



Final Baseline IPA Assessment Report



**Meghalaya Health Systems
Strengthening Project**
Government of Meghalaya



June 2023

Contents

Chapter 1: Overview of the Assignment.....	8
Chapter 2: Methodology for the Baseline Assessment	13
Chapter 3: Baseline IPA Assessment of Primary Health Centres	15
Chapter 4: Baseline IPA Assessment of Urban Primary Health Centres.....	73
Chapter 5: Baseline IPA Assessment of Community Health Centres	94
Chapter 6: Baseline IPA Assessment of District Hospitals.....	118
Chapter 7: Baseline IPA Assessment of Administrative Units.....	155
Chapter 8: Key Results Framework Indicators	181

List of Figures

Figure 1 Project Development Objective	10
Figure 2: Results Chain	11
Figure 3: Total DMHO Scores	165
Figure 4: Interview Schedule.....	165
Figure 5: Key Activities	166
Figure 6: IPA Framework for DHS (MI).....	166
Figure 7: Average dryg stock out.....	182
Figure 8: Drug wise Stock Out.....	183
Figure 9: Average drug Stockout in UPHCs	184
Figure 10: Average Drug Stock Out in CHCs	185
Figure 11: Drug Stock Out in DHs- Drug wise.....	186
Figure 12: District Wise Details of Presence of Certified Employee for Blood Transfusion in PHCs	187
Figure 13: Presence of one certified Employee for Blood Transfusion in DH	187
Figure 14: Fund Utilisation (%).....	188

List of Tables

Table 1: Status of Key Health Indicators	9
Table 2: Composition of Teams	14
Table 3: IPA framework developed for PHCs	15
Table 4: Decision Rule for PHC_1_NQAS	16
Table 5: Average Scores obtained by IPA and Non-IPA PHCs for PHC_1_NQAS	16
Table 6: PHC-wise Scores for PHC_1_NQAS	17
Table 7: Decision Rule for PHC_2_NQAS	20
Table 8: Average Scores obtained by IPA and Non-IPA PHCs for PHC_2_NQAS	20
Table 9: PHC-wise Scores for PHC_2_NQAS	20
Table 10: Decision Rule for PHC_3_Execution	23
Table 11: Average Scores obtained by IPA and Non-IPA PHCs for PHC_3_Execution	24
Table 12: PHC-wise Scores for PHC_3_Execution	24
Table 13: Decision Rule for PHC_4_Hospital Associated Infection	27
Table 14: Average Scores obtained by IPA and Non-IPA PHCs for PHC_4_Hospital Associated Infection	27
Table 15: PHC-wise Score for PHC_4_Hospital Associated Infection	28
Table 16: Decision Rule for PHC_5_Cleanliness	31
Table 17: Average Scores obtained by IPA and Non-IPA PHCs for PHC_5_Cleanliness	31
Table 18: PHC-wise Score for PHC_5_Cleanliness	32
Table 19: Decision Rule for PHC_6_Personal Hygiene Protection	35
Table 20: Average Scores obtained by IPA and Non-IPA PHCs for PHC_6_Personal Hygiene Protection	35
Table 21: PHC-wise Score for PHC_6_Personal Hygiene Protection	36
Table 22: Decision Rule for PHC_7_Environment	39
Table 23: Average Scores obtained by IPA and Non-IPA PHCs for PHC_7_Environment	40
Table 24: PHC-wise Score for PHC_7_Environment	40
Table 25: Decision Rule for PHC_8_Waste Management	43
Table 26: Average Scores obtained by IPA and Non-IPA PHCs for PHC_8_Waste Management	44
Table 27: PHC-wise score for PHC_8_Waste Management	45
Table 28: Decision Rule for PHC_9_Maternal and Child Health	48
Table 29: Average Scores obtained by IPA and Non-IPA PHCs for PHC_9_Maternal and Child Health	49
Table 30: PHC-wise score for PHC_9_Maternal and Child Health	49
Table 31: Decision Rule for PHC_10_Immunisation, CM-SMS, Mother App	52
Table 32: Average Scores obtained by IPA and Non-IPA PHCs for PHC_10_Immunisation, CM-SMS, Mother App	53
Table 33: PHC-wise score for PHC_10_Immunisation, CM-SMS, Mother App	53
Table 34: Decision Rule for PHC_11_CPHC	56
Table 35: Average Scores obtained by IPA and Non-IPA PHCs for PHC_11_CPHC	56
Table 36: PHC-wise score for PHC_11_CPHC	57
Table 37: Decision Rule for PHC_12_Patient_Satisfaction	61
Table 38: Average Scores obtained by IPA and Non-IPA PHCs for PHC_12_Patient_Satisfaction	61
Table 39: PHC-wise scores for PHC_12_Patient_Satisfaction	61
Table 40: Decision Rule for PHC_13-Staff Competency	64
Table 41: Decision Rule for PHC_14_Staff Satisfaction	65
Table 42: Decision Rule for PHC_15_IDSP	65
Table 43: Average Scores obtained by IPA and Non-IPA PHCs for PHC_15_IDSP	66
Table 44: PHC-wise scores for PHC_15_IDSP	66
Table 45: Decision Rules for PHC_16_Insurance	69
Table 46: Average Scores obtained by IPA and Non-IPA PHCs for PHC_16_Insurance	69
Table 47: PHC-wise scores for PHC_16_Insurance	69
Table 48: IPA framework developed for Urban Primary Health Centres	73
Table 49: Decision Rules for PHC_1_NQAS	74
Table 50: Average Scores obtained by IPA and Non-IPA UHCs for PHC_1_NQAS	74
Table 51: UHC-wise scores for PHC_1_NQAS	75
Table 52: Decision Rules for PHC_2_NQAS	76
Table 53: Decision Rules for PHC_3_Execution	76
Table 54: Decision Rules for PHC_4_Hospital Associated Infection	77
Table 55: Decision Rules for PHC_5_Cleanliness	77
Table 56: Average Scores obtained by IPA and Non-IPA UHCs for PHC_5_Cleanliness	78
Table 57: UHC-wise scores for PHC_5_Cleanliness	78

Table 58: Decision Rules for PHC_6_Personal Hygiene Protection.....	79
Table 59: Average Scores obtained by IPA and Non-IPA UHCs for PHC_6_Personal Hygiene Protection.....	79
Table 60: UHC-wise scores for PHC_6_Personal Hygiene Protection	80
Table 61: Decision Rules for PHC_7_ Environment.....	81
Table 62: Average Scores obtained by IPA and Non-IPA UHCs for PHC_7_ Environment	82
Table 63: UHC-wise score for PHC_7_ Environment	82
Table 64: Decision Rules for PHC_8_ Waste Management.....	83
Table 65: Decision Rules for PHC_9_Maternal and Child Health	84
Table 66: Average Scores obtained by IPA and Non-IPA UHCs for PHC_9_Maternal and Child Health.....	85
Table 67: UHC-wise score for PHC_9_Maternal and Child Health	85
Table 68: Decision Rules for PHC_10_Immunisation, CM-SMS, Mother App.....	86
Table 69: Average Scores obtained by IPA and Non-IPA UHCs for PHC_10_Immunisation, CM-SMS, Mother App.....	87
Table 70: UHC-wise score for PHC_10_Immunisation, CM-SMS, Mother App	87
Table 71: Decision Rules for PHC_11_ CPHC	88
Table 72: Average Scores obtained by IPA and Non-IPA UHCs for PHC_11_ CPHC	88
Table 73: UHC-wise score for PHC_11_ CPHC	89
Table 74: Decision Rules for PHC_12_Patient_Satisfaction.....	89
Table 75: Average Scores obtained by IPA and Non-IPA UHCs for PHC_12_Patient_Satisfaction	90
Table 76: UHC-wise score for PHC_12_Patient_Satisfaction	90
Table 77: Decision Rules for PHC_13-Staff competency	91
Table 78: Decision Rules for PHC_14_Staff satisfaction.....	92
Table 79: Decision Rules for PHC_15_ IDSP.....	92
Table 80: Average Scores obtained by IPA and Non-IPA UHCs for PHC_15_ IDSP	92
Table 81: UHC-wise score for PHC_15_ IDSP	93
Table 82: Decision Rules for PHC_16_Insurance	93
Table 83: IPA Framework for CHCs.....	94
Table 84: Decision Rules for CHC_1_NQAS.....	95
Table 85: Average scores obtained by IPA and Non-IPA CHC for CHC_1_NQAS.....	95
Table 86: CHC-wise score for CHC_1_NQAS	96
Table 87: Decision Rules for CHC_2_ Meetings.....	97
Table 88: Decision Rules for CHC_3_Execution.....	98
Table 89: Decision Rules for CHC_4 [Infection control, Hygiene and Biomedical Waste Management]	98
Table 90: Decision Rules for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]	99
Table 91: Average scores obtained by IPA and Non-IPA CHC for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]	99
Table 92: CHC-wise score for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]	100
Table 93: Decision Rules for Personal Protection	101
Table 94: Average scores obtained by IPA and Non-IPA CHC for Personal Protection	101
Table 95: CHC-wise score for Personal Protection	102
Table 96: Decision Rules for CHC_7_Environment	103
Table 97: Average scores obtained by IPA and Non-IPA CHC for CHC_7_Environment.....	103
Table 98: CHC-wise score for CHC_7_Environment	104
Table 99: Decision Rules for CHC_8_ Waste Management	105
Table 100: Average scores obtained by IPA and Non-IPA CHC for CHC_8_ Waste Management	106
Table 101: CHC-wise score for CHC_8_ Waste Management	106
Table 102: Decision Rules for CHC_9_Maternal and Child Health	107
Table 103: Average scores obtained by IPA and Non-IPA CHC for CHC_9_Maternal and Child Health	108
Table 104: CHC-wise score for CHC_9_Maternal and Child Health	108
Table 105: Decision Rules for CHC_10_ Immunisation, CM-SMS, Mother App.....	109
Table 106: Average scores obtained by IPA and Non-IPA CHC for CHC_10_ Immunisation, CM-SMS, Mother App.....	110
Table 107: CHC-wise score for CHC_10_ Immunisation, CM-SMS, Mother App.....	110
Table 108: Decision Rules for CHC_11_Patient_Satisfaction.....	111
Table 109: Average scores obtained by IPA and Non-IPA CHC for CHC_11_Patient_Satisfaction.....	112
Table 110: CHC-wise score for CHC_11_Patient_Satisfaction	112
Table 111: Decision Rules for CHC_12_Staff competency	113
Table 112: Decision Rules for CHC_13_Staff Satisfaction.....	114
Table 113: Decision Rules for CHC_14_IDSP.....	114
Table 114: Average scores obtained by IPA and Non-IPA CHC for CHC_14_IDSP.....	114

Table 115: CHC-wise score for CHC_14_IDSP.....	115
Table 116: Decision Rules for CHC_15_Insurance.....	115
Table 117: Average scores obtained by IPA and Non-IPA CHC for CHC_15_Insurance	116
Table 118: CHC-wise score for CHC_15_Insurance.....	116
Table 119: IPA Framework for DH-MCH.....	118
Table 120: Decision Rules for DH with MCH_1_NQAS	119
Table 121: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_1_NQAS	119
Table 122: DH-MCH-wise score for MCH_1_NQAS.....	120
Table 123: Decision Rules for DH with MCH_2_NQAS.....	121
Table 124: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_2_NQAS.....	121
Table 125: DH-MCH-wise score for MCH_2_NQAS	121
Table 126: Decision Rule for DH with MCH_3.....	122
Table 127: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_3.....	122
Table 128: DH-MCH-wise score for MCH_3	123
Table 129: Decision Rules for DH-MCH_4	123
Table 130: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_4.....	123
Table 131: DH-MCH-wise score for MCH_4.....	124
Table 132: Decision Rules for DH-MCH_5	124
Table 133: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_5.....	125
Table 134: DH-MCH-wise score for MCH_5	126
Table 135: Decision Rules for DH-MCH_6	126
Table 136: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_6.....	127
Table 137: DH-MCH-wise score for MCH_6.....	127
Table 138: Decision Rules for DH-MCH_7.....	128
Table 139: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_7.....	128
Table 140: DH-MCH-wise score for MCH_7	129
Table 141: Decision Rules for DH-MCH_8.....	129
Table 142: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_8.....	130
Table 143: DH-MCH-wise score for MCH_8	131
Table 144: Decision Rules for DH-MCH_9	131
Table 145: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_9.....	132
Table 146: DH-MCH-wise score for MCH_9	133
Table 147: Decision Rules for DH-MCH_10.....	133
Table 148: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_10.....	133
Table 149: DH-MCH-wise score for MCH_10	134
Table 150: Decision Rules for DH-MCH_11	134
Table 151: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_11.....	135
Table 152: DH-MCH-wise score for MCH_11.....	135
Table 153: Decision Rules for DH-MCH_12.....	136
Table 154: Decision Rules for DH-MCH_13.....	137
Table 155: Decision Rules for DH-MCH_14.....	137
Table 156: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_14	137
Table 157: DH-MCH-wise score for MCH_14	137
Table 158: Decision Rules for DH-MCH_15.....	138
Table 159: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_15	138
Table 160: DH-MCH-wise score for MCH_15	139
Table 161: IPA Framework for DHs.....	140
Table 162: Decision Rules for DH_1_NQAS.....	140
Table 163: DH-without MCH-wise score for DH_1_NQAS	140
Table 164: Decision Rules for DH-without MCH_2_NQAS	141
Table 165: Average scores obtained by IPA and Non-IPA CHC for DH-without MCH_2_NQAS	141
Table 166: DH-without MCH-wise score for DH-without MCH_2_NQAS	142
Table 167: Decision Rules for DH without MCH_3.....	142
Table 168: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_3	142
Table 169: DH-without MCH-wise score for DH-without MCH_3	143
Table 170: Decision Rules for DH without MCH_4.....	143
Table 171: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_4.....	143
Table 172: DH-without MCH-wise score for DH-without MCH_4.....	144
Table 173: Decision Rules for DH without MCH_5.....	144
Table 174: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_5.....	145

Table 175: DH-without MCH-wise score for DH-without MCH_5.....	145
Table 176: Decision Rules for DH without MCH_6.....	146
Table 177: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_6.....	146
Table 178: DH-without MCH-wise score for DH-without MCH_6.....	146
Table 179: Decision Rules for DH without MCH_7.....	146
Table 180: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_7.....	147
Table 181: DH-without MCH-wise score for DH-without MCH_7.....	147
Table 182: Decision Rules for DH without MCH_8.....	148
Table 183: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_8.....	149
Table 184: DH-without MCH-wise score for DH-without MCH_8.....	149
Table 185: Decision Rules for DH without MCH_9.....	150
Table 186: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_9.....	150
Table 187: DH-without MCH-wise score for DH-without MCH_9.....	151
Table 188: Decision Rules for DH without MCH_10.....	151
Table 189: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_10.....	152
Table 190: DH-without MCH-wise score for DH-without MCH_10.....	152
Table 191: Decision Rules for DH without MCH_11.....	152
Table 192: Decision Rules for DH without MCH_12.....	153
Table 193: Decision Rules for DH without MCH_13.....	154
Table 194: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_13.....	154
Table 195: DH-without MCH-wise score for DH-without MCH_10.....	154
Table 196: Decision Rules for DH without MCH_14.....	155
Table 197: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_14.....	155
Table 198: DH-without MCH-wise score for DH-without MCH_10.....	155
Table 199: IPA Framework for DMHOs.....	157
Table 200: Decision Rules for DMHO_1_A.....	157
Table 201: DMHO wise socre for DMHO_1_A.....	157
Table 202: Responses by DMHOs.....	158
Table 203: Decision Rules for DMHO_2.....	159
Table 204: DMHO wise socre for DMHO_2.....	159
Table 205: Decision Rules for DMHO_3.....	160
Table 206: DMHO wise socre for DMHO_3.....	161
Table 207: Decision Rules for DMHO_4.....	162
Table 208: Decision Rules for DMHO_5.....	162
Table 209: DMHO wise socre for DMHO_4.....	163
Table 210: Training Programmes.....	163
Table 211: Decision Rules for DMHO_6.....	163
Table 212: DMHO wise socre for DMHO_6.....	164
Table 213: DGRC meetings.....	164
Table 214: Summary of Scoring.....	168
Table 215: Summary of Scoring.....	169
Table 216: Summary of Scoring.....	170
Table 217: Key Activities.....	170
Table 218: IPA Framework for DHS (MI).....	171
Table 219: Summary of scoring.....	172
Table 220: Summary of Scoring.....	174
Table 221: Key Activities.....	174
Table 222: IPA Framework for DHS (R).....	174
Table 223: Summary of scoring.....	176
Table 224: Summary of scoring.....	177
Table 225: IPA Framework for MHIS.....	178
Table 226: Registration Status.....	178
Table 227: TAT for Closure of Grievances.....	180
Table 228: Names of essential drugs and information related to blood banks.....	181

Chapter 1: Overview of the Assignment

1.1. Background of the Assignment

Meghalaya is a Schedule-VI state under the constitution of India with more than 86 per cent of the population belonging to the scheduled tribe group with three main ethnic communities; the Khasis, the Jaintias, and the Garos. The state has eleven administrative districts spread across a total area of 24,548 sq. km; and is bounded by Assam on the north and the east, and the south and west by Bangladesh. The state has approximately 2.9 million people and it recorded the highest decennial population growth of 27.8 percent among all the states of the region¹. It is estimated that the population of the state has increased to about 3.3 million² in 2020. Nearly 80 percent of the population of Meghalaya resides in rural areas which given the difficult geographic terrain are inaccessible.

The Tendulkar Committee estimated in 2011-12 that 21.92 percent of the Indian population lives below poverty line. Against this national average, Meghalaya recorded 11.9 percent people living below the poverty line. More recently, Meghalaya has been listed as the fifth poorest state in India and the poorest in the North-eastern region, as per NITI Aayog's first Multidimensional Poverty Index (MPI) report released in November 2021. The district-wise analysis of the report shows that Ri Bhoi is the poorest district in Meghalaya with 46.3 percent of its population regarded as multi-dimensionally poor. Meghalaya with 37.1 percent also has the tenth-highest percentage of malnourished people among all the states in the country.

As per the NITI Aayog state health index study (2019) the state was ranked third among the group of 8 smaller states for performance in the reference year (2017-18) with an overall health index score of 55.95, the incremental performance over the base year had not improved and had marginally fallen from a health index score of 56.83 in 2015-16. The ranking was a result of performance under indicators such as Neonatal Mortality Rate (NMR), Under-five Mortality Rate (U5MR), full immunization coverage, institutional deliveries, and People Living with HIV (PLHIV) on Anti-Retroviral Therapy (ART). Meghalaya fared below the national average in almost all of these parameters. The main reasons for low health coverage, especially in rural areas included:

- Religious differences leading to lack of faith and acceptance of modern healthcare facilities
- Lack of availability of healthcare facilities in the vicinity
- Poor levels of awareness and understanding of disease symptoms and preventive measures leading to delay in seeking treatment
- Poor connectivity to remote areas thus posing limitations to service providers in providing quality healthcare

The recent Covid-19 pandemic was an eye-opener for the state to focus on strengthening its health systems and addressing the key health requirements of the population by creating a positive healthcare model that would touch upon the socio-economic determinants of its residents.

¹ Census 2011

1.2. Overview of Public Health System in Meghalaya

Meghalaya faces continuing challenges in basic health and nutrition outcomes, along with a growing burden of non-communicable diseases (NCDs). The status of key health indicators is significantly poorer than the national averages as can be seen from the following table.

Table 1: Status of Key Health Indicators

Health Indicator	Meghalaya	National Average
Infant Mortality Rate (IMR) (per 1000 live births)	32	30
Maternal Mortality Rate (per 1,00,000 deliveries)	197	154
Institutional deliveries	51.4%	78.9%
Immunization	44 %	62%
Deaths due to NCDs (including hypertension, diabetes, cardiac conditions, and cancers) out of total deaths recorded	55%	61%
Average life expectancy rate	62.3 yrs.	68.8 yrs.

The Department of Health and Family Welfare (DoHFW) is the administrative department responsible for the health sector and oversees and coordinates the functions of three Directorates namely, Directorate of Medical Institutions (DHS (MI)), Directorate of Maternal and Child Health, and Family Welfare (DHS (MCH & FW)) and Directorate of Research (DHS-R). The public health infrastructure in the state is structured in a three-tier system as prevalent in most states, comprising of Sub-Centers (SC), Primary Health Centers (PHCs), and Community Health Centers (CHCs). Higher-level institutions include District Hospitals (DHs). The classification of the facilities is based on the expanse of area and population that they serve.

- A Sub-Centre is the grassroots level facility that serves a population of 3,000, is the bridge contact point between the Primary Health Care system and the community. It is manned by one Multi-Purpose Worker (Male) and one ANM. Sub-centers are responsible to bring about behavioral change and provide services concerning maternal and child health, family welfare, nutrition, immunization, diarrhoea control, and control of communicable diseases programmes. The Sub-Centers are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women, and children.
- A Primary Health Centre (PHC) caters to a population of 20,000 serves as the first contact point between the village community and a medical officer. It acts as a referral unit for 6 or so Sub-centers. It has 10 beds for indoor patients and a general OPD for consultation. The activities of PHC involve curative, preventive, promotive, and Family Welfare Services.
- A Community Health Centre (CHC) caters to a population of approximately 80,000 and serves as a referral center for 4 PHCs. As per minimum norms, a CHC is required to be manned by four medical specialists i.e., Surgeon, Physician, Gynaecologist, and Paediatrician supported by 21 paramedical and other staff. It is supposed to have 30 beds for indoor patients with an operation theatre, X-ray, labor room and laboratory facilities, and OPD facilities as per availability of specialists.
- A district hospital is the major health care delivery system in a certain district or region. It is staffed by medical officers, physicians, surgeons, and other specialists, nurses, and paramedical personnel. A district hospital is supposed to have beds for indoor patients and patients requiring intensive care and long-term care. It is also required to be equipped with an operation theatre, X-ray, labor room, and laboratory facilities. All district hospitals are supposed to have a minimum of 100 beds with larger hospitals like the civil hospital having higher bed strength.

1.3. About the Meghalaya Health Systems Strengthening Project (MHSSP)

The DoHFW, Government of Meghalaya is implementing the Meghalaya Health Systems Strengthening Project (MHSSP) with support from the World Bank. The project intends to strengthen the management capacity and quality of health services in Meghalaya. The project to be implemented for a period of over five years adopts a systems approach and will combine results-based financing and input-based financing to achieve enhanced performance management in the public sector. The project is supported by an IBRD loan of US\$40 million using an Investment Project Financing (IPF) instrument structured in four components. It uses a system’s approach and is broken down into three individual parts which need to be appreciated as forming part of a whole system’s approach complimenting each other – the first component is a performance-based financing approach, while the second and third components are designed for input-based financing and these three parts together work complementary and are critical for achieving the project objectives. In addition, strengthening the management and organization of the health insurance program is expected to boost health insurance utilization and a swifter reimbursement to providers. The project has four components each of which targets various areas of focus.

Project Development Objective (PDO): To improve utilization and quality of health services in Meghalaya

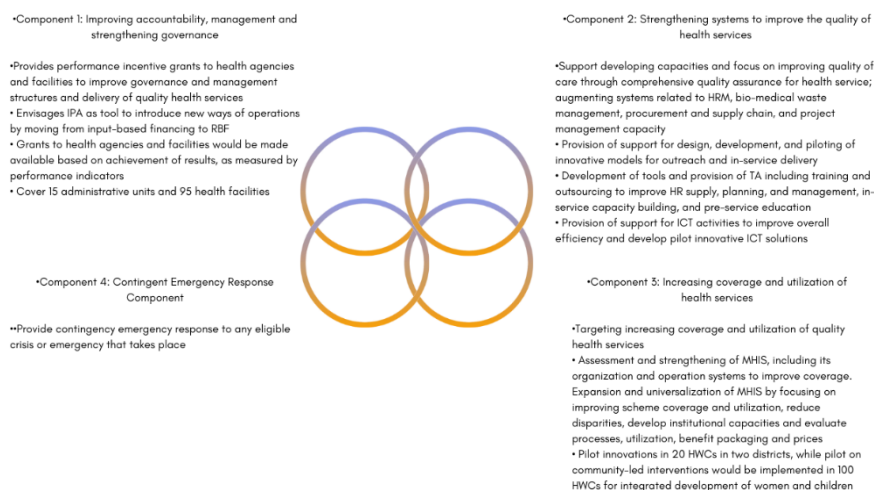


Figure 1 Project Development Objective

The project benefits the entire state of Meghalaya as it aims to strengthen the state's public health system. The primary focus is on strengthening the district hospitals, CHCs, and PHCs across the state including coverage of the Megha Health Insurance Scheme (MHIS).

The project also benefits over 10,000 health sector staff, specifically those at the secondary and primary levels such as ASHA workers, ANMs, village-level health workers, etc. by strengthening their capacity and providing them with skills training. The investment at the health facility level to improve infrastructure, private sector partnerships, technology solutions, and improved working conditions will improve their efficiency and satisfaction level and provide better quality care.

The community-level interventions that follow the integrated approach for child development also provide focused health and nutrition services for mothers. This will benefit the women and children through focused intervention.

1.4. Results Chain

A results chain outlines the action, reaction, and expected outcomes of project intervention. It depicts how a particular action undertaken as part of the project will lead to the desired result. The results chain for the MHSSP is depicted in the following exhibit.

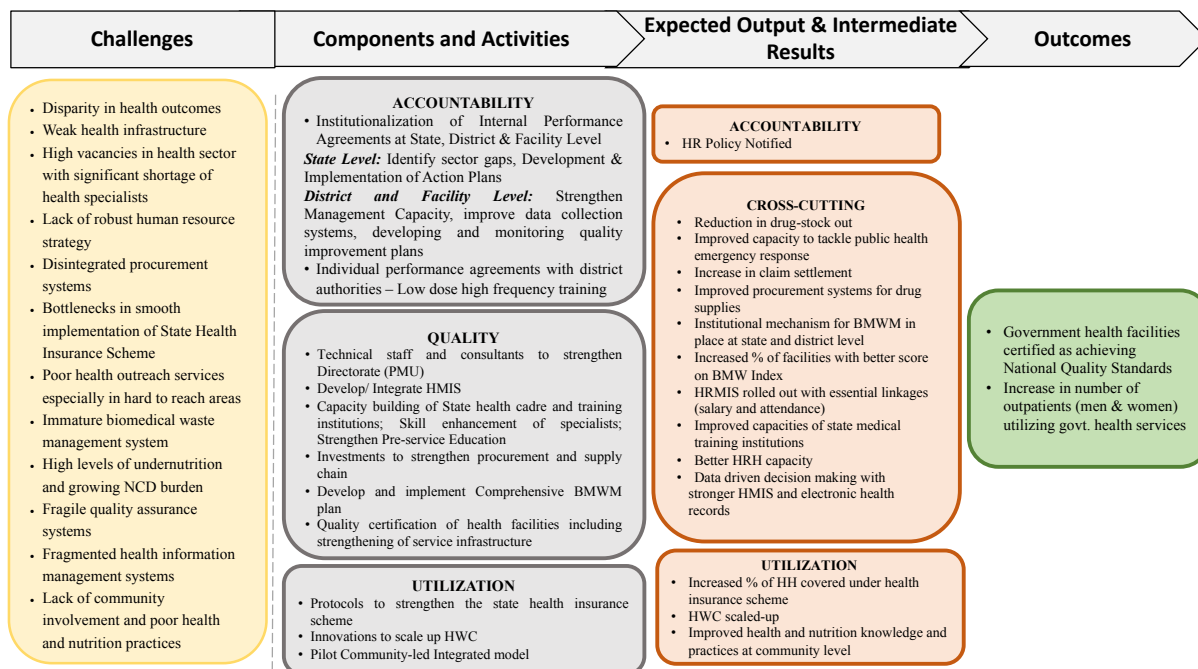


Figure 2: Results Chain

The first part of the chain highlights the challenges the project may have to face both internally and externally. These challenges highlight the factors that need to be inherited into the project planning and implementation to mitigate circumstances that may hinder the project's progress. Some of the main challenges that the project may face include:

- Disparity in health outcomes
- Weak health infrastructure
- High vacancies in the health sector with a significant shortage of health specialists
- Disintegrated procurement systems
- Bottlenecks in smooth implementation of State Health Insurance Scheme
- Poor health outreach services especially in hard-to-reach areas

The activities of the project have been classified into three categories, namely, Accountability, Quality, and Utilization focusing on the area that the activities will improve on. Similarly, the expected outcomes i.e., the intermediate results of these activities have also been envisaged under the same areas of focus. The outcome of the project is highlighted as Government health facilities being certified as achieving National Quality Assurance Standards (NQAS) and an increase in the number of outpatients (men & women) utilizing govt. health services due to the improved quality and recognition.

1.5. Scope of Work

The main objective of the assignment is to undertake a third-party verification of the first project component (Improve accountability and strengthen governance through Internal performance Agreements) under the MHSSP. The verification would focus on evaluating the achievement of the targets for Disbursement Linked Indicators (DLIs), set in the Internal Performance Agreements (IPAs) for the Administrative Units and Health Facilities, enabling them to receive financial disbursement from the World Bank.

The supplementary objective of the assignment is to verify the quantitative and qualitative DLIs set in IPAs and to validate the same through patient feedback data indicating that the services are indeed meeting the desired effectiveness, efficiency, and quality as expected due to reforms in governance, management and service delivery as per the IPAs.

The consultant was originally supposed to undertake baseline assessment of IPAs covering 15 administrative units and 95 health facilities. However as per an email dated 20th October 2022, the project directed the consultant to cover all 172 health facilities (PHCs, UHCs, CHCs and District Hospitals) as part of the baseline assessment. The administrative units to be covered included all District Medical Health Officers (DMHOs), MHIS (State Nodal Agency), DHS (MI), DHS (MCH & FW) and DHS (Research).

The scope of the consultancy does not include reviewing the performance of other components of the project (Component 2, 3, and 4 – Section 1.3) or the results or impacts related to it, as this was not specified in the Terms of Reference (ToR) for the assignment.

1.6. About this Report

This Baseline IPA Report outlines the baseline status of IPAs of 172 health facilities and all administrative units. The report also covers the baseline status of two Results Framework indicators based on directions from the World Bank. These indicators are *percentage of local fund utilization (including performance grants and Insurance reimbursements) in targeted hospitals* and *percentage point decrease of targeted health facilities reported stock-out of essential drugs*.

Chapter 2: Methodology for the Baseline Assessment

2.1. Introduction to the Chapter

This chapter outlines the approach and methodology that was adopted for conducting various tasks under the baseline IPA assessment. The key steps that were undertaken by the consultant are discussed in the following paragraphs.

2.2. Design of Baseline Data Collection Tools

Based on the requirements laid down in the IPAs as well as specific requirements shared by the World Bank, PMU and PMA, data collection tools were designed for the baseline assessment. The consultant developed draft baseline assessment tools based on the final version of the IPAs and several rounds of discussion with the PMU and PMA. The baseline tools were designed for the following facilities/institutions:

- Primary Health Centres (PHCs)
- Community Health Centres (CHCs)
- District Hospitals (DHs) with Maternal and Child Health (MCH)
- DHs without MCH
- DMHOs
- DHS (MI)
- DHS (MCH&FW)
- DHS (Research)
- SNA MHIS

The baseline tools also assessed the drug stock-out levels, OPD patient satisfaction and IPD patient satisfaction levels at the public health facilities.

2.2.1. Design of CAPI based Tools

Based on approval from the PMU the consultant developed some of the data collection tools using CSPro software. These Computer Assisted Personal Interviewing (CAPI) based tools were developed for PHCs, CHCs, DH (with MCH), DMHOs, drug stock-out, IPD patient satisfaction and OPD patient satisfaction.

The latest software version of CSPro 7.7.2 was used for designing the Computer Assisted Personal Interviewing (CAPI) tool. This version is Unicode compliant and is widely adopted system for representing characters for all languages currently in use.

When using mobile devices for a survey or census it is important to be able to transfer data collected in the field back to the head office. This allows for faster processing and analysis as well as better monitoring of the progress of the field operation. In CSPro, transferring data between devices in the field and the head office is referred to as synchronization. CSPro supports data synchronization over the internet between interviewers' devices in the field and a central server.

Interviewers use CSEntry to collect data on tablets, phones, or laptops and then use the internet to synchronize data on their devices with a server at the head office or in the cloud. In CSPro, data collection itself can be done entirely offline with no internet connection. When an interviewer is able to connect to the internet they can synchronize with the server and transfer any data collected since the last synchronization. Synchronization may be done using Wi-Fi or a mobile data connection (2G/3G/4G).

The remaining tools which were to be administered to DH (without MCH) (2 facilities), 3 State Directorates (MI, MCH&FW and Research) and SNA- MHIS were collected through interview schedules using pen and paper.

2.2.2. Pre-Testing of Data Collection Tools

Subsequent to receiving a go ahead from PMU, the pre-testing was conducted at Myllem block of East Khasi Hills district during the last week of November 2022 (seven days duration).

The experts who conducted the pre-tested the tools oriented themselves on technical aspects such as installation of mobile application on android-based devices, data entry in CAPI, data synchronisation etc. They also familiarised themselves with the tools by making dummy entries before the actual pre-testing process. The issues that arose while making dummy entries were noted and necessary corrections were made in the CAPI Tools.

Experts from the team contacted officials at the health facilities and administrative units beforehand and intimated them regarding the purpose of the survey and obtained appointments.

2.2.3. Coverage of IPA Baseline Assessment

The sampling plan that had been provided in the technical proposal was limited to a total of 95 health facilities and 15 administrative units. However, discussions held with the PMU in the months of October and November 2022, led to an agreement to include all 172 health facilities (PHCs, UHCs, CHCs and DHs) as part of the IPA baseline assessment. There was therefore no requirement for conducting a sampling process as all facilities were required to be covered.

2.2.4. Field Plans

A detailed field plan was developed keeping in mind the timelines within which data collection was to be completed, list of holidays and other related considerations. The PMU issued letters based on this plan to all district and state authorities regarding intimation for IPA baseline survey. The actual survey was started on 9th January 2023 and drew to a close on 11th February 2023. Four teams were formed for conducting the baseline assessment and each team was responsible for a certain number of districts. The following table provides details of composition of the four assessment teams which conducted the baseline IPA survey. These details were also included in the intimation that was provided by the PMU to the district and state authorities.

Table 2: Composition of Teams

Team	Districts	Senior Consultant	Support Staff
1	East Khasi Hills	Dr. Syed Tariq Ahmad	Danny Savio Dey
2	West Khasi Hills, South-West Khasi Hills, East Garo Hills and South Garo Hills	Akshay Joshi	Gautam A Sangma
3	North Garo Hills, West Garo Hills, South-West Garo Hills	Afzal Khan	Subrato Bhowmick
4	Ri Bhoi, West Jaintia Hills, East Jaintia Hills	Dr. Subhasis Pahari	Forward Sukhlain

2.2.5. Data Analysis and Report Writing

Primary data was cleaned and analysed. This Draft Report was prepared keeping in mind the indicators of interest for the project. It would be finalised based on comments received from the project.

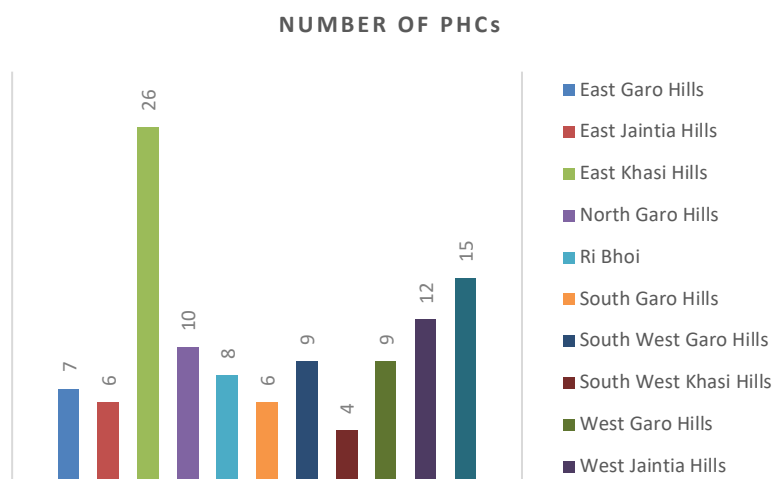
Chapter 3: Baseline IPA Assessment of Primary Health Centres

3.1. Introduction

This chapter discusses the findings that emerged from the IPA baseline assessment conducted across 112 PHCs in the state. The IPA framework developed for PHCs has been used as the basis for scoring of each of the facilities.

3.2. Coverage

As has been discussed in the previous chapter all PHCs in the state were covered as part of the IPA baseline assessment. The number of PHCs that were covered across each of the districts in the state is provided in the adjoining chart. The largest number of PHCs were covered in East Khasi Hills district, followed by West Khasi Hills and West Jaintia Hills.



The following section of the chapter discusses the baseline status of each of these facilities through the lens of the IPA frameworks. The scores were accorded to the facilities based on observations made by the assessment teams using the approved decision rules which were part of the IPA frameworks.

3.3. Baseline IPA Assessment of PHCs

The IPA framework developed for PHCs comprises of 16 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 3: IPA framework developed for PHCs

Indicator	Name	Points
PHC_1	NQAS	250
PHC_2 - PHC_3	Facility Quality Management Planning and Execution	60
PHC_4 - PHC_8	Infection, Hygiene, Biomedical Waste Management	180
PHC_9 - PHC_11	State Health Priorities {Mother & Child Health, Immunization, CM-SMS, & MOTHER APP, CPHC}	230
PHC_12	Patient Satisfaction	100
PHC_13 - PHC_14	Staff Knowledge and Staff satisfaction	110
PHC_15	Integrated Disease Surveillance	20
PHC_16	Insurance	50
Total		1000

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the PHCs across the 16 indicators and related criteria.

3.3.1. PHC_1_NQAS: Planning and Quality Management and Implementation: Timeliness, Accuracy of Quarterly NQAS Self-Assessment

This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter one or two NQAS areas of concern are examined in detail. Every quarter, the PHCs are required to assess an area of concern of the NQAS procedures with its Measurable Elements list. Subsequently, the District Quality Assessment Team (DQAT) is supposed to assess the timely and accurate scoring by the health facilities, using the same area of concern and measurable elements. The DQAT would look at whether the self-assessment undertaken by the PHC has been timely and accurately executed. The criteria that are included as part of PHC_1_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 4: Decision Rule for PHC_1_NQAS

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> Criterion 1. The NQAS area(s) of concern planned for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available with summary areas of improvement for each department. Criterion 2. The difference in score between the PHC self-assessment and the ex-ante review by the District Quality Assessment team is no more than 10 percentage points. Criterion 3. All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes after request. 	<ul style="list-style-type: none"> After facility executes its NQAS self-assessment for the quarter, the DQAT assesses the same area of concern. Assessors use the NQAS evaluation list pertaining to the Quarter's chosen NQAS Area of concern, and the related Standards and ME. 	All or nothing

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 5: Average Scores obtained by IPA and Non-IPA PHCs for PHC_1_NQAS

PHC_1_NQAS		
District	Average IPA Score	Average non-IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	0	0
North Garo Hills	NA	0
Ri Bhoi	0	0
South Garo Hills	0	0
Southwest Garo Hills	0	NA
Southwest Khasi Hills	0	0
West Garo	0	0
West Jaintia	0	0
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 6: PHC-wise Scores for PHC_1_NQAS

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	0
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	0
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	0
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmud PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	0
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non-IPA	NO	0
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non-IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non-IPA	-	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non-IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non-IPA	NO	0
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non-IPA	NO	0
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non-IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non-IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non-IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non-IPA	NO	0
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non-IPA	NO	0
66.	North Garo Hills	Resubelpara	Damas PHC	Non-IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non-IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non-IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non-IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non-IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non-IPA	NO	0
72.	West Garo Hills	Rongram	Asanangiri PHC	IPA	Pilot	0
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	0
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non-IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non-IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non-IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	0
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	0
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	0
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non-IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	0
89.	Ri Bhoi	Umling	Marngar PHC	Non-IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	0
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtra PHC	Non-IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non-IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non-IPA	NO	0
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non-IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non-IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non-IPA	NO	0
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non-IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non-IPA	NO	0
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non-IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non-IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non-IPA	NO	0

It can be observed that PHCs did not score on this parameter that is related to NQAS self-assessment. The three criteria that were used for arriving at the final score are such that PHCs were unable to meet them. The first criterion was *'NQAS area(s) of concern planned for the past quarter have been self-assessed before the end of the quarter and results are available with summary areas of improvement for each department'*. PHCs have not commenced the process of NQAS self-assessment. It was observed that there is a relatively low level of awareness about the NQAS programme and staff are not sufficiently trained in NQAS related activities. As per the NQAS criteria that facility that is preparing for NQAS needs to undertake self assessment based on an approved checklist. However, it was found that most of the facility staff were unaware of this and lacked adequate knowledge on the NQAS processes and pathways. The remaining two criteria are related to the first and as PHCs could not meet the first criteria, they could not score any points on these two as well.

3.3.2. PHC_2_NQAS: Planning and Management: Monthly Health facility team meetings

This parameter focuses on assessing the regularity and quality of meetings conducted at the facility level. The facilities are expected to conduct monthly meetings with inclusion of discussions on the NQAS assessment report provided by the PMU, Kayakalp Assessment report, any other assessments and self-assessment of facility for quality improvement including planning and stepwise actions. Each meeting's recorded minutes are supposed to include 7 criteria and are assessed on these:

- Date of the meeting
- Agenda (should include part related to planning and actions)
- Signed list of participants
- Decision points with timeline for action and who is responsible
- Follow up on previous meeting action points and challenges
- Recommendations list with possible solutions for challenges identified
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DMHO

The criteria that are included as part of PHC_2_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 7: Decision Rule for PHC_2_NQAS

Criteria	Means of Verification	Decision Rule
Criterion 1. Each meeting's recorded minutes will include all the 7 criteria below and will be assessed on all 7 criteria to earn the 10 points per meeting.	Check Meetings register for all 7 criteria included in minutes of meetings. Ask District for copy received from facilities.	All or nothing for each of the three meetings: All 7 composite criteria need to be met for a meeting to get the score of 10 points. Three monthly meeting is thus MAX 30 points

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 8: Average Scores obtained by IPA and Non-IPA PHCs for PHC_2_NQAS

Name of District	PHC_2_Meetings	
	Average IPA Score	Average non-IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	0	0
North Garo Hills	NA	3
Ri Bhoi	0	0
South Garo Hills	0	0
Southwest Garo Hills	13.33	NA
Southwest Khasi Hills	0	0
West Garo	30	0
West Jaintia	0	0
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 9: PHC-wise Scores for PHC_2_NQAS

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	0
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	0
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	0
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	0
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	IPA	NO	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	0
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	0
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	30
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	0
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	30
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	30
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	30
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	30
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	20
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	10
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	30
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	0
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtraï PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	0
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	0
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	0
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0

It can be observed that most PHCs did not score on this indicator. It was observed that while monthly meetings were being conducted in several facilities, but documentation and record management was not undertaken in an appropriate as per the defined criteria of IPA. Some of the reasons for this was lack of adequate awareness and adequate competence of staff on documentation activities and processes.

In case of five PHCs, where criteria were fulfilled, it was observed that staff and management of facility were following good record keeping practices, proper formats were available, an authorised staff was responsible for periodic meeting and record management, and staff and management of facility were competent in record management practices.

3.3.3. PHC_3_Execution- [Planning and Management]: Level of Execution of Planned Activities

This indicator is linked to indicator 2 and captures the itemized concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality (and may be discussed in the monthly meetings). A quarterly plan is to be agreed on by all relevant departments and staff of the facility. The plan should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be undertaken by the State/District Task force where required in the execution of some of the plans.

Table 10: Decision Rule for PHC_3_Execution

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: This indicator is linked to indicator 2 and captures the itemized concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality (and may be discussed in the monthly meetings).</p>	<p>Record review. Quarterly work plans Progress reports prepared for subsequent meeting(s).</p>	<p>The number of activities planned to be executed in the last quarter is the denominator, the number of activities completed in the last quarter is the numerator. The number of points is obtained by the formula $\frac{\text{numerator}}{\text{denominator}} \times 30$ and rounded to nearest integer. Documentation of the quarterly plan, the activities achieved, and the financial documentation should be available upon demand.</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 11: Average Scores obtained by IPA and Non-IPA PHCs for PHC_3_Execution

Name of District	PHC_3_Execution	
	Average IPA Score	Average non-IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	0	0
North Garo Hills	NA	0
Ri Bhoi	0	0
South Garo Hills	0	0
Southwest Garo Hills	0	NA
Southwest Khasi Hills	0	0
West Garo	0	0
West Jaintia	0	0
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 12: PHC-wise Scores for PHC_3_Execution

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	0
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkyntrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkyntrew	Jongksha PHC	IPA	NO	0
7.	East Khasi Hills	Mawkyntrew	Mawkyntrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	0
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	0
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkgre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	0
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	0
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	0
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	0
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	0
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	0
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedalidoba PHC			0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	0
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	0
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	0
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	0
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	0
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtraai PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	0
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	0
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	0
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0

The above table depicts that none of the facilities was able to score on this criterion, as no actual or associated records were found where follow up action plans or quarterly plans on improving service quality were documented. One of the reasons for this could be the fact specific staff have not been designated to plan and document plans and track actual execution.

3.3.4. PHC_4_Hospital Associated Infection [Infection Control, Hygiene And Biomedical Waste Management]. General Premises

This indicator is linked with general situation of the PHC with respect to infection control, hygiene and biomedical waste management (BMWM).

Table 13: Decision Rule for PHC_4_Hospital Associated Infection

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility has established procedures for regular monitoring of infection control practices. There is a system of monitoring infections.</p> <p>Criterion 2: There is a provision of periodic medical check-ups and immunization of all staff. All Staff should be up to date with their vaccine schedule.</p>	<p>Infection policy at facility</p> <p>Case records</p> <p>Records are there of percentage of infections among post-delivery, episiotomy, IUD insertion, etc</p> <p>Staff interview on immunization status.</p>	<p>All or nothing. Criterion 1 and 2 both have to be met in order to get the points, otherwise 0 points.</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 14: Average Scores obtained by IPA and Non-IPA PHCs for PHC_4_Hospital Associated Infection

PHC_4_Hospital associated infection		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	0	0
North Garo Hills	NA	0
Ri Bhoi	8	0
South Garo Hills	0	0
Southwest Garo Hills	0	NA
Southwest Khasi Hills	0	0
West Garo	0	0
West Jaintia	0	2.8
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 15: PHC-wise Score for PHC_4_Hospital Associated Infection

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	0
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	0
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	0
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	0
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	0
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	0
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	0
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	0
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	0
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	0
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	0
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	0
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	0
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	20
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	20
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtrai PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	0
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	0
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	20
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0

Most of the facilities were unable to score on this indicator as they lacked established procedures for regular monitoring of infection control practices with them. It was noted that PHCs had not been provided specific

guidance or materials for establishing these procedures. Secondly though staff vaccinations were carried out in most of the facilities, records and systems related to this and periodic medical check-ups were not available. The PHCs could not therefore obtain any scores as per the decision rule.

Only three of the facilities were able to obtain scores on this indicator. In case of these it was observed that facility staff had made their own efforts and tried to obtain guidance on infection control practices. For instance, in some PHCs the staff had taken sample formats for procedures from other hospitals for reference and adopted them as per their requirement or had obtained information from the internet. These facilities were also undertaking periodic medical check-ups for their staff and recording related reports.

3.3.5. PHC_5_Cleanliness [Infection control, Hygiene and Biomedical Waste Management]

This indicator focuses on the condition of the facility in terms of overall levels of cleanliness being maintained at the baseline stage.

Table 16: Decision Rule for PHC_5_Cleanliness

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Cleanliness of Circulation area, Wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets.</p> <ol style="list-style-type: none"> No dirt/grease/stains on walls and floors / Garbage in circulation areas, wards, procedure area, Ambulatory area, Auxiliary area, and toilets. No cobwebs/bird nests/seepage on walls and roofs All areas are cleaned 2 times a day with wet mop. Housekeeping checklist is maintained for every shift especially in circulation area, wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets. Patient mattresses, furniture & fixtures are without grease and dust and cleaned daily. Floors, walls, furniture, and fixtures are thoroughly cleaned once in a month. No foul smells from toilets. Toilets are accessible to all, and not locked. Toilets should have soap, running water and functional cistern. <p>Criterion 2: Use of Standard methods of cleaning.</p> <ol style="list-style-type: none"> Use of three bucket system for cleaning Use of unidirectional method and outward mopping. No use of brooms in patient care areas Use of separate mops for critical and semi critical areas and procedure surfaces 	<p>Observations Housekeeping checklists Staff interview on methods of cleaning</p>	<p>5 points for each of the items under the two criteria, but no points at all if 50% of the indicators are not met.</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 17: Average Scores obtained by IPA and Non-IPA PHCs for PHC_5_Cleanliness

Name of District	PHC_5_Cleanliness	
	Average IPA Score	Average non-IPA score
East Garo Hills	40	36.67
East Jaintia Hills	28.33	43.33
East Khasi Hills	43.04	51.67
North Garo Hills	NA	28
Ri Bhoi	46	36.67

PHC_5_Cleanliness		
Name of District	Average IPA Score	Average non-IPA score
South Garo Hills	40	26.67
Southwest Garo Hills	42.22	NA
Southwest Khasi Hills	45	30
West Garo	55	7.14
West Jaintia	44	31.07
West Khasi Hills	37.92	45

The PHC-wise score for this parameter are provided in the following table.

Table 18: PHC-wise Score for PHC_5_Cleanliness

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	40
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	52.5
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	55
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	47.5
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	40
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	57.5
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	50
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	50
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	50
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	50
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	37.5
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	55
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	10
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	45
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	35
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	40
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	50
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	40
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	55
21.	East Khasi Hills	Pynursla	Wahsherkhmud PHC	IPA	NO	10
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	60
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	60
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	60
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	50
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	45
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	40
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	40
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	40
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	30
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	30
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	40
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	50
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	40

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	50
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	20
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	30
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	30
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	30
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	50
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	50
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	35
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	50
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	30
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	40
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	40
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	30
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	20
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	45
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	45
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	35
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	30
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	55
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	35
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	30
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	45
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	40
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	20
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	55
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	55
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	60
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	60
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	20
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	30
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	50
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	50
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	60
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	55
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	55
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	55
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	15
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	50
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	45
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	55
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	50
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	35
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	45
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	40
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	55
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	55
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	30
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	45
94.	Ri Bhoi	Umsning	Umtra PHC	Non IPA	NO	35
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	50
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	42.5
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	35
99.	West Jaintia Hills	Laskein	Iooks PHC	IPA	NO	45
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	47.5
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	55
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	45
103.	West Jaintia Hills	Thadlaskein	Khliehryshi PHC	IPA	NO	37.5
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	45
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	35
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	37.5
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	40
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	45
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	55
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	37.5

Most of the facilities were able to score on this parameter. This could be because many of the sub-criteria were such that related to basic hygiene levels of the facility. However, scope for improvement with regard to this indicator still remains. It was observed in case of several facilities that appropriate number of housekeeping staff were not available vis a vis the load, housekeeping checklists either were not available or were not being updated, monthly cleaning was not performed, and records were not available. In case of

the facilities which scored below the average, at places there was no established system for ensuring cleanliness, there were limited, or no housekeeping staff and water supply was insufficient.

The second criterion under this indicator, ‘use of standard methods of cleaning’ was also not met by some of the facilities. This was mainly due to lack of equipment required for the three-bucket system, lack of training of staff on relevant practices, lack of training of grade IV staff on unidirectional mopping, and lack of separate mops for labour room section.

3.3.6. PHC_6_Personal Hygiene Protection [Infection control, Hygiene and Biomedical Waste Management]. Personal Hygiene and Protection

This indicator focuses on the standards of personal hygiene and protection that are maintained at the PHCs at the baseline stage.

Table 19: Decision Rule for PHC_6_Personal Hygiene Protection

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Clean personal protection equipment is available at point of use.</p> <p>Criterion 2: Clinical and Grade 4 Staff adheres to standard personal protection practices:</p> <ul style="list-style-type: none"> • Compliance to handwashing method • Compliance to correct method of wearing and removing the PPE" <p>Criterion 3:</p> <ul style="list-style-type: none"> • Nursing staff is aware of needle stick injury protocol • Needle stick injury form records are available (to be filled if the incident occurs)" 	<p>Observation on available masks, sterile gloves, gowns, aprons, caps, etc.</p> <p>Demonstration by clinical and grade 4 staff on correct hand washing.</p> <p>Clinical staff interviews and random test on correct methods of wearing and removing gloves.</p> <p>Check Needle stick injury form records.</p>	<p>All or nothing for each of the three criteria, 10 points each.</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 20: Average Scores obtained by IPA and Non-IPA PHCs for PHC_6_Personal Hygiene Protection

Name of District	PHC_6_Personal hygiene protection	
	Average IPA Score	Average non-IPA score
East Garo Hills	7.5	10
East Jaintia Hills	0	0
East Khasi Hills	20	20
North Garo Hills	NA	15
Ri Bhoi	46	0
South Garo Hills	13.33	0
South West Garo Hills	27.78	NA
South West Khasi Hills	20	13.33
West Garo	30	5.71
West Jaintia	0	0
West Khasi Hills	11.67	13.33

The PHC-wise score for this parameter are provided in the following table.

Table 21: *PHC-wise Score for PHC_6_Personal Hygiene Protection*

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	30
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	30
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	30
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	10
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	10
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	30
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	10
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	20
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	30
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	20
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	30
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	20
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	10
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	20
15.	East Khasi Hills	Myllem	Diengiei PHC	IPA	NO	30
16.	East Khasi Hills	Myllem	Mawroh PHC	IPA	NO	10
17.	East Khasi Hills	Myllem	Mawsiatkhnem PHC	IPA	NO	20
18.	East Khasi Hills	Myllem	Pomlum PHC	IPA	NO	20
19.	East Khasi Hills	Pynursla	Mawklaw PHC	IPA	NO	10
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	10
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	10
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	20
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	30
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	20
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	20
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	20
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	10
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	10
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	10
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	10
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	10
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	10
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	10
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	30
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	30
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	20
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	10
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	20
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	20
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	10
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	10
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	20
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	10
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	20
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	10
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	10
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	20
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	30
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	30
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	30
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	30
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	30
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	30
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	30
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	30
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	30
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaladoba PHC			10
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	30
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	30
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	30

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	10
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	30
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	30
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	30
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	30
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	30
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	20
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	10
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	20
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	30
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	20
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	10
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtra PHC	Non IPA	NO	10
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	10
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	30
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	10
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	10
99.	West Jaintia Hills	Laskein	looks PHC	IPA	NO	10
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	20
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	20
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	10
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	10
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	20
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	20
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	10
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	10
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	20
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	20
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	30
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	10

Most facilities were able to score on this indicator. However, 19 PHCs were unable to score due to gaps in various criteria. For instance, in case of criterion 1 (clean personal protection equipment is available at point of use) stock out of mask and caps was observed in case of some of the facilities. Similarly in case of criterion 2 (Clinical and Grade 4 Staff adheres to standard personal protection practices), it was found that trainings had not been provided to facility staff on standard personal protection practices, handwashing methods, PPE wearing and removing methods. Most PHCs could not score on criterion 3 (needle stick injury) as staff had not been provided training on this aspect and were not maintaining records on needle stick injury. In case of facilities where this criterion was met, it was found that needle stick injury trainings had been provided to the staff or they were already aware of it from their past experience. These facilities were also maintaining appropriate records for needle stick injury including registers and forms.

3.3.7. PHC_7_ Environment [Infection control, Hygiene and Biomedical Waste Disposal]. Environment control of patient care areas

The seventh indicator in the PHC IPA framework relates to the status of environment control in patient care areas.

Table 22: Decision Rule for PHC_7_ Environment

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility ensures availability of standard materials for cleaning and disinfection of patient care areas. Availability of Antiseptic solutions</p> <p>Criterion 2:</p> <ul style="list-style-type: none"> Grade 4 and Nursing staff is trained for spill management Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Availability of body fluid spill kit & mercury spill kit Adherence to protocols" <p>Criterion 3: Grade 4 Staff knows how to make chlorine solution (from bleaching powder & hypochlorite solutions)</p> <p>Criterion 4: Decontamination of operating and surface examination table, dressing tables, etc. after every procedure e.g., wiping with .5%chlorine solution. Contact time for decontamination is adequate (10 minutes). Check records.</p> <p>Criterion 5: Decontamination of instruments after use and cleaning is done after decontamination. Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving.</p> <p>Criterion 6: Adherence to Protocols for autoclaving, kept in clean area</p>	<p>Grade 4 and Nursing staff interviews on spill management protocols.</p> <p>Ask about chlorine solution.</p> <p>Ask about how Grade 4 staff decontaminates surfaces like delivery table, stretcher/trolley etc (e.g., wiping with 0.5% chlorine solution)</p> <p>Check with staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Contact time for decontamination is adequate (10 minutes).</p> <p>Check records.</p> <p>Look for the Autoclave indicator paper register.</p>	<p>All or nothing per criterion, with 5 points for each criterion</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 23: Average Scores obtained by IPA and Non-IPA PHCs for PHC_7_ Environment

Name of District	PHC_7_ Environment	
	Average IPA Score	Average non-IPA score
East Garo Hills	12.5	13.33
East Jaintia Hills	0	0
East Khasi Hills	28.04	30
North Garo Hills	NA	20
Ri Bhoi	25	0
South Garo Hills	15	8.33
Southwest Garo Hills	23.33	NA
Southwest Khasi Hills	25	16.67
West Garo	30	17.14
West Jaintia	0	0
West Khasi Hills	16.25	15

The PHC-wise score for this parameter are provided in the following table.

Table 24: PHC-wise Score for PHC_7_ Environment

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	30
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	30
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	25
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	25
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	20
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	30
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	30
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	30
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	30
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	30
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	25
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	30
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	15
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	30
15.	East Khasi Hills	Myllem	Diengiei PHC	IPA	NO	30
16.	East Khasi Hills	Myllem	Mawroh PHC	IPA	NO	30
17.	East Khasi Hills	Myllem	Mawsiatkhnem PHC	IPA	NO	30
18.	East Khasi Hills	Myllem	Pomlum PHC	IPA	NO	30
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	25
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	30
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	30
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	30
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	30
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	30
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	30
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	30
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	15

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	15
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	10
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	10
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	10
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	15
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	15
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	15
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	25
36.	South Garo Hills	Chocpot	Silkgre PHC	Non IPA	NO	5
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	10
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	5
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	10
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	20
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	20
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	10
43.	West Khasi Hills	Mairang	Nongthliw PHC	IPA	NO	20
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	10
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	10
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	15
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	10
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	20
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	15
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	20
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	15
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	20
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	20
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	15
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	20
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	25
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	20
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	10
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	20
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	30
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	15
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	20
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	20
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	30
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	30

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score	
66.	North Hills	Garo	Resubelpara	Damas PHC	Non IPA	NO	10
67.	North Hills	Garo	Resubelpara	Manikganj PHC	Non IPA	NO	5
68.	North Hills	Garo	Resubelpara	Mendipathar PHC	Non IPA	NO	20
69.	West Garo Hills		Dalu	Purakhasia PHC	Non IPA	NO	30
70.	West Garo Hills		Dalu	Kherapara PHC	Non IPA	NO	15
71.	West Garo Hills		Gambegre	Darengre PHC	Non IPA	NO	20
72.	West Garo Hills		Rongram	Asanangiri PHC	IPA	Pilot	30
73.	West Garo Hills		Rongram	Babadam PHC	IPA	Pilot	30
74.	West Garo Hills		Selsella	Bhaitbari PHC	Non IPA	Pilot	10
75.	West Garo Hills		Selsella	Jeldupara PHC	Non IPA	NO	15
76.	West Garo Hills		Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	15
77.	West Garo Hills		Tikrikilla	Pedaldoba PHC			15
78.	South Garo Hills	West	Betasing	Belbari PHC	IPA	NO	30
79.	South Garo Hills	West	Betasing	Betasing PHC	IPA	NO	30
80.	South Garo Hills	West	Betasing	Garobadha PHC	IPA	NO	30
81.	South Garo Hills	West	Betasing	Mellim PHC	IPA	NO	10
82.	South Garo Hills	West	Betasing	Rangsakona PHC	IPA	NO	10
83.	South Garo Hills	West	Zikzak	Kalaichar PHC	IPA	NO	25
84.	South Garo Hills	West	Zikzak	Nogorpara PHC	IPA	NO	20
85.	South Garo Hills	West	Zikzak	Salmanpara PHC	IPA	NO	30
86.	South Garo Hills	West	Zikzak	Zikzak PHC	IPA	NO	25
87.	Ri Bhoi		Jirang	Warmawsaw PHC	Non IPA	NO	10
88.	Ri Bhoi		Umling	Byrnihat PHC	IPA	Pilot	25
89.	Ri Bhoi		Umling	Marnagar PHC	Non IPA	Pilot	25
90.	Ri Bhoi		Umling	Umden PHC	IPA	NO	30
91.	Ri Bhoi		Umsning	Kyrdem PHC	IPA	Pilot	25
92.	Ri Bhoi		Umsning	Mawhati PHC	IPA	Pilot	20
93.	Ri Bhoi		Umsning	Mawlasnai PHC	IPA	Pilot	25
94.	Ri Bhoi		Umsning	Umtra PHC	Non IPA	NO	20
95.	West Hills	Jaintia	Amlarem	Dawki PHC	Non IPA	NO	20
96.	West Hills	Jaintia	Amlarem	Jarain PHC	Non IPA	NO	25
97.	West Hills	Jaintia	Amlarem	Pdengshakap PHC	Non IPA	NO	25
98.	West Hills	Jaintia	Laskein	Barato PHC	Non IPA	NO	20
99.	West Hills	Jaintia	Laskein	Iooksi PHC	IPA	NO	25
100.	West Hills	Jaintia	Laskein	Mynso PHC	IPA	NO	20
101.	West Hills	Jaintia	Laskein	Sahnsniang PHC	Non IPA	NO	30

Sl.	District	Block	Name	IPA / Non-IPA	Pilot Facility	Score	
102.	West Hills	Jaintia	Laskein	Shangpung PHC	IPA	NO	20
103.	West Hills	Jaintia	Thadlaskein	Khliehtyrshi PHC	IPA	NO	20
104.	West Hills	Jaintia	Thadlaskein	Namdong PHC	Non IPA	NO	15
105.	West Hills	Jaintia	Thadlaskein	Nangbah PHC	IPA	NO	20
106.	West Hills	Jaintia	Thadlaskein	Nartiang PHC	Non IPA	NO	25
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	25	
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	25	
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	15	
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	20	
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	30	
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	20	

This indicator comprises of six criteria. Most PHCs were able to score points for disinfection, spill management, preparation of chlorine solution, and decontamination of surface and instruments. The criteria on which most PHCs could not score included protocols for autoclaving and keeping autoclaves in clean area. The PHCs which met this criterion did so mainly because the staff and management had undertaken extensive efforts for ensuring good sterilization practices. In some facilities it was noted that the autoclave was either not functional since a considerable period of time or was not available.

3.3.8. PHC_8_ Waste Management [Infection control, Hygiene and Biomedical Waste Management]. Biomedical & Hazardous Waste Handling

This indicator focuses on the critical area of waste management, specifically on bio-medical and hazardous waste handling.

Table 25: Decision Rule for PHC_8_ Waste Management

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Statutory Compliance:</p> <ul style="list-style-type: none"> The facility has an existing committee or newly constituted committee for review and monitoring of BMW management (Minutes/records maintained) The facility is aware of Biomedical Waste Rules 2016 including key changes as amendments & implementing the same. (ask about training attended) The health facility has a valid authorization for BMW management from the prescribed authority (Pollution Control Board). <p>Criterion 2: Equipment and Supplies for BMW management:</p> <ul style="list-style-type: none"> Availability of foot operated Bins and other bins with liners for segregate collection of waste at point of use. Availability of needle/hub cutter and puncture proof boxes in laboratories, dressing rooms, etc. <p>Criterion 3: Segregation, collection, and transportation of BMW:</p> <ul style="list-style-type: none"> Segregation of BMW in colour coded bins for types of waste generated. Work instruction for segregation and handling of BMW has been displayed prominently 	<p>Review records</p> <p>Observations</p> <p>Staff interviews</p> <p>Minutes/Records of meetings of BMW management committee.</p> <p>Authorization for BMW management from the prescribed authority.</p> <p>BMW staff interview on BMW rules.</p> <p>There is no mixing of infectious and general waste.</p>	<p>Criteria 1, 3, 4, 5- are all mandatory and yield 25 points for the 4 together, if any of these is lacking no points at all for this indicator, Criteria 2,6,7 only valid if 1,3,4, 5 are already there. They can each add another 5 points per indicator,</p>

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> BMW storage room bins are covered. Transportation of BMW is done in closed containers/trolleys The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority- PCB) <p>Criterion 4: The facility submits Annual reports to pollution control board.</p> <p>Criterion 5: Storage of BMW:</p> <ul style="list-style-type: none"> Dedicated storage facility is available for BMW, and it has biohazard symbol displayed The storage facility is located away from the patient area and has connectivity of a motorable road, The storage facility is secured against pilferage and reach of animal and rodents No BMW should be left untreated beyond 48 hours – Check waste register. The storage facility has hand-washing facilities for the workers when removing gloves. Recording of BMW generated per day is maintained <p>Criterion 6: Liquid waste management:</p> <ul style="list-style-type: none"> The Facility has treatment facility for managing infectious liquid waste at laboratories and labour room. Sullage (wastewater from bathroom & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to municipal system/ soakage pit" <p>Criterion 7: Solid General waste management:</p> <ul style="list-style-type: none"> Recyclable and bio gradable wastes have segregated collection. The facility undertakes efforts to educate patients and visitors about segregation of recyclable & biodegradable wastes. General waste is not mixed with infected waste." 		

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 26: Average Scores obtained by IPA and Non-IPA PHCs for PHC_8_ Waste Management

Name of District	PHC_8_ Waste Management	
	Average IPA Score	Average non IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	1.30	0
North Garo Hills	NA	4
Ri Bhoi	13	0
South Garo Hills	0	0
South West Garo Hills	4.44	NA
South West Khasi Hills	0	0
West Garo	20	5.71
West Jaintia	0	4.28
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 27: PHC-wise score for PHC_8_ Waste Management

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	30
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	0
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkynrew	Jongksa PHC	IPA	NO	0
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	0
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	0
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	0
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	0
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	40
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	0
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0
72.	West Garo Hills	Rongram	Asanangiri PHC	IPA	Pilot	0
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	40
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			40
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	40
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	0
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	0
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	35
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	30
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtraai PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	30
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	0
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	0
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0

This indicator comprises of seven criteria of which criteria 1, 3, 4, 5 are mandatory to score, and criteria 2, 6, 7 points can be scored only if mandatory criteria are fulfilled. Most facilities were not able to meet all of the four mandatory criteria (1, 3, 4, 5) due to which scoring was not possible. The key criteria that were not met included absence of BMW committees, lack of periodic meetings, lack of valid authorization for BMW management (in some facilities receipt of fee submitted for authorization was available but these had not been issued by state pollution control office), lack of proper road connectivity of storage area, lack of storage management as per norms, lack of liquid waste treatment plant, lack of evidence of annual report submission, and lack of solid waste management system for recyclable and biodegradable waste. It may be noted that while an intimation letter regarding linkage of CBWFT was sent by the districts to the facilities, linkages were established only in a few facilities.

3.3.9. PHC_9_Maternal and Child Health

Mother and Child Health (MCH) is one of the state's key priority areas. This indicator follows up whether several structural and process quality prerequisites to execute proper MCH are in place.

Table 28: Decision Rule for PHC_9_Maternal and Child Health

Criteria	Means of Verification	Decision Rule
Maternal Health		
1. An established procedure for registration of pregnant women is in place to enable follow up, with the purpose of increasing ANC coverage		
2. An established procedure for history taking, physical examination and counselling for each antenatal woman, visiting the facility, is in place		
3. ANC coverage registration is in place and follow up during the 1st trimester of pregnancy is recorded, quantity increase could be achieved by targeting special focused initiatives (i.e., adolescent health clinics) for teenage pregnancies through the RKSK program and ASHAs		
4. Plan to mobilize field staff to motivate pregnant women for 4 or more ANC check-ups are in place and recorded. Records are up to date and available upon request.	The checklist is being used to assess this indicator. In addition, below is a list of possible sources of data which can be used to assess, and sample check this indicator and its 13 items questionnaire, with Yes/No answers:	Assessors go through the checklist (Annex 16 of IPA-OM) with the 13 MCH items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the 13 elements whether the item has been achieved. 10 points per item if YES, so maximum 130 points total.
5. Plan to have 3 additional ANCs for high-risk pregnant women (total 7 ANCs) have been discussed, executed, and recorded	Initial Assessment records of 5 pregnant women is available.	
6. An established procedure for identification and management of anaemia is in place, ensuring anaemic pregnant women complete the full course of Iron and Folic Acid (IFA) tablets recommended by patient interaction	RKSK Records	
7. A full record of all referrals to higher referral units for blood transfusion is in place, listing timeframes between diagnosis and referral indicated and with all documentation available upon request for sample check	Clinical staff interview on procedures.	
8. Safe birth checklists are in place and documentation of the usage of safe birth checklists in deliveries is randomly checked for at least 5 deliveries in the quarter	Pregnant women records (OPDs- 5/IP- 3) with annexes on physical examination etc, recordings of labour details (Partograph).	
Child Health		

Criteria	Means of Verification	Decision Rule
9. All women are administered oxytocin immediately after birth (random sampling of 5 mothers from delivery register/patient record to check).		
10. About 50% of agreed deworming program at schools under the jurisdiction of the health facility have been executed as testified by submission of reports with documentation to the DMHO		
11. Identification records of severely malnourished infants and timely referral to NRC are available		
12. All required monthly reports on child health such as infant, and young child feeding practices, Kangaroo mother care are submitted by the facility and checked against state/district baseline		
13. Screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK		

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 29: Average Scores obtained by IPA and Non-IPA PHCs for PHC_9_Maternal and Child Health

PHC_9_Maternal and Child Health		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	70	76.67
East Jaintia Hills	0	0
East Khasi Hills	111.30	96.67
North Garo Hills	NA	97
Ri Bhoi	116	0
South Garo Hills	71.67	56.67
Southwest Garo Hills	112	NA
Southwest Khasi Hills	70	63.33
West Garo	130	87.14
West Jaintia	0	0
West Khasi Hills	65.83	66.67

The PHC-wise score for this parameter are provided in the following table.

Table 30: PHC-wise score for PHC_9_Maternal and Child Health

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	110
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	110
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	110
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	110
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	110
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	120
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	130
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	130
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	110
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	130

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	110
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	100
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	100
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	120
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	110
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	100
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	110
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	110
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	100
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	110
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	110
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	90
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	120
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	90
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	110
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	90
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	70
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	80
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	70
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	60
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	70
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	80
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	80
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	65
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	100
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	40
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	70
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	50
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	60
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	70
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	60
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	80
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	80
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	70
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	60
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	80
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	60
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	40
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	100
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	70
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	60
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	60
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	60
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	40

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	70
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	70
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	70
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	50
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	100
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	120
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	130
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	80
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	80
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	100
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	110
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	80
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	80
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	90
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	120
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	60
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	110
72.	West Garo Hills	Rongram	Asanangiri PHC	IPA	Pilot	130
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	130
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	50
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	80
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	90
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			100
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	130
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	110
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	130
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	70
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	90
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	120
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	120
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	120
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	120
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	90
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	120
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	110
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	120
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	100
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	130
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	110
94.	Ri Bhoi	Umsning	Umtraï PHC	Non IPA	NO	80
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	90

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	110
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	80
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	80
99.	West Jaintia Hills	Laskein	looksi PHC	IPA	NO	110
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	100
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	90
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	70
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	80
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	50
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	100
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	110
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	100
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	90
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	70
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	70
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	90
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	60

The key criteria on which the PHCs have lost points included three additional ANCs for high-risk pregnant woman (staff was following the same four ANC criteria for high risk cases also) and maintenance of records of all referrals to higher referral units for blood transfusion, listing of timeframes between diagnosis and referral indicated and documentation and availability of safe birth checklists. In case of child health criteria, many PHCs lacked identification records of severely malnourished infants and timely referral to NRC, records for screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK.

3.3.10. PHC_10_Immunisation, CM-SMS, Mother App

This indicator focuses on three key aspects, immunisation, Chief Minister- Safe Motherhood Scheme (CM-SMS) and the Mother App (an application used for collecting data on pregnant women).

Table 31: Decision Rule for PHC_10_Immunisation, CM-SMS, Mother App

Criteria	Means of Verification	Decision Rule
<p>A. Immunization: The facility in its monthly and quarterly meetings follows up on the items listed below. Each of these items in the Quarterly verification if being in place can yield 10 points. Total maximum = 70 points</p> <ol style="list-style-type: none"> The Micro-plan on immunization program is in place at facility level and has been submitted to the DMHO. Compliance data to the immunization micro planning are available and can be randomly checked Reporting data for Adverse Effects from Immunization (AEFI) cases within 24 hours to the DIO are available and numbers can be checked against a baseline. Vaccine Preventable Disease surveillance has been conducted at the facility with monthly reports submitted to DMHO and available upon request 	<p>Updated Micro plan on routine immunization of the facility.</p> <p>Report on AEFI cases.</p> <p>Surveillance reports</p> <p>Utilization report of CM-SMS components</p> <p>Referral slips / register. Records of referral vehicle arranged.</p>	<p>Decide by a Yes/No on each of the 7 elements whether the item has been achieved. 10 points per item if YES, so maximum 70 points total.</p>
<p>B. Chief Minister's Safe Motherhood Scheme:</p> <ol style="list-style-type: none"> Established procedures for identification of high-risk pregnancies and their timely referrals through parallel 	<p>Assessors receive data of facilities in district from State portal and then</p>	

Criteria	Means of Verification	Decision Rule
programmes like Rescue Mission and CM-SMS are in place as testified by records available upon demand.	compare with hard copy of ANC register.	
2. The utilization report of the CM_SMS to the DMHO has been submitted with documentation present		
C. MOTHER APP:		
1. Data entry of ANCs of pregnant women by Nursing staff is frequent and updated regularly		

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 32: Average Scores obtained by IPA and Non-IPA PHCs for PHC_10_Immunisation, CM-SMS, Mother App

PHC_10_Immunisation, CM-SMS, Mother App		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	32.5	30
East Jaintia Hills	0	0
East Khasi Hills	62.61	53.33
North Garo Hills	NA	61
Ri Bhoi	48	0
South Garo Hills	40	30
Southwest Garo Hills	63.33	NA
Southwest Khasi Hills	50	40
West Garo	70	60
West Jaintia	0	0
West Khasi Hills	44.17	50

The PHC-wise score for this parameter are provided in the following table.

Table 33: PHC-wise score for PHC_10_Immunisation, CM-SMS, Mother App

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	70
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	70
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	70
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	70
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	60
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	60
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	60
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	70
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	70
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	50
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	70
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	60
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	50
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	60
15.	East Khasi Hills	Myllem	Diengiei PHC	IPA	NO	70
16.	East Khasi Hills	Myllem	Mawroh PHC	IPA	NO	50
17.	East Khasi Hills	Myllem	Mawsiatkhnem PHC	IPA	NO	70
18.	East Khasi Hills	Myllem	Pomlum PHC	IPA	NO	60
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	50
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	70
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	70

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	60
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	50
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	50
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	50
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	60
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	30
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	30
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	40
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	30
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	30
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	30
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	30
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	30
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	50
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	30
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	30
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	40
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	30
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	60
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	40
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	50
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	50
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	60
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	60
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	50
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	30
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	50
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	30
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	40
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	50
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	50
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	40
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	20
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	40
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	50
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	50
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	30
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	50
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	70
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	60
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	60
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	50
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	70
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	60
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	60
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	60
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	70
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	70
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	60

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	70
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	70
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	70
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	50
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	50
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	50
77.	West Garo Hills	Tikrikilla	Pedaladoba PHC			70
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	70
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	50
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	70
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	60
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	60
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	60
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	60
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	70
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	70
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	70
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	60
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	50
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	60
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	30
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	50
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	40
94.	Ri Bhoi	Umsning	Umtraï PHC	Non IPA	NO	20
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	60
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	50
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	50
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	40
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	60
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	40
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	50
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	30
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	30
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	40
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	50
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	40
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	30
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	30
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	30
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	40
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	50
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	30

Most PHCs were able to meet a majority of the criteria. However, gaps were observed in several facilities with respect to AEFI and VPD reporting to the DIO and DMHO (as no proper records were evident during

survey) and submission of utilization report and data related to CM-SMS. Immunization Micro plan and Mother app compliance were found in case of most facilities. Out of 112 PHCs only 24 were able to get full 70 score. This is 24.42 percent of the total. Therefore improvement is needed in this regard.

3.3.11. PHC_11_ CPHC [Comprehensive Primary Healthcare Services]

The primary aim of Ayushman Bharat program is to achieve universal health coverage. National Health Policy 2017 envisage establishment of Health and Wellness Centre (HWC) to provide comprehensive primary health care that is universal, free and closer to the community. This indicator follows the progress made on this path in various stages. At the outset: the CPHC is still in preparation stage, so the indicator will cover ‘preparatory prerequisites at health facility level’, looking into three criteria of ‘preparation.’

Table 34: Decision Rule for PHC_11_ CPHC

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Community Health Officer in place, trained in competencies of public health and primary health care and posted at facility.</p> <p>Criterion 2: An online/offline referral system of patient cases is in place, e.g., NCDs to specialists that are required and link to secondary and tertiary care through teleconsultation. (TBD Ask about referral system and documentation)</p> <p>Criterion 3: Sector meetings have been conducted, with community members present and with minutes according to protocol. The relevant collectives for community mobilization such as VHCs, MAS and SHGs for facilitating health awareness and promotion have been involved. Action plan and ATR are recorded in the minutes addressing highlighted issues during the meetings</p>	<p>Observe if Mid-Level Health Providers (MLHPs) is available and perform minimum health promotion as indicated.</p> <p>Check documentation on referral system in place.</p> <p>In facilities with internet availability any teleconsultation has been conducted. Check records.</p> <p>Sector meeting minutes available with all specifics recorded and signed list of participants ensuring presence of community members.</p>	<p>All or nothing for each of the three criteria, 10 points per criterion</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 35: Average Scores obtained by IPA and Non-IPA PHCs for PHC_11_ CPHC

Name of District	PHC_11_ CPHC	
	Average IPA Score	Average non-IPA score
East Garo Hills	0	6.67
East Jaintia Hills	0	0
East Khasi Hills	11.74	6.67
North Garo Hills	NA	16
Ri Bhoi	18	0
South Garo Hills	13.33	0
Southwest Garo Hills	20	NA
Southwest Khasi Hills	20	13.33
West Garo	20	12.86
West Jaintia	0	0
West Khasi Hills	5	0

The PHC-wise score for this parameter are provided in the following table.

Table 36: PHC-wise score for PHC_11_CPHC

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Criteria 1	Criteria 2	Criteria 3	Score	
1.	East Hills	Khasi	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0	10	10	20
2.	East Hills	Khasi	Laitkroh	Laitlyngkot PHC	IPA	NO	0	0	0	0
3.	East Hills	Khasi	Laitkroh	Laitryngew PHC	IPA	NO	0	10	0	10
4.	East Hills	Khasi	Laitkroh	Swer PHC	IPA	NO	0	0	10	10
5.	East Hills	Khasi	Mawkynew	Jatah PHC	IPA	NO	0	10	10	20
6.	East Hills	Khasi	Mawkynew	Jongksha PHC	IPA	NO	10	0	10	20
7.	East Hills	Khasi	Mawkynew	Mawkynew PHC	IPA	NO	0	0	0	0
8.	East Hills	Khasi	Mawphlang	Nongspung PHC	IPA	NO	0	0	10	10
9.	East Hills	Khasi	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0	0	10	10
10.	East Hills	Khasi	Mawryngkne ng	Nongur Weilyngkut PHC	IPA	NO	10	0	10	20
11.	East Hills	Khasi	Mawryngkne ng	Mawryngkneng PHC	IPA	NO	0	0	10	10
12.	East Hills	Khasi	Mawryngkne ng	Smit PHC	IPA	NO	0	10	10	20
13.	East Hills	Khasi	Mawsynram	Dangar PHC	IPA	NO	0	0	10	10
14.	East Hills	Khasi	Mawsynram	Ryngku PHC	IPA	NO	0	10	0	10
15.	East Hills	Khasi	Mylliem	Diengiei PHC	IPA	NO	0	10	10	20
16.	East Hills	Khasi	Mylliem	Mawroh PHC	IPA	NO	0	0	0	0
17.	East Hills	Khasi	Mylliem	Mawsiatkhnem PHC	IPA	NO	0	10	10	20
18.	East Hills	Khasi	Mylliem	Pomlum PHC	IPA	NO	0	10	10	20
19.	East Hills	Khasi	Pynursla	Mawkliaw PHC	IPA	NO	0	0	10	10
20.	East Hills	Khasi	Pynursla	Pongtung PHC	IPA	NO	0	0	0	0
21.	East Hills	Khasi	Pynursla	Wahsherkhmut PHC	IPA	NO	10	0	0	10
22.	East Hills	Khasi	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0	0	0	0
23.	East Hills	Khasi	Shella Bholaganj	Mawlong PHC	IPA	NO	0	10	10	20
24.	East Hills	Khasi	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0	0	0	0
25.	East Hills	Khasi	Shella Bholaganj	Shella PHC	Non IPA	NO	10	0	10	20

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Criteria 1	Criteria 2	Criteria 3	Score
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0	0	0	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0	0	0	0
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	0	10	0	10
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0	0	0	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0	0	0	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0	0	0	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0	0	10	10
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0	0	0	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0	0	0	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0	10	10	20
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0	0	0	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0	0	0	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	10	10	0	20
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0	0	0	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0	0	10	10
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0	0	0	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0	0	10	10
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0	0	10	10
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0	10	10	20
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0	0	0	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0	0	0	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0	0	0	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0	0	0	0
49.	West Khasi Hills	Mawthadrais han	Kynshi PHC	IPA	NO	0	0	0	0
50.	West Khasi Hills	Mawthadrais han	Markasa PHC	IPA	NO	0	0	10	10
51.	West Khasi Hills	Mawthadrais han	Myriaw PHC	IPA	NO	0	0	0	0
52.	West Khasi Hills	Mawthadrais han	Pariong PHC	IPA	NO	0	0	0	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0	0	0	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Criteria 1	Criteria 2	Criteria 3	Score
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0	0	0	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0	0	10	10
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0	10	10	20
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	0	10	10	20
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0	0	10	10
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	0	10	10	20
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	0	10	10	20
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	0	10	10	20
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	0	0	10	10
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0	10	10	20
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	0	10	10	20
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	0	10	10	20
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0	10	0	10
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	0	0	10	10
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0	0	10	10
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	0	10	10	20
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0	10	10	20
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	0	10	10	20
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	0	10	10	20
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	0	10	10	20
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0	10	10	20
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0	0	10	10
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0	0	0	0
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			0	0	0	0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	0	10	10	20
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	0	10	10	20
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	0	10	10	20
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	0	10	10	20

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Criteria 1	Criteria 2	Criteria 3	Score
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0	10	10	20
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0	10	10	20
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	0	10	10	20
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0	10	10	20
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	0	10	10	20
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0	10	10	20
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	0	10	0	10
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	10	10	0	20
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	0	10	10	20
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0	10	10	20
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0	10	10	20
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0	10	10	20
94.	Ri Bhoi	Umsning	Umtra PHC	Non IPA	NO	0	10	10	20
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0	0	10	10
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	0	10	0	10
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0	10	10	20
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0	10	10	20
99.	West Jaintia Hills	Laskein	looksi PHC	IPA	NO	0	10	10	20
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0	10	10	20
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	0	10	10	20
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0	10	10	20
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0	10	0	10
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0	10	0	10
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0	10	0	10
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	0	10	10	20
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0	10	0	10
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0	10	0	10
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0	10	10	20
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0	0	0	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0	10	10	20
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0	10	0	10

Facilities which scored less or were unable to score the first criterion had not been able to present records training of MLHPs / CHO, and/or establish referral systems with records, and/or could not provide sector meeting records for review. Training records of MLHPs / CHOs were also not found to be available in most of the facilities. The PHCs which scored higher on this indicator were able to score on either both or one of the two criteria- online/offline referral system of patient cases is in place and sector meetings have been conducted, with community members present and with minutes according to protocol.

3.3.12.PHC_12_Patient_Satisfaction - Quarterly execution of 10 patient satisfaction interviews

Assessing patient satisfaction by the DQAT consists of several components. The assessors evaluate at least ten of the patient satisfaction survey forms which have been collected by the facility monthly. This is supposed to be followed by telephone calls to ten randomly selected patients, check authenticity of data and score satisfaction.

Table 37: Decision Rule for PHC_12_Patient_Satisfaction

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Ten patient satisfaction calls are made by the assessors with ten randomly selected patients, following a quality checklist (Annex 15 of IPA- OM) (80 points)</p> <p>Criterion 2: Availability of patient feedback forms, pens, drop box system of collecting grievance, and register. (10 points)</p> <p>Criterion 3: Register of grievances maintained, and grievances raised have been addressed by the facility. Grievances discussed in RKS meetings. (10 points)</p>	<p>Observation and record checking.</p> <p>Availability of patient satisfaction survey forms.</p> <p>Telephone calls to random patients from the registers to confirm their feedbacks.</p> <p>Grievances records are checked and RKS meeting minutes for any grievance redressed by members.</p>	<p>A total of 100 points for this indicator can be obtained in the quarterly assessment. Criteria 1 is average satisfaction score*80 points. Criterion 2 and 3 is 10 points each.</p>

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 38: Average Scores obtained by IPA and Non-IPA PHCs for PHC_12_Patient_Satisfaction

PHC_12_Patient_Satisfaction		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	0	0
East Jaintia Hills	0	0
East Khasi Hills	2.173913043	0
North Garo Hills	NA	10
Ri Bhoi	2	0
South Garo Hills	0	0
Southwest Garo Hills	12.22	NA
Southwest Khasi Hills	0	0
West Garo	96	4.285714286
West Jaintia	0	0
West Khasi Hills	0	0

The PHC-wise score for this parameter are provided in the following table.

Table 39: PHC-wise scores for PHC_12_Patient_Satisfaction

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	0
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	0
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	10
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	0
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	0
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	10
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	0
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	20
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	0
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	0
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	0
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	0
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	0
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	0
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	0
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	0
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	0
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	0
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	0
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	0
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	10
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	0
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	0
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	0
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	0
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	0
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	0
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	0
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	0
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	0
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	0
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	0
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	0
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	0
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	0
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	0
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	0
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	0
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	0
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	0
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	0
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	0
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	0
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	0
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	0
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	0
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	0
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	0
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	0
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	0
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	0
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	0
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	20
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	10
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	20
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	10
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	0
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	10
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	20
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	0
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	10
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	0
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	20
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	0
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	10
72.	West Garo Hills	Rongram	Asananggiri PHC	IPA	Pilot	92
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	100
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	0
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	0
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	0
77.	West Garo Hills	Tikrikilla	Pedalidoba PHC			0
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	20
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	20
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	20
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	20
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	0
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	0
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	20
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	0
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	10
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	0
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	10
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	0
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	0
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	0
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	0
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	0
94.	Ri Bhoi	Umsning	Umtra PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	0
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	0
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	0
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	0
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	10
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	0
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	0
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	0
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	20
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	0
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	0
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	0
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	0
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	0
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	0

The baseline assessment revealed that most facilities did not maintain proper patient feedback forms with contact details. This has led to relatively low scores for this indicator across most PHCs. In some of the PHCs though patient feedback forms were available but these were not being filled regularly and in most places patient contact details were not available within the forms. Only Babadam PHC from WGH could score a 100 while Assanggiri from WGH scored 92.

3.3.13.PHC_13-Staff Competency [Staff competency] Provider Knowledge through CKSI/Clinical Vignettes

This indicator assesses the performance on Clinical Knowledge and Skills Improvement (CKSI) learning of technical staff of the PHC, using innovative CKSI technology. The knowledge is rehearsed online, and examined in a quarterly supervised test, by the staff (doctors and nurses, both regular and contractual) of a health facility. While the average performance of clinical staff is used to calculate provider performance, the individual's contribution to this average is not shared with others. Individual health workers are supposed to get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the state.

The DMHO team is required to supervise the quarterly CKSI exam which takes place either in the health facility, or in a pre-agreed location such as the District Health Office. This depends on the internet connectivity through WIFI or 3G. It is the responsibility of the health facility to have their staff registered on the CKSI platform and attending. It is the responsibility of both the health facility and the DHT to arrange that the quarterly test takes place, preferably on the same day throughout the districts.

Table 40: Decision Rule for PHC_13-Staff Competency

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: all doctors and nurses working in a health facility have been registered on the CKSI platform</p> <p>Criterion 2: minimum 80% attendance by the facility staff in the quarterly supervised exam for doctors and nurses registered</p>	Clinical vignettes and quarterly supervised case exam (pm plus role plays)	The average score for the CKSI vignettes from the doctors and nurses in the facility is calculated. This average score will be

Criteria	Means of Verification	Decision Rule
<p>Criterion 3: the CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform). "Only after Criteria 1, 2 and 3 are assured, scores can be obtained following (Criteria 4)</p> <p>Criteria 4: Over 80 percent of the medical and nursing staff has taken the exam, and their average percentage score has been established per facility. Average percentage of scores of all members registered on the platform in a facility who took the exam (if 80% or more registered) is then multiplied by 100 points"</p>		used to compute this indicator. Calculation: average percentage score of the facility * 100 points

It may be noted that the CKSI platform had not been rolled out at the time of the baseline IPA assessment. Therefore, none of the facilities were able to score on this indicator at the baseline stage.

3.3.14.PHC_14_Staff Satisfaction

This indicator promotes streamlining staff satisfaction assessment & grievance redressal through Quarterly feedback forms and follow up.

Table 41: Decision Rule for PHC_14_Staff Satisfaction

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Feedback forms (Annex 25) duly completed by staff by first week of each quarter</p> <p>Criterion 2: Individual meetings have been conducted with staff members after the staff monthly meeting, who have issues raised in the forms and grievance redressed/redressal measures recorded</p>	<p>Check availability of quarterly feedback forms for staff.</p> <p>Forms mentioning feedbacks and complaints completed.</p> <p>Register of Staff feedback with actions taken and signed by MO.</p>	All staff grievances have been duly acknowledged and actions documented. For all grievances a procedure to address them has been established. At least 50 percent of the grievances have been dealt with per Q

None of the PHCs were found to have a system for and practice of staff feedback available. Therefore, none of the facilities were able to obtain scoring on this indicator.

3.3.15.PHC_15_ IDSP [Integrated Disease Surveillance Program] - IHIP

This indicator aims to stimulate and ensure timely reporting and updating on the Integrated Health Information Platform (IHIP) portal by health facilities. The timely submission by facilities of the S/P/L forms is used as initial marker.

Table 42: Decision Rule for PHC_15_ IDSP

Criteria	Means of Verification	Decision Rule
Criterion 1: S/P/L forms are completed monthly online before 30th and have been submitted to DMHO	S/P/L reports submitted to IHIP portal and DMHO, check in reports submitted	All or nothing: S/P/L forms are submitted before deadline points are given, otherwise score = zero

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 43: Average Scores obtained by IPA and Non-IPA PHCs for PHC_15_ IDSP

Name of District	PHC_15_ IDSP	
	Average IPA Score	Average non-IPA score
East Garo Hills	20	20
East Jaintia Hills	20	20
East Khasi Hills	20	20
North Garo Hills	NA	20
Ri Bhoi	20	13.33
South Garo Hills	20	20
Southwest Garo Hills	20	NA
Southwest Khasi Hills	20	20
West Garo	20	20
West Jaintia	20	11.43
West Khasi Hills	20	20

The PHC-wise score for this parameter are provided in the following table.

Table 44: PHC-wise scores for PHC_15_ IDSP

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	20
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	20
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	20
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	20
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	20
6.	East Khasi Hills	Mawkynrew	Jongksa PHC	IPA	NO	20
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	20
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	20
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	20
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	20
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	20
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	20
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	20
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	20
15.	East Khasi Hills	Myllem	Diengiei PHC	IPA	NO	20
16.	East Khasi Hills	Myllem	Mawroh PHC	IPA	NO	20
17.	East Khasi Hills	Myllem	Mawsiatknam PHC	IPA	NO	20
18.	East Khasi Hills	Myllem	Pomlung PHC	IPA	NO	20
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	20
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	20
21.	East Khasi Hills	Pynursla	Wahsherkmut PHC	IPA	NO	20
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	20
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	20
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	20
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	20
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	20

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	20
28.	East Garo Hills	Samanda	Bansamgre PHC	Non IPA	NO	20
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	20
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	20
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	20
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	20
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	20
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	20
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	20
36.	South Garo Hills	Chocpot	Silkgre PHC	Non IPA	NO	20
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	20
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	20
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	20
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	20
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	20
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	20
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	20
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	20
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	20
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	20
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	20
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	20
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	20
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	20
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	20
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	20
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	20
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	20
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	20
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	20
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	20
58.	South West Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	20
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	20
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	20
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	20
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	20
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	20
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	20
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	20
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	20
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	20
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	20
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	20
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	20
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	20
72.	West Garo Hills	Rongram	Asanangiri PHC	IPA	Pilot	20

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	20
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	20
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	20
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	20
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			20
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	20
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	20
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	20
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	20
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	20
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	20
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	20
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	20
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	20
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	20
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	20
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	20
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	20
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	20
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	20
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	20
94.	Ri Bhoi	Umsning	Umtra PHC	Non IPA	NO	0
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	0
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	20
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	0
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	20
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	20
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	20
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	20
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	20
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	20
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	0
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	20
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	20
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	20
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	20
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	20
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	20
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	20
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	20

In all except four facilities, reporting for S/P/L forms are completed through online mode on a monthly basis. This is usually conducted by Pharmacists, Lab Technicians, Nurses, or the Medical Officers. However,

no separate reporting is made to the DMHO as the information is accessible online. There were a few facilities which could not obtain scores on this indicator due to lack of satisfactory responses from the staff.

3.3.16.PHC_16_Insurance [Insurance Efficiency]

The last indicator of the PHC IPA framework relates to the level of efficiency with which the insurance scheme is being implemented by the facilities.

Table 45: Decision Rules for PHC_16_Insurance

Criteria	Means of Verification	Decision Rule
Criterion 1: Turn Around Time (TAT) of claims submission Criterion 2: Conversion of in-patients as insured patient, (graded score – Y1 – 40%, Y2 – 50%, Y3 – 70%, Y4 – 90%) Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter (graded – Y1 to Y5) Criterion 4: Cashless payments in facilities Criterion 5: Percentage of enrolment in villages under the facility. (Which would include existing registered households) (Graded score 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4))	Record checking: <ul style="list-style-type: none"> • Database at State level • Registration database. • RKS meeting minutes. • Register at facilities. • Utilization reports 	Each criterion is 10 points each. (Total 50 points)

The average scores obtained by IPA and Non-IPA PHCs in the various districts for this parameter are provided in the following table.

Table 46: Average Scores obtained by IPA and Non-IPA PHCs for PHC_16_Insurance

Name of District	PHC_16_Insurance	
	Average IPA Score	Average non-IPA score
East Garo Hills	20	20
East Jaintia Hills	0	0
East Khasi Hills	21.30	3.33
North Garo Hills	NA	34
Ri Bhoi	18	0
South Garo Hills	23.33	20
Southwest Garo Hills	28.89	NA
Southwest Khasi Hills	30	13.33
West Garo	30	28.57
West Jaintia	6	0
West Khasi Hills	23.33	20

The PHC-wise score for this parameter are provided in the following table.

Table 47: PHC-wise scores for PHC_16_Insurance

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Laitkroh	Khatarshnong Khrang PHC	IPA	NO	20
2.	East Khasi Hills	Laitkroh	Laitlyngkot PHC	IPA	NO	30

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
3.	East Khasi Hills	Laitkroh	Laitryngew PHC	IPA	NO	20
4.	East Khasi Hills	Laitkroh	Swer PHC	IPA	NO	20
5.	East Khasi Hills	Mawkynrew	Jatah PHC	IPA	NO	30
6.	East Khasi Hills	Mawkynrew	Jongksha PHC	IPA	NO	30
7.	East Khasi Hills	Mawkynrew	Mawkynrew PHC	IPA	NO	20
8.	East Khasi Hills	Mawphlang	Nongspung PHC	IPA	NO	30
9.	East Khasi Hills	Mawphlang	Nongur Weilyngkut PHC	IPA	NO	10
10.	East Khasi Hills	Mawryngkneng	Nongur Weilyngkut PHC	IPA	NO	10
11.	East Khasi Hills	Mawryngkneng	Mawryngkneng PHC	IPA	NO	30
12.	East Khasi Hills	Mawryngkneng	Smit PHC	IPA	NO	30
13.	East Khasi Hills	Mawsynram	Dangar PHC	IPA	NO	10
14.	East Khasi Hills	Mawsynram	Ryngku PHC	IPA	NO	0
15.	East Khasi Hills	Mylliem	Diengiei PHC	IPA	NO	30
16.	East Khasi Hills	Mylliem	Mawroh PHC	IPA	NO	30
17.	East Khasi Hills	Mylliem	Mawsiatkhnem PHC	IPA	NO	10
18.	East Khasi Hills	Mylliem	Pomlum PHC	IPA	NO	40
19.	East Khasi Hills	Pynursla	Mawkliaw PHC	IPA	NO	0
20.	East Khasi Hills	Pynursla	Pongtung PHC	IPA	NO	30
21.	East Khasi Hills	Pynursla	Wahsherkhmut PHC	IPA	NO	30
22.	East Khasi Hills	Shella Bholaganj	Laitkynsew PHC	IPA	NO	10
23.	East Khasi Hills	Shella Bholaganj	Mawlong PHC	IPA	NO	20
24.	East Khasi Hills	Shella Bholaganj	Mawsahew PHC	Non IPA	NO	0
25.	East Khasi Hills	Shella Bholaganj	Shella PHC	Non IPA	NO	10
26.	East Khasi Hills	Shella Bholaganj	Sohbar PHC	Non IPA	NO	0
27.	East Garo Hills	Dambo Rongjeng	Mangsang PHC	IPA	NO	20
28.	East Garo Hills	Samanda	Bansangre PHC	Non IPA	NO	20
29.	East Garo Hills	Samanda	Dagal PHC	IPA	NO	20
30.	East Garo Hills	Samanda	Dobu PHC	IPA	NO	20
31.	East Garo Hills	Samanda	Rongrong PHC	Non IPA	NO	20
32.	East Garo Hills	Samanda	Samanada PHC	Non IPA	NO	20
33.	East Garo Hills	Samanda	Songsak PHC	IPA	NO	20
34.	South Garo Hills	Baghmara	Nangal Bibra PHC	IPA	NO	20
35.	South Garo Hills	Baghmara	Siju PHC	IPA	NO	30
36.	South Garo Hills	Chocpot	Silkigre PHC	Non IPA	NO	20
37.	South Garo Hills	Gausapara	Sibbari PHC	Non IPA	NO	20
38.	South Garo Hills	Rongara	Rongara PHC	IPA	NO	20
39.	South Garo Hills	Rongara	Maheshkola PHC	Non IPA	NO	20
40.	West Khasi Hills	Mairang	Dongki-ingding PHC	IPA	NO	30
41.	West Khasi Hills	Mairang	Kynrud PHC	IPA	NO	20
42.	West Khasi Hills	Mairang	Maroid PHC	IPA	NO	20
43.	West Khasi Hills	Mairang	Nongthliew PHC	IPA	NO	20
44.	West Khasi Hills	Mairang	Nongum PHC	IPA	NO	20
45.	West Khasi Hills	Mairang	Wahrit PHC	Non IPA	NO	20
46.	West Khasi Hills	Mawshynrut	Aradonga PHC	Non IPA	NO	20
47.	West Khasi Hills	Mawshynrut	Nonglang PHC	IPA	NO	20
48.	West Khasi Hills	Mawshynrut	Shallang PHC	IPA	NO	20
49.	West Khasi Hills	Mawthadraishan	Kynshi PHC	IPA	NO	30
50.	West Khasi Hills	Mawthadraishan	Markasa PHC	IPA	NO	20
51.	West Khasi Hills	Mawthadraishan	Myriaw PHC	IPA	NO	30
52.	West Khasi Hills	Mawthadraishan	Pariong PHC	IPA	NO	30

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
53.	West Khasi Hills	Nongstoin	Maweit PHC	Non IPA	NO	20
54.	West Khasi Hills	Nongstoin	Rambrai PHC	IPA	NO	20
55.	South West Khasi Hills	Mawkyrwat	Wahkaji PHC	Non IPA	NO	20
56.	South West Khasi Hills	Mawkyrwat	Mawthawpdah PHC	IPA	NO	30
57.	South West Khasi Hills	Mawkyrwat	Rangthong PHC	Non IPA	NO	20
58.	Southwest Khasi Hills	Ranikor	Khonjoy PHC	Non IPA	NO	0
59.	North Garo Hills	Bajengdoba	Bejengdoba PHC	Non IPA	NO	40
60.	North Garo Hills	Bajengdoba	Gabil PHC	Non IPA	NO	40
61.	North Garo Hills	Bajengdoba	Sualmari PHC	Non IPA	NO	30
62.	North Garo Hills	Kharkutta	Adokgre PHC	Non IPA	NO	40
63.	North Garo Hills	Kharkutta	Kharkutta PHC	Non IPA	NO	40
64.	North Garo Hills	Kharkutta	Wageasi PHC	Non IPA	NO	30
65.	North Garo Hills	Resubelpara	Dainadubi PHC	Non IPA	NO	30
66.	North Garo Hills	Resubelpara	Damas PHC	Non IPA	NO	40
67.	North Garo Hills	Resubelpara	Manikganj PHC	Non IPA	NO	30
68.	North Garo Hills	Resubelpara	Mendipathar PHC	Non IPA	NO	30
69.	West Garo Hills	Dalu	Purakhasia PHC	Non IPA	NO	30
70.	West Garo Hills	Dalu	Kherapara PHC	Non IPA	NO	30
71.	West Garo Hills	Gambegre	Darengre PHC	Non IPA	NO	30
72.	West Garo Hills	Rongram	Asanangiri PHC	IPA	Pilot	30
73.	West Garo Hills	Rongram	Babadam PHC	IPA	Pilot	30
74.	West Garo Hills	Selsella	Bhaitbari PHC	Non IPA	Pilot	30
75.	West Garo Hills	Selsella	Jeldupara PHC	Non IPA	NO	30
76.	West Garo Hills	Tikrikilla	Tikrikilla PHC	Non IPA	Pilot	20
77.	West Garo Hills	Tikrikilla	Pedaldoba PHC			30
78.	South West Garo Hills	Betasing	Belbari PHC	IPA	NO	30
79.	South West Garo Hills	Betasing	Betasing PHC	IPA	NO	30
80.	South West Garo Hills	Betasing	Garobadha PHC	IPA	NO	30
81.	South West Garo Hills	Betasing	Mellim PHC	IPA	NO	20
82.	South West Garo Hills	Betasing	Rangsakona PHC	IPA	NO	30
83.	South West Garo Hills	Zikzak	Kalaichar PHC	IPA	NO	30
84.	South West Garo Hills	Zikzak	Nogorpara PHC	IPA	NO	30
85.	South West Garo Hills	Zikzak	Salmanpara PHC	IPA	NO	30

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
86.	South West Garo Hills	Zikzak	Zikzak PHC	IPA	NO	30
87.	Ri Bhoi	Jirang	Warmawsaw PHC	Non IPA	NO	20
88.	Ri Bhoi	Umling	Byrnihat PHC	IPA	Pilot	10
89.	Ri Bhoi	Umling	Marngar PHC	Non IPA	Pilot	20
90.	Ri Bhoi	Umling	Umden PHC	IPA	NO	20
91.	Ri Bhoi	Umsning	Kyrdem PHC	IPA	Pilot	20
92.	Ri Bhoi	Umsning	Mawhati PHC	IPA	Pilot	20
93.	Ri Bhoi	Umsning	Mawlasnai PHC	IPA	Pilot	20
94.	Ri Bhoi	Umsning	Umtrai PHC	Non IPA	NO	20
95.	West Jaintia Hills	Amlarem	Dawki PHC	Non IPA	NO	30
96.	West Jaintia Hills	Amlarem	Jarain PHC	Non IPA	NO	20
97.	West Jaintia Hills	Amlarem	Pdengshakap PHC	Non IPA	NO	30
98.	West Jaintia Hills	Laskein	Barato PHC	Non IPA	NO	20
99.	West Jaintia Hills	Laskein	Iooksi PHC	IPA	NO	20
100.	West Jaintia Hills	Laskein	Mynso PHC	IPA	NO	10
101.	West Jaintia Hills	Laskein	Sahnsniang PHC	Non IPA	NO	30
102.	West Jaintia Hills	Laskein	Shangpung PHC	IPA	NO	20
103.	West Jaintia Hills	Thadlaskein	Khliehtyrshi PHC	IPA	NO	10
104.	West Jaintia Hills	Thadlaskein	Namdong PHC	Non IPA	NO	20
105.	West Jaintia Hills	Thadlaskein	Nangbah PHC	IPA	NO	30
106.	West Jaintia Hills	Thadlaskein	Nartiang PHC	Non IPA	NO	30
107.	East Jaintia Hills	Khliehriat	Bataw PHC	Non IPA	NO	30
108.	East Jaintia Hills	Khliehriat	Lumshnong PHC	IPA	NO	20
109.	East Jaintia Hills	Khliehriat	Rymbai PHC	IPA	NO	20
110.	East Jaintia Hills	Khliehriat	Umkiang PHC	IPA	NO	30
111.	East Jaintia Hills	Khliehriat	Wapung Pamra PHC	Non IPA	NO	30
112.	East Jaintia Hills	Saipung	Saipung PHC	Non IPA	NO	20

Most facilities could not score on criterion 2 as they did not have IPD conversion records or related data available. Information related to utilization of funds/ timely submissions of utilization certificates was not available in case of some facilities resulting in lack of scoring under this criterion. However timely submission of claims and cashless payment facility was found to be in existence in most facilities.

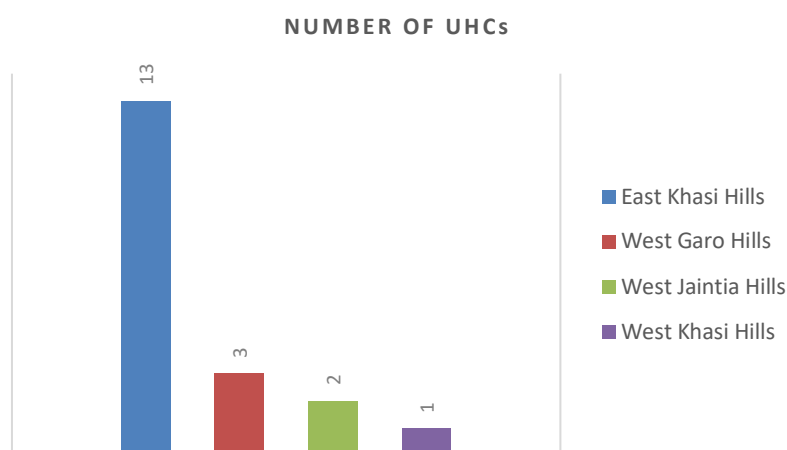
Chapter 4: Baseline IPA Assessment of Urban Primary Health Centres

4.1. Introduction

This chapter discusses the findings that emerged from the IPA baseline assessment conducted across 19 Urban Primary Health Centres (UHCs) in the state. A separate IPA framework has not been developed for UHCs and the framework developed for PHCs was used for assessment of these facilities. Some of the indicators and criteria included in the PHC IPA framework are not applicable in case of UHCs and this is evident in the scoring pattern.

4.2. Coverage

All UHCs in the state were covered as part of the IPA baseline assessment. The number of UHCs that were covered across each of the districts in the state is provided in the adjoining chart. UHCs are located in only four the districts in the state. Of these the greatest number of UHCs were found in East Khasi Hills, which accounted for 13 of the 19 UHCs in the state.



The following section of the chapter discusses the baseline status of each of these facilities through the lens of the IPA frameworks. The scores were accorded to the facilities based on observations made by the assessment teams using the approved decision rules which were part of the IPA frameworks.

4.3. Baseline IPA Assessment of UHCs

The IPA framework developed for UHCs comprises of 16 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 48: IPA framework developed for Urban Primary Health Centres

Indicator	Name	Points
PHC_1	NQAS	250
PHC_2 - PHC_3	Facility Quality Management Planning and Execution	60
PHC_4 - PHC_8	Infection, Hygiene, Biomedical Waste Management	180
PHC_9 - PHC_11	State Health Priorities {Mother & Child Health, Immunization, CM-SMS, & MOTHER APP, CPHC}	230
PHC_12	Patient Satisfaction	100
PHC_13 - PHC_14	Staff Knowledge and Staff satisfaction	110
PHC_15	Integrated Disease Surveillance	20
PHC_16	Insurance	50
Total		1000

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the UHCs across the 16 indicators and related criteria.

4.3.1. PHC_1_NQAS: Planning and Quality Management and Implementation: Timeliness, Accuracy of Quarterly NQAS Self-Assessment

This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter one or two NQAS areas of concern are examined in detail. Every quarter, the PHCs are required to assess an area of concern of the NQAS procedures with its Measurable Elements list. Subsequently, the District Quality Assessment Team (DQAT) is supposed to assess the timely and accurate scoring by the health facilities, using the same area of concern and measurable elements. The DQAT would look at whether the self-assessment undertaken by the PHC has been timely and accurately executed. The criteria that are included as part of PHC_1_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 49: Decision Rules for PHC_1_NQAS

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> Criterion 1. The NQAS area(s) of concern planned for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available with summary areas of improvement for each department. Criterion 2. The difference in score between the PHC self-assessment and the ex-ante review by the District Quality Assessment team is no more than 10 percentage points. Criterion 3. All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes after request. 	<ul style="list-style-type: none"> After facility executes its NQAS self-assessment for the quarter, the DQAT assesses the same area of concern. Assessors use the NQAS evaluation list pertaining to the Quarter's chosen NQAS Area of concern, and the related Standards and ME. 	All or nothing (250)

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 50: Average Scores obtained by IPA and Non-IPA UHCs for PHC_1_NQAS

Name of District	PHC_1_NQAS	
	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	0
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	0
West Jaintia	0	NA
West Khasi Hills	NA	0

The UHC-wise score for this parameter are provided in the following table.

Table 51: UHC-wise scores for PHC_1_NQAS

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllichem Urban	Bishnupur UHC	Non IPA	NO	0
2.	East Khasi Hills	Myllichem Urban	Demseiniong UHC	Non IPA	NO	0
3.	East Khasi Hills	Myllichem Urban	Dongkharmalki UHC	Non IPA	NO	0
4.	East Khasi Hills	Myllichem Urban	Jaiaw UHC	Non IPA	NO	0
5.	East Khasi Hills	Myllichem Urban	Lower Mawprem UHC	Non IPA	NO	0
6.	East Khasi Hills	Myllichem Urban	Lumparing UHC	Non IPA	NO	0
7.	East Khasi Hills	Myllichem Urban	Madanrting UHC	Non IPA	NO	0
8.	East Khasi Hills	Myllichem Urban	Mawlai Nongkwar UHC	Non IPA	NO	0
9.	East Khasi Hills	Myllichem Urban	Mawpat UHC	Non IPA	NO	0
10.	East Khasi Hills	Myllichem Urban	Nongthymmai UHC	Non IPA	NO	0
11.	East Khasi Hills	Myllichem Urban	Pynthorbah UHC	Non IPA	NO	0
12.	East Khasi Hills	Myllichem Urban	Umsohsun UHC	Non IPA	NO	0
13.	East Khasi Hills	Myllichem Urban	Upper Mawprem UHC	Non IPA	NO	0
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	0
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	0
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	0
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	0
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	0
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	0

It can be observed that none of the UHCs scored on this parameter that is related to NQAS self-assessment. Most UHCs have not commenced the process of NQAS self-assessment. The remaining two criteria are related to the first and as most UHCs could not meet the first criteria, they could not score any points on these two as well.

4.3.2. PHC_2_NQAS: Planning and Management: Monthly Health facility team meetings

This parameter focuses on assessing the regularity and quality of meetings conducted at the facility level. The facilities are expected to conduct monthly meetings with inclusion of discussions on the NQAS assessment report provided by the PMU, Kayakalp Assessment report, any other assessments and self-assessment of facility for quality improvement including planning and stepwise actions. Each meeting's recorded minutes are supposed to include 7 criteria and are assessed on these:

- Date of the meeting
- Agenda (should include part related to planning and actions)
- Signed list of participants
- Decision points with timeline for action and who is responsible
- Follow up on previous meeting action points and challenges
- Recommendations list with possible solutions for challenges identified
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DMHO

The criteria that are included as part of PHC_2_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 52: Decision Rules for PHC_2_NQAS

Criteria	Means of Verification	Decision Rule
Criterion 1. Each meeting's recorded minutes will include all the 7 criteria below and will be assessed on all 7 criteria to earn the 10 points per meeting.	Check Meetings register for all 7 criteria included in minutes of meetings. Ask District for copy received from facilities.	All or nothing for each of the three meetings: All 7 composite criteria need to be met for a meeting to get the score of 10 points. Three monthly meeting is thus MAX 30 points (30)

None of the UHCs scored on this indicator related to planning and management. It was observed that while monthly meetings were being conducted but documentation and record management undertaken in an appropriate as per the defined criteria of IPA. Some of the reasons for this was lack of adequate awareness and adequate competence of staff on documentation activities and processes.

4.3.3. PHC_3_Execution- [Planning and Management]. Level of Execution of Planned Activities

This indicator is linked to indicator 2 and captures the itemized concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality (and may be discussed in the monthly meetings). A quarterly plan is to be agreed on by all relevant departments and staff of the facility. The plan should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be undertaken by the State/District Task force where required in the execution of some of the plans.

Table 53: Decision Rules for PHC_3_Execution

Criteria	Means of Verification	Decision Rule
Criterion 1: This indicator is linked to indicator 2 and captures the itemized concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality (and may be discussed in the monthly meetings).	Record review. Quarterly work plans Progress reports prepared for subsequent meeting(s).	The number of activities planned to be executed in the last quarter is the denominator, the number of activities completed in the last quarter is the numerator. The number of points is obtained by the formula $\frac{\text{numerator}}{\text{denominator}} \times 30$ and rounded to nearest integer. Documentation of the quarterly plan, the activities achieved, and the financial documentation should be available upon demand. (30)

The preceding table indicates that none of the facilities was able to score on this criterion, as no actual or associated records were found where follow up action plans or quarterly plans on improving service quality were documented. One of the reasons for this could be the fact specific staff have not been designated to plan and document plans and track actual execution.

4.3.4. PHC_4_Hospital Associated Infection [Infection Control, Hygiene and Biomedical Waste Management]. General Premises

This indicator is linked with general situation of the UHC with respect to infection control, hygiene, and bio-medical waste management (BMWM).

Table 54: Decision Rules for PHC_4_Hospital Associated Infection

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility has established procedures for regular monitoring of infection control practices. There is a system of monitoring infections.</p> <p>Criterion 2: There is a provision of periodic medical check-ups and immunization of all staff. All Staff should be up to date with their vaccine schedule.</p>	<p>Infection policy at facility</p> <p>Case records</p> <p>Records are there of percentage of infections among post-delivery, episiotomy, IUD insertion, etc.</p> <p>Staff interview on immunization status.</p>	<p>All or nothing. Criterion 1 and 2 both must be met in order to get the points, otherwise 0 points. (20)</p>

Most of the facilities were unable to score on this indicator as they lacked established procedures for regular monitoring of infection control practices with them.

4.3.5. PHC_5_Cleanliness [Infection control, Hygiene and Biomedical Waste Management]

This indicator focuses on the condition of the facility in terms of overall levels of cleanliness being maintained at the baseline stage.

Table 55: Decision Rules for PHC_5_Cleanliness

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Cleanliness of Circulation area, Wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets.</p> <ol style="list-style-type: none"> No dirt/grease/stains on walls and floors / Garbage in circulation areas, wards, procedure area, Ambulatory area, Auxiliary area, and toilets. No cobwebs/bird nests/seepage on walls and roofs All areas are cleaned 2 times a day with wet mop. Housekeeping checklist is maintained for every shift especially in circulation area, wards, , Procedure area, Ambulatory area, Auxiliary area, and Toilets. Patient mattresses, furniture & fixtures are without grease and dust and cleaned daily. Floors, walls, furniture, and fixtures are thoroughly cleaned once in a month No foul smells from toilets. Toilets are accessible to all, and not locked. Toilets should have soap, running water and functional cistern. <p>Criterion 2: Use of Standard methods of cleaning.</p> <ol style="list-style-type: none"> Use of three bucket system for cleaning Use of unidirectional method and outward mopping. No use of brooms in patient care areas Use of separate mops for critical and semi critical areas and procedure surfaces 	<p>Observations</p> <p>Housekeeping checklists</p> <p>Staff interview on methods of cleaning</p>	<p>5 points for each of the items under the two criteria, but no points at all if 50% of the indicators are not met. (60)</p>

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 56: Average Scores obtained by IPA and Non-IPA UHCs for PHC_5_Cleanliness

Name of District	PHC_5_Cleanliness	
	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	40.19
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	0
West Jaintia	27.50	NA
West Khasi Hills	NA	30

The UHC-wise score for this parameter are provided in the following table.

Table 57: UHC-wise scores for PHC_5_Cleanliness

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllichem Urban	Bishnupur UHC	Non IPA	NO	30
2.	East Khasi Hills	Myllichem Urban	Demseiniong UHC	Non IPA	NO	45
3.	East Khasi Hills	Myllichem Urban	Dongkharmalki UHC	Non IPA	NO	50
4.	East Khasi Hills	Myllichem Urban	Jaiaw UHC	Non IPA	NO	35
5.	East Khasi Hills	Myllichem Urban	Lower Mawprem UHC	Non IPA	NO	40
6.	East Khasi Hills	Myllichem Urban	Lumparing UHC	Non IPA	NO	42.5
7.	East Khasi Hills	Myllichem Urban	Madanrting UHC	Non IPA	NO	50
8.	East Khasi Hills	Myllichem Urban	Mawlai Nongkwar UHC	Non IPA	NO	30
9.	East Khasi Hills	Myllichem Urban	Mawpat UHC	Non IPA	NO	35
10.	East Khasi Hills	Myllichem Urban	Nongthymmai UHC	Non IPA	NO	45
11.	East Khasi Hills	Myllichem Urban	Pynthorbah UHC	Non IPA	NO	50
12.	East Khasi Hills	Myllichem Urban	Umsohsun UHC	Non IPA	NO	50
13.	East Khasi Hills	Myllichem Urban	Upper Mawprem UHC	Non IPA	NO	20
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	30
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	0
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	0
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	0
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	55
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	0

Most of the facilities were able to score on this parameter. This could be because many of the sub-criteria were such that related to basic hygiene levels of the facility. However, scope for improvement with regard to this indicator still remains. It was observed in case of several facilities that appropriate number of housekeeping staff were not available vis a vis the load, housekeeping checklists either were not available

or were not being updated, monthly cleaning was not performed, and records were not available. In case of the facilities which scored below the average, at places there was no established system for ensuring cleanliness, there were limited, or no housekeeping staff and water supply was insufficient.

The second criterion under this indicator, ‘use of standard methods of cleaning’ was also not met by some of the facilities. This was mainly due to lack of equipment required for the three-bucket system, lack of training of staff on relevant practices, lack of training of grade IV staff on unidirectional mopping, and lack of separate mops for labour room section.

4.3.6. PHC_6_Personal Hygiene Protection [Infection Control, Hygiene and Biomedical Waste Management]. Personal Hygiene and Protection

This indicator focuses on the standards of personal hygiene and protection that are maintained at the PHCs at the baseline stage.

Table 58: Decision Rules for PHC_6_Personal Hygiene Protection

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Clean personal protection equipment is available at point of use.</p> <p>Criterion 2: Clinical and Grade 4 Staff adheres to standard personal protection practices:</p> <ul style="list-style-type: none"> • Compliance to handwashing method • Compliance to correct method of wearing and removing the PPE" <p>Criterion 3:</p> <ul style="list-style-type: none"> • Nursing staff is aware of needle stick injury protocol • Needle stick injury form records are available (to be filled if the incident occurs)" 	<p>Observation on available masks, sterile gloves, gowns, aprons, caps, etc.</p> <p>Demonstration by clinical and grade 4 staff on correct hand washing.</p> <p>Clinical staff interviews and random test on correct methods of wearing and removing gloves.</p> <p>Check Needle stick injury form records.</p>	<p>All or nothing for each of the three criteria, 10 points each. (30)</p>

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 59: Average Scores obtained by IPA and Non-IPA UHCs for PHC_6_Personal Hygiene Protection

Name of District	PHC_6_Personal hygiene protection	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	17.69
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	NA	0
West Jaintia	5	NA
West Khasi Hills	NA	0

The UHC-wise score for this parameter are provided in the following table.

Table 60: UHC-wise scores for PHC_6_Personal Hygiene Protection

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	20
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	20
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	20
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	20
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	10
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	20
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	20
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	20
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	30
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	20
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	10
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	10
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	10
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	0
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	0
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	0
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	0
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	0
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	10

Most facilities were able to score on this indicator. However, some UHCs were unable to score due to gaps in various criteria. For instance, in case of criterion 1 (clean personal protection equipment is available at point of use) stock out of mask and caps was observed in case of some of the facilities. Similarly in case of criterion 2 (Clinical and Grade 4 Staff adheres to standard personal protection practices), it was found that trainings had not been provided to facility staff on standard personal protection practices, handwashing methods, PPE wearing and removing methods. Most UHCs could not score on criterion 3 (needle stick injury) as staff had not been provided training on this aspect and were not maintaining records on needle stick injury. In case of facilities where this criterion was met, it was found that needle stick injury trainings had been provided to the staff or they were already aware of it from their past experience. These facilities were also maintaining appropriate records for needle stick injury including registers and forms.

4.3.7. PHC_7_ Environment [Infection Control, Hygiene and Biomedical Waste Disposal]. Environment Control of Patient Care Areas

The seventh indicator in the PHC IPA framework relates to the status of environment control in patient care areas.

Table 61: Decision Rules for PHC_7_ Environment

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility ensures availability of standard materials for cleaning and disinfection of patient care areas. Availability of Antiseptic solutions</p> <p>Criterion 2:</p> <ul style="list-style-type: none"> Grade 4 and Nursing staff is trained for spill management Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Availability of body fluid spill kit & mercury spill kit Adherence to protocols" <p>Criterion 3: Grade 4 Staff knows how to make chlorine solution (from bleaching powder & hypochlorite solutions)</p> <p>Criterion 4: Decontamination of operating and surface examination table, dressing tables, etc. after every procedure e.g., wiping with .5% chlorine solution. Contact time for decontamination is adequate (10 minutes). Check records</p> <p>Criterion 5: Decontamination of instruments after use and cleaning is done after decontamination. Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Criterion 6: Adherence to Protocols for autoclaving, kept in clean area</p>	<p>Grade 4 and Nursing staff interviews on spill management protocols.</p> <p>Ask about chlorine solution.</p> <p>Ask about how Grade 4 staff decontaminates surfaces like delivery table, stretcher/trolley etc (e.g., wiping with 0.5% chlorine solution)</p> <p>Check with staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Contact time for decontamination is adequate (10 minutes).</p> <p>Check records.</p> <p>Look for the Autoclave indicator paper register.</p>	<p>All or nothing per criterion, with 5 points for each criterion</p>

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 62: Average Scores obtained by IPA and Non-IPA UHCs for PHC_7_ Environment

Name of District	PHC_7_ Environment	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	29.23
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	8.33
West Jaintia	22.5	NA
West Khasi Hills	NA	5

The UHC-wise score for this parameter are provided in the following table.

Table 63: UHC-wise score for PHC_7_ Environment

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	30
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	25
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	30
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	30
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	25
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	30
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	30
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	30
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	30
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	30
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	30
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	30
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	30
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	5
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	5
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	10
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	10
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	25
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	20

This indicator comprises of six criteria. Most PHCs were able to score points for disinfection, spill management, preparation of chlorine solution, and decontamination of surface and instruments. The criteria on which most PHCs could not score included protocols for autoclaving and keeping autoclaves in clean area. The PHCs which met this criterion did so mainly because the staff and management had undertaken extensive efforts for ensuring good sterilization practices. In some facilities it was noted that the autoclave was either not functional since a considerable period of time or was not available.

**4.3.8. PHC_8_ Waste Management [Infection control, Hygiene and Biomedical Waste Management].
Biomedical & Hazardous Waste Handling**

This indicator focuses on the critical area of waste management, specifically on bio-medical and hazardous waste handling.

Table 64: Decision Rules for PHC_8_ Waste Management

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Statutory Compliance:</p> <ul style="list-style-type: none"> The facility has an existing committee or newly constituted committee for review and monitoring of BMW management (Minutes/records maintained) The facility is aware of Biomedical Waste Rules 2016 including key changes as amendments & implementing the same. (ask about training attended) The health facility has a valid authorization for BMW management from the prescribed authority (Pollution Control Board). <p>Criterion 2: Equipment and Supplies for BMW management:</p> <ul style="list-style-type: none"> Availability of foot operated Bins and other bins with liners for segregate collection of waste at point of use. Availability of needle/hub cutter and puncture proof boxes in laboratories, dressing rooms, etc. <p>Criterion 3: Segregation, collection, and transportation of BMW:</p> <ul style="list-style-type: none"> Segregation of BMW in colour coded bins for types of waste generated. Work instruction for segregation and handling of BMW has been displayed prominently BMW storage room bins are covered. Transportation of BMW is done in closed containers/trolleys The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority- PCB) <p>Criterion 4: The facility submits Annual reports to pollution control board.</p> <p>Criterion 5: Storage of BMW:</p> <ul style="list-style-type: none"> Dedicated storage facility is available for BMW, and it has biohazard symbol displayed The storage facility is located away from the patient area and has connectivity of a motorable road, The storage facility is secured against pilferage and reach of animal and rodents No BMW should be left untreated beyond 48 hours – Check waste register. The storage facility has hand-washing facilities for the workers when removing gloves. Recording of BMW generated per day is maintained <p>Criterion 6: Liquid waste management:</p> <ul style="list-style-type: none"> The Facility has treatment facility for managing infectious liquid waste at laboratories and labour room. Sullage (wastewater from bathroom & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to municipal system/ soakage pit" <p>Criterion 7: Solid General waste management:</p>	<p>Review records</p> <p>Observations</p> <p>Staff interviews</p> <p>Minutes/Records of meetings of BMW management committee.</p> <p>Authorization for BMW management from the prescribed authority.</p> <p>BMW staff interview on BMW rules.</p> <p>There is no mixing of infectious and general waste.</p>	<p>Criteria 1, 3, 4, 5- are all mandatory and yield 25 points for the 4 together, if any of these is lacking no points at all for this indicator, Criteria 2,6,7 only valid if 1,3,4, 5 are already there. They can each add another 5 points per indicator</p>

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> Recyclable and bio gradable wastes have segregated collection. The facility undertakes efforts to educate patients and visitors about segregation of recyclable & biodegradable wastes. General waste is not mixed with infected waste." 		

None of the UHCs were able to score on this indicator. It is also important to note that most facilities do not have their own land and are based out of rented premises. Therefore, scope for development of storage sections, transportation of BMW and setting up waste treatment plants is also a challenge.

4.3.9. PHC_9_Maternal and Child Health

Mother and Child Health (MCH) is one of the state's key priority areas. This indicator follows up whether several structural and process quality prerequisites to execute proper MCH are in place.

Table 65: Decision Rules for PHC_9_Maternal and Child Health

Criteria	Means of Verification	Decision Rule
<p>Maternal Health</p> <ol style="list-style-type: none"> An established procedure for registration of pregnant women is in place to enable follow up, with the purpose of increasing ANC coverage An established procedure for history taking, physical examination and counselling for each antenatal woman, visiting the facility, is in place ANC coverage registration is in place and follow up during the 1st trimester of pregnancy is recorded, quantity increase could be achieved by targeting special focused initiatives (i.e., adolescent health clinics) for teenage pregnancies through the RKSK program and ASHAs Plan to mobilize field staff to motivate pregnant women for 4 or more ANC check-ups are in place and recorded. Records are up to date and available upon request. Plan to have 3 additional ANCs for high-risk pregnant women (total 7 ANCs) have been discussed, executed, and recorded An established procedure for identification and management of anaemia is in place, ensuring anaemic pregnant women complete the full course of Iron and Folic Acid (IFA) tablets recommended by patient interaction A full record of all referrals to higher referral units for blood transfusion is in place, listing timeframes between diagnosis and referral indicated and with all documentation available upon request for sample check Safe birth checklists are in place and documentation of the usage of safe birth checklists in deliveries is randomly checked for at least 5 deliveries in the quarter <p>Child Health</p>	<p>The checklist is being used to assess this indicator. In addition, below is a list of possible sources of data which can be used to assess, and sample check this indicator and its 13 items questionnaire, with Yes/No answers:</p> <p>Initial Assessment records of 5 pregnant women is available.</p> <p>RKSK Records</p> <p>Clinical staff interview on procedures.</p> <p>Pregnant women records (OPDs- 5/IP- 3) with annexes on physical examination etc, recordings of labour details (Partograph).</p>	<p>Assessors go through the checklist (Annex 16 of IPA-OM) with the 13 MCH items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the 13 elements whether the item has been achieved. 10 points per item if YES, so maximum 130 points total.</p>

Criteria	Means of Verification	Decision Rule
<ol style="list-style-type: none"> All women are administered oxytocin immediately after birth (random sampling of 5 mothers from delivery register/patient record to check). About 50% of agreed deworming program at schools under the jurisdiction of the health facility have been executed as testified by submission of reports with documentation to the DMHO Identification records of severely malnourished infants and timely referral to NRC are available All required monthly reports on child health such as infant, and young child feeding practices, Kangaroo mother care are submitted by the facility and checked against state/district baseline. Screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK 		

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 66: Average Scores obtained by IPA and Non-IPA UHCs for PHC_9_Maternal and Child Health

PHC_9_Maternal and Child Health		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	83.08
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	70
West Jaintia	80	NA
West Khasi Hills	NA	50

The UHC-wise score for this parameter are provided in the following table.

Table 67: UHC-wise score for PHC_9_Maternal and Child Health

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	110
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	90
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	80
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	90
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	70
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	80
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	80
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	80
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	90
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	80

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	80
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	80
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	80
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	50
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	70
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	70
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	70
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	80
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	80

The key criteria on which the PHCs have lost points included three additional ANC's for high-risk pregnant woman (staff was following the same four ANC criteria for high risk cases also) and maintenance of records of all referrals to higher referral units for blood transfusion, listing of timeframes between diagnosis and referral indicated and documentation and availability of safe birth checklists. In case of child health criteria, many UHCs lacked identification records of severely malnourished infants and timely referral to NRCs, records for screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK.

4.3.10. PHC_10_Immunisation, CM-SMS, Mother App

This indicator focuses on three key aspects, immunisation, Chief Minister- Safe Motherhood Scheme (CM-SMS) and the Mother App (an application used for collecting data on pregnant women).

Table 68: Decision Rules for PHC_10_Immunisation, CM-SMS, Mother App

Criteria	Means of Verification	Decision Rule
<p>A. Immunization: The facility in its monthly and quarterly meetings follows up on the items listed below. Each of these items in the Quarterly verification if being in place can yield 10 points. Total maximum = 70 points</p> <ol style="list-style-type: none"> The Micro-plan on immunization program is in place at facility level and has been submitted to the DMHO. Compliance data to the immunization micro planning are available and can be randomly checked Reporting data for Adverse Effects from Immunization (AEFI) cases within 24 hours to the DIO are available and numbers can be checked against a baseline. Vaccine Preventable Disease surveillance has been conducted at the facility with monthly reports submitted to DMHO and available upon request 	<p>Updated Micro plan on routine immunization of the facility.</p> <p>Report on AEFI cases.</p> <p>Surveillance reports</p> <p>Utilization report of CM-SMS components</p> <p>Referral slips / register. Records of referral vehicle arranged.</p>	<p>Decide by a Yes/No on each of the 7 elements whether the item has been achieved. 10 points per item if YES, so maximum 70 points total.</p>
<p>B. Chief Minister's Safe Motherhood Scheme:</p> <ol style="list-style-type: none"> Established procedures for identification of high-risk pregnancies and their timely referrals through parallel programmes like Rescue Mission and CM-SMS are in place as testified by records available upon demand. The utilization report of the CM_SMS to the DMHO has been submitted with documentation present 	<p>Assessors receive data of facilities in district from State portal and then compare with hard copy of ANC register.</p>	
<p>C. MOTHER APP:</p>		

Criteria	Means of Verification	Decision Rule
1. Data entry of ANCs of pregnant women by Nursing staff is frequent and updated regularly		

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 69: Average Scores obtained by IPA and Non-IPA UHCs for PHC_10_Immunisation, CM-SMS, Mother App

PHC_10_Immunisation, CM-SMS, Mother App		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	44.62
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	30
West Jaintia	50	NA
West Khasi Hills	NA	20

The UHC-wise score for this parameter are provided in the following table.

Table 70: UHC-wise score for PHC_10_Immunisation, CM-SMS, Mother App

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	50
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	30
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	50
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	40
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	30
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	40
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	50
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	40
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	50
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	60
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	40
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	50
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	50
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	20
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	30
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	30
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	30
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	50
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	50

Most PHCs were able to meet a majority of the criteria. However, gaps were observed in several facilities with respect to AEFI and VPD reporting to the DIO and DMHO (as no proper records were evident during survey) and submission of utilization report and data related to CM-SMS. Immunization Micro plan and Mother app compliance were found in case of most facilities.

4.3.11. PHC_11_ CPHC [Comprehensive Primary Healthcare Services]

The primary aim of Ayushman Bharat program is to achieve universal health coverage. National Health Policy 2017 envisage establishment of Health and Wellness Centre (HWC) to provide comprehensive primary health care that is universal, free and closer to the community. This indicator follows the progress made on this path in various stages. At the outset: the CPHC is still in preparation stage, so the indicator will cover ‘preparatory prerequisites at health facility level’, looking into three criteria of ‘preparation.’

Table 71: Decision Rules for PHC_11_ CPHC

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Community Health Officer in place, trained in competencies of public health and primary health care and posted at facility.</p> <p>Criterion 2: An online/offline referral system of patient cases is in place, e.g., NCDs to specialists that are required and link to secondary and tertiary care through teleconsultation. (TBD Ask about referral system and documentation)</p> <p>Criterion 3: Sector meetings have been conducted, with community members present and with minutes according to protocol. The relevant collectives for community mobilization such as VHCs, MAS and SHGs for facilitating health awareness and promotion have been involved. Action plan and ATR are recorded in the minutes addressing highlighted issues during the meetings</p>	<p>Observe if Mid Level Health Providers (MLHPs) is available and perform minimum health promotion as indicated.</p> <p>Check documentation on referral system in place.</p> <p>In facilities with internet availability any teleconsultation has been conducted. Check records.</p> <p>Sector meeting minutes available with all specifics recorded and signed list of participants ensuring presence of community members.</p>	<p>All or nothing for each of the three criteria, 10 points per criterion</p>

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 72: Average Scores obtained by IPA and Non-IPA UHCs for PHC_11_ CPHC

Name of District	PHC_11_ CPHC	
	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	10.77
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	0
West Jaintia	10	NA
West Khasi Hills	NA	0

The UHC-wise score for this parameter are provided in the following table.

Table 73: UHC-wise score for PHC_11_CPHC

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	20
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	0
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	20
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	0
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	20
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	0
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	0
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	20
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	20
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	0
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	10
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	30
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	0
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	0
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	0
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	0
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	0
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	10
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	10

Facilities which scored less or were unable to score the first criterion had not been able to present records training of MLHPs / CHO, and/or establish referral systems with records, and/or could not provide sector meeting records for review. Training records of MLHPs / CHOs were also not found to be available in most of the facilities. The PHCs which scored higher on this indicator were able to score on either both or one of the two criteria- online/offline referral system of patient cases is in place and sector meetings have been conducted, with community members present and with minutes according to protocol.

4.3.12.PHC_12_Patient_Satisfaction- Quarterly execution of 10 patient satisfaction interviews

Assessing patient satisfaction by the DQAT consists of several components. The assessors evaluate at least ten of the patient satisfaction survey forms which have been collected by the facility monthly. This is supposed to be followed by telephone calls to ten randomly selected patients, check authenticity of data and score satisfaction.

Table 74: Decision Rules for PHC_12_Patient_Satisfaction

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Ten patient satisfaction calls are made by the assessors with ten randomly selected patients, following a quality checklist (Annex 15 of IPA- OM) (80 points)</p> <p>Criterion 2: Availability of patient feedback forms, pens, drop box system of collecting grievance, and register. (10 points)</p>	<p>Observation and record checking.</p> <p>Availability of patient satisfaction survey forms.</p>	<p>A total of 100 points for this indicator can be obtained in the quarterly assessment. Criteria 1 is average satisfaction score*80 points. Criterion 2 and 3 is 10 points each</p>

Criteria	Means of Verification	Decision Rule
Criterion 3: Register of grievances maintained, and grievances raised have been addressed by the facility. Grievances discussed in RKS meetings. (10 points)	Telephone calls to random patients from the registers to confirm their feedbacks. Grievances records are checked and RKS meeting minutes for any grievance redressed by members.	

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 75: Average Scores obtained by IPA and Non-IPA UHCs for PHC_12_Patient_Satisfaction

PHC_12_Patient_Satisfaction		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	0.77
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	0
West Jaintia	10	NA
West Khasi Hills	NA	0

The UHC-wise score for this parameter are provided in the following table.

Table 76: UHC-wise score for PHC_12_Patient_Satisfaction

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	0
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	0
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	0
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	0
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	0
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	0
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	0
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	0
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	10
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	0
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	0
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	0
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	0
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	0
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	0
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	0
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	0

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	20
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	0

Most of the facilities did not have proper records of patient feedback with contact details, so overall scoring was low in this indicator. However, two of the UHCs were able to score on some of the criteria.

4.3.13.PHC_13-Staff competency_ Provider Knowledge through CKSI/Clinical Vignettes

This indicator assesses the performance on Clinical Knowledge and Skills Improvement (CKSI) learning of technical staff of the PHC, using innovative CKSI technology. The knowledge is rehearsed online, and examined in a quarterly supervised test, by the staff (doctors and nurses, both regular and contractual) of a health facility. While the average performance of clinical staff is used to calculate provider performance, the individual's contribution to this average is not shared with others. Individual health workers are supposed to get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the state.

The DMHO team is required to supervise the quarterly CKSI exam which takes place either in the health facility, or in a pre-agreed location such as the District Health Office. This depends on the internet connectivity through WIFI or 3G. It is the responsibility of the health facility to have their staff registered on the CKSI platform and attending. It is the responsibility of both the health facility and the DHT to arrange that the quarterly test takes place, preferably on the same day throughout the districts.

Table 77: Decision Rules for PHC_13-Staff competency

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: all doctors and nurses working in a health facility have been registered on the CKSI platform.</p> <p>Criterion 2: minimum 80% attendance by the facility staff in the quarterly supervised exam for doctors and nurses registered.</p> <p>Criterion 3: the CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform). "Only after Criteria 1, 2 and 3 are assured, scores can be obtained following (Criteria 4)</p> <p>Criteria 4: Over 80 percent of the medical and nursing staff has taken the exam, and their average percentage score has been established per facility. Average percentage of scores of all members registered on the platform in a facility who took the exam (if 80% or more registered) is then multiplied by 100 points"</p>	Clinical vignettes and quarterly supervised case exam (pm plus role plays)	The average score for the CKSI vignettes from the doctors and nurses in the facility is calculated. This average score will be used to compute this indicator. Calculation: average percentage score of the facility * 100 points

It may be noted that the CKSI platform had not been rolled out at the time of the baseline IPA assessment. Therefore, none of the facilities were able to score on this indicator at the baseline stage.

4.3.14.PHC_14_ Staff satisfaction

This indicator promotes streamlining staff satisfaction assessment & grievance redressal through Quarterly feedback forms and follow up.

Table 78: Decision Rules for PHC_14_Staff satisfaction

Criteria	Means of Verification	Decision Rule
Criterion 1: Feedback forms (Annex 25) duly completed by staff by first week of each quarter.	Check availability of quarterly feedback forms for staff.	All staff grievances have been duly acknowledged and actions documented. For all grievances a procedure to address them has been established. At least 50 percent of the grievances have been dealt with per Q
Criterion 2: Individual meetings have been conducted with staff members after the staff monthly meeting, who have issues raised in the forms and grievance redressed/redressal measures recorded	Forms mentioning feedbacks and complaints completed.	
	Register of Staff feedback with actions taken and signed by MO.	

None of the PHCs were found to have a system for and practice of staff feedback available. Therefore, none of the facilities were able to obtain scoring on this indicator.

4.3.15.PHC_15_ IDSP [Integrated Disease Surveillance Program]- IHIP

This indicator aims to stimulate and ensure timely reporting and updating on the Integrated Health Information Platform (IHIP) portal by health facilities. The timely submission by facilities of the S/P/L forms is used as initial marker.

Table 79: Decision Rules for PHC_15_ IDSP

Criteria	Means of Verification	Decision Rule
Criterion 1: S/P/L forms are completed monthly online before 30th and have been submitted to DMHO	S/P/L reports submitted to IHIP portal and DMHO, check in reports submitted	All or nothing: S/P/L forms are submitted before deadline points are given, otherwise score = zero

The average scores obtained by IPA and Non-IPA UHCs in the various districts for this parameter are provided in the following table.

Table 80: Average Scores obtained by IPA and Non-IPA UHCs for PHC_15_ IDSP

Name of District	PHC_15_ IDSP	
	Average IPA Score	Average non-IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	NA	20
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
Southwest Garo Hills	NA	NA
Southwest Khasi Hills	NA	NA
West Garo	NA	20
West Jaintia	20	NA
West Khasi Hills	NA	20

The UHC-wise score for this parameter are provided in the following table.

Table 81: UHC-wise score for PHC_15_IDSP

Sl.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem Urban	Bishnupur UHC	Non IPA	NO	20
2.	East Khasi Hills	Mylliem Urban	Demseiniong UHC	Non IPA	NO	20
3.	East Khasi Hills	Mylliem Urban	Dongkharmalki UHC	Non IPA	NO	20
4.	East Khasi Hills	Mylliem Urban	Jaiaw UHC	Non IPA	NO	20
5.	East Khasi Hills	Mylliem Urban	Lower Mawprem UHC	Non IPA	NO	20
6.	East Khasi Hills	Mylliem Urban	Lumparing UHC	Non IPA	NO	20
7.	East Khasi Hills	Mylliem Urban	Madanrting UHC	Non IPA	NO	20
8.	East Khasi Hills	Mylliem Urban	Mawlai Nongkwar UHC	Non IPA	NO	20
9.	East Khasi Hills	Mylliem Urban	Mawpat UHC	Non IPA	NO	20
10.	East Khasi Hills	Mylliem Urban	Nongthymmai UHC	Non IPA	NO	20
11.	East Khasi Hills	Mylliem Urban	Pynthorbah UHC	Non IPA	NO	20
12.	East Khasi Hills	Mylliem Urban	Umsohsun UHC	Non IPA	NO	20
13.	East Khasi Hills	Mylliem Urban	Upper Mawprem UHC	Non IPA	NO	20
14.	West Khasi Hills	Nongstoin	Nongstoin UHC	Non IPA	NO	20
15.	West Garo Hills	Rongram	Dobasipara UHC	Non IPA	NO	20
16.	West Garo Hills	Rongram	Matchakolgre UHC	Non IPA	NO	20
17.	West Garo Hills	Rongram	Sampalgre UHC	Non IPA	NO	20
18.	West Jaintia Hills	Thadlaskein	Chutwakhu UHC	IPA	NO	20
19.	West Jaintia Hills	Thadlaskein	Ladthadlaboh UHC	IPA	NO	20

Reporting for S/P/L forms are completed through online mode on a monthly basis across UHCs. This is usually conducted by Pharmacists, Lab Technicians, Nurses, or the Medical Officers.

4.3.16.PHC_16_Insurance [Insurance Efficiency]

The last indicator of the PHC IPA framework relates to the level of efficiency with which the insurance scheme is being implemented by the facilities.

Table 82: Decision Rules for PHC_16_Insurance

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Turn Around Time (TAT) of claims submission</p> <p>Criterion 2: Conversion of in-patients as insured patient, (graded score – Y1 – 40%, Y2 – 50%, Y3 – 70%, Y4 – 90%</p> <p>Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter (graded – Y1 to Y5)</p> <p>Criterion 4: Cashless payments in facilities</p> <p>Criterion 5: Percentage of enrolment in villages under the facility. (Which would include existing registered households) (Graded score 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4))</p>	<p>Record checking:</p> <ul style="list-style-type: none"> Database at State level Registration database. RKS meeting minutes. Register at facilities Utilization reports 	<p>Each criterion is 10 points each. (Total 50 points)</p>

The insurance scheme has not been provided for at the UHC level and therefore none of the UHCs scored on this indicator.

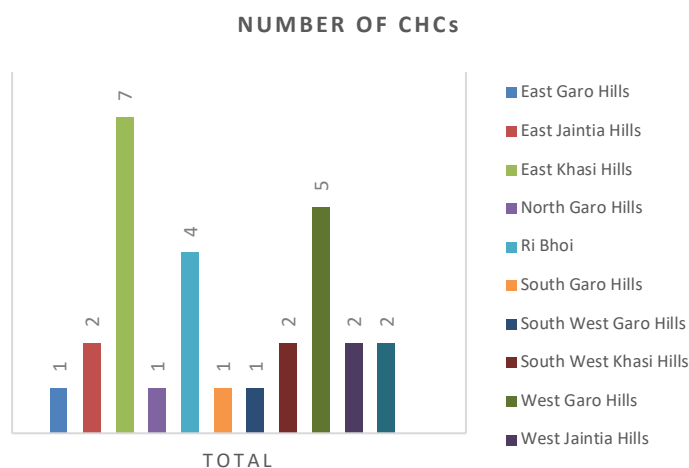
Chapter 5: Baseline IPA Assessment of Community Health Centres

5.1. Introduction

This chapter discusses the findings that emerged from the IPA baseline assessment conducted across 28 CHCs in the state. The IPA framework developed for CHCs has been used as the basis for scoring of each of the facilities.

5.2. Coverage

All CHCs in the state were covered as part of the IPA baseline assessment. The number of CHCs that were covered across each of the districts in the state is provided in the adjoining chart. The largest number of CHCs were covered in East Khasi Hills district, followed by West Garo Hills and Ri Bhoi.



The following section of the chapter discusses the baseline status of each of these facilities through the lens of the IPA frameworks. The scores were accorded to the facilities based on observations made by the assessment teams using the approved decision rules which were part of the IPA frameworks.

5.3. Baseline IPA Assessment of CHCs

The IPA framework developed for CHCs comprises of 15 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 83: IPA Framework for CHCs

Indicator	Name	Points
CHC_1	NQAS	250
CHC_2 - CHC_3	Facility Quality Management Planning and Execution	60
CHC_4 - CHC_8	Infection, Hygiene, Biomedical Waste Management	190
CHC_9 - CHC_10	State Health Priorities {Mother & Child Health, Immunization, CM-SMS, & MOTHER APP, CPHC}	200
CHC_11	Patient Satisfaction	100
CHC_12 - CHC_13	Staff Knowledge and Staff satisfaction	120
CHC_14	Integrated Disease Surveillance	30
CHC_15	Insurance	50
Total		1000

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the CHCs across the 15 indicators and related criteria.

5.3.1. CHC_1_NQAS: Planning and Quality Management and Implementation: Timeliness, Accuracy of Quarterly NQAS Self-Assessment

This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter one or two NQAS areas of concern are examined in detail. Every quarter, the CHC will first assess an area of concern of the NQAS procedures with its Measurable Elements list. Subsequently, the District Quality Assessment Team (DQAT) will assess the timely and accurate scoring by the health facilities, using the same area of concern and measurable elements. The DQAT looks at whether the self-assessment undertaken by the CHC has been timely and accurately executed.

The criteria that are included as part of CHC_1_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 84: Decision Rules for CHC_1_NQAS

Criteria	Means of Verification	Decision Rule
<p>Criterion 1. The NQAS area(s) of concern planned for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available with summary areas of improvement for each department.</p> <p>Criterion 2. The difference in score between the CHC self-assessment and the ex-ante review by the District Quality Assessment team is no more than 10 percentage points.</p> <p>Criterion 3. All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes after request.</p>	<p>After facility executes its NQAS self-assessment for the quarter, the DQAT assesses the same area of concern. Assessors use the NQAS evaluation list pertaining to the Quarter's chosen NQAS Area of concern, and the related Standards and ME.</p>	All or nothing

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 85: Average scores obtained by IPA and Non-IPA CHC for CHC_1_NQAS

Name of District	CHC_1_NQAS	
	Average IPA Score	Average non-IPA score
East Garo Hills	0	NA
East Jaintia Hills	0	NA
East Khasi Hills	0	0
North Garo Hills	NA	0
Ri Bhoi	0	0
South Garo Hills	NA	0
Southwest Garo Hills	0	NA
Southwest Khasi Hills	0	NA
West Garo	0	0
West Jaintia	NA	0
West Khasi Hills	0	NA

The CHC-wise score for this parameter are provided in the following table.

Table 86: CHC-wise score for CHC_1_NQAS

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	0
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	0
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	0
4.	East Khasi Hills	Myllichem	Mawiong CHC	IPA	NO	0
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	0
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	0
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	0
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	0
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	0
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	0
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	0
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	0
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	0
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	0
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	0
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	0
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	0
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	0
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	0
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	0
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	0
22.	Ri Bhoi	Umsning	Bhoirymbong CHC	IPA	Pilot	0
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	0
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		0
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	0
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	0
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	0
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	0

It can be observed that none of the CHCs scored on this indicator. The three criteria that were used for arriving at the final score are such that the CHCs were unable to meet them. The first criterion was '*NQAS area(s) of concern planned for the past quarter have been self-assessed before the end of the quarter and results are available with summary areas of improvement for each department*'. None of the CHCs had commenced the process of NQAS self-assessment. The remaining two criteria are related to the first and as most CHCs could not meet the first criteria, they could not score any points on these two as well.

5.3.2. CHC_2_ Meetings: Planning and Management: Monthly Health facility team meetings

This parameter focuses on assessing the regularity and quality of meetings conducted at the facility level. The facilities are expected to conduct monthly meetings with inclusion of discussions on the NQAS assessment report provided by the PMU, Kayakalp Assessment report, any other assessments and self-assessment of facility for quality improvement including planning and stepwise actions. Each meeting's recorded minutes are supposed to include 7 criteria and would be assessed on these:

- Date of the Meeting
- Agenda (should include part related to planning and actions)
- Signed list of participants
- Decision points with timeline for action and who is responsible
- Follow up on previous meeting action points and challenges
- Recommendations list with possible solutions for challenges identified
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DMHO

The criteria that are included as part of CHC_2_NQAS, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 87: Decision Rules for CHC_2_ Meetings

Criteria	Means of Verification	Decision Rule
Criterion 1. Each meeting's recorded minutes will include all the 7 criteria below and will be assessed on all 7 criteria to earn the 10 points per meeting.	Check Meetings register for all 7 criteria included in minutes of meetings. Ask District for copy received from facilities.	All or nothing for each of the three meetings: All 7 composite criteria need to be met for a meeting to get the score of 10 points. Three monthly meeting is thus MAX 30 points

None of the CHCs scored on this indicator. This is primarily because of the fact that they did not fulfil the seven criteria that are laid down in the IPA framework. The assessment teams did not find relevant records with such details and therefore scores could not be accorded alongside this indicator.

5.3.3. CHC_3_ Execution [Planning and Management] Level of Execution of Planned Activities

This indicator is linked to indicator 2 and captures the CHC's concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality. A quarterly plan is agreed by all relevant departments in the Hospital. This plan includes at least 4 departments in the hospital, (such as the Accident and Emergency Department, the OPD, the Labour Room and Paediatrics) that agree on collective actions which should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be done by the State/District. The criteria that are included as part of CHC_3_Execution, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 88: Decision Rules for CHC_3_Execution

Criteria	Means of Verification	Decision Rule
Criterion 1: The number of activities planned to be executed in the last quarter is the denominator, the number of activities completed in the last quarter is the numerator. The number of points is obtained by numerator/denominator * 30 points and rounded to nearest integer. Documentation of the quarterly plan, the activities achieved and the financial documentation should be available upon demand.	Quarterly work plans (including the plans of at least 4 departments mentioned) Progress reports prepared for subsequent meeting(s)	All or nothing

None of the CHCs was able to score on this criterion, as no actual or associated records were found where follow up action plans or quarterly plans on improving service quality were documented.

5.3.4. CHC_4 [Infection control, Hygiene and Biomedical Waste Management]. General Premises

This indicator captures the adherence of Hospital Infection Control Practices Protocols and Policies in the premises in respect to the standard guidelines related to infection barrier, isolation practices, hand hygiene practices, surveillance of microbiological growths, spill managements and most importantly, Biomedical Waste Management system. Also, the indicator captures status of immunization of the staff and their annual health check-ups. The criteria that are included as part of CHC_4_Hospital Infection Control, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 89: Decision Rules for CHC_4 [Infection control, Hygiene and Biomedical Waste Management]

Criteria	Means of Verification	Decision Rule
Criterion 1: The facility has established procedures for regular monitoring of infection control practices. Criterion 2: There is a provision of periodic medical check-ups and immunization of all staff. i.e., All Staff should be up to date with their vaccine schedule.	Infection policy at facility Case records Records on e.g., the percentage of infections among post-delivery, episiotomy, IUD insertion, etc Staff interviews on immunization records Hepatitis B, Tetanus Toxoid, Covid protocols present.	Decision Rule: All or nothing. Criterion 1 and 2 both have to be met in order to get the points, otherwise 0 points.

Both criteria must be met for the facilities to obtain a score under this indicator. However none of the facilities could meet both criteria i.e. procedures for regular monitoring of infection control practices and proper staff immunization records.

5.3.5. CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]. Cleanliness premises and methods of cleaning

This indicator reflects the overall status of the facility in terms of the cleanliness of the premises, an important sub part of the hospital infection control practices. The criteria that are included as part of this indicator, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 90: Decision Rules for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Cleanliness of Circulation area, Wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets.</p> <ol style="list-style-type: none"> No dirt/grease/stains on walls and floors / Garbage in circulation areas, wards, procedure area, Ambulatory area, Auxiliary area, and toilets. No cobwebs/bird nests/seepage on walls and roofs All areas are cleaned 2 times a day with wet mop. Housekeeping checklist is maintained for every shift especially in circulation area, wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets. Patient mattresses, furniture & fixtures are without grease and dust and cleaned daily. Floors, walls, furniture, and fixtures are thoroughly cleaned once in a month. No foul smells from toilets. Toilets are accessible to all, and not locked. Toilets should have soap, running water and functional cistern. <p>Criterion 2: Use of Standard methods of cleaning.</p> <ol style="list-style-type: none"> Use of three bucket system for cleaning Use of unidirectional method and outward mopping. No use of brooms in patient care areas Use of separate mops for critical and semi critical areas and procedure surfaces 	<p>Observations Check Housekeeping Staff interview on methods of cleaning</p>	<p>Decision Rule: 5 points for each of the items under the two criteria, but no points at all if 50% of the indicators are not met.</p>

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 91: Average scores obtained by IPA and Non-IPA CHC for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]

Name of District	CHC_5_ Cleanliness	
	Average IPA Score	Average non-IPA score
East Garo Hills	40	NA
East Jaintia Hills	40	NA
East Khasi Hills	52.92	50
North Garo Hills	NA	30
Ri Bhoi	45	42.5
South Garo Hills	NA	40
Southwest Garo Hills	0	NA
Southwest Khasi Hills	20	NA
West Garo	12.5	50
West Jaintia	NA	43.75

CHC_5_Cleanliness		
Name of District	Average IPA Score	Average non-IPA score
West Khasi Hills	37.5	NA

The CHC-wise score for this parameter are provided in the following table.

Table 92: CHC-wise score for CHC_5_ [Infection control, Hygiene and Biomedical Waste Management]

Sl.	District	Block	Name	IPA/NON IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	55
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	55
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	45
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	45
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	57.5
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	50
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	60
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	40
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	40
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	45
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	30
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	20
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	20
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	30
15.	West Garo Hills	Dadenggeri	Dadenggre CHC	IPA	NO	0
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	0
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	50
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	50
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	0
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	0
21.	Ri Bhoi	Jirang	Patharkhmah CHC	IPA	Pilot	52.5
22.	Ri Bhoi	Umsning	Bhoirymbong CHC	IPA	Pilot	47.5
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	35
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		47.5
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	42.5
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	40
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	50
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	30

Most facilities were able to score on this indicator, possibly because several of the criteria were basic in nature and related to general cleanliness. However, a common problem that was observed across several facilities was seepage on the walls or roofs. In addition to this availability of water was a constraint in the CHCs located in West Garo Hills.

5.3.6. Personal Protection [Infection control, Hygiene and Biomedical Waste Disposal]. Personal protection [MAX 30 points]

This indicator covers criteria related to availability of personal protective equipment like face masks, sterile gloves, caps, gowns, full PPE kit, spill kits etc. In addition to this, training regarding donning and doffing, spill management and standard protective guidelines such as needle stick injury are also a part of the indicator. The criteria that are included as part of this indicator, means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 93: Decision Rules for Personal Protection

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Clean personal protection equipment is available at point of use.</p> <p>Criterion 2: Clinical and Grade 4 Staff adheres to standard personal protection practices:</p> <ul style="list-style-type: none"> • Compliance to handwashing method • Compliance to correct method of wearing and removing the PPE. <p>Criterion 3:</p> <ul style="list-style-type: none"> • Staff is aware of needle stick injury protocol • Needle stick injury form records are available (to be filled if the incident occurs) 	<p>Observation on available masks, sterile gloves, gowns, aprons, caps, etc.</p> <p>Demonstration by clinical and grade 4 staff on correct hand washing.</p> <p>Clinical staff interviews and random test on correct methods of wearing and removing gloves.</p> <p>Check Needle stick injury form records</p>	<p>Decision Rule: All or nothing for each of the three criteria, 10 points each.</p>

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 94: Average scores obtained by IPA and Non-IPA CHC for Personal Protection

Name of District	CHC_6_Personal protection	
	Average IPA Score	Average non-IPA score
East Garo Hills	10	NA
East Jaintia Hills	10	NA
East Khasi Hills	21.67	20
North Garo Hills	NA	20
Ri Bhoi	13.33	20
South Garo Hills	NA	10
Southwest Garo Hills	0	NA
Southwest Khasi Hills	10	NA
West Garo	15	10
West Jaintia	NA	20
West Khasi Hills	25	NA

The CHC-wise score for this parameter are provided in the following table.

Table 95: CHC-wise score for Personal Protection

Sl.	District	Block	Name	IPA/NON IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	30
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	20
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	10
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	30
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	10
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	20
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	30
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	10
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	10
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	30
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	20
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	10
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	10
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	20
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	20
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	0
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	10
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	20
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	20
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	0
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	30
22.	Ri Bhoi	Umsning	Bhoirybong CHC	IPA	Pilot	10
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	0
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		30
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	20
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	10
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	10
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	10

Most CHCs were able to obtain partial scores on this indicator. Many of the CHCs had personal protective equipment available and staff were found to be using while taking rounds in critical care areas emergency etc. Signages pertaining to hand washing steps were also found in some of the facilities and the staff had awareness regarding the same.

5.3.7. CHC_7_Environment [Infection control, Hygiene and Biomedical Waste Management]. Environment control of patient care areas

The seventh indicator in the CHC IPA framework relates to the status of environment control in patient care areas.

Table 96: Decision Rules for CHC_7_Environment

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility ensures availability of standard materials for cleaning and disinfection of patient care areas. Availability of Antiseptic solutions.</p> <p>Criterion 2:</p> <ul style="list-style-type: none"> Grade 4 and Nursing staff is trained for spill management Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Availability of body fluid spill kit & mercury spill kit Adherence to protocols <p>Criterion 3: Grade 4 Staff knows how to make chlorine solution (from bleaching powder & hypochlorite solutions)</p> <p>Criterion 4: Decontamination of operating and surface examination table, dressing tables, etc. after every procedure e.g., wiping with .5%chlorine solution. Contact time for decontamination is adequate (10 minutes). Check records</p> <p>Criterion 5: Decontamination of instruments after use and cleaning is done after decontamination. Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Criterion 6: Adherence to Protocols for autoclaving, kept in clean area.</p>	<p>Staff interview on spill management protocols.</p> <p>Ask about chlorine solution.</p> <p>Ask about how they decontaminate the procedure surface like delivery table, stretcher/trolley etc (e.g., wiping with 0.5% chlorine solution)</p> <p>Ask staff how they decontaminate the equipment (soaking in 0.5% chlorine solution or 70% alcohol as applicable).</p> <p>Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Contact time for decontamination is adequate (10 minutes). Check records.</p> <p>Look for the Autoclave indicator paper register</p>	<p>Decision Rule: All or nothing per criterion, with 5 points for each criterion.</p>

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 97: Average scores obtained by IPA and Non-IPA CHC for CHC_7_Environment

Name of District	CHC_7_ Environment	
	Average IPA Score	Average non-IPA score
East Garo Hills	20	NA
East Jaintia Hills	20	NA
East Khasi Hills	30	25
North Garo Hills	NA	30
Ri Bhoi	25	25
South Garo Hills	NA	15

CHC_7_ Environment		
Name of District	Average IPA Score	Average non-IPA score
Southwest Garo Hills	10	NA
Southwest Khasi Hills	10	NA
West Garo	15	0
West Jaintia	NA	25
West Khasi Hills	22.5	NA

The CHC-wise score for this parameter are provided in the following table.

Table 98: CHC-wise score for CHC_7_ Environment

Sl.	District	Block	Name	IPA/NON IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	30
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	30
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	30
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	30
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	30
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	25
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	30
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	20
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	15
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	25
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	20
12.	Southwest Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	5
13.	Southwest Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	15
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	30
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	10
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	10
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	0
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	25
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	15
20.	Southwest Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	10
21.	Ri Bhoi	Jirang	Patharkhmah CHC	IPA	Pilot	25
22.	Ri Bhoi	Umsning	Bhoirymbong CHC	IPA	Pilot	30
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	20
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		25
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	25
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	25
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	20
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	20

This indicator comprises of six criteria. Most of the CHCs scored well on this indicator, scope for improvement remains. Some of the facilities did not have functional autoclaves or their validation records (color changing indicator strips). In some CHCs the staff were not aware of the standard operational guidelines related to autoclaves. These are areas in which capacity building is required.

5.3.8. CHC_8_Waste Management [Infection control, Hygiene and Biomedical Waste Management]. Bio Medical & Hazardous Waste Handling

This indicator focuses on the critical area of waste management, specifically on bio-medical and hazardous waste handling.

Table 99: Decision Rules for CHC_8_Waste Management

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Statutory Compliance:</p> <ul style="list-style-type: none"> The facility has an existing committee or newly constituted committee for review and monitoring of BMW management (Minutes/records maintained) The facility is aware of Biomedical Waste Rules 2016 including key changes as amendments & implementing the same. (Ask about training attended) The health facility has a valid authorization for BMW management from the prescribed authority (Pollution Control Board). <p>Criterion 2: Equipment and Supplies for BMW management:</p> <ul style="list-style-type: none"> Availability of foot operated Bins and other bins with liners for segregate collection of waste at point of use. Availability of needle/hub cutter and puncture proof boxes in laboratories, dressing rooms, etc. <p>Criterion 3: Segregation, collection, and transportation of BMW:</p> <ul style="list-style-type: none"> Segregation of BMW in colour coded bins for types of waste generated. Work instruction for segregation and handling of BMW has been displayed prominently BMW storage room bins are covered. Transportation of BMW is done in closed containers/trolleys The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority- PCB) <p>Criterion 4: The facility submits Annual reports to pollution control board.</p> <p>Criterion 5: Storage of BMW:</p> <ul style="list-style-type: none"> Dedicated storage facility is available for BMW, and it has biohazard symbol displayed The storage facility is located away from the patient area and has connectivity of a motorable road, The storage facility is secured against pilferage and reach of animal and rodents No BMW should be left untreated beyond 48 hours – Check waste register. The storage facility has hand-washing facilities for the workers when removing gloves. Recording of BMW generated per day is maintained. <p>Criterion 6: Liquid waste management:</p> <ul style="list-style-type: none"> The Facility has treatment facility for managing infectious liquid waste at laboratories and labour room. 	<p>Records review Observations Staff interviews Minutes/Records of meetings of BMW management committee. Authorization for BMW management from the prescribed authority. BMW staff interview on BMW rules.</p> <p>There is no mixing of infectious and general waste.</p> <p>Annual reports are being recorded and submitted to pollution control board.</p> <p>Storage facility and distance from patient area and has connectivity of a motorable road. Security of storage facility and regular treatment done. Hand washing facility for BMW handlers. Records of Biomedical Waste generated per day.</p>	<p>Decision Rule: Criteria 1, 3, 4, 5 – are all mandatory in full and yield 25 points together. If any of these criteria is not completely met, no points at all for this indicator DH_8 will be given. Criteria 2,6,7 are additional and only valid if 1,3,4, 5 are already met. They can each add another 5 points per criterium to the score.</p>

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> Sullage (wastewater from bathroom & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to municipal system/ soakage pit. <p>Criterion 7: Solid General waste management:</p> <ul style="list-style-type: none"> Recyclable and bio gradable wastes have segregated collection. The facility undertakes efforts to educate patients and visitors about segregation of recyclable & biodegradable wastes. General waste is not mixed with infected waste. 	Records on liquid waste management and solid general waste management mentioned in Criteria 6 & 7.	

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 100: Average scores obtained by IPA and Non-IPA CHC for CHC_8_ Waste Management

CHC_8_ Waste Management		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	0	NA
East Jaintia Hills	0	NA
East Khasi Hills	23.33	30
North Garo Hills	NA	40
Ri Bhoi	0	0
South Garo Hills	NA	0
Southwest Garo Hills	0	NA
Southwest Khasi Hills	0	NA
West Garo	0	0
West Jaintia	NA	0
West Khasi Hills	0	NA

The CHC-wise score for this parameter are provided in the following table.

Table 101: CHC-wise score for CHC_8_ Waste Management

Sl.	District	Block	Name	IPA/NON IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	30
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	40
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	0
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	35
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	0
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	30
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	35
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	0
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	0
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	0
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	0
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	0
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	0
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	40
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	0
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	0
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	0
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	0

Sl.	District	Block	Name	IPA/NON IPA	Pilot Facility	Score
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	0
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	0
21.	Ri Bhoi	Jirang	Patharkhmah CHC	IPA	Pilot	0
22.	Ri Bhoi	Umsning	Bhoirymbong CHC	IPA	Pilot	0
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	0
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		0
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	0
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	0
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	0
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	0

This indicator comprises of seven criteria of which criteria 1, 3, 4, 5 are mandatory to score, and criteria 2, 6, 7 points can be scored only if mandatory criteria are fulfilled. Most facilities were not able to meet all of the four mandatory criteria (1, 3, 4, 5) due to which scoring was not possible. The key gaps that were observed across facilities included lack of biohazard signages at BMW disposal area or BMW End Points, expired BMW licenses were expired or BMW licences which were undergoing a process of renewal.

5.3.9. CHC_9_Maternal and Child Health

Mother and Child Health is one of the state's key priority areas. This indicator follows up whether several structural and process quality prerequisites to execute proper MCH are in place.

Table 102: Decision Rules for CHC_9_Maternal and Child Health

Criteria	Means of Verification	Decision Rule
<p>Maternal Health:</p> <ul style="list-style-type: none"> An established procedure for registration of pregnant women is in place to enable follow up, with the purpose of increasing ANC coverage. An established procedure for history taking, physical examination and counselling for each antenatal woman, visiting the facility, is in place ANC coverage registration is in place and follow up during the 1st trimester of pregnancy is recorded, quantity increase could be achieved by targeting special focused initiatives (i.e., adolescent health clinics) for teenage pregnancies through the RKSK program and ASHAs. Plan to mobilize field staff to motivate pregnant women for 4 or more ANC check-ups are in place and recorded. Records are up to date and available upon request. Plan to have 3 additional ANCs for high-risk pregnant women (total 7 ANCs) have been discussed, executed, and recorded. An established procedure for identification and management of anaemia is in place, ensuring anaemic pregnant women complete the full course of Iron and Folic Acid (IFA) tablets recommended by patient interaction. A full record of all referrals to higher referral units for blood transfusion is in place, listing timeframes between diagnosis and referral indicated and with all 	<p>Below is a list of possible sources of data which can be used to assess, and sample check this indicator and its 11 items questionnaire, with Yes/No answers:</p> <ul style="list-style-type: none"> Initial Assessment records of pregnant women available. RKSK Records Clinical staff interview on procedures. Clinical patient records (OPDs/IP) with annexes on physical examination etc, recordings of labour details (Partograph). 	<p>Decision Rule:</p> <p>Assessors go through the checklist (Annex 16 of IPA-OM) with the 13 MCH items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the 13 elements whether the item has been achieved. 10 points per item if YES, so maximum 130 points total.</p>

Criteria	Means of Verification	Decision Rule
<p>documentation available upon request for sample check.</p> <ul style="list-style-type: none"> Safe birth checklists are in place and documentation of the usage of safe birth checklists in deliveries is randomly checked for at least 5 deliveries in the quarter. All women are administered oxytocin immediately after birth (random sampling of 5 mothers from delivery register/patient record to check). <p>Child Health:</p> <ul style="list-style-type: none"> About 50% of agreed deworming program at schools under the jurisdiction of the health facility have been executed as testified by submission of reports with documentation to the DMHO. Identification records of severely malnourished infants and timely referral to NRC are available. All required monthly reports on child health such as infant, and young child feeding practices, Kangaroo mother care are submitted by the facility and checked against state/district baseline. Screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK. 	<p>Reports from Education department to Health facility.</p> <p>Monthly reports review Screening registers of Mobile Health teams at facility level and referral cards at DEIC.</p>	

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 103: Average scores obtained by IPA and Non-IPA CHC for CHC_9_Maternal and Child Health

CHC_9_Maternal and Child Health		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	60	NA
East Jaintia Hills	115	NA
East Khasi Hills	111.67	110
North Garo Hills	NA	100
Ri Bhoi	110	110
South Garo Hills	NA	70
Southwest Garo Hills	120	NA
Southwest Khasi Hills	75	NA
West Garo	85	90
West Jaintia	NA	85
West Khasi Hills	65	NA

The CHC-wise score for this parameter are provided in the following table.

Table 104: CHC-wise score for CHC_9_Maternal and Child Health

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	110
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	130
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	120
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	100
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	90

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	110
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	120
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	60
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	70
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	70
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	60
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	80
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	70
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	100
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	90
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	90
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	90
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	80
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	80
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	120
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	110
22.	Ri Bhoi	Umsning	Bhoirybong CHC	IPA	Pilot	110
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	110
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		120
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	110
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	50
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	120
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	110

Several CHCs were able to obtain scores with respect to this indicator, considering that it relates to basic areas of service delivery in maternal and child health. However, scope for improvement remains with some facilities having scored only half of the possible scores for this indicator.

5.3.10. CHC_10_ Immunisation, CM-SMS, Mother App

This indicator focuses on three key aspects, immunisation, Chief Minister- Safe Motherhood Scheme (CM-SMS) and the Mother App (an application used for collecting data on pregnant women).

Table 105: Decision Rules for CHC_10_ Immunisation, CM-SMS, Mother App

Criteria	Means of Verification	Decision Rule
<p>A. Immunization: The facility in its monthly and quarterly meetings follows up on the items listed below. Each of these items in the Quarterly verification if being in place can yield 10 points. Total maximum = 70 points</p> <p>5. The Micro-plan on immunization program is in place at facility level and has been submitted to the DMHO.</p> <p>6. Compliance data to the immunization micro planning are available and can be randomly checked</p> <p>7. Reporting data for Adverse Effects from Immunization (AEFI) cases within 24 hours to the DIO are available and numbers can be checked against a baseline.</p>	<p>Updated Micro plan on routine immunization of the facility.</p> <p>Report on AEFI cases.</p> <p>Surveillance reports</p> <p>Utilization report of CM-SMS components</p>	<p>Decide by a Yes/No on each of the 7 elements whether the item has been achieved. 10 points per item if YES, so maximum 70 points total.</p>

Criteria	Means of Verification	Decision Rule
8. Vaccine Preventable Disease surveillance has been conducted at the facility with monthly reports submitted to DMHO and available upon request	Referral slips / register. Records of referral vehicle arranged.	
B. Chief Minister's Safe Motherhood Scheme:		
3. Established procedures for identification of high-risk pregnancies and their timely referrals through parallel programmes like Rescue Mission and CM-SMS are in place as testified by records available upon demand.	Assessors receive data of facilities in district from State portal and then compare with hard copy of ANC register.	
4. The utilization report of the CM_SMS to the DMHO has been submitted with documentation present		
C. MOTHER APP:		
2. Data entry of ANCs of pregnant women by Nursing staff is frequent and updated regularly		

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 106: Average scores obtained by IPA and Non-IPA CHC for CHC_10_ Immunisation, CM-SMS, Mother App

CHC_10_ Immunisation, CM-SMS, Mother App		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	50	NA
East Jaintia Hills	55	NA
East Khasi Hills	70	70
North Garo Hills	NA	70
Ri Bhoi	53.33	50
South Garo Hills	NA	50
Southwest Garo Hills	70	NA
Southwest Khasi Hills	70	NA
West Garo	62.5	50
West Jaintia	NA	50
West Khasi Hills	70	NA

The CHC-wise score for this parameter are provided in the following table.

Table 107: CHC-wise score for CHC_10_ Immunisation, CM-SMS, Mother App

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	70
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	70
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	70
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	70
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	70
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	70
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	70
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	50
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	50
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	70
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	70
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	70
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	70

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	70
15.	West Garo Hills	Dadenggeri	Dadenggre CHC	IPA	NO	70
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	50
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	50
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	60
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	70
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	70
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	50
22.	Ri Bhoi	Umsning	Bhoirybong CHC	IPA	Pilot	70
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	40
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		50
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	50
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	50
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	60
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	50

Most CHCs were able to meet a majority of the criteria. However, gaps were observed in several facilities with respect to AEFI and VPD reporting to the DIO and DMHO and submission of utilization report and data related to CM-SMS. Immunization Micro plan and Mother app compliance were found in case of most facilities.

5.3.11. CHC_11_Patient_Satisfaction

Assessing patient satisfaction by the DQAT consists of several components. The assessors evaluate at least ten of the patient satisfaction survey forms which have been collected by the facility monthly. This is supposed to be followed by telephone calls to ten randomly selected patients, check authenticity of data and score satisfaction.

Table 108: Decision Rules for CHC_11_Patient_Satisfaction

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Ten patient satisfaction calls are made by the assessors with ten randomly selected patients, following a quality checklist (Annex 15 of IPA- OM) (80 points)</p> <p>Criterion 2: Availability of patient feedback forms, pens, drop box system of collecting grievance, and register. (10 points)</p> <p>Criterion 3: Register of grievances maintained, and grievances raised have been addressed by the facility. Grievances discussed in RKS meetings. (10 points)</p>	<p>Observation and record checking.</p> <ul style="list-style-type: none"> ○ Availability of patient satisfaction survey forms. ○ Telephone calls to random patients from the registers to confirm their feedbacks. <p>Grievances records are checked and Hospital Management/RKS meeting minutes for any grievance redressed by members.</p>	<p>Decision Rule: A total of 100 points for this indicator can be obtained in the quarterly assessment. Criteria 1 is average satisfaction score*80 points. Criterion 2 and 3 is 10 points each total.</p>

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 109: Average scores obtained by IPA and Non-IPA CHC for CHC_11_Patient_Satisfaction

CHC_11_Patient_Satisfaction		
Name of District	Average IPA Score	Average non-IPA score
East Garo Hills	0	NA
East Jaintia Hills	0	NA
East Khasi Hills	5	0
North Garo Hills	NA	20
Ri Bhoi	3.33	10
South Garo Hills	NA	0
Southwest Garo Hills	20	NA
Southwest Khasi Hills	0	NA
West Garo	15	0
West Jaintia	NA	5
West Khasi Hills	0	NA

The CHC-wise score for this parameter are provided in the following table.

Table 110: CHC-wise score for CHC_11_Patient_Satisfaction

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	0
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	10
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	0
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	0
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	0
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	0
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	20
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	0
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	0
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	0
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	0
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	0
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	0
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	20
15.	West Garo Hills	Dadenggiri	Dadenggre CHC	IPA	NO	20
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	0
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	0
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	20
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	20
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	20
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	0
22.	Ri Bhoi	Umsning	Bhoirymbong CHC	IPA	Pilot	0
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	10
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		0
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	10
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	10
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	0
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	0

The baseline assessment revealed that most facilities did not maintain proper patient feedback forms with contact details. This has led to relatively low or no scores for this indicator across most CHCs. In some of the CHCs though patient feedback forms were available but these were not being filled regularly and in most places patient contact details were not available within the forms.

5.3.12.CHC_12_Staff competency

This indicator assesses the performance on Clinical Knowledge and Skills Improvement (CKSI) learning of technical staff of the CHC, using innovative CKSI technology. The knowledge is rehearsed online, and examined in a quarterly supervised test, by the staff (doctors and nurses, both regular and contractual) of a health facility. While the average performance of clinical staff is used to calculate provider performance, the individual's contribution to this average is not shared with others. Individual health workers are supposed to get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the state.

The DMHO team is required to supervise the quarterly CKSI exam which takes place either in the health facility, or in a pre-agreed location such as the District Health Office. This depends on the internet connectivity through WIFI or 3G. It is the responsibility of the health facility to have their staff registered on the CKSI platform and attending. It is the responsibility of both the health facility and the DHT to arrange that the quarterly test takes place, preferably on the same day throughout the districts.

Table 111: Decision Rules for CHC_12_Staff competency

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: all doctors and nurses working in a health facility have been registered on the CKSI platform</p> <p>Criterion 2: minimum 80% attendance by the facility staff in the quarterly supervised exam for doctors and nurses registered</p> <p>Criterion 3: the CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform). "Only after Criteria 1, 2 and 3 are assured, scores can be obtained following (Criteria 4)</p> <p>Criteria 4: Over 80 percent of the medical and nursing staff has taken the exam, and their average percentage score has been established per facility. Average percentage of scores of all members registered on the platform in a facility who took the exam (if 80% or more registered) is then multiplied by 100 points"</p>	<p>Clinical vignettes and quarterly supervised case exam (pm plus role plays)</p>	<p>The average score for the CKSI vignettes from the doctors and nurses in the facility is calculated. This average score will be used to compute this indicator. Calculation: average percentage score of the facility * 100 points</p>

It may be noted that the CKSI platform had not been rolled out at the time of the baseline IPA assessment. Therefore, none of the facilities were able to score on this indicator at the baseline stage.

5.3.13.CHC_13_Staff Satisfaction

This indicator promotes streamlining staff satisfaction assessment & grievance redressal through Quarterly feedback forms and follow up.

Table 112: Decision Rules for CHC_13_Staff Satisfaction

Criteria	Means of Verification	Decision Rule
Criterion 1: Feedback forms (Annex 25) duly completed by staff by first week of each quarter	Check availability of quarterly feedback forms for staff.	All staff grievances have been duly acknowledged and actions documented. For all grievances a procedure to address them has been established. At least 50 percent of the grievances have been dealt with per Q
Criterion 2: Individual meetings have been conducted with staff members after the staff monthly meeting, who have issues raised in the forms and grievance redressed/redressal measures recorded	Forms mentioning feedbacks and complaints completed.	
	Register of Staff feedback with actions taken and signed by MO.	

None of the CHCs were found to have a system for and practice of staff feedback available. Therefore, none of the facilities were able to obtain scoring on this indicator.

5.3.14.CHC_14_IDSP

This indicator aims to stimulate and ensure timely reporting and updating on the IHIP portal by health facilities. The timely submission by facilities of the S/P/L forms is used as initial marker.

Table 113: Decision Rules for CHC_14_IDSP

Criteria	Means of Verification	Decision Rule
Criterion 1: S/P/L forms are completed monthly online before 30th and have been submitted to DMHO	S/P/L reports submitted to IHIP portal and DMHO, check in reports submitted	All or nothing: S/P/L forms are submitted before deadline points are given, otherwise score = zero

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 114: Average scores obtained by IPA and Non-IPA CHC for CHC_14_IDSP

Name of District	CHC_14_IDSP	
	Average IPA Score	Average non-IPA score
East Garo Hills	30	NA
East Jaintia Hills	30	NA
East Khasi Hills	30	30
North Garo Hills	NA	30
Ri Bhoi	30	30
South Garo Hills	NA	30
Southwest Garo Hills	30	NA
Southwest Khasi Hills	30	NA
West Garo	30	30
West Jaintia	NA	30
West Khasi Hills	30	NA

The CHC-wise score for this parameter are provided in the following table.

Table 115: CHC-wise score for CHC_14_IDSP

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	30
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	30
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	30
4.	East Khasi Hills	Mylliem	Mawiong CHC	IPA	NO	30
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	30
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	30
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	30
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	30
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	30
10.	West Khasi Hills	Mairang	Nongkhlaw CHC	IPA	NO	30
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	30
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	30
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	30
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	30
15.	West Garo Hills	Dadenggeri	Dadenggre CHC	IPA	NO	30
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	30
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	30
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	30
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	30
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	30
21.	Ri Bhoi	Jirang	Patharkhmah CHC	IPA	Pilot	30
22.	Ri Bhoi	Umsning	Bhoirybong CHC	IPA	Pilot	30
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	30
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		30
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	30
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	30
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	30
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	30

All facilities were found to be reporting for S/P/L forms are completed through online mode on a monthly basis. Therefore, all CHCs were able to score on this indicator.

5.3.15.CHC_15_Insurance [Insurance Efficiency]

The last indicator of the PHC IPA framework relates to the level of efficiency with which the insurance scheme is being implemented by the facilities.

Table 116: Decision Rules for CHC_15_Insurance

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Turn Around Time (TAT) of claims submission</p> <p>Criterion 2: Conversion of in-patients as insured patient, (graded score – Y1 – 40%, Y2 – 50%, Y3 – 70%, Y4 – 90%)</p> <p>Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter (graded – Y1 to Y5)</p> <p>Criterion 4: Cashless payments in facilities</p> <p>Criterion 5: Percentage of enrolment in villages under the facility. (Which would include existing registered households)</p>	<p>Record checking:</p> <ul style="list-style-type: none"> Database at State level Registration database. RKS meeting minutes. Register at facilities Utilization reports 	<p>Each criterion is 10 points each. (Total 50 points)</p>

Criteria	Means of Verification	Decision Rule
(Graded score 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4))		

The average scores obtained by IPA and Non-IPA CHCs in the various districts for this parameter are provided in the following table.

Table 117: Average scores obtained by IPA and Non-IPA CHC for CHC_15_Insurance

Name of District	CHC_15_Insurance	
	Average IPA Score	Average non-IPA score
East Garo Hills	20	NA
East Jaintia Hills	20	NA
East Khasi Hills	23.33	20
North Garo Hills	NA	40
Ri Bhoi	26.67	10
South Garo Hills	NA	20
Southwest Garo Hills	30	NA
Southwest Khasi Hills	30	NA
West Garo	35	30
West Jaintia	NA	25
West Khasi Hills	25	NA

The CHC-wise score for this parameter are provided in the following table.

Table 118: CHC-wise score for CHC_15_Insurance

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mawphlang	Mawphlang CHC	IPA	NO	30
2.	East Khasi Hills	Mawphlang	Sohiong CHC	IPA	NO	20
3.	East Khasi Hills	Mawsynram	Mawsynram CHC	IPA	NO	30
4.	East Khasi Hills	Myllem	Mawiong CHC	IPA	NO	10
5.	East Khasi Hills	Pynursla	Pynursla CHC	IPA	NO	30
6.	East Khasi Hills	Shella Bholaganj	Ichamati CHC	Non IPA	NO	20
7.	East Khasi Hills	Shella Bholaganj	Sohra CHC	IPA	NO	20
8.	East Garo Hills	Dambo Rongjeng	Rongjeng CHC	IPA	NO	20
9.	South Garo Hills	Chockpot	Chockpot CHC	Non IPA	NO	20
10.	West Khasi Hills	Mairang	Nongkhaw CHC	IPA	NO	30
11.	West Khasi Hills	Mawshynrut	Riangdo CHC	IPA	NO	20
12.	South West Khasi Hills	Mawkyrwat	Mawkyrwat CHC	IPA	NO	30
13.	South West Khasi Hills	Ranikor	Ranikor CHC	IPA	NO	30
14.	North Garo Hills	Resubelpara	Resubelpara CHC	Non IPA	NO	40
15.	West Garo Hills	Dadenggeri	Dadenggre CHC	IPA	NO	30
16.	West Garo Hills	Dalu	Dalu CHC	IPA	Pilot	40
17.	West Garo Hills	Dalu	Allagre CHC	Non IPA	NO	30
18.	West Garo Hills	Selsella	Phulbari CHC	IPA	NO	40
19.	West Garo Hills	Selsella	Selsella CHC	IPA	NO	30
20.	South West Garo Hills	Zikzak	Mahendraganj CHC	IPA	NO	30
21.	Ri Bhoi	Jirang	Patharkmah CHC	IPA	Pilot	20
22.	Ri Bhoi	Umsning	Bhoirybong CHC	IPA	Pilot	30
23.	Ri Bhoi	Umsning	Umsning CHC	IPA	Pilot	30
24.	West Jaintia Hills	Amlarem	Nongtalang CHC	Non IPA		20

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
25.	Ri Bhoi	Laskein	Laskein CHC	Non IPA	NO	10
26.	West Jaintia Hills	Thadlaskein	Ummulong CHC	Non IPA	NO	30
27.	East Jaintia Hills	Khliehriat	Khliehriat CHC	IPA	NO	10
28.	East Jaintia Hills	Saipung	Sutnga CHC	IPA	NO	30

Most facilities could not score on criterion 2 as they did not have IPD conversion records or related data available. Percentage of enrolment data was also not available during the assessment due to which scoring on this indicator was impacted.

Chapter 6: Baseline IPA Assessment of District Hospitals

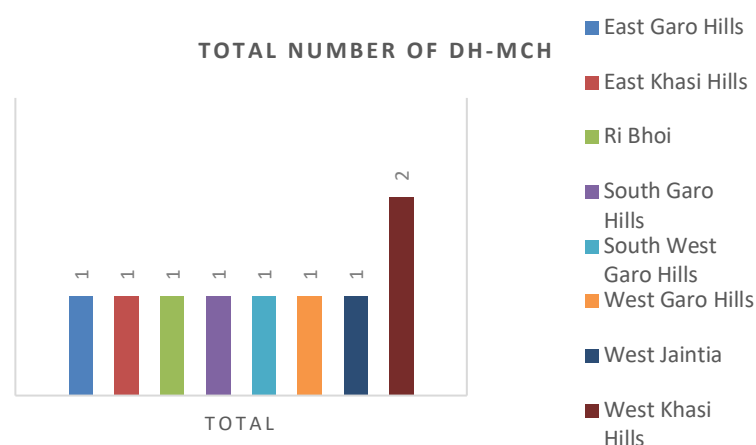
6.1. Introduction

This chapter discusses the findings that emerged from the IPA baseline assessment conducted across 9 District Hospitals (DHs) which provide maternal and child health services and 4 DHs that do not provide such services. The IPA framework developed for DHs and DHs without MCH have been used as the basis for scoring of each of the facilities.

6.2. District Hospitals (providing MCH Services)

6.2.1. Coverage

The number of DHs providing MCH services (referred to as DH-MCH) that were covered across each of the districts in the state is provided in the adjoining chart. The largest number of DH-MCH were covered in West Khasi Hills.



The following section of the chapter discusses the baseline status of each of these facilities through the lens of the IPA frameworks. The scores were accorded to the facilities based on observations made by the assessment teams using the approved decision rules which were part of the IPA framework.

6.2.2. Baseline IPA Assessment of DH-MCH

The IPA framework developed for DH-MCHs comprises of 15 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 119: IPA Framework for DH-MCH

Indicator	Name	Points
DH-MCH_1	NQAS	250
DH-MCH_2 DH-MCH_3	Facility Quality Management Planning and Execution	60
DH-MCH_4 - DH-MCH_8	Infection, Hygiene, Biomedical Waste Management	190
DH-MCH_9 - DH-MCH_10	State Health Priorities {Mother & Child Health, Immunization, CM-SMS, & MOTHER APP, CPHC}	150
DH-MCH_11	Patient Satisfaction	100
DH-MCH_12 - DH-MCH_13	Staff Knowledge and Staff satisfaction	170
DH-MCH_14	Integrated Disease Surveillance	30
DH-MCH_15	Insurance	50
Total		1000

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the DH-MCHs across the 15 indicators and related criteria.

6.2.2.1. DH with MCH_1_NQAS: Planning and Quality Management and Implementation: Timeliness, Accuracy of Quarterly NQAS Self-Assessment

This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter one or two NQAS areas of concern are examined in detail. Every quarter, the DH with MCH will first assess an area of concern of the NQAS procedures with its Measurable Elements list. Subsequently, the District Quality Assessment Team (DQAT) will assess the timely and accurate scoring by the health facilities, using the same area of concern and measurable elements. The DQAT looks at whether the self-assessment undertaken by the DH with MCH has been timely and accurately executed.

Table 120: Decision Rules for DH with MCH_1_NQAS

Criteria	Means of Verification	Decision Rule
<p>Criterion 1. The NQAS area(s) of concern planned for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available with summary areas of improvement for each department.</p> <p>Criterion 2. The difference in score between the DH with MCH self-assessment and the ex-ante review by the District Quality Assessment team is no more than 10 percentage points.</p> <p>Criterion 3. All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes after request.</p>	<p>After facility executes its NQAS self-assessment for the quarter, the DQAT assesses the same area of concern</p> <p>Assessors use the NQAS evaluation list pertaining to the Quarter's chosen NQAS Area of concern, and the related Standards and ME.</p>	All or nothing

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 121: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_1_NQAS

Name of District	DH_1_NQAS	
	Average IPA Score	Average non-IPA score
East Garo Hills	0	NA
East Jaintia Hills	NA	NA
East Khasi Hills	0	NA
North Garo Hills	NA	NA
Ri Bhoi	0	NA
South Garo Hills	0	NA
Southwest Garo Hills	0	NA
Southwest Khasi Hills	NA	NA
West Garo	0	NA
West Jaintia	NA	0
West Khasi Hills	0	0

The DH-MCH-wise score for this parameter are provided in the following table.

Table 122: DH-MCH-wise score for MCH_1_NQAS

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	0
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	0
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	0
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	0
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	0
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	0
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	0
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	0

It can be observed that DHs with MCH did not score on this indicator that is related to NQAS self-assessment. The three criteria that were used for arriving at the final score are such that DHs were unable to meet them. The first criterion was ‘NQAS area(s) of concern planned for the past quarter have been self-assessed before the end of the quarter and results are available with summary areas of improvement for each department’. Most DHs have not commenced the process of NQAS self-assessment. It was observed that there is a relatively low level of awareness about the NQAS programme and staff are not sufficiently trained in NQAS related activities. As per the NQAS criteria that facility that is preparing for NQAS needs to undertake self assessment based on an approved checklist. However, it was found that most of the facility staff were unaware of this and lacked adequate knowledge on the NQAS processes and pathways. The remaining two criteria are related to the first and as most DHs could not meet the first criteria, they could not score any points on these two as well.

6.2.2.2. DH with MCH_2_NQAS: Planning and Management: Monthly Health facility team meetings

This parameter focuses on assessing the regularity and quality of meetings conducted at the facility level. The facilities are expected to conduct monthly meetings with inclusion of discussions on the NQAS assessment report provided by the PMU, Kayakalp Assessment report, any other assessments and self-assessment of facility for quality improvement including planning and stepwise actions. Each meeting’s recorded minutes are supposed to include 7 criteria and would be assessed on these:

- Date of the meeting
- Agenda (should include part related to planning and actions)
- Signed list of participants
- Decision points with timeline for action and who is responsible
- Follow up on previous meeting action points and challenges
- Recommendations list with possible solutions for challenges identified
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DMHO

Table 123: Decision Rules for DH with MCH_2_NQAS

Criteria	Means of Verification	Decision Rule
Criterion 1. Each meeting's recorded minutes will include all the 7 criteria below and will be assessed on all 7 criteria to earn the 10 points per meeting.	Check Meetings register for all 7 criteria included in minutes of meetings. Ask District for copy received from facilities.	All or nothing for each of the three meetings: All 7 composite criteria need to be met for a meeting to get the score of 10 points. Three monthly meeting is thus MAX 30 points

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 124: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_2_NQAS

Name of District	DH_2_Meetings	
	Average IPA Score	Average non IPA score
East Garo Hills	0	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA
North Garo Hills	NA	NA
Ri Bhoi	0	NA
South Garo Hills	0	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	0
West Khasi Hills	0	0

The DH-MCH-wise score for this parameter are provided in the following table.

Table 125: DH-MCH-wise score for MCH_2_NQAS

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	0
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	0
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	0
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	0
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	0

It can be observed that all except 3 DH-MCHs did not score on this indicator. It was observed that while monthly meetings were being conducted, documentation and record management was not undertaken in an appropriate as per the defined criteria of IPA. Three DH-MCHs however were able to obtain full scores as they complied with all the criteria that are part of this indicator.

6.2.2.3. DH with MCH_3_Execution Planned Activities

This indicator is linked to indicator 2 and captures the DH-MCHs concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality. A quarterly plan is agreed by all relevant departments in the Hospital. This plan includes at least 4 departments in the hospital (such as the Accident and Emergency Department, the OPD, the Labour Room and Paediatrics) that agree on collective actions which should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be done by the State/District.

Table 126: Decision Rule for DH with MCH_3

Criteria	Means of Verification	Decision Rule
Criterion 1. The number of activities planned to be executed in the last quarter is the denominator, the number of activities completed in the last quarter is the numerator. The number of points is obtained by numerator/denominator * 30 points and rounded to nearest integer. Documentation of the quarterly plan, the activities achieved and the financial documentation should be available upon demand.	Quarterly work plans (including the plans of at least 4 departments mentioned) Progress reports prepared for subsequent meeting(s)	All or nothing

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 127: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_3

Name of District	DH_3_Execution	
	Average IPA Score	Average non IPA score
East Garo Hills	0	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA
North Garo Hills	NA	NA
Ri Bhoi	0	NA
South Garo Hills	0	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	0
West Khasi Hills	0	0

The DH-MCH-wise score for this parameter are provided in the following table.

Table 128: DH-MCH-wise score for MCH_3

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	0
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	0
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	0
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	0
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	0

Three DH-MCHs, namely Ganesh Das Maternal & Child Health Hospital, Tura Maternal and Child Health Hospital and Ampati Civil Hospital were able to present relevant documents that served as a basis for according them scores on this criteria.

6.2.2.4. DH-MCH_4_ [Infection control, Hygiene and Biomedical Waste Management]. General Premises

This indicator captures the adherence of Hospital Infection Control Practices Protocols and Policies in the premises in respect to the standard guidelines related to infection barrier, isolation practices, hand hygiene practices, surveillance of microbiological growths, spill managements and most importantly, Biomedical Waste Management system. The indicator also captures the immunization status and annual health check-ups of staff.

Table 129: Decision Rules for DH-MCH_4

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: The facility has established procedures for regular monitoring of infection control practices.</p> <p>Criterion 2: There is a provision of periodic medical check-ups and immunization of all staff. i.e., All Staff should be up to date with their vaccine schedule.</p>	<p>Infection policy at facility</p> <p>Case records</p> <p>Records on e.g., the percentage of infections among post-delivery, episiotomy, IUD insertion, etc</p> <p>Staff interviews on immunization records</p> <p>Hepatitis B, Tetanus Toxoid, Covid protocols present.</p>	<p>Decision Rule: All or nothing. Criterion 1 and 2 both have to be met in order to get the points, otherwise 0 points.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 130: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_4

Name of District	DH_4_ Hospital associated infection	
	Average IPA Score	Average non IPA score
East Garo Hills	0	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA

DH_4_Hospital associated infection		
Name of District	Average IPA Score	Average non IPA score
North Garo Hills	NA	NA
Ri Bhoi	0	NA
South Garo Hills	0	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	0
West Khasi Hills	0	0

The DH-MCH-wise score for this parameter are provided in the following table.

Table 131: DH-MCH-wise score for MCH_4

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	0
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	0
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	0
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	0
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	0

Ganesh Das Maternal & Child Health Hospital, Tura Maternal and Child Health Hospital and Ampati Civil Hospital were able to provide documents relevant to the laid down criteria including immunization track records and annual health check-ups of the staff. The other DH-MCHs could not obtain scores as they were unable to meet either one or both the criteria.

6.2.2.5. DH-MCH_5_[Infection control, Hygiene and Biomedical Waste Management]. Cleanliness premises and methods of cleaning.

This indicator reflects overall view of the hospital in terms of the cleanliness of the premises, an important sub part of the hospital infection control practices.

Table 132: Decision Rules for DH-MCH_5

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Cleanliness of Circulation area, Wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets.</p> <ol style="list-style-type: none"> No dirt/grease/stains on walls and floors / Garbage in circulation areas, wards, procedure area, Ambulatory area, Auxiliary area, and toilets. No cobwebs/bird nests/seepage on walls and roofs 	<p>Observations Check Housekeeping checklists Staff interview on methods of cleaning</p>	<p>Decision Rule: 5 points for each of the items under the two criteria, but no points at all if 50% of the indicators are not met.</p>

Criteria	Means of Verification	Decision Rule
3. All areas are cleaned 2 times a day with wet mop. 4. Housekeeping checklist is maintained for every shift especially in circulation area, wards, , Procedure area, Ambulatory area, Auxiliary area, and Toilets. 5. Patient mattresses, furniture & fixtures are without grease and dust and cleaned daily. 6. Floors, walls, furniture, and fixtures are thoroughly cleaned once in a month 7. No foul smells from toilets. Toilets are accessible to all, and not locked. 8. Toilets should have soap, running water and functional cistern. Criterion 2: Use of Standard methods of cleaning. 1. Use of three bucket system for cleaning 2. Use of unidirectional method and outward mopping. 3. No use of brooms in patient care areas 4. Use of separate mops for critical and semi critical areas and procedure surfaces.		

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 133: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_5

Name of District	DH_5_Cleanliness	
	Average IPA Score	Average non IPA score
East Garo Hills	55	NA
East Jaintia Hills	NA	NA
East Khasi Hills	60	NA
North Garo Hills	NA	NA
Ri Bhoi	55	NA
South Garo Hills	20	NA
South West Garo Hills	60	NA
South West Khasi Hills	NA	NA
West Garo	60	NA
West Jaintia	NA	52.5
West Khasi Hills	55	35

The DH-MCH-wise score for this parameter are provided in the following table.

Table 134: DH-MCH-wise score for MCH_5

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	60
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	55
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	20
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	55
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	35
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	60
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	60
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	55
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	52.5

Most of the facilities were able to score on this parameter. This could be because many of the sub-criteria were such that related to basic hygiene levels of the facility. However, scope for improvement with regard to this indicator still remains.

6.2.2.6. DH-MCH_6_[Infection control, Hygiene and Biomedical Waste Disposal]. Personal protection

This indicator focuses on the standards of personal hygiene and protection that are maintained at the DH-MCHs at the baseline stage.

Table 135: Decision Rules for DH-MCH_6

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Clean personal protection equipment is available at point of use.</p> <p>Criterion 2: Clinical and Grade 4 Staff adheres to standard personal protection practices:</p> <ul style="list-style-type: none"> Compliance to handwashing method Compliance to correct method of wearing and removing the PPE. <p>Criterion 3:</p> <ul style="list-style-type: none"> Staff is aware of needle stick injury protocol Needle stick injury form records are available (to be filled if the incident occurs) 	<ul style="list-style-type: none"> Observation on available masks, sterile gloves, gowns, aprons, caps, etc. Demonstration by clinical and grade 4 staff on correct hand washing. Clinical staff interviews and random test on correct methods of wearing and removing gloves. <p>Check Needle stick injury form records</p>	<p>Decision Rule: All or nothing for each of the three criteria, 10 points each.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 136: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_6

DH_6_Personal hygiene protection		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	30	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA
North Garo Hills	NA	NA
Ri Bhoi	30	NA
South Garo Hills	10	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	20
West Khasi Hills	30	30

The DH-MCH-wise score for this parameter are provided in the following table.

Table 137: DH-MCH-wise score for MCH_6

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	30
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	10
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	30
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	30
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	30
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	20

Many of the DH-MCHs were able to score full points on this indicator. Facilities were observed to have access to personal protective equipment for their staff who were found to be using these while taking rounds in the critical care areas such as ICU and emergency. Adherence to the protocols of needle stick injury and their records were also found in most facilities.

6.2.2.7. DH-MCH_7_[Infection control, Hygiene and Biomedical Waste Management]. Environment control of patient care areas

The seventh indicator in the DH-MCH IPA framework relates to the status of environment control in patient care areas.

Table 138: Decision Rules for DH-MCH_7

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility ensures availability of standard materials for cleaning and disinfection of patient care areas. Availability of Antiseptic solutions.</p> <p>Criterion 2:</p> <ul style="list-style-type: none"> Grade 4 and Nursing staff is trained for spill management <p>Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter.</p> <p>Availability of body fluid spill kit & mercury spill kit</p> <p>Adherence to protocols</p> <p>Criterion 3: Grade 4 Staff knows how to make chlorine solution (from bleaching powder & hypochlorite solutions)</p> <p>Criterion 4: Decontamination of operating and surface examination table, dressing tables, etc. after every procedure e.g., wiping with .5%chlorine solution. Contact time for decontamination is adequate (10 minutes). Check records</p> <p>Criterion 5: Decontamination of instruments after use and cleaning is done after decontamination. Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Criterion 6: Adherence to Protocols for autoclaving, kept in clean area.</p>	<p>Staff interview on spill management protocols.</p> <p>Ask about chlorine solution.</p> <p>Ask about how they decontaminate the procedure surface like delivery table, stretcher/trolley etc (e.g., wiping with 0.5% chlorine solution)</p> <p>Ask staff how they decontaminate the equipment (soaking in 0.5% chlorine solution or 70% alcohol as applicable).</p> <p>Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <p>Contact time for decontamination is adequate (10 minutes). Check records.</p> <p>Look for the Autoclave indicator paper register</p>	<p>Decision Rule: All or nothing per criterion, with 5 points for each criterion.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 139: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_7

Name of District	DH_7_ Environment	
	Average IPA Score	Average non IPA score
East Garo Hills	25	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA
North Garo Hills	NA	NA
Ri Bhoi	30	NA
South Garo Hills	15	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA

DH_7_ Environment		
Name of District	Average IPA Score	Average non IPA score
West Jaintia	NA	30
West Khasi Hills	30	30

The DH-MCH-wise score for this parameter are provided in the following table.

Table 140: DH-MCH-wise score for MCH_7

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	25
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	15
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	30
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	30
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	30
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	30

It was encouraging to note that most of the Dh-MCHs were able to obtain full scores on this indicator.

6.2.2.8. DH-MCH_8_ [Infection control, Hygiene and Biomedical Waste Management]. Bio Medical & Hazardous Waste Handling

This indicator focuses on the critical area of waste management, specifically on bio-medical and hazardous waste handling.

Table 141: Decision Rules for DH-MCH_8

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Statutory Compliance:</p> <ul style="list-style-type: none"> The facility has an existing committee or newly constituted committee for review and monitoring of BMW management (Minutes/records maintained) The facility is aware of Biomedical Waste Rules 2016 including key changes as amendments & implementing the same. (Ask about training attended) The health facility has a valid authorization for BMW management from the prescribed authority (Pollution Control Board). <p>Criterion 2: Equipment and Supplies for BMW management:</p> <ul style="list-style-type: none"> Availability of foot operated Bins and other bins with liners for segregate collection of waste at point of use. 	<ul style="list-style-type: none"> Records review Observations Staff interviews Minutes/Records of meetings of BMW management committee. Authorization for BMW management from the prescribed authority. BMW staff interview on BMW rules. There is no mixing of infectious and general waste. 	<p>Decision Rule:</p> <p>Criteria 1, 3, 4, 5 – are all mandatory in full and yield 25 points together. If any of these criteria is not completely met, no points at all for this indicator DH_8 will be given. Criteria 2,6,7 are additional and only valid if 1,3,4, 5 are already met. They can each add another 5 points per criterium to the score.</p>

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> • Availability of needle/hub cutter and puncture proof boxes in laboratories, dressing rooms, etc. <p>Criterion 3: Segregation, collection, and transportation of BMW:</p> <ul style="list-style-type: none"> • Segregation of BMW in colour coded bins for types of waste generated. • Work instruction for segregation and handling of BMW has been displayed prominently • BMW storage room bins are covered. • Transportation of BMW is done in closed containers/trolleys • The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority- PCB) <p>Criterion 4: The facility submits Annual reports to pollution control board.</p> <p>Criterion 5: Storage of BMW:</p> <ul style="list-style-type: none"> • Dedicated storage facility is available for BMW, and it has biohazard symbol displayed • The storage facility is located away from the patient area and has connectivity of a motorable road, • The storage facility is secured against pilferage and reach of animal and rodents • No BMW should be left untreated beyond 48 hours – Check waste register. • The storage facility has hand-washing facilities for the workers when removing gloves. • Recording of BMW generated per day is maintained. <p>Criterion 6: Liquid waste management:</p> <ul style="list-style-type: none"> • The Facility has treatment facility for managing infectious liquid waste at laboratories and labour room. • Sullage (wastewater from bathroom & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to municipal system/ soakage pit. <p>Criterion 7: Solid General waste management:</p> <ul style="list-style-type: none"> • Recyclable and bio gradable wastes have segregated collection. • The facility undertakes efforts to educate patients and visitors about segregation of recyclable & biodegradable wastes. • General waste is not mixed with infected waste. 	<ul style="list-style-type: none"> ○ Annual reports are being recorded and submitted to pollution control board. ○ Storage facility and distance from patient area and has connectivity of a motorable road. ○ Security of storage facility and regular treatment done. ○ Hand washing facility for BMW handlers. ○ Records of Biomedical Waste generated per day. ○ Records on liquid waste management and solid general waste management mentioned in Criteria 6 & 7. 	

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 142: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_8

DH_8_ Waste Management		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	35	NA
East Jaintia Hills	NA	NA
East Khasi Hills	40	NA
North Garo Hills	NA	NA
Ri Bhoi	0	NA
South Garo Hills	0	NA
South West Garo Hills	40	NA
South West Khasi Hills	NA	NA
West Garo	0	NA
West Jaintia	NA	0
West Khasi Hills	40	35

The DH-MCH-wise score for this parameter are provided in the following table.

Table 143: DH-MCH-wise score for MCH_8

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	40
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	30
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	40
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	30
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	0
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	40
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	0
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	0

This indicator comprises of seven criteria of which criteria 1, 3, 4, 5 are mandatory to score, and criteria 2, 6, 7 points can be scored only if mandatory criteria are fulfilled. Most facilities were not able to meet all of the four mandatory criteria (1, 3, 4, 5) due to which scoring was not possible.

6.2.2.9. DH-MCH_9_ Maternal and Child Health

Mother and Child Health (MCH) is one of the state's key priority areas. This indicator follows up whether several structural and process quality prerequisites to execute proper MCH are in place.

Table 144: Decision Rules for DH-MCH_9

Criteria	Means of Verification	Decision Rule
<p>Maternal Health:</p> <ul style="list-style-type: none"> An established procedure for registration of pregnant women is in place to enable follow up, with the purpose of increasing ANC coverage. An established procedure for history taking, physical examination and counselling for each antenatal woman, visiting the facility, is in place ANC coverage registration is in place and follow up during the 1st trimester of pregnancy is recorded, quantity increase could be achieved by targeting special focused initiatives (i.e., adolescent health 	<p>Below is a list of possible sources of data which can be used to assess, and sample check this indicator and its 11 items questionnaire, with Yes/No answers:</p> <ul style="list-style-type: none"> Initial Assessment records of pregnant women available. RKSK Records Clinical staff interview on procedures. 	<p>Decision Rule</p> <p>Assessors go through the checklist (Annex 16 of IPA-OM) with the 11 MCH items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the 11 elements whether the item has</p>

Criteria	Means of Verification	Decision Rule
<p>clinics) for teenage pregnancies through the RSKS program and ASHAs.</p> <ul style="list-style-type: none"> Plan to have 3 additional ANCs for high-risk pregnant women (total 7 ANCs) have been discussed, executed, and recorded. An established procedure for identification and management of anaemia is in place, ensuring anemic pregnant women complete the full course of Iron and Folic Acid (IFA) tablets recommended by patient interaction. A full record of all referrals received from facilities for blood transfusion is in place, listing timeframes between diagnosis and referral indicated and with all documentation available upon request for sample check. Safe birth checklists are in place and documentation of the usage of safe birth checklists in deliveries is randomly checked for at least 5 deliveries in the quarter. All women are administered oxytocin immediately after birth (random sampling of 5 mothers from delivery register/patient record to check). <p>Child Health:</p> <ul style="list-style-type: none"> Identification records of severely malnourished infants and timely referral to NRC are available. All required monthly reports on child health such as infant, and young child feeding practices, Kangaroo mother care are submitted by the facility and checked against state/district baseline. Screening of developmental delays and birth defects and referrals by the facility and registration to the District Early Intervention Centers (DEIC) for tertiary interventions under RBSK. 	<ul style="list-style-type: none"> Clinical patient records (OPDs/IP) with annexes on physical examination etc, recordings of labour details (Partograph). Reports from Education department to Health facility. <p>Monthly reports review Screening registers of Mobile Health teams at facility level and referral cards at DEIC.</p>	<p>been achieved. 10 points per item if YES, so maximum 110 points total.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 145: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_9

DH_9_ Maternal and Child Health		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	90	NA
East Jaintia Hills	NA	NA
East Khasi Hills	110	NA
North Garo Hills	NA	NA
Ri Bhoi	110	NA
South Garo Hills	60	NA
South West Garo Hills	110	NA
South West Khasi Hills	NA	NA
West Garo	110	NA
West Jaintia	NA	100
West Khasi Hills	70	30

The DH-MCH-wise score for this parameter are provided in the following table.

Table 146: DH-MCH-wise score for MCH_9

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	110
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	90
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	60
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	70
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	30
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	110
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	110
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	110
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	100

Most DH-MCHs were able to score well on this indicator, pointing towards a relatively good performance with respect to MCH services.

6.2.2.10. DH-MCH_10_Immunisation

This indicator focuses on immunisation services available at the facility.

Table 147: Decision Rules for DH-MCH_10

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> The Micro-plan on immunization program is in place at facility level and has been submitted to the DMHO. Compliance data to the immunization micro planning are available and can be randomly checked Reporting data for Adverse Effects from Immunization (AEFI) cases within 24 hours to the DIO are available and numbers can be checked against a baseline. Vaccine Preventable Disease surveillance has been conducted at the facility with monthly reports submitted to DMHO and available upon request. 	<ul style="list-style-type: none"> Updated Micro plan on routine immunization of the facility. Report on AEFI cases. Surveillance reports 	<p>Decision Rule: Assessors go through the checklist (Annex 16 of IPA-OM) with the 4 Immunisation items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the 4 elements whether the item has been achieved. 10 points per item if YES, so maximum 40 points total.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 148: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_10

Name of District	DH_10_Immunisation	
	Average IPA Score	Average non IPA score
East Garo Hills	30	NA
East Jaintia Hills	NA	NA
East Khasi Hills	40	NA

DH_10_Immunisation		
Name of District	Average IPA Score	Average non IPA score
North Garo Hills	NA	NA
Ri Bhoi	10	NA
South Garo Hills	20	NA
South West Garo Hills	40	NA
South West Khasi Hills	NA	NA
West Garo	40	NA
West Jaintia	NA	10
West Khasi Hills	30	0

The DH-MCH-wise score for this parameter are provided in the following table.

Table 149: DH-MCH-wise score for MCH_10

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	40
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	30
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	20
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	30
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	0
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	40
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	40
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	10
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	10

Several facilities were able to provide micro plans on immunization to the assessment teams and could therefore be accorded scores on this indicator.

6.2.2.11. DH-MCH_11_[Patient Satisfaction] Quarterly execution of 10 patient satisfaction interviews

Assessing Patient Satisfaction by the DQAT consists of several components. The assessors evaluate at least 10 of the patient satisfaction survey forms which have been collected by the facility monthly. This is followed by telephone calls to 10 randomly selected patients, check authenticity of data and score satisfaction.

Table 150: Decision Rules for DH-MCH_11

Criteria	Means of Verification	Decision Rule
Criterion 1: Ten patient satisfaction calls are made by the assessors with ten randomly selected patients, following a quality checklist (Annex 15 of IPA- OM) (80 points)	Observation and record checking. Availability of patient satisfaction survey forms.	Decision Rule: A total of 100 points for this indicator can be obtained in the quarterly assessment. Criteria 1 is

<p>Criterion 2: Availability of patient feedback forms, pens, drop box system of collecting grievance, and register. (10 points)</p> <p>Criterion 3: Register of grievances maintained, and grievances raised have been addressed by the facility. Grievances discussed in RKS meetings. (10 points)</p>	<p>Telephone calls to random patients from the registers to confirm their feedbacks.</p> <p>Grievances records are checked and Hospital Management/RKS meeting minutes for any grievance redressed by members.</p>	<p>average satisfaction score*80 points. Criterion 2 and 3 is 10 points each total.</p>
--	--	---

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 151: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_11

DH_11_Patient_Satisfaction		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	10	NA
East Jaintia Hills	NA	NA
East Khasi Hills	80	NA
North Garo Hills	NA	NA
Ri Bhoi	10	NA
South Garo Hills	0	NA
South West Garo Hills	20	NA
South West Khasi Hills	NA	NA
West Garo	20	NA
West Jaintia	NA	10
West Khasi Hills	10	10

The DH-MCH-wise score for this parameter are provided in the following table.

Table 152: DH-MCH-wise score for MCH_11

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	80
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	10
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	0
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	10
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	10
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	20
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	20
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	10
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	10

Most of the facilities were not found to be maintaining proper records of patient feedback with contact details. This affected scoring on this indicator. Ganesh Das Maternal & Child Health Hospital was the only DH-MCH that was seen to be maintaining proper feedback forms of patients along with contact details of patients.

6.2.2.12. DH-MCH_12_ [Staff competency] Provider Knowledge and Skills

This indicator assesses the performance on Clinical Knowledge & Skills Improvement (CKSI) learning of the technical staff of the DH-MCH, using innovative CKSI technology. The knowledge is rehearsed online, and examined in a quarterly test, by the staff (doctors and Nurses, both regular and contractual) of a health facility. While the average performance of clinical staff will be used to calculate provider performance, the individual’s contribution to this average will not be shared with others. Individual health workers will get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the State.

Table 153: Decision Rules for DH-MCH_12

Criteria	Means of Verification	Decision Rule
<p>Three Criteria (1, 2 and 3) are necessary preconditions. Without them: no points will be obtained at all for the whole indicator.</p> <ul style="list-style-type: none"> • Criterion 1: all doctors and nurses working in a health facility have been registered on the CKSI platform. • Criterion 2: minimum 80% attendance per facility for doctors and nurses registered on the CKSI platform in the quarterly supervised exam. • Criterion 3: the CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform) <p>Only after Criteria 1,2 and 3 are assured, scores will be obtained through Criterion.</p> <ul style="list-style-type: none"> • Criteria 4: Average percentage score of staff in health facility who have taken the supervised quarterly exam available. 	<p>Clinical vignettes and quarterly supervised case exam (pm plus role plays)</p>	<p>Decision Rule: The average percentage scores for the CKSI vignettes from the doctors and nurses in a particular District Hospital is calculated. This average percentage score will be used to compute this indicator. For instance, if the average score is 70% for a particular DH, then the facility scores 70%*150 points = 105 points.</p> <p>The DMHO team will supervise the quarterly CKSI exam in the presence of a member of the Joint Directorate assessment team. The exam will take place either in the health facility, or in a pre-agreed location such as the District health office. This depends on the internet connectivity through WIFI or 3G. It is the responsibility of the health facility to have their staff registered on the CKSI Platform and attending. It is the responsibility of both the health facility and the DHT to arrange that the quarterly test takes place. IF the test does not take place, the 150 points will be lost.</p> <p>PM A regular knowledge/practice session with role plays on the preferred knowledge areas at facility can be added, verified by recorded observations.</p>

It may be noted that the CKSI platform had not been rolled out at the time of the baseline IPA assessment. Therefore, none of the facilities were able to score on this indicator at the baseline stage.

6.2.2.13.DH-MCH_13_[Staff satisfaction and grievance redressal]

This indicator promotes streamlining staff satisfaction assessment and grievance redressal through quarterly feedback forms and follow up.

Table 154: Decision Rules for DH-MCH_13

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Feedback forms (Annex 25) duly completed by staff by first week of each quarter.</p> <p>Criterion 2: Individual meetings have been conducted with staff members after the staff monthly meeting, who have issues raised in the forms and grievance redressed/redressal measures recorded.</p> <p>Criterion 3: At least 50 percent of the grievances have been dealt with in the Q assessed.</p>	<p>Check availability of quarterly feedback forms for staff.</p> <p>Forms mentioning feedbacks and complaints completed.</p> <p>Register of Staff feedback with actions taken and signed by CMO.</p>	<p>Decision Rule: All staff grievances have been duly acknowledged and actions documented. For all grievances a procedure to address them has been established. At least 50 percent of the grievances have been dealt with per Q.</p>

None of the DH-MCHs were found to have a system for and practice of staff feedback available. Therefore, none of the facilities were able to obtain scoring on this indicator.

6.2.2.14. DH-MCH_14_ [Integrated Disease Surveillance Program] - IHIP

This indicator aims to stimulate and ensure timely reporting and updating on the IHIP portal by health facilities. The timely submission by facilities of the S/P/L forms is used as initial marker.

Table 155: Decision Rules for DH-MCH_14

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: S/P/L forms are completed monthly online before 30th and have been submitted to DMHO.</p>	<p>S/P/L reports submitted to IHIP portal and DMHO, check in reports submitted</p>	<p>Decision Rule: All or nothing: S/P/L forms are submitted before deadline points are given, otherwise score = zero.</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 156: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_14

Name of District	DH_14_ IDSP	
	Average IPA Score	Average non IPA score
East Garo Hills	30	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	NA
North Garo Hills	NA	NA
Ri Bhoi	30	NA
South Garo Hills	30	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	30
West Khasi Hills	30	30

The DH-MCH-wise score for this parameter are provided in the following table.

Table 157: DH-MCH-wise score for MCH_14

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	30

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	30
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	30
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	30
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	30
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	30
9.	West Jaintia	Thadlaskain	Jowai Civil Hospital	Non IPA	NO	30

All facilities were found to be reporting for S/P/L forms through online mode on a monthly basis.

6.2.2.15. DH-MCH_15_ Insurance [Insurance Efficiency]

The last indicator of the DH-MCH IPA framework relates to the level of efficiency with which the insurance scheme is being implemented by the facilities.

Table 158: Decision Rules for DH-MCH_15

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Turn Around Time (TAT) of claims submission must be within 21 days. (Y1-75%, Y2-80%, Y3-85%, Y4-90%, Y5-95%)</p> <p>Criterion 2: Conversion of in-patients as insured patient, (graded score - Y1 - 40%, Y2 - 50%, Y3 - 70%, Y4 - 90%)</p> <p>Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter (Y1-30%, Y2-45%, Y3-60%, Y4-75%, Y5->90%)</p> <p>Criterion 4: Cashless payments in facilities (Y1-50%, Y2-60%, Y3-70%, Y4-80, Y5->90%)</p> <p>Criterion 5: Percentage of enrolment in villages under the facility. (Which would include existing registered households) (Graded score 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4))</p>	<p>Record checking:</p> <ul style="list-style-type: none"> o Database at State level o Registration database. o RKS meeting minutes. o Register at facilities o Utilization reports 	<p>Decision Rule: Each criterion is 10 points each</p>

The average scores obtained by IPA and Non-IPA DH-MCHs in the various districts for this parameter are provided in the following table.

Table 159: Average scores obtained by IPA and Non-IPA CHC for DH with MCH_15

Name of District	DH_15_ Insurance	
	Average IPA Score	Average non IPA score
East Garo Hills	30	NA
East Jaintia Hills	NA	NA
East Khasi Hills	40	NA
North Garo Hills	NA	NA
Ri Bhoi	20	NA
South Garo Hills	20	NA
South West Garo Hills	30	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	10

DH_15_Insurance		
Name of District	Average IPA Score	Average non IPA score
West Khasi Hills	30	20

The DH-MCH-wise score for this parameter are provided in the following table.

Table 160: DH-MCH-wise score for MCH_15

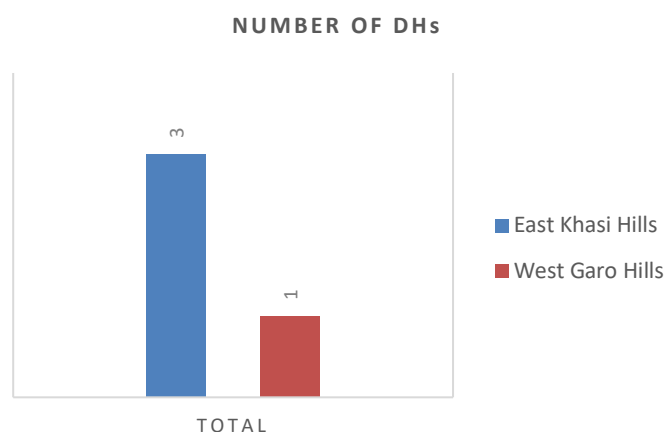
Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	Ganesh Das Maternal & Child Health Hospital	IPA	NO	40
2.	East Garo Hills	Samanda	Williamnagar Civil Hospital	IPA	NO	30
3.	South Garo Hills	Baghmara	Baghmara Civil Hospital	IPA	NO	20
4.	West Khasi Hills	Mairang	TSMH Mairang Civil Hospital	IPA	NO	30
5.	West Khasi Hills	Nongstoin	Nongstoing Civil Hospital	Non IPA	NO	20
6.	West Garo Hills	Rongram	Tura Maternal and Child Health Hospital	IPA	Pilot	30
7.	South West Garo Hills	Betasing	Ampati Civil Hospital	IPA	NO	30
8.	Ri Bhoi	Umling	Nongpoh Civil Hospital	IPA	Pilot	20
9.	West Jaintia	Thadlaskein	Jowai Civil Hospital	Non IPA	NO	10

Most facilities could not score on criterion 2 as they did not have IPD conversion records or related data available. Percentage of enrolment data was also not available due to which scores had to be deducted.

6.3. District Hospitals (without MCH Services)

6.3.1. Coverage

The number of DHs without MCH services (referred to as DH) that were covered across each of the districts in the state is provided in the adjoining chart. The largest number of DHs were covered in West Khasi Hills.



The following section of the chapter discusses the baseline status of each of these facilities through the lens of the IPA frameworks. The scores were accorded to the facilities based on observations made by the assessment teams using the approved decision rules which were part of the IPA framework.

6.3.2. Baseline IPA Assessment of DHs

The IPA framework developed for DHs comprises of 14 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 161: IPA Framework for DHs

Indicator	Name	Points
DH _1	NQAS	250
DH _2 DH _3	Facility Quality Management Planning and Execution	110
DH _4 - DH _8	Infection, Hygiene, Biomedical Waste Management	190
DH_9	Diagnostic and Radiology Services	100
DH _10	Patient Satisfaction	100
DH _11 - DH _12	Staff Knowledge and Staff satisfaction	170
DH _13	Integrated Disease Surveillance	30
DH-MCH _14	Insurance	50
Total		1000

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the DHs across the 14 indicators and related criteria.

6.3.2.1. DH_1_NQAS: Planning and Quality Management and Implementation: Timeliness, Accuracy of Quarterly NQAS Self-Assessment

This indicator is a planning and management quality indicator. It looks at timely and accurate assessment by the health facilities of their progress towards NQAS certification. Each quarter one or two NQAS areas of concern are examined in detail. Every quarter, the DH without MCH will first assess an area of concern of the NQAS procedures with its Measurable Elements list. Subsequently, the District Quality Assessment Team (DQAT) will assess the timely and accurate scoring by the health facilities, using the same area of concern and measurable elements. The DQAT looks at whether the self-assessment undertaken by the DH without MCH has been timely and accurately executed.

Table 162: Decision Rules for DH_1_NQAS

Criteria	Means of Verification	Decision Rule
<p>Criterion 1. The NQAS area(s) of concern planned for the past quarter have been self-assessed BEFORE the end of the quarter AND results are available with summary areas of improvement for each department.</p> <p>Criterion 2. The difference in score between the DH without MCH self-assessment and the ex-ante review by the District Quality Assessment team is no more than 10 percentage points.</p> <p>Criterion 3. All documents related to the NQAS areas of concern/under assessment are submitted within 30 minutes after request.</p>	<p>After facility executes its NQAS self-assessment for the quarter, the DQAT assesses the same area of concern</p> <p>Assessors use the NQAS evaluation list pertaining to the Quarter's chosen NQAS Area of concern, and the related Standards and ME.</p>	<p>All or nothing</p>

The DH-wise score for this parameter are provided in the following table.

Table 163: DH-without MCH-wise score for DH_1_NQAS

S. No.	District	Block	Name	IPA / Non IPA	Pilot Facility	Score
1	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	0
3	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	0
4	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	0

It can be observed that none of the DHs without MCH scored on this indicator. This is because of the fact that the process of NQAS self-assessment had not commenced in the facilities.

6.3.2.2. DH without MCH_2_NQAS: Planning and Management: Monthly Health facility team meetings

This indicator focuses on assessing the regularity and quality of meetings conducted at the facility level. The facilities are expected to conduct monthly meetings with inclusion of discussions on the NQAS assessment report provided by the PMU, Kayakalp Assessment report, any other assessments and self-assessment of facility for quality improvement including planning and stepwise actions. Each meeting's recorded minutes are supposed to include 7 criteria and would be assessed on these:

- Date of the Meeting
- Agenda (should include part related to planning and actions)
- Signed list of participants
- Decision points with timeline for action and who is responsible
- Follow up on previous meeting action points and challenges
- Recommendations list with possible solutions for challenges identified
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DMHO

Table 164: Decision Rules for DH-without MCH_2_NQAS

Criteria	Means of Verification	Decision Rule
Criterion 1. Each meeting's recorded minutes will include all the 7 criteria below and will be assessed on all 7 criteria to earn the 10 points per meeting.	Check Meetings register for all 7 criteria included in minutes of meetings. Ask District for copy received from facilities.	Decision Rule: All or nothing for each of the three meetings: All 7 composite criteria need to be met for a meeting to get the score of 20 points. Three monthly meeting is thus MAX 60 points

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 165: Average scores obtained by IPA and Non-IPA CHC for DH-without MCH_2_NQAS

Name of District	DH_2_Meetings	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	0	0
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	60	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 166: DH-without MCH-wise score for DH-without MCH_2_NQAS

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	0
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	0
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	60

It can be observed that only one DH could score on this indicator as it met the required criteria.

6.3.2.3. DH without MCH_3_ [Planning and Management] Monthly Health Facility Team Meetings & Level of Execution of Planned Activities

This indicator is linked to indicator 2 and captures the District hospital's concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality. A quarterly plan is agreed by all relevant departments in the Hospital. This plan includes at least 4 departments in the hospital, (such as the Accident and Emergency Department, the OPD, the Labour Room and Paediatrics) that agree on collective actions which should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be done by the State/District.

Table 167: Decision Rules for DH without MCH_3

Criteria	Means of Verification	Decision Rule
This indicator is linked to indicator 2 and captures the district hospital's concrete follow-up on completion of the action points that have been agreed for the quarter period in relation to improving service quality. A quarterly plan is agreed by all relevant departments in the Hospital. This plan includes at least 4 departments in the hospital, (such as the Accident and Emergency Department, the OPD, the Labour Room and Paediatrics) that agree on collective actions which should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART) and implemented by all concerned staff in full cooperation and sincerity. Mentoring and hand holding can be done by the State/District.	Quarterly work plans (including the plans of at least 4 departments mentioned) Progress reports prepared for subsequent meeting(s)	Decision Rule: The number of activities planned to be executed in the last quarter is the denominator, the number of activities completed in the last quarter is the numerator. The number of points is obtained by the formula $50 \times (\text{numerator/denominator})$ and rounded to nearest integer. Documentation of the quarterly plan, the activities achieved, and the financial documentation should be available upon demand.

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 168: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_3

Name of District	DH_3_ Execution	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	0	0
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 169: DH-without MCH-wise score for DH-without MCH_3

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	0
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	0
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

It can be observed that only one DH could score on this indicator as it met the required criteria.

6.3.2.4. DH without MCH_4_ [Infection control, Hygiene and Biomedical Waste Management]. General Premises

This indicator is linked with general situation of the DH with respect to infection control, hygiene and bio-medical waste management (BMWM).

Table 170: Decision Rules for DH without MCH_4

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: The facility has established procedures for regular monitoring of infection control practices.</p> <p>Criterion 2: There is a provision of periodic medical check-ups and immunization of all staff. i.e., All Staff should be up to date with their vaccine schedule.</p>	<p>Infection policy at facility</p> <p>Case records</p> <p>Records on e.g., the percentage of infections among post-delivery, episiotomy, IUD insertion, etc</p> <p>Staff interviews on immunization records</p> <p>Hepatitis B, Tetanus Toxoid, Covid protocols present.</p>	<p>Decision Rule: All or nothing. Criterion 1 and 2 both have to be met in order to get the points, otherwise 0 points.</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 171: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_4

DH_4_Hospital associated infection		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	0
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 172: DH-without MCH-wise score for DH-without MCH_4

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	0
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	30
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

Shillong Civil Hospital and Tura Civil Hospital were able to present documents of relevance to the mentioned criteria including records of immunization and annual health check-ups of the staff and therefore achieved full scores.

6.3.2.5. DH without MCH_5_ [Infection control, Hygiene and Biomedical Waste Management]. Cleanliness premises and methods of cleaning.

This indicator reflects overall view of the hospital in terms of the cleanliness of the premises, an important component of hospital infection control practices.

Table 173: Decision Rules for DH without MCH_5

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Cleanliness of Circulation area, Wards, Procedure area, Ambulatory area, Auxiliary area, and Toilets.</p> <ol style="list-style-type: none"> No dirt/grease/stains on walls and floors / Garbage in circulation areas, wards, procedure area, Ambulatory area, Auxiliary area, and toilets. No cobwebs/bird nests/seepage on walls and roofs All areas are cleaned 2 times a day with wet mop. Housekeeping checklist is maintained for every shift especially in circulation area, wards, , Procedure area, Ambulatory area, Auxiliary area, and Toilets. Patient mattresses, furniture & fixtures are without grease and dust and cleaned daily. Floors, walls, furniture, and fixtures are thoroughly cleaned once in a month No foul smells from toilets. Toilets are accessible to all, and not locked. Toilets should have soap, running water and functional cistern. <p>Criterion 2: Use of Standard methods of cleaning.</p> <ol style="list-style-type: none"> Use of three bucket system for cleaning Use of unidirectional method and outward mopping. 	<p>Observations Check Housekeeping checklists Staff interview on methods of cleaning</p>	<p>Decision Rule: 5 points for each of the items under the two criteria, but no points at all if 50% of the indicators are not met.</p>

Criteria	Means of Verification	Decision Rule
3. No use of brooms in patient care areas		
4. Use of separate mops for critical and semi critical areas and procedure surfaces.		

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 174: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_5

Name of District	DH_5_Cleanliness	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	45	45
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	60	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 175: DH-without MCH-wise score for DH-without MCH_5

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	45
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	45
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	45
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	60

Most of the facilities were able to score on this parameter. This could be because many of the sub-criteria were such that related to basic hygiene levels of the facility. However, scope for improvement with regard to this indicator still remains.

6.3.2.6. DH without MCH_6_ [Infection control, Hygiene and Biomedical Waste Disposal]. Personal protection [MAX 30 points]

This indicator focuses on the standards of personal hygiene and protection that are maintained at the PHCs at the baseline stage.

Table 176: Decision Rules for DH without MCH_6

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Clean personal protection equipment is available at point of use.</p> <p>Criterion 2: Clinical and Grade 4 Staff adheres to standard personal protection practices:</p> <ul style="list-style-type: none"> Compliance to handwashing method Compliance to correct method of wearing and removing the PPE. <p>Criterion 3:</p> <ul style="list-style-type: none"> Staff is aware of needle stick injury protocol Needle stick injury form records are available (to be filled if the incident occurs) 	<p>Observation on available masks, sterile gloves, gowns, aprons, caps, etc.</p> <p>Demonstration by clinical and grade 4 staff on correct hand washing.</p> <p>Clinical staff interviews and random test on correct methods of wearing and removing gloves.</p> <p>Check Needle stick injury form records</p>	<p>Decision Rule: All or nothing for each of the three criteria, 10 points each.</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 177: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_6

DH_6_Personal hygiene protection		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	25
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 178: DH-without MCH-wise score for DH-without MCH_6

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	MIMHANS	Non IPA	NO	30
2.	East Khasi Hills	Mylliem	R P Chest Hospital	Non IPA	NO	20
3.	East Khasi Hills	Mylliem	Shillong Civil Hospital	IPA	NO	30
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

Most facilities scored well on this indicator. Facilities had personal protective equipment for staff safety. Adherence to the protocols of needle stick injury and their records were available during the assessment.

6.3.2.7. DH without MCH_7_ [Infection control, Hygiene and Biomedical Waste Management]. Environment control of patient care areas

The seventh indicator in the IPA framework relates to the status of environment control in patient care areas.

Table 179: Decision Rules for DH without MCH_7

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Facility ensures availability of standard materials for cleaning and disinfection of patient care areas. Availability of Antiseptic solutions.</p> <p>Criterion 2:</p> <ul style="list-style-type: none"> Grade 4 and Nursing staff is trained for spill management Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Proper cleaning of procedure sites with antiseptics like before giving IM/IV injection, drawing blood, putting IV and urinary catheter. Availability of body fluid spill kit & mercury spill kit Adherence to protocols <p>Criterion 3: Grade 4 Staff knows how to make chlorine solution (from bleaching powder & hypochlorite solutions)</p> <p>Criterion 4: Decontamination of operating and surface examination table, dressing tables, etc. after every procedure e.g., wiping with .5%chlorine solution. Contact time for decontamination is adequate (10 minutes). Check records</p> <p>Criterion 5: Decontamination of instruments after use and cleaning is done after decontamination. Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving</p> <ul style="list-style-type: none"> Criterion 6: Adherence to Protocols for autoclaving, kept in clean area. 	<p>Staff interview on spill management protocols. Ask about chlorine solution. Ask about how they decontaminate the procedure surface like delivery table, stretcher/trolley etc (e.g., wiping with 0.5% chlorine solution) Ask staff how they decontaminate the equipment (soaking in 0.5% chlorine solution or 70% alcohol as applicable). Check with Staff about method and time required for boiling. Ask about temperature, pressure, and time for autoclaving Contact time for decontamination is adequate (10 minutes). Check records. Look for the Autoclave indicator paper register</p>	<p>Decision Rule: All or nothing per criterion, with 5 points for each criterion.</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 180: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_7

Name of District	DH_7_ Environment	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	30
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 181: DH-without MCH-wise score for DH-without MCH_7

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	30

2.	East Khasi Hills	Mylliem	R P Chest Hospital	Non IPA	NO	30
3.	East Khasi Hills	Mylliem	Shillong Civil Hospital	IPA	NO	30
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

All facilities met all the defined criteria and were able to score full marks on this indicator.

6.3.2.8. DH without MCH_8_ [Infection control, Hygiene and Biomedical Waste Management]. Bio Medical & Hazardous Waste Handling

This indicator focuses on the critical area of waste management, specifically on bio-medical and hazardous waste handling.

Table 182: Decision Rules for DH without MCH_8

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Statutory Compliance:</p> <ul style="list-style-type: none"> The facility has an existing committee or newly constituted committee for review and monitoring of BMW management (Minutes/records maintained) The facility is aware of Biomedical Waste Rules 2016 including key changes as amendments & implementing the same. (Ask about training attended) The health facility has a valid authorization for BMW management from the prescribed authority (Pollution Control Board). <p>Criterion 2: Equipment and Supplies for BMW management:</p> <ul style="list-style-type: none"> Availability of foot operated Bins and other bins with liners for segregate collection of waste at point of use. Availability of needle/hub cutter and puncture proof boxes in laboratories, dressing rooms, etc. <p>Criterion 3: Segregation, collection, and transportation of BMW:</p> <ul style="list-style-type: none"> Segregation of BMW in colour coded bins for types of waste generated. Work instruction for segregation and handling of BMW has been displayed prominently BMW storage room bins are covered. Transportation of BMW is done in closed containers/trolleys The facility has linkage with a CWTF Operator or has deep burial pit (with prior approval of the prescribed authority-PCB) <p>Criterion 4: The facility submits Annual reports to pollution control board.</p> <p>Criterion 5: Storage of BMW:</p> <ul style="list-style-type: none"> Dedicated storage facility is available for BMW, and it has biohazard symbol displayed The storage facility is located away from the patient area and has connectivity of a motorable road, The storage facility is secured against pilferage and reach of animal and rodents No BMW should be left untreated beyond 48 hours – Check waste register. The storage facility has hand-washing facilities for the workers when removing gloves. Recording of BMW generated per day is maintained. <p>Criterion 6: Liquid waste management:</p>	<ul style="list-style-type: none"> Records review Observations Staff interviews Minutes/Records of meetings of BMW management committee. Authorization for BMW management from the prescribed authority. BMW staff interview on BMW rules. There is no mixing of infectious and general waste. Annual reports are being recorded and submitted to pollution control board. Storage facility and distance from patient area and has 	<p>Decision Rule: Criteria 1, 3, 4, 5 – are all mandatory in full and yield 25 points together. If any of these criteria is not completely met, no points at all for this indicator DH_8 will be given. Criteria 2,6,7 are additional and only valid if 1,3,4, 5 are already met. They can each add another 5 points per criterium to the score.</p>

Criteria	Means of Verification	Decision Rule
<ul style="list-style-type: none"> The Facility has treatment facility for managing infectious liquid waste at laboratories and labour room. Sullage (wastewater from bathroom & kitchen; does not contain urine & excreta) does not stagnate (causing fly & mosquito breeding) and is connected to municipal system/ soakage pit. <p>Criterion 7: Solid General waste management:</p> <ul style="list-style-type: none"> Recyclable and bio gradable wastes have segregated collection. The facility undertakes efforts to educate patients and visitors about segregation of recyclable & biodegradable wastes. General waste is not mixed with infected waste. 	<ul style="list-style-type: none"> connectivity of a motorable road. Security of storage facility and regular treatment done. Hand washing facility for BMW handlers. Records of Biomedical Waste generated per day. Records on liquid waste management and solid general waste management mentioned in Criteria 6 & 7. 	

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 183: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_8

Name of District	DH_8_ Waste Management	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	40	37.5
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	40	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 184: DH-without MCH-wise score for DH-without MCH_8

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	MIMHANS	Non IPA	NO	35
2.	East Khasi Hills	Mylliem	R P Chest Hospital	Non IPA	NO	40
3.	East Khasi Hills	Mylliem	Shillong Civil Hospital	IPA	NO	40
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	40

This indicator comprises of seven criteria of which criteria 1, 3, 4, 5 are mandatory to score, and criteria 2, 6, 7 points can be scored only if mandatory criteria are fulfilled. Most facilities were able to meet all of the four mandatory criteria (1, 3, 4, 5) due to which scoring was possible.

6.3.2.9. DH without MCH_9_ Diagnostic and Radiology Services

Civil hospitals receive the maximum number of referrals of patients from the peripheries be it CHC or PHC and from rural and urban. However, they face hurdles with diagnostics and radiology services. This indicator would help facilities assess the services available and work towards improving their ability to enhance laboratory and radiology and USG for better patient care.

Table 185: Decision Rules for DH without MCH_9

Criteria	Means of Verification	Decision Rule
<p>Laboratory services:</p> <ul style="list-style-type: none"> The facility provides all laboratory services (7services) in routine working hours. Lab technicians are qualified, trained and attends refresher courses. Labs have adequate consumables at point of use <p>Radiology &USG:</p> <ul style="list-style-type: none"> The facility provides X-ray services, special radiography services, dental x-ray services, USG services and CT scan facility (5 services) The facility is complaint with all statutory and regulatory requirement (4 types) imposed by local, State or Central Government. Staff is provided training as per defined core competencies and training plan. Staff utilization of skills gained through training by on-job supportive supervision. 	<p>Staff interview and record review:</p> <ul style="list-style-type: none"> Availability of Haematology, Biochemistry, Microbiology, Cytology, Histopathology, Clinical Pathology and Serology Services. Trainings conducted and attended by Lab technicians Availability of stains, reagents, laboratory materials and other chemicals. <p>Observation and Staff interview.</p> <ul style="list-style-type: none"> X-ray for chest, bones, skull, spine and abdomen. Special radiography like Barium swallow, enema, and meal. MMR chest, dental diagnostics USG -prenatal diagnostics, ultrasonography and fetoscopy. X-ray dept. has registration from AERB, approval of equipment with QA test report, layout approval. USG dept has registration under PCPNDT. <p>Supervisors make rounds of department and monitor staff is working according to training imparted.</p>	<p>Decision Rule: Assessors go through the itemized checklist (Annex 17 of IPA-OM) with the 20 Lab and Radiology items on a yes/no basis, with random checks in documents. Decide by a Yes/No on each of the elements whether the item has been achieved. 5 points per item if YES, so maximum 100 points in total.</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 186: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_9

DH_9_Diagnostic and Radiology Services		
Name of District	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	95	35
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	90	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 187: DH-without MCH-wise score for DH-without MCH_9

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Mylliem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Mylliem	R P Chest Hospital	Non IPA	NO	70
3.	East Khasi Hills	Mylliem	Shillong Civil Hospital	IPA	NO	95
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	90

Due to the nature of the institution, the MIMHANS located at East Khasi Hills did not score any points on this indicator. However, the remaining three facilities were able to obtain scores as they are providing certain diagnostic and radiology services.

6.3.2.10. DH without MCH_10_ [Patient Satisfaction] Quarterly execution of 10 patient satisfaction interviews

Assessing Patient Satisfaction by the DQAT consists of several components. The assessors evaluate at least 10 of the patient satisfaction survey forms which have been collected by the facility monthly. This is followed by telephone calls to 10 randomly selected patients, check authenticity of data and score satisfaction.

Table 188: Decision Rules for DH without MCH_10

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Ten patient satisfaction calls are made by the assessors with ten randomly selected patients, following a quality checklist (Annex 15 of IPA- OM) (80 points)</p> <p>Criterion 2: Availability of patient feedback forms, pens, drop box system of collecting grievance, and register. (10 points)</p> <p>Criterion 3: Register of grievances maintained, and grievances raised have been addressed by the facility. Grievances discussed in RKS meetings. (10 points)</p>	<p>Observation and record checking.</p> <ul style="list-style-type: none"> ○ Availability of patient satisfaction survey forms. ○ Telephone calls to random patients from the registers to confirm their feedbacks. <p>Grievances records are checked and Hospital Management/RKS meeting minutes for any grievance redressed by members.</p>	<p>Decision Rule: A total of 100 points for this indicator can be obtained in the quarterly assessment. Criteria 1 is average satisfaction score*80 points. Criterion 2 and 3 is 10 points each total.</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 189: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_10

Name of District	DH_10_Patient_Satisfaction	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	0	40
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	20	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 190: DH-without MCH-wise score for DH-without MCH_10

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	80
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	0
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	20

The assessment revealed that only R P Chest Hospital and Tura Civil Hospital had proper feedback forms records of the patients and upon verification call from our side, we got positive response from them and thus the hospital has good score.

6.3.2.11. DH without MCH_11_ [Staff competency] Provider Knowledge and Skills

This indicator assesses the performance on Clinical Knowledge and Skills Improvement (CKSI) learning of technical staff of the PHC, using innovative CKSI technology. The knowledge is rehearsed online, and examined in a quarterly supervised test, by the staff (doctors and nurses, both regular and contractual) of a health facility. While the average performance of clinical staff is used to calculate provider performance, the individual's contribution to this average is not shared with others. Individual health workers are supposed to get personalized feedback on their performance and will be able to see their level of performance as compared to others in the district, and the state.

The DMHO team is required to supervise the quarterly CKSI exam which takes place either in the health facility, or in a pre-agreed location such as the District Health Office. This depends on the internet connectivity through WIFI or 3G. It is the responsibility of the health facility to have their staff registered on the CKSI platform and attending. It is the responsibility of both the health facility and the DHT to arrange that the quarterly test takes place, preferably on the same day throughout the districts.

Table 191: Decision Rules for DH without MCH_11

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: all doctors and nurses working in a health facility have been registered on the CKSI platform</p> <p>Criterion 2: minimum 80% attendance by the facility staff in the quarterly supervised exam for doctors and nurses registered</p> <p>Criterion 3: the CKSI test for the past quarter has taken place in a supervised environment, supervised by the DHT (data are available on the CKSI platform). "Only after Criteria 1, 2 and 3 are assured, scores can be obtained following (Criteria 4)</p> <p>Criteria 4: Over 80 percent of the medical and nursing staff has taken the exam, and their average percentage score has been established per facility. Average percentage of scores of all members registered on the platform in a facility who took the exam (if 80% or more registered) is then multiplied by 100 points"</p>	Clinical vignettes and quarterly supervised case exam (pm plus role plays)	The average score for the CKSI vignettes from the doctors and nurses in the facility is calculated. This average score will be used to compute this indicator. Calculation: average percentage score of the facility * 100 points

It may be noted that the CKSI platform had not been rolled out at the time of the baseline IPA assessment. Therefore, none of the facilities were able to score on this indicator at the baseline stage.

6.3.2.12.DH without MCH_12_ [Staff satisfaction and grievance redressal]

This indicator promotes streamlining staff satisfaction assessment & grievance redressal through Quarterly feedback forms and follow up.

Table 192: Decision Rules for DH without MCH_12

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Feedback forms (Annex 25) duly completed by staff by first week of each quarter</p> <p>Criterion 2: Individual meetings have been conducted with staff members after the staff monthly meeting, who have issues raised in the forms and grievance redressed/redressal measures recorded</p>	<p>Check availability of quarterly feedback forms for staff.</p> <p>Forms mentioning feedbacks and complaints completed.</p> <p>Register of Staff feedback with actions taken and signed by MO.</p>	All staff grievances have been duly acknowledged and actions documented. For all grievances a procedure to address them has been established. At least 50 percent of the grievances have been dealt with per Q

None of the DHs were found to have a system for and practice of staff feedback available. Therefore, none of the facilities were able to obtain scoring on this indicator.

6.3.2.13.DH without MCH_13_ [Integrated Disease Surveillance Programme] – IHIP

This indicator aims to stimulate and ensure timely reporting and updating on the Integrated Health Information Platform (IHIP) portal by health facilities. The timely submission by facilities of the S/P/L forms is used as initial marker.

Table 193: Decision Rules for DH without MCH_13

Criteria	Means of Verification	Decision Rule
Criterion 1: S/P/L forms are completed monthly online before 30th and have been submitted to DMHO	S/P/L reports submitted to IHIP portal and DMHO, check in reports submitted	All or nothing: S/P/L forms are submitted before deadline points are given, otherwise score = zero

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 194: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_13

Name of District	DH_13_ IDSP	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	30	0
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 195: DH-without MCH-wise score for DH-without MCH_10

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	0
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	0
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	30
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

The assessment revealed that Shillong Civil Hospital and Tura Civil Hospital were practicing the reporting process as per the indicator.

6.3.2.14.DH without MCH_14_ [Insurance Efficiency]

The last indicator of the IPA framework relates to the level of efficiency with which the insurance scheme is being implemented by the facilities.

Table 196: Decision Rules for DH without MCH_14

Criteria	Means of Verification	Decision Rule
<p>Criterion 1: Turn Around Time (TAT) of claims submission</p> <p>Criterion 2: Conversion of in-patients as insured patient, (graded score – Y1 – 40%, Y2 – 50%, Y3 – 70%, Y4 – 90%</p> <p>Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter (graded – Y1 to Y5)</p> <p>Criterion 4: Cashless payments in facilities</p> <p>Criterion 5: Percentage of enrolment in villages under the facility. (Which would include existing registered households) (Graded score 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4))</p>	<p>Record checking:</p> <ul style="list-style-type: none"> • Database at State level • Registration database. • RKS meeting minutes. • Register at facilities • Utilization reports 	<p>Each criterion is 10 points each. (Total 50 points)</p>

The average scores obtained by IPA and Non-IPA DHs in the various districts for this parameter are provided in the following table.

Table 197: Average scores obtained by IPA and Non-IPA CHC for DH without MCH_14

Name of District	DH_14_Insurance	
	Average IPA Score	Average non IPA score
East Garo Hills	NA	NA
East Jaintia Hills	NA	NA
East Khasi Hills	20	30
North Garo Hills	NA	NA
Ri Bhoi	NA	NA
South Garo Hills	NA	NA
South West Garo Hills	NA	NA
South West Khasi Hills	NA	NA
West Garo	30	NA
West Jaintia	NA	NA
West Khasi Hills	NA	NA

The DH-wise score for this parameter are provided in the following table.

Table 198: DH-without MCH-wise score for DH-without MCH_10

Sl.	District	Block	Name	IPA/Non IPA	Pilot Facility	Score
1.	East Khasi Hills	Myllem	MIMHANS	Non IPA	NO	30
2.	East Khasi Hills	Myllem	R P Chest Hospital	Non IPA	NO	30
3.	East Khasi Hills	Myllem	Shillong Civil Hospital	IPA	NO	20
4.	West Garo Hills	Rongram	Tura Civil Hospital	IPA	Pilot	30

Most of the facilities did not maintain IPD conversion records or data related to this criteria and therefore lost points. Data related to percentage of enrolment was also not available in most facilities.

Chapter 7: Baseline IPA Assessment of Administrative Units

7.1. Introduction

This chapter discusses the findings that emerged from the IPA baseline assessment conducted across the administrative units related to the health sector in the state. The IPA frameworks developed for District Medical and Health Office (DMHO), Directorate of Health Services (DHS) Medical Institutions (MI), DHS Maternal and Child Health and Family Welfare (MCH&FW) and DHS Research (R) of the Department of Health and Family Welfare have been used as the basis for scoring of each of the units.

7.2. DMHO

Each of the districts in Meghalaya has an office of the District Medical and Health Officer who is also known as the Civil Surgeon. The office of the DMHO is responsible for overseeing the health related activities within the district. The DMHO and the Additional District Medical and Health Officer also act as the District Registrar and the Additional District Registrar for births and deaths. The main roles and responsibilities of the office include the following:

- Registration of births and deaths within the district.
- Implementation and monitoring of different health programmes within the district.
- Providing guidance and assistance to officers and staff of health institutions under the District Medical and Health Officer Office.
- Liaising with other district authorities and also higher authorities in health aspects.
- Administrative Duties.
- Drawing and disbursing of salaries for health personnel within the district.
- Other duties and responsibilities as and when required in connection with the health programmes in the district².

Meghalaya comprises of twelve districts with Eastern West Khasi Hills³ becoming its newest district from November 10th, 2021⁴. It is located approximately 25 kilometres west of the state capital of Shillong. It was created after bifurcation of the West Khasi Hills district. However the assessment was undertaken for the undivided West Khasi Hills district and therefore the total number of DMHO assessments is eleven.

The main purpose of the District Medical and Health Office IPA is to boost the district core tasks of planning, and the management of quality assessment and policy, facilitation, and trainings. The District Quality Assessment Team (DQAT) is the chief ex-ante verifier of the IPA work of the PHCs, CHCs. It assesses the health facilities in their progress towards NQAS certification and executes a clear coordinating role in selected quality policy areas in the district. The district's tasks will have to be executed and will be assessed. The district is verified by the state IPA verification team (Joint Directorates Assessment team).

² District Medical and Health Officer, Department of Health and Family Welfare, Government of Meghalaya, website: <https://meghealth.gov.in/dmho.html#:~:text=The%20office%20of%20the%20DMHO,Registrar%20for%20births%20and%20deaths.>

³ Bikash Singh, "Conrad K. Sangma inaugurates new Meghalaya district", The Economic Times, November 10, 2022, website: <https://economictimes.indiatimes.com/news/india/conrad-k-sangma-inaugurates-new-meghalaya-district/articleshow/87632121.cms>

⁴ Sumit Arora, "Meghalaya approves creation of new district named Eastern West Khasi Hills District", The Adda 247, Published on November 9th, 2021, website: <https://currentaffairs.adda247.com/meghalaya-approves-creation-of-new-district-named-eastern-west-khasi-hills-district/>

7.3. Baseline IPA Assessment of DMHOs

The IPA framework developed for DMHOs comprises of 6 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 199: IPA Framework for DMHOs

Indicator	Name	Points
DMHO_1	NQAS	300
DMHO_2	Meetings	100
DMHO_3	Policy Tracking and Facilitation	300
DMHO_4	Knowledge	100
DMHO_5	Capacity building	150
DMHO_6	MHIS	50

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to each of the PHCs across the six indicators and related criteria.

7.3.1. DMHO_1_QA: Quarterly QA verification of IPA facilities within the district

This indicator involves the work of the DQAT. The indicator scores how the DQAT has verified and assessed the IPA frameworks of the health facilities (notably PHCs and CHCs). This is a crucial task within the whole IPA system.

Table 200: Decision Rules for DMHO_1_A

Criteria	Means of Verification	Decision Rule
Criterion 1: All PHCs and CHCs which are supposed to be assessed, have been visited with reports of assessments available.	Record review.	All or nothing. This verification work is crucial because payments of IPA money to the facilities depends on it. So, all verifications (100%) for the Q need to have taken place to get the 300 points.

The DMHO-wise score for this parameter are provided in the following table.

Table 201: DMHO wise score for DMHO_1_A

Sl. No.	District	SCORE
1.	East Khasi Hills	0
2.	South West Khasi Hills	0
3.	East Garo Hills	0
4.	South Garo Hills	0
5.	West Khasi Hills	0
6.	South West Khasi Hills	0
7.	North Garo Hills	0
8.	West Garo Hills	0
9.	South West Garo Hills	0
10.	Ri Bhoi	0
11.	West Jaintia Hills	0
12.	East Jaintia Hills	0

The IPA for DMHO lays down the provision that “*The DQAT is the chief ex-ante verifier of the IPA work of the PHCs, CHCs. It assesses the health facilities in their progress towards NQAS certification and executes a clear coordinating role in selected quality policy areas in the district.*”

Therefore, the first step in this direction by the DMHO office is the formation of the DQAT / District Quality Assessment Unit (DQAU). In this connection, it was encouraging to note that all the DMHO for all the 11 districts have formed the DQAT.

The quarterly assessments are planned to be held in end of the quarter Q1, thus no visits are yet made and no related reports are available so the score of every DMHO was provided as 0.

The hinderances / bottlenecks in NQAS preparedness and planning including assessments in facilities (PHCs and CHCs) quoted by the office of the DMHO include the following:

- Lack of NQAS awareness among various stakeholders
- Lack of availability of trained assessors and dedicated NQAS assessors
- Lack of budget for Quality Improvement Initiatives in the facilities
- Lack of adequate interest of the facilities in quality assessments and improvements
- Lack of infrastructure and delays in repair of infrastructure at the facilities
- Remote location of facilities, affecting connectivity
- Shortage of funds, appropriate staff, training and awareness among facility level staff

DHMHOs were asked about their satisfaction with the current state of NQAS preparedness and planning in the facilities under their jurisdiction. Their responses were analysed and presented in the table below.

Table 202: Responses by DMHOs

Sl.	DMHO Office	Satisfaction with State of NQAS Preparedness and Planning
1.	East Khasi Hills	Not satisfied as they have not formed Facility Quality Team
2.	North Garo Hills	Don't know / Can't say
3.	West Garo Hills	Don't know / Can't say
4.	South West Garo Hills	Don't know / can't say
5.	West Khasi Hills	Satisfied- All facilities are cooperative, even less resources manpower team is handling issues well
6.	South West Khasi Hills	Not fully as of the slow pace, there are wastage of expenditure also sometimes
7.	Ri Bhoi District	Not so much
8.	East Jaintia Hills	More performance expected
9.	West Jaintia Hills	Satisfied but more training and orientation required. Some shortage of structure like baby corners. Soakage pit not available everywhere
10.	East Garo Hills	Lack appropriate financial support. Regular awareness and training program required. Not fully satisfied with current NQAS preparedness and planning
11.	South Garo Hills	One PHC is preparing, Not satisfied

It can be observed that the primary reasons for dissatisfaction among DMHOs included slow pace of work, lack of trained assessors etc.

7.3.2. DMHO_2_Meetings: Series of pivotal meetings executed, including Quarterly meeting of District Health Society, DQAC, and Monthly Meeting of Medical Officers from various facilities in the district

The criteria that are included as part of this indicator, the means of verification and the decision rule for scoring as provided in the IPA are provided in the following table.

Table 203: Decision Rules for DMHO_2

Criteria	Means of Verification	Decision Rule
<ol style="list-style-type: none"> One Quarterly meeting of the District Health Society conducted to assess overall progress of facilities under the DMHO. Monthly meetings with Medical Officers from all facilities under the district conducted, to discuss Quality Assurance planning, adherence to the IPA manual, and stepwise actions. Joint meeting of the DQAC/DQAU conducted along with District IPA Assessor and assessment team with DMHO as Chair before the quarterly assessment. Monthly District Task Force meeting conducted under the immunization program and report submitted to the State Task Force. Monthly AEFI committee meetings conducted and submission to State Immunization Cell. <p>For each meeting the recorded minutes should include all the 7 criteria listed below and will be assessed on all 7 criteria to earn the 20 points per meeting.</p> <ol style="list-style-type: none"> Date of the Meeting Agenda (should include part of an NQAS planning and action) Signed list of participants Decision points with timeline for action and who is responsible. Follow up on previous meeting action points and challenges Recommendations list with possible solutions for challenges identified Minutes of the meetings are signed by the chairperson and members present with an official copy sent to DHS (MI). 	<p>Record review</p> <p>Monthly / Quarterly Meeting minutes</p>	<p>All or nothing for each of the meetings: All 7 composite criteria need to be met for a given meeting in order to get the score of 20 points for that meeting. Per Q 5 meetings * 20 points MAX per meeting</p> <p>(100)</p>

The DMHO-wise score for this parameter are provided in the following table.

Table 204: DMHO wise score for DMHO_2

Sl. No.	District	Score
1.	East Khasi Hills	80
2.	South West Khasi Hills	100
3.	East Garo Hills	100
4.	South Garo Hills	80
5.	West Khasi Hills	100
6.	North Garo Hills	100
7.	West Garo Hills	100
8.	South West Garo Hills	100
9.	Ri Bhoi	100
10.	West Jaintia Hills	80
11.	East Jaintia Hills	80

Most DMHO offices were found to be conducting all meetings apart from the joint meeting of the DQAC/DQAU along with District IPA Assessor and assessment team with DMHO as Chair before the quarterly assessment. All the other meetings are being undertaken routinely. However, maintaining proper minutes of the meeting with the inclusion of all seven criteria needs strict compliance and reinforcements.

7.3.3. DMHO_3: [Policy Tracking, Facilitation, and mentoring] Role of DMHO Office in facilitating policy processes and coaching

The criteria that are included as part of this indicator, the means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 205: Decision Rules for DMHO_3

Criteria	Means of Verification	Decision Rule
<p>This indicator looks at policy and facilitation functions of the DMHO in relation to policy-execution in a variety of important policy domains: infrastructure, BMW, HR etc. Every year, the district drafts an annual policy plan, and follows up with concrete Quarterly planning. A tracking tool assesses whether key policy and policy facilitations tasks which are the main concern of the district have been satisfactorily executed as planned. This policy tracking tool (Annex 18 of IPA-Operational Manual) will be used containing some crucial issues, such as for example.</p> <ol style="list-style-type: none"> Has the District in its quarterly assessment identified observed gaps in facilities and has assisted in providing possible solutions through mentoring and hand holding in QA assessments of facilities. Documentation on the support planned and provided is available. Are specific policies followed up as planned, e.g., are the reported maternal deaths reviewed monthly or as per standard protocols and reports available? Are the reported child deaths reviewed monthly and reports available? Is the Maternal Death review / child death review being conducted with the Deputy Commissioner? DMHO has facilitated obtaining the approval for all procurement that requires any type of statutory compliance, which are mandatory as per regulations for all PHC, CHC and DH? (E.g., NOC – Seismic safety, fire safety, etc.) Has the district monitored at least 3 facilities for statutory compliance of BMW management in the quarter? Has the DMHO set up a system for prescription audits in the district to be conducted (Q1) and for all other quarters will plan and execute the planned audits per Q. Has the District monitored and supervised 10 national health programs and has it reported in this Q to the respective State Cell. i.e. (RCH-II), (UIP), (NDCP), (RNTCP), (NVBDCP), (IDSP), (NPCB), (NLEP), (NIDDCP), (NMEP) etc. The district teams of RBSK have executed screening programs to identify children with a disability or birth defect and has assured that they have received tertiary care support under the program. DEIC reports on tertiary care available. The utilization reports of the CM_SMS from the facilities have been processed and have been submitted to DHS (MCH) Is there reporting data available on Adverse Effects from Immunization (AEFI) cases from the facilities to the DIO? DMHO checks on compliance to the immunization micro-plan sent by each facility. At least 2 visits made to facilities within the district in a quarter. 	<p>Meeting minutes Requests received from facilities through Meeting minutes.</p> <p>Maternal deaths Monthly reports received from facilities.</p> <p>Child deaths Monthly reports received from facilities. Recorded minutes of District task force.</p> <p>Guidelines/Instructions from DMHO to facilities on various statutory compliances.</p> <p>Monitoring and supervisory visits reports available.</p> <p>Record of system set up for prescription audits.</p> <p>Program reports reviewed. i.e.,</p> <ul style="list-style-type: none"> Reproductive and Child Health Programme (RCH-II) Universal Immunisation Programme (UIP) National Disease Control Programme (NDCP) Revised National Tuberculosis Control Programme (RNTCP) National Vector Borne Diseases Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP) National Programme for Control of Blindness (NPCB) National Leprosy Eradication Programme (NLEP), National Iodine Deficiency Disorder Control Programme (NIDDCP), National Malaria Eradication Programme (NMEP) 	<p>The tracking tool established the actions planned. Using the policy tracking tool in Annex 18 and weighing each action's quality completion in measurable terms using the documents listed.</p> <p>(300)</p>

Criteria	Means of Verification	Decision Rule
13. Monthly reports on Vaccine Preventable Disease surveillance received from facilities and available on request.	DEIC reports on tertiary care provided.	
14. List of vendors for low-cost medicine made available to all facilities and health care facilities are purchasing medicines from the low -cost medicine outlets.	Utilization report of the CM-SMS from facilities	
15. DMHO has regular review of progress on the CPHC components such as ATR, grievance redressals, supply and demand generation activities, timely release of funds, logistics management etc.	<p>The utilization reports of the CM_SMS from the facilities have been processed and have been submitted to DHS (MCH)</p> <p>Is there reporting data available on Adverse Effects from Immunization (AEFI) cases from the facilities to the DIO?</p> <p>DMHO checks on compliance to the immunization micro-plan sent by each facility. At least 2 visits made to facilities within the district in a quarter. Monthly reports on Vaccine Preventable Disease surveillance received from facilities and available on request.</p> <p>Monthly reports on progress of components received and updated into the app.</p>	

The DMHO-wise score for this parameter are provided in the following table.

Table 206: DMHO wise score for DMHO_3

Sl. No.	District	Score
1	East Khasi Hills	240
2	South West Khasi Hills	240
3	East Garo Hills	220
4	South Garo Hills	220
5	West Khasi Hills	240
6	North Garo Hills	260
7	West Garo Hills	200
8	South West Garo Hills	220
9	Ri Bhoi	180
10	West Jaintia Hills	200
11	East Jaintia Hills	180

Almost all the DMHOs could not secure scores with regard to the policy concerning “List of vendors for low-cost medicine made available to all facilities and health care facilities are purchasing medicines from the low -cost medicine outlets”. Except DMHO Ri Bhoi district, the DMHOs of the other districts also could not score on the policy concerning “Has the DMHO set up a system for prescription audits in the district to be conducted (Q1) and for all other quarters will plan and execute the planned audits per Q”. Except East

Khasi Hills, Ri Bhoi, West Jaintia Hills and East Jaintia Hills DMHOs, the rest of the DMHOs could not score on the policy area “Has the district monitored at least 3 facilities for statutory compliance of BMW management in the quarter?”.

7.3.4. DMHO_4_Knowledge management

The criteria that are included as part of the indicator, its means of verification and the decision rule for scoring as provided in the IPA are provided in the following table.

Table 207: Decision Rules for DMHO_4

Criteria	Means of Verification	Decision Rule
This indicator is meant to ensure that all identified persons/staff in the health facilities of the district participate in the CKSI vignettes test, each quarter. And it covers the hosting of supervised exam for CKSI.	List of participants from various facilities taking part in the clinical vignettes from State. Check to see if all facilities have at least 4 for PHCs and at least 6 staff taking part and have answered the tests.	At least 80% of identified persons/staff in the health facilities have participated in the CKSI vignettes test, hosted by the District each Q. (100)

Knowledge Management or more precisely CKSI vignettes test are yet to be implemented. This was also confirmed from the MHSSP PMU office before the beginning of the baseline study. Therefore, none of the DMHO offices could receive score with respect to this indicator.

7.3.5. 3.3.2.5. DMHO_5_Capacity Building

The criteria that are included as part of the indicator, its means of verification and the decision rule for scoring as provided in the IPA are provided in the following table.

Table 208: Decision Rules for DMHO_5

Criteria	Means of Verification	Decision Rule
This will capture the completion of planned capacity building programmes for various staff of facilities in the district, per quarter in relation to improving service quality. Criterion 1: The District is in compliance with the State Training Calendar and has nominated the required number of staff to be trained and following this up. Criterion 2: The District can demonstrate it has a functional system of evaluating staff knowledge (during field visits) through selected interviews and through an analysis of the pre/post training evaluations of the staff trainings. Criterion 3: The District is involved in bridge trainings on communication by trained DIOs for Supervisors at pilot districts to enable the cascading effect. From Q2	Receipt of the State Training Calendar notification. Report of number of staff/healthcare workers sent for trainings per quarter from the district. Five random staff interviews conducted of trained staff using checklists. Report to be shared.	Each criterion 50 points. To obtain the points: For criterion 1, at least 75% of seats as per state training program, allocated to the district is filled for each batch in the quarter. For criterion 2, knowledge of at least 50% of staff re-evaluated during field visits. For criterion 3: Completion of trainings at district level. (50 points each) (150)

The DMHO-wise score for this parameter are provided in the following table.

Table 209: DMHO wise score for DMHO_4

Sl. No.	District	Score
1.	East Khasi Hills	50
2.	South West Khasi Hills	50
3.	East Garo Hills	50
4.	South Garo Hills	50
5.	West Khasi Hills	50
6.	North Garo Hills	100
7.	West Garo Hills	50
8.	South West Garo Hills	100
9.	Ri Bhoi	100
10.	West Jaintia Hills	100
11.	East Jaintia Hills	100

The state training calendar was received by the different DHMOs on different dates. For instance, it was received on 9th August 2022 in East Khasi Hills, in December 2022 in North Garo Hills, 25th February 2023 in South West Khasi Hills and in January 2023 in East Garo Hills. Some of the key areas in which training programs were planned and organised as per the training calendar in the various districts are summarised as follows.

Table 210: Training Programmes

District	Training Programmes
East Khasi Hills	Skilled Birth Attendant -21 days, Skill Lab -6 days, Basic Emergency Obstetric Care (BEMOC care) 6 days for MOs, Family Planning, for MOs 3 days, Infant and Young Child Feeding Practices (IYCF) for ANMs -4 days
South West Khasi Hills	RMNCH+A, Mental health, CBCP, Adolescent health, Immunisation
East Garo Hills	Skills upgrade training, family planning, 9 days, for nurse and medical officer (It was noted by the researcher that selection criteria was not specifically mentioned)
West Garo Hills	RTI, STI, Community Need Assessment, RCH etc.

Apart from Ri Bhoi, West Jaintia Hills and East Jaintia Hills DMHO offices, none of the DMHOs were able to score on Criterion 2: knowledge of at least 50% of staff re-evaluated during field visits. In East Khasi Hills trainers from Ganesh Das Hospital stated that they have not been instructed to do so.

Variations in scores were also noticed for Criterion 3 i.e. whether the district is involved in bridge trainings on communication by trained DIOs for Supervisors at pilot districts to enable the cascading effect. Only three districts (North Garo Hills, West Garo Hills and South West Garo Hills) were able to score on this criteria.

7.3.6. DMHO_6_MHIS

The criteria that are included as part of the indicator, its means of verification and the decision rule for scoring as provided in the IPAs are provided in the following table.

Table 211: Decision Rules for DMHO_6

Criteria	Means of Verification	Decision Rule
<p>This will capture the functioning of MHIS at the District Level.</p> <p>Criterion 1: Compliance with conducting at least 1 DGRC per Q with full minutes attached</p> <p>Criterion 2:</p> <p>a) Percentage of PHC/CHC claiming in the district with at least a minimum of 25% of cases as MHIS patient in every PHC/CHC in each quarter. (Y1-25%, Y2-45%, Y3-60%, Y4-75%, Y5-90%)</p> <p>b) Minimum active PHC/CHC in the district Y1-50%, Y2-60%, Y3-70%, Y4-80%, Y5-90%) additionally the CHC/PHC should also meets criteria 2.a.</p> <p>Criterion 3: At least 75% of IEC activities and insurance registration drives are conducted under the district (either by the district administration or by the health facilities)</p>	<p>DGRC – Minutes of meeting</p> <p>Claims Data</p> <p>IEC Reports</p>	<p>Criterion 1: all or nothing 10 points; Criterion 2 20 points; Criterion 3: all or nothing 20 points</p> <p>(50)</p>

The DMHO-wise score for this parameter are provided in the following table.

Table 212: DMHO wise score for DMHO_6

Sl. No.	District	Score
1.	East Khasi Hills	20
2.	South West Khasi Hills	30
3.	East Garo Hills	20
4.	South Garo Hills	20
5.	West Khasi Hills	30
6.	North Garo Hills	50
7.	West Garo Hills	50
8.	South West Garo Hills	50
9.	Ri Bhoi	40
10.	West Jaintia Hills	50
11.	East Jaintia Hills	40

The dates on which the last District Grievance Redressal Committee (DGRC) meeting was conducted in the district is indicated in the following table.

Table 213: DGRC meetings

Sl.	DMHO Office	Last DGRC Meeting Conducted	Quarterly DGRC Meetings Conducted at Present
1.	East Khasi Hills	16 th March 2022	No
2.	North Garo Hills	21 st March 2022	No
3.	West Garo Hills	Information not available	No
4.	South West Garo Hills	17 th March 2021	No
5.	West Khasi Hills	Information not available	No
6.	South West Khasi Hills	6 th December 2022	Yes
7.	Ri Bhoi District	Not conducted yet	No
8.	East Jaintia Hills	Information not available	Yes

Sl.	DMHO Office	Last DGRC Meeting Conducted	Quarterly DGRC Meetings Conducted at Present
9.	West Jaintia Hills	22 nd February 2022	No
10.	East Garo Hills	November 2022	Yes
11.	South Garo Hills	October 2022	Yes

Data relating to number of PHCs and CHCs claiming (MHIS) within the jurisdiction of each DMHOs were collected for the last quarter October to December, 2022. The same was checked with the total PHCs / CHCs in the district and as per the laid down two criteria and marks were given accordingly. All the DMHO office have scored positively in this laid down criteria.

Criterion 3 lays down that “At least 75% of IEC activities and insurance registration drives are conducted under the district (either by the district administration or by the health facilities)”. North Garo Hills, West Garo Hills, South West Garo Hills, Ri Bhoi, West Jaintia Hills and East Jaintia Hills were able to score on this criterion.

7.3.7. Total Scores

Based on the scoring details provided in the previous paragraphs, the total score that DMHOs secured is presented in the following chart.

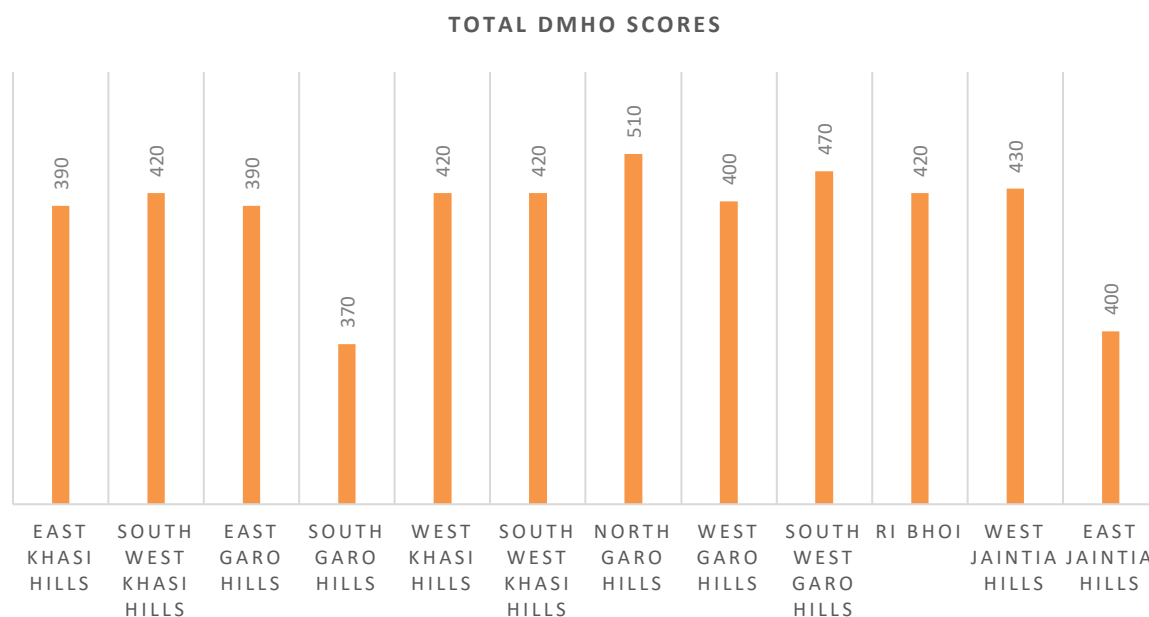


Figure 3: Total DMHO Scores

The highest scores were obtained by the DMHO offices in North Garo Hills and South West Garo Hills. The lowest scores were obtained by the DMHO offices in South Garo Hills and East Jaintia Hills.

7.4. Baseline IPA Assessment of DHS and SNA

Interviews were undertaken with the three Directorates- DHS (MI), DHS (MCH&FW) and DHS (R) and SNA MHIS between 9th February 2023 and 13th February 2023. The specific dates of interviews are indicated in the following table.

Figure 4: Interview Schedule

Sl.	Directorates / SNA MHIS	Data
1.	Directorate of Health Services (Medical Institutions)	10/02/2023
2.	Directorate of Health Services (Maternal Child Health and Family Welfare)	09/02/2023
3.	Directorate of Health Services (Research)	13/02/2023
4.	SNA MHIS	09/02/2023

Details regarding each of these units are provided in the following table.

7.4.1. Directorate of Health Services (Medical Institutions)

The DHS (MI) is responsible for establishment, administration, regulation and monitoring of Medical and Health Institutions (primary, secondary and tertiary) along with handling the necessary supporting infrastructure within the state, medical education, food safety and drug control and monitoring and implementation of various programmes related to public health and disease control. The main objectives and responsibilities of the directorate are summarised in the following table.

Figure 5: Key Activities

Areas	Activities
Medical Institutions	<ul style="list-style-type: none"> Administration and monitoring of medical services across the state. Providing medical services through a network of hospitals, Public Health Centres, Sub-Centres, dispensaries from the District to the remotest villages in the state
Registration	<ul style="list-style-type: none"> Registration of medical institutions, pharmacies and wholesalers Registration of nurses, AYUSH doctors, etc
Food and Drug Control	<ul style="list-style-type: none"> Prevention of food adulteration. Control on availability of drugs. Price and quality Control on Drugs
Storage and Distribution	<ul style="list-style-type: none"> Purchase or procurement of drugs, hospital equipment, surgical equipment etc., as also storage of drugs. Distribution of drugs, lifesaving medicines, surgical equipment, in Hospitals, PHCs, CHCs, Sub-Centres and Dispensaries across the state
Training and Education	<ul style="list-style-type: none"> Training Programmes for nurses
Alternative system of medicine	<ul style="list-style-type: none"> Promotion and monitoring of alternative systems of medicine like Homoeopathy and Ayurvedic medicine through the state
Implementation and monitoring of central programmes	<ul style="list-style-type: none"> IDSP (Integrated Disease Surveillance Project) and other central programmes for Leprosy, Malaria, Tuberculosis, Blindness Control, AIDS, etc
Administrative functions	<ul style="list-style-type: none"> Controlling various medical institutions in the state. Recruitment, Transfer and Posting of various health staffs. Procurement of medical supplies, drugs and consumables. Issue of rules, regulations and other orders from time to time Maintenance of records and management of information system. Other administrative functions

The IPA framework developed for DHS (MI) comprises of 5 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Figure 6: IPA Framework for DHS (MI)

Indicator	Name	Points
DHS (MI)_1A.	Joint State Assessment of IPA District Hospitals	200
DHS (MI)_1B.	Joint State Assessment of IPA DMHO	100
DHS (MI)_2	Timely payment	50
DHS (MI)_3	Monthly joint directorate meetings	150

DHS (MI)_4	Policy Tracking, Facilitation, Monitoring specific policy areas	300
DHS (MI)_5	Knowledge Management, Capacity Improvement, Coaching	100
DHS (MI)_5B.	Digital Dashboard	100

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to the DHS across the six indicators and related criteria.

7.4.1.1. Joint State Assessment of IPA District Hospitals

Four criteria were included as part of this indicator which are as follows:

- All DHs under IPA in the State have been assessed by the JDAT through the most current District Hospital IPA tools following the assessed quarter
- The NQAS areas of concern planned for the past quarter have been assessed and results are available
- The IPA assessment was done by a certified IPA assessor team
- All targeted institutions (DH and DMHO teams) had their CPV exams supervised by the Joint State assessment team

The program management had advised the DHS (MI) to conduct the inspections in April 2023. Scores therefore could not be accorded on this indicator.

7.4.1.2. Joint State Assessment of IPA DMHO

Two criteria were included as part of this indicator which are as follows:

- All districts under IPA in the state have been assessed by the JDAT through using the most recent district performance IPA tool following a given quarter
- All district IPA scores of the DMHOs are available and documentation of the assessment scoring can be produced upon demand/ scores are uploaded onto the dashboard system

The program management had advised the DHS (MI) to conduct the inspections in April 2023. Scores therefore could not be accorded on this indicator.

7.4.1.3. Timely Payment

Two criteria were included as part of this indicator which are as follows:

- IPA payment order is created before the end of the month following the quarter
- Payments to all contracted entities (PHCs, CHCs, DH, DMHO, MHIS) are executed within ten days after receiving the final payment order and proof of transfer of payments is available

The DHS (MI) stated that funds were received as recently as the 4th of February 2023. The program management had advised the DHS (MI) to execute timely payments on the IPA agreements to the entities in the system in April 2023.

7.4.1.4. Monthly Joint Directorate Meetings

The following criteria was considered while allocating marks under this criterion:

- Each of the monthly meeting should have recorded minutes which will be assessed on 7 criteria to earn the 50 points per meeting.
 - Date of the Meeting
 - Agenda (should include at least the sections A, B, C mentioned in the IPA)
 - Signed list of participants
 - Follow up of previous meetings action points and challenges
 - List of problems encountered and recommendations for solutions
 - Decision points with timeline for action, deadlines, and who is responsible
 - Minutes of the meetings are signed by the chairperson and members present with an official copy sent to the PS.

Two meetings had been held by the time of the assessment. The first meeting took place on the 1st of February, 2023 and was organised by DHS (MI). The second meeting was held on the 6th February, 2023 (Core Committee Meeting) by the DHS (R). Being the first meeting, the criteria- follow up of previous meeting and list of problems encountered and recommendations for solutions are not applicable. Therefore 100 marks were obtained by the DHS (MI) for the two meetings.

7.4.1.5. Policy Tracking, Facilitation, Monitoring Specific Policy Areas

This indicator is a policy execution indicator. It follows up on the execution-percentage of specific policy actions, needed to improve quality, and agreed with the other Directorates and with the DMHO teams per year. The policy domains of concern for DHS (MI) impacting on health quality are Infrastructure, Human Resources, Medical Re-imburement, and Bio Medical Waste management. A summary of the scoring accorded to each of the criteria under this indicator is provided in the following table.

Table 214: Summary of Scoring

Sl	Criteria	Score
General Management DHS-MI (marker indicator)		
1	INTERNAL DIRECTORATE MANAGEMENT REQUIREMENTS FULFILLED (Data analyses ready as scheduled, review of staff attendance with attendance status submitted to state, timely staff payments)	0
Selected DHS-MI policy areas tracking of areas impacting on HS quality - Infrastructure: Civil Works (HEW)		
2	INFRASTRUCTURE - Planned activities in revision state norms to integrate the guidelines for fire safety (Fire Dept), structural safety, electrical safety, disability friendly facilities and environment friendly	0
3	INFRASTRUCTURE - Planned activities to assessing feasibility of new health infrastructure proposals with Health Engineering Wing and compiling feasibility as per State guidelines after incorporating the above additional norms. - Q2	0
4	INFRASTRUCTURE - Monthly generation of reports executed on ongoing civil works from Health Engineering Wing and addressing shortcomings(Q1-Q4)	0
5	INFRASTRUCTURE - Planned activities executed in compilation of availability of basic infrastructure amenities (Water, Electricity, Approach Roads, and Staff Quarters) of facilities in the State (Q2: East Khasi Hills and Jaintia Hills, Q3: Garo Hills Region, Q4: Remaining Khasi Hills Districts)	0
Selected DHS-MI policy areas tracking of areas impacting on HS quality - Reimbursement of medical bills of government employees		
6	REIMBURSEMENT - Turnaround time of 3 days for approval of applicants when all documents are in order.	0
Selected DHS-MI policy areas tracking of areas impacting on HS quality - Human Resources		

SI	Criteria	Score
7	HUMAN RESOURCES – Planned activities following norms of BMW -Infection control nurse for every 100 beds.	0
8	HUMAN RESOURCES – Planned activities in strengthening of the HEW (Architect & Environment Engineer)	0
9	HUMAN RESOURCES – Activities to complete enumeration of staff at the directorate level (official/administrative, professional, technical, clerical/support) in a digital platform	0
10	HUMAN RESOURCES – Activities to complete enumeration of MBBS doctors and specialist at facilities	0
Selected DHS-MI policy areas tracking of areas impacting on HS quality - Bio Medical Waste Management		
11	BMWM - Activities in Preparation of Standard Operating procedures for Bio-Medical Waste Treatment for Generators/Occupiers, Transporters, and CBMWTF Operators – Q1	0
12	BMWM - Activities in Tracking and execution of the SOP with quality targets reached - Q2- Q4	0
13	BMWM Activities in contracting private collector for red and blue waste collection and tracking implementation from various facilities	20
Selected DHS-MI policy areas tracking of areas impacting on HS quality - Statutory Compliance PM (inserted in NQAS assessment)		
Selected DHS- MI policy areas tracking of areas impacting on HS quality - Drugs availability		
14	Drugs availability: - Turnaround time of medicines from indent to supply per quarter. - Preparation of policy on drugs disposal on one time basis. - Implementation of the State condemnation policy (Meghalaya Financial Rules) for equipment.	0
DHS-MI Digitalization		
15	Website provides up-to-date information on facilities. Geotagging agreement has been signed with NESAC and initiated for implementation (Q1 – Q2) , implemented (Q3 -Q4) with data available to DHS (MI).	0
TOTAL [out of 300; MAX 300 = 100 %]		20

7.4.1.6. Knowledge Management, Capacity Building and Coaching

This indicator captures the planning and execution of knowledge management, capacity improvement and coaching activities by the various DHS Directorates. It assesses for each directorate the completion of targeted coaching and capacity-building programmes for various staff (of facilities, districts, and the directorate itself) to improve quality. A summary of the scoring accorded to each of the criteria under this indicator is provided in the following table.

Table 215: Summary of Scoring

<p>Criterion 1: Every year, in Q1, an inventory is made of the most urgent knowledge and skills training needs in relation to the MHSSP program and its quality concerns. It details the specific training and coaching which the Directorate aims to execute in this context. The plan is a living document and can be adapted if new demands come up during the IPA execution. Example MI concern is mental health.</p>	<p>Criterion 2: A basic assessment tool is used to record the impact of each training/coaching/skills building programme.</p>	<p>Criterion 3: Per quarter trainings and coaching visits are planned linked to the annual planning. The indicator is the number of executed trainings and coaching visits/ number planned with documentation of the activity's impact. The impact should be above a certain percentage score to obtain the points e.g., 70% executed over planned for the quarter.</p>
0	0	0

As no activities were undertaken in the baseline period, no score could be accorded under this indicator.

7.4.1.7. Digital Dashboard

A summary of the scoring under various criteria is provided under the following table.

Table 216: Summary of Scoring

Criterion 1 -Availability of Work plan	Criterion 2 – updated website	Criterion 3 – available quarter reports from DMHO	Criterion 4 – Roadmap submission
0	0	0	0

The Digital Dashboard is under progress and Geo tagging by DHS (MI) in collaboration with NESAC has been done, however none of the criteria was found to be fulfilled as per the decision rule and therefore the no scores could be accorded.

7.4.1.8. Total Score Obtained by DHS (MI)

The total score obtained by DHS (MI) is 120 out of 1000 during baseline. This is essentially because the project is at an early stage and many of the activities are being conceptualised and rolled out.

7.4.2. Directorate of Health Services (Maternal Child Health and Family Welfare)

The DHS (MCH&FW) is responsible for monitoring and implementation of the centrally sponsored schemes implemented in the State to cater to the health needs of women and children. To meet the objectives, a number of interventions are being attempted through various programmes brought under Reproductive Child Health (RCH)-II and Universal Immunization Programme (UIP) which are the major components of National Rural Health Mission (NRHM). The main objectives and responsibilities of the Directorate are summarised in the following table.

Table 217: Key Activities

Areas	Activities
Maternal Health	<ul style="list-style-type: none"> Provision of safe motherhood care Provision of safe abortion services Prevention and treatment of nutritional anaemia and promotion of maternal nutrition Strengthening and improving quality of Obstetric care in the state Prevention of maternal mortality and morbidity Reduction of R.T.Is or S.T.Is among women
Child Health	<ul style="list-style-type: none"> Immunization of children against six killer diseases i.e. diphtheria, pertusis, tetanus, measles, tuberculosis and poliomyelitis Prevention of childhood diseases including malaria, Tuberculosis, etc. Promotion of child nutrition and prevention of malnutrition and anaemia Provision of services for A.D.D. and A.R.I. among children Prevention of neonatal, infant and childhood mortality
Family Planning	<ul style="list-style-type: none"> Encouraging and promoting the use of various contraceptive methods Provision of Family Planning and sterilisation services to eligible couples
Registration and Vital Statistic	<ul style="list-style-type: none"> Registration of births and deaths Registration and monitoring of P.N.D.T. facilities within the state Maintenance and analysis of vital statistics like birth rate, death rate, T.F.R., etc.
Administrative and Training Functions	<ul style="list-style-type: none"> Controlling various medical institutions in the state. Recruitment, Transfer, and Posting of various health staffs. Procurement of medical supplies, drugs and consumables.

Areas	Activities
	<ul style="list-style-type: none"> Issue of rules, regulations and other orders from time to time Maintenance of records and management of information system. Other administrative functions. Time to time training of various health staff on various medical and health subjects related to Reproductive Child Health

The IPA framework developed for DHS (MI) comprises of 5 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 218: IPA Framework for DHS (MI)

Indicator	Name	Points
DHS (MCH&FW)_1A.	Joint State Assessment of IPA District Hospitals	200
DHS (MCH&FW)_1A.	Joint State Assessment of IPA DMHO	100
DHS (MI)_2	Timely payment	50
DHS (MI)_3	Monthly joint directorate meetings	150
DHS (MI)_4	Policy Tracking, Facilitation, Monitoring specific policy areas	300
DHS (MI)_5	Knowledge Management, Capacity Improvement, Coaching	200

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to the DHS across the six indicators and related criteria.

7.4.2.1. Joint State Assessment of IPA District Hospitals

Four criteria were included as part of this indicator which are as follows:

- All DHs under IPA in the State have been assessed by the JDAT through the most current District Hospital IPA tools following the assessed quarter
- The NQAS areas of concern planned for the past quarter have been assessed and results are available
- The IPA assessment was done by a certified IPA assessor team
- All targeted institutions (DH and DMHO teams) had their CPV exams supervised by the Joint State assessment team

The Joint State Quarterly assessment verification visits of IPA indicators of District Hospital had not been during the baseline assessment period.

7.4.2.2. Joint State Assessment of IPA DMHO

Two criteria were included as part of this indicator which are as follows:

- All districts under IPA in the state have been assessed by the JDAT through using the most recent district performance IPA tool following a given quarter
- All district IPA scores of the DMHOs are available and documentation of the assessment scoring can be produced upon demand/ scores are uploaded onto the dashboard system

The Joint State Quarterly assessment verification visits of IPA indicators of DMHOs had not been during the baseline assessment period.

7.4.2.3. Timely Payment

Two criteria were included as part of this indicator which are as follows:

- IPA payment order is created before the end of the month following the quarter
- Payments to all contracted entities (PHCs, CHCs, DH, DMHO, MHIS) are executed within ten days after receiving the final payment order and proof of transfer of payments is available

The execution of timely payments on the IPA agreements to the entities in the system had not been initiated at the baseline stage.

7.4.2.4. Monthly Joint Directorate Meetings

The following criteria was considered while allocating marks under this criterion:

- Each of the monthly meeting should have recorded minutes which will be assessed on 7 criteria to earn the 50 points per meeting.
 - Date of the Meeting
 - Agenda (should include at least the sections A, B, C mentioned in the IPA)
 - Signed list of participants
 - Follow up of previous meetings action points and challenges
 - List of problems encountered and recommendations for solutions
 - Decision points with timeline for action, deadlines, and who is responsible
 - Minutes of the meetings are signed by the chairperson and members present with an official copy sent to the PS.

Two meetings had been held by the time of the assessment. The first meeting took place on the 1st of February 2023 and was organised by DHS (MI). The second meeting was held on the 6th February, 2023 (Core Committee Meeting) by the DHS (R). Being the first meeting, the criteria- follow up of previous meeting and list of problems encountered and recommendations for solutions are not applicable. Therefore 100 marks were obtained by the DHS (MI) for the two meetings.

7.4.2.5. Policy Tracking, Facilitation, Monitoring Specific Policy Areas

This indicator is a policy execution indicator. It follows up on the execution-percentage of specific policy actions, needed to improve quality, and agreed with the other Directorates and with the DMHO teams per year, translated into concrete actions per quarter. The selected policy domains of concern for DHS (MCH) impacting on health quality are: Maternal Health, Child Health, Immunization, State Registrar for Births and Deaths, CPHC in PHCs and IDSP. A summary of the scoring accorded to each of the criteria under this indicator is provided in the following table.

Table 219: Summary of scoring

SI	Criteria	Score
1	MATERNAL HEALTH - Preparation of a calendar for interventions in improving maternal health indicators. Q1	-
2	MATERNAL HEALTH - Planned Monitoring and Evaluation visits to districts completed with focused review of the following indicators and recommendations: <ul style="list-style-type: none"> - ANC coverage during the 1st trimester of pregnancy to be increased, by targeting special focused initiatives for teenage pregnancies, through the RKSK program and ASHAs. - The progress of 4 or more ANC checkups for all pregnant women to increase. Increased mobilization of field staff i.e., PHN/ HE/CHO from Districts to remind pregnant women during their field work. - The progress on dealing with high-risk pregnant women to have additional 3 ANC (total 7 ANCs) - The progress on increasing the percentage (7.1%) of home deliveries to be attended by the SBA and decrease the percentage being conducted by non-SBA (92.9%). - The progress on increasing the percentage of Anemic pregnant women taking the full course of IFA tablets recommendations through training of SBAs. 	20

Sl	Criteria	Score
	<ul style="list-style-type: none"> - To ensure the convergence of intersectoral coordination i.e VHC, ICDS, BDO, etc. to improve the indicators relating to maternal and child health. - The blood transfusion/ Iron -sucrose for anemic mothers 	
3	MATERNAL HEALTH - Evaluation of monthly reports to identify low performing districts and records of actions taken accordingly produced	20
4	MATERNAL HEALTH - Activities to support the evaluation of the compliance of facilities to CM-SMS: <ul style="list-style-type: none"> - Develop a MIS/tracking system regarding the utilization of the four components of the CM-SMS (Q1-Q2) - Activities to ensure receipt of utilization report from 50% facilities. 	20
Selected DHS - MCH policy areas tracking of areas impacting on HS quality - Child Health		
5	CHILD HEALTH - Preparation of a calendar for interventions in improving child health indicators. Q1	20
6	CHILD HEALTH - At least one monitoring visit to a district per month, executed according to protocol with special focus on the following: <ul style="list-style-type: none"> - Checking the functionality of the existing NBSU/SNCU and issuing recommendations for improvement. - Reviewing of quarterly reports from the districts (i.e., the Nutritional Rehabilitation Centre, infant and young child feeding practices, Kangaroo mother care, etc.) and recommendations made on improvement practice. - Monitoring of the RBSK program. - To ensure the convergence of intersectoral coordination i.e VHC, ICDS, BDO, etc. to improve the indicators relating to maternal and child health. 	20
Selected DHS - MCH policy areas tracking of areas impacting on HS quality - Immunization		
7	IMMUNIZATION - One monthly Block Task Force meeting and District Task force meeting on Immunization are convened, with all documentation present.	20
8	IMMUNIZATION - Planned monitoring activities to boost compliance to the immunization micro planning of facilities, are all executed and recorded	20
9	IMMUNIZATION - 50% of the planned target cold chain points examined during monitoring visits.	20
10	IMMUNIZATION - The Reporting compliance of AEFI cases from the two pilot districts (RBD & WGH) during the pilot phase is achieved	20
11	IMMUNIZATION - All planned monitoring and supportive supervision visits are conducted by the team with records available on demand	20
Selected DHS - MCH policy areas tracking of areas impacting on HS quality - Upkeep Registrar of the State for Birth/Deaths		
12	REGISTRAR - Registered Medical Certificate of Cause of Death (MCCD) reports received, recorded and analyzed	20
13	REGISTRAR - Monthly reports from Districts on births and deaths are all reviewed following a protocol	20
Selected DHS - MCH policy areas tracking of areas impacting on HS quality - IDSP - IHIP		
14	IDSP IHIP - To address challenges in IDSP-IHIP implementation <ul style="list-style-type: none"> - Ensure daily reporting of IHIP implementation - Progress of IHIP from offline mode to online mode - monitor the surveillance for EWS at field level 	20
Selected DHS - Comprehensive Primary Health Care Services		
15	<ul style="list-style-type: none"> - Monitoring for operationalize the SC HWC and PHC HWC to meet the national target - Availability of the EDL and EDT in the HWC - Teleconsultation achievement - NCD screening achievement - Daily Reporting of HWC portal . 	20
TOTAL [out of 300; MAX 300 = 100 %]		280

7.4.2.6. Knowledge Management, Capacity Building and Coaching

This indicator captures the planning and execution of knowledge management, capacity improvement and coaching activities by the various DHS Directorates. It assesses for each directorate the completion of

targeted coaching and capacity-building programmes for various staff (of facilities, districts, and the directorate itself) to improve quality. A summary of the scoring accorded to each of the criteria under this indicator is provided in the following table.

Table 220: Summary of Scoring

Criterion 1: Every year, in Q1, an inventory is made of the most urgent knowledge and skills training needs in relation to the MHSSP program and its quality concerns. It details the specific training and coaching which the Directorate aims to execute in this context. The plan is a living document and can be adapted if new demands come up during the IPA execution. Example MI concern is mental health.	Criterion 2: A basic assessment tool is used to record the impact of each training/coaching/skills building programme.	Criterion 3: Per quarter trainings and coaching visits are planned linked to the annual planning. The indicator is the number of executed trainings and coaching visits/ number planned with documentation of the activity's impact. The impact should be above a certain percentage score to obtain the points e.g., 70% executed over planned for the quarter.
0	0	0

As no activities were undertaken in the baseline period, no score could be accorded under this indicator.

7.4.2.7. Total Score Obtained by DHS (MCH&FW)

The total score obtained by DHS (MI) is 380 out of 1000 during baseline. This is essentially because the project is at an early stage and many of the activities are being conceptualised and rolled out.

7.4.3. Directorate of Health Services (Research)

Pasteur Institute, Shillong was established in the year 1915. It was redesignated as the Directorate of Health Services (Research etc) since the year 1987. The main objectives and responsibilities of the Directorate are summarised in the following table.

Table 221: Key Activities

Areas	Activities
General Laboratory	<ul style="list-style-type: none"> The various departments / sections under the General Laboratory: 1. Pathology 2. Microbiology 3. Media section 4. Virology 5. Biochemistry
Regional Blood Centre	<ul style="list-style-type: none"> First licensed blood Centre also known as the Mother Blood Bank in the state. It provides 'Safe Blood' and Blood Components round the clock. Also, caters to the needs of Government Hospitals as well as Private Institutions.
Blood Component Separation Unit	<ul style="list-style-type: none"> Components are issued to Government Hospitals, Private Hospitals and also to Mission Hospitals
Anti Rabies Out Patient Department	<ul style="list-style-type: none"> Activities under the National Rabies Control Program are being carried out as per guidelines of the National Centre for Disease Control
Covid-19 BSL-2 Molecular Laboratory	<ul style="list-style-type: none"> The Laboratory was set up in the year 2020 to combat the pandemic brought about by the corona virus

The IPA framework developed for DHS (MI) comprises of 5 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 222: IPA Framework for DHS (R)

Indicator	Name	Points
DHS (MCH&FW)_1A.	Joint State Assessment of IPA District Hospitals	200
DHS (MCH&FW)_1A.	Joint State Assessment of IPA DMHO	100
DHS (MI)_2	Timely payment	50

DHS (MI)_3	Monthly joint directorate meetings	150
DHS (MI)_4	Policy Tracking, Facilitation, Monitoring specific policy areas	300
DHS (MI)_5	Knowledge Management, Capacity Improvement, Coaching	200

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to the DHS across the six indicators and related criteria.

7.4.3.1. Joint State Assessment of IPA District Hospitals

Four criteria were included as part of this indicator which are as follows:

- All DHs under IPA in the State have been assessed by the JDAT through the most current District Hospital IPA tools following the assessed quarter
- The NQAS areas of concern planned for the past quarter have been assessed and results are available
- The IPA assessment was done by a certified IPA assessor team
- All targeted institutions (DH and DMHO teams) had their CPV exams supervised by the Joint State assessment team

The Joint State Quarterly assessment verification visits of IPA indicators of District Hospital had not been during the baseline assessment period. It would be undertaken by DHS (R) in April 2023.

7.4.3.2. Joint State Assessment of IPA DMHO

Two criteria were included as part of this indicator which are as follows:

- All districts under IPA in the state have been assessed by the JDAT through using the most recent district performance IPA tool following a given quarter
- All district IPA scores of the DMHOs are available and documentation of the assessment scoring can be produced upon demand/ scores are uploaded onto the dashboard system

The Joint State Quarterly assessment verification visits of IPA indicators of DMHOs had not been during the baseline assessment period. It would be undertaken by DHS (R) in April 2023.

7.4.3.3. Timely Payment

Two criteria were included as part of this indicator which are as follows:

- IPA payment order is created before the end of the month following the quarter
- Payments to all contracted entities (PHCs, CHCs, DH, DMHO, MHIS) are executed within ten days after receiving the final payment order and proof of transfer of payments is available

The execution of timely payments on the IPA agreements to the entities in the system had not been initiated at the baseline stage.

7.4.3.4. Monthly Joint Directorate Meetings

The following criteria was considered while allocating marks under this criterion:

- Each of the monthly meeting should have recorded minutes which will be assessed on 7 criteria to earn the 50 points per meeting.

- Date of the Meeting
- Agenda (should include at least the sections A, B, C mentioned in the IPA)
- Signed list of participants
- Follow up of previous meetings action points and challenges
- List of problems encountered and recommendations for solutions
- Decision points with timeline for action, deadlines, and who is responsible
- Minutes of the meetings are signed by the chairperson and members present with an official copy sent to the PS.

Two meetings had been held by the time of the assessment. The first meeting took place on the 1st of February 2023 and was organised by DHS (MI). The second meeting was held on the 6th of February, 2023 (Core Committee Meeting) by the DHS (R). Being the first meeting, the criteria- follow up of previous meeting and list of problems encountered and recommendations for solutions are not applicable. Therefore 100 marks were obtained by the DHS (MI) for the two meetings.

7.4.3.5. Policy Tracking, Facilitation, Monitoring Specific Policy Areas⁵

This indicator is a policy execution indicator. It follows up on the execution-percentage of specific policy actions, needed to improve quality, and agreed with the other Directorates and with the DMHO teams per year, translated into concrete actions per quarter. It measures actions completed at satisfactory level against actions planned. The selected policy domains of concern for DHS (Research) impacting on health quality are: Development of quality research infrastructure and SOPs, Improving laboratory services for diagnostic and research purposes, Blood Bank facilities, Upgraded Training scheme developments of laboratory technicians and laboratory assistance

Table 223: Summary of scoring

SI	Criteria	Score
General management DHS Research (marker indicator)		
1	INTERNAL DIRECTORATE MANAGEMENT REQUIREMENTS FULFILLED (Data analyses ready as scheduled, review of staff attendance with attendance status submitted to state, timely staff payments)	20
Selected DHS-Research policy areas tracking of areas impacting on HS quality – Research infrastructure		
2	RESEARCH INFRASTRUCTURE – Progress activities to establish Research Ethics committee confirmed as to plan	20
3	RESEARCH INFRASTRUCTURE – Progress activities to obtain NABL for Pasteur molecular lab	
Selected DHS-Research policy areas tracking of areas impacting on HS quality – Laboratories		
4	LABORATORIES – Planned activities regarding development of a communication and competency assessment plan of currently trained facilities laboratory technicians to update, bring up challenges from the field and possible solutions. (e.g. Q1-Q2)	0
5	LABORATORIES – Planned activities regarding Development of a system of monitoring quality of work in district laboratories so they can progress towards any accreditation. (Q1-Q2)	0

⁵ As per the IPA and Policy Tracking Tool, each Yes answer translates to 20 marks. In the Policy Tracking Tool, there is an additional question (question no. 16) where it is written Selected DHS-Research policy areas tracking of areas impacting on HS quality – DIGITAL INFORMATION

16	DIGITALIZATION – TBD An indicator to track the timely input of the directorate’s information into the digital portals.
----	--

SI	Criteria	Score
6	LABORATORIES - Planned Average Turn Around Time for reports (receipt of sample/specimen to the reporting) reaching X TARGET for Q.	0
7	LABORATORIES - Planned total samples rejected/not fit for using, based on sample rejection criteria enumerated and reaching X Target for Q.	20
8	LABORATORIES - Reduction of percentage of tests outsourced despite in-house capacity to under X percent per Q.	20
9	LABORATORIES - Percentage of outbreaks detected by the microbiology lab through routine lab-based surveillance > X percent per Q (may be hard to assess per Q.)	0
Selected DHS-Research policy areas tracking of areas impacting on HS quality - Blood bank		
10	BLOOD BANK - Activities which are linked to preparation and analysis of Blood Transfusion Core Committee supervisory visits to at least facilities in two districts executed and documented with suggested improvements.	0
11	BLOOD BANK - Planned activities linked to NBTC guidelines and Drugs and Cosmetic act surveillance executed and documented per Q.	0
12	BLOOD BANK - Planned activities to raise awareness on blood donation through IEC executed as planned.	0
Selected DHS-Research policy areas tracking of areas impacting on HS quality - Others		
13	DRUGS:	0
14	QUALITY CONTROL:	0
15	AYUSH LAB:	0
Selected DHS-Research policy areas tracking of areas impacting on HS quality - DIGITAL INFORMATION		
16	DIGITALIZATION - TBD An indicator to track the timely input of the directorate's information into the digital portals.	0
TOTAL [MAX 300= 100 %]		40

7.4.3.6. Knowledge Management, Capacity Building and Coaching

This indicator captures the planning and execution of knowledge management, capacity improvement and coaching activities by the various DHS Directorates. It assesses for each directorate the completion of targeted coaching and capacity-building programmes for various staff (of facilities, districts, and the directorate itself) to improve quality. A summary of the scoring accorded to each of the criteria under this indicator is provided in the following table.

Table 224: Summary of scoring

<p>Criterion 1: Every year, in Q1, an inventory is made of the most urgent knowledge and skills training needs in relation to the MHSSP program and its quality concerns. It details the specific training and coaching which the Directorate aims to execute in this context. The plan is a living document and can be adapted if new demands come up during the IPA execution. Example MI concern is mental health.</p>	<p>Criterion 2: A basic assessment tool is used to record the impact of each training/coaching/skills building programme.</p>	<p>Criterion 3: Per quarter trainings and coaching visits are planned linked to the annual planning. The indicator is the number of executed trainings and coaching visits/ number planned with documentation of the activity's impact. The impact should be above a certain percentage score to obtain the points e.g., 70% executed over planned for the quarter.</p>
0	0	0

As no activities were undertaken in the baseline period, no score could be accorded under this indicator.

7.4.3.7. Total Score Obtained by DHS (R)

The total score obtained by DHS (MI) is 140 out of 1000 during baseline. This is essentially because the project is at an early stage and many of the activities are being conceptualised and rolled out.

7.4.4. State Nodal Agency- MHIS

Megha Health Insurance Scheme (MHIS) was launched in 2012. The Government of Meghalaya via the State Nodal Agency (SNA) began the implementation of MHIS in convergence with the Rashtriya Swasthiya Bima Yojana (RSBY) in 2013. The insurance cover was increased to ₹ 1.6 lakhs for all citizens of the state (excluding state and central government employees). Since the cover under RSBY for the insured beneficiaries was restricted only to secondary care and surgical packages, the universal scheme introduced critical care, oncology, and other essential tertiary care packages. Subsequently, the insurance cover has increased over the years to Rs. 2.0 Lakhs in MHIS II, 2.8 Lakhs in MHIS III (plus Rs. 30,000 senior citizen cover for enrolled senior citizens), and Rs. 5 Lakhs in MHIS IV and now to Rs. 5.3 Lakhs in MHIS V. The growth is not just in the insurance cover but also in the expansion of the scheme's scope over the years, which has been possible due to continued interventions made by the Government to address implementation challenges. MHIS is now being implemented with Pradhan Mantri Jan Arogya Yojana since the fourth phase (2019) introducing several operational changes which have improved the service delivery of the scheme in the past few years.

The IPA framework developed for DHS (MI) comprises of 5 indicators which are summarised in the following table. The break-down of the total 1000 points across these indicators is also provided.

Table 225: IPA Framework for MHIS

Indicator	Name	Points
MHIS_1	Conducting 1 strategic SGRC meeting in each Quarter, following a protocol	150
MHIS_2	Promoting Household registration	200
MHIS_3	Promoting Audit execution	250
MHIS_4	Promoting claim fund utilization	250
MHIS_5	Promotion Grievances redressal	150

Each of the indicators comprises of various criteria. For a facility to score on a particular indicator, it has to meet the criteria based on the decision rules developed for that particular indicator. The following sections present the scoring accorded to the SNA MHIS across the five indicators and related criteria.

7.4.4.1. MHIS_1 Conducting 1 strategic SGRC meeting in each Quarter, following a protocol

The last meeting was held on 08/02/2023 and it is now conducted quarterly as per the contract document including as and when required, therefore score have been obtained.

7.4.4.2. MHIS_2 [Promoting household registration] 70% Registration of Household in (Y1) then 73% (Y2), 76% (Y3), 80% (Y4).

It is currently 69.31% as per the information provided on 09/02/2023 thus missing the required 70% marks for the first year by a slight margin.

Table 226: Registration Status

Sl. No.	District	Eligible HH under MHIS & PMJAY	Out of Eligible, Total HH Already registered under MHIS & PMJAY	HH remaining to be registered (Under MHIS)	% of Registered HH under MHIS out of Eligible HH under MHIS
1	East Garo Hills	34840	18615	16225	53.43%
2	East Jaintia Hills	20111	23559	-3448	117.14%
3	East Khasi Hills	214823	132354	82469	61.61%
4	North Garo Hills	39526	25845	13681	65.39%
5	Ribhoi	67367	43350	24017	64.35%
6	South Garo Hills	36293	23466	12827	64.66%
7	South West Garo Hills	32243	33070	-827	102.57%
8	South West Khasi Hills	24283	18530	5753	76.31%
9	West Garo Hills	97934	59407	38527	60.66%
10	West Jaintia Hills	58939	54436	4503	92.36%
11	West Khasi Hills	62193	44610	17583	71.73%
Grand Total		688551	477242	211309	69.31%

7.4.4.3. MHIS_3 Promoting Audit Execution

Audit execution is undertaken on a weekly basis. In the words of an MHIS official “*As per guidelines we are supposed to conduct 3% Medical Audit in a Quarter*” further “*3% Medical Audit in a Quarter is met*”. Therefore, score has been given under the criteria.

7.4.4.4. MHIS_4 [Promoting claim fund utilization] Share of empanelled government hospitals with claim fund utilization $\geq 80\%$ of funds received within the 2 months of the implementing quarter. - Target percentage for (Y1) – 15% of hospitals, then (Y2) – 25%, (Y3) – 35%, (Y4) – 45%.

This share stood at 16.81 percent at the baseline stage. This is well above 15% for year 1 and therefore a score has been accorded under this indicator. (Details provided at Annexure I)

7.4.4.5. MHIS_5 [Promotion Grievances redressal] Percentage of grievances that have been redressed within the prescribed TAT of 30 days.

This percentage stood at 88.60 percent at the baseline stage. This falls between 85% to 100%, therefore 100 points have been awarded as per the decision rule. A summary of the Turn Around Time ranges is provided in the following table. (Details provided at Annexure II). Additional details related to the MHIS are presented in Annexure IX.

Table 227: TAT for Closure of Grievances

TAT for Closure of Grievances	0-15 day	15-30days	>30 days	In Process
%	71.4	17.1	2.9	8.6
0-30 days	88.60%			

7.4.4.6. Total Score Obtained by SNA MHIS

The total score obtained by SNA MHIS is 750 out of 1000 during baseline. This is a very positive score and can be further built upon.

Chapter 8: Key Results Framework Indicators

8.1. Introduction

The consultant was required to conduct a baseline assessment of certain Results Framework (RF) indicators alongside the baseline IPA assessment⁶. These indicators are:

- Percentage point decrease of targeted health facilities reported stock-out of essential drugs
- Percentage of local fund utilization (including performance grants and Insurance reimbursements) in targeted hospitals

The consultant included questions related to stock-out of essential drugs and local fund utilization with a view to provide the baseline status of the above-mentioned indicators.

8.2. Stock-Out of Essential Drugs

A list of 20 essential drugs common to the different types of health facilities viz. PHCs, CHCs and DHs was shared by the project along with information requirements related to blood bank / storage units facilities. Besides the drug stock out in the health facilities, data was also collected concerning the number of days for which drugs were not available, whether requisition had been raised and the expected number of days within which the drugs would be available. Names of these essential drugs and information related to blood banks / storage units that were collected from health facilities are provided in the following tables.

Table 228: Names of essential drugs and information related to blood banks

Sl. No.	Name of the Essential Drugs
1.	Albendazole Tablet 400 mg
2.	Amlodipine Tablet 5 mg
3.	Amoxicillin Oral liquid 250 mg/5 ml
4.	Atropine Injection 0.6 mg/ml Atropine Injection 1 mg/ml
5.	Azithromycin Tablet 500 mg
6.	Calcium gluconate Injection 100 mg/ml
7.	Diclofenac Injection 25 mg/ml
8.	Dicyclomine Tablet 10 mg
9.	Folic acid Tablet 5 mg Folic acid Tablet 400 mcg
10.	Gentamicin Injection 10 mg/ml
11.	Lignocaine Injection 2% Lignocaine
12.	Magnesium Sulfate Injection (50% solution), 2 ml ampoule
13.	Metformin Tablet 500 mg
14.	Methylergometrine Injection 0.2 mg/ml
15.	Metronidazole Tablet 200 mg
16.	Omeprazole Capsule 20 mg
17.	Oral rehydration salts (ORS)
18.	Paracetamol Syrup 125 mg/5 ml
19.	Paracetamol Tablet 500 mg,

⁶ It was clarified by the client that data collection for this indicator by the consultant would only need to be conducted during the baseline assessment.

Sl. No.	Name of the Essential Drugs
20.	Telmisartan Tablet 40 mg

Sl. No.	Question
1.	Is there availability of one certified employee for blood transfusion with responsibility for the appropriate storage?
2.	Is there availability of reagents for the determination of blood group and Rh factor that are stored properly and availability of a plasma defroster?
3.	Is there availability of at least 2 doses of 4 blood groups with current shelf life?
4.	Is Plasma stored according to the norms (freezer only for plasma/T between -18°C and -30°C)?
5.	Are packed red blood cells are stored according to the established norms + 4°C to + 6°C?

Drug stock out data was mostly collected from the Pharmacists posted in the facilities. Data related to blood banks was collected from the laboratory in charges in the health facilities.

The following chart provides the district wise average drug-stock out (combined for all the 20 essential drugs).

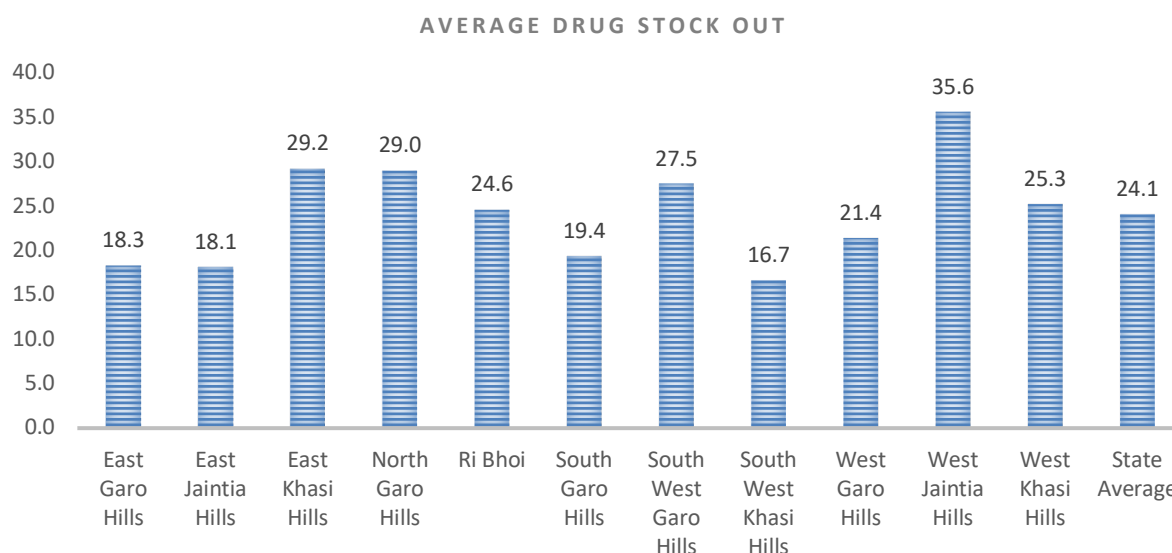


Figure 7: Average drug stock out

On the day of the visit to health facilities the average drug stock out reported was 24.09 percent. This ranged from 16.67 percent in South West Khasi Hills to 35.56 percent in West Jaintia Hills. District wise and drug wise stock-out details are provided in Annexure III.

A review of the district and drug wise stock out in PHCs (combined for all the districts), indicates that the highest drug stock out were reported for Azithromycin Tablets 500 mg (64.90 percent) followed by Methylergometrine Injection 0.2 mg/ml (63.22%) and Calcium Gluconate Injection 100 mg/ml (56.42%).

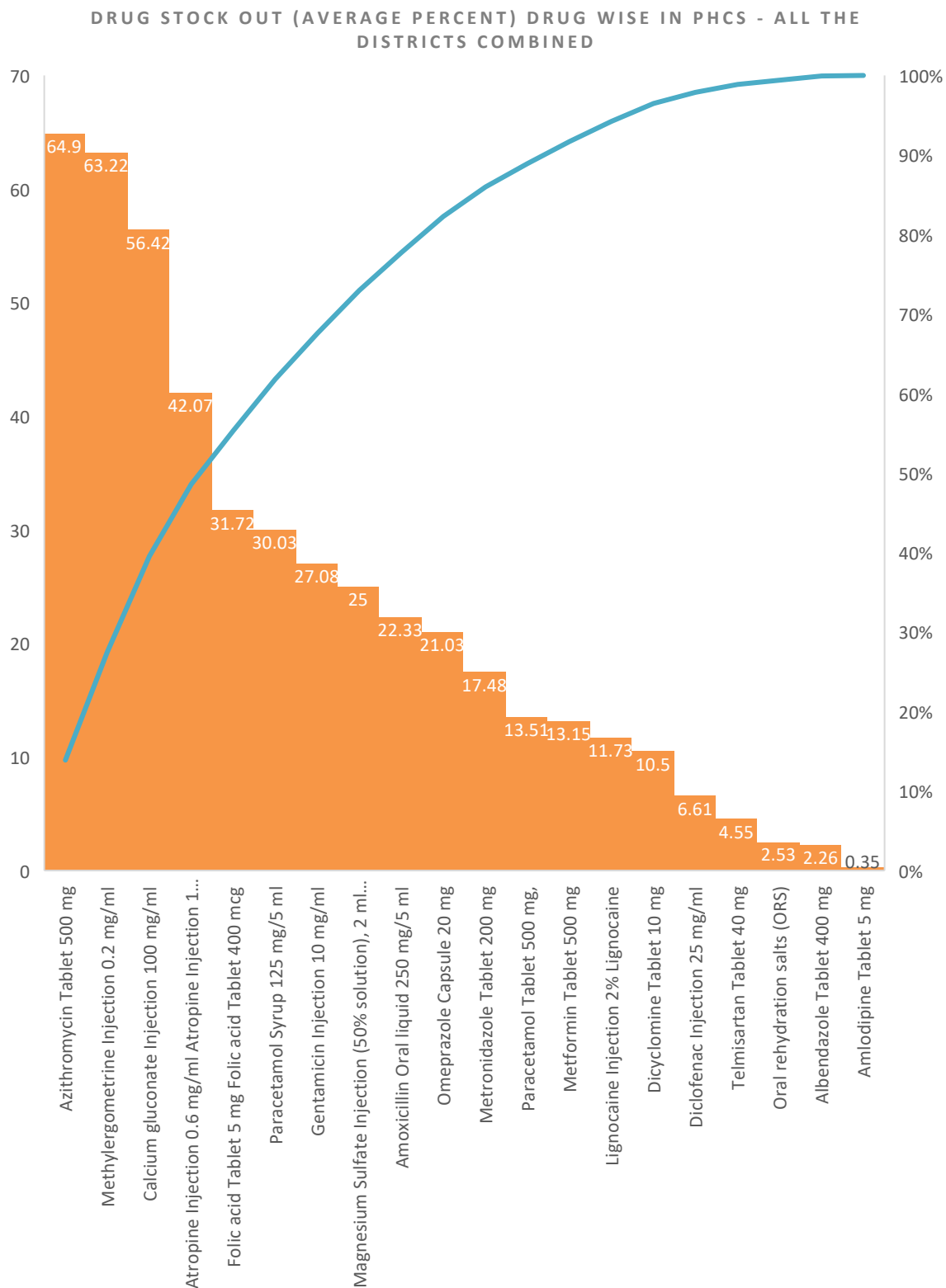


Figure 8: Drug wise Stock Out

A review of the district and drug wise stock out in UHCs (combined for all the districts), indicates that highest drug stock outs were reported for Atropine Injection 0.6 mg/ml Atropine Injection 1 mg/ml (100%) followed by Calcium Gluconate Injection 100 mg/ml, Gentamicin Injection 10 mg/ml and Methylergometrine Injection 0.2 mg/ml (each reporting a stockout of 98%).

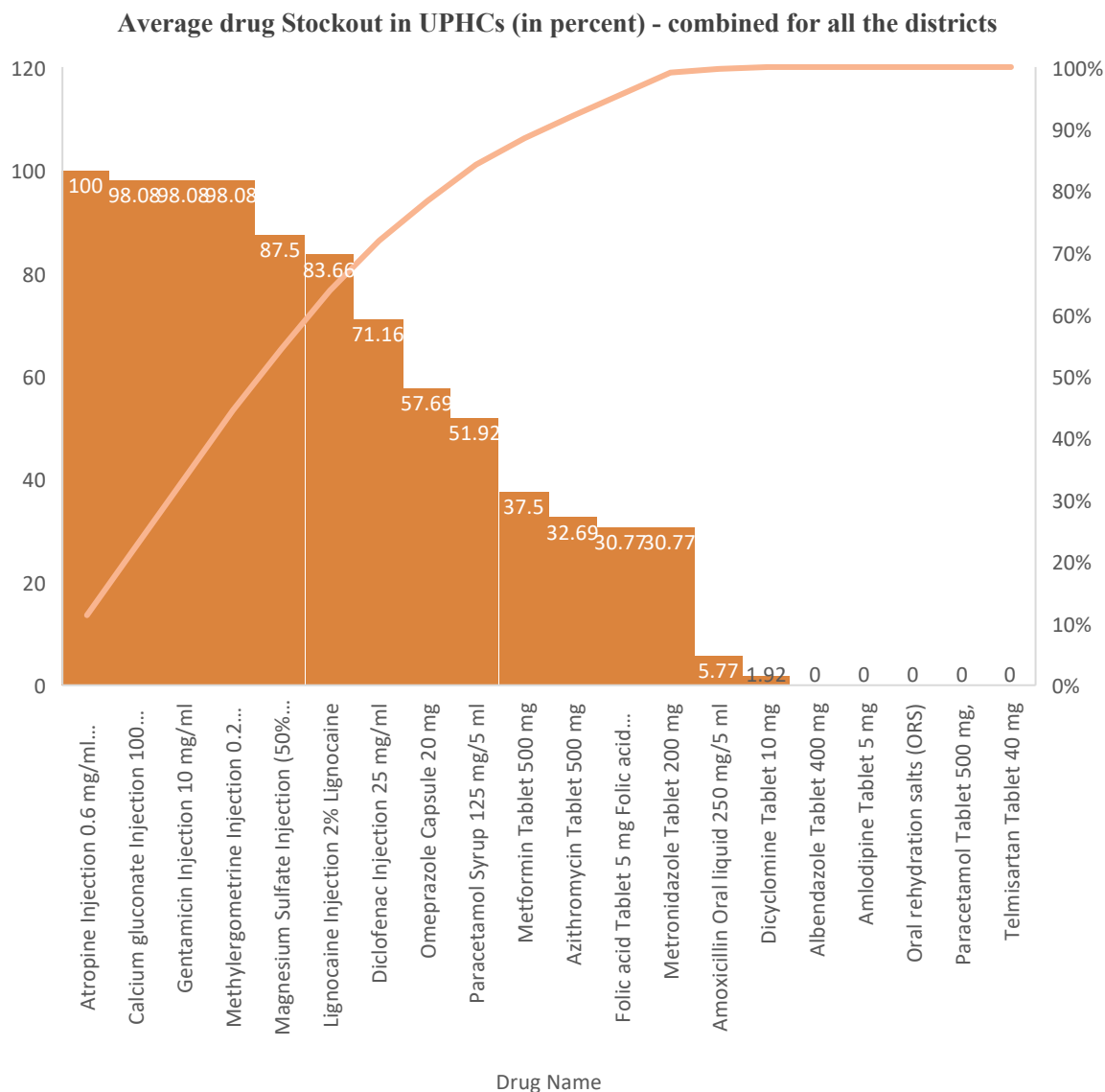


Figure 9: Average drug Stockout in UPHCs

A review of the district and drug wise stock out in CHCs (combined for all the districts), indicates that highest drug stock outs were reported for Azithromycin Tablet 500 mg (76.36%) followed by Calcium Gluconate Injection 100 mg/ml (68.55%) and Methylergometrine Injection 0.2 mg/ml (61.91%).

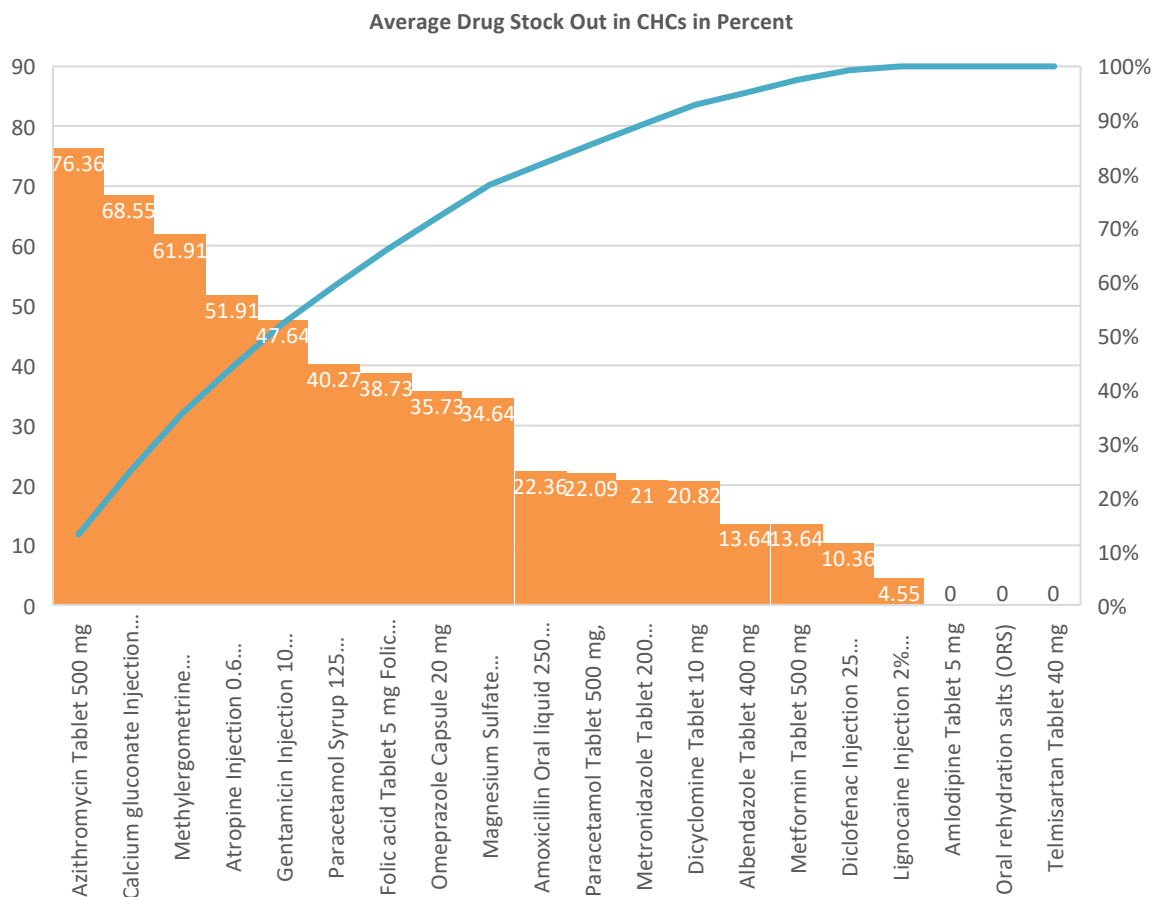


Figure 10: Average Drug Stock Out in CHCs

A review of the district and drug wise stock out in DHs (combined for all the districts), indicates that highest drug stock outs were reported for Azithromycin Tablet 500 mg (81.25%) followed by Methylethergometrine Injection 0.2 mg/ml (62.5%) and Calcium Gluconate Injection 100 mg/ml (46.88%).

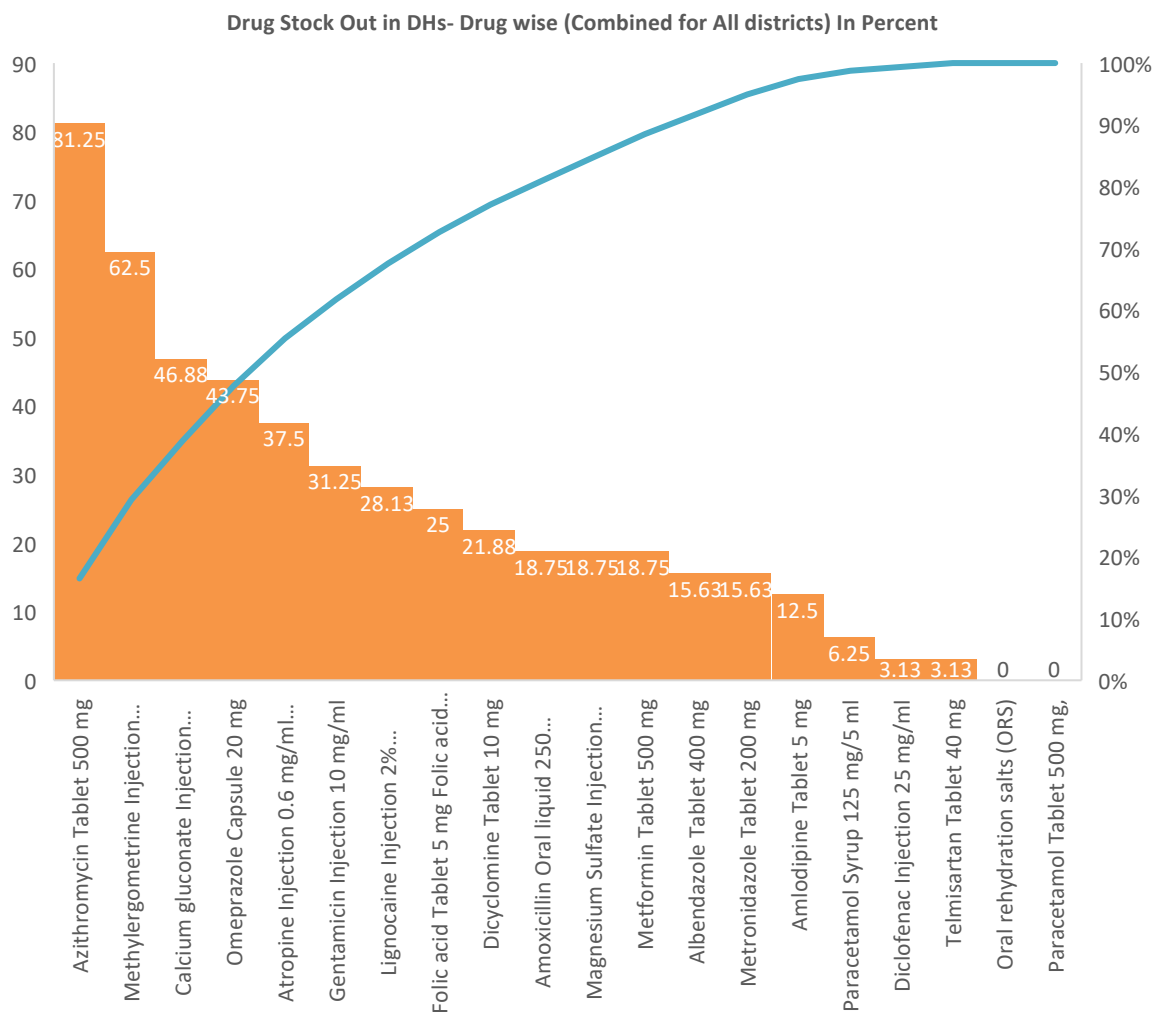


Figure 11: Drug Stock Out in DHs- Drug wise

The system is such in Meghalaya that requisition can only be given whenever the state sends the list of available medicines and there is no time frame. However, whenever some medicines are in short supply, the same is immediately brought to the notice of their senior authority. In case whenever there is a need for immediate need of medicines, the same is purchased from different funds like insurance reimbursements etc.

8.2.1. Certified Staff for Blood Transfusion

A very few PHCs were found to have certified employees for blood transfusion. Only PHCs in Ri Bhoi, West Jaintia Hills, East Jaintia Hills and South West Garo Hills reported certified employees for blood transfusion. In Ri Bhoi out of 10 PHCs, 3 had certified employees for blood transfusion. Similarly, in West Jaintia Hills out of 14 PHCs only 2 PHCs had certified employee for blood transfusion. In East Jaintia Hills out of 6 PHCs only one had a certified employee for blood transfusion. In South West Garo Hills out of 8 PHCs 2 had a certified employee for blood transfusion.

DISTRICT WISE DETAILS OF PRESENCE OF CERTIFIED EMPLOYEE FOR BLOOD TRANSFUSION IN PHCS (IN NUMBERS)



Figure 12: District Wise Details of Presence of Certified Employee for Blood Transfusion in PHCs

A few CHCs in East Khasi Hills, West Jaintia Hills and East Jaintia Hills reported presence of certified employees for blood transfusion.

Certified employee for blood transfusion were present DHs located in East Khasi Hills, West Khasi Hills, Ri Bhoi, West Garo Hills, South West Garo Hills, East Garo Hills and South Garo Hills.

PRESENCE OF ONE CERTIFIED EMPLOYEE FOR BLOOD TRANSFUSION IN DHS (IN NUMBER)

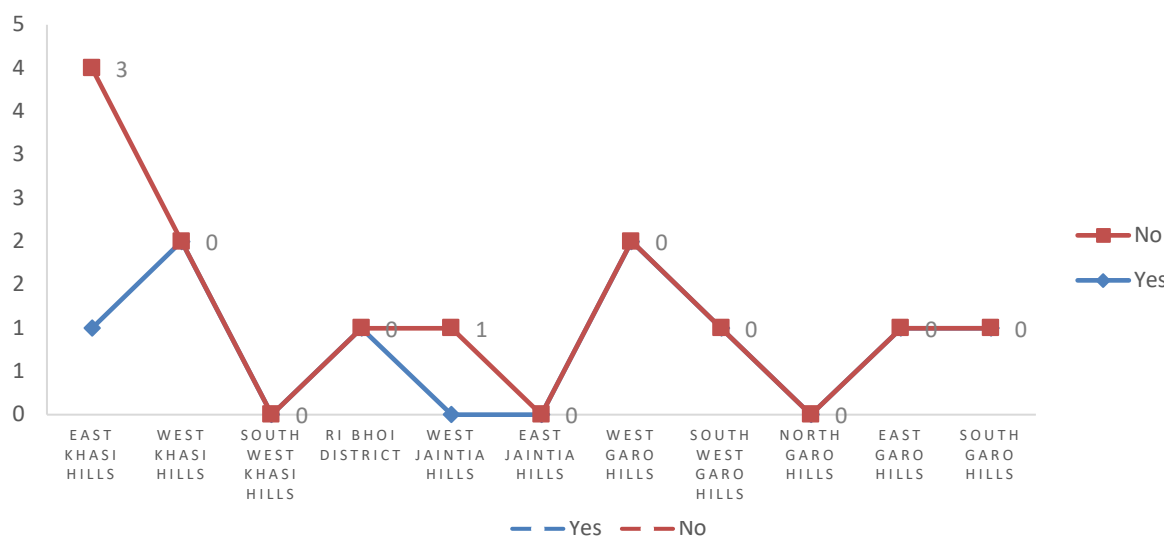


Figure 13: Presence of one certified Employee for Blood Transfusion in DH

53.85% of the health facilities were found to have reagents for the determination of blood group and RH factor. Details regarding availability of reagents for the determination of blood group and Rh factor that are stored properly and availability of a plasma defroster are provided in Annexure IV. Details regarding the following aspects are provided as follows:

- Annexure V: Availability of at least 2 doses of 4 blood groups with current shelf life
- Annexure VI: Plasma is stored according to the norms (freezer only for plasma/T between -18? and -30)
- Annexure VII: Packed red blood cells are stored according to the established norms + 4? to + 6

8.3. Percentage of Local Fund Utilization

Fund utilisation data for the FY 2022-23 from the health facilities does not fall under the purview of IPAs and forms part of Results Framework developed for the project. It was clarified by the client that data collection for this indicator by the consultant would only need to be conducted during the baseline assessment.

During data collection it was noted that PHCs and CHCs depended on the NHM Accountant. Block Accountants were found to be looking after facilities where NHM Accountants had been promoted or transferred. UPHCs accounts are handled by Clerks who were employed on a contractual basis. Data was collected from Accountants, Clerks or Block Accountants. Separate Accountants were available at District Hospitals for different funds such as State, Insurance Reimbursements etc.

The NHM funds include Jan Arogya Samiti (JAS) Untied Grant generally received by UPHCs, State Funds includes funds received by PHCs and CHCs under CMSMS, Operational Expenses etc. Other fund sources include funds received under Kayakalp award, Covid-19 Incentive etc. In some cases, RKS funds were quoted by the facilities under the other funds category. It was noticed that some of the facilities were not clear about whether the funds received by them were from the NHM or from State funds⁷.

The following table provides the fund utilisation percentage across the various levels of health facilities. Details of fund receipt, expenditure and utilisation percentages across districts are provided in Annexure VIII.

Figure 14: Fund Utilisation (%)

Average Fund Utilisation (%)	NHM (Rs)	State(Rs)	Insurance Reimbursements (Rs)	Any other (Rs)	Total (Rs)
PHC	87.84	45.04	88.42	184.18	79.05
UHC	105	51.68	-	95	74.51
CHC	99.49	58.89	94.78	99.03	92.04
DH	99.65	129.83	104.21	107.51	123.94

⁷ It may be noted there are no inpatients in UPHCs and treatment is free therefore Insurance Reimbursements are not applicable to UPHCs. CMSMS in UPHCs is not applicable. In UPHCs only OPD services is available and No IPD. No delivery is done in any of the UPHCs.



Annexures

Annexure I: Share of empanelled government hospitals with claim fund utilization $\geq 80\%$ of funds received within the 2 months of the implementing quarter

Hospital's fund Utilisation for the Q3(October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
WKH	Civil Hospital Nongstoin	26%
	Pariong PHC	38%
	Myriaw PHC	27%
	Nongkhlaw CHC	62%
	Kynrud PHC	72%
	Maroid PHC	9%
	Maweit PHC	90%
	Rambrai PHC	55%
	Riangdo CHC	35%
	Nonglang PHC	11%
	Dongki Ingding	0%
EKH	Laitlyngkot PHC	27%
	Pynursla CHC	27%
	Mawryngkneng PHC	19%
	Ryngku PHC	0%
	Sohbar PHC	0%
	Pomlum PHC	57%
	Diengiei PHC	54%
	Mawroh PHC	21%
	Laitryngew PHC	16%
	Civil Hospital Shillong	53%
	Jatah PHC	8%
	Sohra CHC	80%
	Pongtung PHC	8%
	Smit PHC	11%
	Swer PHC	0%
	Ganesh Das Hospital	10%
	Mawsynram CHC	12%
	Ichamati CHC	3%
	R.P.Chest Hospital	21%
	Sohiong CHC	6%
	Dangar PHC	0%
	Wahsherkhmut PHC	49%
	NEIGRIHMS	22%
	MIMHANS	18%
Nongspung PHC	12%	
Mawkynrew PHC	0%	
Mawiong CHC	40%	

Hospital's fund Utilisation for the Q3(October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	Jongksha PHC	95%
	Khatarshnong Khrang PHC	0%
	Mawphlang CHC	67%
	Mawlong PHC	5%
WGH	Maternity & Child Hospital	0%
	Tura Civil Hospital	86%
	Dadengre PHC	4%
	Dalu PHC	#DIV/0!
	Phulbari CHC	128%
	Selsella CHC	45%
	Allagre CHC	82%
	Tikrikilla PHC	82%
	Padeldoba PHC	100%
	Darengre PHC	100%
	Kherapara PHC	46%
	Bhaitbari PHC	22%
	Purakhasia	52%
	Asanang PHC	33%
	Jeldopara PHC	93%
	Babadam PHC	29%
	TB Hospital	0%
	Jengjal SDH	83%
SWKH	Mawkyrwat CHC	12%
	Ranikor CHC	2%
	Mawthawpdah PHC	60%
	Rangthong PHC	36%
	Wahkaji PHC	2%
EJH	Bataw PHC	25%
	Saipung PHC	13%
	Umkiang PHC	1%
WJH	Barato PHC	9%
	Jarain PHC	9%
	Khiehtyrshi PHC	0%
	Mynso PHC	0%
	Namdong PHC	31%
	Nangbah PHC	25%
	Nongtalang CHC	40%
	Pdengshakap PHC	23%
	Sahsniang PHC	35%
	Shangpung PHC	0%
NGH	Adokgre PHC	2%

Hospital's fund Utilisation for the Q3(October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	Bajengdoba PHC	70%
	Dainadubi PHC	45%
	Damas PHC	57%
	Gabil PHC	11%
	Kharkutta PHC	109%
	Manikganj PHC	37%
	Mendipathar PHC	28%
	Rari PHC	55%
	Resubelpara CHC	58%
	Sualmari PHC	72%
	Wageasi PHC	18%
EGH	Williamnagar Civil	64%
	Dobu PHC	5%
	Rongrong PHC	37%
	Dagal PHC	3%
	Mangsang PHC	64%
SGH	BAGHMARA CIVIL HOSPITAL	20%
	NANGALBIRA PHC	16%
	SIJU PHC	38%
	RONGARA PHC	32%
	CHOKPOT CHC	63%
	SILKIGRE PHC	24%
	MOHESHKOLA PHC	6%
	SIBBARI PHC	23%
SWGK	Ampati Civil Hospital	27%
	Belbari PHC	450%
	Betasing PHC	94%
	Kalaichar PHC	83%
RB	Nongpoh Civil hospital	188%
	Umsning CHC	110%
	Bhoirymbong CHC	33%
	Marngar PHC	81%
	Umden PHC	37%
	Byrnihat PHC	88%

(Source: Data collected from SNA MHIS office on 09/02/2023)

Annexure II: Turn Around Time ranges

Sl. No.	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
1	CGRMS	112022/1435162	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by SGNO	02-12-2022	02-11-2022	30	Nov-22
2	CGRMS	112022/1437041	Hospital	WEST JAINTIA HILLS	Delay in Claim Settlement	Closed by DGNO	01-12-2022	02-11-2022	29	Nov-22
3	CGRMS	112022/1438101	Hospital	EAST GARO HILLS	Delay in Claim Settlement	Grievance Forwarded to CPD-INSURER By DGNO	02-11-2022	02-11-2022	0	Nov-22
4	CGRMS	112022/1438561	Hospital	EAST GARO HILLS	Delay in Claim Settlement	Grievance Forwarded to CPD-INSURER By DGNO	02-11-2022	02-11-2022	0	Nov-22
5	CGRMS	112022/1467242	Hospital	EAST KHASI HILLS	Other	Grievance Forwarded to TPA By DGNO	28-11-2022	05-11-2022	23	Nov-22
6	CGRMS	112022/1473382	PMAM	NA	Demanding money for grievance resolution	Closed by SGNO	10-11-2022	05-11-2022	5	Nov-22
7	CGRMS	112022/1493121	Beneficiary	EAST GARO HILLS	other	Grievance Withdrawn from portal	08-11-2022	08-11-2022	0	Nov-22
8	CGRMS	112022/1493401	Others	EAST GARO HILLS	other	Closed by DGNO	18-11-2022	08-11-2022	10	Nov-22
9	CGRMS	112022/1493403	Others	EAST GARO HILLS	other	Discarded by DGNO	15-11-2022	08-11-2022	7	Nov-22
10	CGRMS	112022/1506063	Hospital	EAST KHASI HILLS	other	Closed by DGNO	14-12-2022	10-11-2022	34	Nov-22
11	CGRMS	112022/1524884	Beneficiary	WEST GARO HILLS	Eligibility	Closed by NGNO	12-11-2022	12-11-2022	0	Nov-22
12	CGRMS	112022/1547021	Beneficiary	WEST GARO HILLS	other (Reimbursement)	Closed by DGNO	21-11-2022	14-11-2022	7	Nov-22
13	CGRMS	112022/1561541	Beneficiary	EAST KHASI HILLS	Money sought for treatment despite sum insured under PMJAY cover being available	Closed by SGNO	18-11-2022	16-11-2022	2	Nov-22



Third Party Verification of Result Based Financing under MHSSP: Baseline IPA Report

Sl. No.	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
14	CGRMS	112022/1567961	Beneficiary	WEST GARO HILLS	Demanded Money for making ecard	Closed by SGNO	18-11-2022	16-11-2022	2	Nov-22
15	CGRMS	112022/1573723	Beneficiary	RI BHOI	Inquiry	Closed by SGNO	23-11-2022	17-11-2022	6	Nov-22
16	CGRMS	112022/1573821	Beneficiary	RI BHOI	Inquiry	Closed by SGNO	23-11-2022	17-11-2022	6	Nov-22
17	CGRMS	112022/1595921	Implementation Support Agency	NA	Inquiry	Closed by SGNO	24-11-2022	20-11-2022	4	Nov-22
18	CGRMS	112022/1597782	Insurance Company	SOUTH WEST GARO HILLS	other	Discarded by DGNO	22-11-2022	21-11-2022	1	Nov-22
19	CGRMS	122022/1842601	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by SGNO	03-01-2023	20-12-2022	14	Dec-22
20	CGRMS	122022/1858201	Beneficiary	RI BHOI	other Reimbursement)	Closed by DGNO	23-12-2022	22-12-2022	1	Dec-22
21	CGRMS	122022/1858381	Beneficiary	EAST KHASI HILLS	other Reimbursement)	Closed by DGNO	19-01-2023	22-12-2022	28	Dec-22
22	CGRMS	012023/1975841	PMAM	EAST KHASI HILLS	other	Grievance Forwarded to TPA By DGNO	02-01-2023	02-01-2023	0	Jan-23
23	CGRMS	012023/2037224	Beneficiary	WEST GARO HILLS	Money sought for treatment despite sum insured under PMJAY cover being available	Closed by SGNO	13-01-2023	10-01-2023	3	Jan-23
24	CGRMS	012023/2041582	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	Closed by DGNO	01-02-2023	10-01-2023	22	Jan-23
25	CGRMS	012023/2056402	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	In process with DGNO	12-01-2023	12-01-2023	In process	Jan-23
26	CGRMS	012023/2103722	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	Closed by DGNO	01-02-2023	19-01-2023	13	Jan-23
27	CGRMS	012023/2111141	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	In process with DGNO	23-01-2023	20-01-2023	In process	Jan-23
28	CGRMS	012023/2173162	Hospital	EAST GARO HILLS	Rejected claims	In process with SGNO	03-02-2023	31-01-2023	In process	Jan-23

Sl. No.	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
29	CGRMS	012023/2174221	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by Callcenter	31-01-2023	31-01-2023	0	Jan-23
30	MHIS	G0099	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed and Resolved	02-12-2022	02-11-2022	30	Dec-22
31	MHIS	G00102	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	14-11-2022	13-11-2022	1	Nov-22
32	MHIS	G00103	Beneficiary	EAST KHASI HILLS	Denied treatment	Closed and Resolved	23-11-2022	22-11-2022	1	Nov-22
33	MHIS	G00104	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	30-11-2022	28-11-2022	2	Nov-22
34	MHIS	G00106	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	19-12-2022	19-12-2022	0	Dec-22
35	MHIS	G00107	Beneficiary	EAST GARO HILLS	other	Closed and Resolved	06-01-2023	05-01-2023	1	Jan-23

(Source: Data Collected from MHIS office on 09/02/2023)

Annexure III: District wise and drug wise stock-out details

Sl.	Drug	East Khasi Hills	West Khasi Hills	South West Khasi Hills	Ribhoi	West Jaintia Hills	East Jaintia Hills	West Garo Hills	South West Garo Hills	North Garo Hills	East Garo Hills	South Garo Hills	Average Stockout in percent
1	Albendazole Tablet 400 mg	3.85	6.67	0	0	14.29	0	0	0	0	0	0	2.26
2	Amlodipine Tablet 5 mg	3.85	0	0	0	0	0	0	0	0	0	0	0.35
3	Amoxicillin Oral liquid 250 mg/5 ml	38.46	20	100	10	14.29	0	25	12.5	11.11	14.29	0	22.33
4	Atropine Injection 0.6 mg/ml Atropine Injection 1 mg/ml	50	33.33	33.33	60	57.14	66.67	12.5	62.5	44.44	42.86	0	42.07
5	Azithromycin Tablet 500 mg	42.31	66.67	100	90	78.57	66.67	62.5	50	33.33	57.14	66.67	64.90
6	Calcium gluconate Injection 100 mg/ml	50	66.67	0	30	57.14	33.33	62.5	75	88.89	57.14	100	56.42
7	Diclofenac Injection 25 mg/ml	7.69	0	0	20	7.14	0	0	12.5	11.11	14.29	0	6.61
8	Dicyclomine Tablet 10 mg	19.23	13.33	0	20	14.29	0	12.5	25	11.11	0	0	10.50
9	Folic acid Tablet 5 mg Folic acid Tablet 400 mcg	42.31	26.67	33.33	50	78.57	33.33	37.5	25	22.22	0	0	31.72
10	Gentamicin Injection 10 mg/ml	30.77	33.33	0	0	50	16.67	37.5	37.5	44.44	14.29	33.33	27.08
11	Lignocaine Injection 2% Lignocaine	15.38	13.33	0	10	21.43	0	12.5	0	11.11	28.57	16.67	11.73
12	Magnesium Sulfate Injection	30.77	26.67	0	10	42.86	0	37.5	37.5	44.44	28.57	16.67	25.00

Sl.	Drug	East Khasi Hills	West Khasi Hills	South West Khasi Hills	Ribhoi	West Jaintia Hills	East Jaintia Hills	West Garo Hills	South West Garo Hills	North Garo Hills	East Garo Hills	South Garo Hills	Average Stockout in percent
	(50% solution), 2 ml ampoule												
13	Metformin Tablet 500 mg	7.69	26.67	0	0	42.86	0	0	0	22.22	28.57	16.67	13.15
14	Methylergometrine Injection 0.2 mg/ml	57.69	60	100	20	64.29	83.33	75	87.5	66.67	14.29	66.67	63.22
15	Metronidazole Tablet 200 mg	7.69	26.67	0	20	14.29	0	37.5	25	44.44	0	16.67	17.48
16	Omeprazole Capsule 20 mg	23.08	20	0	50	64.29	0	25	12.5	22.22	14.29	0	21.03
17	Oral rehydration salts (ORS)	0	6.67	0	10	0	0	0	0	11.11	0	0	2.53
18	Paracetamol Syrup 125 mg/5 ml	42.31	33.33	0	40	64.29	33.33	25	50	11.11	14.29	16.67	30.03
19	Paracetamol Tablet 500 mg,	19.23	13.33	0	20	7.14	16.67	0	0	22.22	0	50	13.51
20	Telmisartan Tablet 40 mg	0	0	33.33	0	0	16.67	0	0	0	0	0	4.55
	Average (in %)	24.62	24.67	20.00	23.00	34.64	18.33	23.13	25.63	26.11	16.43	20.00	23.32

Annexure IV: Availability of reagents for the determination of blood group and Rh factor that are stored properly and availability of a plasma defroster

S. No	District	PHC		UPHC		CHC		DH		Total		Percentage	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Count	Count	Count	Count	Count	Count	Count	Count	Number	Number	%	%
1.	East Khasi Hills	24	2	13	0	7	0	3	1	47	3	94	6
2.	West Khasi Hills	2	13	0	1	0	2	2	0	4	16	20	80
3.	South West Khasi Hills	2	2	0	0	1	1	0	0	3	3	50	50
4.	Ri Bhoi District	6	4	0	0	1	0	1	0	8	4	66.67	33.33
5.	West Jaintia Hills	13	1	1	0	2	0	1	0	17	1	94.44	5.56
6.	East Jaintia Hills	5	1	0	0	2	0	0	0	7	1	87.5	12.5
7.	West Garo Hills	1	7	0	2	0	6	0	2	1	17	5.56	94.44
8.	South West Garo Hills	0	8	0	0	0	1	1	0	1	9	10	90
9.	North Garo Hills	0	9	0	0	0	1	0	0	0	10	0	100
10.	East Garo Hills	1	6	0	0	0	1	1	0	2	7	22.22	77.78
11.	South Garo Hills	0	6	0	0	0	1	1	0	1	7	12.5	87.5
	Total	54	59	14	3	13	13	10	3	91	78	53.85	46.15

Annexure V: Availability of at least 2 doses of 4 blood groups with current shelf life

District	PHC		UPHC		CHC		DH	
	Yes	No	Yes	No	Yes	No	Yes	No
	Count	Count	Count	Count	Count	Count	Count	Count
East Khasi Hills	1	25	0	13	0	7	0	4
West Khasi Hills	0	15	0	1	0	2	2	0
South West Khasi Hills	0	4	0	0	0	2	0	0
Ri Bhoi District	1	9	0	0	0	1	1	0
West Jaintia Hills	7	7	1	0	1	1	1	0
East Jaintia Hills	4	2	0	0	2	0	0	0
West Garo Hills	0	8	0	2	0	6	1	1
South West Garo Hills	0	8	0	0	0	1	1	0
North Garo Hills	0	9	0	0	0	1	0	0
East Garo Hills	0	7	0	0	0	1	1	0
South Garo Hills	0	6	0	0	0	1	1	0

Annexure VI: Plasma is stored according to the norms (freezer only for plasma/T between -18? and -30)

District	PHC		UPHC	CHC		DH	
	Yes	No	No	Yes	No	Yes	No
	Count	Count	Count	Count	Count	Count	Count
East Khasi Hills	0	26	13	0	7	0	4
West Khasi Hills	0	15	1	0	2	2	0
South West Khasi Hills	1	3	0	1	1	0	0
Ri Bhoi District	1	9	0	0	1	0	1
West Jaintia Hills	1	13	1	0	2	0	1
East Jaintia Hills	0	6	0	0	2	0	0
West Garo Hills	0	8	2	0	6	0	2
South West Garo Hills	0	8	0	0	1	1	0
North Garo Hills	0	9	0	0	1	0	0
East Garo Hills	0	7	0	0	1	0	1
South Garo Hills	0	6	0	0	1	1	0

Annexure VII: Packed red blood cells are stored according to the established norms + 4? to + 6

S. No.	District	PHC		UPHC	CHC	DH	
		Yes	No	No	No	Yes	No
		Count	Count	Count	Count	Count	Count
1.	East Khasi Hills	0	26	13	7	1	3
2.	West Khasi Hills	0	15	1	2	2	0
3.	South West Khasi Hills	0	4	0	2	0	0
4.	Ri Bhoi District	1	9	0	1	0	1
5.	West Jaintia Hills	0	14	1	2	0	1
6.	East Jaintia Hills	0	6	0	2	0	0
7.	West Garo Hills	0	8	2	6	0	2
8.	South West Garo Hills	0	8	0	1	1	0
9.	North Garo Hills	0	9	0	1	0	0
10.	East Garo Hills	0	7	0	1	1	0
11.	South Garo Hills	0	6	0	1	1	0

Annexure VIII: Fund Utilisation

PHC: Local Fund Utilisation - Received during FY 2022-23

District	NHM			State			Insurance Reimbursements			World Bank (MHSSP)			Any others		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	9290032	2322508	4	12638163	486083	26	3817132	238571	16	0	0	0	5000	5000	1
West Khasi Hills	120000	120000	1	5693380	569338	10	2813608	351701	8	0	0	0	200000	200000	1
South West Khasi Hills	0	0	0	2058598	514650	4	256550	85517	3	0	0	0	0	0	0
Ri Bhoi District	757500	151500	5	4295847	613692	7	1136548	284137	4	0	0	0	50000	50000	1
West Jaintia Hills	0	0	0	7254748	659523	11	4004419	400442	10	0	0	0	0	0	0
East Jaintia Hills	880000	220000	4	2568734	428122	6	2524076	420679	6	0	0	0	0	0	0
West Garo Hills	200000	200000	1	200000	200000	1	1192515	397505	3	0	0	0	65925	65925	1
South West Garo Hills	5148490	5148490	1	5885964	840852	7	3983929	569133	7	0	0	0	0	0	0
North Garo Hills	452900	452900	1	586966	586966	1	568374	568374	1	0	0	0	50000	50000	1
East Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Garo Hills	247500	123750	2	600000	600000	1	2090836	1045418	2	0	0	0	0	0	0
Total	17096422	899812	19	41782400	564627	74	22387987	373133	60	0	0	0	370925	74185	5

PHC: Local Fund Utilisation - Received during FY 2022-23 (as on date) in INR

District	NHM			State			Insurance Reimbursements			World Bank (MHSSP)			Any others		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	8491448	2830483	3	5471289	218852	25	3416414	244030	14	0	0	0	50000	50000	1
West Khasi Hills	470158	156719	3	2764047	307116	9	2378152	339736	7	0	0	0	0	0	0
South West Khasi Hills	0	0	0	1063784	354595	3	285195	95065	3	0	0	0	0	0	0
Ri Bhoi District	347015	86754	4	656619	164155	4	0	0	0	0	0	0	380600	380600	1
West Jaintia Hills	120877	120877	1	1731207	157382	11	3462458	346246	10	0	0	0	0	0	0
East Jaintia Hills	435000	145000	3	1086605	181101	6	1428735	238123	6	0	0	0	0	0	0
West Garo Hills	100000	100000	1	100000	100000	1	1107847	369282	3	0	0	0	65925	65925	1
South West Garo Hills	4435478	4435478	1	4229740	528718	8	3430741	490106	7	0	0	0	0	0	0
North Garo Hills	452900	452900	1	636966	318483	2	176164	176164	1	0	0	0	50000	50000	1
East Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Garo Hills	165000	82500	2	60000	60000	1	1800000	900000	2	0	0	0	0	0	0
Total	15017876	790415	19	17800257	254289	70	17485706	329919	53	0	0	0	546525	136631.3	4

PHC: Percentage of Fund Utilisation per PHC FY 2022-23

	NHM	State	Insurance Reimbursements	Any other	Total
Fund Received per PHC (Rs)	899812	564627	373133	74185	1911757
Fund Utilised per PHC (Rs)	790415	254289	329919	136631.3	1511254
Percentage of Utilisation per PHC	87.84	45.04	88.42	184.18	79.05

UPHC: Percentage of Fund Utilisation per UPHC FY 2022-23

Fund Utilisation	NHM	State	Any other	Total
Fund Received per UPHC (Rs)	31472.2	82619	45222.5	159313.7
Fund Utilised per UPHC (Rs)	33048.8	42705.25	42965.75	118719.8
Percentage of Utilisation per UPHC	105	51.68	95	74.51

CHC- Local Fund Received during FY 2022-23

District	NHM (Rs)			State (Rs)			Insurance Reimbursements (Rs)			Any others (Rs)		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	110800	110800	1	3564677	594113	6	7611769	1268628	6	0	0	0
West Khasi Hills	166270	166270	1	525066	525066	1	553439	553439	1	0	0	0
South West Khasi Hills	2117318	2117318	1	1614200	807100	2	2426070	1213035	2	1645000	1645000	1
Ri Bhoi District	749000	249667	3	3235000	1078333	3	4510365	2255183	2	1000000	1000000	1
West Jaintia Hills	0	0	0	1374184	458061	3	3004506	1001502	3	0	0	0
East Jaintia Hills	580000	580000	1	1319868	659934	2	7006574	3503287	2	0	0	0
West Garo Hills	7907428	3953714	2	3005894	1001965	3	1170082	390027	3	0	0	0
South West Garo Hills	0	0	0	865500	865500	1	0	0	0	0	0	0
North Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0
East Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0
South Garo Hills	4562280	4562280	1	1149134	1149134	1	0	0	0	0	0	0
Total	16193096	1619310	10	16653523	756978.3	22	26282805	1383305.53	19	2645000	1322500	2

CHC - Local Fund Utilised during FY 2022-23

District	NHM (Rs)			State (Rs)			Insurance Reimbursements (Rs)			Any others (Rs)		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	0	0	0	2317911	386319	6	7874757	1574951	5	0	0	0
West Khasi Hills	166270	166270	1	271208	271208	1	247254	247254	1	0	0	0
South West Khasi Hills	2494928	2494928	1	822580	411290	2	2253110	1126555	2	1309726	1309726	1
Ri Bhoi District	396541	198271	2	1004195	502098	2	2856907	1428454	2	0	0	0
West Jaintia Hills	0	0	0	711264	237088	3	3353959	1117986	3	0	0	0
East Jaintia Hills	80000	80000	1	692120	346060	2	5288249	2644125	2	0	0	0
West Garo Hills	5189276	2594638	2	1294003	647002	2	1726832	575611	3	0	0	0
South West Garo Hills	0	0	0	662521	662521	1	0	0	0	0	0	0
North Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0
East Garo Hills	0	0	0	0	0	0	0	0	0	0	0	0
South Garo Hills	4562280	4562280	1	1140517	1140517	1	0	0	0	0	0	0
Total	12889295	1611162	8	8916319	445816	20	23601068	1311170.44	18	1309726	1309726	1

CHC: Percentage of Fund Utilisation per CHC FY 2022-23

	NHM (Rs)	State (Rs)	Insurance Reimbursements (Rs)	Any other (Rs)	Total (Rs)
Fund Received per CHC	1619310	756978.3	1383305.5	1322500	5082094
Fund Utilised per CHC	1611162	445816	1311170.4	1309726	4677874
Percentage of Utilisation per CHC	99.49	58.89	94.78	99.03	92.04

DH - Local Fund Received during FY 2022-23

District	NHM (Rs)			State (Rs)			Insurance Reimbursements (Rs)			Any others (Rs)		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	0	0	3	446467679	148822560	3	125229083	31307271	4	0	0	3
West Khasi Hills	4831447	4831447	1	243367	243367	1	12789338	12789338	1	0	0	0
Ri Bhoi District	5043184	5043184	1	62050487	62050487	1	8381401	8381401	1	0	0	0
West Jaintia Hills	0	0	0	2240421	2240421	1	355250	355250	1	355250	355250	1
West Garo Hills	2999812	2999812	1	0	0	0	11618551	11618551	1	2184000	2184000	1
East Garo Hills	0	0	0	2160000	2160000	1	5110000	5110000	1	0	0	0
South Garo Hills	150000	150000	1	138017	138017	1	1306888	1306888	1	0	0	0
Total	13024443	1860635	7	513299971	64162496.4	8	164790511	16479051	10	2539250	507850	5

DH Local Fund Utilised during FY 2022-23

District	NHM (Rs)			State (Rs)			Insurance Reimbursements (Rs)			Any others (Rs)		
	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N	Sum	Mean	Valid N
East Khasi Hills	0	0	3	438152346	146050782	3	113768840	28442210	4	0	0	3
West Khasi Hills	4831447	4831447	1	0	0	0	12283483	12283483	1	0	0	0
Ri Bhoi District	5043184	5043184	1	59381085	59381085	1	6621112	6621112	1	0	0	0
West Jaintia Hills	0	0	0	0	0	0	0	0	0	0	0	0
West Garo Hills	2999812	2999812	1	0	0	0	0	0	0	2184000	2184000	1
East Garo Hills	0	0	0	2160000	2160000	1	3375447	3375447	1	0	0	0
South Garo Hills	104000	104000	1	138000	138000	1	1338670	1338670	1	0	0	0
Total	12978443	1854063	7	499831431	83305238.5	6	137387552	17173444	8	2184000	546000	4

Percentage of Fund Utilisation per DH FY 2022-23

	NHM	State	Insurance Reimbursements	Any other	Total
Fund Received per DH (Rs)	1860635	64162496	16479051	507850	83010032.4
Fund Utilised per DH (Rs)	1854063	83305239	17173444	546000	102878746
Percentage of Utilisation per DH (%)	99.65	129.83	104.21	107.51	123.94

Annexure IX:

Criterion 3: Utilisation of funds/Timely submissions of utilization certificates in each quarter

As per the official of the SNA MHIS, the percentage of the claiming hospitals having claim fund utilization of 80% of funds received within the 2 months of the implementing quarter is 16.81%. This figure was collected from them on 9th February 2022.

Hospital's MHIS Fund Utilisation for the Q3 (October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
WKH	Civil Hospital Nongstoin	26%
	Pariong PHC	38%
	Myriaw PHC	27%
	Nongkhlaw CHC	62%
	Kynrud PHC	72%
	Maroid PHC	9%
	Maweit PHC	90%
	Rambrai PHC	55%
	Riangdo CHC	35%
	Nonglang PHC	11%
	Dongki Ingding	0%
EKH	Laitlyngkot PHC	27%
	Pynursla CHC	27%
	Mawryngkneng PHC	19%
	Ryngku PHC	0%
	Sohbar PHC	0%
	Pomlum PHC	57%
	Diengiei PHC	54%
	Mawroh PHC	21%
	Laitryngew PHC	16%

Hospital's MHIS Fund Utilisation for the Q3 (October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	Civil Hospital Shillong	53%
	Jatah PHC	8%
	Sohra CHC	80%
	Pongtung PHC	8%
	Smit PHC	11%
	Swer PHC	0%
	Ganesh Das Hospital	10%
	Mawsynram CHC	12%
	Ichamati CHC	3%
	R.P.Chest Hospital	21%
	Sohiong CHC	6%
	Dangar PHC	0%
	Wahsherkhmut PHC	49%
	NEIGRIHMS	22%
	MIMHANS	18%
	Nongspung PHC	12%
	Mawkynrew PHC	0%
	Mawiong CHC	40%
	Jongksha PHC	95%
	Khatarshnong Khrang PHC	0%
	Mawphlang CHC	67%
	Mawlong PHC	5%
WGH	Maternity & Child Hospital	0%
	Tura Civil Hospital	86%
	Dadengre PHC	4%

Hospital's MHIS Fund Utilisation for the Q3 (October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	Dalu PHC	#DIV/0!
	Phulbari CHC	128%
	Selsella CHC	45%
	Allagre CHC	82%
	Tikrikilla PHC	82%
	Padeldoba PHC	100%
	Darengre PHC	100%
	Kherapara PHC	46%
	Bhaitbari PHC	22%
	Purakhasia	52%
	Asanang PHC	33%
	Jeldopara PHC	93%
	Babadam PHC	29%
	TB Hospital	0%
	Jengjal SDH	83%
SWKH	Mawkyrwat CHC	12%
	Ranikor CHC	2%
	Mawthawpdah PHC	60%
	Rangthong PHC	36%
	Wahkaji PHC	2%
EJH	Bataw PHC	25%
	Saipung PHC	13%
	Umkiang PHC	1%
WJH	Barato PHC	9%
	Jarain PHC	9%
	Khiehtyrshi PHC	0%

Hospital's MHIS Fund Utilisation for the Q3 (October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	Mynso PHC	0%
	Namdong PHC	31%
	Nangbah PHC	25%
	Nongtalang CHC	40%
	Pdengshakap PHC	23%
	Sahsniang PHC	35%
	Shangpung PHC	0%
NGH	Adokgre PHC	2%
	Bajengdoba PHC	70%
	Dainadubi PHC	45%
	Damas PHC	57%
	Gabil PHC	11%
	Kharkutta PHC	109%
	Manikganj PHC	37%
	Mendipathar PHC	28%
	Rari PHC	55%
	Resubelpara CHC	58%
	Sualmari PHC	72%
Wageasi PHC	18%	
EGH	Williamnagar Civil	64%
	Dobu PHC	5%
	Rongrong PHC	37%
	Dagal PHC	3%
	Mangsang PHC	64%
SGH	BAGHMARA CIVIL HOSPITAL	20%

Hospital's MHIS Fund Utilisation for the Q3 (October 2022 to December 2022)		
District	Name of the Hospitals	Fund Utilisation In %
	NANGALBIRA PHC	16%
	SIJU PHC	38%
	RONGARA PHC	32%
	CHOKPOT CHC	63%
	SILKIGRE PHC	24%
	MOHESHKOLA PHC	6%
	SIBBARI PHC	23%
SWGK	Ampati Civil Hospital	27%
	Belbari PHC	450%
	Betasing PHC	94%
	Kalaichar PHC	83%
RB	Nongpoh Civil hospital	188%
	Umsning CHC	110%
	Bhoirymbong CHC	33%
	Marngar PHC	81%
	Umden PHC	37%
	Byrnihat PHC	88%

Coverage of Household under Health Insurance Scheme

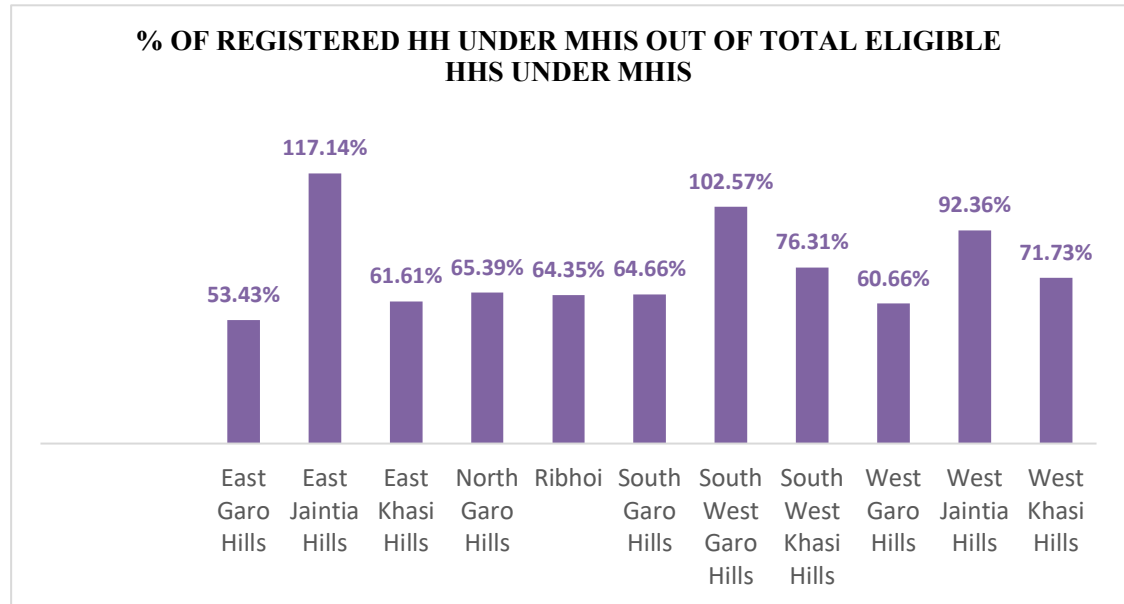
Sl. No.	District	Total Eligible HH under MHIS & PMJAY	Out of Eligible, Total HH Already registered under MHIS & PMJAY	Total HH remaining to be registered (Under MHIS)	% of Registered HH under MHIS out of Total Eligible HH under MHIS
1	East Garo Hills	34840	18615	16225	53.43%
2	East Jaintia Hills	20111	23559	-3448	117.14%
3	East Khasi Hills	214823	132354	82469	61.61%
4	North Garo Hills	39526	25845	13681	65.39%
5	Ribhoi	67367	43350	24017	64.35%
6	South Garo Hills	36293	23466	12827	64.66%
7	South West Garo Hills	32243	33070	-827	102.57%
8	South West Khasi Hills	24283	18530	5753	76.31%
9	West Garo Hills	97934	59407	38527	60.66%
10	West Jaintia Hills	58939	54436	4503	92.36%
11	West Khasi Hills	62193	44610	17583	71.73%
Grand Total		688551	477242	211309	69.31%

The eligibility under the MHIS scheme lays down that “They have to be resident of Meghalaya and should not be a government employee (State or central)”. In the words of official of SNA MHIS “Self Registration is not done in Meghalaya”. At the time of Baseline Study the percentage coverage of household under Health insurance Scheme was found to be 69.31%. This data was collected from SNA MHIS office on 9th February, 2023. This data will further help in finding out the progress of achievement in household registration as the MHSSP progresses further.

District wise coverage of Household under Health Insurance Scheme

The wide variations in the eligible households registration in the districts under MHIS from 53.43 percent to 117.14% suggests that there is no uniformity with regard to registration of households under MHIS. This also puts question mark on the data that has been used to calculate eligible households.

It looks registration drives were not conducted in the years 2022 and in the current year (2023). In the words of officials of SNA MHIS when we spoke to on 9th February, 2023 “We have conducted 2 Registration Drives. 1 Registration drive was conducted in 2019 for period of 7 months where 15 Lakhs plus beneficiaries were registered. Then in the year 2021 we conducted another Registration Drive for a period of 4 months during COVID. There were many restrictions such as Containment Zones and Lock Down in certain districts. Even then we manage to register 1 Lakh plus beneficiaries. After that we have activated 132 Public and private hospital to function as registration centres where beneficiaries can come and register themselves. In 2019 after the first registration drive 11 district Kiosks has been set up for registration of beneficiaries to aware guide regarding scheme knowledge and to register complaints and grievances. Side by side many IEC activities were undertaken like block level workshops, awareness campaigns, road shows, health camps, ASHA meetings, headman meetings, newspaper advertisements, video and radio advertisements were conducted to spread awareness about the scheme”



Grievances Redressal Time

No	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
1	CGRMS	112022/1435162	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by SGNO	02-12-2022	02-11-2022	30	Nov-22
2	CGRMS	112022/1437041	Hospital	WEST JAINTIA HILLS	Delay in Claim Settlement	Closed by DGNO	01-12-2022	02-11-2022	29	Nov-22
3	CGRMS	112022/1438101	Hospital	EAST GARO HILLS	Delay in Claim Settlement	Grievance Forwarded to CPD-INSURER By DGNO	02-11-2022	02-11-2022	0	Nov-22
4	CGRMS	112022/1438561	Hospital	EAST GARO HILLS	Delay in Claim Settlement	Grievance Forwarded to CPD-INSURER By DGNO	02-11-2022	02-11-2022	0	Nov-22
5	CGRMS	112022/1467242	Hospital	EAST KHASI HILLS	Other	Grievance Forwarded to TPA By DGNO	28-11-2022	05-11-2022	23	Nov-22
6	CGRMS	112022/1473382	PMAM	NA	Demanding money for grievance resolution	Closed by SGNO	10-11-2022	05-11-2022	5	Nov-22
7	CGRMS	112022/1493121	Beneficiary	EAST GARO HILLS	other	Grievance Withdrawn from portal	08-11-2022	08-11-2022	0	Nov-22
8	CGRMS	112022/1493401	Others	EAST GARO HILLS	other	Closed by DGNO	18-11-2022	08-11-2022	10	Nov-22
9	CGRMS	112022/1493403	Others	EAST GARO HILLS	other	Discarded by DGNO	15-11-2022	08-11-2022	7	Nov-22
10	CGRMS	112022/1506063	Hospital	EAST KHASI HILLS	other	Closed by DGNO	14-12-2022	10-11-2022	34	Nov-22
11	CGRMS	112022/1524884	Beneficiary	WEST GARO HILLS	Eligibility	Closed by NGNO	12-11-2022	12-11-2022	0	Nov-22
12	CGRMS	112022/1547021	Beneficiary	WEST GARO HILLS	other (Reimbursement)	Closed by DGNO	21-11-2022	14-11-2022	7	Nov-22
13	CGRMS	112022/1561541	Beneficiary	EAST KHASI HILLS	Money sought for treatment despite sum insured under PMJAY cover being available	Closed by SGNO	18-11-2022	16-11-2022	2	Nov-22
14	CGRMS	112022/1567961	Beneficiary	WEST GARO HILLS	Demanded Money for making ecard	Closed by SGNO	18-11-2022	16-11-2022	2	Nov-22
15	CGRMS	112022/1573723	Beneficiary	RI BHOI	Inquiry	Closed by SGNO	23-11-2022	17-11-2022	6	Nov-22
16	CGRMS	112022/1573821	Beneficiary	RI BHOI	Inquiry	Closed by SGNO	23-11-2022	17-11-2022	6	Nov-22



Third Party Verification of Result Based Financing under MHSSP: Baseline IPA Report

No	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
17	CGRMS	112022/1595921	Implementati on Support Agency	NA	Inquiry	Closed by SGNO	24-11-2022	20-11-2022	4	Nov-22
18	CGRMS	112022/1597782	Insurance Company	SOUTH WEST GARO HILLS	other	Discarded by DGNO	22-11-2022	21-11-2022	1	Nov-22
19	CGRMS	122022/1842601	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by SGNO	03-01-2023	20-12-2022	14	Dec-22
20	CGRMS	122022/1858201	Beneficiary	RI BHOI	other Reimbursement)	Closed by DGNO	23-12-2022	22-12-2022	1	Dec-22
21	CGRMS	122022/1858381	Beneficiary	EAST KHASI HILLS	other Reimbursement)	Closed by DGNO	19-01-2023	22-12-2022	28	Dec-22
22	CGRMS	012023/1975841	PMAM	EAST KHASI HILLS	other	Grievance Forwarded to TPA By DGNO	02-01-2023	02-01-2023	0	Jan-23
23	CGRMS	012023/2037224	Beneficiary	WEST GARO HILLS	Money sought for treatment despite sum insured under PMJAY cover being available	Closed by SGNO	13-01-2023	10-01-2023	3	Jan-23
24	CGRMS	012023/2041582	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	Closed by DGNO	01-02-2023	10-01-2023	22	Jan-23
25	CGRMS	012023/2056402	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	In process with DGNO	12-01-2023	12-01-2023	In process	Jan-23
26	CGRMS	012023/2103722	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	Closed by DGNO	01-02-2023	19-01-2023	13	Jan-23
27	CGRMS	012023/2111141	Beneficiary	EAST KHASI HILLS	other(Reimbursement)	In process with DGNO	23-01-2023	20-01-2023	In process	Jan-23
28	CGRMS	012023/2173162	Hospital	EAST GARO HILLS	Rejected claims	In process with SGNO	03-02-2023	31-01-2023	In process	Jan-23
29	CGRMS	012023/2174221	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed by Callcenter	31-01-2023	31-01-2023	0	Jan-23
30	MHIS	G0099	Hospital	EAST KHASI HILLS	Delay in Claim Settlement	Closed and Resolved	02-12-2022	02-11-2022	30	Dec-22
31	MHIS	G00102	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	14-11-2022	13-11-2022	1	Nov-22
32	MHIS	G00103	Beneficiary	EAST KHASI HILLS	Denied treatment	Closed and Resolved	23-11-2022	22-11-2022	1	Nov-22
33	MHIS	G00104	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	30-11-2022	28-11-2022	2	Nov-22
34	MHIS	G00106	Beneficiary	EAST KHASI HILLS	other	Closed and Resolved	19-12-2022	19-12-2022	0	Dec-22



Third Party Verification of Result Based Financing under MHSSP: Baseline IPA Report

No	Portal	Grievance ID	Grievance Raised By	District	Nature Of Grievance	Status	Status Submitted Date	Registered Date	TAT (Day)	Month of Registration
35	MHIS	G00107	Beneficiary	EAST GARO HILLS	other	Closed and Resolved	06-01-2023	05-01-2023	1	Jan-23

(Source: Data Collected from MHIS office on 09/02/2023)