'AYUSHMATI'
SCHEME

HEALTH AND FAMILY WELFARE DEPARTMENT
Government of West Bengal

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(2005-2012)

CONTENTS

ABBREVIATIONS:

ANC	**Ante-Natal Care**
ANM	**Auxiliary nurse midwife**
BPL	**Below poverty line**
BHFWS	**Block Health & Family Welfare Samiti**
CHC	**Community Health Centre**
CMOH	**Chief Medical officer of Health**
DoHFW	**Department of Health and Family Welfare**
DH&FWS	**District Health and Family Welfare Samity**
DH	**District Hospital**
GoWB	**Government of west Bengal**
JSY	**Janani suraksha Yojana**
LB	**Live Birth**
MMR	**Maternal mortality Rate**
NFHS-3	**National Family Health survey-2005-2006.**
NRHM	**National Rural Health Mission**
PPP	**Public Private Partnership**
PHC	**Primary Health Centre**
RH	**Rural Hospital**
RCH	**Reproductive and Child health**
SC	**Sub-Centre**
SDH	**Sub-divisional Hospital**
SGH	**State General hospitals**
SOP	**Standard Operative procedure**
SC	**Scheduled caste**
ST	**Scheduled Tribe**
SRS	**Sample Registration Survey**
RMO	**Residential Medical Officers**
TT	**Tetanus toxoid**

1. BACKGROUND

Maternal mortality, is one of the major health challenges in our developing economy. The scenario remains very grim for our mothers, with pregnancy related complications claiming the lives of an estimated 0.5 million women worldwide every year, and 1 woman every minute. Besides, maternal death increases child's risk of death 3-10 times within the first two years of his/her life. Aiming to alleviate the maternal health globally, reduction of maternal mortality by three quarters between 1990 and 2015 is one of the important Millennium Development Goals (MDG 5, target 6).

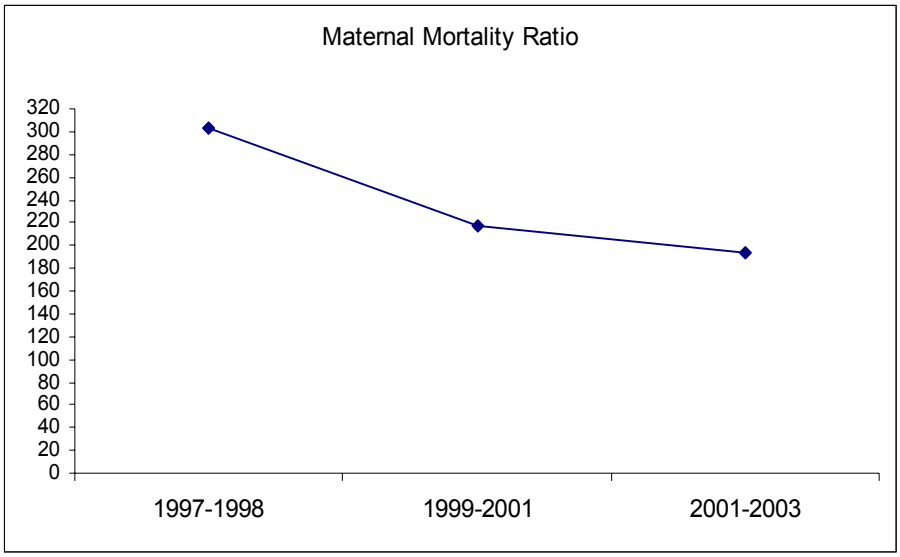
WHO 2001 estimate suggest that of the 199,000 maternal deaths in South–East Asia, nearly 74%, that is 140,000 maternal deaths would be accounted for by India. India, a signatory to Millennium Development Goals (MDGs), is having a maternal mortality ratio (MMR) of 301/100,000LB[1]. Though, a substantial decline of nearly 24% has been recorded in maternal mortality, the pace of decline is insufficient to achieve the major developmental goals for maternal deaths, with average rate of MMR decline during the period 1997-2003 being 16 points/year. Under the prevailing conditions and the presumption of decline being log linear, the MMR would be around 231 by 2012.

Within the overall frame work of Millennium Development Goals and the national policy prescriptions, West Bengal, contributing 4.7% to total maternal deaths, has set Reduction of MMR as one of its priority health objectives. Despite being an average state in terms of economic development, West Bengal returns a better maternal health figures, with MMR declining from 266/100,000 LB to 194/100,000 LB over the past few years (fig.1), with pregnant women in this state having a lifetime risk of 0.5% compared to 1% at National level. But these figures do not emerge favourably when in comparison with states like Kerala (110), Maharashtra (149) or Tamilnadu (134)[2].

1

2

Figure 1. **Trend of Maternal Mortality Ratio in West Bengal**



Although the estimated maternal death in our state is 4624, only 1808 (39%) of them were reported in the year 2005-2006, reflecting the under-reporting to a great extent. Against this backdrop the Department of Health and Family Welfare, Government of West Bengal in its mission to improve the health status of all the people of West Bengal especially the poorest and those in need, has embarked on several health sector reforms for reducing maternal and child mortality and the burden of communicable, non-communicable diseases, etc. The Health Sector Strategy (HSS) 2004-2013 has been formulated to address these priority health goals, ensuring quality care and improved access.

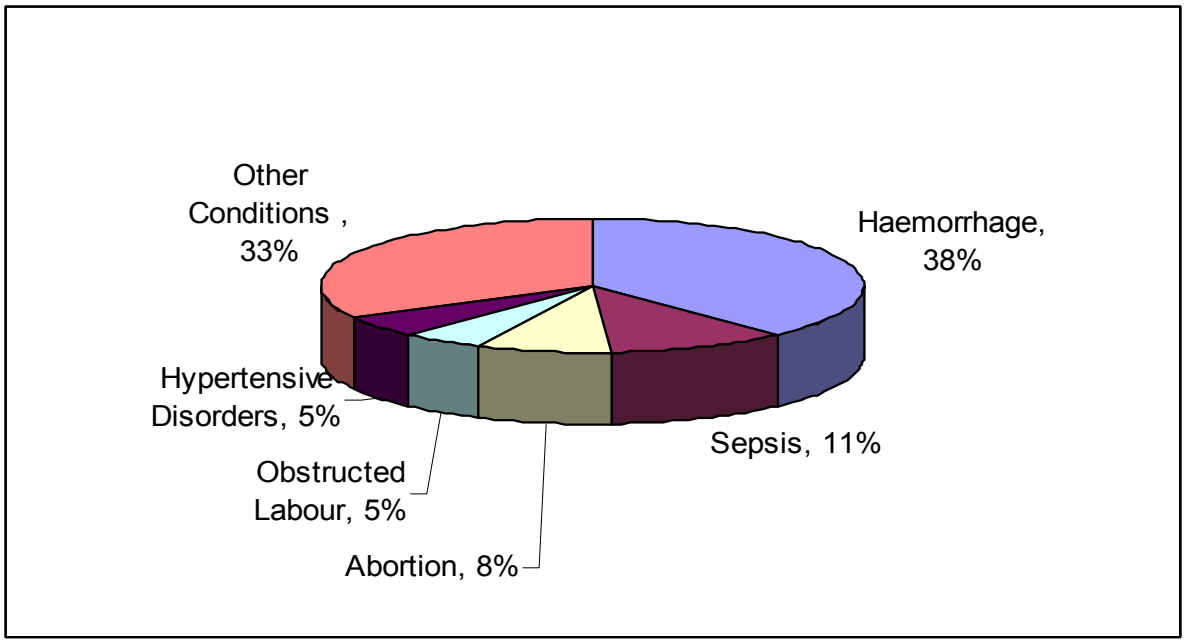
1.2 MATERNAL HEALTH DETERMINANTS

Estimates of causes of maternal death as revealed in 2001-03 special survey of deaths, hemorrhage (38%), followed by sepsis (11%), and abortion (8%) are the major causes.[3]

3

Figure 2.

Causes of Maternal Death in India



Unfortunately most of these maternal deaths are preventable, if women have available and accessible quality Emergency Obstetric Care (EmOC) in time. The key factors in saving maternal lives are skilled attendant at delivery, access to Emergency Obstetric Care and the existence of an effective referral system. Most of the potentially fatal obstetric complications require the skilled attendant to have the backup of a functioning health care system which is well equipped and having trained Obstetrics and Gynaecology expert. Several studies have revealed improved access to comprehensive essential obstetric care can avert 40% of the maternal deaths.[4] In view of this appropriate utilization is also necessary. The "Three-Delays Model" analyzing the barriers to utilization finds the reasons to be as follows:

- delay in deciding to seek care;
- delay in reaching care; &
- delay in getting treatment at the facility.

[4] Wagstaff and Claeson, 2003.

Much of these delays are attributed to the poor socio-economic conditions to the families of the pregnant mothers, for whom, the cost constraint acts as a major barrier for availing Institutional Health Services. While those who belong to 20% wealthiest segment of the population have institutional deliveries 86.3% of cases, only 21.5% of cases belonging to lowest wealth quintile do so.[5]

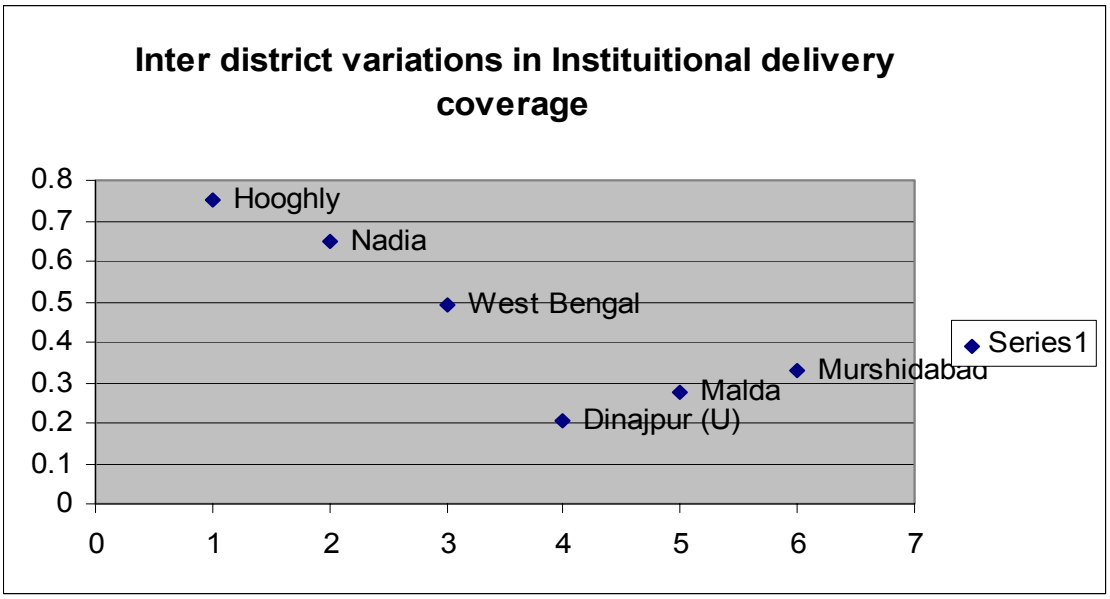
A recently conducted pilot on community based maternal death investigations through confidential enquiry gave critical insights regarding the determinants of maternal deaths in the state. About 60% of the deaths occurred postpartum, with 55% of the women, who died having married below 18 years. 2/3rd of the maternal deaths were found to be because of direct obstetric causes, only preventable in an institutional set up. Formal health care seeking as first action was delayed in family level in 46.6% of the maternal deaths. The delay in reaching the health facility was again due to lack of financial resources.[6]

1.3 MATERNAL HEALTH SERVICE COVERAGE

In West Bengal 49.27% of the deliveries take place in health institutions, whereas 28% of all births in India occurs in institutions as on 2003. In rural West Bengal, 890/1000 women (women aged 15 to 49 years, who were pregnant anytime during last 365 days) had availed antenatal services and 661/1000 women had utilized postnatal care services according to latest SRS data. But there exists wide inter-district variations with worst performing districts like Uttar Dinajpur, Malda and Murshidabad recording 20.6%, 27.4% and 33.2% institutional deliveries respectively. In contrast, better performing districts like Hooghly and Nadia the proportion of institutional deliveries are 75.2% and 65.1% respectively.[7]

[5] NFHS-II (1998-99)
[6] Interim Report –Maternal Death Investigation in Purulia District, West Bengal, supported by UNICEF, 2006.
[7] RCH District Level Household Survey, 2003-04.

Figure 3.



Though there is an extensive network of public health facilities in West Bengal comprising of 10,356 Sub-Centres, 922 Primary Health Centres, 341 Block Primary Health Centres / Rural Hospitals, 44 Sub-Divisional Hospitals, 36 State General Hospitals and 15 District Hospitals, only 45 of them are FRUs providing Comprehensive Obstetric Care. At present, none of the BPHCs and Rural Hospitals provide these services due to dearth of Specialists Doctors. The entire load of Comprehensive Obstetric Care involving surgical interventions is borne by Sub-District / District Hospitals, most of which are operating at more than 100% bed capacity.[8]

In West Bengal the presence of private sector health care providers is also fairly high with considerable number of private Nursing Homes, Gynaecologists, Paediatricians, present not just in the District Head Quarters but also in the other district towns.

[8] Census 2001 & Bureau of applied Economics and Statistics and Directorate of Panchayat, Government of West Bengal.

Table-1.1Status of Institutional delivery at the public and private facilities in the chosen districts

		% Institutional Delivery (RCH Survey 2003)		
S/N	**District**	**Government**	**Private**	**Total**
1	Uttar Dinajpur	15.8	4.8	20.6
2	Malda	20.9	6.6	27.4
3	Murshidabad	29.8	3.4	33.2
4	Coochbehar	27.7	9.1	36.9
5	Paschim Medinipur*	29.2	14.4	43.7
6	Dakshin Dinajpur	40.1	4.8	44.9
7	Birbhum	40.1	8.0	48.1
8	Purulia	40.7	8.2	48.9
9	Bankura	52.9	9.5	62.3
10	Nadia	58.1	7.0	65.1

*Showing data of undivided Medinipur**.**

1.4. STRATEGIES TO REDUCE MATERNAL MORTALITY:

It remains a discerning fact that though we, know how many women are dying, what they are dying of, which interventions can prevent most maternal deaths, a lot needs to be done. Expansion and strengthening of facilities for institutional deliveries and EmOC has been given the highest priority in most of the health policies and programmes. Operationalising Emergency Obstetric and Child Care Services in the FRUs ensuring access to Blood-banks, training MBBS Medical Officers in Anaesthetic Skills for EmOC with special focus to BPL families has been few of the initiatives undertaken to intervene maternal death. Schemes like Janani Surskshya Yojana has been launched to improve institutional deliveries among BPL and SC/ST families and thereby reduce maternal and infant mortality.

The present Ayushmati Scheme is being introduced to engage private sector in providing quality essential and emergency obstetric care to pregnant

women belonging to BPL and SC/ST families. The cost would be reimbursed by the Government. This intends to generate demand and improve access to services while providing choice.

2. SALIENT FEATURES OF THE PROPOSED SCHEME

2.1. Public Private Partnership

West Bengal happens to be a state, where the load on public sector inpatient care is very high, bearing 786/1000 hospitalized cases in rural area and 654/ 1000 hospitalized cases in urban areas. There is virtual absence of private sector in rural areas , putting heavy pressure on public systems ,whereas the public facilities in Kerala at 35.6%; Tamil Nadu – 40.8%; Maharashtra – 28.7%; Punjab – 29.4% of total inpatient care are functioning in a less pressing condition.

This indicates that the public health facilities are functioning above the critical level of bed occupancy, which affects quality of services offered.

Despite that, a significant proportion of the resources spent by the people on health care ends up in the un-organised private sector, which again is mostly out-of-pocket, often leading to debt and even impoverishment.

In view of that, Public Private Partnership , has distinct advantages regarding improving access, quality of services offered, and widening the number of service providers as well.

This scheme recognizing the potentiality of private sector as other service provider, proposes to empanel private facilities in West Bengal. In this approach, standards would be clearly defined and graded, compliance would be assessed by intermittent external review and awarded for a time-limited period. It would make use of network of private health facilities and also provide scope for quality improvement in private sector and ensure high quality care at affordable prices

The scheme aims to provide 'Choice' to the pregnant women in terms of the service provider by empanelling Private Hospitals / Nursing Home / facilities run by NGO / CBO for providing delivery service, normal as well as complicated,

including Caesarian section. The Comprehensive Emergency Obstetric Care will be provided by the empanelled Private health facility.

Under the scheme , beneficiaries will not make any payment for the service availed and only BPL/JSY/MCH/ cards /SC/ST /GP certificates regarding BPL or SC/ST status will be used for the purpose.

The DoHFW, GoWB would enter into a Service Agreement with the empanelled private facilities to provide service regarding Institutional delivery , inclusive of both Normal and complicated deliveries of BPL and all SC/ST mothers.

The empanelled facility will be reimbursed on capitation payment basis according to which they get fixed rate for the deliveries and package of diagnostic services conducted by them. The payments are to be made for a batch of 100 deliveries .This system has a definite potential to reach out to the vulnerable groups in order to improve the status. This could function well into converting the need to demand and ensuring the poorest and vulnerable section of the community gets the maximum benefit from public funded health system.

3. GOAL STATEMENT

The goal of this scheme is to reduce the incidence of maternal mortality and morbidity.

4. OBJECTIVES

- To increase the number of institutional deliveries by partnering with private sector facilities empanelled against certain pre-determined criteria.

- To ensure quality of service delivery in the empanelled private sector facilities by stringent monitoring and supervision.

5. NATURE OF PARTNERSHIP

a. The nature of partnership will be governed by a contractual agreement between the District Health & Family Welfare Samity and the private partner. The CMOH on behalf of the District Health & Family Welfare Samity and the Proprietor/ Chief Executive Officer / Managing Director on behalf of the Private Partner shall enter into an agreement.

b. The agreement shall remain valid for one year and is subject to renewal on satisfactory compliance of the agreement by both sides.

c. The private partner shall provide proper infrastructure including manpower, space and equipment for the delivery.

d. The DH&FWS will reimburse the cost of deliveries at a fixed rate prescribed by the Department of Health and Family welfare, Government of West Bengal.

6. GEOGRAPHICAL COVERAGE

Initially the scheme is proposed to be launched in the following 11 districts of West Bengal, in the first phase starting from 1st January, 2007.

;

District	Total Estimated Deliveries at district level	Estimated deliveries annually at District Hospitals / Medical Colleges
1.Uttar Dinajpur	11143	3800
2.Malda	18703	7448
3.Murshidabad	47836	15228
4. Bankura	32737	15042
5. Nadia	46089	12139
6. Purulia	20210	6288
7.Paschim Medinipur	23618	8658
8. Coochbehar	19899	4467
9. Birbhum	31539	7236
10. Jalpaiguri	6510	18295
11. Dakshin Dinajpur	6046	5196
Total	264330	103797

Source: Health on March 2004-'05.

7. PROPOSED ACTIVITIES UNDER THE SCHEME

a. Preparation of a Detailed Standard Operating Procedure for the implementation of the scheme to ensure standardization of processes (clinical and non clinical) .

b. Setting up of Quality Check team and developing standards and mechanism for quality control.

c. Orientation / Training workshops for District Health Officials.

d. The Chief Medical Officer of Health to assume greater responsibility in implementing this scheme and also facilitating the involvement of private practicing obstetricians and others.

e. Empanelment of private health facilities, subject to fulfilment of quality requirement **(Annexure-I)** set. Empanelment would carried out by District team comprising of :

   a. Dy. CMOH III - Chairman
   b. One Senior Gynaecologist
   c. One Senior Anaesthetist
   d. One Senior Paediatrician
   e. One Superintendent of SDH / SGH of the respective District.

   These facilities will be subject to periodic quality check-ins as well.

f. Once empanelled , signing of Service Agreement .

g. Orientation of the administrative team and Private Medical Specialists of the empanelled facilities

h. The facilities will be reimbursed on the basis of fixed rate for the deliveries conducted by them.

i. The cost for investigations as found necessary by the Doctor concerned, within the package of services specified, and at a prescribed rate by the government, would be re-imbursed to the private partner concerned

8. ROLES AND RESPONSIBILITIES OF DIFFERENT AGENCIES / PERSONS INVOLVED.

Department of Health & Family Welfare

a. Responsible for final selection of the private sector partner

b. Preparation of Agreement Document

c. Developing Standard Operating Procedure(SOP)

d. Monitoring support to the District Monitoring Team

District Health & Family Welfare Samity

a. Contracting authority- the Chief Medical Officer of Health on behalf of the District Health & Family Welfare Samity

b. Redemption of re-imbursement claim for delivery, settlement of utilisation certificates

c. Deployment of a vigilant monitoring team

d. Arrange for class-room orientation programme for the technical staff of the private partner.

e. The Chief Medical Officer of Health will be responsible for identification and evaluation of private health facilities in their respective districts along with for empanelment . He will also be responsible for spearheading periodic and regular monitoring and evaluation of the quality of the accredited private health facilities and providing necessary feed back at the State level.The orientation and training of the personnel of the

empanelled facilities and their doctors for implementation of the Scheme will also be looked after by the District Team.

f. The District team for Evaluation and Empanelment will consist of :

1. Deputy CMOH III-Chairman
2. Senior Gynaecologist and obstetrician-1
3. Senior Anaesthetist -1
4. Senior Paediatrician- 1
5. Superintendent of DH and SDHs of respective districts-1

ANM

a. Shall maintain a list of all pregnant women of BPL and all SC/ST categories in her work area and update it on a regular basis

b. Shall ensure that all pregnant women have taken two TT injections and gone for at least three ante-natal check-ups.

c. Shall make all pregnant women and her family members aware about the '**Ayushmati'** scheme and motivate them for institutional delivery

d. Motivate the pregnant women to come for post-natal check up and child immunisation after the delivery

e. Shall give JSY vouchers and explain the '**Ayushmati'** scheme and inform about the nearby empanelled facility to the pregnant women .

f. Shall fill in the patient satisfaction form of those availing the scheme .

Monitoring Team / Quality Check Team

a. Shall be constituted by the DH&FWS. Shall comprise of district level government officials and external members

b. Shall visit the private partner facility at least once in a quarter without informing the private partner.

c. Shall identify the training needs of the RMOs and nurses employed in private sector facilities.

Private Partner

b) Shall provide proper infrastructure including manpower, space and equipment for delivery

c) Shall provide BCG and Polio-0 to the newborn (BCG and Polio vaccines shall be made available to them from the district level)

d) The private partner shall not refuse any pregnant woman registered under the scheme so long there are unoccupied beds.

e) The private partner shall keep proper records of the refusal cases.

f) In the event of a pregnant woman registered under the scheme is being referred, such a referral facility must be a public hospital under the State Health Department

g) The private partner shall adhere to the SOP (Ensure quality of service, Employing personnel with proper qualifications, ensure cleanliness etc.

h) Shall carry out the necessary investigations of the beneficiaries as spelt out in the diagnostic package.The investigations are as follows:

1. Blood for TC,DC,ESR,Hb%
2. Urine for routine examination
3. Blood for PPBS
4. VDRL Test
5. Blood for grouping and typing

6. Pregnancy profile-USG

i) Shall cooperate with the monitoring team

j) Shall comply with the reporting requirements

k) Shall not discriminate the pregnant woman registered under the scheme from other patients of the nursing home/hospital.

l) Shall arrange for hands-on skill based training of RMOs and nurses in collaboration with the district level officials.

9.MONITORING

Records are to be maintained at the facility level which will be communicated to the Block / District level as the case may be. MIS template has been given as Annexure-II.

10. QUALITY CONTROL

There will be a quality check health team, which will be responsible for periodic quality checks as well as routine checks for accreditation of private facilities and empanelment of obstetric teams.

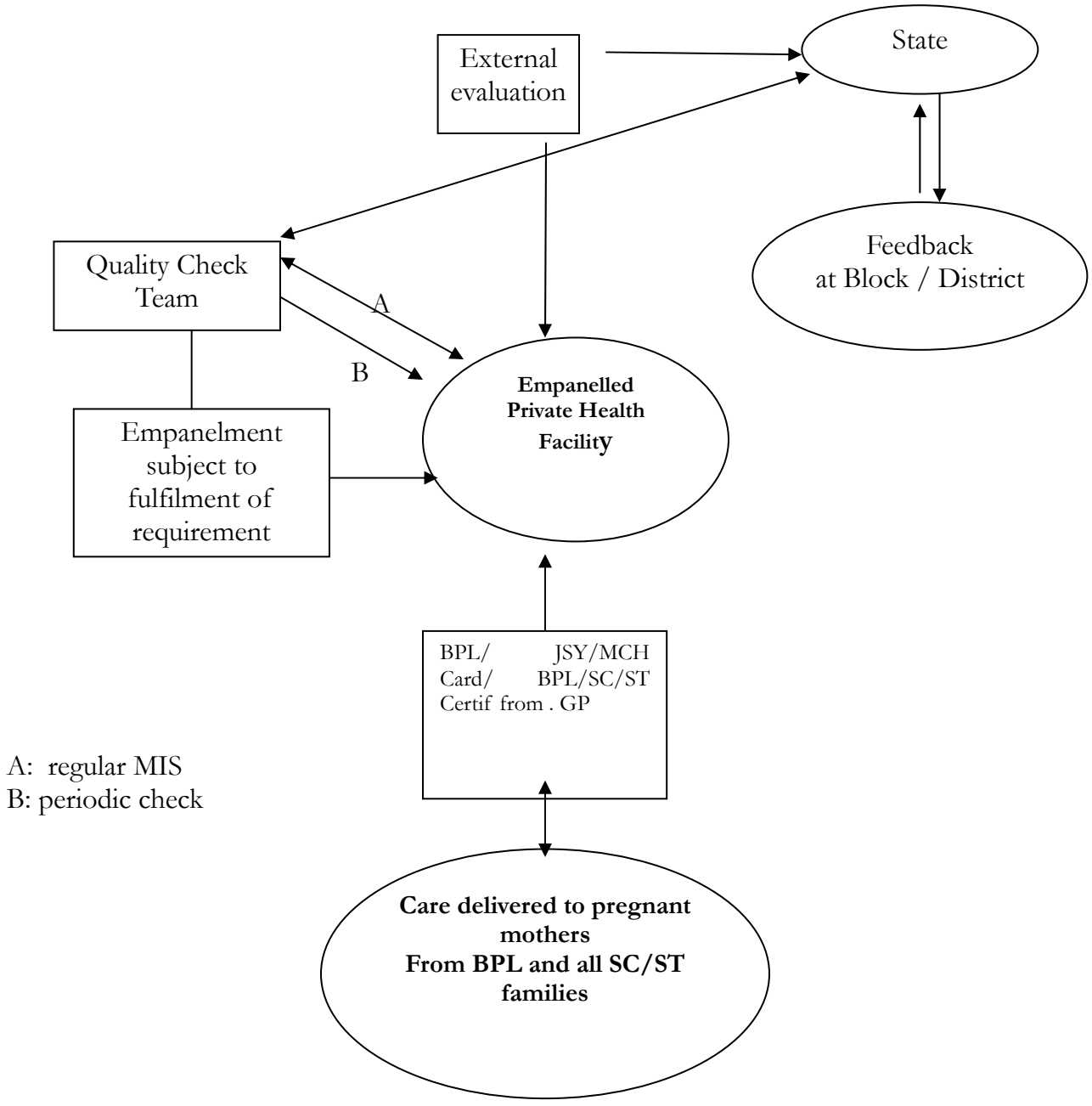
Annual external evaluation shall be carried out by an assigned agency.

11. BENEFICIARIES ACCESSING SERVICES UNDER THE AYUSHMATI SCHEME:

The pregnant women from BPL and all SC/ST families, having registered with the ANMs and at least three antenatal check-ups at the Sub-centres or any of the nearby public facilities.

The pregnant women needs to be having BPL/JSY/MCH/ cards /SC/ST certificates /GP certificates regarding BPL or SC/ST status for availing the services offered under the 'AYUSHMATI' scheme.

12. WORK FLOW



13. PROCEDURE FOR CLAIM SUBMISSION

a. In case more than 100 deliveries take place in a year, the private partner shall be reimbursed for the additional number of deliveries on pro rata basis.

b. The private partner shall submit utilisation certificate at every month in the prescribed format. For the sake of convenience, the period will be considered from the first day of the first calendar month to the last day of the same calendar month).

c. Utilisation certificate should be submitted within seven calendar days from the last day of the month concerned.

d. The Utilisation Certificate shall be accompanied with the copies of the monthly report for the corresponding period.

e. The private partner shall refund the unadjusted amount by A/c payee cheque to DHFWS on expiry/ termination of the contract within seven days from the date of expiry/ termination of the contract.

f. Non-submission of the utilisation certificate within due date shall be considered as a ground for termination of contract.

g. All transactions will be guided by stipulated Grievance Redressal Mechanism, Protocols for claim submission and for claim reimbursement.

Template for utilisation certificate has been given in Annexure-III.

14. GROUNDS FOR TERMINATION OF THE SERVICE CONTRACT

a. In case, all accounts are not found to be transparent and necessary audit and inspections are not carried out.

b. The service quality is not adhered to.

c. The ethical guidelines for clinical examination, treatment initiation and continuation etc is not followed strictly.

d. Should a review or audit of the facilities find that the manner of implementation are not in accordance with the objectives of the proposal then all subsequent instalments can be withheld and even empanelment may be withdrawn.

Annexure – I

EMPANELMENT NORM FOR SELECTING THE PRIVATE PARTNER
CHECK LIST

Prerequisites:

1. No. of beds:

2. Providers:

Sl. No.	Provider	Name/(s)	Qualification
1.	Obstetrician*		
2.	Anaesthetist*		
3.	Paediatrician*		
4.	RMO*		
5.	Staff Nurse		
6.	Paramedical Staff		

3. SERVICES OFFERED AND LOGISTIC SUPPORT

1. Necessary medicines:

- Antibiotics (Yes / No)
- Sedative, anticonvulsants (Yes / No)
- Anti hypertensives (Yes / No)
- Plasma expander (Yes / No)
- Instrumental delivery facilities (forceps) (Yes / No)
- Manual removal Of placenta. (Yes / No)
- C/S (Yes / No)

2. Blood Transfusion (inhouse facility) (Yes / No)

3. Infrastructure

- Labour Room. (Yes / No)
- Operating Room. (Yes / No)
- OR Light (Yes / No)
- DR Light (Yes / No)
- Functioning Steriliser (Yes / No)

- Functioning Suction in OR (Yes / No)
- Functioning Sucker in DR (Yes / No)
- Sterile Pack (Yes / No)

4. Compliance with the Statutory Norms

- Screen (Present / Absent)
- Female attendant during delivery (Present / Absent)
- Care of normal neonate. (Yes / No)
- Care of women with C/NS-like Pre-ecclampsia, obstructed labour, incomplete abortion, PPH. (Yes / No)

4. TECHNICAL COMPONENT

	Yes	No
• Normal Care during labour		
• Care of normal neonate		
• Care of women with C/NS- like Pre-ecclampsia, obstructed labour, incomplete abortion, PPH.		

5. ROLES, RESPONSIBILITIES, OBLIGATIONS OF THE PRIVATE PARTNER

- Explain procedure to the pregnant woman and her guardian (Yes / No)
- Take informed consent (Yes / No)
- To conduct IEC activities to create awareness on the warning signs (Yes / No)
- Provide BCG and Polio-0 vaccination at birth (Yes / No)
- Provide PNC Services (Yes / No)
- Advice parents regarding childhood immunisation (Yes / No)
- Promote breastfeeding (Yes / No)
- Organise training programme for the RMOs and nurses (Yes / No)
- Orient community, panchayat and health workers (Yes / No)
- Properly maintain the accessories and equipment (Yes / No)

Annexure-II

Ayushmati Scheme-Reporting Format

District _____ Name of the Facility _____

Report for the month of _____ Page No. _____ of _____

Total Deliveries under the scheme		Normal		Caesarian		Refusal	

DELIVERY DETAILS

Sl	Name & Address of the Pregnant woman (BPL / JSY /MCH Card/ Certificate from GP Enclosure no. / SC/ST Certificate or SC/ST certification from GP)	Date of delivery (Discharge and birth certificate enclosure no.)	Age	Religion	Type of Delivery (C/N)	Sex of the newborn (M/F)	Birth weight (kg)	BCG given to the newborn (Y/N)	Polio-0 given to the newborn (Y/N)

Date of Submission _____ Authorized Signatory _____

Annexure-III

'AYUSHMATI' Scheme under National Rural Health Mission
Re-imbursement Claim Form

District: Name of the Facility:

From _____ To_____ (Date)

Current Utilization Certificate:

Sl. No.	No. of deliveries conducted during the month	Rate / Delivery	Amount receivable
(1)	(2)	(3)	(4)

NB: Photocopies of the monthly reports for the current utilization period are enclosed herewith.

Date of submission _____ Authorized Signatory_____

Annexure -IV

GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
NATIONAL RURAL HEALTH MISSION
SWASTHYA BHAWAN, 4TH FLOOR,
GN-29, SECTOR-V, BIDHANNAGAR,
KOLKATA-700 091

APPLICATION FORMAT FOR THE PRIVATE HOSPITAL / NURSING HOME TO PARTICIPATE IN THE 'AYUSHMATI' SCHEME

A) PROFILE

1. Name of the Hospital/ Nursing Home :
2. Address :
3. District :
4. Phone Nos. (with STD Code) :
5. Fax Nos. :
6. Email Id :
7. Name of the proprietor(s) :
8. Name of the Chief Functionary :
9. Designation of the Chief Functionary :
10. Contact phone nos. of the Chief Functionary :
11. Date of Establishment :
12. Number of Beds :

B) COMPLIANCE WITH THE LICENSING REQUIREMENT

1. Registration Details: Proprietorship Farm / Partnership Farm / Registered under Companies Act. / Registered as a Society or Trust

(Cross out which are not applicable. Attach a copy of the partnership deed if it is a partnership farm. Attach copies of the memorandum of association and the registration certificate if it is registered as a Company, Society or Trust)

2. Trade license from the local body / License under the Clinical & Establishment Rule / Clearance from the Pollution Control Board / PNDT License / Approval from BARC (if applicable): Yes / No

(Please attach the copies of the original trade license and proof of renewal)

C) PERSONNEL

Sl. No.	Provider	Name/(s)	Qualification
1.	Obstetrician*		
2.	Anaesthetist*		
3.	Paediatrician*		
4.	RMO*		
5.	Staff Nurse		
6.	Paramedical Staff		

* Qualification to be mentioned only in respect of these categories.

D) SERVICE DELIVERY STATISTICS (DURING JAN-OCT 2006, 10 MONTHS)

- Number of admissions :
- Number of deliveries conducted :
- Number of normal deliveries conducted :
- Number of caesarean deliveries conducted :
- Number of live births :
- Number of still births :
- Number of maternal deaths :
- Number of BCG given :
- Number of Polio-0 given :

E) OTHER SERVICES AVAILABLE IN-HOUSE

- Pharmacy (Yes / No)
- Pathological Laboratory (Yes / No)
- USG Facility (Yes / No)
- X-Ray Facility (Yes / No)
- ECG Facility (Yes / No)

F) NEAREST DISTANCE (IN KM) OF THE FOLLOWING FACILITY

(Please mention the name of the facility within bracket. In case it is located in the same premises mention the distance as 0 km. If in-house facility is available mention in-house instead of the name within the bracket)

1. Pharmacy
2. Pathological Laboratory
3. USG Facility

4. X-Ray Facility
5. ECG Facility
6. Blood Banking Facility
7. Referral Hospital

G) FINANCIAL INFORMATION

1. Turnover during the year ending 31st March 2006:
2. Turnover during the period from 01 April'06 - 30th September'06:
3. Name of the Banker:
4. A/c No.:
5. P/L A/C and Balance sheet for the last three years, i.e.2004-05, 2003-04 and 2002-03:

(Please attach copies of the audited accounts)

H) UNDERTAKING

We, hereby, agree to accept the terms and conditions laid down in the Scheme Guidelines of the Ayushmati Scheme and would scrupulously adhere to it, if we are considered private partners under the aforementioned scheme.

Signature of the Proprietor
(With seal)

Signature of the Chief Functionary
(With seal)