

NHM Conditionalities: Framework for Implementation 2014-15

Penalties under NHM-

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)	Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)	
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 neighborhoods in urban area.				
a1. 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)	Penalty of up to 5% of NRHM RCH pool if more than 20% of any category posted in other facilities	a.1.1. % specialists posted in FRUs and above	
			% posted in FRU and above	
			Regular Contractual	
	1. Gynaecologist		31 14	
	2. Anesthetist		7 4	
	3. Paediatrician		28 13	
	4. EmOC		70 67	
	5. LSAS		92 67	
	a.1.2. % facilities (FRU and above) with specialists posted in teams (MOV: Mandatory disclosure data in state website which should match with the HMIS data)			a.1.2. % facilities (FRU and above) with specialists posted in teams
	% CHC/ FRUs/SDH with specialists posted in teams:			68% (EmOC & LSAS)
% DH with specialists posted in teams:		94% (EmOC & LSAS)		
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 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:			
	% of 24x7 PHCs/ non FRU CHCs without 3 SNs/ ANMs:			
	% of FRU CHC/ SDH/DH without Gynecologist / EmOC:		61%(EmOC)	61%(EmOC)

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	% of FRU CHC/ SDH/DH without Anesthetist/ LSAS:	45%(LSAS)		% of FRU CHC/ SDH/DH without Anesthetist/ LSAS:	45%(LSAS)
	% of FRU CHC/ SDH/DH without Paediatrician/ FBNC:				
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			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.1. 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	No	If no, penalty of 5%	
	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	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	

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)			Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)
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	No	If no, penalty of 2.5%	Yes. May be seen under the link:- www.healthhrisbihar.org by using user id :- generalusers ; pwd:- Electrolux 'open list of specialist Report'
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	If no, penalty of 2.5%	Yes. May be seen under the link:- www.healthhrisbihar.org by using user id :- generalusers pwd:- Electrolux 'open Staff Directory'
	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)	Yes	No	If no, penalty of 2.5%	1. 90% of Record of Doctors (Regular & Contractual) of all facilities at all levels has been verified. The record of remaining 10% Doctors is pending due to transfers/new recruitments but it is being completed and streamlined. 2. 70% of record of remaining employees (Regular & Contractual) has been verified. The record of remaining 30% employees is pending due to transfers/new recruitments but it is being completed and streamlined.
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	If no, penalty of 5%	Payroll Generation system is being developed with the support of Intra Health International and B-TAST to Integrate with HRIS Web portal.
c) Facility wise performance audit and corrective action based thereon.				Penalty up to 5% of RCH NRHM pool	

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)	Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)																		
<p>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)</p>	<p>c.1.1. % districts reporting facility wise in HMIS (infrastructure and facility wise data): (MOV: HMIS reporting status in last quarter)</p> <hr/> <p>c.1.2. % facilities in HPDs reporting facility wise data in HMIS : (MOV: HMIS reporting status in last quarter)</p>		<p>1. 100% districts are reporting Facility-wise data in HMIS. 2. 95.46 % Facility wise Reporting in HMIS in Last Quarter. 3. 51.8 % Facility wise Infrastructure Data Reported in HMIS.</p> <hr/> <p>c.1.2- % facilities in HPDs reporting facility wise data in HMIS</p> <ol style="list-style-type: none"> 1. ARARIA District – 81.33% 2. GAYA District – 90.53% 3. JAMUI District – 100% 4. KATIHAR District – 100% 5. KISHANGANJ District – 100% 6. PURBI CHAMPARAN District – 100% 7. PURNIA District – 100% 8. SAHARSA District – 97.15% 9. SHEOHAR District – 100% 10. SITAMARHI District – 100% 																		
<p>c.2. Performance of CHCs and PHCs</p>	<p>c.2.1 % of CHCs in the State reporting more than 100 IPD per month: (MOV:HMIS)</p> <p>c.2.2 % of PHCs in the State reporting more than 10 OPD/day: (MOV:HMIS)</p>		<p>c.2.1 - 67.71 % CHCs [Referral Hospital] reporting more than 100 IPD.</p> <p>c.2.2- Out of [533 PHC + 1384 APHC = 1917] 1616 Facilities i.e. 84.30% Reporting more than 10 OPD per day.</p>																		
<p>c.3. Star rating of facilities</p>	<p>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</p>		<p>c.3-</p> <p>1. State has already developed and e institutionalized the system of star rating the public health facilities under the Quality assurance Program which is as follows:-</p> <table border="1" data-bbox="1251 1187 1997 1497"> <thead> <tr> <th>Level of facility</th> <th>Star rating</th> <th>Level of Services {as specified by GOI (refer MNCH guidelines)}</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>SC</td> <td>*</td> <td>Basic care / level 1 services</td> <td rowspan="5">If a CHC is offering only BEmONC / Level 2 services, it will only get 2 stars instead of 3.</td> </tr> <tr> <td>PHC</td> <td>**</td> <td>BEmONC / Level 2 services</td> </tr> <tr> <td>CHC</td> <td>***</td> <td rowspan="3">CEmONC / Level 3 services</td> </tr> <tr> <td>SDH</td> <td>****</td> </tr> <tr> <td>DH</td> <td>*****</td> </tr> </tbody> </table>	Level of facility	Star rating	Level of Services {as specified by GOI (refer MNCH guidelines)}	Remarks	SC	*	Basic care / level 1 services	If a CHC is offering only BEmONC / Level 2 services, it will only get 2 stars instead of 3.	PHC	**	BEmONC / Level 2 services	CHC	***	CEmONC / Level 3 services	SDH	****	DH	*****
Level of facility	Star rating	Level of Services {as specified by GOI (refer MNCH guidelines)}	Remarks																		
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SDH	****																				
DH	*****																				

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)		Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)
				a) The Silver stars would be awarded to the institution which qualifies (by way of minimum score or up to 70% of the score) for the quality parameters listed in the certificate format. b) The Gold stars would be awarded to the facilities which qualify all the quality parameters (or it must close all gaps and should score more than 90%.) and also perform all the designated functions (like 24 hour C-section, blood transfusion services, etc). 2. During the FY 2013-14 thirteen (13) facilities were star rated. May be seen at SHSB's website under the link http://www.statehealthsocietybihar.org/quality_assurance.html (Family Friendly Certified Hospitals)
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 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	No	
	d.1.2. Performance measurement system (performance benchmarks/ increments/ incentives) for all cadres available in State website	Yes	No	
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			
	% of contractual staff (MO, SN, ANM, LT) with baseline performance targets			
d.3 Performance reviewed and corrective action taken in line with the performance measurement	d.3.1. % staff (regular and contractual) reviewed for performance. (MOV: State reports)			
	% of regular staff (MO, SN, ANM, LT) reviewed for performance			

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)	Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)
system.	% of contractual staff (MO, SN, ANM, LT) reviewed for performance		
	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		
	% of contractual staff (MO, SN, ANM, LT) for whom corrective action taken		
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		
	% of districts where baseline staff competency assessment conducted and completed		
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		
	% of districts reporting 50% achievement of target action plans(% refresher -trained against planned)		
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	

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)			Penalty	Status of State with relevant annexure's and web links(as on 02-02-15)
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.	Ye s	No		
	j.1.2. CBST as a selection criteria has been mentioned explicitly in the advertisements for recruitment of doctors, SNs, ANMs and LTs.	Ye s	No		
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.	Ye s	No		
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)	Ye s	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				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)	All entitlements under JSSK are being provided across the state .Gaps found in awareness of JSSK and for the same JSSK entitlements are being displayed at every delivery points. File is already put up and it is under process. Name of drugs are not available in EDL, hence rate contract is not available for the same BMSICL has been requested to do the rate contract. Quarterly report up to December,2014 has been sent to MH division in MOHFW.GO order regarding entitlements is uploaded on SHSB website- http://www.statehealthsocietybihar.org/rch.html

Incentives under NHM

AREA	INDICATOR/ MOV	INCENTIVE	Status of State (please provide progress till date along with copies of any relevant annexures and web links)
1. Responsiveness, transparency and accountability		Incentive upto 8% 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	Incentive upto 2% of NRHM-RCH Pool	
	If yes, Description (in 500 words, how innovation addressed a particular local need):		
	Third party evaluation report attached: Yes/No		
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	Incentive upto 3% of NRHM-RCH Pool	
	Display of NHM entitlements in all facilities (SC and above): Yes/ No		
	Important NHM information (e.g. Complaints and grievance redressal, HR transfer posting orders etc.) uploaded on state website: Yes/ No		Yes
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.	All districts covered by functional Call Centre/ Toll free Helpline with integrated grievance redressal: Yes/No	Incentive upto 3% of NRHM-RCH Pool	NO, under process
	% of districts that reported four or more Community monitoring/ Jan Sunwai initiatives in 2014-15:		
	State Health Missions held in reporting year : Yes/ No (attach minutes)		

AREA	INDICATOR/ MOV	INCENTIVE	Status of State (please provide progress till date along with copies of any relevant annexures and web links)
2. Quality assurance		Incentive upto 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. Govt. Order & letters , guidelines ,operational manual has been uploaded in SHSB's website under the link http://www.statehealthsocietybihar.org/quality assurance.html
2.2 Constitute dedicated teams. Training of state and district quality team completed.	State QAC team trained: Yes/no		Yes. List of trained team members uploaded in SHSB's website under the link http://www.statehealthsocietybihar.org/quality assurance.html
	District QAC teams trained: Yes/ no		Yes. List of trained team members uploaded in SHSB's website under the link http://www.statehealthsocietybihar.org/quality assurance.html
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.	% Delivery points (FRU & above) measured for quality by DQAC team with reports available in State Website		<ul style="list-style-type: none"> 36 District Hospitals, 30 FRUs and 36 PHCs has been selected as "Priority facilities" for FY 2014-15. Gap assessment and scoring done as per National Quality Assurance Guidelines. Has been uploaded in SHSB's website under the link http://www.statehealthsocietybihar.org/quality assurance.html
	% Delivery points having action plans with time line		Compilation of Action Plan of 36 DH is in progress .Would be uploaded in website by 1st week of February 2015.
3. Inter-sectoral convergence		Incentive upto 3% of NRHM-RCH Pool	
3.1 Action plan for intersectoral convergence with allied sectors/departments (WCD, PHED, WASH, Education etc.)	Action plan developed Yes/ No		<ol style="list-style-type: none"> No provision in PIP 2014-15. Fund being demanded in PIP 2015-16.
	Action plan with timelines agreed with all allied departments with time line in place: yes/no		
3.2. % of districts implementing agreed action plans	% Districts implementing agreed intersectoral convergence plan		
	% districts reporting intersectoral convergence meeting under DM in the last quarter		
4. Recording of vital events including strengthening of civil registration of births and deaths		Incentive upto 2% of NRHM-RCH Pool	
4.1 Birth registration within 21 days of birth	% of births registered against estimated number of births	Incentive of 1 % if 70% or more matched with estimated numbers	
4.2 Death reports with cause of death (especially any under 5 child or any woman	% Maternal deaths reported and reviewed against estimated number of deaths	Incentive of 2% if 1 above met and	

AREA	INDICATOR/ MOV	INCENTIVE	Status of State (please provide progress till date along with copies of any relevant annexures and web links)
in 15 to 49 age group) shared with district health team on monthly basis	% Child deaths reported and reviewed against estimated number of deaths	less than 5% difference between HMIS and CRS reporting	
4.3 HMIS data consistent with the births and deaths reported in CRS	% Difference in HMIS and CRS data on births and deaths		
5. Creation of a public health cadre (by states which do not have it already)		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 & road map approved by State Cabinet: Yes/No		
5.2 Notification for creation of public health cadre	Government order/notification: Yes/No		
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		
6. Policy and systems to provide free generic medicines to all in public health facilities		Incentive up to 5% of NRHM-RCH Pool	
6.1 Clear policy articulation of free generic medicines to all in public health facilities	Policy in place: Yes/no		Yes, Govt. of Bihar has adopted policy to provide free medicine to those coming to government health facilities vide resolution no 424/i0d0½, dated 17.05.2006. Notification attached as Annexure -A.
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,	EDL list and drug formulary published 1, in place: Yes/No (Please attach notification)		Yes, EDL list has been published vide resolution no. 409(12) dated 09.05.2011 (revision of EDL for facility specific drug is underway)
	Procurement strategy/ manual in place: Yes/ No (Please attach Manual/ DOP GO)		Procurement is being done by centralized procurement agency BMSICL purchase rules laid down in Bihar finance rule is applied. Procurement strategy/manual has not yet been finalized.
	Summary of rate contracts		Summary of rate contract available with BMSICL (Procurement Agency).

AREA	INDICATOR/ MOV	INCENTIVE	Status of State (please provide progress till date along with copies of any relevant annexures and web links)
warehousing, promotion of rational drug use, contingency funds with devolution of financial powers etc. in place.	available: Yes/ No (Please attach)		
6.3 Free drug availability	% clients (OPD, IPD) availing free generic medicines (Please attach third party evaluation)		As per the data available on Sanjivani the % of OPD patient availing free medicine in quarter ending up to Oct to Dec 2014 is 69.53% (Attached as Annexure-B). (Third party evaluation of free drug availability is underway along with the prescription audit).
7. Timely roll out of RKSK		Incentive of upto 5% of NRHM-RCH Pool	
7.1 RKSK roll-out plan in HPDs, in line with GoI guidelines in place	RKSK roll-out plan notified to High Priority districts: yes/no		Unlike RKSK roll out at national level Bihar also rolled out in similar fashion on April 30, 2014 in the presence of Dr. Sushma Dureja, Deputy Commissioner, Adolescent Health Division, Ministry of Health & Family Welfare, Government of India and our Secretary Cum Executive Director State Health Society. This was participated by Civil Surgeon from all 38 district , state level officials and development partners.
8. Regular supportive supervision and corrective action based on reports of visits		Incentive of upto 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:		Supportive supervision and action taken reports uploaded in SHSB's website. May be seen under the link http://www.statehealthsocietybihar.org/supportive_supervision.html
8.2. Action Plans based on visits developed.	% of facilities reporting having action plans based on SS visit (out of those visited):	MOV: Mandatory disclosures on State website	
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		Incentive of upto 5% of NRHM-RCH Pool	
9.1 Adoption of Clinical Establishment Act 2010 or similar Act	Act in place: yes/no		
9.2 Rules and regulations framed for Clinical Establishment Act 2010	Rules and regulations framed: yes/no	Graded incentive based on status of last year	
9.3 Institutional framework	Institutional framework set -up:		

AREA	INDICATOR/ MOV	INCENTIVE	Status of State (please provide progress till date along with copies of any relevant annexures and web links)
set-up	Yes/No		
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		
10. Increase in State annual health budget		Incentive up to 5% of NRHM-RCH Pool	
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	10-14% - 1 % incentive 15-20% - 3 % incentive More than 20% - 5%	State's annual budget for FY 2013 -14 was Rs. 1862.17 crore and for FY 2014-15 is Rs.1927.23 crore. Hence the % increase in State annual budget from previous year is 3% .
11 RBSK to be rolled out in at least 30% of the districts.		Incentive of 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)		Recruitment is going on to be deployed in respective districts and training of the mobile health team members would start from mid of February 2015.
11.2. All newborns screened at Delivery Points	e.2.1. % of districts reporting >80% newborns being screened at DPs: (MOV: RBSK report)		