

“SAFER MOTHER PROGRAMME” WORKING GUIDELINE
2065/2009



Government of Nepal
Ministry of Health & Population
Department of Health Services
Family Health Division
Teku, Kathmandu

Foreword

Government of Nepal is going to implement "Safer Mother Programme - Working Guideline" as government announced in budget policy and program for "free delivery service to all" to implement the commitment of new government to "New Nepal, Healthy Nepal".

Government of Nepal has been implementing Safe Delivery Incentive Program in the 75 districts from FY 2065/66 (2008/09) as per Safe Motherhood Long term Plan and Millennium Development Goal. The statistics clearly suggest that number of women delivering in health institution in FY 2065/66 has increased to double from 75000 in the last FY. As per information received during program implementation, more than 80% women deliver at home due to expense during delivery. Considering these facts and as guided by Constitution of Nepal, 2063, to ensure the right of the people for free health services, Government of Nepal has started providing free delivery services. Government of Nepal has expectation that this would contribute to reduce Maternal Mortality Rate and Neonatal Mortality Rate as mentioned in Millennium Development Goal. I would like to thank Department for International Development (DFID) for this grand support and also expect continue support in the future as well.

Government of Nepal has accorded Safer Mother Programme, priority number one programme and I would like to request all the health institutions, health workers, health facility management committees to implement the programme effectively.

.....
(Girirajmani Pokharel)
Minister
Ministry of Health & Population

Few Words

We have been running various programmes to achieve Millennium Development Goals to reduce existing high maternal and child mortality rate. We have national and international experience to uplift the health status of mother and infant as well as to reduce mortality rate by providing delivery and newborn services by trained health worker. This "Safer Mother Programme working guideline" has been prepared to ensure the availability of skilled delivery services and to increase woman's access to the services.

Woman won't be devoid of the services due to lack of money after implementation of this guideline, and health worker and health institution will also get incentive and thus it is expected that their working capacity will also increase. I hope, this guideline will be supportive to make the "New Nepal, Healthy Nepal" program more effective with the faith to improve poor access to services due to lack of money in the context of status of Nepalese woman especially from the rural and remote areas.

I hope, the guideline will serve to increase the quality of the health services through safe and free delivery service by providing incentive to service client-woman and service provider in easier way. I also expect active role of all health institutions and skilled health workers for the successful implementation of the Safer Mother Programme. I would like to request for support and monitoring from the brothers and sisters in order to implement the programme effectively.

.....
Dr. Sudha Sharma
Acting Secretary (Population)
Ministry of Health and Population

Few Words

High Maternal Mortality and Infant Mortality are major health problems of Nepal. High maternal mortality can be attributed to 80% deliveries taking place at home in unsafe environment. Women are bounded to deliver at home as they can not afford the expense for transportation and other service fees in most of the mountainous, hilly and remote districts.

Government of Nepal has implemented various maternal and newborn health programme however maternal and newborn health service utilization has been very low. So this "Safer Mother Programme Working Guideline, 2065" has been prepared to encourage all the women throughout the country to utilize free delivery service and to motivate all the skilled health workers providing safe delivery services.

I hope that this guideline will help to provide financial incentive to service client-women and health institution in an easy way and I also expect that this will increase the quality and utilization of safe and free delivery service.

Since the successful implementation of this guideline is essential to increase the safe delivery service utilization by women, I hope all Divisions, Regional Health Directorates, District Health Offices, Hospitals and Health Facility Management Committees will provide active support to run the program.

I would like to extend my sincere thank all the staffs from Ministry of Health and Population, Department of Health Services and Family Health Division.

Dr. Govinda Prasad Ojha
Director Genera,
Department of Health Services

Preface

Government of Nepal has committed to provide free delivery services through all the health institutions as announced in the policy and program of 2065/66 to ensure the right of people for free health service utilization as guided by Constitution of Nepal, 2063. As per the commitment, free delivery services programme has also been included in the budget from this Fiscal Year. The "Safer Mother Programme Working Guideline, 2065" has been prepared to manage the distribution of free delivery service, financial incentive. For this purpose, a task force chaired by Acting Secretary, Ministry of Health and Population Dr. Sudha Sharma, was formed. Account section, section of law, nursing section, representatives from medicine section, Department of Health Services and Family Health Division were the members of the task force. The guideline was brought to this form after drafted by Task Force, reviewed by Divisions, centre of Department of Health services, Divisions of Ministry of Health.

'Safer Mother Program' aims to reduce the high maternal and neonatal mortality rate by running the programme throughout the 75 districts. The main objective of this guideline is to provide Unit Cost to health facility for providing each service and to provide financial incentive to service clients who come to utilize safe delivery services.

I hope, this guideline will assist to provide well managed free delivery services through health institutions and hospital under Government of Nepal and also help to monitor and evaluate the services.

Finally, I would to express sincere thanks to everyone who contributed to prepare this guideline.

Dr. Bal Krishna Suvedi
Director
Family Health Division

“SAFER MOTHER PROGRAMME (AAMA SURAKCHHA KARYEKRAM)” WORKING GUIDELINE - 2065 BS

In accordance with the spirit of Nepal’s Interim Constitution 2063, Nepal Government has shown its commitment in fulfilling people’s right to basic health service through the policy and programme of Fiscal Year 2065/66 on free delivery service from all health facilities. For the same reason, there is provision for the free delivery service program in the budget. Since the Maternal Health Programme implemented by Nepal Government was effective, significant drop in Maternal Death in Nepal is observed. In achieving targets set in the Safe Motherhood Long Term Plan and Millennium Development Goal, Safer Mother Programme Working Guideline - 2065 has been brought to an effect to ensure the achievements to date and increase access to services of service client-women to the health facilities through free delivery service by skilled attendant and health facilities by motivating clients and service providers.

SECTION – 1: INTRODUCTION

1. Brief name and background:

- 1) The name of this guideline is “Safer Mother Programme – Working Guideline – 2065”
- 2) This guideline comes into an effect from 2065-10-01 (Jan 14, 2009)

2. Definitions used in this guideline:

Following are the definitions used in this working guideline unless there is another meaning guided by subject matter and context:

- 1) **“Safer Mother Programme”** indicates all activities including free delivery service at the home or health facility under government of Nepal or in the private and NGO run health facilities and teaching hospitals permitted by government of Nepal and providing specified travel expense for the service client-women to and from health facility for the institutional delivery.
- 2) **“Delivery Service”** indicates all activities including normal delivery, delivery service of a mother with complication (as specified in the ANNEX-2 of this guideline) and delivery service that require Caesarean Section (C/S).
- 3) **“Service client”** indicates all women who receives free delivery service and related benefits under safer mother programme.
- 4) **“Trained Health Worker”** indicate all doctors, health assistants, staff nurses, ANMs, AHWs and MCHWs who have undergone the training required for the delivery service.
- 5) **“Health Facility”** indicates Nepal Government owned Hospital, Teaching Hospital, Primary Health Care Centre and Health Post providing Safe Delivery and Sub Health Post with the specified criteria. It also includes Nepal Government affiliated other health facilities like Community Hospital, Mission Hospital, Hospital run by NGO and Private sector and Birthing Centre with the required facilities and services.

- 6) **“Unit Price”** indicates the amount (monetary) provided to health facility by Nepal Government for providing service to each service client-woman as specified in the ANNEX – 1 of this guideline.
- 7) **“Transport Expense”** indicates the financial amount provided to service client by Nepal Government for transport expense to and from health facility in accessing delivery service.
- 8) **“Health Facility Management Committee”** indicates the management committee formed in the government health facilities in accordance with the Nepal Government’s policy. In case of the private and NGO run health facilities, it indicates the executive committee formed in accordance with respective organization’s constitution.
- 9) **'Ministry'** indicates Ministry of Health and Population.

SECTION – 2
PROVISION OF SERVICE AND FACILITIES

3. Service and Facilities:

- 1) Following are the service and facilities provided for the “Safer Mother Programme”.
 - a) Amount for Unit cost to Health Facility for providing free safe delivery service within the scope of this guideline for each delivery.
 - b) Amount for transportation expense to service client-woman to and from Health Facility.
 - c) Financial incentive to the health worker for providing safe delivery service at the home of the client.
- 2) Facility mentioned in the sub clause (1)-(a), (b) and (c) will be in accordance with the ANNEX-1. However, client who receives delivery service in the cabin will not be eligible for the above mentioned service and facilities as per sub-clause (1).
- 3) Health Facility will manage required medicines, supplies and instruments for the service client using unit cost received from the service mentioned in the sub clause 1 (a).
- 4) To motivate the health workers, depending on the nature of the job performed, Health Facility Management Committee can decide to distribute received unit cost for each free delivery service as per sub-clause 1 (a) not exceeding NRS two hundred (NRs.200). With the expansion of delivery service at health facilities, financial incentive provided to health worker for safe delivery service at home will be closed gradually.
- 5) Health Facility which claims unit cost for each free delivery service is abided not to charge any other direct and indirect charge/fee to service client-women.
- 6) Ministry will provide the budget for service and facilities in accordance with this section to the concerned health facilities from the donation budget allocated for the Safer Mother Programme.

SECTION – 3:
BUDGET MANAGEMENT AND DISTRIBUTION

4. Provision of Budget:

- 1) Nepal Government will manage the budget and resources required for the “Safer Mother Programme”.
- 2) Department of Health Services will plan and distribute estimated budget to the District (Public) Health Office and hospitals based on number of deliveries conducted in the earlier year.
- 3) Services will be delivered by mobilizing the budget internally within the allocated framework at the health facilities providing safer mother programme in the district.
- 4) Concerned District (Public) Health Office will reimburse the amount for service client-woman to the mission, teaching and community hospitals (other than government institution in the district) as per the monthly report of delivery service.
- 5) For the continuous free delivery service, Health Facility Management Committee has to make arrangement to receive advance and settle advance within the same Fiscal Year (Ashad Masant). In case of new fiscal year and until the fund is released, available fund in the any line item can be spent and reimbursed after the fund for the free delivery service is released.

5. Facility Distribution:

- 1) Following arrangement has to be made while distributing facilities for Safer Mother Programme, (a) First of all, free delivery service should be provided, (b) Secondly, the transportation expense should be reimbursed to the service client-woman, (c) thirdly, Health Facility Management Committee has to make arrangement in claiming unit cost (D) and lastly, distribute the incentive to health workers who have provided service at home on priority basis.
- 2) Following are the specific guidelines to distribute transportation expense to the service client woman.
 - a) Transportation expense will be provided to the service client at the time of discharge in accordance with this guideline.
 - b) Transportation expense to the service client with delivery related complication will be provided by the health facility from where last service is provided or the facility that has got the referral.
 - c) While paying transportation expense as per (a) and (b), above two points, the description required for ANNEX-3 must be filled.
- 3) Unit cost provided to the Health Facility for providing free delivery services can be spent for the overall development of the Health Facility (materials and equipment for the delivery service, human resource management, emergency service, physical infrastructure) with the decisions from Health Facility Management Committee. However, while arranging this, it is essential to ensure continuity and quality of delivery services.

4) Health facilities under District Health Office (DHO), District Public Health Office (DPHO), Hospitals in the district has to ensure management of the Safer Mother Programme related budget as followings:

- a) Once the authorization to incur expense by the in-charge or assigned person of the health facility under District Health Office / District Public Health Office or Hospital is obtained, advance budget can be released based on estimated number of service client for free delivery service. However in the case of delivery service at home, amount should be paid after receipt of ANNEX-4 form from the health worker.
- b) Person who receives advance in accordance with the above point (a) has to spend budget after filling required information in the format prescribed in the ANNEX-5, ANNEX-6 and ANNEX-9. Accordingly, it has to be reported to the office providing advance for advance settlement. Then, respective office will make reimbursement as per rules and will provide another advance.

6. Facilities to the service client:

- a) Service client should apply as per ANNEX-3 to concerned health facility to claim the facility as per this guideline.
- b) The incentive as per this guideline will be provided to the service client-woman as per the documents of free delivery service received and discharge form.
- c) Receipt of the amount by service client woman should be enclosed in the report.

7. Facilities to the service provider:

- a) Service provider should compulsorily submit the birth certificate of the delivered baby from local authority and description as in ANNEX-4 to claim incentive for safe delivery service provided at home as per this guideline.
- b) Health facility in-charge should recommend for reimbursing the amount by certifying that health worker has provided delivery service at home as per sub-clause (1). If amount received by providing wrong report, will be treated as per financial rules and regulations.
- c) District (Public) Health Office or Hospitals should reimburse the payment as recommended by health facility in-charge as per sub-clause (2) and update the expense report.
- d) Health facility should submit the monthly report as per the ANNEX-6 about the safe delivery service and description of the payment to service client, service provider and health facility. District Health Office and Hospital also prepares the report as per ANNEX-6 and submits to Department of Health Services, Family Health Division on quarterly basis compulsorily.
- e) After receiving the description as per the sub-clause (4), Department of Health Services will submit the integrated report to Ministry of Health and Population.

SECTION – 4:
PROVISION FOR THE NON-GOVERNMENTAL AND PRIVATE HEALTH FACILITIES

8. Safer Mother Programme run by the Non-Governmental and Private Health Facilities:

Safer Mother Programme will be implemented in the non profit making community hospitals, teaching hospitals and NGO run hospitals as per clause (2) from the date of this guideline endorsed by government of Nepal. Ministry of Health and Population will gradually expand the "Safer Mother Programme" gradually in the private and NGO run health facilities. Following are the arrangements made for the private teaching hospitals;

- 1) Government of Nepal can assign private and NGO run hospitals for safer mother programme if required.
- 2) Non Governmental and Private Organizations willing to provide “Safer Mother Programme” as per sub-clause (1) has to made contract as per ANNEX-8. They should follow terms and conditions mentioned in this guideline.
- 3) When allowing the private and NGO run health facilities and teaching institutions as per sub-clause (1) to implement safer mother programme, priority should be given for the deprived and marginalized areas. Provision should be made for referral clients in other areas.
- 4) The District (Public) Health Office will reimburse the amount to be given to service client-women to the community, mission and teaching hospitals, private and NGO run hospitals within the district (other than government institutions) on the basis of monthly report on safer mother programme.
- 5) Concerned Regional Health Directorate and District (Public) Health Office will monitor the "Safer Mother Programme" run by private and NGO run health institutions as per required and report of monitoring with suggestions should be sent to Department of Health Services.
- 6) The problems seen during monitoring as per sub-clause (5) should be resolved by concerned District (Public) Health Office. If local level efforts are not able to resolve, then, should request to Regional Health Directorate and Department of Health Service for the solution.

SECTION – 5:
SUPERVISION, MONITORING AND EVALUATION

9. Monitoring and Supervision:

- 1) Management, monitoring review, information dissemination for the promotion of free delivery services and evaluation of the “Safer Mother Programme” will be conducted by Department of Health Services, Regional Health Directorate and District Health Office / District Public Health Office.
- 2) Regional Health Directorate will perform the supervision and monitoring of the “Safer Mother Program” at regional level.
- 3) (a). District Health Office / District Public Health Office will supervise the 'Safer Mother Programme' provided by health facilities. However in the case of hospital in the district (Separate authority handed by Ministry of Health and Population and Department of Health Services) having separate District Public Health Office, Hospital Management Committee will do themselves.

(b) In case of local level supervision of the services provided by the lower level facilities than the district level, description as in ANNEX-9 has to be published in the notice board of the Health Facility and Village Development Committee / Municipality for transparency on monthly basis.

(c) Involvement of local authorities should be ensured to monitor the service received by client.
- 4) Social civil monitoring committee for free health services, will also monitor the free delivery services. Required support will be provided for the purpose.
- 5) Concerned donor agencies and NGO can be sought for assistance for monitoring and supervision.
- 6) Design of the monitoring and supervision form will be in accordance with the template prescribed in the ANNEX-7.

10. Reporting: Reports of the “Safer Mother Programme” by different level of the Health Facilities has to be delivered as below:

- 1) All the health facilities within the district, running the "Safer Mother Programme" should submit the filled form of ANNEX-6 and 10 along with HMIS 32 to District (Public) Health Office by 7th of the each month.
- 2) Progress report in accordance with the sub-clause (1), compiled ANNEX-5 progress report with HMIS-33 should be submitted to Department of Health Services, Management Information Section and respective Regional Health Directorate.
- 3) All community hospital, teaching hospital, zonal hospital, regional hospital and central hospitals (authorized separately by Department of Health Services) will fill the ANNEX-6 form and send the report with HMIS-34 by 7th of each month to Department of Health Services, Management Information Section and Regional Health Directorate.

- 4) Respective Regional Health Directorate will ensure the receipt of the progress report in accordance with the sub-clause (1), (2) and (3) at Regional Health Directorate. Management Division and Family Health Division will ensure the receipt of report at Management Information Section and Department of Health Services.
- 5) Budget allocated for the “Safer Mother Programme” can be restricted if there is no continuous reporting for 4 months as per the sub-clause (2) and (3). Moreover, the responsibility goes to the respective Health Facility for this.

11. Institutional Arrangement:

- 1) Ministry of Health and Population will ensure that budget and policy arrangement for the monitoring, supervision and evaluation of the “Safer Mother Programme”;
- 2) (a). National Health Education, Information and Communication Centre will take lead in informing and educating general public about the “Safer Mother Programme” using national level newspapers and central broadcasting stations;

(b). Assistance will be taken from local agency, NGOs and private organizations in informing and educating general public about the “Safer Mother Programme” at local level and also to create enabling environment in accessing delivery services from nearest Health Facility.
- 3) Programme review in accordance with this guideline should be done in the regular progress review of the other health programme.

12. “Safe Delivery Incentive Working Guideline 2062, first revision 2064” endorsed before this guideline, has been dismissed.

13. Amendments in Guideline and ANNEXES: (i) Within the framework of this guideline, Ministry of Health and Population can amend this guideline and ANNEXES in it.

ANNEX – 1
(Linked to clause 3)

- A. Provision for the transportation expense and other benefits to the service client-woman
- (i) One thousand five hundred (NRs.1,500) in Mountainous Region.
 - (ii) One thousand (NRs.1,000) in Hilly Region.
 - (iii) One thousand five hundred (NRs.500) in Terai Region.

Himali Region Districts	Hilly Region Districts		Terai Region Districts
1. Sankhuwasabha	1. Bhojpur	2. Dhankuta	1. Jhapa
2. Solukhumbu	3. Ilam	4. Khotang	2. Morang
3. Taplejung	5. Okhaldhunga	6. Panchthar	3. Saptari
4. Dolakha	7. Terhathum	8. Udayapur	4. Siraha
5. Rasuwa	9. Bhaktapur	10. Dhading	5. Sunsari
6. Sindhupalchowk	11. Kathmandu	12. Kavrepalanchowk	6. Bara
7. Manang	13. Lalitpur	14. Makwanpur	7. Chitwan
8. Mustang	15. Nuwakot	16. Ramechhap	8. Dhanusa
9. Dolpa	17. Sindhuli	18. Arghakhanchi	9. Mahottari
10. Jumla	19. Baglung	20. Gorkha	10. Parsa
11. Humla	21. Gulmi	22. Kaski	11. Rautahat
12. Kalikot	23. Lamjung	24. Myagdi	12. Sarlahi
13. Mugu	25. Palpa	26. Parbat	13. Kapilvastu
14. Bajhang	27. Syanja	28. Tanahun	14. Nawalparasi
15. Bajura	29. Dailekh	30. Jajarkot	15. Rupandehi
16. Darchula	31. Pyuthan	32. Rolpa	16. Banke
	33. Rukum	34. Salyan	17. Bardiya
	35. Surkhet	36. Achham	18. Dang
	37. Baitadi	38. Dadeldhura	19. Kailali
	39. Doti		20. Kanchanpur

- B. Incentive for the service provider for providing free delivery service at home:
1. NRS. 200 (Two hundred) for providing free delivery service at home of service client-woman.
- C. Nepal Government will provide following fixed unit cost to the Health Facility which is implementing Safer Mother Programme:
- (i) Normal Delivery Service: NRS: 1000 (One thousand) to all health facilities.
 - (ii) Delivery Service with complication management-BEOC: NRs.3000 to all health facilities for BEOC service.
 - (iii) Delivery with Caesarean Section (C/S or operation): NRs.5000 to health facility for C/S service.

ANNEX – 2
(Related to clause 2(b))

Delivery service with complications includes following services of 9 complications:

1. Antepartum Haemorrhage-APH

Vaginal bleeding after 28 weeks of gestation or during labour pain or before delivery of baby is known as Antepartum Haemorrhage.

2. Postpartum Haemorrhage-PPH

More than 500 ml bleeding from vagina after delivery is known as Postpartum Haemorrhage. Heavy bleeding may lead the woman into shock.

3. Ectopic Pregnancy:

The position of the foetus in the other parts (e.g. fallopian tube) of uterus, but not in uterus is known as Ectopic Pregnancy. It leads to rupture of foetus holding tube and internal bleeding. In this condition woman has severe lower abdominal pain and woman may get to shock.

4. Prolonged labour/obstructed labour

Prolong labour and obstructed labour should be considered under the following conditions

- More than 12 hours of labour pain of first phase
- More than 1 hour of labour pain of second phase

5. Ruptured Uterus:

During the condition of ruptured uterus, woman or her family members give the description of reduced long/obstructed labour and reduced abdominal pain. Internal bleeding happens at this condition and they may lead woman to shock.

6. Severe Pre-eclampsia:

Diastolic blood pressure more than 110, Protein +3 or more in urine after 20 weeks of pregnancy and following signs and symptoms indicates the severe pre-eclampsia;

- severe headache
- Blurred vision
- upper abdominal pain
- Low urination

7. Eclampsia:

Fits and compulsion after 20 weeks of pregnancy indicate the condition of eclampsia.

8. Retained placenta:

If the placenta does not come out till 30 minutes after the birth of baby, the condition is known as retained placenta.

Note: The condition can't be considered as 'retained placenta' if caused by filled urine in the urine bladder since can be removed by catheterization.

9. Puerperal Sepsis:

If the body temperature of mother, 24 hours after delivery is 38 degree Celsius or more (100.4 degree Fahrenheit or more), then postnatal mother might have infection.

ANNEX – 3
Related to clause 5 (2) and 6 (1)
Application form to be filled for the transportation expense
District.....

To, Date:
 The Chief,
Hospital/PHC/HP,.....Address.....

I would like to request for the transportation expense to travel health facility as per incentive provision of the Nepal Government for delivery incentive as I received general delivery service/complicated/caesarean section/ delivery service.

Applicant's Description:

Name:
 Caste: Date of delivery:
 Age: Address: VDC/Municipality:
 Signature: Ward Number:

For official use, to be filled by concerned staff:

Number of ANC check up Name of Health Facility:Registration Number:

Main Registration Number: Delivery Registration Number:

Admission Date:..... Date of Delivery: Discharge Date:

Put mark (✓) on the description of delivery service provided Delivery Outcome

- | | | | |
|--------------------------------|--------------------------|---|--------------------------|
| • Normal Delivery | <input type="checkbox"/> | • Live birth | <input type="checkbox"/> |
| • Delivery with complication | <input type="checkbox"/> | • Twin birth | <input type="checkbox"/> |
| • Ceserain section delivery | <input type="checkbox"/> | • Still birth | <input type="checkbox"/> |
| • Referred due to complication | <input type="checkbox"/> | • Died immediately within 24 hours of birth | <input type="checkbox"/> |

Name of the Service Provider: Post:

I certify that the above mentioned person received free delivery service at this health institution.

Signature: Post: Date: Stamp of the Office:

Recommendation of the facility in-charge:

Aplicant has received the the free delivery service at this facility so recommend for the payment as per the rules.

Signature: Name: Post: Date:

Type of Health Facility: Government NGO Private Medical College Others

Stamp of the Office:

Receipt of the transportation expense

I, received the normal/complication/ceserian section delivery service under Safer Motherhood Programme at health facility and received amount NRS. (In words NRS.) for transportation expense as provided by government of Nepal.

Date: Signature: Name:

**Annex-4
(Related to Clause 7)**

(Recommendation form for giving incentive to service provider for providing delivery service at home)

Pregnant woman's

Name:
Caste code:
Age:
Address:
 District
 VDC
 Ward no.
 Tole/Cluster

Husband's or gurdain's

Name:
Signature:

Date of delivery & time:
Number of live children:

Number of ANC check up..... Name of Health Facility:Registration No:

Put mark (✓) on the description of delivery service provided

- Normal Delivery
- Delivery with complication

Delivery Outcome

- Live birth
- Twin birth
- Still birth
- Died immediately within 24 hours of birth

Service provider's:

Name:
Post: Doctor Nurse ANM HA MCHW
Name of Health Facility:
Address:
Delivery Registration No:

Service provider's

Signature:
Name:
Post:
Date:

Recommended by (VDC

secretary):
Signature:
Name:
Post:
Date:

Approved by (Health Facility

Incharge):
Signature:
Name:
Post:
Date:

Receipt of the incentive amount by service provider

Received total amount..... (In words NRS.) at the rate of Rs.and paid NRS.....tax out of the total received amount, for the safe and normal delivery service provided as a service provider. If any information given by me is wrong, will do as per law of Nepal.

Main registration no:

Staff's
Name:
Post:
Date:

Health Facility Incharge's :
Signature:
Name:
Post:
Date:

Annex - 5
Related to clause 5 (4)

Request and receipt form for donation money on account of service provided by implementing
the Safer Mother Programme at health facility.
(Health facility should fill the form monthly and request for money)

District (Public) Health Office
.....

I Would like to request for total amount..... (In words NRS.) at the rate of Rs.
.....in the name of health facility for the month ofof current FY, as per the Safer
Mother Programme Working Guidline 2065, for the free service provided towoman
under Safer Mother Program at this health institution. Attached here with the filled forms of
annex 5 and 9.

Name of the health facility:

Prepared by

Stamp of the health facility

Health facility incharge's

Signature:

Signature:

Name:

Name:

Post:

Post:

Date:

Date:

Receipt of the donation money by health institution:

Received total amount..... (In words NRS.) cash/cheque no..... at the rate of
Rs.as per the Safer Motherhood Programme Working Guidline 2065, for the.....
month of FY, for the service provided towoman under safe motherhood program
at this health institution.

Staff who received money:

Signature:

Name of health facility:

Name:

Address of health facility:

Post:

Date:

Submitted by

Recommended by

Approved by

Signature:

Signature:

Signature:

Name:

Name:

Name:

Post:

Post:

Post:

Date:

Date:

Date:

ANNEX - 6
(Related to clause 8)

Safer Mother Programme monthly report

(Safer Mother Programme implementing health facility should fill monthly report and send to district health office, and district health office should compile and send monthly report to Department of Health Services, Management Information Section and Family Health Division)

District:

Name of health facility:

Address of health facility:

Report of FY:

Month:

Description of the delivery	Doctor	Nurse/ANM	HA	AHW	MCHW	Total
Free delivery service provided at health facility						
Safe delivery service provided at home						
Total						

Description of the delivery services	Number of clients provided with free delivery service	Number of clients who received transportation expense	Total amount paid to service clients	Total amount paid to health institution	Total amount paid to service provider for delivery service at home
Normal delivery at health facility					
Complicated delivery					
C/S					
Safe delivery service provided at home					
Total					

Number of health facilities within the district implementing Safer Mother Programme:

Hospitals no: Primary Health Center: Health Post

NGO Private Health Facility Delivery Center

Total Birth Total Live Birth Total Still Birth

Report Prepared by:

Signature:

Name:

Post:

Date:

Approved by:

Signature:

Name:

Post:

Date:

(Note: This report should be kept safe as this report may be the basis for auditing)

ANNEX-7
(Related to clause 9)
Supervision checklist for Safer Mother programme

Name of Supervisor:
Facility supervised:

Post:

Supervisor's facility:
Date:

A. What to supervise		<u>Of month.....</u>
A) In health facility		
1. Total number of woman received safe delivery service		<input type="text"/>
2. Normal deliveries service number		<input type="text"/>
3. Number of deliveries complication with service		<input type="text"/>
4. Number of deliveries with Ceserain section		<input type="text"/>
B. Expense management by Health Facility		
1. Updated record of expense	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Timely report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Public display of service clients	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Delivery Sites:		
1. SBA		
2. Equipments		
3. Services		
D. Needs and Problems		
1.		
2.		
3.		
E. Direction given by Supervisor		
1.		
2.		
3.		
F. Work to be done by the office who receives the report		
1.		
2.		
3.		

Supervisor's

Signature:
Name:
Post:
Date:

Supervised Health Facility Incharge's

Signature:
Name:
Post:
Date:
Stamp of the office:

ANNEX- 8

Memorandum of Understanding (MOU)

(Related to Clause 8)

(MOU between District (Public) Health Office and NGO/private health facility in order to implement Safer Mother Program (Aama Surakchha Krayakram) at the NGO and private health facilities)

Memorandum of Understanding (MOU) between (will be mentioned as "second party" here after) and District (Public) Health Office..... (will be mentioned as "first party" hereafter) to deliver the services by implementing the program as per the Safer mother Programme Working Guideline 2065/2009, section 4.

1. The second party has got permission to implement the 'Safer Mother Programme' by fulfilling the criterias as per the 'Safer Mother Programme Working Guideline, 2065, ANNEX-8.
2. The second party agrees to implement the 'Safer Mother Programme' (Aama Surakchha Karyakram) following the Safer Mother Programme working guideline, 2065.
3. The second party agrees to provide services and facilities to service clients as per section 2 clause (3) of the Safer Mother Programme, working guideline 2065.
4. The second party agrees to submit the monthly report (facilities and service delivered to clients) to the first party as per the safe motherhood program working guideline 2065, section 2, clause (3).
5. According to the Safer Mother Programme working guideline 2065, ANNEX-1, the first party will provide the money at the agreed rate per case after the second party provide the service and facility to the service clients and submit the monthly report as per Safer Mother Programme working guideline section (2) clause (3). The first party will manage the amount to be provided.
6. The first party will monitor the Safer Mother Programme run by second party as required and according to the Safer Mother Program working guideline 2065 and monitoring report with suggestions should be sent to department of health services.
7. The first party can cancel the Memorandum of Understanding and permission to run Safer Mother Programme if found that second party not implementing the programme as per Safer Mother Programme working guideline 2065 and if taken any charge (fee) from service client.

We, both parties agreed and signed to the abovementioned points on (Date).....

First Party

Name of the Office:

Address:

Name of the signatory person:

Post:

Signature:

Stamp of the office:

Second Party

Name of the health facility:

Address

Name of the signatory person:

Post:

Signature:

Stamp of the office:

Witness 1, Name:

Signature:

Witness 2, Name

Signature:

ANNEX- 9
 Related to clause 2 (e)
Required criterias for Birthing Units

Before initiating the birthing center, should think about the number of clients, who can be provided with the services.

The birthing center should meet following conditions;

- 24 hours availability of the Skilled Birth Attendant (Nurse or ANM) and other necessary assistants.
- Arrangement of good and quality physical facilities, e.g. Rooms for admission, check up, delivery, postnatal mother, waiting, store, toilet and management of safe water.
- Inside space for family members as per desire of woman during the delivery time
- Ensuring the confidentiality of woman
- Quarter inside the health facility compound and environment for the staff to join immediately.
- Ensuring the availability of the logistics, equipments, tools, essential drugs for emergencies
- Antenatal care, post natal care (PNC) and family planning services after PNC for woman
- Ensuring appropriate referral system. Written agreement with the near by comprehensive emergency obstetric care (CEOC) center for suggestion through telephone during emergency and appropriate and timely services for referred client.
- Arranged for appropriate referral system to send the patient by making a good coordination with the local Ambulences.
- Birthing center should not admit high risk pregnant woman for delivery rather counsel and refer to appropriate health facility.

Management:

Health Facility Management Committee should mobilize and manage birthing center. The committee should ensure the quality of the services provided by birthing center.

Following are the list of physical structure, equipments and logistics for antenatal and postnatal care room:

SN	Basic requirements	Number	Status	Remarks
1	<p>Infrastructure</p> <ul style="list-style-type: none"> ○ Examination / consultation / admission room -2 ○ Delivery room-1 ○ Postnatal room-1 ○ Reception and waiting area ○ Laboratory (for BEOC/CEOC) ○ Pharmacy (for BEOC/CEOC) ○ Utility room (For BEOC/CEOC) ○ Staff room (for the night service) ○ Area for family members (sleeping, eating, food preparation and dishwashing, <p>Other</p> <ul style="list-style-type: none"> ○ Toilet and bathing area for the mother ○ Toilet + sink for staff ○ Toilet + sink for visitors/ family ○ Waste disposal (according to national guideline) ○ Placenta pit ○ Electricity ○ Water supply 			

SN	Basic requirements	Number	Status	Remarks
	<p>Furniture</p> <ul style="list-style-type: none"> ○ Examining bed/table ○ Step ○ Mattress with water proof cover ○ Pillow with water proof cover ○ Screen ○ Cupboard ○ Table and chair ○ Benches for patients <p>Equipments and instruments:</p> <ul style="list-style-type: none"> ○ Instrument trolley ○ Stethoscope ○ BP instruments ○ Fetoscope ○ Oral thermometer ○ Drum for gloves ○ Cheattle Forceps with jar ○ Measuring tape ○ Adult weighing machine <p>Infection Prevention</p> <ul style="list-style-type: none"> ○ Use of Chlorine (5%) ○ Puncture proof container ○ Containers for waste collect 			
	<p>Drug and supplies:</p> <ul style="list-style-type: none"> ● Emergency drugs: Inj Magnesium sulphate(2cc/1gm) 20 vials, Inj calcium gluconate 10ml (2), 25% dextrose(2amp), Anti-hypertensive drug (nefidipine 5/10mg) (10 tab), Inj ringer lactate (6),IV set, IV canula. 1 set 			
2	<p>Infrastructure</p> <ul style="list-style-type: none"> ○ Room for delivery ○ Electricity ○ Water supply ○ Toilet 	<p>Furniture</p> <ul style="list-style-type: none"> ○ Cupboard (1) ○ Table(1) ○ Chair (2) ○ Delivery bed (2) ○ Step (2) ○ Mattress with water proof cover (2) ○ Pillow with water proof cover (2) ○ Screen (1) ○ Revolving stool (2) 		
	<p>Equipments and Instruments</p> <p>General equipments:</p> <ul style="list-style-type: none"> ○ Instrument trolley (2) ○ Portable light (1) ○ Emergency light (1) ○ Wall clock (1) ○ IV set (2) ○ Electronic suction (1) ○ Instrument trolley (1) 	<ul style="list-style-type: none"> ○ Stethoscope (1) ○ BP instruments (1) ○ Fetoscope (1) ○ Oral thermometer (1) ○ Drum for gloves (1) ○ Cheattle Forceps with jar (1) ○ Measuring tape (1) ○ Oxygen cylinder (1) 		

SN	Basic requirements	Number	Status	Remarks
	<p>Equipments</p> <ul style="list-style-type: none"> ○ Standard Delivery set ○ Episiotomy Set ○ Perineal/vaginal/cervical repair set ○ Newborn equipments <p>Drug and supplies:</p> <ul style="list-style-type: none"> ● Emergency drugs: Inj Magnesium sulphate(2cc/1gm) 20 vials, Inj Oxytocin 1IU/ml (10 amp), calcium gluconate 10ml (2), 25% dextrose(2amp), hypertensive drug (nefidipine 5/10mg) (10 tab), Inj ringer lactate (6), <p>Infection Prevention : S S Drums(3), Autoclave, momo cooker, puncture proof containers, different containers for waste dispose,5% chlorine,</p>			

Note: Other detaill description has been mentioned in the the Birthing Center Criteria guideline.

ANNEX-10
Form to be filled by Health Facility while claiming Unit Cost
(For the use of clause 3 sub-clause 1 (c))

Name of the Health Facility: _____ Ward no: _____
 Address: _____ VDC/Municipality: _____ E-mail: _____
 Telephone number of Health Facility: _____ District: _____
 Name of the Incharge: _____ Fax: _____ Post _____

S.N.	Main Registration Number	Service clients-woman's		Age	Address		Admission Date		Delivery Registration Number	Date of delivery		Sex of the baby	Type of Delivery	Discharge date		Amount for transportation expense	Remarks
		Sur Name	Family name		VDC	Ward	D	M		Y	D			M	Y		

Prepared by: _____
 Name: _____
 Post: _____
 Date: _____

Stamp of the office

Approved by: _____
 Name: _____
 Post: _____
 Date: _____

Note: PHC, HP and Delivery center should make public display of similar description monthly