## CONDITIONALITIES AND INCENTIVES STATUS: NRHM MAHARASHTRA

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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
1.1.1	2.1.1	3.1.1	4.1	5.1	6.1.1	7.1.1	8.1	9.1.1	10.1.1
Government Resolution on rational deployment of Human Resource has been issued and displayed on the	provided with Case load	issued on 26th September 2011 regarding free entitlements	<b>Registration</b> is <b>81.87%.</b> Full .ANC coverage as per MCTS	DHS and RKS meetings are held regularly with active participation	designed 8 page planning format and circulated to all	framework uploaded on State NRHM Website.	Strategy document and road map has been uploaded on State NRHM website.	separate Public Health	State provides free generic medicines to all public health facilities. Policy document
website. Specialists/EMOC &LSAS trained doctors are being	deliveries/ LSCS) as per norms has been uploaded on website.	uploaded on NRHM website. State and all	focus districts of Gadchiroli is 87.81% & Nandurbar is 90.60% & ANC	representatives.  2) Epidemiological Data is used for	in services on man power, medicine, equipment and other basic services	7.2.1 1) Medical and Dental camps	8.2  1) Medical Officer of the Primary	2)Medical graduates with PG qualification	uploaded on State NRHM website.
deputed to work at delivery points, twice in a week.		districts have Grievance Redressal Cell Established.	34.86% for Gadchiroli	and Hep. A,		tribal areas with Medical		in community medicine are only eligible for the posts	10.2.1  1)EDL is prepared and has
Baseline data of HR (ANMs in position with case load at delivery points & MOs in position ) posted on website.		redressal officer.  State Grievance Redressal Cell	registration is71.35% . For high focus districts of Gadchiroli & Nandurbar it is 82.10% and 74.68% respectively. Full	Vaccination in districts where the disease is prevalent.  5.2 & 5.3  1) Mandatory disclosures	completed two phases of ISO implementation and is committed to complete the remaining 3 phases.  3) Formation of	2) The school health check up camps organized with Sarva Shiksha Abhiyan (SSA)	2) A panel of three physicians is formed at district level to ascertain the correctness of cause of death written by medical officer.	prcho, Out reach RMO and other higher administrative posts.	been posted on website  2) GR dated 06 Sept 2011 and GR dated 30 April 2012 have been posted on
90% of all delivery points have at least one ANM in position. 95% of all SCs in nine high focus districts have at least one ANM.	indicators are being monitored at district level and subsequently at	order uploaded on website.	Immunization-as per MCTS is - 3.80% (including Hepatitis B 0 & vit A1 dose) Full immunization for high focus district of Gadchiroli is 0.57% &	postings of all the Districts is	under process & will be notified by	(Health check up of children in anganwadi with	3) Incentive of Rs 25 per physician per case has also been sanctioned in the PIP 2012-13.	regarding this cadre is uploaded on	1)State has dedicated Procurement cell headed by JD (T)

on these indicators of health services to the facilities through DO letters and in review meetings.  Avarenes  MOHEW and NIC to be stablished at of health services to the facilities through DO letters and in review meetings.  Definitions of full beath facilities display JSSK  Doards.(Govern ment orders on JSSK display boards and campaign uploaded on website)  MoHEW and NIC to be stabled and established at strict level, be eathed to with special focus povelopment of the beleeted village and posters are also displayed in public places.  Pofforwance  MOHEW and NIC to every deaths occurring in month with the selected village is estables at districts to monitor quality.  JSSK (as has requested have been destablished at strict level, be established at strict level, be established at strict level, also state (level, The Grievance cell has state (level, The Judge/ journalist. Grievances are redressed within a stipulated timeline.  ANATEM AND THE with the selected village in month with special focus povelopment with special focus on child deaths as on child deaths as on child deaths as mellid to campaign with special focus on child deaths as mellid in still stricts and prevant level. The Crown (Teams) are fixed timeline.  Solventers and in review meetings.  ANC & full level, the clevel, the	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.	implementation	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
action for improvement in performance based on these indicators is being monitored by the directorate of health services to the facilities drough Do letters and in review meetings.    Anclock   State   Anchor   Camps are held in ment orders on JSSK   isplay boards   Call   Anchor   Call   Anchor   Call   Call	1.1&1.2		3.1 & 3.2		5	6.1 & 6.2	7.1 & 7.2	8	9.1	10.1
6)Payment		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	3.2.1  JSSK IEC & Awareness  a)TV ad campaigns carried out.  b)Newspaper advts are given Periodically.  c)All health facilities display JSSK boards.(Govern ment orders on JSSK display boards and campaign uploaded on website) d)Hoardings and posters are also displayed in public places. e)Grievance redressal officers contact number	(including Hepatitis B 0 & vit A1 dose) (State has requested MOHFW and NIC to reconsider the Definitions of full ANC & full immunization.)	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.  3) RCH and HDP camps are held in all districts regularly.  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) &	1)District IPHS coordinator in all districts to monitor quality.  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.  3) Assessors are themselves the mentors of the quality levels in RCH services.  4)Quality Assurance Cell has distributed check list for assessing the	camps in each PHC every month with Human Development Mission wherein Free diet, IFA tablet and relevant IEC material is distributed.  4)Newly Initiated WIFAS program under ARSH with WCD.  5) Construction of health facilities with Public Works Department.  6) Sickle cell and telemedicine program with Medical Education	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.  5) Maternal Death Review Committee is specially constituted at State and District level to examine the causes of Maternal deaths.		process is being followed.  3)The central purchase committee functions under chairmanship of Additional Chief Secretary (Health).  4) Regular stock update of Medicine and Indent Management is being done through software specially designed for this purpose.  5)Drug warehouses have been constructed at seven regional and district level

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		f)Toll free number 102 publicized and displayed on the JSSK boards/posters.  g)All ASHAs and ANMs sensitized and reoriented about JSSK scheme regularly.  h)All Sarpanchas of VHSNC are informed and sensitized about JSSK entitlements.  3.2.2  1.District Call Centers established in all districts. 2)Toll Free Number is 102 in all 33 Districts.  3.2.3			(SDH/RH/PHC/SC) and Periodic assessment is conducted by district level officials and Nodal Officers designated for the District.  6.2.2  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.	program with WCD and Rajmata Jijau Mission.  8)VHNSC works closely with Rural Development Department.  9)Proposed initiative under AYUSH program of medicine plantation with Dept. of Agriculture  7.2.1  Government order related to Inter-sectoral convergence uploaded on State NRHM Website.			related to Procurement under NRHM is done through E-banking.

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		a) Drop back home facility for pregnant women is 67% till Feb 13 & for Sick neonates it is 47% b) Home to institution for pregnant women is 28% for neonates it is 9% till nFeb.2013 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.		the website is www.amchimulgi. gov.in 8) The State ASHA Software has been	districts have been covered for regular assessments & monitoring of Quality levels.  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.  4) 6 other districts have recently started Quality Assessments in 299 selected health facilities.				

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