



Government of India

**R F D**

(Results-Framework Document)  
for

Department Of Health and Family Welfare

(2010-2011)

## Section 1: Vision, Mission, Objectives and Functions

### Vision

To achieve acceptable standards of Health Care for the people of the country by the end of the 12th Five Year Plan.

### Mission

1. To ensure availability of quality healthcare on equitable, accessible and affordable basis across regions and communities with special focus on under-served population and marginalized groups.2. To establish comprehensive primary healthcare delivery system and well functioning linkages with secondary and tertiary care health delivery system.3. To Reduce Infant Mortality rate to 28 per 1000 live births and Maternal Mortality Ratio to 1 per 1000 live births by 2012.4. To reduce the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases.5. To ensure a reduction in the growth rate of population with a view to achieve population stabilization.6. To develop the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels.7. To regulate health service delivery and promote rational use of pharmaceuticals in the country.

### Objectives

- 1 Universal access to primary health care services for all sections of society with effective linkages to secondary and tertiary health care.
- 2 Improving Maternal and Child health.
- 3 Focusing on population stabilization in the country.
- 4 Developing human resources for health to achieve health goals.
- 5 Reducing overall disease burden of the society.
- 6 Strengthening Secondary and Tertiary health care.

### Functions

- 1 Policy formulation on issues relating to health and family welfare sectors.
- 2 Management of hospitals and other health institutions under the control of Department of Health and Family Welfare.
- 3 Extending support to states for strengthening their health care and family welfare system.
- 4 Reducing the burden of Communicable and Non-Communicable diseases.

## Section 1: Vision, Mission, Objectives and Functions

- 5 Focusing on development of human resources through appropriate medical and public health education.
- 6 Providing regulatory framework for matters in the Concurrent List of the Constitution viz. medical, nursing and paramedical education, pharmaceuticals, etc.

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[1] Universal access to primary health care services for all sections of society with effective linkages to secondary and tertiary health care.	36.50	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalisation of 24X7 Facility at PHC level	No.	4.00	1200	1100	990	880	770
			[1.1.2] Equipping Districts with Mobile Medical Units	No. of Districts	3.00	165	150	135	120	105
			[1.1.3] Operationalisation of CHCs into First Referral Units (FRU)	No.	3.00	700	660	594	528	462
			[1.1.4] Establishment of Special New Born Care Units	No.	1.00	75	70	63	56	49
			[1.1.5] Establishment of Stabilisation Units for new born	No.	1.00	330	300	270	240	210
			[1.1.6] Establishment of New Born Care Corners in PHCs	No.	1.00	1150	1000	900	800	750
		[1.2] Strengthening of Community Involvement	[1.2.1] Setting up of Rogi Kalyan Samitis	No.	2.00	6950	6300	6000	5500	5000
			[1.2.2] Preparation of Integrated District Health Action Plan for remaining Districts	No.	1.00	24	20	18	15	12
			[1.2.3] Setting up of Village Health and Sanitation Committee	No.	2.00	105000	100000	90000	80000	70000

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[1.2.4] Holding Village Health & Nutrition Days	Lakh	2.00	70	68	63	60	55
		[1.3] Augmentation of Availability of Human Resources	[1.3.1] Appointment of ANMs	No.	2.00	9000	8000	7800	7000	6500
			[1.3.2] Appointment of Doctors/Specialists	No.	2.00	4000	3600	3200	2800	2400
			[1.3.3] Appointment of Staff Nurses	No.	2.00	9500	9000	8000	7000	6000
			[1.3.4] Appointment of Paramedical staff	No.	2.00	5200	5000	4500	4000	3500
		[1.4] Capacity Building	[1.4.1] ASHA Training (up to Vth Module)	No.	2.00	220000	200000	180000	160000	140000
			[1.4.2] Personnel trained on IMNCI	No.	1.00	55000	52000	45000	40000	35000
			[1.4.3] Doctors trained on LSAS	No.	1.00	220	200	180	160	140
			[1.4.4] Doctors trained on EMoC	No.	1.00	125	110	100	90	85
			[1.4.5] ANMs/SNs/LHVs trained as SBA	No.	1.00	9000	8000	7000	6000	5000
			[1.4.6] Training of medical and para-medical personnel for cardio vascular Diseases (CVD)	No.	0.50	12000	10000	9000	8000	7000
			[1.4.7] Navjat Shishu Suraksha Laryakram (NSSK)	No.	2.00	30000	25000	22500	20000	17500

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[2] Improving Maternal and Child health.	8.00	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	2.00	60	55	50	45	40
		[2.2] Support through Janani Suraksha Yojana	[2.2.1] JSY Beneficiaries	Lakh	2.00	102	100	95	85	75
		[2.3] Targeting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	2.00	80	72	64	56	52
		[2.4] Providing ASHAs with Drug Kits	[2.4.1] ASHAs provided with Drug Kits	No.	2.00	120000	100000	90000	80000	70000
[3] Focusing on population stabilization in the country.	6.00	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors	lakh	2.00	55	54.20	50	48	46
		[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors	lakh	2.00	3.19	3.00	2.70	2.50	2.40
		[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion	lakh	2.00	65	60	52	46	39
[4] Developing human resources for health to achieve health goals.	9.00	[4.1] Strengthening & Upgradation of Govt. Medical Colleges	[4.1.1] No. of Medical Colleges approved for upgradation	No.	5.04	50	45	40	35	30
		[4.2] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.2.1] Finalization of land and approval of DPR for NIPS	Date	0.99	30/11/2010	31/12/2010	31/01/2011	28/02/2011	31/03/2011
			[4.2.2] Approval of DPR for RIPS	No.	0.99	5	4	3	2	1
		[4.3] Establishment of Nursing Institutes at various levels	[4.3.1] Approval for DPRs for new ANM Schools	No.	0.99	66	60	54	48	42

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[4.3.2] Approval for DPRs for new GNM Schools	No.	0.99	66	60	54	48	42
[5] Reducing overall disease burden of the society.	15.50	[5.1] To reduce incidence of Malaria cases	[5.1.1] Annual Parasite Incidence (API)	per 1000 population	0.50	1.35	1.4	1.54	1.68	1.82
		[5.2] To improve Malaria surveillance	[5.2.1] Annual Blood Examination Rate	%	0.50	10.25	10	9	8	7
		[5.3] To reduce incidence of Filariasis	[5.3.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	0.50	90	86	82	78	74
		[5.4] To reduce incidence of Kala-azar	[5.4.1] No. of BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 523 such BPHCs	No. of BHCs	0.50	430	400	360	320	280
		[5.5] To reduce incidence of Leprosy	[5.5.1] Annual New Case Detection Rate (ANCDR)	Per lakh population	0.50	10.3	10.7	11.77	12.84	13.91
			[5.5.2] Reconstructive Surgeries conducted	Number	0.50	3300	3200	3000	2700	2500
		[5.6] Control of Tuberculosis	[5.6.1] New Sputum Positive (NSP) Success rate	%	0.50	88.5	88	85	75	70
			[5.6.2] New Sputum Positive (NSP) case detection rate	%	0.50	74.5	74	67	60	52

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value						
						Excellent	Very Good	Good	Fair	Poor		
						100%	90%	80%	70%	60%		
		[5.7] Reduction in Prevalence of Blindness	[5.7.1] Cataract Surgeries performed	Lakh	1.00	65	60	55	50	45		
			[5.7.2] No. of spectacles to school children screened with refractive error	Lakh	0.50	3.5	3	2.7	2.4	2.1		
			[5.7.3] Collection of donated eyes for corneal transplantation	Number	0.50	45000	40000	36000	32000	28000		
			[5.8] Preparation of Cancer specific materials, dissemination of messages through audio-visual and print media & Social mobilization through NGOs	[5.8.1] No. of Districts covered	Number	1.00	35	30	25	20	15	
				[5.9] Provide baseline cancer care facilities by surgery, Chemotherapy and palliative care at District Hospitals	[5.9.1] No. of Districts covered	Number	1.00	35	30	25	20	15
				[5.10] Strengthening of tertiary cancer centres	[5.10.1] Tertiary Care Centres Strengthened	Number	1.00	25	20	18	16	14
				[5.11] Training of Health Professionals for early detection and diagnosis, management of common cancers	[5.11.1] No. of Health professionals trained	Number	1.00	530	500	450	400	350
[5.12] Establishment of District NCD cells				[5.12.1] No. of Districts covered	Number	0.50	35	30	25	20	15	



## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[5.13] Establishment of State NCD cells	[5.13.1] No. of States covered	Number	0.50	15	13	10	8	7
		[5.14] Establishment of Tobacco Testing laboratories	[5.14.1] Operationalization of Tobacco Testing labs	Number	0.50	6	5	4	3	2
		[5.15] Public Awareness Campaign	[5.15.1] Number of workshops	Number	0.25	14	12	10	9	8
		[5.16] Ensure availability of minimum mental health care services	[5.16.1] Establishment of Centres of Excellence	Number	0.70	9	8	7	6	5
			[5.16.2] Approval for starting up of PG courses in Mental Health Specialities	Number	0.55	40	36	32	28	24
		[5.17] Introduction of new programme for prevention and Control of Diabetes, Cardiovascular Diseases and Strokes	[5.17.1] No. of CHCs to be covered	Number	0.50	225	200	180	160	140
		[5.18] Strengthening of District Hospitals	[5.18.1] Approval and commencement work for upgradation of facilities in hospitals	Number	0.50	35	30	25	20	15
		[5.19] Opportunistic screening at Sub-centre level of health care	[5.19.1] No. of districts covered	Number	0.50	30	25	20	15	10
		[5.20] Surveillance of risk factors of NCD	[5.20.1] Commencement of the surveillance work in implementing	Date	0.25	31/12/2010	31/01/2011	28/02/2011	15/03/2011	31/03/2011

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			states							
		[5.21] Introduction of new programme for Health Care of Elderly	[5.21.1] Start up activities in 80 new districts	No. of Districts	0.75	32	30	28	26	24
[6] Strengthening Secondary and Tertiary health care.	12.00	[6.1] Setting up of 6 AIIMS like Institutions	[6.1.1] Commencement and completion of 40% work in Medical Colleges	%	3.00	45	40	35	30	25
			[6.1.2] Commencement and completion of 30% work in Hospitals	%	3.00	35	30	27	24	21
		[6.2] Upgradation of 13 Govt. Medical colleges	[6.2.1] Upgraded facilities at Govt. Medical Colleges made functional	No.	6.00	7	5	4	3	2
* Efficient Functioning of the RFD System	5.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	05/03/2010	08/03/2010	09/03/2010	10/03/2010	11/03/2010
		Timely submission of Results	On- time submission	Date	1.0	02/05/2011	03/05/2011	04/05/2011	05/05/2011	06/05/2011
		Finalize a Strategic Plan	Finalize the Strategic Plan for next 5 years	Date	2.0	10/02/2011	15/02/2011	21/02/2011	25/02/2011	01/03/2011
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	6.00	Develop RFDs for all Responsibility Centers (Subordinate Offices, Attached Offices, Autonomous Bodies)	Percentage of RCs covered	%	2.0	100	95	90	85	80
		Implementation of Sevottam	Create a Sevottam compliant to implement, monitor and review	Date	2.0	10/02/2011	15/02/2011	21/02/2011	25/02/2011	01/03/2011

\* Mandatory Objective(s)

## Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			Citizen's Charter							
			Create a Sevottam Compliant system to redress and monitor public Grievances	Date	2.0	10/02/2011	15/02/2011	21/02/2011	25/02/2011	01/03/2011
* Ensuring compliance to the Financial Accountability Framework	2.00	Timely submission of ATNS on Audit Paras of C&AG	Percentage of ATNS submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0.5	100	90	80	70	60
		Timely submission of ATRs to the PAC Sectt. on PAC Reports.	Percentage of ATRs submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2011.	Percentage of outstanding ATNs disposed off during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATRs disposed off during the year.	%	0.5	100	90	80	70	60

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
[1] Universal access to primary health care services for all sections of society with effective linkages to secondary and tertiary health care.	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalisation of 24X7 Facility at PHC level	No.	4603	--	1100	1200	1300
		[1.1.2] Equipping Districts with Mobile Medical Units	No. of Districts	110	--	150	150	150
		[1.1.3] Operationalisation of CHCs into First Referral Units (FRU)	No.	633	--	660	630	600
		[1.1.4] Establishment of Special New Born Care Units	No.	161	--	70	80	90
		[1.1.5] Establishment of Stabilisation Units for new born	No.	1500	--	300	350	400
		[1.1.6] Establishment of New Born Care Corners in PHCs	No.	5000	--	1000	1200	1300
	[1.2] Strengthening of Community Involvement	[1.2.1] Setting up of Rogi Kalyan Samitis	No.	--	--	6300	6500	7000
		[1.2.2] Preparation of Integrated District Health Action Plan for remaining Districts	No.	16	--	20	--	--
		[1.2.3] Setting up of Village Health and Sanitation	No.	200000	--	100000	--	--

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
		Committee						
		[1.2.4] Holding Village Health & Nutrition Days	Lakh	58	--	68	70	80
	[1.3] Augmentation of Availability of Human Resources	[1.3.1] Appointment of ANMs	No.	--	--	8000	--	--
		[1.3.2] Appointment of Doctors/Specialists	No.	--	--	3600	--	--
		[1.3.3] Appointment of Staff Nurses	No.	--	--	9000	--	--
		[1.3.4] Appointment of Paramedical staff	No.	--	--	5000	--	--
	[1.4] Capacity Building	[1.4.1] ASHA Training (up to Vth Module)	No.	216184	--	200000	--	--
		[1.4.2] Personnel trained on IMNCI	No.	140246	--	52000	50000	60000
		[1.4.3] Doctors trained on LSAS	No.	247	--	200	200	250
		[1.4.4] Doctors trained on EMoC	No.	123	--	110	125	150
		[1.4.5] ANMs/SNs/LHVs trained as SBA	No.	6000	--	8000	9000	10000
		[1.4.6] Training of medical and para-medical personnel for cardio vascular Diseases (CVD)	No.	--	--	10000	10000	10000

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
		[1.4.7] Navjat Shishu Suraksha Laryakram (NSSK)	No.	--	--	25000	--	--
[2] Improving Maternal and Child health.	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	55	--	55	65	70
	[2.2] Support through Janani Suraksha Yojana	[2.2.1] JSY Beneficiaries	Lakh	85	--	100	100	110
	[2.3] Targeting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	--	--	72	80	85
	[2.4] Providing ASHAs with Drug Kits	[2.4.1] ASHAs provided with Drug Kits	No.	234565	--	100000	100000	100000
[3] Focusing on population stabilization in the country.	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors	lakh	50.02	--	54.20	56.6	60
	[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors	lakh	2.90	--	3.00	3.32	3.50
	[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion	lakh	59	--	60	65	70
[4] Developing human resources for health to achieve health goals.	[4.1] Strengthening & Upgradation of Govt. Medical Colleges	[4.1.1] No. of Medical Colleges approved for upgradation	No.	--	--	45	50	55
	[4.2] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.2.1] Finalization of land and approval of DPR for NIPS	Date	--	--	31/12/2010	--	--

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
		[4.2.2] Approval of DPR for RIPS	No.	--	--	4	4	--
	[4.3] Establishment of Nursing Institutes at various levels	[4.3.1] Approval for DPRs for new ANM Schools	No.	--	--	60	72	--
		[4.3.2] Approval for DPRs for new GNM Schools	No.	--	--	60	77	--
[5] Reducing overall disease burden of the society.	[5.1] To reduce incidence of Malaria cases	[5.1.1] Annual Parasite Incidence (API)	per 1000 population	1.4	--	1.4	1.3	1.3
	[5.2] To improve Malaria surveillance	[5.2.1] Annual Blood Examination Rate	%	8.7	--	10	10	10
	[5.3] To reduce incidence of Filariasis	[5.3.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	86.09	--	86	90	90
	[5.4] To reduce incidence of Kala-azar	[5.4.1] No. of BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 523 such BPHCs	No. of BPHCs	--	--	400	--	--
	[5.5] To reduce incidence of Leprosy	[5.5.1] Annual New Case Detection Rate (ANCDR)	Per lakh population	11.19	--	10.7	10	9.5
		[5.5.2] Reconstructive Surgeries conducted	Number	2960	--	3200	3400	3600
	[5.6] Control of Tuberculosis	[5.6.1] New Sputum Positive (NSP) Success rate	%	87	--	88	88	90

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
		[5.6.2] New Sputum Positive (NSP) case detection rate	%	72	--	74	74	77
	[5.7] Reduction in Prevalence of Blindness	[5.7.1] Cataract Surgeries performed	Lakh	58	--	60	70	75
		[5.7.2] No. of spectacles to school children screened with refractive error	Lakh	9.73	--	3	3	3.5
		[5.7.3] Collection of donated eyes for corneal transplantation	Number	41780	--	40000	60000	65000
	[5.8] Preparation of Cancer specific materials, dissemination of messages through audio-visual and print media & Social mobilization through NGOs	[5.8.1] No. of Districts covered	Number	--	--	30	--	--
	[5.9] Provide baseline cancer care facilities by surgery, Chemotherapy and palliative care at District Hospitals	[5.9.1] No. of Districts covered	Number	--	--	30	70	--
	[5.10] Strengthening of tertiary cancer centres	[5.10.1] Tertiary Care Centres Strengthened	Number	--	--	20	45	50



### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
	[5.11] Training of Health Professionals for early detection and diagnosis, management of common cancers	[5.11.1] No. of Health professionals trained	Number	--	--	500	500	500
	[5.12] Establishment of District NCD cells	[5.12.1] No. of Districts covered	Number	--	--	30	70	--
	[5.13] Establishment of State NCD cells	[5.13.1] No. of States covered	Number	--	--	13	--	--
	[5.14] Establishment of Tobacco Testing laboratories	[5.14.1] Operationalization of Tobacco Testing labs	Number	--	--	5	--	--
	[5.15] Public Awareness Campaign	[5.15.1] Number of workshops	Number	--	--	12	14	16
	[5.16] Ensure availability of minimum mental health care services	[5.16.1] Establishment of Centres of Excellence	Number	--	--	8	2	--
		[5.16.2] Approval for starting up of PG courses in Mental Health Specialities	Number	--	--	36	40	--
	[5.17] Introduction of new programme for prevention and Control of Diabetes, Cardiovascular Diseases and Strokes	[5.17.1] No. of CHCs to be covered	Number	--	--	200	500	500
	[5.18] Strengthening of District Hospitals	[5.18.1] Approval and commencement work for upgradation of	Number	--	--	30	70	--

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
		facilities in hospitals						
	[5.19] Opportunistic screening at Sub-centre level of health care	[5.19.1] No. of districts covered	Number	--	--	25	75	--
	[5.20] Surveillance of risk factors of NCD	[5.20.1] Commencement of the surveillance work in implementing states	Date	--	--	31/01/2011	--	--
	[5.21] Introduction of new programme for Health Care of Elderly	[5.21.1] Start up activities in 80 new districts	No. of Districts	--	--	30	50	--
[6] Strengthening Secondary and Tertiary health care.	[6.1] Setting up of 6 AIIMS like Institutions	[6.1.1] Commencement and completion of 40% work in Medical Colleges	%	--	--	40	60	--
		[6.1.2] Commencement and completion of 30% work in Hospitals	%	--	--	30	70	--
	[6.2] Upgradation of 13 Govt. Medical colleges	[6.2.1] Upgraded facilities at Govt. Medical Colleges made functional	No.	--	--	5	8	--
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	--	--	08/03/2010	--	--
	Timely submission of Results	On- time submission	Date	--	--	03/05/2011	--	--

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
	Finalize a Strategic Plan	Finalize the Strategic Plan for next 5 years	Date	--	--	15/02/2011	--	--
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	Develop RFDs for all Responsibility Centers (Subordinate Offices, Attached Offices, Autonomous Bodies)	Percentage of RCs covered	%	--	--	95	--	--
	Implementation of Sevottam	Create a Sevottam compliant to implement, monitor and review Citizen's Charter	Date	--	--	15/02/2011	--	--
		Create a Sevottam Compliant system to redress and monitor public Grievances	Date	--	--	15/02/2011	--	--
* Ensuring compliance to the Financial Accountability Framework	Timely submission of ATNS on Audit Paras of C&AG	Percentage of ATNS submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	--	--	90	--	--
	Timely submission of ATRs to the PAC Sectt. on PAC Reports.	Percentage of ATRs submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	--	--	90	--	--
	Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before	Percentage of outstanding ATNs disposed off during the year.	%	--	--	90	--	--

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 08/09	Actual Value for FY 09/10	Target Value for FY 10/11	Projected Value for FY 11/12	Projected Value for FY 12/13
	31.3.2011.							
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATRs disposed off during the year.	%	--	--	90	--	--

\* Mandatory Objective(s)

## Section 4: Acronym

Sl.No	Acronym	Description
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## Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

### 1. Operationalisation of 24 x 7 facility at PHC level

To ensure round the clock access to public health facilities, Primary Health Centres are expected to provide 24-hour service in basic Obstetric and Nursing facilities. Under NRHM, PHCs are being operationalized for providing 24X7 services in a phased manner by placing at least 1-2 Medical Officers and more than 3 Staff Nurses in these facilities. All 24x7 PHCs, providing delivery services, would also have newborn care corners and provide basic new born care services including resuscitation, prevention of infections, provision of warmth and early and exclusively breast feeding. These are spelt out in details at point no. 6.

### 2. First Referral Units (FRUs)

Upgradation of District Hospitals, Sub District Hospitals and Community Health Centres as First referral Units is being attempted to provide for Comprehensive Obstetric Care for Women and Acute Respiratory Infection (ARI) treatment for children. It requires holistic planning by linking Human Resources, Blood Storage Centers (BSCs) and other logistics. The definition of FRU includes the following three components.

- Essential Obstetric Care
- Provision of Blood Storage Unit
- New Born Care Services

FRU Guidelines could be refer to, if necessary.

### 3. Mobile Medical Units (MMU)

The main objective is to provide basic healthcare facilities in remote, far-flung hilly and tribal areas through the use of Mobile Medical Units. As a first step, it is envisaged to have one MMU in all the districts in the country.

### 4. Special New Born Child Care units (SNCU)

These are specialised new born and sick child care units at district hospitals with specialised equipments, which include phototherapy unit, oxygen hoods, infusion pumps, radiant warmer, Laryngoscope and ET tubes, nasal cannulas Bag and mask, and weighing scale.

These units have a minimum of 12 to 16 beds with a staff of 3 physicians, 10 nurses, and 4 support staff to provide round the clock services for a new born or child requiring special care such as managing newborn with neonatal sepsis and child with pneumonia, dehydration, etc., prevention of hypothermia, prevention of infection, early initiation and exclusive breast feeding, post-natal care, immunisation and referral services.

### 5. Stabilisation units (SU)

Stabilisation Units are meant for providing facilities for newborn babies and children referred by the peripheral units (Primary Health centres) so that the babies can be stabilised through effective care. These are being set up in Community Health Centre (CHCs) / First Referral Units (FRUs). These units provide services, which include resuscitation, provision of warmth, early initiation of breast feeding, prevention of infection and cord care, supporting care including oxygen, Intra Venous (IV) fluids, provision for monitoring of vital signs including blood pressure and referral services. These units have specialised equipments, which include open care system (radiant warmer), laryngoscope, weighing scale and suction machine.

### 6. New born baby corners

These are special corners within the labour room where support for effective management of a newborn is provided. The services include resuscitation, provision of warmth and prevention of infection, cord care and early initiation of breast-feeding. The equipments at newborn care corners include Weighing scale, radiant warmer, suction machine and mucus sucker.

### 7. Life Saving Anaesthetic Skills (LSAS)

To increase trained manpower for provision of services during Emergency Obstetric situation, Medical Officers are trained in Life Saving Anaesthetic Skills (LSAS), so that more doctors are able to provide emergency obstetric care services at the designated FRU/CHCs.

### 8. Rogi Kalyan Samitis (RKS)

For effective community management of public health facilities/Institutions, Hospital Development

## Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

Committees / Rogi Kalyan Samitis [RKS] are constituted at the PHC / CHC/ District Hospital level. It comprises members from Panchayati Raj Institutions, civil society and representatives from public hospital. Untied grants are provided to RKS at various levels i.e. PHC /CHC/District level to carry out activities considered essential for improving services delivery. RKS is also authorized to retain the user fees at the institutional level for meeting the day-to-day needs of the institutions.

### 9. Village Health and Sanitation Committee (VHSC)

VHSC is expected to prepare village level health action plan. It comprises Panchayat president / member, representative from civil society, Anganwadi Worker (AWW) and Auxiliary Nurse Midwife (ANM). To encourage Panchayats to constitute VHSCs, untied grants are given through NRHM. These grants are used to meet local health needs of the villages, including maintenance needs of the Sub centres.

### 10. Integrated District Action Plan

The objective of the District Action Plan is to identify the gaps and identify health requirements of the district through local level planning. The district plan would be an aggregation of block /village plans. These plans would cover health as well as other determinants of health like nutrition, drinking water, sanitation, etc.

### 11. Accredited Social Health Activist (ASHA)

The Accredited Social Health Activist (ASHA) is the essential link between the community and the health facility. A trained female community health worker - ASHA - is being provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norms are relaxed for one ASHA per habitation depending on the workload.

### 12. Contractual Appointments

To overcome shortage of manpower in management of health facilities, NRHM provides additional manpower in the form of contractual staff to health facilities at various levels. For Sub-centre, NRHM provides Auxiliary Nurse Mid-wives (ANMs), Staff Nurses at PHCs to ensure round the clock services. Similarly, contractual appointment of doctors /specialists, paramedical staff is being made to meet the requirement of states as per NRHM norms. States have given flexibility for recruitment of contractual manpower including specialists.

### 13. Integrated Management of Neonatal and Childhood Illness (IMNCI)

Integrated Management of Childhood and Neonatal Illness (IMNCI) strategy encompasses a range of interventions to prevent and manage five major childhood illnesses i.e. Acute Respiratory Infections, Diarrhoea, Measles, Malaria and Malnutrition and the major causes of neonatal mortality, i.e. prematurity, and sepsis. In addition, IMNCI teaches about nutrition including breastfeeding promotion, complementary feeding and micronutrients.

### 14. Navjaat Shishu Suraksha Karyakram (NSSK)

Care at birth i.e. prevention of hypothermia, prevention of infection, early initiation of breast-feeding and basic newborn resuscitation are important for any neonatal programme. The objective of this new initiative is to have one person trained in basic newborn care and resuscitation at every delivery. The training package is based on the latest available scientific evidence. The training is for 2 days and is expected to reduce neonatal mortality significantly in the country.

### 15. Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI)

F-IMNCI is the integration of the Facility based Care package with the IMNCI package, to empower the Health personnel with the skills to manage new born and childhood illness at the community level as well as the facility. Facility based care IMNCI focuses on providing appropriate inpatient management of the major causes of Neonatal and Childhood mortality such as asphyxia, sepsis, low birth weight in neonates and pneumonia, diarrhoea, malaria, meningitis, severe malnutrition in children. The interventions in the training manuals are based on the latest available scientific evidence and the manuals will be updated as new information is acquired. The training is for 11 days. The long-term program needs for new born & child care will be met by the health personnel and workers possessing the optimum skills (F-IMNCI) for managing newborn and children both at the community level as well as the facility level.

### 16. Emergency Obstetric Care (EMOC)

Medical Officers are being trained in Obstetric Care and skills including Caesarean Section (EmOC Training), so as to make more doctors available to provide Emergency Obstetric Care Services at the designated FRU/CHCs.

## Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

### 17. Institutional Deliveries

Institutional Deliveries include the deliveries in the following categories of health facilities:

- Hospitals
- Dispensaries / Clinics
- UHC/UHP/UFWC
- CHC/ Rural Hospital
- PHC
- Sub Centre
- AYUSH Hospital/ Clinic

### 18. Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is a safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional deliveries. Under this scheme, cash incentives are provided to the beneficiary as well as village link worker / ASHA to come to the institution for delivery and also the cost of transportation.

### 19. Vector Borne Diseases

#### i) Malaria:

The following indicators are used for assessment of Malaria:

a. Surveillance - Annual Blood Examination Rate (ABER): Percentage of total no of slides examined annually out of total population under surveillance. This is calculated as:

$$\frac{\text{Number of Slide Examined in the Year}}{\text{Population under surveillance}} \times 100$$

b. Incidence of Malaria - Annual Parasite Incidence (API) : Confirmed Malaria Cases annually per 1000 population under surveillance. This is calculated as :

$$\frac{\text{Number of confirmed malaria cases in the Year}}{\text{Population under surveillance}} \times 1000$$

#### ii) Kala azar

The indicator used for Kala-azar detection is annual new case detection of Kala-azar per 10,000 population.

$$\frac{\text{Number of Kala-azar cases in the Year}}{\text{Kala-azar Endemic Population}} \times 10000$$

#### iii) Filaria

The indicator for elimination of Lymphatic Filariasis is the 'coverage of eligible people under Mass Drug Administration' (MDA)

This is calculated as :

$$\frac{\text{Number of people administered with anti-filarial drugs during MDA}}{\text{Eligible population at the risk of filaria}} \times 100$$

### 20. Leprosy:

Annual New Case Detection Rate (ANCDR)

$$\frac{\text{Number of new cases detected during the year}}{\text{Population as on 31st March}} \times 100000$$



## Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

### 21. Tuberculosis

The term “case detection” denotes that TB is diagnosed in a patient and is reported within the national surveillance system. Smear-positive is defined as a case of TB where Mycobacterium tuberculosis bacilli are visible in the patient’s sputum when properly stained and examined under the microscope.

‘New Case’ denotes a patient who has never taken TB treatment in the past or has taken anti TB treatment, but for less than 1 month.

New Smear positive case detection rate is calculated by dividing the number of new smear positive cases notified in the specific cohort (quarter/year) by the estimated number of new smear positive cases in the population for the same quarter/year expressed as a percentage.

The term new smear positive treatment success rate denote the proportion of new smear positive TB cases cured or treatment completed to the total number of new smear positive TB cases registered in the specific cohort (quarter/year).

### 22. District Mental Health Programme (DMHP)

The main objective of DMHP is to provide basic mental health services to community & to integrate these with general health services. It envisages a community based approach to the problem, which includes:

- Provide service for early detection & treatment of mental illness in the community (OPD/Indoor & follow up).
- Training of mental health team at identified nodal institutions.
- Increase awareness & reduce stigma related to Mental Health problems.

### LIST OF ABBREVIATIONS

#### Sl.No.

1	ABER	Annual Blood Examination Rate
2	ACDR	Annual Case Detection Rate
3	ANM	Auxiliary Nurse Midwife
4	API	Annual Parasite Incidence
5	ART	Anti Retroviral Therapy
6	ASHA	Accredited Social Health Activist
7	AWW	Anganwadi Worker
8	AYUSH	Ayurveda Yoga-Naturopathy Unani Siddha & Homoeopathy
9	BPHCs	Block Primary Health Centres
10	BSS	Behaviour Surveillance Survey
11	CCEA	Cabinet Committee on Economic Affairs
12	CGHS	Central Government Health Scheme
13	CHC	Community Health Centre
16	DHF	Dengue Hemorrhagic Fever
17	DLHS	District Level Household Survey
18	DOTS	Directly Observed Treatment Short course
19	DPMR	Disability Prevention and Medical Rehabilitation
20	DPMU	District Programme Management Unit
21	EFC	Expenditure Finance Committee
22	ELF	Elimination of Lymphatic Filariasis
23	ELISA	Enzyme - linked Immunosorbent Assay
24	EMoC	Emergency Obstetric Care
25	EPW	Empowered Procurement Wing
26	FRU	First Referral Unit
27	FMG	Financial Management Group
28	GNM	General Nursing and Midwifery
29	HIV/AIDS	Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome
30	ICMR	Indian Council of Medical Research
31	ICTCs	Integrated Counseling and Testing Centre
32	IDSP	Integrated Disease Surveillance Project
33	IEC	Information, Education & Communication

## Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

34	IFPS	Innovations in Family Planning Service
35	IMNCI	Integrated Management of Neonatal & Childhood Illness
36	IMR	Infant Mortality Rate
37	IT	Information Technology
38	IUD	Intra Uterine Devices
39	JSY	Janani Suraksha Yojana
40	JE	Japanese Encephalitis
41	LHV	Lady Health Visitor
42	LSAS	Life Saving Anaesthetic Skills
43	MDA	Mass Drug Administration
44	MPW	Multi Purpose Health Worker
45	MBA	Management Business Administration
46	MDR-TB	Multi Drug Resistance - Tuberculosis
47	MIS	Management Information System
48	MMR	Maternal Mortality Ratio
49	MMU	Mobile Medical Unit
50	MO	Medical Officer
51	MOU	Memorandum of Understanding
52	NACO	National AIDS Control Organization
53	NCD	Non Communicable Diseases
54	NCMP	National Common Minimum Programme
55	NEIGRIMS	Institute of Health & Medical Science for the North Eastern Region
56	NFHS	National family Health Survey
57	NGO	Non-Government Organization
58	NHP	National Health Policy
59	NHRC	National Health Resource Centre
60	NIC	National Informatics Centre
61	NID	National Immunization Days
62	NIPS	National Institute of Paramedical Sciences
63	NLEP	National Leprosy Eradication Programme
64	NPCB	National Programme for Control of Blindness
65	NRHM	National Rural Health Mission
66	NSV	Non Scalpel Vasectomy
67	NVBDCP	National Vector Borne Disease Control Programme
68	PHC	Primary Health Centre
69	PIP	Project Implementation Plan
70	PMSSY	Pradhan Mantri Swasthya Suraksha Yojana
71	PPP	Public Private Partnership
72	PR	Prevalence Rate
73	PRI	Panchayati Raj Institutions
74	RCH	Reproductive & Child Health
75	RHRC	Regional Health Resource Centre
76	RKS	Rogi Kalyan Samiti
77	RNTCP	Revised National Tuberculosis Control Programme
78	SBA	Skilled Birth Attendant
79	SC	Sub Centre
80	SHRC	State Health Resource Centre
81	SNID	Sub National Immunization Days
82	SNs	Staff Nurses
83	SOE	Statement of Expenditure
84	SPMU	State Programme Management Unit
85	SRS	Sample Registration System
86	TB	Tuberculosis
87	TFR	Total Fertility Rate

**Section 4:  
Description and Definition of Success Indicators  
and Proposed Measurement Methodology**

88	TI	Targeted Interventions
89	UC	Utilization Certificate
90	UHC	Urban Health Centre
91	UHP	Urban Health Post
92	UFWC	Urban Family Welfare Centre
93	VHSC	Village Health & Sanitation Committee

## Section 5: Specific Performance Requirements from other Departments

Health, being a State subject and Family Welfare being a concurrent one, the Central Government works in partnership with States/UTs. The performance in Health sector, therefore, depends on the success of this partnership. The determinants of health are very wide and this requires inter-sectoral convergence with Departments concerned with subjects to Drinking Water, Sanitation, Nutrition, Education, etc. In addition, there are other Departments/Bodies that have an important bearing on the outcomes, viz. the Planning Commission and Department of Expenditure. The role of various agencies that is critical for delivering the agreed results is given in the following paragraphs.

The indicators of health depend crucially on availability of drinking water, female literacy, nutrition, early childhood development, sanitation, women's empowerment, etc., in addition to institutions such as hospitals and well functioning health system. The Anganwadi Centre under the ICDS at the village level is a major hub for health related activities. Likewise, wherever village committees have been effectively constituted for drinking water, sanitation, ICDS, etc., Panchayati Raj institutions also play a role in determining health outcomes.

Convergence with all the Departments that influence health related outcomes is necessary for improved health indicators. These Departments include Women & Child, Education, Panchayati Raj, Water & Sanitation Department besides the Departments within the Ministry viz. Department of AIDS Control, AYUSH and Department of Health Research.

Apart from the actions of various Central Government Departments, the achievements of results would critically hinge on the implementation being done at the State Government level for various programmes, apart from providing adequate resources from their own funds and improve the absorptive capacity for utilization of funds.

An area that is crucial in the health sector is that of "human resources". Hence, the quality of medical education is important. The regulatory bodies like Medical Council of India, Dental Council of India, Pharmacy Council of India and Indian Nursing Council have an important role in maintaining the uniform standards of medical education, promoting training and the research activities.

The Non-governmental Organizations are also critical for the improvement

**Section 5:  
Specific Performance Requirements  
from other Departments**

of health status of the society. Besides advocacy, NGOs are be involved in building capacity at all levels, monitoring and evaluation of the health sector, delivery of health services, working together with community organizations and Panchayati Raj institutions. The successful operations of NGOs could have an impact on the outcomes.

## Section 6: Outcome/Impact of Department/Ministry

Outcome/Impact of Department/Ministry	Jointly responsible for influencing this outcome / impact with the following department (s) / ministry(ies)	Success Indicator	Unit	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13
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