**STANDARD GoI CONDITIONALITIES FOR**

**NRHM, MANIPUR**

1. Last year Audit Report - Submitted already to GoI

2. State Share Contribution - State share of 2013-14 deposited in

 State Health Society Account,

 detailed of bank statement enclosed.

**CONDITIONALITIES OF RoP**

**1. Conditionalities – Rational deployment of HR with the highest priority accorded to high priority districts and delivery points.**

 An order from the State Government will be issued within couple of Days for EmOC, LSAS Doctors and PG Degree holders.

 Out of 07 District Hospitals 06 Districts Hospitals are having fully functional Operation Theatres.

 During the current year, under NRHM, recruitment for filling the gaps of staffs has been initiated. Appointment order for 191 & 298 posts has been done.

 All delivery points’ gaps analysis is done, and the available HR positions in each Delivery points has been uploaded in the State Website.

 Rationalization of pointing for AYUSH Doctors and Pharmacists has been done under NRHM. Each health centre is manned with an AYUSH doctors up-to PHC level.

**2 Conditionalities – Facility wise performance audit and corrective action based thereon.**

 Details of all reporting health facilities on their monthly reports up-to February 2014 has been uploaded in the State Website.

 Monitoring especially the 24x7 Health facilities are routinely conducted by a team from State. The team monitor is done based on the supervisory field visits/assessment format and the reports of each team are being uploaded in the state website.

 Facility wise format for conducting audit for health facilities has been prepared at State level. It has constituted the district team who will do the audit.

 At present all districts had completed the audit the same has been completed at State level. Analysis is currently going on for taking further plan of action. Once it is done, the report/analysis along with plan of action will be uploaded in the State Website.

**3. Conditionalities – Performance Measurement system set up and implemented to monitor performance of regular and contractual staff**

 Under NRHM, there is a system of appraising staffs during extension every year. And even the salaries of the staffs are provided based on performance which has been followed from 2009 onwards.

 State has developed another format to monitor the performance of staffs. Based on the performance reports submitted by the districts, extension/re-engagement has been done.

Contd…2/-

- 2 -

**4. Conditionalities – Baseline assessment of competencies of all SNs, ANMs, Laboratory Technicians to be done and corrective action taken thereon.**

 Base line training of the District Level Nurses by the trained 06 Nursing Officers who have been trained at Kolkotta are going on. Further training program for the assessment and monitoring are included in SPIP 2014-2015.

**5. Conditionalities – Gaps in implementation of JSSK**

 JNIMS Authority were refusing to open and implement JSSK Scheme at JNIMS for the last one and half years. After intense lobbying and persuasion we could finally implement the program from 6th November, 2013. Since 60% of the deliveries at Imphal East and adjoining Districts are done at this Hospital, we think that out JSSK Scheme will be a success in Imphal East and adjoining Districts.

 IE in forms of ads, hoardings, through both print and media is currently going on.

 User money exempted. Government order issued in this regard.

 Most of the drugs and consumable listed in EDL are procured and have been distributed to the districts.

 Grievance redressal system are formed at State and Districts levels.

Contd…3/-

- 3 -

**INCENTIVES**

**1. Responsiveness, transparency and accountability (incentive upto 8%**

 **of MFP).**

 Involving local/community leaders is done. They are guarding the Health Centres and are helping in making the PHCs 24x7. For example one Mr. Halim is an RKS member in PHC Lilong (Muslim Community Area); he has tremendously boosted the functioning the PHC. Institutional delivery rate has jump up from a mere 1 to 2 per month to 20 to 25 per month.

 State website are used as a means for providing information on NRHM in the State.

**2. Quality assurance (incentive upto 3% of MFP).**

 Already formed at State and District level as per National Guideline.

**3. Inter-sectoral convergence (incentive 3% of MFP)**

 We have successfully launched WIFS Program in all the Districts of Manipur from 10th March, 2014 in convergence with Social Welfare & Education Departments.

 Another workshop is held under RMNCH+A for all Departments viz. planning, Social Welfare, PHED, Education, SAS, etc.

**4. Recording of vital events including strengthening of civil registration**

 **of births and deaths (incentive upto 2% of MFP)**

 Recording of births are successfully going on in the State. NRHM unit now is in close co-ordination with the vital statistics cell under Health Directorate.

 Fund for IEC and training program approved in ROP 2013-14 have already been implemented

**5. Creation of a public health cadre (by states which do not have it**

 **already) incentive up-to 5% of MFP**

 Manipur Health Services rule has been in–vogue for the last 32 years.

**6. Policy and systems to provide free generic medicines to all in public**

 **health facilities (incentive up-to 5% of MFP)**

 80% of the Drugs and Consumables has already arrived and are distributed to districts.

 Procurement is done based on EDL lists prepared by State.

 Vitamin A and Albendazole has been donated by one NGO working under WHO. And the same has been distributed to the Health Centres. We have ready stock for next two years.

Contd…4/-

- 4 -

**7. Timely roll out of RBSK.**

 Contractual appointment is already finished.

 Drugs procurement already done.

 One year School and Anganwadi visits by a mobile team planed.

**8. Adopting Clinic Establishment Act 2010 as per State’s/UTs**

 **requirement, to regulate the quality and cost of health care in**

 **different public and private health facilities**

 Fully adopted and followed.

**9. Increase in State annual health budget.**

 Total state budget of 2013-14 is Rs. 345.28 crore against Rs. 329.35 of 2012-13 (10.70% increase over last year)

**10. Implementation of Nurse practitioner model.**

 Under process.