregnant women and newborns.”

GoI also has taken policy initiatives to empower the SNs/LHVs/ANMs to make them competent for undertaking certain life-saving measures. These measures are as follows:

- Permission to use Uterotonic drugs for prevention of PPH.
- Permission to use drugs in emergency situations prior to referral for stabilizing the patient.
- Permission to perform basic obstetric procedures at community level in emergency situations.

In view of this, SBA training has been launched for SNs/LHVs/ANMs at District level, where intensive hands on training in mid-wifery skills will be provided to these health personnel. States are in process of gearing up their facilities for this training but there is a need to scale up this training to achieve our commitment of skilled attendance at every birth and thus preventing women's dying due to the lack of the same.

Under NRHM, there is a commitment to establish Public Private Partnership to involve private providers in the government health programmes. With this in view, a set of guidelines for accrediting private health facilities for providing SBA training has been prepared, which will help private providers in training health personnel as SBA, whose services can then be utilized at government health facilities for delivering quality obstetric care services. The guidelines will also help the state and district programme officers in identification and accreditation of such health facilities.

The guidelines have been prepared by FOGSI in collaboration with GoI and WHO-India. It is hoped that these guidelines will be useful in accrediting private health facilities for conducting SBA training, which in turn will help in widening the skill-based services at primary and secondary level health facilities. It is expected that these facilities will maintain the quality in training which will enable our health workers in acquiring the desired skills for quality obstetric care services.

Objectives

These guidelines are developed with following objectives:

1. To develop a comprehensive, credible and transparent system of accreditation, for organizing SBA training in the private sector.
2. To accredit private maternity/nursing homes/hospitals including those run by the trusts, public sector undertaking, missionaries etc which will be recognized as centres providing high quality Skilled Birth Attendant (SBA) training to ANMs/LHVs/SNs.

Accreditation Process

The term “accreditation” reflects the systematic assessment of infrastructure (which includes manpower, equipment, etc.) required for conducting SBA training. In simple terms, we can say that accreditation refers to a voluntary process wherein the requirement of participating health facility is assessed against set standards.

Step 1: Establishing Committee for Accreditation i.e District Accreditation Committee (DAC):

- District Accreditation Committee to be established by the Chairperson of DHS at district level.
- Committee shall have following composition (including 1 woman member):
 - ◆ District CMO – Convenor.
 - ◆ 1 FOGSI member – Co-Convenor.
 - ◆ District RCH officer /District Programmes Manager (DPM) - Member Secretary.
 - ◆ Representatives from IMA/IAP/NNF.
- Any other Technical/Programme Officer from the District Health Office can also be nominated by District CMO.
- In case Chairperson decides to utilize already established District QAC, then he/she should ensure that private service providers especially members of professional organizations 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 RCH services will also be doing accreditation of PHFs for conducting SBA training.
- Nominated members from the professional organization will have a tenure of 3 years.
- DAC will meet quarterly in a year to discuss the accreditation progress other than the site assessment visits. 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 and 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. Ensure that the accreditation scheme gets necessary publicity, and to generate awareness among the PHFs and clients.
 2. 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 undertaking remedial measures.
 3. Facilitate formalization of MoU between the DHS and PHF.
 4. Committee will have the power to revoke the accreditation of the PHF in case of non-compliance/unethical practice etc.
 5. To provide budgetary estimates for the accreditation process, which have to be reflected in respective district PIPs.

Step 3: Publicizing the scheme:

- DAC will take necessary steps for adequate awareness generation of the scheme among the Private Health Facility.
- Information about the scheme can be communicated through mass media like newspaper, radio, TV, posters 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.

Step 4: Pre-accreditation procedure:

- PHFs who are interested in the scheme will obtain forms including the self-evaluation checklist (in accordance with Annexure 1).
- PHFs will submit duly filled 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 application from PHFs along with duly filled self evaluation checklist.
- Member Secretary/DPM scrutinizes the application, lists the eligibility of PHFs.
- Quarterly meetings will be called by CMO and during these meetings; plan for the site assessment is developed according to the number of applications. The date of site assessment is communicated to PHFs.

Whole process of accreditation including site assessment, certification and signing of MoU, release of funds has to be completed by the DAC within 3 months of submission of application and self-evaluation checklist by the PHFs.

Step 5: 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 the self-evaluation checklist submitted by the PHFs has to be verified. Authenticity especially in terms of manpower, service delivery protocols has to be judged.
- **Site assessment team submits its report to District CMO within 7 days of site assessment**, giving the details that whether the accreditation to the PHF for conducting SBA training can be granted or not.
- Adequate funds have to be kept by the DHS, to undertake the site assessment visits by the DAC members.

Eligibility criteria for the PHF to conduct SBA Training

The PHFs will be given approval for SBA training only if they fulfill the following:-

1. Adherence to the Site readiness checklist (**Annexure 1**).
2. At least 80–120 deliveries per month (Average 1200 deliveries /year) to train 2 candidates.
3. The PHF should follow the clinical and training protocols as envisaged in **Guidelines For Ante-Natal Care And Skilled Attendance At Birth By ANMs And LHV's** (available at www.mohfw.nic.in).
4. There should be at least 1 Gynecologist (MD/DGO) plus 3 GNM/ANM nurses with 2 years mid-wifery experience in the facility, **who are practicing SBA skills**.
5. Pediatric Specialist either full time/or on call, MO trained in ENBC/Resuscitation, who is ready to undertake ENBC sessions.
6. Trainers should be committed to training.
7. Willingness of the management and staff to convert it into a high quality training centre.
8. Infrastructure and practices, especially use of partograph, and availability of required drugs in the labour room of the training centre as mentioned in Annexure 1 is necessary.
9. **PHF will have to allow the trainee to conduct delivery after adequate practice and observation, as mentioned in recommended client practice.**
10. Referral linkages to a higher level.

Step 6: Certification and signing of MoU:

- As per the report of site assessment team PHF is **notified on the acceptance/rejection of its application by the District CMO within 10 days of submission of report for site assessment.**
- If the site assessment team recommends accreditation of PHF, Certificate of Accreditation (Annexure III) is issued.
- MoU (Annexure II) is then signed between the 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.*
- TOT for the trainers are organized at State/District level and State/District FOGSI members need to facilitate this TOT.

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 teams, visit. Such PHFs can strengthen the gaps and 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.*

Step 7: Release of funds, initiation of the training and posting of the trainees:

- **Selection of trainers:**
 - ◆ Trainers will be the following staffs of the PHF/Training centre who have received the orientation training:
 - ❖ Obs/Gyn doctors as Master Trainers.
 - ❖ Pediatrician as co-facilitators for sections pertaining to neonatal health.
 - ❖ MOs, Nursing Teachers/SNs of the PHFs/Training Institute.

Pre-requisite to be a trainer:

As it is a skill-based training following qualities are pre-requisite for the trainer:

- Should be able to spare time out of routine work, for teaching.
- Should be interested in teaching.
- Understand clinical-based training approach and also the components of SBA trainings.
- Should possess good communication skills.
- Should be practising the skills which are to be imparted to trainees.

Responsibilities of trainer:

The success of SBA training depends mainly on the trainer and the trainer has tremendous influence on the trainees. The trainer should be able to:

- Demonstrate effective counselling skills.
- Understand clinic-based training approach and also the components of SBA trainings.
- Adopt the protocols of SBA training and implement it at the health facility/training centre.
- Ensure that all required materials for training are available.
- Create a positive learning atmosphere.
- Use interactive training techniques, role plays and models.
- Assess the clinical skills of the trainee.

- **Training of trainers (TOT):**

- ◆ TOT for the trainers are organized at State/District level and State/District FOGSI members need to facilitate this TOT.
- ◆ Out of all the envisaged trainers in PHF, it is essential that at least Obs/Gyn, Paediatrician and 1-2 SNs of PHF must attend the State/District level TOT.
- ◆ Trainers will undergo 2-3 days orientation training by SIHFW/FOGSI-ICOG members at any site selected by the State/District. During the TOTs, trainers will be oriented on the operationalization of SBA training, training material, mode of certification etc. besides the designated curriculum.
- ◆ One set of teaching material comprising of Guidelines for the SBA training, Facilitators Guide, Handbook and guidelines for accreditation of PHFs for SBA training will be provided by SIHFW/District CMO to each trainer.
- ◆ If all the trainers from the PHF is not able to attend State/District level TOT, in that case it will be responsibility of the Ob/Gyn and trained personnel to orient and train other trainers in their PHF.
- ◆ Funds for conducting 2-3 days training (travel, stay, training material, DA etc.) of team of trainers (TOT) from PHFs at SIHFWs/Districts shall be provided to the concerned SIHFW/District from the RCH-Flexi Funds placed with State Health Society/SCOVA.

- **Posting of trainees:**

- ◆ CMO nominates the name of the trainees as per the district training calendar, for SBA training at PHF.
- ◆ Trainees have to join the training on the first day of posting.
- ◆ Training material will have to be provided by the training institute.

- **Duration of the training:**
 - ◆ For staff nurses: Two to three weeks.
 - ◆ For ANMs and LHVs: The total duration of the course will be for a minimum of three weeks which can be extended to six weeks.
 - ◆ However, it is suggested that the extension ideally should not be of more than 1 week. If the proficiency is still not achieved, the trainee can be called in the subsequent batches, after practising the skills either at the DH/CHC/FRUs or at her place of work. TA and DA as per RCH state norms can be provided. Extension for such cases can be undertaken on the advice of Master Trainer of PHF, who will inform the MS, with a copy of the communication to the CMO of the District, for necessary action including payment of TA/DA.

- **Release of funds:**
 - ◆ PHF will be given a grant of Rs 20,000/- at the time of signing of MoU to strengthen the training centre. On successful completion of the training, as per the satisfaction of the District Accreditation Committee in the first year, an additional grant of Rs 20,000/- will be released to the PHF in the second year. On renewal of accreditation certificate after 3 years, no additional grants other than the funds for conducting the training, will be released to PHF.
 - ◆ Following the release of one time grant. PHF will have to conduct training for at least 2 years. But if the PHF parts away with the training, they will have to return back the one time grant.
 - ◆ 75% of funds for the training are released to the PHF before the start of the training.
 - ◆ PHF submits SOE after completion of training and intimates the next date from when the training can be conducted.
 - ◆ CMO examines SOE and remaining 25% of the funds are released to the PHF along with deputation of trainees for the next batch and simultaneously 75% advance funds is released. UCs (utilization certificate) of funds will have to be given to the CMO for the funds released against every batch.
 - ◆ State/DHS can decide on the frequency of submission of the accounts/ SOE by the PHFs. It can be batch-wise/monthly/quarterly.

Validity of Certificate/Renewal of Certificate

- Certificate of accreditation once issued will be valid for a period of 3 years.
- After expiry of the certificate, PHFs will have to reapply for accreditation.
- To maintain the continuity of accreditation, during the interim period (3 months) facility will be deemed as accredited.
- No additional grant i.e. one time or any other except the grant for conducting the batches shall be given to the PHFs on subsequent accreditation of the facility which was already accredited.

In case of any delay/denial of accreditation certificate for any valid reason, the PHF can approach the State Mission Director, NRHM, for redressal.

Monetary/Non-monetary Benefits/Budgeting

Illustrated Budget per Batch for Training of Skilled Birth Attendant

Heads of Expenditure /Batch size	1	2	3	4
DA* (Rate x No. of Days x No. of Participants) (Rs.400 x 21 x no. of participants)	400 x 21 x 1 = Rs 8400	400 x 21 x 2 = Rs 16800	400 x 21 x 3 = Rs 25,200	400 x 21 x 4 = Rs 33,600
Honorarium (In House Faculty) (Rate x Days of training x no. of trainers) (Rs.200 x 21 x No of trainers)**	200 x 21 x 2= Rs 8400	200 x 21 x 4= Rs 16,800	200 x 21 x 4= Rs 16,800	200 x 21 x 4= Rs 16,800
Incidental Exp. like study material , course material, Photo copying, job aids, flip charts, LCD etc. (Rate x Days of training x no. of trainees) (Rs.250 x 21 x no.of trainees)	250 x 21 x 1 = Rs 5250	250 x 21 x 2 = Rs 10,500	250 x 21 x 3 = Rs 15750	250 x 21 x 4 = Rs 21000
Working Lunch, Tea & Snacks (Rate x Days of training x no. of trainees) (Rs.200 x 21 x no.of trainees)	200 x 21 x 1 = Rs 4200	200 x 21 x 2 = Rs 8400	200 x 21 x 3 = Rs 12600	200 x 21 x 4 = Rs 16800
Sub Total	Rs 26250/-	Rs 52500/-	Rs 70350/-	Rs 88200/-
IOH @15% of Sub Total	Rs. 3938/-	Rs. 7875/-	Rs 10553/-	Rs. 13230/-
Total	Rs 30188/-	Rs 60375/-	Rs 80903/-	Rs 101430/-
Venue Hiring Charges	Rs 8000 to 10,000			
TA	As per State Rules			

Note: *The trainees DA include their accommodation

- PHF will be given a grant of Rs 20,000/- at the time of signing of MoU to strengthen the training centre. On successful completion of the training, (as per the satisfaction of the District Accreditation Committee) in the first year, an additional grants of Rs 20,000/- will be released to the PHF in the second year. On renewal of accreditation certificate after 3 years, no additional grants other than the funds for conducting the training will be released to PHF.
- This grant shall be released by the State Health Society/SCOVA to the District health societies, which in turn will place the funds at the disposal of the accredited PHFs for conducting training of ANMs/ LHV/SN. Following the release of monetary grant, PHF will have to conduct training for at least 2 years. But if the PHF parts away with the training, they will have to return back the grant.
- ** Honorarium to the trainers:
- Rs. 200/day for 4 persons x actual duration of the training.
- Suggested Honorarium Plan for the trainers:
 - 1 Obs/Gyn (Master Trainer).
 - 2 Nursing Personnel In charge Labour Room/On duty Supervisor at LR./Nursing tutor
 - 1 Co-trainer can be Pediatrician, Program manager or any other person taking the particular session as per the direction of Master Trainer.
 - In case of single trainee, honorarium for the trainers will be for 2 trainers/day.
- Funds for conducting 2-3 days training of trainers (travel, stay, training material, DA) of PHF team of trainers (TOT) at SIHFWs/ Districts and also for monitoring of training programmes in Districts shall be provided to the concerned SIHFW from the RCH – Flexi Funds placed with the State Health Society/SCOVA. The norms of RCH training shall be followed for this.
- In case of extension of the training duration for some trainees, the Honorarium (for the trainee only) along with expenditure on lunch/tea for the added days can be calculated accordingly. Ideally extension should not be more than of one week.
- The entire cost of SBA training shall be met out of the RCH-flexible pool placed at the disposal of states and this should also be reflected in the states PIP.
- The names and other details of the accredited PHFs conducting SBA training will be publicized in ICOG/ FOGSI/GoI journals and websites.
- District CMO will release 75% of the budget to the PHF for the training (depending on the number of trainees) before the start of the training and rest 25% will be released after the PHF submits Statement of Expenditure/Utilization Certificate.
- Ensuring timely release of funds to the private health facility for conduct of training programmes and training site maintenance.
- DPMU to maintain logistics of the training and ensure that TA/DA of the participants is distributed in time.

Monitoring and Evaluation

1. **Monitoring for accreditation:**

- a. There will be 5% random checking of the accredited PHFs by DAC or representative to ensure adherence to the site readiness checklists. (TA/DA required for the same to be paid from the respective state – RCH funds).
- b. If at any time, it is found out that PHF is not adhering to the norms laid down when certificate of accreditation for the training was issued or is found to compromise on the quality of the training imparted or is found to compromise on residential and food facility being provided to the trainee, then its certification will be cancelled with an immediate effect. In these cases action can be taken as per the decision of DAC.
- c. Skill practices under supervision and independently must be permitted and ensured by the PHFs and during monitoring, this must be observed by the monitoring team.

2. **Monitoring for SBA training:**

The following modes of monitoring will ensure the quality of training.

- a. Visit by a team consisting of District Level CMO or representative (e.g. DPM) for every batch of SBA training.
- b. Any National/State health official visiting district for routine monitoring and supervision may also visit the PHFs.
- c. National Monitoring Tools will be used by the monitoring teams/officials.
- d. DPMU will be regularly monitoring the personnel trained as Skilled Birth Attendants at their centres and will be providing the feedback to CMO, who then will take actions and provide necessary assistance.

Annexure I

CHECKLIST FOR TRAINING SITE READINESS

(For use by District Accreditation Committee for Certification of Training Institute)

(For use by Private Health Facility for upgradation of Training Institute)

Name of training site _____

District and State _____

Date of assessment _____

Name and designation of assessors _____

SN	Item	Observation Yes/No/Number	Remarks
A	No. of deliveries taking place at the institute:		
B.	(1) Obs-Gyn specialist (MD/DGO)		
	(2) Paediatrician/or MO Trained in ENBC/New Born Resuscitation		
C.	* The training site practising SBA skills as per GoI Guidelines (monitoring labour using partograph, active management of III stage of labour, providing deep IM Magsulph, etc.		
D.	Place and furniture (especially in the labour room)		
1.	* Privacy maintained		
2.	* Electricity supply with back-up facility (generator with POL)		
3.	* Attached toilet facilities		
4.	* Delivery table with mattress and macintosh and Kelly's pad		
5.	* Area marked for newborn care and newborn resuscitation		
6.	Table & chair in the side room attached to labour room		
E.	* Infection prevention equipment		
	Bucket (10 litres) with tap or running water		
	Plain plastic tub 12" at base for 0.5% chlorine solution		
	Autoclave/boiler		
	Stove in working condition		
	Plastic mug 1 litre		
	Surgical gloves No. 7		
	Utility gloves (thick rubber)		
	Colour-coded bins for waste collection		
	Proper disposal facilities for waste		
	Plastic aprons, shoes, caps, masks, goggles		
F.	* Emergency drug tray		
1.	Injection Oxytocin		
2.	Injection Diazepam		

SN	Item	Observation Yes/No/Number	Remarks
3.	Tablet Nifedipine		
4.	Injection Magnesium sulphate		
5.	Injection Lignocaine hydrochloride		
6.	Tablet Misoprostol		
7.	Sterilized cotton and gauze		
8.	At least 2 pairs of gloves		
9.	Sterile syringes and needles (different sizes)		
10.	Sterile I/V sets at least 2		
11.	IV fluids		
G.	Equipment, supplies and other drugs		
1.	* Delivery kits including those for normal deliveries and assisted deliveries (forceps and Ventouse extraction) at least two each		
2.	* Cheatle forceps in a dry bottle		
3.	* Foetal stethoscope		
4.	* Baby weighing scale		
5.	* Radiant warmer		
6.	Table lamp with 200 watt bulb		
7.	Phototherapy unit		
8.	* Self-inflating bag and mask (neonatal size)		
9.	Oxygen hood (neonatal)		
10.	Laryngoscope and endotracheal tubes		
11.	* Mucus extractor with suction tube and foot operated suction machine		
12.	Feeding tubes		
13.	* Blankets		
14.	* Clean towels		
15.	Baby feeding cup		
16.	* BP apparatus and stethoscope		
17.	* Sterile/clean pads		
18.	* Bleaching powder		
19.	* Povidine solution		
20.	* Spirit		
21.	* Micropore tape		
22.	*Antenatal card		
23.	*Partograph		
24.	*Inj.Gentamycin		
25.	*Inj.Ampicillin		
26.	*Oral Metrogyl		
27.	Paediatric Ambu Bag		
28.	Needle Hub Cutter		

Note: Items marked with an asterix (*) are critical for the training of ANMs, LHVs and SNs and should be present at the training site prior to initiation of training. All the items mentioned in the list are critical for the functioning of the District Women's Hospital and should be present at the training site after the orientation of district level trainers.

Annexure II

MEMORANDUM OF UNDERSTANDING

DRAFT (States can modify if required)

MoU between Private Health Facility and District Health Society

This MoU is made on the _____ day _____ 09 between the District Health Society which in turn shall include its successors, assigned and authorized persons of the first part and Dr. _____, Medical Director/Incharge of _____ (Private Health Facility), hereinafter called the implementing agency which shall include its successor, assigns and authorized persons of the second part.

Whereas the District Health Society is working with _____ (Private Health Facility) for Skilled Birth Attendant (SBA) training of ANMs/LHVs/SNs of CHCs/PHCs/SCs.

The Skilled Birth Attendant (SBA) training programme addresses the evidence-based best practices for the provision of Skilled Attendance during pregnancy and at birth by ANMs/LHVs and Staff Nurses.

The expected outcomes/outputs are:

1. Improvement in the knowledge and skills of the health workers which will enable them to provide the mandatory minimum standard for a skilled birth attendant at all levels of health care.
2. Improving the availability and accessibility of skilled attendance at birth and management of emergency obstetric and newborn complications at all levels.
3. Reducing the maternal morbidity and mortality by improving the quality of services during pregnancy and child birth.

NOW THEREFORE, THIS AGREEMENT WITNESSETH AS UNDER

That the parties to this agreement have discussed, mutually agreed and accepted the project on the following:

1. The agreement will be in force from _____ to _____
2. PHF will be given a grant of Rs. 20,000/- at the time of signing of MoU to strengthen the training centre. On successful completion of the training, as per the satisfaction of the District Accreditation Committee in the first year, an additional grant of Rs. 20,000/- will be released to the PHF in the second year. On renewal of accreditation certificate after 3 years, no additional grants other than the funds for conducting the training, will be released to PHF.
3. This grant shall be released by the State Health Society/SCOVA to the District health societies, which in turn will place the funds at the disposal of the accredited PHFs for conducting training of ANMs.
4. Following the release of monetary grant, PHF will have to conduct training for at least 2 years. But if the PHF parts away with the training, they will have to return back the grant.
5. The grants (as per GOI norms) for training the ANHs/LHVs/SNs will be released to the private health facility for conducting SBA training at the private health facility at the time of deputing the batch.
 - ❖ 75% of funds will be released to the PHF before the start of the training and remaining 25% will be released after PHF submits SOE.
 - ❖ CMO examines SOE and remaining 25% of the funds are released to the PHF alongwith deputation of trainees for the next batch and simultaneously release of 75% advance for the next deputed batch.

- State/DHS can decide on the frequency of submission of the accounts/SOE/UCs by the PHFs. It can be batch-wise/ monthly/quarterly.

Contribution of the Private Health Facility

FUND RELEASES AND FINANCIAL REPORTS

1. The expenditure may be incurred only on approved items of activities.
2. Funds are to be utilized as per approved budget and no transfer of funds from one head of activity to another head of activity is allowed.
3. All expenditure under this sanction should be incurred with reference to the guidelines prescribed by the Government of India/State Government and as per the financial and administrative rules and regulations of the Government.
4. Timely submission of the accounts/SOE/UCs by the PHFs. It can be batch-wise/monthly/quarterly as per the decision of state/DHS.
5. If the training is not conducted by the Accredited Health Facility within one year from the date of awarding accreditation certificate (subject to the posting of trainees by CMO), then the money will be returned to granting authority with 18% interest.

ACCESS FOR AUDIT

The books of accounts and relevant records and minutes of meetings and other documents pertaining to the project should be made available at all times to the Chief Medical Officer/District Health Society and at the time of Audit of Accounts by the Auditors.

STOCK REGISTERS

The Private Health Facility must maintain accurate records pertaining to fixed assets and stocks of store items and keep purchase-orders or requests and make such records available to the Chief Medical Officer/District Health Society.

ACCESS FOR SUPERVISORY AND MONITORING VISITS

Health officials from District, State and National level officials would have a right to visit the PHF to ensure Site Readiness for Accreditation and Quality of training.

QUARTERLY PROGRESS REPORT

1. Physical Progress Report should be sent to the Chief Medical Officer, District Health Society/District Project Management Unit (DPMU) every month.
2. The expenditure statement should be sent to the Chief Medical Officer, District Health Society and DPMU every Quarter or as decided by the state/DHS.
3. The Private Health Society should submit Utilization Certificate annually to the Chief MO, District Health Society and DPMU.
4. The report should highlight the quantitative and qualitative performance.

TASKS

1. Theory and Practical training of health workers assigned to the health facility by the CMO of the respective district.
2. Maintenance and submission of all records and reports associated with the training programme.
3. The unspent amount if any at the end of the project or termination of the contract must be returned to the Chief Medical Officer, or the granting institution/District Health Society within 15 days by way of Demand Draft
4. Following the release of one-time grant PHF will have to conduct training for at least 2 years. But if the PHF parts away with the training, they will have to return back the one-time grant.

Contribution 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 which will help implementation of activities for SBA training in their State and ensure coordination among all concerned partners.
2. The District Health Society will ensure the timely release of funds to the accredited PHF for SBA training.
3. Within 30 days of certification of Private Health Facility funds will be released and trainees deputed by the DHS to the PHF.
4. The DHS will ensure timely release of funds to the accredited PHF. 75% of the amount to be given before start of training and 25% within 30 days of submission of accounts by the PHF to the DPMU.
5. The CMO of the DHS will have a right to visit the accredited PHF to ensure quality of training.
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, reduction or cancellation thereof. The DHS commits to issue sufficient alert to the state government before contemplating any such action.

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 Principal Secretary, Health and Family Welfare Department/M.D., NRHM_____ (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
District Health Officer
For and on behalf of First Party

Incharge/Medical Officer
(Name and Address of Private Health Facility)
For and Behalf of Second Party

Annexure III

ACCREDITATION CERTIFICATE

District Health Society (DHS)

awards

Provisional/Final Accreditation Certificate to

(Name of PHF) for imparting SBA training.

Date of award of Final Accreditation :

Expiry date of this Certificate of Accreditation:

The Accreditation shall remain in force until further notice subject to continuing compliance with SBA Site Readiness Checklist and any further requirements specified by the District Accreditation Committee (DAC).

Convenor, DAC

Co-Convenor, DAC

Member-Secretary

Issued on _____ (Date)

Annexure IV

SBA TRAINING COMPLETION CERTIFICATE

(SAMPLE)

Department of Health, Government of _____ (State)

SKILLED BIRTH ATTENDANT (SBA) TRAINING COMPLETION CERTIFICATE

*This certificate authenticates that _____ has
successfully completed the 3 weeks – SBA competency based Training Course
during the period _____
conducted by _____*

District CMO

Master Trainer of PHF

I/C PHF



Maternal Health Division
Ministry of Health & Family Welfare
Government of India
August 2009