



Government of India

**R F D**

(Results-Framework Document)  
for

Department Of Health and Family Welfare

(2009-2010)

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

### Vision

To achieve acceptable standards of good health amongst general population of the country by the end of 12th Five Year Plan.

### Mission

1. Ensuring 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. Establishing comprehensive primary healthcare delivery system and well functioning linkages with secondary and tertiary care health delivery system. 3. Reducing Infant Mortality Rate to 28 per 1000 live births and Maternal Mortality Ratio to 1 per 1000 live births by 2012. 4. Reducing the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases. 5. Focusing on population stabilization in the country. 6. Developing the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels. 7. Regulating the health services delivery and promote rational use of pharmaceuticals in the country.

### Objectives

- 1 Improving access to primary health care services for all sections of society.
- 2 Reducing overall disease burden of the society.
- 3 Strengthening Secondary and Tertiary health care.
- 4 Improving maternal and child health.
- 5 Ensuring a reduction in the growth rate of population with a view to achieve population stabilization .
- 6 Developing human resources for health to achieve health goals.

### Functions

- 1 Reducing the burden of communicable and non-communicable diseases.
- 2 Focus on development of human resources for health through appropriate medical and public health education.
- 3 Policy formulation regarding issue relating to health and family welfare sectors.
- 4 Provide enabling regulatory framework for matters in Concurrent List of the Constitution. viz. medical, nursing, paramedical education, pharmaceuticals, etc.
- 5 Management of hospitals and other health institutions of Department of Health & Family Welfare.
- 6 Extending support to states for strengthening their health care system.

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

## 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] Improving access to primary health care services for all sections of society.	36.00	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalisation of 24x7 facility at PHC level	No.	3.00	487	439	389	340	292
			[1.1.2] Operationalisation of First Referral Units (FRU)	No.	3.00	250	225	200	175	150
			[1.1.3] Equipping Districts with Mobile Medical Units	No. of Districts	3.00	25	23	20	18	15
			[1.1.4] Establishment of Special New Born Care Units	No.	1.00	25	23	20	18	15
			[1.1.5] Establishment of Stabilisation Units for New Born	No.	1.00	25	23	20	18	15
			[1.1.6] Establishment of New Born Care Corners in PHCs	No.	1.00	150	140	130	120	110
		[1.2] Strengthening of Community Involvement	[1.2.1] setting up of Rogi Kalyan Samitis	% coverage	2.00	100	90	80	70	60
			[1.2.2] setting up of Village Health Sanitation Committies	No.	2.00	25000	22500	20000	17500	15000
			[1.2.3] Preparation of Integrated Health Action Plan	No.	1.00	20	18	16	14	12
			[1.2.4] Holding Village Health and Nutrition Days	Lakh	2.00	15	14	12	11	9

## 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%
		[1.3] Augmentation of Availability of Human Resources	[1.3.1] Selection of ASHA (Accredited Social Health Activist)	No.	2.00	12500	11250	10000	8750	7500
			[1.3.2] Appointment of ANMs	No.	2.00	2500	2250	2000	1750	1500
			[1.3.3] Appointment of Doctors/Specialist	No.	2.00	600	540	480	420	360
			[1.3.4] Appointment of Staff Nurses	No.	2.00	1250	1125	1000	875	750
			[1.3.5] Appointment of Para-medical Staff	No.	1.00	500	450	400	350	300
		[1.4] Capacity Building	[1.4.1] ASHA Training(upto 4th Module)	No.	2.00	60000	54000	48000	42000	36000
			[1.4.2] Personnel Trained on IMNCI	No.	2.00	15000	13500	12000	10500	9000
			[1.4.3] Doctors trained on LSAS	No.	2.00	50	45	40	35	30
			[1.4.4] Doctors trained on EMoC	No.	2.00	25	23	20	18	15
[2] Reducing overall disease burden of the society.	20.00	[2.1] To reduce the incidence of malaria cases.	[2.1.1] Annual Paracite Incidence (API)	Per 1000 Population	1.25	0.13	0.14	0.16	0.18	0.20
		[2.2] To improve malaria Surveillance	[2.2.1] Annual Blood Examination Rate	%	1.25	2.4	2.1	1.9	1.7	1.4
		[2.3] To reduce the incidence of Filariasis	[2.3.1] Coverage of Eligible people under Mass Drug Administration (MDA)	%	1.00	90	86	82	78	74

## 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%
		[2.4] To reduce the incidence of Kala-azar	[2.4.1] Incidence of Kala-azar	Persons per 10000	1.00	1	1.05	1.1	1.15	1.2
		[2.5] To reduce the incidence of Leprosy	[2.5.1] Annual New Case Detection Rate (ANCDR)	Per lakh Population	1.00	9	9.5	10	10.5	11
		[2.6] Control of Tuberculosis	[2.6.1] New Sputum Positive (NSP) Success Rate	%	1.25	85	80	75	70	70
			[2.6.2] New Sputum Positive (NSP) Case Detection Rate	%	1.25	70	65	60	50	50
		[2.7] Reduction in prevalence of Blindness	[2.7.1] Cataract Surgeries Performed	Lakh	2.00	15	13.5	12	10.5	9
		[2.8] Monitoring use of Iodized salt	[2.8.1] Samples found Iodized salt	%	1.00	75	70	65	60	55
		[2.9] Introduction of new programme for early detection and treatment of cancer	[2.9.1] Approval of EFC	Date	2.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
		[2.10] Introduction of new programme for Tobacco Control	[2.10.1] Approval of CCEA Note	Date	1.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
		[2.11] Ensure availability of minimum mental health care services	[2.11.1] Start of Mental Health Programme in New Districts	No.	0.50	25	23	20	18	15
			[2.11.2] Approval of Upgradation of Psychiatry Wings in Medical	Date	0.70	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010

## 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%
			Colleges							
			[2.11.3] Approval for Setting up Mental Health Specialties at 10 PG Level Medical institutes	Date	0.30	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
		[2.12] Introduction of new programme for prevention and control of Diabetes and Cardio Vascular Disease and Strokes	[2.12.1] Approval of EFC	Date	1.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
			[2.12.2] Start of Health Promotion Programmes in New Districts	No.	1.50	25	23	20	18	15
		[2.13] Introduction of new programme for Health Care of Elderly	[2.13.1] Approval of EFC	Date	2.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
[3] Strengthening Secondary and Tertiary health care.	16.00	[3.1] setting up of 6 AIIMS like institutions	[3.1.1] Award of 12 Contracts for Construction of Hospital and Medical College Complex at 6 Sites	Date	7.00	15/03/2010	20/03/2010	25/03/2010	28/03/2010	31/03/2010
		[3.2] Upgradation of 13 Govt. Medical Colleges.	[3.2.1] Upgraded facilities at Government Medical Colleges made functional	No.	9.00	4	3	2	1	0
[4] Improving maternal and child health.	8.00	[4.1] Promote Institutional Deliveries	[4.1.1] Institutional Deliveries	%	2.00	90	80	60	50	40

## 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%
		[4.2] Support through Janani Suraksha Yojana	[4.2.1] JSY Beneficiaries	Lakh	2.00	24	22	19	17	14
		[4.3] Targeting Full Immunisation	[4.3.1] Childred Immunized	%	2.00	90	80	70	60	50
		[4.4] Providing ASHAs with Drug Kit	[4.4.1] ASHAs provided with Drug Kit	No.	2.00	10000	9000	8000	7000	6000
[5] Ensuring a reduction in the growth rate of population with a view to achieve population stabilization .	8.00	[5.1] Female Sterilisation	[5.1.1] Female Sterilisation	Lakh	3.00	19	17	15	14	12
		[5.2] Male Sterilisation	[5.2.1] Male Sterilisation	Lakh	2.00	1	1	1	1	1
		[5.3] IUD Insertion	[5.3.1] IUD Insertion	Lakh	3.00	20	18	16	14	12
[6] Developing human resources for health to achieve health goals.	7.00	[6.1] Strengthening and Upgradation of Govt. Medical Colleges	[6.1.1] Approval of CCEA for the Scheme	Date	2.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
		[6.2] Setting up of one National Institute of Paramedical Sciences and 8 Regional Institutes of Paramedical Sciences.	[6.2.1] Approval of CCEA	Date	2.00	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
		[6.3] Establishment of Nursing Institute at various levels with special focus on Nursing Courses.	[6.3.1] CCEA Approval for Opening 66 ANM Schools	Date	1.50	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010
			[6.3.2] CCEA Approval for Opening of 137 GNM Schools	Date	1.50	28/02/2010	07/03/2010	14/03/2010	21/03/2010	31/03/2010

\* 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%
* Efficient Functioning of the RFD System	5.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	30/11/2009	01/12/2009	02/12/2009	03/12/2009	04/12/2009
		Timely submission of Results	On- time submission	Date	1.0	30/04/2010	01/05/2010	02/05/2010	03/05/2010	04/05/2010
		Finalize a Strategic Plan	Finalize the Strategic Plan for next 5 years	Date	2.0	01/03/2010	02/03/2010	03/03/2010	04/03/2010	05/03/2010

\* Mandatory Objective(s)

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
[1] Improving access to primary health care services for all sections of society.	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalisation of 24x7 facility at PHC level	No.	3457	4603	1950	2215	2000
		[1.1.2] Operationalisation of First Referral Units (FRU)	No.	1101	633	1000	1000	1000
		[1.1.3] Equipping Districts with Mobile Medical Units	No. of Districts	120	110	100	150	150
		[1.1.4] Establishment of Special New Born Care Units	No.	0	161	100	200	214
		[1.1.5] Establishment of Stabilisation Units for New Born	No.	0	1500	300	1000	1476
		[1.1.6] Establishment of New Born Care Corners in PHCs	No.	0	5000	1000	1000	1326
	[1.2] Strengthening of Community Involvement	[1.2.1] setting up of Rogi Kalyan Samitis	% coverage	90	100	100	100	100
		[1.2.2] setting up of Village Health Sanitation Committies	No.	196000	200000	100000	100000	--
		[1.2.3] Preparation of Integrated Health Action Plan	No.	527	543	643	643	643
		[1.2.4] Holding Village Health and Nutrition Days	Lakh	49	58	60	70	70

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
	[1.3] Augmentation of Availability of Human Resources	[1.3.1] Selection of ASHA (Accredited Social Health Activist)	No.	115828	64189	50000	--	--
		[1.3.2] Appointment of ANMs	No.	11125	10920	10000	20000	25000
		[1.3.3] Appointment of Doctors/Specialist	No.	1950	438	7500	4000	5000
		[1.3.4] Appointment of Staff Nurses	No.	3297	10859	5000	10000	15000
		[1.3.5] Appointment of Para-medical Staff	No.	2587	1081	5000	5000	10000
	[1.4] Capacity Building	[1.4.1] ASHA Training(upto 4th Module)	No.	103049	216184	240000	200000	--
		[1.4.2] Personnel Trained on IMNCI	No.	333647	140246	60000	70000	75000
		[1.4.3] Doctors trained on LSAS	No.	200	247	200	200	200
		[1.4.4] Doctors trained on EMoC	No.	100	123	100	125	125
[2] Reducing overall disease burden of the society.	[2.1] To reduce the incidence of malaria cases.	[2.1.1] Annual Paracite Incidence (API)	Per 1000 Population	1.4	1.4	1.5	1.4	1.3
	[2.2] To improve malaria Surveillance	[2.2.1] Annual Blood Examination Rate	%	8.7	8.7	10	10	10
	[2.3] To reduce the incidence of Filariasis	[2.3.1] Coverage of Eligible people under Mass Drug Administration (MDA)	%	82.75	86.03	90	90	90
	[2.4] To reduce the incidence of Kala-azar	[2.4.1] Incidence of Kala-azar	Persons per	3.71	2.76	2.62	2.46	1.98

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
			10000					
	[2.5] To reduce the incidence of Leprosy	[2.5.1] Annual New Case Detection Rate (ANCDR)	Per lakh Population	11.7	11.19	11	10.5	10
	[2.6] Cobtrol of Tuberculosis	[2.6.1] New Sputum Positive (NSP) Success Rate	%	85	85	85	85	85
		[2.6.2] New Sputum Positive (NSP) Case Detection Rate	%	70	70	70	70	70
	[2.7] Reduction in prevalence of Blindness	[2.7.1] Cataract Surgeries Performed	Lakh	54	58	60	60	70
	[2.8] Monitoring use of Iodized salt	[2.8.1] Samples found Iodized salt	%	90	92	92	95	96
	[2.9] Introduction of new programme for early detection and treatment of cancer	[2.9.1] Approval of EFC	Date	0	0	28/02/2010	--	--
	[2.10] Introduction of new programme for Tobacco Control	[2.10.1] Approval of CCEA Note	Date	0	0	28/02/2010	--	--
	[2.11] Ensure availability of minimum mental health care services	[2.11.1] Start of Mental Health Programme in New Districts	No.	15	7	100	75	75
		[2.11.2] Approval of Upgradation of Psychiatry Wings in Medical Colleges	Date	7	10	32	0	0

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
		[2.11.3] Approval for Setting up Mental Health Specialties at 10 PG Level Medical institutes	Date	0	0	40	40	40
	[2.12] Introduction of new programme for prevention and control of Diabetes and Cardio Vascular Disease and Strokes	[2.12.1] Approval of EFC	Date	--	--	07/03/2010	--	--
		[2.12.2] Start of Health Promotion Programmes in New Districts	No.	0	10	100	100	100
	[2.13] Introduction of new programme for Health Care of Elderly	[2.13.1] Approval of EFC	Date	--	--	07/03/2010	--	--
[3] Strengthening Secondary and Tertiary health care.	[3.1] setting up of 6 AIIMS like institutions	[3.1.1] Award of 12 Contracts for Construction of Hospital and Medical College Complex at 6 Sites	Date	--	--	20/03/2010	--	--
	[3.2] Upgradation of 13 Govt. Medical Colleges.	[3.2.1] Upgraded facilities at Government Medical Colleges made functional	No.	--	--	3	--	--
[4] Improving maternal and child health.	[4.1] Promote Institutional Deliveries	[4.1.1] Institutional Deliveries	%	55	55	55	60	70
	[4.2] Support through Janani Suraksha Yojana	[4.2.1] JSY Beneficiaries	Lakh	71	85	90	100	110

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
	[4.3] Targeting Full Immunisation	[4.3.1] Childred Immunized	%	54.1	--	75	80	80
	[4.4] Providing ASHAs with Drug Kit	[4.4.1] ASHAs provided with Drug Kit	No.	219921	234565	40000	100000	100000
[5] Ensuring a reduction in the growth rate of population with a view to achieve population stabilization .	[5.1] Female Sterilisation	[5.1.1] Female Sterilisation	Lakh	47.97	50.02	52.50	54.0	55.60
	[5.2] Male Sterilisation	[5.2.1] Male Sterilisation	Lakh	2.18	2.9	3.19	3.34	3.5
	[5.3] IUD Insertion	[5.3.1] IUD Insertion	Lakh	60.72	59	62	65	68.2
[6] Developing human resources for health to achieve health goals.	[6.1] Strengthening and Upgradation of Govt. Medical Colleges	[6.1.1] Approval of CCEA for the Scheme	Date	--	--	28/02/2010	--	--
	[6.2] Setting up of one National Institute of Paramedical Sciences and 8 Regional Institutes of Paramedical Sciences.	[6.2.1] Approval of CCEA	Date	--	--	31/03/2010	--	--
	[6.3] Establishment of Nursing Institute at various levels with special focus on Nursing Courses.	[6.3.1] CCEA Approval for Opening 66 ANM Schools	Date	--	--	28/02/2010	--	--
		[6.3.2] CCEA Approval for Opening of 137 GNM Schools	Date	--	--	28/02/2010	--	--

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

Objective	Action	Success Indicator	Unit	Actual Value for FY 07/08	Actual Value for FY 08/09	Target Value for FY 09/10	Projected Value for FY 10/11	Projected Value for FY 11/12
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\* 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

### 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 with basic Obstetric and Nursing facilities. Under NRHM, 50% PHCs are being operationalized for providing 24X7 services in various phases by placing at least 1-2 Medical Officers and more than 3 Staff Nurses in these facilities.

#### 2. First Referral Units

Upgradation of District Hospital, Sub District Hospital 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.

#### 3. Mobile Medical Units(MMU)

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

#### 4. Special New Born care units (SNCU)

Specialised New Born Child Care Units are established at District Hospitals with 12 to 16 beds and with a staff of 10 nurses, 3 physicians and 4 support staff to provide round the clock services such as Care at birth, early initiation of breast feeding and exclusive breast feeding, managing referred sick newborn and sick child ,post natal care, immunisation and referral services.

These units have specialised equipments, which include weighing scale, radiant warmer, phototherapy unit, Bag and mask, Laryngoscope and ET tubes, nasal cannulas, oxygen hoods and infusion pumps.

#### 5. Stabilisation units

Stabilisation Units are step down units from Special New Born Child Care Units (SNCU) and are meant for providing facilities for new born babies and child referred from the periphery where the babies can be stabilised through effective care. These are being set up in First Referral Units (FRUs) and Community Health Centres (CHCs). 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, IV fluids, provision for monitoring of vital signs including blood pressure and referral services. These units have the specialised equipments, which include pen 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 optimal management of a new born is provided. The services include resuscitation, provision of warmth, prevention of infection and cord care and early initiation of breast feeding. The equipments at new born care corners include Weighing scale, radiant warmer, suction machine and mucus sucker.

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

To increase the 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 Committees / Rogi Kalyan Samiti [RKS] are constituted at the PHC /CHC/District Hospital level. It comprises of members from Panchayatiraj Institutions, civil society and representatives from Public Hospital. To encourage the States to constitute RKS, grants are given at various levels i.e PHC / CHC / District level. RKS has been authorized to retain the user fee at the institutional level for meeting its day to day needs.

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

VHSC is expected to prepare village level health plan. It comprise of 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 could be used to meet local health needs of the villages including maintenance needs of Sub centre.

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

### 10. Integrated District Action Plan

The objective of district action plan is to bring out the health requirements of the district through local level planning. The district plan would be an aggregation of block plans. These plans would cover health as well as its other determinants 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 man power in the form of contractual staff to health facilities at various levels. For Sub-centre, NRHM provides minimum two Auxiliary Nurse Mid-wives (ANMs) against one (at present) at each Sub Health Centre (SHC) to be fully supported by the Government of India. Similarly against the availability of one staff nurse at the PHC, it is proposed to provide three Staff Nurses to ensure round the clock services in every PHC. 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 - prematurity, and sepsis. In addition, IMNCI teaches about nutrition including breastfeeding promotion, complementary feeding and micronutrients.

### 14. 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.

### 15. Institutional deliveries

One of the important strategies adopted for reducing Maternal Mortality Ratio is to encourage institutional deliveries. For ensuing quality institutional delivery, Upgradation of labour rooms, Operation theatres, 24 hr water supply and power back-up (Genset) are being provided to the States through the Project Implementation Plan (PIP). States have been given flexibility for recruitment of contractual manpower including specialists.

### 16. 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 benefits are provided to the beneficiary as well as village link worker / ASHA as an incentive to come to the institution for delivery and also bear the cost of transportation.

### 17. 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 :

No of Slides Examined in the Year  
----- X 100

Population under surveillance

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

No of confirmed malaria cases in the Year  
----- X 1000

Population under surveillance

#### ii) Kala azar

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

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

population.

This is calculated as :

No of Kala-azar cases in the Year  
----- X 10000

Kala-azar Endemic Population

iii) Filaria

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

No of people administered with anti-filarial drugs during MDA  
----- X 100

Eligible population at the risk of filaria

18. Leprosy

Annual new case detection rate (ANCDR)= No. of new cases detected during the year / population as on 31st March \* 100000

19. Tuberculosis

The term "case detection", denotes that TB is diagnosed in a patient and is reported within the national surveillance system, and then to WHO. Smear-positive is defined as a case of TB where Mycobacterium tuberculosis bacilli are visible in the patient's sputum when examined under the microscope. Directly Observed Treatment Short Course (DOTS) detection rate for new smear-positive cases is calculated by dividing the number of new smear-positive cases treated in DOTS programmes and notified to WHO divided by the estimated number of incident smear-positive cases for the same year, expressed as a percentage.

20. District Mental Health Programme

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 Sidha & Homoeopathy
- 9 BSS Behaviour Surveillance Survey
- 10 CCEA Cabinet Committee on Economic Affairs
- 11 CGHS Central Government Health Scheme
- 12 CHC Community Health Centre
- 13 DHF Dengue Hemorrhagic Fever
- 16 DLHS District Level Household Survey
- 17 DOTS Directly Observed Treatment Shortcourse
- 18 DPMR Disability Prevention and Medical Rehabilitation
- 19 DPMU District Programme Management Unit
- 20 EFC Expenditure Finance Committee
- 21 ELF Elimination of Lymphatic Filariasis
- 22 ELISA Enzyme - linked Immunosorbent Assay
- 23 EMOC Emergency Obstretic Care
- 24 EPW Empowered Procurement Wing

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

- 25 FMG Financial Management Group
- 26 GNM General Nursing and Midwifery
- 27 HIV/AIDS Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome
- 28 ICMR Indian Council of Medical Research
- 29 ICTCs Integrated Counseling and Testing Centre
- 30 IDSP Integrated Disease Surveillance Project
- 31 IEC Information , Education & Communication
- 32 IFPS Innovations in Family Planning Service
- 33 IMNCI Integrated Management of Neonatal & Childhood Illness
- 34 IMR Infant Mortality Rate
- 35 IT Information Technology
- 36 IUD Intra Uterine Devices
- 37 JSY Janani Suraksha Yojana
- 38 JE Japanese Encephalitis
- 39 LHV Lady Health Visitor
- 40 LSAS Life Saving Anasthetic Skills
- 41 MDA Mass Drug Administration
- 42 MPW Multi Purpose health Worker
- 43 MBA Management Business Administration
- 44 MDR-TB Multi Drug Resistance - Tuberculosis
- 45 MIS Management Information System
- 46 MMR Maternal Mortality Ratio
- 47 MMU Mobile Medical Unit
- 48 MO Medical Officer
- 49 MOU Memorandum of Understanding
- 50 NACO National AIDS Control Organisation
- 51 NCD Non Communicable Diseases
- 52 NCMP National Common Minimum Programme
- 53 NEIGRIMS Institute of Health & Medical Science for the North Eastern Region
- 54 NFHS National family Health Survey
- 55 NGO Non-Government Organisation
- 56 NHP National Health Policy
- 57 NHRC National Health Resource Centre
- 58 NIC National Informatics Centre
- 59 NID National Immunization Days
- 60 NIPS National Institute of Paramedical Sciences
- 61 NLEP National Leprosy Eradication Programme
- 62 NPCB National Programme for Control of Blindness
- 63 NRHM National Rural Health Mission
- 64 NSV Non Scalpel Vasectomy
- 65 NVBDCP National Vector Borne Disease Control Programme
- 66 PHC Primary Health Centre
- 67 PIP Project Implementation Plan
- 68 PMSSY Pradhan Mantri Swasthya Suraksha Yojana
- 69 PPP Public Private Partnership
- 70 PR Prevalence Rate
- 71 PRI Panchyati Raj Institutions
- 72 RCH Reproductive & Child Health
- 73 RHRC Regional Health Resource Centre
- 74 RKS Rogi Kalyan Samiti
- 75 RNTCP Revised National Tuberculosis Control Programme
- 76 SBA Skilled Birth Attendant
- 77 SC Sub Centre
- 78 SHRC State Health Resource Centre
- 79 SNID Sub National Immunization Days

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

- 80 SOE Statement of Expenditure
- 81 SPMU State Programme Management Unit
- 82 SRS Sample Registration System
- 83 TB Tuberculosis
- 84 TFR Total Fertility Rate
- 85 TI Targeted Interventions
- 86 UC Utilisation Certificate
- 87 VHSC Village Health & Sanitation Committee

## Section 5: Specific Performance Requirements from other Departments

Specific Performance Requirements from other Departments that are critical for delivering agreed results

Health, being a State subject and Family Welfare being a concurrent one, the Central Government works in partnership with State/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 drinking water, sanitation, nutrition, education, etc.

## 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 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12
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