

NHM Conditionalities: Framework for Implementation 2014-15

Penalties under NHM

Conditionality & Key Requirements	Indicator/Means of verification (MOV)		Remarks / Road Map	
A) Rational and equitable deployment of HR with the highest priority accorded to high priority districts and delivery points and facilities located in slum and low income neighbourhoods in urban area.				
Penalty	Penalty of up to 5% of NRHM RCH pool if more than 20% of any category posted in other facilities			
al. Rational deployment of specialists, especially gynaecologists, anaesthetists, EmOC and LSAS trained doctors in teams in appropriate facility	a.1.1. % specialists posted in FRUs and above (MOV: Mandatory disclosure data in state website which should match with the HMIS data)			
	% posted in FRU and above			
	Regular		Contractual	
	1. Gynaecologist	Total Sanctioned position in FRUs – 171 In position at FRUs against sanctioned position - 171 (100%)	NA	MOV <ul style="list-style-type: none"> • Facility wise position of O&G specialist available in HR details of Mandatory disclosure. • The present data on HR for the year 2014-15 will not match with HMIS portal as the data has been uploaded during April 2014 as per its mandate (i.e. annually once).
	2. Anaesthetist	Total Sanctioned position in FRUs – 87 Total In position in the State : 33 In position at FRU: 29 (88%) In position at other facility: 4 (12%)	NA	As stated above
	3. Paediatrician	Total Sanctioned position in FRUs – 149 In position at FRUs - 116 (78%)	NA	As stated above Road Map: DPC has been done and other process initiated at Govt. level to fill up vacancies through promotion & engagement of PG qualified Paediatricians against vacant positions of Specialists
4. EmOC	EmOC trained and available in State : 26 In position at FRUs & BEmOC: 26 (100%) In position at FRUs – 6 (23%)	NA	As per state mandate, EmOC trained doctors are primarily posted at BEmOC centres and other high case load CEmOC centres / FRUs.	

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	5. LSAS	LSAS trained in State : 96 Posted at FRU: 77 (80%) Posted at other facility: 19 (20%)	NA	MOV <ul style="list-style-type: none"> Facility wise position of LSAS available in HR details of Mandatory disclosure. The present data on HR for the year 2014-15 will not match with HMIS portal as the data has been uploaded during April 2014 as per its mandate (i.e. annually once).
	a.1.2. % facilities (FRU and above) with specialists/ LSAS & EMOC posted in teams (MOV: Mandatory disclosure data in state website which should match with the HMIS data)		Total no. of FRU in the state : 95 Posted in team: 73 (76%)	
	% CHC/ FRUs/SDH with specialists/ LSAS & EMOC posted in teams:		Total no. of CHC/SDH / FRU : 63 Team posted in CHC/SDH / FRUs: 42 (66%)	
	% DH with specialist/ LSAS & EMOC posted in teams:		Total no. of DHH : 32 Team posted in DHH: 31 (97%)	
a.2. Posting of appropriate service delivery personnel at Delivery Points according to the level of the facility as per MNH toolkit	a.2.1. % HR vacancies in delivery points in HPDs (MOV: Mandatory disclosure data in state website which should match with the HMIS data)			
	Penalty: Penalty of up to 5 % NRHM RCH pool if gap more than 50% in any of the given indicators			
	% of SC delivery points without 2 ANMs:	Total no. of SC delivery points in HPD : 23 SC without 2 ANMs: 3 (13%)	MOV • Facility wise data available in HR details of Mandatory disclosure.	
	% of 24x7 PHCs/ non FRU CHCs without 3 SNs/ ANMs:	Total no. of 24x7 PHCs/ non FRU CHCs in HPD : 136 24x7 PHCs/ non FRU without 3 SNs/ ANMs: 38	As stated above	

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		(28%)	
	% of FRU CHC/ SDH/DH without Gynaecologist / EmOC:	Total no. of FRU CHC/SDH/DH in HPD : 23 FRU CHC/ SDH/DH without Gynaecologist / EmOC: 1 (4.34%)	As stated above
	% of FRU CHC/ SDH/DH without Anaesthetist/ LSAS:	FRU CHC/ SDH/DH without Anaesthetist/ LSAS: 2 (9%)	As stated above
	% of FRU CHC/ SDH/DH without Paediatrician/ FBNC:	FRU CHC/ SDH/DH without Paediatrician/ FBNC: 3 (13%)	As stated above
B) Introduction of Human resource Information Management System for regular and contractual staff in a manner that salary bill is generated through the HRIS web portal, which ensures that the HR deployment information remains updated			
Penalty	Gaps in introduction of Human Resource Information Management System may lead to reduction in outlay of upto 10% of NRHM-RCH		
<i>For States without software-based HRIS at the beginning of the year</i>			
b.I. Plans to initiate and rollout of web-based HRIS in place	b.1.1. Web-based HRIS software platform and deployment plans (software details, cadres covered, agency, timelines) finalized by state. Please attach details. (MOV: Notification detailing software and deployment plans)	Yes	<ul style="list-style-type: none"> • Web based HRMIS for all contractual staff is in place (www.nrhmorissa.gov.in). Process has been initiated to link other modules like – Performance monitoring, CL / EL, Salary, Renewal of contract etc. • The development of web based software i.e. Odisha State Health Workforce Information System for Regular staff is in final stage, which is being done with technical support from NIC. • However at present Salary of all Regular staff is being paid through Betan software (www.betan.ocac.in)
	Penalty: If no, penalty of 5%		

Conditionality & Key Requirements	Indicator/Means of verification (MOV)		Remarks / Road Map
	b.1.2. Final list of all facilities at all levels covering all districts for use in HRIS verified and notified by State. Please attach list. (MOV: Notification with final list of facilities for all districts)	Yes	<ul style="list-style-type: none"> • All facilities up to Sub centre already mapped under HMIS as per RHS data. • Accordingly facility wise infrastructure data set including HR is being updated annually. • However the facility wise HR data base are being updated regularly by State Human Resource management Unit (SHRMU), which is available at HR details under mandatory disclosure
Penalty: Penalty of 2.5% if less than 80% facilities covered, 1 % if less than 90% facilities covered, No penalty if more than 90% facilities covered			
b.2. Deploy web-based HRIS software by ensuring HR data entry and updation for all cadres in the software on a quarterly basis.	b.2.1. Updated HR data entered in web-based HRIS for Specialists and MOs (regular and contractual) completed for all HPDs (MOV: web-based HRIS)	Yes	<ul style="list-style-type: none"> • Facility wise HR data base for specialists & doctors are being maintained and updated manually from time to time by State Human Resource management Unit (SHRMU) including HPDs which is available at HR details under mandatory disclosure, as development of HRIS software is under process.
Penalty: If no, penalty of 2.5%			
b. For states with existing software-based HRIS			
b.1. Deploy web-based HRIS software by ensuring HR data entry and updation for all cadres in the software on a quarterly basis.	b.1.2. Final list of all facilities at all levels covering all districts for use in HRIS verified and notified by State. Please attach list. (MOV: Notification with final list of facilities for all districts)	Yes / No	NA
Penalty: If no, penalty of 2.5%			

Conditionality & Key Requirements	Indicator/Means of verification (MOV)		Remarks / Road Map
	b.1.2. Updated HR data entered in web-based HRIS for all cadres (regular and contractual) completed for all districts (MOV: web-based HRIS)		NA
	Penalty: If no, penalty of 2.5%		
b.2. Generate payroll, HR Mandatory disclosure reports and other HR reports from HRIS.	b.2.1. HRIS for all cadres linked to payroll generation system.	Yes / No	NA
	Penalty: If no, penalty of 2.5%		
c) Facility wise performance audit and corrective action based thereon.			
Penalty	Penalty up to 5% of RCH NRHM pool		
c.I. Facility wise reporting on HMIS portal by all facilities as a minimum for all HPDs (SC data if needed be uploaded from PHC)	c.1.1. % districts reporting facility wise in HMIS (infrastructure and facility wise data): (MOV: HMIS reporting status in last quarter)	Current status of reporting in HMIS portal (as on December' 2014): Facility wise MIS: Sub centre - 100%, PHC – 92%, CHC – 99.5%, SDH – 100%, DHH – 100% (for facility wise HMIS report), 91% (for Infrastructure data set)	Reasons for shortfall: DHH level: 3 medical colleges are also mapped under DHH category in GOI portal along with 32 DHHs of the State. Reports from 3 medical colleges are being collected, which will be uploaded by end of January' 2015. CHC level: All CHCs are reporting except Private institutions mapped under CHC category. PHC level: A total of 98 PHCs are not reporting out of 1226 PHCs. Of which 42 PHCs are from Urban areas and rest are non functional. After full fledged NUHM implementation, institutions in the Urban areas will be

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			made functional for reporting.
	c.1.2. % facilities in HPDs reporting facility wise data in HMIS : (MOV: HMIS reporting status in last quarter)	Current status of reporting in HMIS portal (as on December' 2014): Facility wise MIS: Sub centre - 100%, PHC – 100%, CHC – 99.5%, SDH – 100%, DHH – 100%	Reasons for shortfall in reporting at CHC level: All CHCs are reporting except Private institutions mapped under CHC category.
c.2. Performance of CHCs and PHCs	c.2.1 % of CHCs in the State reporting more than 100 IPD per month: (MOV:HMIS)	Current status (as on December' 2014): Total no. of CHC in the state – 377 Total no. of CHC reporting more than 100 IPD per month – 245 Achievement - 65%	
	c.2.2 % of PHCs in the State reporting more than 10 OPD/day: (MOV:HMIS)	Current status (as on December' 2014): Total no. of PHC in the state – 1226 Total no. of PHC reporting more than 10 OPD per day – 1104 Achievement - 90%	
c.3. Star rating of facilities	c.3.1 Star rating to be done by the State and verified by M & E Div. Based on Star rating detailed analysis and action plan to be developed	Current status (as on December' 2014): 5 star rated CHC – 3 4 star rated CHC – 34 3 star rated CHC – 62 2 star rated CHC – 24 1 star rated CHC – 254	Analysis of MIES & Infrastructure Database has been initiated for star rating of institutions, from Dec 2014 & report shared with State Integrated Monitoring Teams (SIMT) & districts for necessary corrective action.
d) Performance Measurement system set up and implemented to monitor performance of regular and contractual staff.			
Penalty	Penalty of up to 5% of RCH NRHM pool		
d.I System for performance measurement of regular and contractual staff in place.	d.1.1. Job description with reporting relationships and measurable performance indicators for all cadres (regular and contractual) available in State NHM website.	Yes Performance Management system both for regular & contractual staff is in place. For regular staff , especially for programme officers at all levels, Govt. notification issued to reflect the physical Vs financial achievement under NHM as per approved annual PIP of respective levels in the PAR & CCR.	MOV: Govt. notification, cadre rules for regular staff , TOR, APR, QPR formats & reporting structure of contractual staff available at PMS details in NHM website. Road Map: With approval of GoI, process has been initiated to develop web based Performance Management System (PMS) for all contractual staff with support of 3 rd

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		<p>For contractual staff, structured format with both qualitative & quantitative indicators for APR & QPR is in place with necessary remarks of reporting & reviewing authority. Based on the appraisal report, renewal as well as PI is being given.</p>	<p>party (DFID – TMST-O), which will be rolled out in 2014-15.</p>
	<p>d.1.2. Performance measurement system (performance benchmarks/ increments/ incentives) for all cadres available in State website</p>	<p>Yes For regular cadre, performance benchmark & incentives, increment are being paid as per provisions made in Odisha Medical Service cadre rules / General Administration rules. For contractual staff, performance incentives & increment are being paid based on achievements in performance benchmark; i.e. outstanding >= 80%, very good – 70 to 79%, good – 60 to 69%, average – 50 to 59% & poor – below 50%.</p>	<p>MOV: Govt. notification, cadre rules for regular staff, and performance benchmark for contractual staff available at PMS details in NHM website. Road Map: For contractual staff, evidence based core performance indicators for all clinical & programme management staff are being prepared as part of revised PMS.</p>
<p>d.2 Baseline performance targets set for all regular and contractual staff and shared</p>	<p>d.2.1. % staff (regular and contractual) having baseline performance targets (MOV: State reports)</p>		
	<p>% of regular staff (MO, SN, ANM, LT) with baseline performance targets</p>	<p>100% Baseline performance benchmark targets have been fixed for individual / team (annually / quarterly / monthly) keeping in view to the nature of job and place of posting (i.e. SNCU, NRC, DP, SC etc.)</p>	<p>MOV: Staff / team wise performance benchmark is available at PMS details in NHM website.</p>
	<p>% of contractual staff (MO, SN, ANM, LT) with baseline performance targets</p>	<p>As stated above.</p>	<p>As stated above.</p>
<p>d.3 Performance reviewed and corrective action taken in line with the</p>	<p>d.3.1. % staff (regular and contractual) reviewed for performance. (MOV: State reports)</p>		
	<p>% of regular staff (MO, SN, ANM, LT) reviewed for performance</p>	<p>Performance reviews of 100% staff are primarily reviewed individually on quarterly</p>	<p>MOV: Orders / Guidelines on mentoring.</p>

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performance measurement system.		<p>through QPR / annual through APR. In addition, performance of the SC / Block / other Institutions are reviewed on monthly basis through analysis of HMIS and other stand alone reports, i.e. MHT, SNCU, NRC etc. to assess the performance of the head of the institutions other staff.</p> <p>Accordingly, detailed analysis is being done including preparation of block / SC wise 16 dashboard indicators on monthly basis. The analysis and feedback reports are shared with all concerned for necessary corrective action, which is being followed up by SIMTs. The analysis report is generally discussed in scheduled monthly meeting held at sector / block & district level for necessary corrective actions.</p> <p>Further, performance of ANMs, at SCs & DPs and LTs & SNs at DPs / SNCUs / NBSUs are being reviewed & assessed on quarterly basis under mentoring process. Accordingly hand holding supports are being provided by the mentors for performance improvement & corrective actions.</p>	Analysis reports on HMIS & other
	% of contractual staff (MO, SN, ANM, LT) reviewed for performance	As stated above.	
	d.3.2. % staff (regular and contractual) for whom corrective action taken based on performance. (MOV: State reports)		
	% of regular staff (MO, SN, ANM, LT) for whom corrective action taken	100%	
	% of contractual staff (MO, SN, ANM, LT) for whom corrective action taken	As stated above.	

Conditionality & Key Requirements	Indicator/Means of verification (MOV)		Remarks / Road Map
e) Baseline assessment of competencies of all SNs, ANMs, Lab Technicians to be done and corrective action taken thereon.			
Penalty	Penalty up to 5% of RCH NRHM pool		
e.1 Baseline assessment conducted and staff appropriately graded for corrective action	e.1.1. % districts where baseline assessment of competencies conducted for SN/ANM/LT (MOV: State report)		
	% of districts where baseline staff competency assessment planned	All 30 districts (100%)	
	% of districts where baseline staff competency assessment conducted and completed	To be initiated in January 2015 and completed by March 2015 (100%).	MOV: Operational plan is available at NHM website for reference
e.2 Progress reported against action plans with timeline to show improvement in staff competencies, e.g. % target group identified for training vis-a-vis trained	e.2.1. % districts reporting progress in improving staff competencies of those identified below threshold competency levels (MOV: State report)		
	% of districts with action plans for improvement in competency for identified staff	Yet to start	
	% of districts reporting 50% achievement of target action plans(% refresher -trained against planned)	Yet to start	
f) State/UT will adopt Competency based Skill Tests and transparency in selection and recruitment of all doctors, SNs, ANMs and LTs sanctioned under NHM.			
Penalty	Up to 5% of RCH NRHM pool as penalty		
f.1. Competency based Skill Tests (CBST) developed for selection and recruitment.	f.1.1 CBST and criteria developed and notified for selection and recruitment of doctors, SNs, ANMs and LTs.	Yes Guidelines prepared	MOV: Detailed guidelines developed and hosted in NHM website. Road Map: Process initiated for issue of Govt. notification. Activity would be rolled out

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	f.1.2. CBST as a selection criteria has been mentioned explicitly in the advertisements for recruitment of doctors, SNs, ANMs and LTs.	No	Road Map: To be rolled out after getting approval from Govt.
f.2. All positions for recruitment of doctors, SNs, ANMs and LTs advertised.	f.2.1. All positions (regular and contractual) in 2014-15 for recruitment of doctors, SNs, ANMs and LTs advertised in local and vernacular newspapers, other appropriate channels (e.g. DM's office, BDO office, Panchayat Bhavan), and State NHM website.	Yes Advertisement published in two leading Odia & one English newspaper for all types of recruitments, in addition to advertisement in NHM website for state level recruitment & respective district website for district level recruitment. Further system for online application is in place.	MOV: NHM website Newspaper cuttings hosted in NHM website
f.3. Competency based skill tests used for selection.	f.3.1. CBST and criteria used for all new recruitments in 2014-15 (doctors, SNs, ANMs and LTs)	Yet to start	
G. Gaps in implementation of JSSK			
Penalty	Penalty of 10% of NRHM-RCH Pool More than 50% gap in any of the components (drug, diet, diagnostics and transport) 10% penalty Less than 50% but more than 25% gap, 5% penalty No penalty if performance more than 75% (based on MCTFC data)		
G.I Gaps reported in the monthly/quarterly reports sent to MoHFW	Provision of free drugs	Achievements – 83%	MOV: Consolidated JSSK report up to Oct' 2014 Road Map: The state has already established Medical Corporation for strengthening drug procurement and supply chain management under free medicine distribution scheme. To avoid stock out, web based drug inventory management system has been operationalised up to DHH level, which will be scaled to CHC level by March 2015. Further, Drug Distribution Centres are

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			<p>being established in all public health facilities up to CHC level to ensure adequate provision and smooth distribution of drugs. Process has been initiated for prescription audit.</p>
	Free Diet	<p>Achievements – 84%</p> <p>Total delivery in Public Health Institutions – 331072 Delivery in SC DPs - 6044 (2%) Delivery in PHC (N) DPs - 21379 (6%) Delivery cases discharged before 48 hours - 225577(68%) Diet given to mothers in all DPs (Oct) - 273699(82%) Diet given to mothers in SC & PHC DPs (Oct) – 19706</p>	<p>Remarks:</p> <p>It is evident from the data that about 8% of total delivery is conducted below CHC DPs either at SC or PHCs which are located in very remote corners of the blocks, and hardly have shops nearby. Furthermore about 68% of delivery cases are even staying less than 48 hours after delivery and many among these cases are not getting diet due to very short period of stay. Because of the above two reasons 15% of beneficiaries could not be covered under diet provision. However steps are taken for ensuring 48 hours stay so that all delivery cases can be provided with diet and the DPs those are located in remote areas are ensured to arrange diet locally under shopping method (As per OGFR guideline)</p>
	Free diagnostic	<p>Achievements – 64%</p>	<p>Remarks:</p> <p>Coverage under diagnostics is less due to non availability of LT /manpower round the clock. Also less private centres are empanelled for providing diagnostic services as they do not fulfil the criteria of empanelment.</p>

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	Free Transport	<p>Achievements – 52%</p> <p>Total delivery in Public Health Institutions – 331072</p> <p>Mother Transported through 102/108 - (25%)</p> <p>Mothers transported through empanelled vehicle / JE / Institutional Ambulance - (27%)</p> <p>Total Live birth – 407599</p> <p>Expected sick infants (15% of live birth) – 61140</p> <p>% of sick infants availed free referral transport through 102/108 - (6%)</p>	<p>Remarks:</p> <p>As prominent from the above mentioned table that 52% of mothers have availed transportation facility through 102/108 and empanelled vehicle.</p> <p>Due to transition phase of Operationalization of 102, there is gap in service. However special efforts are taken to provide transportation through the available 102/108 and available ambulances.</p> <p>State is having fleet of 420 numbers of 108 ambulances and 500 numbers of 102 ambulances. Out of 500 numbers, 311 are in full functional condition benefiting on an average of 90 beneficiaries per month. Steps are being taken to make functional all the targeted 102 ambulances.</p>

INCENTIVES UNDER NHM

Area	Indicator / MOV	Current status	Remarks / Road Map
1. Responsiveness, Transparency and Accountability			
Incentives	Incentive up to 3% of NRHM-RCH Pool		
1.1 Demonstrated initiatives including innovations for responsiveness in particular to local health needs (only those innovations covering at least one district for a minimum of two years, with a third-party evaluation)	Initiatives to demonstrate responsiveness initiated: Yes/No	Yes <ul style="list-style-type: none"> Several activities addressing local health needs are being implemented in the state like establishment of Maternity waiting Home (MWH) in tribal hard to reach areas, Sickle cell anaemia control programme in western Odissa, Mobile Health Units (MHU) in tribal / hard to reach areas, special health programmes for PVTGs etc. 	Remarks: The description and evaluation reports are available in the NHM website under innovation.
	If yes, description (in 500 words, how innovation addressed a particular local need): Third party evaluation report attached : Yes /No		
Incentives	Incentive up to 2% of NRHM-RCH Pool		
1.2 Demonstrated initiatives for transparency e.g. mandatory disclosures and other important information including HR posting to be displayed on State NRHM website; display of free drugs, JSSK and RBSK, JSY entitlements etc.	Mandatory disclosure parameters updated on NRHM State website: Yes/No	Yes	MOV: For details please refer NHM website link mandatory disclosure
	Display of NHM entitlements in all facilities (SC and above): Yes/No	Yes All types of citizen centric information on Govt. schemes / programmes 7 entitlement including citizen charters are displayed in all public health facilities and strategic locations.	MOV: Photographs
	Important NHM information (e.g. Complaints and grievance redressal, HR transfer posting orders etc.) uploaded on State website: Yes/No	Yes	MOV: For details please refer NHM website
Incentives	Incentive up to 3% of NRHM-RCH Pool		
1.3 Demonstrated initiatives /	All districts covered by functional Call	Yes	

Area	Indicator / MOV	Current status	Remarks / Road Map
innovation for accountability: e.g. call centre for integrated grievance handling system, aggrieved party to receive SMS with a grievance registered number; action taken within stipulated time; community monitoring; Jan Sunwai etc.	Centre / Toll free Helpline with integrated grievance redressal: Yes/No	At present, Centralized Grievance redressal mechanism through Sanjog Helpline (toll free no. 155335 & 1800 3456 770) with focus on JSSK & Local grievance redressal system for all purpose is in place. However, a centralized health helpline cum grievance redressal system for all purpose through 104 toll free no. will be made operational shortly through outsourced agency. MOU has been signed & SOP is in final stage.	
	% of districts that reported four or more Community Monitoring / Jan Sunwai initiatives in 2014-15:	<ul style="list-style-type: none"> 'Community monitoring' has been implemented in 5 districts covering all blocks of the districts in the name of Gaon Swasthya Samikshya in state since 2012-13. 	MOV: Detailed report available in NHM website Road Map: The activity will be scaled up to other districts as well in 2015-16.
	State Health Mission held reporting year : Yes/No (attach minutes)	Yes	MOV: Minutes attached
Incentives	Incentive up to 3% of NRHM-RCH Pool		
2. Quality Assurance			
Incentives	Incentive up to 3% of NRHM-RCH Pool		
2.1 States notify quality policy/ strategy (aligned to national policy) as well as standards	Policy in place: Yes/No	Yes As per Gol guidelines	MOV: Govt. notification hosted in NHM website
2.2 Constitute dedicated teams, Training of State and district quality team completed	State QAC team trained: Yes/No	Yes <ul style="list-style-type: none"> SOAC was reconstituted and all the members were communicated vide letter no-1801 dated 29.01.2014. District Level Quality Assurance 	MOV: Minutes of the SQAC meeting available in NHM website Govt. notification

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		Committee (DOAC) reconstituted in all the 30 districts. <ul style="list-style-type: none"> • District Quality Team (DQT)s for DHH has been constituted in all the 32 District Head Quarter Hospitals. • Sub Divisional Hospital Quality Team (SDHQT) was constituted in all 27 SDHs of the state. • All SQAC members were sensitized on National Quality Assurance Programme 	hosted in NHM website
	District QAC teams trained: Yes/No	Yes <ul style="list-style-type: none"> • One day Orientation/ Awareness workshop on National Quality Assurance Programme for SQAC & District team comprising of ADMO (Med), Hospital Manager & Matron/Nursing Sister completed with support of NHSRC. • 3 batches of Internal Assessors Training comprising of ADMO (Medical) & Hospital Manager of DHH, SDMO & Jr. Hospital Manager of SDH, State consultant conducted from 15th to 20th September 2014. • One day Training cum Sensitization on BMWM (3 batches- on 5th 17th & 19th December 2014) conducted for ADMO (PH), ADMO (Medical) & Hospital Managers. 	MOV: Photographs available at NHM website

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<p>2.3 Current levels of quality measured for all “priority facilities” and scored and available on public domain. Deadlines for each facility to achieve quality standards declared</p>	<p>% Delivery points (FRU & above) measured for quality by DQAC team with reports available in State Website</p>	<p>Yes</p> <p>Strengthening of DPs:</p> <ul style="list-style-type: none"> • 65% of DPs (FRU and above covering all 32 DHHs and 27 SDHs) measured for quality using NQAS Checklist by district team. • Detailed facility assessment of all delivery points including other hospitals has been completed in all DPs of the state including 10 HPDs as per Gol guideline. Accordingly district specific PIPs were prepared and approved based on gaps identified in facility assessment. • Further to ensure quality of health care services at delivery points DP mentoring process has started for all DPs. • In the mean time 227 mentors were identified and trained to initiate mentoring process to cover 100% DPs. <p>Quality improvement process at DHHs:</p> <ul style="list-style-type: none"> • ISO 9001: 2008 Certificate awarded to all 9 DHHs:- Baripada, Koraput, Jajpur, Kandhmal, Keonjhar, Puri, Capital Hospital Bhubaneswar, Anugul and Balasore, as part of 	<p>MOV: Detailed notes and reports on QIP / DP mentoring & facility wise assessment reports.</p>

Area	Indicator / MOV	Current status	Remarks / Road Map
		<p>quality improvement plan.</p> <ul style="list-style-type: none"> For strengthening Maternal Health Services & ensuring safe birth practices at DHHs, quality improvement process was also implemented in 6 DHHs during last year (Angul, Bolangir, Kandhamal, Puri, Keonjhar, Rayagada,) which is extended to rest 26 DHHs during current year. 	
	% Delivery points having action plans with time line	<ul style="list-style-type: none"> 100% DPs having action plans with time line for saturating all requirements in-terms of HR, equipment & instrument, training of service providers etc., based on baseline assessment and activities approved in PIP, so as to provide quality RMNCH+A services as per Gol guidelines. 	MOV: DP strengthening Action Plan
3. Inter-Sectoral Convergence			
Incentives	Incentive up to 3% of NRHM-RCH Pool		
3.1 Action plan for inter-sectoral convergence with allied sectors/departments (WCD, PHED, WASH, Education etc.	Action plan developed : Yes/No Action plan with timelines agrees with all allied departments with time line in place : Yes /No	Yes <ul style="list-style-type: none"> All intersectoral convergence issues are regularly being discussed in Health Mission & Health Society and DLVMC meetings at all levels. Inter departmental meeting with concerned Secretaries are being held under the chairmanship Chief Secretary/ Development Commissioner from time to time for planning and successful 	MoV :- Minutes of the meeting

Area	Indicator / MOV	Current status	Remarks / Road Map
		<p>implementation of different programmes.</p> <ul style="list-style-type: none"> Different Convergence Committees are formed at the State and districts level and accordingly, joint coordination meetings are being held for successful planning and implementation of activities like RBSK, NUHM, immunization, VHNDs, WIFS, NRC, Civil construction etc. with concerned line departments. Fixed day civil works review meetings with all line departments are being held at state level by Principal Secretary and at the district level by Collector. 	
3.2 % of districts implementing agreed action plans	% Districts implementing agreed inter-sectoral convergence plan	100%	MOV:- Minutes of the meeting
	% Districts reporting inter-sectoral convergence meeting under DM in the last quarter	100%	MOV:- Minutes of the meeting
4. Recording of vital events including strengthening of civil registration of births and deaths			
Incentives	Incentive up to 2% of NRHM-RCH Pool		
4.1 Birth registration within 21 days of birth	% of births registered against estimated number of births	<ul style="list-style-type: none"> 75.81% of births registered against estimated numbers through online system as on October' 2014 	MOV: Web based CRS (https://crsodisha.in)
4.2 Death reports with cause of death (especially any under 5 child or any woman in 15 to 49 age group) shared with district health team on monthly basis	% Maternal deaths reported and reviewed against estimated number of deaths	<ul style="list-style-type: none"> 55% of Maternal deaths reported against estimated deaths 95% of reported Maternal deaths & 52% of estimated Maternal deaths were reviewed as on October' 2014 	MOV: Web based CRS (https://crsodisha.in)
	% Child deaths reported and reviewed against estimated number of deaths	<ul style="list-style-type: none"> 18.7 % of child death reported against estimated death as on October' 2014 	Road Map: CDR will be initiated in

Area	Indicator / MOV	Current status	Remarks / Road Map
			the state shortly. Detailed guidelines prepared and available at NHM website.
4.3 HMIS data consistent with the births and deaths reported in CRS	% Difference in HMIS and CRS data on births and deaths	<ul style="list-style-type: none"> 6% difference in birth & 19.5% difference in death reported in HMIS & CRS data as on October' 2014 	MOV: Web based CRS (https://crsodisha.in)
Incentives	Incentive of 1% if 70% or more matched with estimated numbers, Incentive of 2% if 1 above met and less than 5% difference between HMIS and CRS reporting		
5. Creation of a public health cadre (by states which do not have it already)			
Incentives	Incentive up to 5% of NRHM-RCH Pool		
5.1 Stated policy and road map including career path on creation of a public health cadre (to be included in State HR policy)	Policy and Road map approved by State Cabinet: Yes/No	Yes	Govt. Notification and other support documents available at NHM website
5.2 Notification for creation of public health cadre	Government order/notification: Yes/No	Yes	Govt. Notification and other support documents available at NHM website
5.3 State level Public Health Directorate established for leadership and coordination	Public Health Directorate with Director (Public Health) / equivalent established under Secretary (HFW): Yes/No	Yes <ul style="list-style-type: none"> Directorate of Public Health has been established with a dedicated Director, Additional Director & Joint Directors. Key functions of the Directorate of Public Health have also been notified. In addition, separate Commissionerate for Food Safety & Directorate of Nursing has also been established in the state 	Govt. Notification and other support documents available at NHM website
6. Policy and systems to provide free generic medicines to all in public health facilities			
Incentives	Incentive up to 5% of NRHM-RCH Pool		

Area	Indicator / MOV	Current status	Remarks / Road Map
<p>6.1 Clear policy articulation of free generic medicines to all in public health facilities</p>	<p>Policy in place: Yes/No</p>	<p>Yes The State has a drug management policy, which emphasizes the use of generic medicines. The copy of the drug management policy is attached at Annexure-I. Govt. resolution vide No. 18844 dated 26.6.2013 has also been made for implementation of free drug distribution scheme (Copy attached at Annexure-II).</p>	<p>MOV Govt. Notification and other support documents available at NHM website and corporation website.</p>
<p>6.2 EDLs finalized and drug formulary published and made available in all public health facilities, Overall procurement and logistics strategy in place. Detailed design and plan for rate contracting, regular stock updates, indent management, warehousing, promotion of rational drug use, contingency funds with devolution of financial powers etc. in place</p>	<p>EDL list and drug formulary published 1, in place: Yes/No (Please attach notification)</p>	<p>Yes. The revised essential drug list (EDL) 2014 (facility wise) has been prepared by H&FW Department. EDL 2014 is available in the form of a printed booklet for all health facilities and also hosted in State Drug Management Unit (SDMU) website : (www.http://203.193.146.66/hfw/SDMU/tender.html) for reference. The copy of the notification & the EDL is attached at Annexure-III & IV respectively</p>	<p>MOV Govt. Notification and other support documents available at NHM website and corporation website</p>
	<p>Procurement strategy / manual in place: Yes/No (Please attach Manual / DOG GO)</p>	<p>Yes, The modality of procurement of drugs has been defined in the drug management policy attached at Annexure-I. The procurement related to 80% of the state drugs budget is done centrally & the procurement related to 20% of the state drugs budget is done at the District level to meet the emergency requirement. Presently the Procurement Agency is State Drug Management Unit (SDMU), which is a unit under Directorate of</p>	<p>MOV Govt. Notification and other support documents available at NHM website and corporation website</p>

Area	Indicator / MOV	Current status	Remarks / Road Map
		<p>Health Services, Govt. of Odisha for procurement of Drugs & Equipment. However, in the meantime, the Odisha State Medical Corporation is established. The Corporation will take over soon all centralized procurement activity of Drugs & Equipment of the H&FW Department. The Govt. resolution to this effect is enclosed at Annexure-II.</p>	
	<p>Summary of rate contracts available: Yes/No (Please attach)</p>	<p>Yes Yes. 1)The rate contract of the State for 314 items (Drugs & consumables) valid for a period of one year is attached at Annexure –V 2) The rate contract of the State for 104 items (Surgical, Suture & other Items) valid for a period of one year is attached at Annexure –VI 3) The rate contract of the State for 14 items (IV Fluids & others) valid for a period of one year is attached at Annexure –VII. These rate contracts are also available in the State Drug Management Unit (SDMU) website: (www.http://203.193.146.66/hfw / SDMU / tender.html) for reference.</p>	<p>MOV Govt. Notification and other support documents available at NHM website and corporation website</p>
<p>6.3 Free drug availability</p>	<p>% clients (OPD, IPD) availing free generic medicines (Please attach third party evaluation)</p>	<p>100%</p> <ul style="list-style-type: none"> For provision of free medicines for all categories of patient, the Essential Drug List (EDL) has been revised and accordingly adequate budget provision has been allocated in State budget. Now, about 570 types of 	<p>MOV Detailed report available at NHM website and corporation website</p>

Area	Indicator / MOV	Current status	Remarks / Road Map
		<p>drugs would be made available in public health facilities as per its level on free of cost.</p> <ul style="list-style-type: none"> Recently, a Rapid Assessment study on stock-out and availability of drugs in public health facilities has been done through DFID- TMST. 	
7. Timely roll out of RKSK			
Incentives	Incentive up to 5% of NRHM-RCH Pool		
7.1 RKSK roll-out plan in HPDs, in line with Gol guidelines in place	RKSK roll-out plan notified to High Priority Districts: Yes/No	Yes, district specific PIP prepared and funds have been allocated to districts for rolling out of RKSK.	MOV Detailed roll out plan available at NHM website.
8. Regular supportive supervision and corrective action based on reports of visits			
Incentives	Incentive up to 5% of NRHM-RCH Pool		
8.1 All facilities should be visited at least twice a year	% of facilities (SC and above) reported at least two visits:	<ul style="list-style-type: none"> At present, Ten Composite State Integrated Monitoring Teams (SIMTs) have been formed involving Programme, Finance, M & E, Technical experts from SPMU, Directorates and Development Partners to visit one district per month for a period of 3 days using more than 20 Checklist including facility based check list prescribed by Gol. Detailed analysis of HMIS/MCTS and other stand alone reports are being done and feedback reports including score card for key interventions are 	<p>MOV Detailed framework for monitoring & supportive supervision and status of visit is available at monitoring supervision details of NHM website.</p> <p>Road Map: Process has been initiated to develop online monitoring & supportive supervision system through technical assistant of HIPS, India.</p>

Area	Indicator / MOV	Current status	Remarks / Road Map
		<p>shared with districts for necessary corrective action</p> <ul style="list-style-type: none"> • Detailed monthly Fixed Day programme review meetings of all programmes under NHM are being done at the Mission Directorate level and based on the progress and gaps identified; necessary action plan has been prepared and shared with all concerned for corrective action. • Monthly fixed day review meetings are also done on RMNCH+A, Civil works and NVBDCP under the chairmanship Principal Secretary. • Detailed monitoring and supportive supervision structure has been framed for all levels up to sector and accordingly, concerned officers/ consultants are undertaking field visit. • As per GoI guideline, the block monitoring visit for 10 HPDs is also carried out with support of Development Partners. 	
8.2 Action Plan based on visits developed	% of facility reporting having action plans based on SS visit (out of those visited):		
8.3 Corrective action taken based on action plans	% of facilities reported corrective action based on action plans:		
9. Enacting/adopting Clinical Establishment Act 2010 as per State's/UT's requirement, to regulate the quality and cost of health care in different public and private health facilities			
Incentives	Incentive of up to 5% of NRHM-RCH Pool	Graded incentive based on status of last year	

Area	Indicator / MOV	Current status	Remarks / Road Map
9.1 Adoption of Clinical Establishment Act 2010 or similar Act	Act in place: Yes	<p>The Central Clinical Establishment Act, 2010 is not in practice in Odisha as the State is adopting Clinical Establishments (control and regulation) Act 1990 & rules 1994. This Act was amended up to 2006 and is enacted in Odisha since 1994 to regulate and register the private Clinical Establishments (CE) of the state.</p> <p>Till now 1510 nos Clinical Establishments are registered under the Orissa Clinical Establishment Act & Rules in Odisha.</p>	<p>MOV: Details available at @ website www.dmetodisha.gov.in</p> <p>Road Map: In addition, Government of Odisha is developing web based interface to register and renew the clinical establishments electronically with the help of NIC, Bhubaneswar. The process is in the final stage and will be implemented very soon.</p>
9.2 Rules and regulations framed for Clinical Establishment Act 2010	Rules and regulations framed : Yes/No	Yes i.e. Odisha Clinical Establishments (control and regulation) Act 1990 & rules 1994, and amendment in 2006	<p>MOV Further amendment in lines with Clinical Establishment Act 2010 of Gol is under process.</p>
9.3 Institutional framework set-up	Institutional framework set – up: Yes	The Director, Medical Education and Training is responsible for proper implementation of this Act.	
9.4 Capacity building of programme management staff/others involved in implementation of Clinical Establishment Act underway	% Training completed against the target % Facilities registered % Registered facilities reporting	100 % of DEOs and dealing Assistants have been trained by NIC who are dealing with Clinical Establishment. 1510 private facilities registered under Clinical Establishment Act in the State. 100% facilities are submitting report to DMET, Odisha.	<p>Road Map: Detailed action plan as per Gol guideline has been proposed in PIP 2014-15 awaiting approval.</p>

Area	Indicator / MOV	Current status	Remarks / Road Map
10. Increase in State annual health budget			
Incentives	Incentive up to 5% of NRHM-RCH Pool 10-14% - 1% incentive 15-20% - 3% incentive More than 20% - 5%		
10.1 More than 10% increase in State annual health budget as compared to the previous year	% increase in State annual budget from previous year	30% increase in State Health Annual budget over 2013-14 excluding NRHM budget (i.e 2155.30 crores in2013-14 to 2804.24 crores in 2014-15. 68% increase in State Health Annual budget over 2013-14 including NRHM budget (i.e 2317.43 crores in2013-14 to 3897.74 crores in 2014-15.	MOV Year wise status health budget
11. RBSK to be rolled out in at least 30% of the districts.		RBSK rolled out in all 30 districts (100%)	
Incentives	Incentive up to 5% of RCH-NRHM Pool		
11.1 RBSK teams recruited and trained	e.1.1 % of districts with HR recruited and trained for RBSK (MOV: RBSK report)	All 30 districts (100%). HR recruitment status Ayush (M) – 634 / 687 (92%) Ayush (F) – 509 / 687 (74%) ANM / SN – 584 / 687 (85%) Pharmacist – 638 / 687 (92%) Total HR recruited – 2365 / 2748 (86%) 5 days Training status Ayush (M) – 594 / 634 (94%) Ayush (F) – 449 / 509 (88%) ANM / SN – 577 / 584 (98%) Pharmacist – 579 / 638 (90%) Total MHT staff trained – 2189 / 2365 (92%)	MOV: District wise MHT status is available at MHT status report. Road Map: Vacancy Position to be filled up by February-2015. Training of MHT staff to be completed by March-2015.

Area	Indicator / MOV	Current status	Remarks / Road Map
<p>11.2 All newborns screened at Delivery Points</p>	<p>e.2.1 % of districts reporting > 80% newborns being screened at DPs: (MOV: RBSK report)</p>	<p>Total districts – 30 Districts initiated newborn screening at DPs – 11 (36%) % of districts reporting > 80% newborns being screened at DPs- Newborn screened in same 11 districts as per report – 2221 <u>Progress made so far:</u> Service Providers targeted to be Trained: 2668. Achievement: 2090 (78%) Register Printed & supplied to 580 numbers of DPs of all 30 districts. Communication for compulsory new born screening issued to all 30 districts.</p>	<p><u>MOV:</u> District wise MHT status is available at MHT status report.</p>