

Conditionality 6

Governance:

Quality of Services and functionality of public health facilities

STATE COMPLIANCE

6.1 Facility wise reporting

6.1.1.-100 % districts reports facility wise in HMIS (infrastructure and facility wise data)

6.2 Performance of CHCs and PHCs

- State has initiated Facility based reporting for 35 districts.
- Brihan Mumbai Facility reporting has been shifted to Main HMIs portal since Jan 2017
- **83 % of CHCs in the State reporting more than 100 IPD per month**
- **87% of PHCs (2023/2280) in the State reporting more than 10 OPD per day**

6.3 Star Rating of facilities

- The infrastructure reports of CHC have been filled up and now only 46 CHCS are **Not Eligible and only 2 CHCS are Not applicable for CHC grading**
- 87% of CHCs have 3 or more than star rating.
- **Mumbai district reporting is not considered because it gas started late from Jan 2017 on HMIS portal**
- **Among Not Eligible CHCs**
 - 39 CHC s (10%) not fulfilling the HR criteria
 - 4 CHC s (1%) are functioning in PHC building since the PHC building construction work is going on
 - 3 CHCs (1%) in urban area have been mapped as CHC but they are to be shifted to PHC

Among 2 Not Applicable CHCs (.5%) one is to be deactivated other is to be mapped as PHC

6.4 Star Rating of facilities

The action plan is prepared for corrective action based on facility rating and is as follows:

- Standard reports for key indicators are being monitored at district level and subsequently at state level.
- Review of corrective action for improvement in performance based on these indicators is taken by the directorate of health services and conveyed to the facilities through D.O. Letters. Quarterly review meetings are also arranged on a regular basis.
- In addition, SHSRC has been assigned the task of monitoring the performance of delivery points and recommend corrective actions to the Bureaus. Additional Director (FW Bureau) is monitoring the facilities and issuing letters regarding corrective actions. The feedback is given by Hon. Commissioner, Family Welfare and MD NRHM.
- Monthly review meetings of RCHO and M & E Officers are arranged and are instructed regarding corrective actions to be taken. MD, NRHM and Director of Health Services take follow-up of previously advised correction action.
- Nodal teams comprising of District Nodal Officer, District QAC and District IPHS coordinator are constituted. These teams visit the facilities (preferably DPs) in each district and work for improvement in the facility rating.
- In annexure report of CHC star rating attached for reference.