**MH Annexure and Formats for MH Portion PIP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress on Key MH Indicators of Ukhrul District**

|  |  |  |  |
| --- | --- | --- | --- |
| **MMR** | **RGI(2004-06)** | **RGI(2007-09)** | **AHS(2010-11)** |
|  | 254 (All India) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicators ( in %)** |  **DLHS-III****State** | **CES(2009)** | **HMIS(2011-12)****District** | **HMIS (2012-13) upto Nov, 2012****District** |
| Any ANC | 75.4 | - | 123 % | 102 % |
| 3+ANC | 58.1 | - | 40 % | 25 % |
| Registration within 12 weeks | 57.3 | - | 51 % | 36 % |
| Full ANC | 12.5 | - | 40 % | 25 % |
| Ins. Delivery. | 41.1 | - | 24 % | 18 % |
| Safe Delivery | 55.8 | - | 10 % | 8 % |
| Home Delivery  | 58.2 | - | 24 % | 16 % |
| % of C-sections out of total reported institutional deliveries | - | - | - | - |
| At Public | - | - | - | - |
| At Private  | - | - | 14 % | 15 % |
| % of anemic women out of total registered pregnancies  | - | - | 13 % | 11 % |
| % of severely anemic women out of total anemic pregnant women  | - | - | 4.3 % | 4 % |

**Achievements**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Upto2011-12(cumulative)** | **In financial year 2012-13 ( till Nov, 2012)** |
|  |  |  |
| No. of fully functional FRUs  | 0 | 0 |
| No. of fully functional 24X7 PHCs  | 1 | 1 |
| No. of Blood bank licensed and functional  | 0 |  |
| No. of Blood Bank non functional due to any reason  | No Licensed yet,Lack of Power supply,Lack of Dedicated Blood bank MO, Staff Nurses & Infrastructure  | 0 |
| No. of Blood Storage Units licensed and functional  | 0 | 0 |
| No. of Blood Storage Units non functional due to any reason  | 0 | 0 |
| No. of VHNDs held  | 352 | 214 |
|  No. Trained in LSAS  | 0 | 0 |
| No trained in BeMOC  | 2 | 2 |
| No. Trained in EmOC | 1 but expired | 0 |
| No. Trained in SBA | 36 SN/ANM + 4 AYUSH MO | 3 |
| No. Trained in MTP | 12 MO | 0 |
| No. Trained in RTI/STI | 60 SN/ANM/14 MO | 0 |
| No. of Maternal Deaths reported  | 0 | 0 |
| No. of Maternal Deaths reviewed  | 0 | 0 |

 |

**MATERNAL HEALTH Annexures**

**Annexure-I**

**Total functional delivery points in Public Health Facilities of the Ukhrul District**

 **Date: (Monthly Avg of (Q1 + Q2) of 2012-13 i.e. April 2012 toOctober, 2012 to be taken for calculation purposes)**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Indicator** | **Number** |
| **1** | **Total No. of SCs** | **41** |
| a | No. of SCs conducting >3 deliveries/month | 0 |
| **2**  | **Total No. of 24X7 PHCs** | 01 |
| a | No. of 24X7 PHCs conducting > 10 deliveries /month | 0 |
| **3** | **Total No. of any other PHCs** | **07** |
| a | No. of any other PHCs conducting > 10 deliveries/ month | 0 |
| **4** | **Total No. of CHCs ( Non- FRU)** | 1 |
| a | No. of CHCs ( Non- FRU) conducting > 10 deliveries /month | 0 |
| **5** | **Total No. of CHCs ( FRU)** | 0 |
| a | No. of CHCs (FRU) conducting > 20 deliveries /month | 0 |
| b | No. of CHCs (FRU) conducting C-sections  | 0 |
| **6** | **Total No. of any other FRUs (excluding CHC-FRUs)** | 0 |
| a | No. of any other FRUs (excluding CHC-FRUs) conducting > 20 deliveries /month | 0 |
| b | No. of any other FRUs (excluding CHC-FRUs) conducting C-sections  | 0 |
| **7** | **Total No. of DH**  | 1 |
| a | No. of DH conducting > 50 deliveries /month | 0 |
| b | No. of DH conducting C-section  | 0 |
| **8** | **Total No. of District Women And Children hospital (if separate from DH)** | **0** |
| a | No. of District Women And Children hospital (if separate from DH) conducting > 50 deliveries /month | 0 |
| b | No. of District Women And Children hospital (if separate from DH) conducting C-section  | 0 |
| **9** | **Total No. of Medical colleges** | **0** |
| a | No. of Medical colleges conducting > 50 deliveries per month | 0 |
| b | No. of Medical colleges conducting C-section  | 0 |
| **10** | **Total No. of Accredited PHF** | 2 |
| a | No. of Accredited PHF conducting > 10 deliveries per month  | 1 |
| b | No. of Accredited PHF conducting C-sections | 2 |

\*Provide the status in a soft copy. No box should be left blank.

.\*The Annexure I & II to be uploaded on the State/UT NRHM website.

\* Send the name wise list of these delivery points, in soft copy in Annexure IIeg. Names of all sub-centres conducting >3 deliveries per month; names of all DH conducting > 50 deliveries per month, etc.

**Signature**

**Name & Designation**

**Annexure-II**

**Monthly Reporting Format on Delivery Points on key Performance Indicators(KPI)**

|  |
| --- |
| **Name of the State** |
| **For the month of- Monthly Avg of (Q1 + Q2) of 2012-13 i.e. April 2012 to Sep, 2012 to be taken for calculation purposes)**  |
| **Name of the District** | **Sl.No (Delivery Point)** | **Name and Type of the Facility (MC,DH, DWH, SDH, CHC-FRU, CHC- Non-FRU, 24x7 PHC, Other PHC, SC, Any other****Type of Facility**  |  **Total deliveries in the reporting month in the facility(including C-Section)** | **No. of C-sections (where applicable)**  | **Total No. of PW detected with Hb level 7 gm and below**  | **Number of Maternal Deaths in the facility in the reporting month** | **Fn LR with NBCC(Y/N)** | **Fn OT (Y/N)** | **Fn****BSU/ BB (Y/N)** | **Availability of Essen. Drugs (Y/N)**  | **BMW (Y/N)** | **MOs &Specialist( Mention No of Anesth. OBG, Pedia. LSAS / EmOC/ BeMOC Trained MO and other MO** | **NO. of SNs/ ANMs posted at the facility** |
| Ukhrul District | 1 |  District Hospital | **12** | **0** |  7 |  0 | N  | N  | N  | N |  Y | MO=8 |  SN=13 |
| 2 | CHC Kamjong | **2** | **0** | 0 | 0 | N | N | N | N | N | MO=04 | SN=6ANM=3 |
| 3 | PHC Somdal | **0** | **0** | 0 | 0 | N | N | N | N | N | MO=02 | SN=3ANM=1 |
| 4 | CHSRC (private) | **30** | **59** | 3  |  0 |  Y |  Y | N  | N |  Y | Gyne=1 MO=1 | SN=8 |
|  | LCH (private) | **14** | **26** |  4 |  0 |  N |  Y | N  | N |  Y | Gyne=1MO=1 | SN=6 |
|  |   | **Total** |  |  |  |  |   |   |   |  |   |   |   |
|  | **Note : Please add more rows as per the no of delivery points and districts**  |  |
|  |  |

**Annexure-III**

**Key Performance Indicators (KPIs) for Maternal Health (District Compiled Sheet)**

|  |  |  |
| --- | --- | --- |
|  | **Name of the District** | **Ukhrul** |
|  | **For the month of** | **October 2012** |
|  | **Date of Submission of the data** | **November 2012** |
|  | **Estimated No. of Pregnancies in the year** | **3102** |
|  | **Estimated No. of Deliveries in the year** | **2792** |
| **S. N.** | **Key Performance Indicators for Maternal Health** | **Reported during the monthoctober** | **Cumulative achievement for the current Fin. Yr.**(April, 2012 to October 2012 |
| **1** | **Total No. of Registered pregnancies** |  352 |  3153 |
|   | Pregnancies registered within 12 weeks |  172 |  1107 |
| **2** | **Deliveries conducted at Institution** |   |   |
|  | Public Health Facilities |  14 |  93 |
|  | Private Accreditated Health Facilities | 79 | 470 |
|  | Other Private Health Facilities | 0 | 0 |
| **3** | Total No of C-section  |  11 |  85 |
|  | Public Health Facilities |  0 |  0 |
|  | Private Accreditated Health Facilities | 11 | 85 |
|  | Other Private Health Facilities | 0 | 0 |
| **4** | Tracking of severe Anaemia  |   |   |
|   | Total No. of PW detected with Hb level below 7 gm  |  3 |  14 |
| **5** | **Total No. of Maternal Deaths**  |   |   |
|   | Public  |  0 |  0 |
|   | Private |  0 |  0 |
|   | Home  |  0 |  0 |
|  |  |  |  |
|  |  |  |  |

**Annexure- IV**

**Availability of District-Wise Human Resource in the District**

|  |  |  |
| --- | --- | --- |
| ***S. No.*** | ***Name of District*** | Availability(in position) of Specialist/PGMO, MO, and other Staff (Give total Numbers available in the district)   |
| Paediatrics | Anaesthetics | Gynaecology | No. of MOs | No of SNs |  No of ANMs | MOs trained in LSAS | Mos trained in EmOC | No. of SBA Trained SNs/ ANMs | No. of LTs  |
| **Regular** | **Contractual** | **Regular** | **Contractual** | **Regular** | **Contractual** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** |
| **1** | **Ukhrul** | **0** | **0** | **0** | **0** | **0** | **0** | **23 posted****12****In PG** | **21 (R)****12 (C)** | **37 (R)****41 (C)** | **0** | **1****But expired** | **36** | **4(R)****6(C)** |
| **Note : Add more Rows if required** |   |   |   |   |   |   |   |   |   |   |

**Annexure-V**

|  |  |
| --- | --- |
| **Information required for LSAS & EmOC trained doctors by Govt. of India** |  |
| **Name of the State: …………………………** |  |
| **S.No.** | **Name of District** | **Posting and performance of EmOC Trained doctor** | **Posting and performance of LSAS Trained doctor** |
| **Name of EmOC Trained Doctor** | **Name and type of Facility where EmOC Trained doctor is posted** | **Performance of EmOC Trained doctor (No. of C-section and /Any other performance )** | **Name of LSAS Trained Doctor** | **Name and type of Facility where LSAS Trained doctor is posted** | **Performance of LSAS Trained doctor(No. of C-section assisted & No. of Spinal Anaesthesia given/Any other performance )** |
|  1 | Ukhrul  | 0  |  0 |  0 | 0 | 0  | 0 |
|   |   |   |   |   |   |   |  |

**Annexure VI**

|  |
| --- |
| **Name of the State : Progress of MH Trainings**  |
| **Type of Training** | **No. of Medical Colleges conducting training** | **No. of District Hospitals conducting training** | **Any other Facilities conducting training** | **No. of Master Trainers Trained** | **Total Target for NRHM period (up to 2017)** | **Total Achievement cumulative till March 2012** | **Target for 2012-13** | **Achievement or Nos. trained in 2012-13 (April 12-till November, 2012) \*** | **Target for 2013-14** | **No. of trained MOs posted at facilities where their skills are being utilised -eg. FRUs for LSAS & EmOC/ MTP; 24X7 PHCs for BeMOC/MTP; Facilities conducting delivery for SBA in the relevant column** | **Performance (Specify No. of deliveries, No. of C-section and No. of Spinal Anaesthesia, No. of MTPs, No. of any other complications attended in the relevant column) Cumulative since 2005 till date** |
| **LSAS** | **0** | **0** | **0** | **0** | **4** | **0** | **0** | **0** | **2** | **0** | **0** |
| **EmOC** | **0** | **0** | **0** | **0** | **4** | **0** | **0** | **0** | **2** | **0** | **0** |
| **BEmOC (MOs)** | **0** | **0** | **0** | **0** | **16** | **0** | **2** | **2** | **4** | **0** | **0** |
| **SBA (ANM/SN/LHV)** | **0** | **0** | **0** | **0** | **50** | **36** | **0** | **0** | **10** | **0** | **0** |
| **MTP** | **0** | **0** | **0** | **2** | **16** | **12** | **12** | **12** | **8** | **0** | **0** |
| **RTI/STI** | **0** | **1** | **1** | **2** |  | **74** | **0** | **0** | **42** | **0** | **0** |
| *\*including the current batches undergoing training* |

**Annexure-VII**

|  |
| --- |
| **QUALITY ASSURANCE CELL** |
| **Has State established QA Cell?** | **YES** | **NO** |
| If yes, at what level |  | N |
| State level  |  | N |
| District level  |  | N |
| Any other level |  | N |
| **Field Visits by QA Cell** | **No. of Proposed visits in 2012-13** |  **No. of Visits conducted**  |
| State level  | 0 | N |
| District level  | 0 | N |
| Any other level | 0 | N |
| **Meeting by QA Cell** |  **No. of Proposed Meetings in 2012-13** | **No. of Meetings conducted**  |
| State level  |  0 | 0  |
| District level  |  0 |  0 |
| Any other level |  0 |  0 |
| **Reports** |  **No. of Reports Submitted** | **No. of Reports Analyzed**  |
| State level  |  0 |  0 |
| District level  |  0 |  0 |
| Any other level |  0 |  0 |
|  |  |  |

**Annexure-VIII**

**FORMAT FOR RTI/ STI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Sub Centre** | **Primary Health Centre** | **FRUs** | **Community Health Centre** | **District Hospital** |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| Number of RTI/STI patients and their partners counseled at the health facilities |  0 | 0  | 5  | 15  | 0  | 0  |  0 | 0  | 1 | 0 |
| Number of RTI/STI patients identified at the facility  |  0 |  0 |  5 | 15  | 0  |  0 |  0 | 0  | 1 | 0 |
| Number of RTI/STI patients treated at the facility | 0 | 0 | 5 | 15 | 0 | 0 | 0 | 0 | 1 | 0 |
| **Other Key parameters** |  |  |  |  |  |
| Number of RTI/STI patients referred to higher facility for treatment |   0 |  0  |  0  |  0  | 143 |
| Number of RPR/VDRL tests conducted |  0  |  0  |  0  |  0  | 80 |
| Number of pregnant women found reactive for syphilis |  0 |  0  |  0  |  0  | 0 |
| Number of pregnant women treated for syphilis using SCM Kits | 0   |  0  |  0  |  0  | 0 |
| Number of Whole Finger Prick Test Conducted |  0  |  0  |  0  |  0  | 0 |
| Number of pregnant women found HIV –infected (of above) |  0  |  2  |  0  |  0  | 10 |
| Number of pregnant women referred to ICTC |  0  |  0  |  0  |  0  | 22 |
| Number of pregnant women referred for ART services |  0  |  0  |  0  |  0  | 11 |

**Annexure-IX**

**REPORTING FORMAT TO ASCERTAIN THE STATUS OF IMPLEMENTATION OF MATERNAL DEATH REVIEW**

**Name of State:**

|  |  |  |
| --- | --- | --- |
| **SN.** | **Activity**  | **Status / Remarks** |
| 1 | Name, contact no. and e-mail address of State Nodal Officer for MDR | Irengbam Rajeev, DPM, NRHM, Ukhrul, e-mail: ira\_jeev@yahoo.com Phone No : 9089272527  |
| 2 | Number of medical/paramedical personnel trained or oriented on MDR  | Medical College faculty | NA |
| State officials (Directorate. SPMU, etc.) | NA |
| District Officials (CMO, DRCHO, DPMU, others) | Y |
| Others including I/Cs of private hospitals | Y |
| Block Officials (BMOs, BPMU, etc.) | Y |
| MO I/Cs of public health facilities | Y |
| ASHAs/ AWWs/ ANMs/ SHGs/ others | N |
| 3 | Constitution of Maternal Death Review Committee / Task Force as per GOI guidelines { Give no. at each level} | State Task Force (Yes/No) | NA |
| If yes, no. of meetings held in 2011-12 | NA |
| Number of districts in the state | NA |
| Number of districts where MDR Committee has been constituted | 1 |
| Total number of functional “delivery points”(FRUs, DHs, private accredited hospitals) identified for FBMDR  | 4 |
| Number of functional “delivery points”(FRUs, DHs, private accredited hospitals) where FBMDR Committees have been constituted and are holding meetings for Review of deaths | 0 |
|  4 | Total number of MDs reported at the State level (April to the reporting month, 2012-13) |  | 0 |
| 5 | Total number of MDs reported at the State level (April to the reporting month,2012-13)  | Through CBMDR (Community Based MDR) | 0 |
| Through FBMDR (Facility Based MDR) |  |
| 6 | Total number of MDs reviewed by District MDR committees (CMO) (April to the reporting month, 2012-13)  |  | 0 |
| 7. | Number of MDs reviewed by State Task Force out of total reported in column 4  |  | 0 |
| 8 | Causes of maternal deaths reported in column 4 (in numbers) |
| 8.1 | Haemorrhage |  | 0 |
| 8.2 | Sepsis |  | 0 |
| 8.3 | Abortion |  | 0 |
| 8.4 | Obstructed labour |  | 0 |
| 8.5 | Hypertensive disorders in pregnancy (includes eclampsia) |  | 0 |
| 8.6 |  “Others” (include anaemia) |  | 0 |
| 9 | Analysis of MDR findings done by the State : major causes of MDs (medical/systemic/others), geographical distribution- concentration in specific districts/blocks, whether conforming to the AHS High Mortality districts etc. | 0 |
| 10 | Compliance with regular submission of State Monthly MDR Reports for April to the reporting month (2012-13) reasons for non-compliance. | 0 |

**Annexure-X**

 ***Format for Performance on Comprehensive Abortion Care at State Level (April 12 to Sept 2012)***

**Name of State/U.T: Manipur Month and Year of reporting: .October 2012**

**Number of districts in the State: Ukhrul District**

1. ***Indicators*:**

|  |  |  |
| --- | --- | --- |
| **SN** |  **Indicator** | **Numbers** |
| **1** | Number of districts where District Level Committee (DLC)\* have been constituted  | **0** |
| **2** | Number of applications pending in the districts with the DLCs  | For one year | **0** |
| More than one year  | **0** |
| **3** | Is MVA equipment being procured and supplied to the districts? **(Y/N)** | **N** |
| **4** | Are the drugs for MMA included in the essential drug list? **(Y/N)** | **N** |

 \* As per MTP Act, Rules and Regulations 2002-2003

1. ***Service Availability and Utilisation***:

|  |  |  |
| --- | --- | --- |
| **Availability**: Number of institutions providing services |  | **Utilisation**: Number of MTPs performed-any method |
| Type of Health Facility | **Up to 12 weeks services (1st trimester)** | **Up to 20 weeks services (both 1st and 2nd trimester)**  | **Up to 12 weeks (1st trimester)** | **12 -20 weeks (both 1st and 2nd trimester)** |
| Government (Total) |  |  |  |  |
| Private certified (Total) | **2** | **2** | **2** | **2** |
| **“Delivery Points” providing services.** |
| PHCs/non FRU CHCs | **1** |  |  | **1** |  |
| FRUs (CHCs, SDH etc.) | **0** | **0** | **0** | **0** |
| DHs /DWH etc. | **1** | **0** | **1** | **0** |
| Medical Colleges | **0** | **0** | **0** | **0** |
| Private certified | **1** |  | **0** | **0** |

1. Does the state have an ***IEC/BCC*** plan for MTP Services**(Y/N)**..NO
2. If yes, please indicate frequency/ periodicity of IEC/BCC activities

|  |  |  |
| --- | --- | --- |
| **SN** | **IEC/BCC Activity** | **Frequency/ periodicity**  |
| 1 | Print | NA |
| 2 | Audio | NA |
| 3 | Video | NA |
| 4 | Any Other (specify) | NA |

***ProposedBudget 2013-14:***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Area*** | ***Budget Head & FMR Activity code*** | ***Unit Cost***  | ***Budget proposed in PIP 2013-14*** |
| MMA Drugs | Reflected in FMR code | 0 | 0 |
| MVA/ EVA Equipments | Reflected in FMR code | 0 | 0 |
| MTP-Training MOs | Reflected in FMR code | 0 | 0 |
| MTP training of other field functionaries (counselling and post abortion care) | Reflected in FMR code | 0 | 0 |
| MTP-IEC/BCC activities | Reflected in FMR code | 0 | 0 |

**Annexure XI**

**IMPLEMENTATION STATUS OF JANANI SHISHU SURAKSHA KARYAKARAM (JSSK): DISTRICT LEVEL**

State/ UT: Manipur Name of districts: Ukhrul No. of Blocks: 5 (five) Reporting Month/Year:

State Nodal Officer in place (Y/N): ……..… State Grievance Redressal Officer in place (Y/N): ………………….......

***Name, email id and Mobile no. of State Nodal Officer (JSSK*)**.......................................................................................................

 No. of District Nodal Officers in place: ….…………........ No. of District Grievance Redressal Officers in place: ……………................

1. **ENTITLEMENTS: CASHLESS SERVICES & USER CHARGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sno.** | **Provision for Cashless deliveries for all pregnant women****and sick newborns at all public health facilities** | **Whether G.O. issued (Y/ N)** | **Month when started / proposed timeline** | **No. of Blocks implementing** |
| **1.** | Provision of Free drugs/ consumables  | **Y** | **January 2013** |  |
| **2.** | Provision of Free Diagnostics  | **Y** | **September 2012** | **2**  |
| **3.** | Provision of Free Diet  | Y | Do | 2 |
| **4.** | Provision of Free blood (inclusive of testing fee) | Y | NA | 0 |
| **5.** | Provision of free treatment to Sick newborns up to 30 days | Y | January 2013 | 0 |
| **6.** | Free Referral Transport for PW (to & fro, 2nd referral) | Y | January 2013 | 0 |
| **7.** | Free Referral Transport for Sick newborns (to & fro, 2nd referral) | Y | January 2013 | 0 |
| **8.** | Exemption from all user charges for all PW and sick newborns | Y | October 2012 | 5 |
| **9.** | Empowerment of MO in-charge to make emergency purchases of drugs/investigations | N | State to decide | 0 |

**NOTE:** Pls. provide a copy of relevant Govt. Order(s)*(provide one time, and when any updation/ revision is done)*

1. **ENTITLEMENTS: REFERRAL TRANSPORT (RT)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **Referral transport services**  | **State owned** | **EMRI/ EMTS**  | **PPP**  | **Other** |
| **1.** | Total number of ambulances/ referral vehicles in the State/ UT | 0 | 0 | 0 | 0 |
| **2.** | Whether vehicles fitted with GPS (specify no.) | **0** | **0** | **0** | **0** |

**3.** Call centre(s) for the ambulance network: Districts (no.s) - ……………………… State (Y/N): …………………………………

**4.** Toll free number (provide number, if available): ………………………………………..

1. **IMPLEMENTATION: CASHLESS SERVICES**

|  |  |  |
| --- | --- | --- |
| **Sno.** | **Provision for Cashless deliveries for all pregnant women and sick newborns at all Govt. health facilities** | **Status** |
| **1.** | No. of districts where free entitlements are displayed *at all health facilities* | **1** |
| **2.** | No. of districts where free diet is available to PW (*at all facilities 24x7 PHC and above level*) | **0** |
| **3.** | No. of districts where lab is functional for basic tests for PW (*at all facilities 24x7 PHC and above level*) | 0 |
| **3a.** | No. of districts where any facility has stock outs of lab reagents / equipment not working | 0 |
| **4.** | No. of districts where any facility has stock outs of essential drugs / supplies for PW and sick newborns | 1 |
| **5.** | No. of districts where any facility has user charges for PW / sick newborns for: i. OPD | 1 |
|  |  ii. Admission / delivery / C-section | 0 |
|  | iii. Lab tests / diagnostics | 0 |
|  | iv. Blood | 0 |
| **6.** | Total no. of govt. medical colleges in the State | 0 |
| **7.** | Total no. of govt. medical colleges not levying any type of user charges |  |

1. **Service Delivery(April 2012 to September, 2012)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **JSSK service delivery** | **Free Drugs & Consumables** | **Free Diet** | **Free Diagnostics**  | **Free blood** |
| **1.** | **Total No. of p.w. who availed the free entitlements in the reporting month in the State** | 0 | 0 | 0 | 0 |
| **2.** | **Total No. of sick neonates who availed the free entitlements in the reporting month in the State** | **0** |  | **0** | **0** |

1. **SERVICE UTILISATION: REFERRAL TRANSPORT (RT)(April 2012 to September, 2012)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **Referral transport services** | **State vehicles** | **EMRI/ EMTS**  | **PPP**  | **Other** |
| **1.** | No. of PW who used RT services for: |  |  |  |  |
|  | 1. Home to health institution
 | 0 | 0 | 1 |  |
|  | 1. Transfer to higher level facility for complications
 | 1 | 0 | 1 |  |
|  | 1. Drop back home
 | 0 | 0 | 1 |  |
| **2.** | No. of sick newborns who used RT services for: |  |  |  |  |
|  | 1. Home to health institution
 | 0 | 0 | 0 |  |
|  | 1. Transfer to higher level facility for complications
 | 1 | 0 | 0 |  |
|  | 1. Drop back home
 | 0 | 0 | 0 |  |

1. **GRIEVANCE REDRESSAL**

|  |  |  |
| --- | --- | --- |
| **Sno.** | **Grievance redressal** | **Status detail** |
| **1.** | No. of complaints/ grievance cases related to free entitlements  | **0** |
| **2.** | No. of cases addressed / no. of cases pending | **0** |

**Annexure-XII**

**PERFORMANCE BASED INCENTIVES under MH**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of****the****Scheme/****Activity** |  | **Type of****work****being****incentivized** | **Level of****Facility****(CHCs/****PHCs/ Sub-****Centers** | **Amount****Of Incentive** |  | **No of****workers****given****incentive** |  |  |
|  |  |  |  |
| **Type of****worker** | **Performance****Expected** | **Quantifiable Output** |  |
|  |
|  |
|  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| JSY | ASHA | Ensure full 3 ANC for PW | CHC/PHC/PHSC | Rs. 350/- per case | 7-9 live birth per 1000 population | ASHA | 600 |  |
| Immunization  | ASHA | Ensure Immunisation Day/VHND | DH/CHC/PHC/PHSC/Village | Rs. 150/- per case | 230 villages\* 6-8 visits per year | ASHA | 1610 VHND |  |
| HBNC | ASHA | Ensure 2 PNC | Villages/PHSC | Rs. 250/- per case | 7-9 live birth per 1000 population | ASHA | 600 |  |
| Hospital Stay during Institutional Delivery | ASHA | To ensure accompanied PW to health facility by ASHA | CHC/PHC/DH/Private | Rs. 600/- per case for 2 days stay in health facility  |  |  | 600 |  |
| Outreach Visits for ANM | ANM | Mobility by foot and stay at village during out reached sessions for VHND (three days allowances) | i) Less than-2 kmii)Between- 2-4 kmiii)4 & above km | Rs. 200/- per visitRs. 400/-  visitRs. 600/-VisitOnce visit in a month  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |