

Rational deployment of HR with the highest priority accorded to high focus districts and delivery points/priority facilities	Facility wise performance audit and corrective action based thereon.	Gaps in implementation of JSSK	Continued support under NRHM for 2nd ANM would be contingent on improvement on ANC coverage and immunization as reflected in MCTS.	Responsiveness, transparency and accountability	Quality assurance	Inter-sectorial convergence	Recording of vital events including strengthening of civil registration of births and deaths	Creation of a public health cadre	Policy and systems to provide free generic medicines to all in public health facilities
1.1&1.2	2.1 & 2.2	3.1 & 3.2	4	5	6.1 & 6.2	7.1 & 7.2	8	9.1	10.1
	2)Corrective action for improvement in performance based on these indicators is being monitored by the directorate of health services to the facilities through DO letters and in review meetings.	<p>3.2</p> <hr/> <p>3.2.1</p> <p>JSSK IEC & Awareness</p> <p>a)TV ad campaigns carried out.</p> <p>b)Newspaper advts are given Periodically.</p> <p>c)All health facilities display JSSK boards.(Government orders on JSSK display boards and campaign uploaded on website)</p> <p>d)Hoardings and posters are also displayed in public places.</p> <p>e)Grievance redressal officers contact number displayed.</p>	for Nandurbar is 1.68% (including Hepatitis B 0 & vit A1 dose) (State has requested MOHFW and NIC to reconsider the Definitions of full ANC & full immunization.)	<p>2) Grievance Redressal Cells have been established at District level, Deputy Director level & also state level. The Grievance cell headed by retired Judge/ journalist. Grievances are redressed within a stipulated timeline.</p> <p>3) RCH and HDP camps are held in all districts regularly.</p> <p>4) Total 40 MMU are operating in Maharashtra under NRHM. One MMU for each district i.e. 33 and 7 additional units for Tribal districts viz. Nandurbar (2), Gondia (2) & Gadchiroli (3).</p>	<p>6.2.1</p> <p>1)District IPHS coordinator in all districts to monitor quality.</p> <p>2) By November 2012, 510 District Quality Assurance Groups (Teams) members trained in 18 districts & are conducting regular, Quality assessments of selected Health facilities (SDH/RH/PHCs/ Subcentres) & also monitoring the enhancement in Quality therein.</p> <p>3) Assessors are themselves the mentors of the quality levels in RCH services.</p> <p>4)Quality Assurance Cell has distributed check list for assessing the quality for RCH</p>	<p>3) Four ANC camps in each PHC every month with Human Development Mission wherein Free diet, IFA tablet and relevant IEC material is distributed.</p> <p>4)Newly Initiated WIFAS program under ARSH with WCD.</p> <p>5) Construction of health facilities with Public Works Department.</p> <p>6) Sickle cell and telemedicine program with Medical Education Department.</p>	<p>4)The information is collected for all deaths occurring in the selected village with special focus on child deaths as well as female deaths in age group of 15-49 years.</p> <p>5) Maternal Death Review Committee is specially constituted at State and District level to examine the causes of Maternal deaths.</p>		<p>2)E-Tendering process is being followed.</p> <p>3)The central purchase committee functions under chairmanship of Additional Chief Secretary (Health).</p> <p>4) Regular stock update of Medicine and Indent Management is being done through software specially designed for this purpose.</p> <p>5)Drug warehouses have been constructed at seven regional and district level</p> <p>6)Payment</p>

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		<p>f)Toll free number 102 publicized and displayed on the JSSK boards/posters.</p> <p>g)All ASHAs and ANMs sensitized and reoriented about JSSK scheme regularly.</p> <p>h)All Sarpanchas of VHSNC are informed and sensitized about JSSK entitlements.</p> <p style="text-align: center;">3.2.2</p> <p>1.District Call Centers established in all districts. 2)Toll Free Number is 102 in all 33 Districts.</p> <p style="text-align: center;">3.2.3</p>		<p>5) State has been pioneer in launching and using e-file system for transparent and efficient and responsive administration.</p> <p>6) Health Advice Call Centre has been Established with 24X7 toll free call (No.104) facility to provide health information, information about Epidemic out break, Disaster and natural calamities, major accidents & medical advice to health care providers.</p> <p>7) A separate PCPNDT Cell is established at each district headed by Dist. Civil Surgeon. Toll free No. of the cell is</p>	<p>Services at various health Facilities (SDH/RH/PHC/SC) and Periodic assessment is conducted by district level officials and Nodal Officers designated for the District.</p> <p style="text-align: center;">6.2.2</p> <p>1) The institutes are graded A. B. C. & D based on the percentage of quality criteria satisfied and Improvement in their grade is monitored and will be in public domain by Feb. end.</p> <p>2)Quality Assurance activities were initiated in 6 districts in 2009-10 & in 6 more districts in 2010-11. 871 health facilities (SDH/RH/PHCs/ent res) from 18</p>	<p>7)Special nutrition program with WCD and Rajmata Jijau Mission.</p> <p>8)VHNSC works closely with Rural Development Department.</p> <p>9)Proposed initiative under AYUSH program of medicine plantation with Dept. of Agriculture</p> <p style="text-align: center;">7.2.1</p> <p>Government order related to Inter-sectoral convergence uploaded on State NRHM Website.</p>			related to Procurement under NRHM is done through E-banking.

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		<p>a) Drop back home facility for pregnant women is 67% till Feb 13 & for Sick neonates it is 47%</p> <p>b) Home to institution for pregnant women is 28% for neonates it is 9% till nFeb.2013</p> <p>State is in process of finalizing EMS Scheme with Toll free no of 108 which will further increase home to institute and drop back of beneficiaries.</p>		<p>1800-2334475 and the website is www.amchimulgi.gov.in</p> <p>8) The State ASHA Software has been awarded the Digital Inclusive Award in health category.</p> <p>9) The Medicine inventory software is operational for stock and indent management of medicines.</p> <p>10) State has also recently started using disability software.</p> <p>11) Community Based Monitoring is implemented in 13 districts under which 116 planning and monitoring meetings have been held.</p>	<p>districts have been covered for regular assessments & monitoring of Quality levels.</p> <p>3)The grades obtained by the facilities in Quality assessments are being displayed at a prominent place in the health facility,& most of the facilities are displaying the grades from A to D.</p> <p>4) 6 other districts have recently started Quality Assessments in 299 selected health facilities.</p>				

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