



| Conditionality & Key Requirements   | Indicator/ Means of verification (MOV)   |  |     | Penalty  |
|---|--|--|-----|--|
|   | % of FRU CHC/ SDH/DH without Paediatrician/ FBNC:  | 33.3%  |     |  |
| <b>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</b> |  |  |     | <b>Gaps in introduction of Human Resource Information Management System may lead to reduction in outlay of upto 10% of NRHM-RCH</b>          |
| <b>For States without software based HRIS at the beginning of the year</b>  |  |  |     |  |
| <b>b.1. Plans to initiate and rollout of web-based HRIS in place</b>  | <p><b>b.1.1. Web-based HRIS software platform and deployment plans (software details, cadres covered, agency, timelines) finalized by state. Please attach details.</b></p> <p>(MOV: Notification detailing software and deployment plans)</p> | <p>Software design completed the process of data collection from all districts initiated this data will be uploaded in the HRMIS. The HR link/HRMIS link in the state NHM website is currently under construction.</p> <p><a href="http://www.nrhmmeghalaya.in/hr">www.nrhmmeghalaya.in/hr</a></p> | Yes | If no, penalty of 5%   |
|   | <p><b>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.</b></p> <p>(MOV: Notification with final list of facilities for all districts)</p>          | Process initiated  | Yes | 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>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>  | <p><b>b.2.1. Updated HR data entered in web-based HRIS for Specialists and MOs (regular and contractual) completed for all HPDs</b></p> <p>(MOV: web-based HRIS)</p>   | As above   |     | If no, penalty of 2.5%   |
| <b>b. For states with existing software based HRIS</b>  |  |  |     |  |
| <b>b.1. Deploy web-based HRIS software by ensuring HR data entry and updation for all cadres in the software on</b>   | <p><b>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.</b></p> <p>(MOV: Notification with final list of facilities for all districts)</p>          | NA   | NA  | If no, penalty of 2.5%   |

| Conditionality & Key Requirements  | Indicator/ Means of verification (MOV)   |  |     | Penalty                              |
|--|--|--|-----|--------------------------------------|
| a quarterly basis.   | b.1.2. Updated HR data entered in web-based HRIS for all cadres (regular and contractual) completed for all districts<br><br>(MOV: web-based HRIS)   | NA   | NA  | 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.  | NA   | No  | If no, penalty of 5%                 |
| c) Facility wise performance audit and corrective action based thereon.  |  |  |     | Penalty up to 5% of RCH NRHM pool    |
| c.1. 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): 100%<br>(MOV: HMIS reporting status in last quarter)   |  |     |                                      |
|  | c.1.2. % facilities in HPDs reporting facility wise data in HMIS : 100%<br>(MOV: HMIS reporting status in last quarter)  |  |     |                                      |
| c.2. Performance of CHCs and PHCs  | c.2.1 % of CHCs in the State reporting more than 100 IPD per month: 54%<br>(MOV:HMIS )   |  |     |                                      |
|  | c.2.2 % of PHCs in the State reporting more than 10 OPD/day: 100%<br>(MOV:HMIS)  |  |     |                                      |
| 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-<br>Facility wise color coded system is being followed based on performance. |  |     |                                      |
| d) Performance Measurement system set up and implemented to monitor performance of regular and contractual staff.                |  |  |     | Penalty of up to 5% of RCH NRHM pool |
| d.1 System for performance measurement of regular  | d.1.1. Job description with reporting relationships and measurable performance indicators for all cadres (regular and contractual) available in State NHM website.   | Yes(contractual) – To be uploaded in State NHM website | Yes |                                      |

| Conditionality & Key Requirements  | Indicator/ Means of verification (MOV)   |  |     | Penalty                           |
|--|--|--|-----|-----------------------------------|
| and contractual staff in place.  | d.1.2. Performance measurement system (performance benchmarks/ increments/ incentives) for all cadres available in State website | Yes(contractual) Regular-Annual Confidential report being followed. To be uploaded in State NHM website for contractual.               | Yes |                                   |
| d.2 Baseline performance targets set for all regular and contractual staff and shared                                    | d.2.1. % staff (regular and contractual) having baseline performance targets (MOV: State reports)                                |  |     |                                   |
|  | % of regular staff (MO, SN, ANM, LT) with baseline performance targets -   | Yes – 100%   |     |                                   |
|  | % of contractual staff (MO, SN, ANM, LT) with baseline performance targets -   | Yes -100%  |     |                                   |
| d.3 Performance reviewed and corrective action taken in line with the performance measurement system.                    | d.3.1. % staff (regular and contractual) reviewed for performance. (MOV: State reports)  |  |     |                                   |
|  | % of regular staff (MO, SN, ANM, LT) reviewed for performance  | 100%   |     |                                   |
|  | % of contractual staff (MO, SN, ANM, LT) reviewed for performance  | 100%   |     |                                   |
|  | d.3.1. % 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  | To be initiated  |     |                                   |
|  | % of contractual staff (MO, SN, ANM, LT) for whom corrective action taken  | To be initiated  |     |                                   |
| e) Baseline assessment of competencies of all SNs, ANMs, Lab Technicians to be done and corrective action taken thereon. |  |  |     | Penalty up to 5% of RCH NRHM pool |
| e.1 Baseline assessment conducted and staff appropriately graded for corrective action                                   | f.1.1. % districts where baseline assessment of competencies conducted for SN/ANM/LT (MOV: State report)                         |  |     |                                   |
|  | % of districts where baseline staff competency assessment planned  | 100%   |     |                                   |
|  | % of districts where baseline staff competency assessment conducted and completed  | 0% (Skill stations yet to be set up. Skill Based just approved for infrastructure and equipments and not for trainings and assessment) |     |                                   |

| Conditionality & Key Requirements  | Indicator/ Means of verification (MOV)   |         |        | Penalty  |
|--|--|---------|--------|--|
|  |  |         |        |  |
| 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 | f.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  | 0%      |        |  |
|  | % of districts reporting 50% achievement of target action plans(% refresher -trained against planned)  | 0%      |        |  |
| 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.          |  |         |        | Up to 5% of RCH NRHM pool as penalty   |
| f.1. Competency based Skill Tests (CBST) developed for selection and recruitment.  | j.1.1 CBST and criteria developed and notified for selection and recruitment of doctors, SNs, ANMs and LTs.  | Yes     | No     |  |
|  | j.1.2. CBST as a selection criteria has been mentioned explicitly in the advertisements for recruitment of doctors, SNs, ANMs and LTs.   | Yes (√) |        |  |
| f.2. All positions for recruitment of doctors, SNs, ANMs and LTs advertised.   | j.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 (√) |        |  |
| f.3. Competency based skill tests used for selection.  | j.4.1. CBST and criteria used for all new recruitments in 2014-15 (doctors, SNs, ANMs and LTs)   |         | No (√) |  |
| J. Gaps in implementation of JSSK  |  |         |        | Penalty of 10% of NRHM-RCH Pool  |
| J.1 Gaps reported in the monthly/quarterly reports sent to MoHFW   | Awareness amongst clients on the benefits of JSSK is low. Irregular supply of drugs and consumables. Lacunae in providing JSSK services at facilities.   |         |        | More than 50% gap in any of the components (drug, diet, diagnostics and transport) 10% penalty<br>Less than 50% but more than 25% gap, 5% penalty<br>No penalty if performance more than 75% (based on MCTFC data) |

## Incentives under NHM

| AREA  | INDICATOR/ MOV   | INCENTIVE                                 |
|---|--|---|
| <b>1. Responsiveness, transparency and accountability</b>   |  | <b>Incentive upto 8% of NRHM-RCH Pool</b> |
| 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).  | <b>Initiatives to demonstrate responsiveness initiated: Yes/ No</b><br>If yes, Description (in 500 words, how innovation addressed a particular local need): <b>NA</b><br><br>Third party evaluation report attached: Yes/No   | <b>Incentive upto 2% of NRHM-RCH Pool</b> |
| 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.                                     | <b>Mandatory disclosure parameters updated on NRHM State website: - Yes to be updated</b><br><br><b>Display of NHM entitlements in all facilities (SC and above): - Yes</b><br><br><b>Important NHM information (e.g. Complaints and grievance redressal, HR transfer posting orders etc.) uploaded on state website: No</b>                                 | <b>Incentive upto 3% of NRHM-RCH Pool</b> |
| 1.3 Demonstrated initiatives /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. | <b>All districts covered by functional Call Centre/ Toll free Helpline with integrated grievance redressal: No</b><br><br><b>% of districts that reported four or more Community monitoring/ Jan Sunwai initiatives in 2014-15: 2 Jam Sunwai organized in January 2015.</b><br><br><b>State Health Missions held in reporting year : No (attach minutes)</b> | <b>Incentive upto 3% of NRHM-RCH Pool</b> |
| <b>2. Quality assurance</b>   |  | <b>Incentive upto 3% of NRHM-RCH Pool</b> |
| 2.1 States notify quality policy/strategy ( aligned to national policy) as well as standards  | <b>Policy in place: Yes (√)</b>  |   |
| 2.2 Constitute dedicated teams. Training of state and district quality team completed.  | <b>State QAC team trained: Yes (√)</b><br><b>District QAC teams trained: Yes (√)</b>   |   |
| 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.  | <b>% Delivery points (FRU &amp; above) measured for quality by DQAC team with reports available in State Website Yes (√)</b><br><b>100% (Grading A, B, C &amp; D)</b><br><b>% Delivery points having action plans with time line Website Yes (√) 100%</b>  |   |

| AREA   | INDICATOR/ MOV   | INCENTIVE  |
|--|--|--|
| <b>3. Inter-sectoral convergence</b>   |  | <b>Incentive upto 3% of NRHM-RCH Pool</b>  |
| <b>3.1 Action plan for intersectoral convergence with allied sectors/departments (WCD, PHED, WASH, Education etc.)</b>   | <p>Action plan developed - Yes for WIFS programme with Education and Social Welfare Dept.</p> <p>Action plan with timelines agreed with all allied departments with time line in place: NA</p>   |  |
| <b>3.2. % of districts implementing agreed action plans</b>  | <p>% Districts implementing agreed intersectoral convergence plan – 100% for WIFS programme. Training for State/district level officers of Education and Social Welfare dept. organized for WIFS</p> <p>% districts reporting intersectoral convergence meeting under DM in the last quarter – None for the last quarter</p> |  |
| <b>4. Recording of vital events including strengthening of civil registration of births and deaths</b>   |  | <b>Incentive upto 2% of NRHM-RCH Pool</b>  |
| <b>4.1 Birth registration within 21 days of birth</b>  | % of births registered against estimated number of births<br>56% (2013)  |  |
| <b>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</b> | <p>% Maternal deaths reported and reviewed against estimated number of deaths -33%</p> <p>% Child deaths reported and reviewed against estimated number of deaths - To be initiated this year.</p>   |  |
| <b>4.3 HMIS data consistent with the births and deaths reported in CRS</b>   | <p>% Difference in HMIS and CRS data on births and deaths</p> <p>Births – 26 % (2013)<br/>Deaths – 38% (2013)</p>  | <p>Incentive of 1 % if 70% or more matched with estimated numbers</p> <p>Incentive of 2% if 1 above met and less than 5% difference between HMIS and CRS reporting</p> |
| <b>5. Creation of a public health cadre (by states which do not have it already)</b>   |  | <b>Incentive up to 5% of NRHM-RCH Pool</b>   |
| <b>5.1 Stated policy and road map including career path on creation of a public health cadre ( to be included in State HR policy)</b>                            | Policy & road map approved by State Cabinet: No  |  |
| <b>5.2 Notification for creation of public health cadre</b>  | Government order/notification: No  |  |
| <b>5.3. State level Public Health Directorate established for leadership and coordination</b>  | Public Health Directorate with Director (Public Health)/ equivalent established under Secretary (HFW): No  |  |

| AREA   | INDICATOR/ MOV   | INCENTIVE                                     |
|--|--|---|
| <b>6. Policy and systems to provide free generic medicines to all in public health facilities</b>  |  | <b>Incentive up to 5% of NRHM-RCH Pool</b>    |
| 6.1 Clear policy articulation of free generic medicines to all in public health facilities   | Policy in place: Yes   |   |
| 6.2 EDLs finalised 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 up dates, indent management, warehousing, promotion of rational drug use, contingency funds with devolution of financial powers etc. in place. | EDL list and drug formulary published 1, in place:<br>(Please attach notification) Yes-EDLs, facility wise available   |   |
|  | Procurement strategy/ manual in place: Yes Manual as per GFR 2005.<br>(Please attach Manual/ DOP GO)   |   |
|  | Summary of rate contracts available: Yes only for JSSK drugs and consumables. Present rate contract has expired fresh tender scheduled in March 2015. Procurement guidelines being followed based on RCH II project prepared by MoHFW 2006.<br>(Please attach) |   |
| 6.3 Free drug availability   | % clients (OPD, IPD) availing free generic medicines<br>(Please attach third party evaluation)- No third party assessment done so far.   |   |
| <b>7. Timely roll out of RSK</b>   |  | <b>Incentive of upto 5% of NRHM-RCH Pool</b>  |
| 7.1 RSK roll-out plan in HPDs, in line with Gol guidelines in place  | RSK roll-out plan notified to High Priority districts: Yes except the Peer educator programme based on notification from Gol.  |   |
| <b>8. Regular supportive supervision and corrective action based on reports of visits</b>  |  | <b>Incentive of upto 5% of NRHM-RCH Pool</b>  |
| 8.1. All facilities should be visited at least twice a year  | % of facilities (SC and above) reported at least two visits:<br>43%  | MOV: Mandatory disclosures on State website   |
| 8.2. Action Plans based on visits developed.   | % of facilities reporting having action plans based on SS visit<br>(out of those visited): as per Gol norms  |   |
| 8.3. Corrective action taken based on action plans   | % of facilities reported corrective action based on action plans: Reports on action taken to be uploaded in NHM website.   |   |
| <b>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</b>  |  | <b>Incentive of upto 5% of NRHM-RCH Pool</b>  |
| 9.1 Adoption of Clinical Establishment Act 2010 or similar Act   | Act in place: Yes - Meghalaya Nursing Homes (licensing and registration) Act.  | Graded incentive based on status of last year |
| 9.2 Rules and regulations framed for Clinical Establishment Act 2010   | Rules and regulations framed: Rules have been framed and sent to cabinet for approval  |   |
| 9.3 Institutional framework set-up   | Institutional framework set –up: As above  |   |



| AREA   | INDICATOR/ MOV   | INCENTIVE  |
|--|--|--|
| 9.4 Capacity building of programme management staff/others involved in implementation of Clinical Establishment Act underway | % Training completed against the target<br>% facilities registered<br>% registered facilities reporting        |  |
| <b>10. Increase in State annual health budget</b>  |  | <b>Incentive up to 5% of NRHM-RCH Pool</b>                             |
| 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<br>53.2% ( 2014-15 Plan Rs 282.06 and Non Plan Rs 183.82) | 10-14% - 1 % incentive<br>15-20% - 3 % incentive<br>More than 20% - 5% |
| <b>11 RBSK to be rolled out in at least 30% of the districts.</b>  |  | <b>Incentive of up to 5% of RCH NRHM pool</b>                          |
| 11.1. RBSK teams recruited and trained   | e.1.1. % of districts with HR recruited and trained for RBSK<br>(MOV: RBSK report) : details attached.         |  |
| 11.2. All newborns screened at Delivery Points   | e.2.1. % of districts reporting >80% newborns being screened at DPs: 0%<br>(MOV: RBSK report)                  |  |

**Status as on December, 2014.**

| Sl No. | FRU & above i.e.,<br>Level III<br>institution | Availability of Regular Specialist |              |            | Availability of Contractual Specialist |              |            | Availability of MO trained in              |      |
|--------|---|------------------------------------|--------------|------------|--|--------------|------------|--|------|
|        |   | O & G                              | Anaesthetist | Paediatric | O & G                                  | Anaesthetist | Paediatric | EmOC                                       | LSAS |
| 1      | Ganesh Das Hospital,<br>Shillong              | 4                                  | 3            | 4          | 0                                      | 1            | 0          | 0  | 0    |
| 2      | DH, Nongstoin                                 | 2                                  | 1            | 0          | 0                                      | 0            | 0          | 1  | 0    |
| 3      | DH, Nongpoh                                   | 2                                  | 1            | 1          | 0                                      | 0            | 0          | One of the O & G is an EmOC trained Doctor | 0    |
| 4      | DH, Ialong                                    | 3                                  | 1            | 2          | 0                                      | 0            | 0          | 0  | 0    |
| 5      | DH, Williamnagar                              | 1                                  | 0            | 1          | 0                                      | 0            | 0          | 1  | 1    |
| 6      | MCH, Tura                                     | 1                                  | 1            | 2          | 1                                      | 0            | 0          | 3  | 2    |
| 7      | TSSMH, Mairang                                | 1                                  | 1            | 1          | 1                                      | 0            | 0          | 0  | 0    |
| 8      | Ampati CHC (FRU)                              | 0                                  | 1            | 0          | 0                                      | 0            | 0          | 2 (1 on PG studies)                        | 0    |
| 9      | DH, Baghmara                                  | 0                                  | 0            | 0          | 0                                      | 0            | 0          | 1 (not qualified)                          | 0    |

**Level II**

| Sl No.        | Level II<br>institution  | Availability of Regular Specialist |              |            | Availability of Contractual Specialist |              |            | Availability of MO trained in |                  |
|---------------|--------------------------|------------------------------------|--------------|------------|--|--------------|------------|-------------------------------|------------------|
|               |                          | O & G                              | Anaesthetist | Paediatric | O & G                                  | Anaesthetist | Paediatric | EmOC                          | LSAS             |
| 1             | Phulbari CHC             |                                    |              |            |  |              |            | 1                             |                  |
| 2             | Nongtalang CHC           |                                    |              |            |  |              |            | 1                             |                  |
| 3             | Khliehriat CHC           |                                    |              |            |  |              |            |                               | 1                |
| 4             | Sohra CHC                |                                    |              |            |  |              |            | 1                             |                  |
| 5             | Pynursla CHC             |                                    |              |            |  |              |            | 1                             |                  |
| 6             | Umsning CHC              |                                    |              |            |  |              |            | 1 (on PG studies)             |                  |
| 7             | Bhoirymbong CHC          |                                    |              |            |  |              |            |                               | 1(not qualified) |
| <b>Others</b> |                          |                                    |              |            |  |              |            |                               |                  |
| 1             | Dainadubi PHC            |                                    |              |            |  |              |            | 1 (on PG studies)             |                  |
| 2             | DM & HO, West Garo Hills |                                    |              |            |  |              |            | 1 (Completed PG studies)      |                  |
| 3             | Sohbar PHC               |                                    |              |            |  |              |            | 1 (expired)                   |                  |

| RBSK Manpower Details |                                    |                                 |                    |                   |                                 |
|-----------------------|------------------------------------|---------------------------------|--------------------|-------------------|---------------------------------|
|                       | <b>Manpower</b>                    | <b>Sanction RoP<br/>2014-15</b> | <b>In Position</b> | <b>Short Fall</b> | <b>Remark</b>                   |
| 1                     | Ayush MOs (MHT)                    | 156                             | 93                 | 63                | Recruitment<br>on going         |
| 2                     | ANM/SN                             | 78                              | 78                 | 0                 |                                 |
| 3                     | Pharmacist                         | 78                              | 78                 | 0                 |                                 |
| 4                     | DEIC Staff                         | 45                              | 40                 | 5                 | Recruitment<br>on going         |
| 5                     | state consultant                   | 1                               | 1                  | 0                 |                                 |
| 6                     | District RBSK/RKSK<br>Coordinators | 4                               | 0                  | 4                 | Appointment<br>order<br>awaited |
|                       |                                    |                                 |                    |                   |                                 |