



Government of India

R F D

(Results-Framework Document)
for

Department Of Health and Family Welfare

(2011-2012)

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

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. To establish comprehensive primary healthcare delivery system and well functioning linkages with secondary and tertiary care health delivery system. To Reduce Infant Mortality rate to 28 per 1000 live births and Maternal Mortality Ratio to 1 per 1000 live births by 2012. To reduce the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases. To ensure a reduction in the growth rate of population with a view to achieving population stabilization. To develop the training capacity for providing human resources for the health sector (medical, paramedical and managerial) with adequate skill mix at all levels. 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.
- 5 Focusing on development of human resources through appropriate medical and public health education.

Section 1: Vision, Mission, Objectives and Functions

- 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	850	800	750	700	650
			[1.1.2] Equipping Districts with Mobile Medical Units	No. of Districts	3.00	100	90	80	70	60
			[1.1.3] Operationalisation of CHCs into First Referral Units (FRU)	No.	3.00	500	450	400	350	300
			[1.1.4] Establishment of Special New Born Care Units	No.	1.00	80	72	64	56	48
			[1.1.5] Establishment of Stabilisation Units for new born	No.	1.00	350	315	280	245	210
			[1.1.6] Establishment of New Born Care Corners in PHCs	No.	1.00	1200	1080	960	840	720
			[1.1.7] Operationalization of 108 Emergency Referral Transport Ambulance	No.	2.00	600	500	400	300	200
			[1.1.8] Construction of New Sub-Centre Building	No.	2.00	1000	900	800	700	600
		[1.2] Strengthening of Community Involvement	[1.2.1] Holding Village Health & Nutrition Days	Lakh	2.00	60	55	50	45	40
			[1.2.2] Preparation of Annual District	No.	1.00	500	450	400	350	300

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%	
			Health Action Plan (DHAP)								
		[1.3] Augmentation of Availability of Human Resources	[1.3.1] Deployment of new ANMs	No.	2.00	8000	7200	6400	5600	4800	
			[1.3.2] Deployment of new Doctors/Specialists	No.	2.00	1100	1000	900	800	700	
			[1.3.3] Deployment of new Staff Nurses	No.	2.00	3000	2500	2000	1500	1000	
			[1.3.4] Deployment of new Paramedical staff	No.	2.00	2500	2000	1500	1000	500	
		[1.4] Capacity Building	[1.4.1] ASHA Training (up to Vth Module)	No.	2.00	110000	100000	90000	80000	70000	
			[1.4.2] Personnel trained on IMNCI	No.	1.50	50000	45000	40000	35000	30000	
			[1.4.3] Doctors trained on LSAS	No.	1.00	220	180	160	150	140	
			[1.4.4] Doctors trained on EMoC	No.	1.00	150	135	120	110	85	
			[1.4.5] ANMs/SNs/LHVs trained as SBA	No.	1.00	9000	8100	6500	6000	5000	
			[1.4.6] Navjat Shishu Suraksha Karyakram (NSSK)	No.	2.00	15000	12000	10000	8000	6000	
[2] Improving Maternal and Child health.	8.00	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	3.00	62	60	57	56	55	

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%
		[2.2] Support through Janani Suraksha Yojana	[2.2.1] JSY Beneficiaries	Lakh	2.00	107	105	100	95	90
		[2.3] Targeting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	3.00	72	70	65	62	60
[3] Focusing on population stabilization in the country.	6.00	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors	lakh	2.00	52	50	48	44	42
		[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors	lakh	2.00	3.2	3	2.8	2.6	2.4
		[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion	lakh	2.00	62	60	55	50	45
[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	35	30	25	20	15
		[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	30/11/2011	31/12/2011	31/01/2012	29/02/2012	31/03/2012
			[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	27	25	20	15	10
			[4.3.2] Approval for DPRs for new GNM Schools	No.	0.99	27	25	20	15	10
[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 populati	2.00	1.30	1.4	1.52	1.67	1.80

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%
				on						
		[5.2] To reduce incidence of Filariasis	[5.2.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	1.00	90	85	80	75	70
		[5.3] To reduce incidence of Kala-azar	[5.3.1] No. of BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 such BPHCs	No. of BHCs	1.00	450	430	387	344	301
		[5.4] To reduce incidence of Leprosy	[5.4.1] Annual New Case Detection Rate (ANCDR)	Per lakh population	1.00	9.5	10	11	12	13
			[5.4.2] Reconstructive Surgeries conducted	Number	0.50	3200	3000	2700	2400	2100
		[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	1.00	88.5	88	85	75	70
			[5.5.2] New Sputum Positive (NSP) case detection rate	%	1.00	74.5	74	67	60	52
		[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed	Lakh	1.00	68	65	60	55	50
			[5.6.2] No. of spectacles to school children screened with refractive error	Lakh	0.50	3.5	3	2.7	2.4	2.1

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%
			[5.6.3] Collection of donated eyes for corneal transplantation	Number	0.50	62000	60000	55000	50000	45000
		[5.7] Strengthening facilities for diagnosis and treatment of cancer	[5.7.1] Development of District Cancer Facilities	No. of Districts	0.50	72	70	65	60	55
			[5.7.2] Strengthening of Tertiary Centres	No. of Districts	1.00	50	45	40	35	30
		[5.8] Establishment of Tobacco Testing laboratories	[5.8.1] Operationalization of Tobacco Testing labs	Number	0.50	6	4	3	2	1
		[5.9] Ensure availability of minimum mental health care services	[5.9.1] Establishment of Centres of Excellence	Number	1.00	2	1	0	0	0
			[5.9.2] Approval for starting up of PG courses in Mental Health Specialities	Number	0.50	40	36	32	28	24
		[5.10] Opportunistic screening, diagnosis and management of diabetes, Cardiovascular Diseases and Stroke	[5.10.1] Set up NCD Clinics and Cardiac Care Units in District Hospitals	No. of Districts	0.50	72	70	65	60	55
			[5.10.2] Screening of NCDs at CHCs and below initiated in Districts	No. of Districts	0.50	72	70	65	60	55
			[5.10.3] NCD Risk Factor Surveillance in selected districts	No. of Districts	0.50	32	30	28	26	24

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%
		[5.11] Provide Health Care to the Elderly Population	[5.11.1] Set up Geriatric OPD and ward at District Hospitals	No. of Districts	0.50	72	70	65	60	55
			[5.11.2] Strengthening of Regional Geriatric Centres	No.	0.50	9	8	7	6	5
[6] Strengthening Secondary and Tertiary health care.	10.00	[6.1] Setting up of 6 AIIMS like Institutions	[6.1.1] Completion of construction work in Medical Colleges	%	2.75	72	60	65	60	55
			[6.1.2] Completion of work in Hospitals	%	2.75	55	50	45	40	35
		[6.2] Upgradation of 13 Govt. Medical colleges	[6.2.1] Upgraded facilities at Govt. Medical Colleges made functional	No.	4.00	8	7	6	5	4
		[6.3] Up-gradation of 6 Govt. Medical Colleges in Phase II	[6.3.1] Start of construction of work in 5 Medical Colleges	No.	0.50	6	5	4	3	2
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	07/03/2011	08/03/2011	09/03/2011	10/03/2011	11/03/2011
		Timely submission of Results	On- time submission	Date	1.0	01/05/2012	03/05/2012	04/05/2012	05/05/2012	06/05/2012
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	10.00	Implementation of Sevottam	Resubmission of revised draft of Citizens' / Clients' Charter	Date	2.0	16/01/2012	18/01/2012	20/01/2012	23/01/2012	25/01/2012
			Independent Audit of Implementation of Grievance Redress Mechanism	%	2.0	100	90	80	70	60

* 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%
		Ensure compliance with Section 4(1) (b) of the RTI Act, 2005	No. of items on which information is uploaded by February 10, 2012	No	2.0	16	15	14	13	12
		Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Finalize an action plan to mitigate potential areas of corruption.	Date	2.0	26/03/2012	27/03/2012	28/03/2012	29/03/2012	30/03/2012
		Develop an action plan to implement ISO 9001 certification	Finalize an action plan to implement ISO 9001 certification	Date	2.0	16/04/2012	17/04/2012	18/04/2012	19/04/2012	20/04/2012
* 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 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
[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.	988	1290	800	0	0
		[1.1.2] Equipping Districts with Mobile Medical Units	No. of Districts	53	172	90	0	0
		[1.1.3] Operationalisation of CHCs into First Referral Units (FRU)	No.	0	507	450	0	0
		[1.1.4] Establishment of Special New Born Care Units	No.	95	68	72	90	90
		[1.1.5] Establishment of Stabilisation Units for new born	No.	265	305	315	400	400
		[1.1.6] Establishment of New Born Care Corners in PHCs	No.	1200	1015	1080	1300	1300
		[1.1.7] Operationalization of 108 Emergency Referral Transport Ambulance	No.	--	--	500	600	700
		[1.1.8] Construction of New Sub-Centre Building	No.	--	--	900	1000	1050
	[1.2] Strengthening of Community Involvement	[1.2.1] Holding Village Health & Nutrition Days	Lakh	58.19	65	55	--	--
		[1.2.2] Preparation of Annual District	No.	617	631	450	500	525

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
		Health Action Plan (DHAP)						
	[1.3] Augmentation of Availability of Human Resources	[1.3.1] Deployment of new ANMs	No.	8514	8000	7200	--	--
		[1.3.2] Deployment of new Doctors/Specialists	No.	2061	3600	1000	--	--
		[1.3.3] Deployment of new Staff Nurses	No.	2430	9000	2500	--	--
		[1.3.4] Deployment of new Paramedical staff	No.	12010	5000	2000	--	--
	[1.4] Capacity Building	[1.4.1] ASHA Training (up to Vth Module)	No.	243354	260874	100000	--	--
		[1.4.2] Personnel trained on IMNCI	No.	58105	54800	45000	52000	60000
		[1.4.3] Doctors trained on LSAS	No.	230	260	180	225	225
		[1.4.4] Doctors trained on EMoC	No.	110	156	135	150	150
		[1.4.5] ANMs/SNs/LHVs trained as SBA	No.	9500	10051	8100	9000	9000
		[1.4.6] Navjat Shishu Suraksha Karyakram (NSSK)	No.	--	24000	12000	25000	25000
[2] Improving Maternal and Child health.	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	52	49.2	60	70	75
	[2.2] Support through Janani Suraksha	[2.2.1] JSY Beneficiaries	Lakh	92.29	103	105	110	115

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
	Yojana							
	[2.3] Targeting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	61	83.4	70	80	85
[3] Focusing on population stabilization in the country.	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors	lakh	47.4	50.90	50	51	52
	[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors	lakh	2.71	2.25	3	3	3.05
	[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion	lakh	57.64	58.10	60	60	61
[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.	--	64	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	--	24/06/2010	31/12/2011	--	--
		[4.2.2] Approval of DPR for RIPS	No.	--	8	4	--	--
	[4.3] Establishment of Nursing Institutes at various levels	[4.3.1] Approval for DPRs for new ANM Schools	No.	--	53	25	--	--
		[4.3.2] Approval for DPRs for new GNM Schools	No.	--	45	25	--	--
[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 populatio	1.36	1.25	1.4	1.3	1.3

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
			n					
	[5.2] To reduce incidence of Filariasis	[5.2.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	86.61	86.96	85	90	92
	[5.3] To reduce incidence of Kala-azar	[5.3.1] No. of BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 such BPHCs	No. of BHCs	319	430	430	475	500
	[5.4] To reduce incidence of Leprosy	[5.4.1] Annual New Case Detection Rate (ANCDR)	Per lakh population	10.9	10.9	10	10	9.5
		[5.4.2] Reconstructive Surgeries conducted	Number	2856	3000	3000	3000	3000
	[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	85	88	88	90	92
		[5.5.2] New Sputum Positive (NSP) case detection rate	%	70	72	74	77	80
	[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed	Lakh	59.06	55	65	65	70
		[5.6.2] No. of spectacles to school children screened with refractive error	Lakh	5.06	5	3	3.5	4

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
		[5.6.3] Collection of donated eyes for corneal transplantation	Number	46589	45000	60000	62000	64000
	[5.7] Strengthening facilities for diagnosis and treatment of cancer	[5.7.1] Development of District Cancer Facilities	No. of Districts	--	--	70	--	--
		[5.7.2] Strengthening of Tertiary Centres	No. of Districts	--	--	45	--	--
	[5.8] Establishment of Tobacco Testing laboratories	[5.8.1] Operationalization of Tobacco Testing labs	Number	--	0	4	--	--
	[5.9] Ensure availability of minimum mental health care services	[5.9.1] Establishment of Centres of Excellence	Number	7	10	1	--	--
		[5.9.2] Approval for starting up of PG courses in Mental Health Specialities	Number	19	4	36	--	--
	[5.10] Opportunistic screening, diagnosis and management of diabetes, Cardiovascular Diseases and Stroke	[5.10.1] Set up NCD Clinics and Cardiac Care Units in District Hospitals	No. of Districts	--	--	70	--	--
		[5.10.2] Screening of NCDs at CHCs and below initiated in Districts	No. of Districts	--	--	70	--	--
		[5.10.3] NCD Risk Factor Surveillance in selected districts	No. of Districts	--	--	30	--	--

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
	[5.11] Provide Health Care to the Elderly Population	[5.11.1] Set up Geriatric OPD and ward at District Hospitals	No. of Districts	--	--	70	--	--
		[5.11.2] Strengthening of Regional Geriatric Centres	No.	--	--	8	--	--
[6] Strengthening Secondary and Tertiary health care.	[6.1] Setting up of 6 AIIMS like Institutions	[6.1.1] Completion of construction work in Medical Colleges	%	--	25	60	--	--
		[6.1.2] Completion of work in Hospitals	%	--	15	50	--	--
	[6.2] Upgradation of 13 Govt. Medical colleges	[6.2.1] Upgraded facilities at Govt. Medical Colleges made functional	No.	--	5	7	--	--
	[6.3] Up-gradation of 6 Govt. Medical Colleges in Phase II	[6.3.1] Start of construction of work in 5 Medical Colleges	No.	--	--	5	--	--
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	2.00	05/03/2010	07/03/2011	--	--
	Timely submission of Results	On- time submission	Date	06/05/2010	02/05/2011	03/05/2012	--	--
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	Implementation of Sevottam	Resubmission of revised draft of Citizens' / Clients' Charter	Date	--	--	18/01/2012	--	--
		Independent Audit of Implementation of Grievance Redress Mechanism	%	--	--	90	--	--

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
	Ensure compliance with Section 4(1) (b) of the RTI Act, 2005	No. of items on which information is uploaded by February 10, 2012	No	--	--	15	--	--
	Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Finalize an action plan to mitigate potential areas of corruption.	Date	--	--	27/03/2012	--	--
	Develop an action plan to implement ISO 9001 certification	Finalize an action plan to implement ISO 9001 certification	Date	--	--	17/04/2012	--	--
* 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.	%	--	0	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.	%	--	100	90	--	--
	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.	%	--	62	90	--	--

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 09/10	Actual Value for FY 10/11	Target Value for FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATRs disposed off during the year.	%	--	100	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

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.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. Rogi Kalyan Samitis (RKS)

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

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

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)

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

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
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
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	MHSC	Village Health & Sanitation Committee
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**Section 5:
Specific Performance Requirements from other Departments**

Departments / Ministries	Relevant Success Indicators	What do you need?	Why do you need it?	How much you need?	What happens if you do not get it
1. Drinking Water & Sanitation	Availability of drinking water, female literacy,	Inter sectoral convergence	To strengthen the National response to	To the extent feasible	It would affect the achievements
2. Women and Child Development	nutrition, early childhood development,		achieve the health and Family welfare targets		of National targets and programme outcomes.
3. Human Resources Development	proper sanitation facilities,				
4. Panchayati Raj	women empowerment,				
5. AIDS Control	human resources, R&D				
6. AYUSH	for new				
7. Health Research	vaccination etc.				
1. Planning Commission	Adequate Support and	Adequate provision	To strengthen the National response to	To the extent feasible	It would affect the achievements
2. Finance Department	timely approval of CCEA/EFC/SFC of the programmes.	of funds for implementation of programmes	achieve the health and Family welfare targets		of National targets and programme outcomes
All States / UTs	Majority of Indicators	Implementation and timely reporting of achievements against the activities on time as planned	To enhance the proper implementation of Health and Family Welfare programmes	100% support	The progress of implementation will slow down the progress of achievements.

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 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
1 Reduction in Mortality Rate	States / UTs	Infant Mortality Rate	Per 1000 live births	50	47	43	39	35
		Crude Death Rate	Per 1000 populatio	7.3	7.2	7.1	7.0	7.0
2 Development of Human resourses	States/UTs	Number of Doctors per 1000 population	Number	0.073	0.074	0.074	0.075	0.076
3 Improvement in Maternal Health	States/UTs	Institutional Deliveries as a % of Total deliveries	%	73.9	78.5	79.0	80.0	81.0
		Full Immunization (Age Group 0-12 month)	%	94.8	89.3	70.0	80.0	80.0
4 Improve access to Health care servives	States/UTs	Average number of primary Health care centres per 1000 population	Number	0.0202	0.0201	0.0201	0.0200	0.0199
		Average number of Primary Health care Centres per district	Number	36.55	36.99	36.99	37.45	37.89
5 Reduction in growth rate of Population	States/UTs	Total Fertility Rate	Children born per woman	2.6	2.5	2.5	2.4	2.4
6 Reduction in the burden of Communicable and non-communicable diseases	States/UTs	Annual Parasite Incidence (Malaria)	Per 1000 total populatio	1.36	1.30	1.40	1.30	1.30
		New Sputum Positive (NSP) Success Rate	%	85	87	88	90	92