



Government of Rajasthan
National Health Mission, Rajasthan
Department of Medical, Health & FW, Swasthya Bhawan, Jaipur.
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F 50 (2) NHM/QA/2018/ 553

Date: 23/8/2018

All Principal Medical Officers
All Health Managers

Subject: Regarding District Quality Assessment cum mentoring visit
Ref: Letter no. 519 dt 13 July'2018 & VC meeting minutes 511 dt. 3/7/18

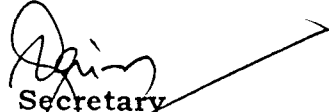
In reference to above letters, it is being reminded that in the year ROP 2018-19 under the Budget Head 13.1.2 District Quality Assessment cum mentoring visit Rs. 1.44 lakhs per district has been received for district mentoring of health facilities.

Therefore, health managers are instructed to choose atleast 1 CHC and 1 aPHC (out of the list of 295 aPHC of first phase) or any kayakalp award winning facility or proactive facility which can be mentored for NQAS certification. The selected facility will then be visited by health manager atleast twice in a quarter and following work has to be done in the facility -

1. Help the facility in identification of gaps and development of time bound action plan for its closure and provide technical support to the facility as and when needed.
2. Ensure that the facility forwards the state level gap to state quality assurance committee.
3. Ensure the facility has formed District Quality Team/Internal Quality Team and 8 sub-committee and is conducting its meeting as per the requirement.
4. Help the facility in completing the documentation work required for NQAS like policies, standard operating procedures (SOP), work instructions, etc.
5. To provide assistance to the health facility in achieving compliance to statutory requirements such as BMW, Blood bank license etc.
6. Conduct training of the staff as per requirement.
7. Ensure that the facility captures the outcome indicators and KPI submit the same to state quality cell.

Therefore, you are instructed to share the names of the selected facility within 3 days of receiving this letter at email id : kayakalp.raj@gmail.com with the tour plan for the same.

Also, the visit report has to be shared with state quality cell as per the attached format on quarterly basis and will be reviewed in the state quality assurance unit meeting.


Secretary
Medical, Health & FW
Mission Director-NHM

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Date: 23/8/2018

Copy to:-

1. PS to Secretary, MH&FW & MD - NHM
2. PD NHM
3. State Nodal Officer QA & Kayakalp
4. SPM-NHM

5. All CMHOs to ensure that the visit is being done by health manager to selected facility and visit report are verified by them. Also, ensure the timely clearance of the TA & DA bills of health manager from the budget head 13.1.2.
6. All Joint Directors
7. All addl./dy. CMHO (FW) to support the health manager in the visit and do atleast quarterly visit to these facilities and ensure the facility district level gaps are discussed in DQAC meeting and closed.
8. All PMO to approve the tour plan of the health manager.
9. All DPM to help the health manager in selection of facilities and ensure that all district level gaps of the selected facility are put as agenda in DQAC and hence discussed and closed.
10. CO- NUHM to do necessary visit wherever health manager is not present and comply with the order.
11. All health managers to comply with the order and submit the names of selected health facility with tour plan after getting the same approved from PMO.
12. CO-IT to email all concerned


Project Director
NHM

Quarterly Reporting Format

Facility Name :

District :

Health Manager Name :

Date of Visit to Facility :

Reporting months:

A: Gap Closure Status

	No. of Gaps	closed	In Process	Not initiated
A.1	Facility Level			
A.2	District Level			
A.3	State Level			
A.4	Total			
A.5	Description of Required Resources			

B. Whether the assessment is done by the facility quarterly or not? Yes/No
state the reason :

C. Details of the sub committee meeting of the facility

	Sub committee name	Frequency	Date of last meeting	MOM documented by facility or not
C.1	District Quality Team	Monthly		
C.2	Disaster Management	At least Quarterly		
C.3	Committee against Sexual Harassment	Should activate when any complaint received		
C.4	Drug and Therapeutic Committee	At least Quarterly		
C.5	Maternal Death Review Committee	Monthly		
C.6	Child Death Review Committee	Monthly		
C.7	Hospital infection control committee	Monthly		
C.8	Medical Audit committee	At least Quarterly		
C.9	Death Audit Committee	Monthly		

D. Quarterly submission of KPI done or not? , state the reason:

E. Date of last DQAU meeting of District:
MOM attached or not

F. Date of last DQAC meeting of District:
DQAC MOM attached or not

G. Status of documentation of SOPs & Policies as per annexure A

H. Status of following regulatory requirements

	Status	Remarks
H.1	NOC from fire safety authority	
H.2	authorization for handling BMW from PCB	
H.3	Certificate of inspection of electrical installation	
H.4	Licence for operating lift	
H.5	X ray department has registration & layout approval from AERB.	
H.6	X ray department has type approval of equipment with QA test report for X ray machine	
H.7	USG department has registration under PCPNDT	
H.8	Blood Bank licence	
H.9	License for storing spirit	
H.10	Updated copies of relevant laws, regulations and government orders at the facility	

I. Status of budget utilization

Sanctioned Budget	Quarterly Expenditure (Amt)	% Utilization

I. List of training conducted by facility during last quarter :

J. Any relevant issue

Signature of CMHO

Signature of PMO

Signature of facility
incharge

Signature of Health
Manager