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### ANNEX E: EXAMPLE: RAJASTHAN STATE GUIDELINES FOR ACCREDITING PRIVATE FACILITIES UNDER ISY

<http://www.healthsystems2020.org/content/resource/detail/2609/>

## Annex E. Example: Rajasthan State Guidelines for Accrediting Private Facilities under JSY

Under Janani Suraksha Yojana there is a provision of facility to avail services of private hospitals/institutions through accreditation

1. Up to two willing private hospitals/institutions per block are to be accredited at Tehsil or block level.
2. Willing private hospitals/institutions should have casualty services round the clock with availability of:
  - a. An obstetrician & surgeon
  - b. Pediatrician & anesthetist (To be accessible either as full time employees or available on-call)
  - c. Separate outdoor facility for examination of the patient (including PV examination), casualty room, labor room, operation theater, and at least a 4 bedded ward.
  - d. Life-saving drugs, IV fluids & blood transfusion facility.
  - e. Patient transport system within the hospitals/institutions.
  - f. Power backup in case of electricity failure.
  - g. Telephone connection with interconnectivity in OPD, casualty, labor room, operation theater, ward and laboratory.
  - h. Laboratory services for routine investigations.
3. Private hospitals/institutions willing for accreditation should have the following:
  - a. Emergency obstetric procedures
    - Vacuum extraction
    - D&C
    - Forceps delivery
    - LSCS
    - Emergency hysterectomy
    - Laprotomy
  - b. Emergency newborn care
    - Every delivery is to be attended by staff nurse trained in newborn resuscitation and pediatrician to be available on call round the clock for emergency interventions.
  - c. Laboratory services
    - Hospital/institutions should have 24 hours laboratory investigations including:
      - Blood grouping, typing, cross matching,
      - All routine investigations such as HB, BT, CT, urine for Alb/sugar and blood sugar.
4. Accredited private hospital/institution will also be responsible for any postnatal complications arising out of the cases handled by them.
5. They should not deny their services to any referred targeted expectant mother.

6. Every month, accredited hospital/institution would prepare a statement of JSY – delivery/ANC/obstetrics complication handled by them and send report to concerned block PHC along with JSY Jachha Bachha Raksha card.
7. Pregnant women choosing to deliver in an accredited private hospital/institution will have to produce the JSY Jachha Bachha Raksha card.
8. It should be made clear to the beneficiary that Government is not responsible for the cost of her delivery. She has to bear the cost while choosing to go to an accredited private hospital/institution for delivery. She will only get her entitled cash of Rs. 1400/- belonging to rural area and Rs. 1000/- belonging to urban area.
9. While mother will receive her entitled cash, the scheme does not provide for ASHA package for such pregnant women choosing to deliver at an accredited hospital/institution
10. Cash assistance to the beneficiary should be distributed at hospital/institution itself.
11. Disbursement of cash to the mother should be done through ANM/MO– PHC/Block PHC/CHC of the concerned area. CM&HO of the concerned area will be overall responsible for payments to the beneficiary.
12. Cash assistance to beneficiary for referral transport in accredited hospital/institution Rs. 300/- per delivery.
13. Disbursement of money to expectant mother going to her place of delivery should be done at the place of delivery. The entitlement of cash should be determined by her JSY Jachha Bachha Raksha card and her usual place of residence.
14. The accredited institution also needs to agree to charge up to a maximum amount of Rs. 1500/- per case from the patient irrespective of the nature of the delivery.
15. Institutions desirous of getting accreditation from the Government for running JSY will need to enter into MOU with the CM&HO which will lay down the above conditions.
16. The best performing institutions will be provided cash incentive on the basis of measurable performance indicators decided by the department.

## **Annex F. Example of a Memorandum of Understanding for a Private Accredited Facility in Rajasthan**

A MOU made this day, the \_\_\_\_\_ between Private Accredited Hospital/Institution  
\_\_\_\_\_ address \_\_\_\_\_ (the first party) and  
\_\_\_\_\_ designation of hiring authority representing District Health Society,  
constituted by Government of Rajasthan, the Second Party.

Whereas the first party has agreed to provide delivery services to public at their institution under Janani Suraksha Yojana of National Rural Health Mission, a Program of India on the terms and conditions herein after contained.

NOW THESE PRESENT WITNESS AND BOTH THE PARTNERS HERE TO RESPECTIVELY AGREE AS FOLLOWS

- I. The first party should have casualty services round the clock with availability of:
  - a. An obstetrician & surgeon
  - b. Pediatrician & anesthetist (To be accessible either as full-time employees or available on-call)
  - c. Separate outdoor facility for examination of the patient (including PV examination), casualty room, labor room, operation theater, at least 4 bedded ward & sufficient trained staff.
  - d. Life-saving drugs, IV fluids & blood transfusion facility.
  - e. Patient transport system within the hospitals/institutions.
  - f. Power backup in case of electricity failure.
  - g. Telephone connection with interconnectivity in OPD, casualty, labor room, operation theater, ward and laboratory.
  - h. Laboratory services for routine investigations.
  - i. Emergency obstetric procedures
    - i. Vacuum extraction
    - ii. D&C
    - iii. Forceps delivery
    - iv. LSCS
    - v. Emergency hysterectomy
    - vi. Laparoscopy
  - j. Emergency newborn care - every delivery is to be attended by staff nurse trained in newborn resuscitation and pediatrician to be available on call round the clock for emergency interventions.
  - k. Laboratory services
    - i. Hospital/institutions should have 24 hours laboratory investigations. Investigations facility including blood grouping, typing, cross matching
    - ii. All routine investigations such as HB, BT, CT, urine for Alb/sugar and blood sugar
2. First party will also be responsible for any postnatal complications arising out of the cases handled by them.

3. First party should not deny their services to any referred targeted expectant mother.
4. The first party is being accredited on the basis of availability of aforesaid facilities mentioned in point no. 1-3; if these services are found unavailable the MOU will be terminated by the second party.
5. Every month, first party would prepare a statement of JSY – deliver/ANC/obstetrics complication handled by them and send report to concerned Block Medical Officer District Office. The first party will maintain JSY delivery register and other records as required by the second party.
6. Cash assistance to the beneficiary should be distributed at hospital/institution itself as per guidelines issued by the second party from time to time.
7. Disbursement of case to the mother should be done through block, CMO of the concerned area. Block Chief Medical Officer will be overall responsible for payments to the beneficiary.
8. Disbursement of money to expectant mother going to her place of delivery should be done at the place of delivery. The entitlement of cash should be determined by her JSY Jachha Bachha Raksha card & her usual place of residence.
9. First party agrees to charge up to Rs. 500/- for normal delivery and Rs 1500/- other than normal delivery per case from patient and it will be displayed in front of its reception.
10. The institution agrees to display an information board detailing the services provided to the beneficiaries under JSY and will ensure that the beneficiaries will have to stay up to 24 hours after delivery.
11. The MOU is valid from the one year from the date of signing of MOU i.e. from \_\_\_\_\_ or the JSY scheme period whichever is earlier.
12. The second party may extent the MOU after completion of one year, based on evaluation of performance of the institution during the MOU period.

The first party will abide by spirit and letter of this MOU. In case there is breach of any terms and conditions of the MOU, the second party may at its discretion terminate the accreditation status of the first party without asserting any reason whatsoever.

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*For more information about Health Systems 20/20 please contact:  
Health Systems 20/20  
Abt Associates Inc.  
4550 Montgomery Lane, Suite 800 North | Bethesda, MD 20814 USA  
E-mail: [info@healthsystems2020.org](mailto:info@healthsystems2020.org) | [www.healthsystems2020.org](http://www.healthsystems2020.org)*

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