

NHM Conditionalities: Framework for Implementation 2014-15

Penalties under NHM

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)		Penalty	
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	
		% posted in FRU and above		
		Regular Contractual		
	1. Gynaecologist	88 100		
	2. Anesthetist	37.5 100		
	3. Paediatrician	52 100		
	4. EmOC	NA NA		
	5. LSAS	NA NA		
a.1.2. % facilities (FRU and above) with specialists/LSAS & EmOC posted in teams (MOV: Mandatory disclosure data in state website which should match with the HMIS data)		43		
% CHC/ FRUs/SDH with specialists/LSAS & EmOC posted in teams:		41		
% DH with specialists/LSAS & EmOC posted in teams:		100		
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:			02%
	% of 24x7 PHCs/ non FRU CHCs without 3 SNs/ ANMs:			05%
	% of FRU CHC/ SDH/DH without Gynaecologist / EmOC:			08%
	% of FRU CHC/ SDH/DH without Anaesthetist/ LSAS:			29%
	% of FRU CHC/ SDH/DH without Paediatrician/ FBNC:			21%

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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, Supply Chain Management software of CDAC already in place, HRIS currently of Finance Department of GOAP being used for release of salaries		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)	Supply Chain Management 100 % already		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.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)	HRIS currently of Finance Department of GOAP being used for release of salaries		If no, penalty of 2.5%
<p>[p</p>				
b.1. Deploy web-based HRIS software by ensuring HR data entry and updation for all cadres in the software on	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 (Through Finance Web Portal)		If no, penalty of 2.5%

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a quarterly basis.	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 in Finance Department of GOAP Portal		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.	Yes in Finance Department of GOAP portal		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 % Districts reporting facility wise in HMIS, Reporting status for the quarter October to December 2014 is 95 % (MOV: HMIS reporting status in last quarter) 100%			
	c.1.2. % facilities in HPDs reporting facility wise data in HMIS : 100% HPDs are reporting facility wise in HMIS Vizianagaram - 100%, Visakhapatnam - 96%, Kurnool - 95% and Kadapa - 100%, Ave - 98% (MOV: HMIS reporting status in last quarter) 100%			
c.2. Performance of CHCs and PHCs	c.2.1 % of CHCs in the State reporting more than 100 IPD per month: (MOV:HMIS) CHC IPD – 100 %			
	c.2.2 % of PHCs in the State reporting more than 10 OPD/day: (MOV:HMIS) PHC OPD – 100 %			
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			
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

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)			Penalty
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.	Available but off line		
	d.1.2. Performance measurement system (performance benchmarks/ increments/ incentives) for all cadres available in State website	Available, and online through Mahila Sishu reporting system of CHFW		
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) 100 %			
	% of regular staff (MO, SN, ANM, LT) with baseline performance targets	100 %		
	% of contractual staff (MO, SN, ANM, LT) with baseline performance targets	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) 100 %			
	% 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) 80%			
	% of regular staff (MO, SN, ANM, LT) for whom corrective action taken	85 %		
	% of contractual staff (MO, SN, ANM, LT) for whom corrective action taken	90%		
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%		

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)		Penalty
	% of districts where baseline staff competency assessment conducted and completed	100%	
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	100%	
	% of districts reporting 50% achievement of target action plans(% refresher -trained against planned)	20%	
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	
	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)	Yes	
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

Conditionality & Key Requirements	Indicator/ Means of verification (MOV)	Penalty
		75% (based on MCTFC data)

Incentives under NHM

AREA	INDICATOR/ MOV	INCENTIVE
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 If yes, Description (in 500 words, how innovation addressed a particular local need): Third party evaluation report attached: Yes/No	Incentive upto 2% of NRHM-RCH Pool
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 Web based online Financial Management Software. All releases from State Head Quarter are through this software including to beneficiaries, vendors and salaries etc., Districts also will be on the same platform from April, 2015 Display of NHM entitlements in all facilities (SC and above): Yes Important NHM information (e.g. Complaints and grievance redressal, HR transfer posting orders etc.) uploaded on state website: Yes	Incentive upto 3% of NRHM-RCH Pool

AREA	INDICATOR/ MOV	INCENTIVE
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 (104)	Incentive upto 3% of NRHM-RCH Pool
	% of districts that reported four or more Community monitoring/ Jan Sunwai initiatives in 2014-15:	
	State Health Missions held in reporting year : Yes (attach minutes)	
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: No	
2.2 Constitute dedicated teams. Training of state and district quality team completed.	State QAC team trained: Yes District QAC teams trained: Yes	
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.	100 % Delivery points (FRU & above) measured for quality by DQAC team with reports available in State Website 100% Delivery points having action plans with time line	
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, MAARPU and G.O.Ms.No.1, Women Development & Child Welfare Dept., Dt: 12.1.2015 on reduction of MMR & IMR	
	Action plan with timelines agreed with all allied departments with time line in place: yes	
3.2. % of districts implementing agreed action plans	100 % Districts implementing agreed intersectoral convergence plan	
	100 % 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	100 % of births registered against estimated number of births	Incentive of 1 % if 70% or more matched with estimated numbers Incentive of 2% if 1 above met and less than 5% difference between HMIS and CRS reporting
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	55 % Maternal deaths reported and reviewed against estimated number of deaths (550 deaths reported and all 550 reviewed)	

AREA	INDICATOR/ MOV	INCENTIVE
	20 % Child deaths reported and reviewed against estimated number of deaths	
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 upto 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	
5.2 Notification for creation of public health cadre	Government order/notification: Yes	
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	
6. Policy and systems to provide free generic medicines to all in public health facilities		Incentive upto 5% of NRHM-RCH Pool
6.1 Clear policy articulation of free generic medicines to all in public health facilities	Policy in place: Yes (GO Ms No 1356)	
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: Yes(Please attach notification)	
	Procurement strategy/ manual in place: Yes (Please attach Manual/ DOP GO)	
	Summary of rate contracts available: Yes (Please attach)	
6.3 Free drug availability	% clients (OPD, IPD) availing free generic medicines (Please attach third party evaluation)	
7. Timely roll out of RSKK		Incentive of upto 5% of NRHM-RCH Pool
7.1 RSKK roll-out plan in HPDs, in line with Gol guidelines in place	RSKK roll-out plan notified to High Priority districts: yes	

AREA	INDICATOR/ MOV	INCENTIVE
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	100 % of facilities (SC and above) reported at least two visits:	MOV: Mandatory disclosures on State website
8.2. Action Plans based on visits developed.	80% of facilities reporting having action plans based on SS visit (out of those visited):	
8.3. Corrective action taken based on action plans	45 % 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 upto Private Health Care Facilities	Graded incentive based on status of last year
9.2 Rules and regulations framed for Clinical Establishment Act 2010	Rules and regulations framed: yes	
9.3 Institutional framework set-up	Institutional framework set –up: Yes	
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	4 % increase in State annual budget from previous year	10-14% - 1 % incentive 15-20% - 3 % incentive More than 20% - 5%
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	% of districts with HR recruited and trained for RBSK (MOV: RBSK report)	
11.2. All newborns screened at Delivery Points	% of districts reporting >80% newborns being screened at DPs: (MOV: RBSK report)	