Government of India

R F D

(Results-Framework Document)
for

Department Of Health and Family Welfare

(2014-2015)

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Section 1:
Vision, Mission, Objectives and Functions

Vision

Availability of quality healthcare on equitable, accessible and affordable basis across regions and communities with special focus on under-served population and marginalized groups.

Mission

1. To establish comprehensive primary healthcare delivery system and well-functioning linkages with secondary and tertiary care health delivery system. 2. To improve maternal and child health outcomes. 3. To reduce the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases. 4. To ensure a reduction in the growth rate of population with a view to achieve population stabilization. 5. To develop the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels. 6. 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.
6. Providing regulatory framework for matters in the Concurrent List of the Constitution viz. medical, nursing and paramedical education, pharmaceuticals, etc.

Section 1:
Vision, Mission, Objectives and Functions

7 Formulation of guidelines on issues relating to implementation of National Leprosy Elimination Programme & strengthening supervision and Monitoring support to States/UTs.

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.	30.00	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs	%	5.00	39	38.5	38	37.5	37
			[1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs	%	5.00	37	36.5	36	35.5	35
			[1.1.3] Increase in the number of patients transported over the baseline figure for 2013-14	%	5.00	5	4	3	2	1
			[1.1.4] Establishment of Special New Born Care Units in remaining District Hospitals	%	3.00	45	40	35	30	25
		[1.2] Augmentation of availability of Human Resources in identified High Priority Districts	[1.2.1] Deployment of new ANMs	Number	3.00	450	400	350	300	250
			[1.2.2] Deployment of new Doctors/Specialists	Number	3.00	250	200	150	100	70
			[1.2.3] Deployment of new Staff Nurses	Number	4.00	450	400	350	300	250

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] Capacity Building	[1.3.1] ASHA Trained (up to VI th & VIIth Module)	Number	2.00	150000	130000	110000	90000	70000
[2] Improving Maternal and Child Health.	8.00	[2.1] Promoting Institutional Deliveries	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts	%	3.00	12	10	8	6	4
		[2.2] Tageting Full Immunisation (Age group of 0-12 months)	[2.2.1] Target Children immunised	%	3.00	88	87	86	85	84
			[2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts.	%	2.00	12	10	8	6	4
[3] Focusing on Population stabilization in the Country.	8.00	[3.1] Promoting Post Partum IUCD	[3.1.1] Increase in IUCD insertions over previous financial year	%	2.00	16	15	14	13	12
		[3.2] Registration of pregnancy in first trimester	[3.2.1] Increase in the registration over the previous financial year	%	2.00	11	10	9	8	7
			[3.2.2] Increase in the registration over the previous financial year in high priority	%	2.00	11	10	9	8	7

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%
			districts							
		[3.3] National Inspection & Monitoring Committee (PCPNDT Act) visits	[3.3.1] Increase in number of visits over previous financial year	%	2.00	300	270	240	210	180
[4] Developing human resources for health to achieve health goals.	9.00	[4.1] Strengthening & Upgradation of Govt. Medical Colleges	[4.1.1] Completion of Upgradation of identified Medical Colleges (Post Graduation)	Number	3.00	26	25	19	18	17
		[4.2] Upgrading of Government Medical College for increase in MBBS seats	[4.2.1] Completion of up-gradation of identified Medical Colleges (MBBS)	Number	1.00	10	8	6	4	2
		[4.3] Establishment of new Medical Colleges attached with district/referral Hospital	[4.3.1] MoU with State Governments for establishment of new Medical Colleges in 58 identified districts	Number	1.00	58	55	52	49	45
		[4.4] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.4.1] Commencement of Work for NIPS	Date	1.00	31/12/2014	31/01/2015	28/02/2015	15/03/2015	31/03/2015
			[4.4.2] Commencement of Work for RIPS	Number	1.00	5	4	3	2	1
		[4.5] Establishment of Nursing Institutes at various levels	[4.5.1] Commencement of teaching in new ANM/GNM institutes	Number	1.00	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%
			[4.5.2] Increase in number of nurses completing the course	Number	1.00	810	729	648	576	486
[5] Reducing overall disease burden of the society.	20.00	[5.1] Reduce incidence of Malaria cases	[5.1.1] Annual Parasite Incidence (API)	Per 1000 population	2.00	0.6	0.7	0.8	0.9	1.0
		[5.2] Reduce incidence of Filariasis	[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	Number	2.50	230	225	220	215	210
		[5.3] Reduce incidence of Kala-azar	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.	Number	2.50	500	495	490	485	480
		[5.4] Reduce incidence of Leprosy	[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).	Number	2.00	55	50	44	39	33
			[5.4.2] Reconstructive Surgeries conducted	Number	1.00	2800	2500	2240	1960	1680
		[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	1.00	90	88	85	75	70
			[5.5.2] Default rate amongst CAT-II patients	%	1.00	12.5	13	13.5	14	15
			[5.5.3] MDR TB Cases notified put on	%	1.00	90	85	80	75	70

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%
			treatment							
		[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed (in Lakhs)	Number	0.50	70	65	60	55	50
			[5.6.2] Spectacles to school children screened with refractive error (in Lakhs)	Number	0.50	9	8	7	6	5
		[5.7] Facilities for diagnosis and treatment of cancer	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	Number	1.00	8	6	4	2	1
		[5.8] Ensure availability of minimum mental health care services	[5.8.1] Starting Academic Session in Centres of Excellence	Number	1.00	4	3	2	1	0
			[5.8.2] Approval for starting up of PG courses in Mental Health Specialities	Number	1.00	25	20	15	10	5
		[5.9] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	[5.9.1] Set up additional NCD Clinics and Cardiac Care Units in District Hospitals	Number	1.00	170	150	130	100	80
		[5.10] Provide Health Care to the Elderly Population	[5.10.1] Establishment of Regional Geriatric Centres	Number	1.00	4	3	2	1	0

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%
			[5.10.2] Estabilshment of National Institute of Aging at AIIMS Delhi & MMC, Chennai	Number	1.00	2	1	0.75	0.50	0.00
[6] Strengthening Secondary and Tertiary Health Care.	10.00	[6.1] Setting up of AIIMS	[6.1.1] Make Hospitals at new AIIMS functional for the purpose of MBBS teaching	Number	6.00	6	5	4	3	2
		[6.2] Upgradation of Govt. Medical colleges (Phase I & II)	[6.2.1] Completion of construction work	Number	2.00	6	5	4	3	2
		[6.3] Upgradation of 39 medical colleges in third phase of PMSSY	[6.3.1] Award/Start of work	Number	2.00	9	8	6	4	3
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft RFD for 2015-2016 for Approval	On-time submission	Date	2.0	05/03/2015	06/03/2015	09/03/2015	10/03/2015	11/03/2015
		Timely submission of Results for 2013-2014	On-time submission	Date	1.0	01/05/2014	02/05/2014	03/05/2014	06/05/2014	07/05/2014
* Enhanced Transparency / Improved Service delivery of Ministry/Department	3.00	Rating from Independent Audit of implementation of Citizens' / Clients' Charter (CCC)	Degree of implementation of commitments in CCC	%	2.0	100	95	90	85	80
		Independent Audit of implementation of Grievance Redress Management (GRM) system	Degree of success in implementing GRM	%	1.0	100	95	90	85	80
* Reforming Administration	8.00	Update departmental strategy to align with revised priorities	Date	Date	2.0	01/11/2014	02/11/2014	03/11/2014	04/11/2014	05/11/2014

* 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%
		Implement agreed milestones of approved Mitigating Strategies for Reduction of potential risk of corruption (MSC).	% of Implementation	%	1.0	100	90	80	70	60
		Implement agreed milestones for implementation of ISO 9001	% of implementation	%	2.0	100	95	90	85	80
		% of Responsibility Centres with RFD in RFMS	Responsibility Centres covered	%	1.0	100	95	90	85	80
		Implement agreed milestones of approved Innovation Action Plans (IAPs).	% of implementation	%	2.0	100	90	80	70	60
* Improve compliance with the Financial Accountability Framework	1.00	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.	%	0.25	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.	%	0.25	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2014.	Percentage of outstanding ATNs disposed off during the year.	%	0.25	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament	Percentage of outstanding ATRS disposed off during the	%	0.25	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%
		before 31.3.2014	year.							

* Mandatory Objective(s)

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
[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] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs	%	--	36.7	38.5	40.5	41.5
		[1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs	%	--	36.3	36.5	38	39
		[1.1.3] Increase in the number of patients transported over the baseline figure for 2013-14	%	--	120	4	4	3
		[1.1.4] Establishment of Special New Born Care Units in remaining District Hospitals	%	--	26	40	40	40
	[1.2] Augmentation of availability of Human Resources in identified High Priority Districts	[1.2.1] Deployment of new ANMs	Number	6439	1800	400	250	250
		[1.2.2] Deployment of new Doctors/Specialists	Number	1644	1350	200	130	130
		[1.2.3] Deployment of new Staff Nurses	Number	3278	3800	400	300	300

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[1.3] Capacity Building	[1.3.1] ASHA Trained (up to VI th & VIIth Module)	Number	151922	130000	130000	130000	110000
[2] Improving Maternal and Child Health.	[2.1] Promoting Institutional Deliveries	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts	%	--	--	10	10	10
	[2.2] Tageting Full Immunisation (Age group of 0-12 months)	[2.2.1] Target Children immunised	%	85.7	85.7	87	88	88
		[2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts.	%	--	--	10	10	10
[3] Focusing on Population stabilization in the Country.	[3.1] Promoting Post Partum IUCD	[3.1.1] Increase in IUCD insertions over previous financial year	%	--	238.1	15	15	15
	[3.2] Registration of pregnancy in first trimester	[3.2.1] Increase in the registration over the previous financial year	%	-0.8	3.7	10	10	10
		[3.2.2] Increase in the registration over the previous financial year in high priority districts	%	--	--	10	10	10

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[3.3] National Inspection & Monitoring Committee (PCPNDT Act) visits	[3.3.1] Increase in number of visits over previous financial year	%	--	25	270	0	0
[4] Developing human resources for health to achieve health goals.	[4.1] Strengthening & Upgradation of Govt. Medical Colleges	[4.1.1] Completion of Upgradation of identified Medical Colleges (Post Graduation)	Number	--	--	25	25	25
	[4.2] Upgrading of Government Medical College for increase in MBBS seats	[4.2.1] Completion of up-gradation of identified Medical Colleges (MBBS)	Number	--	--	8	8	8
	[4.3] Establishment of new Medical Colleges attached with district/referral Hospital	[4.3.1] MoU with State Governments for establishment of new Medical Colleges in 58 identified districts	Number	--	--	55	3	0
	[4.4] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.4.1] Commencement of Work for NIPS	Date	31/10/2012	15/03/2014	31/01/2015	--	--
		[4.4.2] Commencement of Work for RIPS	Number	2	5	4	0	0
	[4.5] Establishment of Nursing Institutes at various levels	[4.5.1] Commencement of teaching in new ANM/GNM institutes	Number	12	5	30	30	30
		[4.5.2] Increase in number of nurses	Number	--	--	729	729	729

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
		completing the course						
[5] Reducing overall disease burden of the society.	[5.1] Reduce incidence of Malaria cases	[5.1.1] Annual Parasite Incidence (API)	Per 1000 population	0.88	0.7	0.8	0.7	0.7
	[5.2] Reduce incidence of Filariasis	[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	Number	186	203	225	250	250
	[5.3] Reduce incidence of Kala-azar	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.	Number	342	393	495	587	587
	[5.4] Reduce incidence of Leprosy	[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).	Number	24	30	50	50	55
		[5.4.2] Reconstructive Surgeries conducted	Number	2413	2065	2500	2500	2500
	[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	88	88	88	88	88
		[5.5.2] Default rate amongst CAT-II patients	%	--	13	13	13	13
		[5.5.3] MDR TB Cases notified put on treatment	%	--	50	85	85	85

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed (in Lakhs)	Number	63	52	65	66	66
		[5.6.2] Spectacles to school children screened with refractive error (in Lakhs)	Number	7	4	8	9	9
	[5.7] Facilities for diagnosis and treatment of cancer	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	Number	--	4	6	6	6
	[5.8] Ensure availability of minimum mental health care services	[5.8.1] Starting Academic Session in Centres of Excellence	Number	--	--	3	3	3
		[5.8.2] Approval for starting up of PG courses in Mental Health Specialities	Number	14	0	20	39	30
	[5.9] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	[5.9.1] Set up additional NCD Clinics and Cardiac Care Units in District Hospitals	Number	--	--	150	150	150
	[5.10] Provide Health Care to the Elderly Population	[5.10.1] Establishment of Regional Geriatric Centres	Number	0	4	3	3	3
		[5.10.2] Estabilshment of National Institute of Aging at AIIMS Delhi & MMC, Chennai	Number	--	1	1	1	1

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Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
[6] Strengthening Secondary and Tertiary Health Care.	[6.1] Setting up of AIIMS	[6.1.1] Make Hospitals at new AIIMS functional for the purpose of MBBS teaching	Number	--	--	5	5	5
	[6.2] Upgradation of Govt. Medical colleges (Phase I & II)	[6.2.1] Completion of construction work	Number	--	3	5	5	5
	[6.3] Upgradation of 39 medical colleges in third phase of PMSSY	[6.3.1] Award/Start of work	Number	--	2	8	15	14
* Efficient Functioning of the RFD System	Timely submission of Draft RFD for 2015-2016 for Approval	On-time submission	Date	--	--	06/03/2015	--	--
	Timely submission of Results for 2013-2014	On-time submission	Date	--	--	02/05/2014	--	--
* Enhanced Transparency / Improved Service delivery of Ministry/Department	Rating from Independent Audit of implementation of Citizens' / Clients' Charter (CCC)	Degree of implementation of commitments in CCC	%	--	--	95	--	--
	Independent Audit of implementation of Grievance Redress Management (GRM) system	Degree of success in implementing GRM	%	--	--	95	--	--
* Reforming Administration	Update departmental strategy to align with revised priorities	Date	Date	--	--	02/11/2014	--	--
	Implement agreed milestones of approved	% of Implementation	%	--	--	90	--	--

* Mandatory Objective(s)

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	Mitigating Strategies for Reduction of potential risk of corruption (MSC).							
	Implement agreed milestones for implementation of ISO 9001	% of implementation	%	--	--	95	--	--
	% of Responsibility Centres with RFD in RFMS	Responsibility Centres covered	%	--	--	95	--	--
	Implement agreed milestones of approved Innovation Action Plans (IAPs).	% of implementation	%	--	--	90	--	--
* Improve compliance with 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 31.3.2014.	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 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2014	Percentage of outstanding ATRS disposed off during the year.	%	--	--	90	--	--

* Mandatory Objective(s)

Section 4:
Acronym

SI.No	Acronym	Description
1	ANM	Auxiliary Nurse Midwife
2	API	Annual Parasite Incidence
3	ASHA	Accredited Social Health Activist
4	AYUSH	Ayurveda Yoga-Naturopathy Unani Siddha & Homoeopathy
5	BHPCs	Block Primary Health Centres
6	CHC	Community Health Centre

Section 4:
Acronym

SI.No	Acronym	Description
7	DPMR	Disability Prevention and Medical Rehabilitation
8	FRU	First Referral Unit
9	IMR	Infant Mortality Rate
10	IUD	Intra Uterine Devices
11	MDR-TB	Multi Drug Resistance - Tuberculosis
12	MMR	Maternal Mortality Ratio

Section 4:
Acronym

SI.No	Acronym	Description
13	MMU	Mobile Medical Unit
14	NACO	National AIDS Control Organization
15	NCD	Non Communicable Diseases
16	NIPS	National Institute of Paramedical Sciences
17	PHC	Primary Health Centre
18	PRI	Panchayati Raj Institutions

Section 4:
Acronym

SI.No	Acronym	Description
19	RNTCP	Revised National Tuberculosis Control Programme
20	SC	Sub Centre
21	TB	Tuberculosis
22	TFR	Total Fertility Rate
23	VHSNC	Village Health, Sanitation and Nutrition Committee

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
1	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs	OPERATIONALISATION OF 24 X 7 FACILITY AT PHC LEVEL	Under NHM, PHCs are being operationalized for providing 24X7 services in a phased manner In basic Obstetric and Nursing facilities 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	STAFF FOR NEW PRIMARY HEALTH CENTRE 1. Medical Officer ....1 2. Pharmacist ....1 3. Nurse Mid-wife (Staff Nurse).....1 + 2 additional Staff Nurses on contract 4. Health Worker (Female)/ANM.............................1 5. Health Educator ....1 6. Health Assistant (Male)...1 7. Health Assistant (Female)/LHV..1 8. Upper Division Clerk ....1 9.Lower Division Clerk ....1 10.Laboratory Technician...1	PRIMARY HEALTH CENTRE (PHC) is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State Governments under the Minimum Needs Programme (MNP)/Basic Minimum Services (BMS) Programme. As per minimum requirement a PHC is to be manned by a Medical Officer supported by 14 paramedical and other staff.

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
1	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs	OPERATIONALISATION OF 24 X 7 FACILITY AT PHC LEVEL	Under NHM, PHCs are being operationalized for providing 24X7 services in a phased manner In basic Obstetric and Nursing facilities 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	11.Driver (Subject to availability of Vehicle)......................1 12. Class IV...4 Total (excluding contractual staff):..............................15	PRIMARY HEALTH CENTRE (PHC) is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State Governments under the Minimum Needs Programme (MNP)/Basic Minimum Services (BMS) Programme. As per minimum requirement a PHC is to be manned by a Medical Officer supported by 14 paramedical and other staff.
2	[1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs	FIRST REFERRAL UNITS (FRUS)	FRUs 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	STAFF FOR COMMUNITY HEALTH CENTRE: 1. Medical Officer (One trained in Public Health & remaining 3 should be qualified Surgeon, Obstetrician, Physician, Pediatrician)...4	COMMUNITY HEALTH CENTRES (CHCS) : CHCs are being established and maintained by the State Government under MNP/BMS programme. As per minimum norms a CHC is required to be manned by four Medical Specialists i.e. Surgeon,

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
2	[1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs	FIRST REFERRAL UNITS (FRUS)	(BSCs) and other logistics. The definition of FRU includes the following three components. a. Essential Obstetric Care b. Provision of Blood Storage Unit c. New Born Care Services Upgradation of District Hospitals, Sub District Hospitals and Community Health Centres as First referral Units is being attempted.	2. Nurse Mid– Wife(staff Nurse) ....7 3. Dresser...1 4. Pharmacist/Compounder ....1 5. Laboratory Technician...1 6. Radiographer ....1 7. Ward Boys...2 8. Dhobi...1 9. Sweepers ....3 10. Mali....................................	Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff (See Annexure-D for IPHS norms). It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. Sub District Hospital(SDH) is a secondary referral level responsible for a sub- district of a defined geographical area containing a defined population.

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
2	[1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs	FIRST REFERRAL UNITS (FRUS)	FRUs 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. a. Essential Obstetric Care b. Provision of Blood Storage Unit c. New Born Care Services Upgradation of District Hospitals, Sub District Hospitals and Community Health Centres as First referral Units is being attempted.	....1 11. Chowkidar ....1 12. Aya... .... 1 13. Peon.. .... 1 Total: 25	COMMUNITY HEALTH CENTRES (CHCS) : CHCs are being established and maintained by the State Government under MNP/BMS programme. As per minimum norms a CHC is required to be manned by four Medical Specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff (See Annexure-D for IPHS norms). It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. Sub District Hospital(SDH) is a secondary referral level responsible for a sub- district of a defined geographical area containing a defined population.

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
3	[1.1.3] Increase in the number of patients transported over the baseline figure for 2013-14	PATIENT TRANSPORT SYSTEM	Transportation from the site of accident or home or any other place to nearest appropriate First Referral Unit hospital in case of medical need, and transportation from a Medical Facility to a higher medical facility.	Number of patients transported over the base line figure over 2013-14.	
4	[1.1.4] Establishment of Special New Born Care Units in remaining District Hospitals	SPECIAL NEW BORN CHILD CARE UNITS (SNCU)	Special Newborn Care Units(SNCU) provide treatment for sick new borns especially preterm and low birth weight babies less than 1800 grams. These are situated at District Hospitals and some sub-district hospitals which have more than 3000 deliveries per year.	SNCUs are 12-16 bedded units, manned by paediatricians/medical officers and adequate number of staff nurses to provide 24 x 7 services. These staff members are trained in special training called Facility Based New Born Care Training to provide quality care. SNCUs are equipped with radiant warmers, phototherapy machines and equipment for resuscitation and oxygen delivery.	These units provide comprehensive treatment including IV Fluids, oxygen therapy, assisted feeding, phototherapy and care of preterm babies including Kangaroo Mother Care. These units also ensure essential new born care during child birth by providing warmth, prevention of infection, resuscitation, early initiation of breastfeeding and weighing the newborn. Besides this, the unit provides follow-up of all babies discharged from the unit and high risk newborns, immunization services and referral services.

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
5	[1.2.1] Deployment of new ANMs	Auxiliary Nurse Midwives	The Auxiliary Nurse Midwives is a well trained paramedical certified by nursing council of India. The ANMs serve as one of the main agents for increasing the utilization of Health & Family Welfare Services in India. An ANM is expected to participate in Maternal Health, Child Health and Family Planning Services; Nutrition Education; Health Education; Collaborative Service for Improvement of Environmental Sanitation; Immunisation for Control of Communicable Diseases; Treatment of Minor Ailments and First Aid in Emergencies and Disasters. In addition to these duties, the ANM would perform the following functions in guiding and training the female Accredited Social Health Activist (ASHA), as envisaged in the	Number of AMNs	Holding weekly / fortnightly meeting with ASHA to discuss the activities undertaken during the week/fortnight. Acting as a resource person, along with Anganwadi Worker (AWW), for the training of ASHA. Informing ASHA about date and time of the outreach session and also guiding her to bring the prospective beneficiaries to the outreach session. Participating and guiding in organising Health Days at Anganwadi Centre.Taking help of ASHA in updating eligible couples register of the village concerned. Utilising ASHA in motivating the pregnant women for coming to Sub-Centre for initial check-ups. ASHA helps ANMs in bringing married couples to Sub-Centres for adopting family planning.Guiding ASHA in motivating pregnant women for taking full course of iron folic acid (IFA) tablets and TT injections, etc. Orienting ASHA on the dose schedule

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
5	[1.2.1] Deployment of new ANMs	Auxiliary Nurse Midwives	Guidelines on ASHA, under NHM.	Number of AMNs	and side affects of oral pills. Educating ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment. Informing ASHA about date, time and place for initial and periodic training schedule. ANM would also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.ANM is expected to get information from ASHAs regarding the progress made and consolidate the report at PHC level. ASHA would act as a bridge between the ANM and the village and be accountable to the Panchayat
6	[1.2.2] Deployment of new Doctors/Specialists	DOCTORS/SPECIALIST	Medical professionals recognized under the Medical Council of India act.	Number of Doctors /Specialists.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
7	[1.2.3] Deployment of new Staff Nurses	Staff Nurse	Paramedical professionals recognized under the Indian Nursing Council Act 1947.	Number of Staff nurse.	
8	[1.3.1] ASHA Trained (up to VI th & VIIth Module)	ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)	ASHA's are health activist(s) in the community who create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. The Accredited Social Health Activist (ASHA) is the essential link between the community and the health facility. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping	Number of ASHA trained	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
8	[1.3.1] ASHA Trained (up to VI th & VIIth Module)	ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)	demographic records, and improving village sanitation. ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations. The 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.	Number of ASHA trained	
9	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts	INSTITUTIONAL DELIVERIES	Institutional deliveries or facility-based births for reducing maternal and neo-natal mortality.	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	Un-safe delivery is defined as deliveries conducted at home or institute not attended by skilled staff and/or trained birth attendant (dais).

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
9	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts	INSTITUTIONAL DELIVERIES	Institutional deliveries or facility-based births for reducing maternal and neo-natal mortality.	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	Un-safe delivery is defined as deliveries conducted at home or institute not attended by skilled staff and/or trained birth attendant (dais).
10	[2.2.1] Target Children immunised	IMMUNISATION	Immunisation protects children against harmful infections before they come into contact with them in the community. Immunization programme is one of the essential interventions for protection of children from life threatening diseases, which are avertable.	percentage of target children immunized.	
11	[2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts.	HIGH PRIORITY DISTRICTS	To ensure equtable health care & to bring about sharper improvements in health outcomes, a systematic effort to effectively	Percentage point increase in targeted children immunised over base line in high priority districts.	These distrcts would receive higher per capita funding, relaxed norms, enhance monitoring & focussed supportive supervision.

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
11	[2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts.	HIGH PRIORITY DISTRICTS	address the intra-state disperities in health outcomes has been under taken. At least 25% of all districts in each state have been identified as High priority districts based on a composite health index. All tribal and LWE affected districts which are below the state's average composite health index have also been included as high priority districts.	Percentage point increase in targeted children immunised over base line in high priority districts.	These distrcts would receive higher per capita funding, relaxed norms, enhance monitoring & focussed supportive supervision.
12	[3.1.1] Increase in IUCD insertions over previous financial year	POST-PARTUM INTRA-UTERINE CONTRACEPTIVE DEVICE INSERTION	PPIUCD insertion is insertion of Intrauterine Contraceptive Device (CuIUCD380A/CuIUCD375) within 48 hours of delivery (Vaginal Delivery/Cesarean section). The method is safe and effective and can be done by a trained doctor or nurse.	Percentage increase in IUCD insertion	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
13	[3.2.1] Increase in the registration over the previous financial year	PREGNANCY REGISTRATION SYSTEMS	System aim to strengthen front-line health workers and the health systems within which they work, by enabling the registration of pregnancies, births and outcomes to achieve targets of reduced maternal, neonatal and infant mortality. Accurate, population-based numerators and denominators can help to improve accountability of the health system to provide expected routine antenatal and post-natal care, as well as emergency support and referral, as needed. Thus pregnancy registration systems can enhance health systems, increase accountability and reduce mortality.	Percentage increase over previous financial year.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
14	[3.2.2] Increase in the registration over the previous financial year in high priority districts	HIGH PRIORITY DISTRICTS	To ensure equtable health care & to bring about sharper improvements in health outcomes, a systematic effort to effectively address the intra-state disperities in health outcomes has been under taken. At least 25% of all districts in each state have been identified as High priority districts based on a composite health index. All tribal and LWE affected districts which are below the state's average composite health index have also been included as high priority districts.	Percentage increase in reistration over previous financial year in high priority districts.	
15	[3.3.1] Increase in number of visits over previous financial year	NATIONAL INSPECTION & MONITORING COMMITTEE (NIMC) UNDER PCPNDT ACT	GOI has constituted NIMC with following terms & conditions:-: • Undertake field visits to States/UTs in connection with effective Implementation of the PC & PNDT Act, 1994. • Convene Meetings with members of the State	Percentage increase in visits over previous year.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
15	[3.3.1] Increase in number of visits over previous financial year	NATIONAL INSPECTION & MONITORING COMMITTEE (NIMC) UNDER PCPNDT ACT	Appropriate Authority, State Advisory Committee constituted to monitor the implementation of the PC & PNDT Act, 1994. • Evaluation of records maintained by the District Appropriate Authority, including examination of the consolidated reports of Form-F submitted by all registered USG clinics by the 5th of every month. • Convene meetings with the District/Sub-district Advisory Committees and sensitize members of their roles and responsibilities for implementation of the law. • Random inspection of records maintained by the facility including Registration (Form-A), renewal, Form-F etc. as per the provisions of the PC & PNDT Act, 1994. • Facilities the	Percentage increase in visits over previous year.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
15	[3.3.1] Increase in number of visits over previous financial year	NATIONAL INSPECTION & MONITORING COMMITTEE (NIMC) UNDER PCPNDT ACT	search/Seizure of records/instruments of facilities by District Appropriate Authority, including building up a strong case for conviction of offenders with regard to non-registration of facilities / nonmaintenance of records, carrying out sex determination services/advertisement of sex determination/violations under the PC & PNDT Act. • Follow-up with States/UTs with regard to action taken report and court cases, against violations under the Act.	Percentage increase in visits over previous year.	
16	[4.1.1] Completion of Upgradation of identified Medical Colleges (Post Graduation)	UPGRADATION OF IDENTIFIED MEDICAL COLLEGES	Identified Govt. Medical Colleges are upgraded by way of one time grant under central funding for starting PG courses/increasing seats in PG courses	Number of Medical colleges where upgradation has been completed.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
17	[4.2.1] Completion of up-gradation of identified Medical Colleges (MBBS)	UPGRADATION OF IDENTIFIED MEDICAL COLLEGES	Identified Govt. Medical Colleges are upgraded by way of one time grant under central funding for increasing MBBS seats.	Number of Medical colleges where upgradation has been completed	
18	[4.3.1] MoU with State Governments for establishment of new Medical Colleges in 58 identified districts	IDENTIFIED DISTRICTS			
19	[4.4.1] Commencement of Work for NIPS	NATIONAL INSTITUTE OF PARAMEDICAL SCIENCES (NIPS) IN DELHI	Ministry of Health & Family Welfare through its centrally sponsored scheme envisages establishment of NATIONAL INSTITUTE OF PARAMEDICAL SCIENCES (NIPS) at Najafgarh in DELHI for paramedical courses.i	Date of commencement of NIPS.	
20	[4.4.2] Commencement of Work for RIPS	REGIONAL INSTITUTES OF PARAMEDICAL SCIENCES (RIPS)	Ministry of Health and family welfare envisages establishment of eight RIPS at Nagpur, Bhopal, Bhubaneswar, Chandigarh, Coimbatore, Hyderabad, Lucknow and Biharunder under centrally sponsored scheme and supporting	Numbers of RIPS where work has commenced.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
20	[4.4.2] Commencement of Work for RIPS	REGIONAL INSTITUTES OF PARAMEDICAL SCIENCES (RIPS)	the state governments medical college for conducting paramedical courses.	Numbers of RIPS where work has commenced.	
21	[4.5.1] Commencement of teaching in new ANM/GNM institutes	ANM and GNM Schools	In order to meet the shortage of nurses and bring the availability of nursing personnel at par with the developed countries new schemes being envisaged for promoting nursing in the country. GOI policy is to open ANM (Auxiliary Nursing and Midwifery) schools and GNM (General Nursing and Midwifery) Schools in those districts, where there are no such schools at present, thereby ensuring that all the districts of the country will have at least one Nursing School.	Number of new ANM/GNM institutes where teaching has commenced.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
22	[4.5.2] Increase in number of nurses completing the course	SAME AS 4.5.1	SAME AS 4.5.1	Number of ANM/GNM completing the course.	
23	[5.1.1] Annual Parasite Incidence (API)	ANNUAL PARASITE INCIDENCE (API)	It is an index to highlight incidence of parasite which can be worked out through following formula: API = (confirmed cases during 1 year/population under surveillance) x 1000.	Confirmed cases during 1 year per 1000 population	
24	[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	ENDEMIC DISTRICTS	Asymptomatic carriage of malaria/Filariasis parasites occurs frequently in endemic areas and the detection of parasites in a blood film from a febrile. In areas of very high transmission such estimates of the attributable fraction may be imprecise because very few individuals are without parasites. Furthermore, non-malarial fevers appear to suppress low levels of	Number of endemic districts achieving Micro Filaria rate of < 1 %	The indicator for elimination of Lymphatic Filarisis is the 'coverage of eligible people under Mass Drug Administration' (MDA) This is calculated as : Number of people administered with anti-filarial drugs during MDA --- X 100 Eligible population at the risk of filarial

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
24	[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	ENDEMIC DISTRICTS	parasitaemia resulting in biased estimates of the attributable fraction.	Number of endemic districts achieving Micro Filaria rate of < 1 %	The indicator for elimination of Lymphatic Filarisis is the ‘coverage of eligible people under Mass Drug Administration’ (MDA) This is calculated as : Number of people administered with anti-filarial drugs during MDA -- X 100 Eligible population at the risk of filarial
25	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.	KALA AZAR	Kala-azar is a slow progressing indigenous disease caused by a protozoan parasite of genus Leishmania. In India Leishmania donovani is the only parasite causing this disease. The parasite primarily infects reticuloendothelial system and may be found in abundance in bone marrow, spleen and liver. Post Kala-azar Dermal Leishmaniasis (PKDL) is a	Number of BPHCs reporting less than 1 case of Kala-azar per 10000 population.	Signs & Symptoms of Kala-Azar are as follows:- Recurrent fever intermittent or remittent with often double rise loss of appetite, pallor and weight loss with progressive emaciation weakness Splenomegaly – spleen enlarges rapidly to massive enlargement, usually soft and nontender Liver – enlargement not to the extent of spleen, soft, smooth surface, sharp edge

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
25	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.	KALA AZAR	condition when Leishmania donovani invades skin cells, resides and develops there and manifests as dermal leisions. Some of the kala-azar cases manifests PKDL after a few years of treatment.	Number of BPHCs reporting less than 1 case of Kala-azar per 10000 population.	Lymphadenopathy – not very common in India Skin – dry, thin and scaly and hair may be lost. Light coloured persons show grayish discolouration of the skin of hands, feet, abdomen and face which gives the Indian name Kala-azar meaning “Black fever” Anaemia – develops rapidly Anaemia with emaciation and gross splenomegaly produces a typical appearance of the patients.
26	[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).	HIGH BURDEN DISTRICTS	High burden districts (209) were identified based on Annual New Case Detection Rate (ANCDR) in the year 2010-11. All the districts were having ANCDR more than 10 per 100,000 population. The success indicator was designed to assess the annual progress in bringing down the ANCDR to <10 per lakh population to a proposed number of districts.	Number of high burden districts having annual new case detection rate of < 10 per Lakh population	The ANCDR is calculated as Number of new cases detected during the year ____________________________ ____________ X 100000 Population as on 31st March

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
26	[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).	HIGH BURDEN DISTRICTS	High burden districts (209) were identified based on Annual New Case Detection Rate (ANCDR) in the year 2010-11. All the districts were having ANCDR more than 10 per 100,000 population. The success indicator was designed to assess the annual progress in bringing down the ANCDR to <10 per lakh population to a proposed number of districts.	Number of high burden districts having annual new case detection rate of < 10 per Lakh population	The ANCDR is calculated as Number of new cases detected during the year __________________________ ____________ X 100000 Population as on 31st March
27	[5.4.2] Reconstructive Surgeries conducted	Reconstructive Surgery (RCS)	Reconstructive Surgery (RCS) of Leprosy affected persons is undertaken for correction of deformities of hand, foot or eye etc to improve their functional ability.	Number of reconstructive Surgeries (RCS)	Number of Reconstructive surgery (RCS) performed by the GoI recognized RCS centres is recorded monthly. RCS helps the person affected with disability due to Leprosy to get the disability corrected. There are 111 centres recognized for performing RCS in Govt. and NGO sectors. Approximately 2400 to 2500 RCS are performed annually.

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
28	[5.5.1] New Sputum Positive (NSP) Success rate	New sputum positive success rate	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	New sputum success rate in percentage	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
28	[5.5.1] New Sputum Positive (NSP) Success rate	New sputum positive success rate	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).	New sputum success rate in percentage	
29	[5.5.2] Default rate amongst CAT-II patients	CATEGORY II TREATMENT UNDER TUBERCULOSIS PROGRAMME	Management of patients who have been previously treated for tuberculosis (TB) has been a cause of much debate.1 In 1991, the World Health Organization (WHO) recommended the use of the “category II retreatment regimen” for all patients with a prior history of TB treatment. The category II regimen added streptomycin to the first-line agents and	Default rate amongst CAT-II patients in percentage.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
29	[5.5.2] Default rate amongst CAT-II patients	CATEGORY II TREATMENT UNDER TUBERCULOSIS PROGRAMME	extended treatment to 8 months. Multiple observational studies have examined outcomes among individuals receiving category II treatment and shown mixed results. Overall success rates are in the 60–80% range, with notably worse outcomes seen among patients who failed or relapsed after their initial treatment episode.	Default rate amongst CAT-II patients in percentage.	
30	[5.5.3] MDR TB Cases notified put on treatment	MULTI-DRUG-RESISTANT TUBERCULOSIS (MDR-TB)	Multi-drug-resistant tuberculosis (MDR-TB) is defined as tuberculosis that is resistant to at least isoniazid (INH) and rifampicin (RMP), the two most powerful first-line treatment anti-TB drugs.	PERCENTAGE OF MULTI-DRUG-RESISTANT TUBERCULOSIS (MDR-TB) CASES NOTIFIED PUT ON TREATMENT	
31	[5.6.1] Cataract Surgeries performed (in Lakhs)	CATARACT	A cataract is a clouding of the lens inside the eye which leads to a decrease in vision. It is the most common cause of blindness and is conventionally treated with surgery. Visual loss	Number of cataract surgeries performed.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
31	[5.6.1] Cataract Surgeries performed (in Lakhs)	CATARACT	occurs because opacification of the lens obstructs light from passing and being focused on to theretina at the back of the eye. It is most commonly due to biological aging but there are a wide variety of other causes. Over time, yellow-brown pigment is deposited within the lens and this, together with disruption of the normal architecture of the lens fibers, leads to reduced transmission of light, which in turn leads to visual problems.Those with cataract commonly experience difficulty appreciating colors and changes in contrast, driving, reading, recognizing faces, and experience problems coping with glare from bright lights.	Number of cataract surgeries performed.	

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SI.No	Success indicator	Description	Definition	Measurement	General Comments
32	[5.6.2] Spectacles to school children screened with refractive error (in Lakhs)	Refractive Error	A refractive error is a very common eye disorder. It occurs when the eye cannot clearly focus the images from the outside world. The result of refractive errors is blurred vision, which is sometimes so severe that it causes visual impairment.	Number of spectacles provided to school children screened with refractive error.	
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	In India it is estimated that there are 2 to 2.5 million cancer patients at any given point of time with about 0.7 million new cases coming every year and nearly half die every year. Two-third of the new cancers are presented in advance and incurable stage at the time of diagnosis. More than 60% of these affected patients are in the prime of their life between the ages of 35 and 65 years. With increasing life expectancy and changing	Number o fertiary cancer centres strengthened for operationalisation.	District Cancer Control Programme This programme was launched in 1990-91 and under this programme each state and union territory has advised to prepare their projects on health education, early detection, and pain relief measures. For this they can get up to Rs. 15 lakh one time assistance and Rs. 10 lakh for four years recurring assistance. The district programme has five elements: 1.Health education; 2.Early detection; 3.Training of medical & paramedical personnels. 4.Palliative treatment and pain relief. 5.

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Description and Definition of Success Indicators and Proposed Measurement Methodology

SI.No	Success indicator	Description	Definition	Measurement	General Comments
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	life styles concomitant with development, the number of cancer cases will be almost three times the current number. It has long been realised that cancers of the head and neck in both sexes and of the uterine cervix in women are the most common malignancies seen in the country. The age adjusted incidence rate per 100,000 for all types in India in urban areas range from 106-130 for men and 100-140 for women but still lower than USA, UK and Japan rates. 50% of all male cancers are tobacco related and 25% in female (total 34% of all cancers are tobacco related). There are predictions of incidence of 7 fold increase in tobacco related cancer morbidity in between 1995-2025. To control this problem the Govt. of	Number o fertiary cancer centres strengthened for operationalisation.	Coordination and monitoring. The District programmes are linked with Regional Cancer Centres/ Government Hospitals/ Medical Colleges. For effective functioning each district where programme is started have one District Cancer Society that is chaired by local Collector/Chief Medical Office. Other members are Dean of medical college, Zila parishad representative, NGO representative etc.

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	India has launched a National Cancer Control Programme in 1975 and revised its strategies in 1984-85 stressing on primary prevention and early detection of cancer with goals 25 1.The primary prevention of tobacco related cancers. 2.Secondary prevention of cancer of the uterine cervix, mouth, breast etc.; and 3.Tertiary prevention includes extension and strengthening of therapeutic services including pain relief on a national scale through regional cancer centres and medical colleges (including dental colleges).	Number o fertiary cancer centres strengthened for operationalisation.	District Cancer Control Programme This programme was launched in 1990-91 and under this programme each state and union territory has advised to prepare their projects on health education, early detection, and pain relief measures. For this they can get up to Rs. 15 lakh one time assistance and Rs. 10 lakh for four years recurring assistance. The district programme has five elements: 1.Health education; 2.Early detection; 3.Training of medical & paramedical personnels. 4.Palliative treatment and pain relief. 5.Coordination and monitoring. The District programmes are linked with Regional Cancer Centres/ Government Hospitals/ Medical Colleges. For effective functioning each district where programme is started have one District Cancer Society that is chaired by local Collector/Chief Medical Office. Other

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	In India it is estimated that there are 2 to 2.5 million cancer patients at any given point of time with about 0.7 million new cases coming every year and nearly half die every year. Two-third of the new cancers are presented in advance and incurable stage at the time of diagnosis. More than 60% of these affected patients are in the prime of their life between the ages of 35 and 65 years. With increasing life expectancy and changing life styles concomitant with development, the number of cancer cases will be almost three times the current number. It has long been realised that cancers of the head and neck in both sexes and of the uterine cervix in women are the most common malignancies	Number o fertiary cancer centres strengthened for operationalisation.	members are Dean of medical college, Zila parishad representative, NGO representative etc.

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	seen in the country. The age adjusted incidence rate per 100,000 for all types in India in urban areas range from 106-130 for men and 100-140 for women but still lower than USA, UK and Japan rates. 50% of all male cancers are tobacco related and 25% in female (total 34% of all cancers are tobacco related). There are predictions of incidence of 7 fold increase in tobacco related cancer morbidity in between 1995-2025. To control this problem the Govt. of India has launched a National Cancer Control Programme in 1975 and revised its strategies in 1984-85 stressing on primary prevention and early detection of cancer with goals 25 1.The primary prevention of tobacco related	Number o fertiary cancer centres strengthened for operationalisation.	District Cancer Control Programme This programme was launched in 1990-91 and under this programme each state and union territory has advised to prepare their projects on health education, early detection, and pain relief measures. For this they can get up to Rs. 15 lakh one time assistance and Rs. 10 lakh for four years recurring assistance. The district programme has five elements: 1.Health education; 2.Early detection; 3.Training of medical & paramedical personnels. 4.Palliative treatment and pain relief. 5.Coordination and monitoring. The District programmes are linked with Regional Cancer Centres/ Government Hospitals/ Medical Colleges. For effective functioning each district where programme is started have one District Cancer Society that is chaired by local Collector/Chief Medical Office. Other

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
33	[5.7.1] Strengthening operationalisation of Tertiary Cancer Centres	NATIONAL CANCER CONTROL PROGRAMME	cancers. 2.Secondary prevention of cancer of the uterine cervix, mouth, breast etc.; and 3.Tertiary prevention includes extension and strengthening of therapeutic services including pain relief on a national scale through regional cancer centres and medical colleges (including dental colleges).	Number o fertiary cancer centres strengthened for operationalisation.	members are Dean of medical college, Zila parishad representative, NGO representative etc.
34	[5.8.1] Starting Academic Session in Centres of Excellence	Center of Excellence for Mental Health	Center of Excellence for Mental Health is made up of a multidisciplinary team of professionals involved in the implementation of best practice approaches in prevention, intervention and research in the field of mental health.	Number of academic session started in Center of Excellence.	
35	[5.8.2] Approval for starting up of PG courses in Mental Health Specialities	NATIONAL MENTAL HEALTH PROGRAMME	The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental	Number of PG courses started in Mental health specialties.	

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
35	[5.8.2] Approval for starting up of PG courses in Mental Health Specialities	NATIONAL MENTAL HEALTH PROGRAMME	illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it aiming for Prevention and treatment of mental and neurological disorders and their associated disabilities; Use of mental health technology to improve general health services and application of mental health principles in total national development to improve quality of life with following objectives:- 1. To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population. 2. To encourage application of mental health knowledge in	Number of PG courses started in Mental health specialties.	

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
35	[5.8.2] Approval for starting up of PG courses in Mental Health Specialities	NATIONAL MENTAL HEALTH PROGRAMME	general health care and in social development. 3. To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community	Number of PG courses started in Mental health specialties.	
36	[5.9.1] Set up additional NCD Clinics and Cardiac Care Units in District Hospitals	NCD clinics and cardiac care units in District Hospitals	Govt of India has launched the National Programme for prevention and control of cancer, diabetes, cardiovascular diseases & stroke;for reducing the burdon of non-communicable diseases such as cancer; diabetes, cardiovascular diseases & stroke which are major factor reducing potentially productive years of human life resulting in huge economic loss. The main objective of the programme is promoting healthy life style through inter-alia establishment of NCD clinics at district	Number of additional NCD clinics and cardiac care units in district hospitals.	

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
36	[5.9.1] Set up additional NCD Clinics and Cardiac Care Units in District Hospitals	NCD clinics and cardiac care units in District Hospitals	level.	Number of additional NCD clinics and cardiac care units in district hospitals.	
37	[5.10.1] Establishment of Regional Geriatric Centres	Geriatric centre	A facility specializing in services for older persons which include acute care, geriatric assessment, rehabilitation, medical and nursing services and therapy services.	Number of Geriatric centre established	
38	[5.10.2] Estabilshment of National Institute of Aging at AIIMS Delhi & MMC, Chennai	National institute of aging	National institute of Aging seeks to create and expand health manpower for old age care and to promote high quality research in the fields of geriatrics & gerontology to provide evidence base for active & healthy ageing.	Number National institute of ageing established	
39	[6.1.1] Make Hospitals at new AIIMS functional for the purpose of MBBS teaching	New AIIMS	In the first phase, six AIIMS are being set up at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh to provide quality medical education in the country.	Number of new AIIMS where hospitals have been made functional for purpose of MBBS teaching	

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
40	[6.2.1] Completion of construction work	Contruction work for ungradation of Medical colleges	Upgradation programme envisages improving health infrastructure of existing government medical college institution through construction of super specialty block/trauma centre etc & procurement of medical equipment for existing as well as new facilities.	number of construction works completed	
41	[6.3.1] Award/Start of work	Awards/start of work	Award/start of work pertains to up-gradation of 39 medical colleges in third phase of PMMSY.	Number of medical colleges where Award/start of work has been initiated.	

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
Central Government		Departments	Department of AYUSH	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs [1.2.2] Deployment of new Doctors/Specialists [1.3.1] ASHA Trained (up to VI th & VIIth Module) [3.3.1] Increase in number of visits over previous financial year [5.1.1] Annual Parasite Incidence (API) [5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 % [5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.	• Constant monitoring to promote quality Health & Family welfare services in the country.	• To strengthen the national response to promote health care of fellow citizens.	• Full support and commitment.	• It would hamper the achievement of National targets and programme outcomes
			Department of AIDS Control	[1.1.3] Increase in the number of	• Constant monitoring to			• It would hamper the achievement of

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
			Department of AIDS Control	patients transported over the baseline figure for 2013-14 [1.3.1] ASHA Trained (up to VI th & VIIth Module) [5.5.1] New Sputum Positive (NSP) Success rate	promote quality Health & Family welfare services in the country.			National targets and programme outcomes.
			Department of Health Research	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts [2.2.1] Target Children immunised [2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts. [3.2.1] Increase in the registration over the previous financial year	• Constant monitoring to promote quality Health & Family welfare services in the country.			

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Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[3.2.2] Increase in the registration over the previous financial year in high priority districts [5.1.1] Annual Parasite Incidence (API) [5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 % [5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population. [5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative). [5.5.1] New Sputum Positive (NSP) Success rate [5.5.2] Default rate amongst CAT-II patients				

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[5.5.3] MDR TB Cases notified put on treatment [5.6.2] Spectacles to school children screened with refractive error (in Lakhs)				
			Department of Youth Affairs	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts [2.2.1] Target Children immunised [2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts.	• Constant monitoring to promote quality Health & Family welfare services in the country.			
		Ministry	Ministry of Panchayati Raj	[2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts	• Constant monitoring to promote quality Health & Family welfare services in the country.			

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[2.2.1] Target Children immunised				
				[3.2.1] Increase in the registration over the previous financial year				
				[5.1.1] Annual Parasite Incidence (API)				
				[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 %				
				[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.				
				[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).				
				[5.6.2] Spectacles to school children screened with refractive error (in Lakhs)				

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Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
			Ministry of Women and Child Development	[1.3.1] ASHA Trained (up to VI th & VIIth Module) [2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts [2.2.1] Target Children immunised [2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts. [3.3.1] Increase in number of visits over previous financial year			• Full support and commitment	
			Ministry of Drinking Water and Sanitation	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000 PHCs [1.1.2] Operationalisation of CHCs and SDHs into			• Full support and commitment.	

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs				
				[1.1.4] Establishment of Special New Born Care Units in remaining District Hospitals				
				[4.1.1] Completion of Upgradation of identified Medical Colleges (Post Graduation)				
				[4.2.1] Completion of up-gradation of identified Medical Colleges (MBBS)				
				[4.4.1] Commencement of Work for NIPS				
				[4.4.2] Commencement of Work for RIPS				
				[5.1.1] Annual Parasite Incidence (API)				
				[5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1				

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				% [5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population. [5.5.1] New Sputum Positive (NSP) Success rate				
			Ministry of Tribal Affairs	[1.1.3] Increase in the number of patients transported over the baseline figure for 2013-14 [1.3.1] ASHA Trained (up to VI th & VIIth Module) [2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31, 2014 in high priority districts [2.2.1] Target Children immunised [3.2.1] Increase in the registration over the previous financial year		• To strengthen the national response to promote health care of fellow citizens		

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[5.1.1] Annual Parasite Incidence (API) [5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 % [5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative). [5.5.1] New Sputum Positive (NSP) Success rate [5.6.2] Spectacles to school children screened with refractive error (in Lakhs) [5.10.1] Establishment of Regional Geriatric Centres				
			Ministry of Defence	[1.1.1] Operationalization of 24X7 Facility at PHC level out of the total number of 24000		• To strengthen the national response to promote health care of fellow citizens.		• It would hamper the achievement of National targets and programme outcomes

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
			Ministry of Defence	PHCs [1.1.2] Operationalisation of CHCs and SDHs into First Referral Units (FRU) out of the total number of 5800 CHCs and SDHs [1.1.3] Increase in the number of patients transported over the baseline figure for 2013-14 [1.2.1] Deployment of new ANMs [1.2.2] Deployment of new Doctors/Specialists [1.2.3] Deployment of new Staff Nurses [1.3.1] ASHA Trained (up to VI th & VIIth Module) [2.1.1] Percentage point increase in Institutional Deliveries over the baseline of March 31,		• To strengthen the national response to promote health care of fellow citizens.		• It would hamper the achievement of National targets and programme outcomes

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				2014 in high priority districts [2.2.1] Target Children immunised [2.2.2] Percentage point increase in targeted children immunized over the baseline of March 31, 2014 in high priority districts. [3.1.1] Increase in IUCD insertions over previous financial year [3.2.1] Increase in the registration over the previous financial year [5.1.1] Annual Parasite Incidence (API) [5.2.1] Endemic Districts (250) achieving Micro Filaria rate of < 1 % [5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population.				

Section 5 :
Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[5.4.1] High burden districts having annual new case detection rate of more than 10 per Lakh population (cumulative).				
				[5.4.2] Reconstructive Surgeries conducted				
				[5.5.1] New Sputum Positive (NSP) Success rate				
				[5.5.2] Default rate amongst CAT-II patients				
				[5.5.3] MDR TB Cases notified put on treatment				
				[5.6.1] Cataract Surgeries performed (in Lakhs)				
				[5.6.2] Spectacles to school children screened with refractive error (in Lakhs)				

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 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
1	Improved access to health care services	States/UTs	Average number of primary health care centres per 1000 population.	Number	0.0287	0.0289	0.0291	0.0293	0.0295
			Average number of primary health care centres per district	Number	37.32	37.57	37.71	37.92	38.13
2	Reduction in Mortality Rate	States/UTs	Infant Mortality Rate	Per 1000 live births	42	37	32	28	25
			Crude death rate	Per 1000 populatio	7	6.9	6.8	6.7	6.6
3	Improvement in Maternal Health	States/UTs	Institutional Deliveries as a % of Total deliveries	%	82	85	86.5	86.5	86.5
			Full Immunization (age group 0-12 Month)	%	85	85.7	87	87	87
4	Reduction in growth rate of population	States/UTs	Total Fertility Rate	Children born per woman	2.4	2.4	2.3	2.3	2.2
5	Reduction in the burden of communicable and non-communicable diseases	States/UTs	Annual Parasite Incidence (Malaria)	Per 1000 Populatio	0.85	1.10	Less than1	Less than1	Less than1
			Annual new case detection rate of Leprosy < 10 per Lakh population in High burden Districts (209)	Number of	24	30	50	50	55
			Reconstructive Surgeries (Leprosy) performed	Number	2413	2065	2500	2500	2500

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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 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
		New Sputum positive (NSP) Success rate	%	88	88	88	88	88
6 Development of human resources	States/UTs	Number of doctors per 1000 population	Number	0.085	0.086	0.087	0.088	0.089

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