Government of India

R F D

(Results-Framework Document)
for

Department Of Health and Family Welfare

(2012-2013)

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Section 1:
Vision, Mission, Objectives and Functions

Vision

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

Mission

1. To ensure availability of quality healthcare on equitable, accessible and affordable basis across regions and communities with special focus on under-served population and marginalized groups.2. To establish comprehensive primary healthcare delivery system and well functioning linkages with secondary and tertiary care health delivery system.3. To Reduce Infant Mortality rate to less than 27 per 1000 live births and Maternal Mortality Ratio to less than 100 per 100,000 live births by 2017.4. To reduce the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases.5. To ensure a reduction in the growth rate of population with a view to achieving population stabilization.6. To develop the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels. 7. To Regulate Health service delivery and promote rational use of pharmaceuticals in the country.8. To provide quality Leprosy treatment services to all section of the population and achieve the target of less than 1 case per 10,000 population (Elimination) in all districts of the country & also reducing the burden of disability due to Leprosy during 12th plan period

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	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. 7. Formulation of guidelines on issues relating to

Section 1:
Vision, Mission, Objectives and Functions

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.	36.50	[1.1] Strengthening of Health Infrastructure	[1.1.1] Operationalization of 24X7 Facility at PHC level	Number	4.00	500	450	400	350	300
			[1.1.2] Operationalisation of CHCs into First Referral Units (FRU)	Number	3.00	200	180	160	140	120
			[1.1.3] Equipping Districts with Mobile Medical Units	No. of Districts	2.00	50	45	40	35	30
			[1.1.4] Operationalisation of Patient Transportation Services	Number	3.00	600	550	500	450	400
			[1.1.5] Construction of New Sub Centre Building	Number	2.00	950	900	850	800	750
			[1.1.6] Establishment of Special New Born Care Units in District Hospitals	Number	1.00	100	90	80	70	60
			[1.1.7] Establishment of Stabilisation Units for new born in CHCs	Number	1.00	220	200	178	156	134
			[1.1.8] Establishment of New Born Care Corners in PHCs	Number	1.00	3300	3000	2670	2340	2010
		[1.2] Strengthening of Community Involvement	[1.2.1] Constitution of new Village Health, Sanitation	Number	1.00	30000	25000	20000	18000	15000

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Section 2:
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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			& Nutrition Committees (VHSNC)							
			[1.2.2] Holding Village Health & Nutrition Days	Lacks	2.00	60	55	48	42	36
		[1.3] Augementation of Availability of Human Resources	[1.3.1] Deployment of new ANMs	Number	2.00	8000	7200	6400	5600	4800
			[1.3.2] Deployment of new Doctors/Specialists	Number	2.00	1100	1000	900	800	700
			[1.3.3] Deployment of new Staff Nurses	Number	2.00	3000	2500	2200	2000	1800
			[1.3.4] Deployment of new Paramedical staff	Number	2.00	2600	2500	2400	2300	2200
		[1.4] Capacity Building	[1.4.1] ASHA Training (up to VI th & VIIth Module)	Number	2.00	130000	125000	110000	100000	60000
			[1.4.2] Personnel trained on IMNCI	Number	1.50	22200	20000	17800	15600	13400
			[1.4.3] Doctors trained on LSAS	Number	1.00	288	282	268	254	244
			[1.4.4] Doctors trained on EMoC	Number	1.00	230	227	216	204	197
			[1.4.5] ANMs/SNs/LHVs trained as SBA	Number	1.00	10400	10250	9730	9220	8880
			[1.4.6] Navjat Shishu Suraksha Karyakram (NSSK)	Number	2.00	16650	15000	13350	11700	10050

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[2] Improving Maternal and Child health.	8.00	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	3.00	72	70	67	66	65
		[2.2] Support through Janani Suraksha Yojana	[2.2.1] JSY Beneficiaries (in Lakhs)	Number	2.00	115	110	104	99	95.37
		[2.3] Tageting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	3.00	82	80	76	72	69
[3] Focusing on population stabilization in the country.	6.00	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors (in Lakhs)	Number	2.00	47	46	43.70	41.40	39.88
		[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors (in Lakhs)	Number	2.00	2.10	2.00	1.90	1.80	1.73
		[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion (in Lakhs)	Number	2.00	62.00	60.00	57.00	56.00	55.00
[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	Number	4.00	25	20	16	12	10
		[4.2] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.2.1] Commencement of Work for NIPS	Date	1.00	31/10/2012	30/11/2012	31/12/2012	31/01/2013	28/02/2013
			[4.2.2] Commencement of Work for RIPS	Number	1.00	6	5	3	2	1
		[4.3] Establishment of Nursing Institutes at various levels	[4.3.1] Approval for DPRs for new ANM Schools	Number	1.00	27	25	20	15	3

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Section 2:
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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[4.3.2] Approval for DPRs for new GNM Schools	Number	1.00	28	25	20	15	10
		[4.4] Revision of Medical education Curriculum	[4.4.1] Creating a Draft Curriculam	Date	1.00	11/11/2012	31/12/2012	31/01/2013	28/02/2013	31/03/2013
[5] Reducing overall disease burden of the society.	15.50	[5.1] Reduce incidence of Malaria cases	[5.1.1] Annual Parasite Incidence (API)	Per 1000 population	2.00	1.20	1.30	1.52	1.67	1.80
		[5.2] Reduce incidence of Filariasis	[5.2.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	0.50	90	85	80	75	70
			[5.2.2] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	Number	0.50	55	50	45	40	35
		[5.3] Reduce incidence of Kala-azar	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 such BPHCs	Number of BPHCs	1.00	475	450	400	380	285
		[5.4] Reduce incidence of Leprosy	[5.4.1] Annual prevalence rate of < 10 per Lakh population in High burden Districts (209)	Number of Districts	1.00	70	60	50	45	40
			[5.4.2] Reconstructive Surgeries conducted	Number	0.50	3000	2700	2400	2100	1800

Section 2:
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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	1.00	88.50	88.00	85.00	75.00	70.00
			[5.5.2] New Sputum Positive (NSP) case detection rate	%	1.00	74.50	74.00	67.00	60.00	52.00
			[5.5.3] Detection and putting on treatment MDR TB Cases	Number	0.50	10500	10000	9500	9000	8500
		[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed (in Lakhs)	Number	0.50	68	65	60	55	50
			[5.6.2] No. of spectacles to school children screened with refractive error (in Lakhs)	Number	0.51	4	3.5	3.2	3	2.8
			[5.6.3] Collection of donated eyes for corneal transplantation	Number	0.50	62000	60000	55000	50000	45000
		[5.7] Strengthening facilities for diagnosis and treatment of cancer	[5.7.1] Development of District Cancer Facilities	Number of districts	0.50	75	70	65	60	50
			[5.7.2] Strengthening of Tertiary Cancer Centres	Number of centres	1.00	5	4	3	2	1
		[5.8] Establishment of Tobacco Testing laboratories	[5.8.1] Operationalization of Tobacco Testing labs for Nicotine and Tar	Number	0.51	6	4	3	2	1

Section 2:
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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[5.9] Ensure availability of minimum mental health care services	[5.9.1] Starting of Academic Session in Centres of Excellence	Number	1.00	4	3	2	1	--
			[5.9.2] Approval for starting up of PG courses in Mental Health Specialities	Number	0.50	25	20	15	10	5
		[5.10] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	[5.10.1] Set up NCD Clinics and Cardiac Care Units in District Hospitals	Number of districts	0.74	80	70	60	50	40
			[5.10.2] Screening of NCDs at CHCs and below initiated in Districts	Number of districts	0.73	73	70	60	50	40
		[5.11] Provide Health Care to the Elderly Population	[5.11.1] Operationalization of Geriatric OPD and 10 beds ward at District Hospitals	Number of districts	0.51	80	70	60	55	50
			[5.11.2] Establishment of Regional Geriatric Centres	Number	0.50	4	3	2	1	--
[6] Strengthening Secondary and Tertiary health care.	10.00	[6.1] Setting up of AIIMS like Institutions (6 No.)	[6.1.1] commencement of Academic Session in Medical Colleges	Number	2.75	5	4	3	2	1
		[6.2] Upgradation of Govt. Medical colleges (8 No.)	[6.2.1] completion of construction work in Hospitals	%	2.75	85	80	75	70	60

Section 2:
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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[6.2.2] Upgradtion facilities at Govt. Medical Colleges made functional	Number	3.00	6	5	4	3	2
		[6.3] Upgradation of Govt. Medical colleges in II Phase (3 No.)	[6.3.1] Start of construction in Medical Colleges	Number	1.50	3	2	1	--	--
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	05/03/2012	06/03/2012	07/03/2012	08/03/2012	09/03/2012
		Timely submission of Results	On- time submission	Date	1.0	01/05/2012	03/05/2012	04/05/2012	05/05/2012	06/05/2012
* Administrative Reforms	6.00	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	2.0	100	95	90	85	80
		Implement ISO 9001 as per the approved action plan	Area of operations covered	%	2.0	100	95	90	85	80
		Timely preparation of departmental Innovation Action Plan (IAP)	On-time submission	Date	2.0	01/05/2013	02/05/2013	03/05/2013	06/05/2013	07/05/2013
* Improving Internal Efficiency / responsiveness / service delivery of Ministry / Department	4.00	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	2.0	100	90	80	70	60
			Independent Audit of implementation of public grievance redressal system	%	2.0	100	90	80	70	60
* Ensuring compliance to the Financial Accountability Framework	2.00	Timely submission of ATNs on Audit paras of C&AG	Percentage of ATNs submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0.5	100	90	80	70	60

* Mandatory Objective(s)

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		Timely submission of ATRs to the PAC Sectt. on PAC Reports.	Percentage of ATRS submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2012.	Percentage of outstanding ATNs disposed off during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2012	Percentage of outstanding ATRS disposed off during the year.	%	0.5	100	90	80	70	60

* Mandatory Objective(s)

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
[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	Number	--	--	450	--	--
		[1.1.2] Operationalisation of CHCs into First Referral Units (FRU)	Number	--	--	180	--	--
		[1.1.3] Equipping Districts with Mobile Medical Units	No. of Districts	--	--	45	--	--
		[1.1.4] Operationalisation of Patient Transportation Services	Number	--	--	550	--	--
		[1.1.5] Construction of New Sub Centre Building	Number	--	--	900	--	--
		[1.1.6] Establishment of Special New Born Care Units in District Hospitals	Number	--	--	90	--	--
		[1.1.7] Establishment of Stabilisation Units for new born in CHCs	Number	--	--	200	--	--
		[1.1.8] Establishment of New Born Care Corners in PHCs	Number	--	--	3000	--	--
	[1.2] Strengthening of Community Involvement	[1.2.1] Constitution of new Village Health, Sanitation &	Number	--	--	25000	--	--

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		Nutrition Committees (VHSNC)						
		[1.2.2] Holding Village Health & Nutrition Days	Lacks	--	--	55	--	--
	[1.3] Augementation of Availability of Human Resources	[1.3.1] Deployment of new ANMs	Number	--	--	7200	--	--
		[1.3.2] Deployment of new Doctors/Specialists	Number	--	--	1000	--	--
		[1.3.3] Deployment of new Staff Nurses	Number	--	--	2500	--	--
		[1.3.4] Deployment of new Paramedical staff	Number	--	--	2500	--	--
	[1.4] Capacity Building	[1.4.1] ASHA Training (up to VI th & VIIth Module)	Number	--	--	125000	--	--
		[1.4.2] Personnel trained on IMNCI	Number	--	--	20000	--	--
		[1.4.3] Doctors trained on LSAS	Number	--	--	282	--	--
		[1.4.4] Doctors trained on EMoC	Number	--	--	227	--	--
		[1.4.5] ANMs/SNs/LHVs trained as SBA	Number	--	--	10250	--	--
		[1.4.6] Navjat Shishu Suraksha Karyakram (NSSK)	Number	--	--	15000	--	--

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
[2] Improving Maternal and Child health.	[2.1] Promote Institutional Deliveries	[2.1.1] Institutional Deliveries as a percentage of total deliveries	%	--	--	70	--	--
	[2.2] Support through Janani Suraksha Yojana	[2.2.1] JSY Beneficiaries (in Lakhs)	Number	--	--	110	--	--
	[2.3] Tageting Full Immunisation (Age group of 0-12 months)	[2.3.1] Target Children immunised	%	--	--	80	--	--
[3] Focusing on population stabilization in the country.	[3.1] Female Sterilisation	[3.1.1] Female Sterilisation acceptors (in Lakhs)	Number	--	--	46	--	--
	[3.2] Male Sterilisation	[3.2.1] Male Sterilisation acceptors (in Lakhs)	Number	--	--	2.00	--	--
	[3.3] Intra Uterine Device (IUD) Insertion	[3.3.1] IUD Insertion (in Lakhs)	Number	--	--	60.00	--	--
[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	Number	--	--	20	--	--
	[4.2] Setting up one National Institute of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS)	[4.2.1] Commencement of Work for NIPS	Date	--	--	30/11/2012	--	--
		[4.2.2] Commencement of Work for RIPS	Number	--	4	5	5	5

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
	[4.3] Establishment of Nursing Institutes at various levels	[4.3.1] Approval for DPRs for new ANM Schools	Number	--	--	25	--	--
		[4.3.2] Approval for DPRs for new GNM Schools	Number	--	--	25	--	--
	[4.4] Revision of Medical education Curriculum	[4.4.1] Creating a Draft Curriculam	Date	--	--	31/12/2012	--	--
[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	--	--	1.30	--	--
	[5.2] Reduce incidence of Filariasis	[5.2.1] Coverage of eligible people under Mass Drug Administration (MDA)	%	84.1	86.3	85	85	85
		[5.2.2] Endemic Districts (250) achieving Micro Filaria rate of < 1 %	Number	--	--	50	--	--
	[5.3] Reduce incidence of Kala-azar	[5.3.1] BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 such BPHCs	Number of BPHCs	--	--	450	--	--
	[5.4] Reduce incidence of Leprosy	[5.4.1] Annual prevalence rate of < 10 per Lakh population in High burden Districts (209)	Number of Districts	--	--	60	--	--
		[5.4.2] Reconstructive Surgeries conducted	Number	--	--	2700	--	--

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
	[5.5] Control of Tuberculosis	[5.5.1] New Sputum Positive (NSP) Success rate	%	--	--	88.00	--	--
		[5.5.2] New Sputum Positive (NSP) case detection rate	%	--	--	74.00	--	--
		[5.5.3] Detection and putting on treatment MDR TB Cases	Number	--	--	10000	--	--
	[5.6] Reduction in Prevalence of Blindness	[5.6.1] Cataract Surgeries performed (in Lakhs)	Number	--	--	65	--	--
		[5.6.2] No. of spectacles to school children screened with refractive error (in Lakhs)	Number	--	--	3.5	--	--
		[5.6.3] Collection of donated eyes for corneal transplantation	Number	--	--	60000	--	--
	[5.7] Strengthening facilities for diagnosis and treatment of cancer	[5.7.1] Development of District Cancer Facilities	Number of districts	30	70	70	70	70
		[5.7.2] Strengthening of Tertiary Cancer Centres	Number of centres	--	--	4	--	--
	[5.8] Establishment of Tobacco Testing laboratories	[5.8.1] Operationalization of Tobacco Testing labs for Nicotine and	Number	--	--	4	--	--

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		Tar						
	[5.9] Ensure availability of minimum mental health care services	[5.9.1] Starting of Academic Session in Centres of Excellence	Number	--	--	3	--	--
		[5.9.2] Approval for starting up of PG courses in Mental Health Specialities	Number	4	36	32	32	32
	[5.10] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	[5.10.1] Set up NCD Clinics and Cardiac Care Units in District Hospitals	Number of districts	--	--	70	--	--
		[5.10.2] Screening of NCDs at CHCs and below initiated in Districts	Number of districts	--	--	70	--	--
	[5.11] Provide Health Care to the Elderly Population	[5.11.1] Operationalization of Geriatric OPD and 10 beds ward at District Hospitals	Number of districts	--	70	70	70	70
		[5.11.2] Establishment of Regional Geriatric Centres	Number	--	8	3	3	3
[6] Strengthening Secondary and Tertiary health care.	[6.1] Setting up of AIIMS like Institutions (6 No.)	[6.1.1] commencement of Academic Session in Medical Colleges	Number	--	--	4	--	--
	[6.2] Upgradation of Govt. Medical colleges (8 No.)	[6.2.1] completion of construction work in Hospitals	%	--	--	80	--	--

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Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		[6.2.2] Upgradtion facilities at Govt. Medical Colleges made functional	Number	--	--	5	--	--
	[6.3] Upgradation of Govt. Medical colleges in II Phase (3 No.)	[6.3.1] Start of construction in Medical Colleges	Number	--	--	2	--	--
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	05/03/2010	07/03/2011	06/03/2012	--	--
	Timely submission of Results	On- time submission	Date	02/05/2011	01/05/2012	03/05/2012	--	--
* Administrative Reforms	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	--	--	95	--	--
	Implement ISO 9001 as per the approved action plan	Area of operations covered	%	--	--	95	--	--
	Timely preparation of departmental Innovation Action Plan (IAP)	On-time submission	Date	--	--	06/03/2013	--	--
* Improving Internal Efficiency / responsiveness / service delivery of Ministry / Department	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	--	--	95	--	--
		Independent Audit of implementation of public grievance redressal system	%	--	--	95	--	--
* Ensuring compliance to the Financial Accountability Framework	Timely submission of ATNs on Audit paras of C&AG	Percentage of ATNs submitted within due date (4 months) from date of	%	--	--	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 10/11	Actual Value for FY 11/12	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		presentation of Report to Parliament by CAG during the year.						
	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 31.3.2012.	Percentage of outstanding ATNs disposed off during the year.	%	--	--	90	--	--
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2012	Percentage of outstanding ATRS disposed off during the year.	%	--	--	90	--	--

* Mandatory Objective(s)

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Section 4:
Acronym

SI.No	Acronym	Description

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

Operationalisation of 24 x 7 facility at PHC level

To ensure round the clock access to public health facilities, Primary Health Centres are expected to provide 24-hour service in basic Obstetric and Nursing facilities. Under NRHM, PHCs are being operationalized for providing 24X7 services in a phased manner by placing at least 1-2 Medical Officers and more than 3 Staff Nurses in these facilities. All 24x7 PHCs, providing delivery services, would also have newborn care corners and provide basic new born care services including resuscitation, prevention of infections, provision of warmth and early and exclusively breast feeding. StatewilltakedueprecautiontofulfillallcriticalmostdesirablecriteriaasperGOIguidelineswhileupgradingthesePHCsalongwithfacilitiesforENBC. AllthesePHCshavedeliveryfacility,operationtheatreambulanceservices.

First Referral Units (FRUs)

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

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

During 2012-13, the focus is on functionality and ensuring that threshold levels of physical infrastructure and associated human resources are in place for functioning of the 24x7 services at optimum levels. Therefore rather than having large numbers of 27x7 services functioning at sub-optional levels, focus is on functional consideration and targets for 2012-13 have set keeping in view the functionality focus.

FRU Guidelines could be refer to, if necessary.

2. Mobile Medical Units (MMU)

The main objective is to provide basic healthcare facilities in remote, far-flung hilly and tribal areas through the use of Mobile Medical Units. As a first step, it is envisaged to have one MMU in all the districts in the country. MobileMedical Units have been constituted with 1Medical Officer and vehicle.The Medical officer visits each and every village and hamlet to identified malnourished and seek children and provide medical services at their homes. If required the child is referred to nearest health center. He also examines pregnant and lactating mothers and other people and provide th

em medical care Similarly activities such as collection of Water samples, Visits to Ashram Schools are carried out.

3. Patient Transport Services:

It has been observed that most of the times due to delay in reaching health care facility like FRU,24x7 PHCs, Secondary or Tertiary centers, mothers are deprived of emergency obstetric care resulting in maternal death, still birth and neonatal deaths. The main objective is to preventall these complications, itis important that mothers should be referred to the health care facility on time as due to lack of money they avoid going to centers at distant place and because of delay in reaching appropriate center for proper treatment they fall prey to death.

As per the statistical data available , about 10% of Critically ill Children are high risk requiring urgent care by specialist either at FRU or District Hospital or Tertiary level hospitals. Many such cases dies for want of referral transport and special services, hence, it is essential to shift such cases as early as possible to avoid the Child morbidity and mortality. For speedy &effective transfer of ill children to referral higher centera provision of a special hired vehicle on 24x7 hrs. services is provided in each block at selected RH/SDH level and call center will be established at district place to inform the driver of vehicle so as the patient will be transferred to the necessary referralcenter.

4.Special New Born Child Care units (SNCU)

These are specialised new born and sick child care units at district hospitals with specialised equipments, which include phototherapy unit, oxygen hoods, infusion pumps, radiant warmer, Laryngoscope and ET tubes, nasal cannulas Bag and mask, and weighing scale. These units have a minimum of 12 to 16 beds with a staff of 3 physicians, 10 nurses, and 4 support staff to provide round the clock services for a new born or child requiring special care such as managing newborn with neonatal sepsis and child with pneumonia, dehydration, etc., prevention of hypothermia, prevention of infection, early initiation and exclusive breast feeding, post-natal care, immunisation and referral services.

5 Stabilisation units (SU)

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

6. New born baby corners

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

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

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

8.Rogi Kalyan Samitis (RKS)

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

9. Village Health and Sanitation Committee (VHSC)

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

10. Integrated District Action Plan

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

11. Accredited Social Health Activist (ASHA)

The Accredited Social Health Activist (ASHA) is the essential link between the community and the health facility. A trained female community health worker –ASHA –is being provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norms are relaxed for one ASHA per habitation depending on the workload. ASHA's are involved in doorstep delivery of contraceptives which has been welcomed by the communities and are involved in delivery of sanitary napkins to females in reproductive age group along-with Home based New born care by being trained in the 6^{th} and 7^{th} module.

12. Contractual Appointments

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

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

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

14. Navjaat Shishu Suraksha Karyakram (NSSK)

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

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

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

a. 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.

b. Institutional Deliveries

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

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

c. **Janani Suraksha Yojana (JSY)**

Janani Suraksha Yojana is a safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional deliveries. Under this scheme, cash incentives are provided to the beneficiary as well as village link worker / ASHA to come to the institution for delivery and also the cost of transportation. Besides this Janani Shishu Suraksha Karyakram (JSSK) has also been launched on 1st June 2011 to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural &urban areas. Sick Neonatal Care Unit, New Born Baby Corners; Stabilization Units are being operationalized in the health facilities.

d. 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:

Number of Slide 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 :

Number of confirmed malaria cases in the Year
---------- X 1000
Population under surveillance

ii) Kala azar

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

Number of Kala-azar cases in the Year
---------- X 10000
Kala-azar Endemic Population

iii) Filaria

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 filaria

e. **Leprosy:**

Annual New Case Detection Rate (ANCDR)

Number of new cases detected during the year

---------- X 100000

Population as on 31st March

f. Tuberculosis

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

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

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

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

g. District Mental Health Programme (DMHP)

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

· Provide service for early detection &treatment of mental illness in the community (OPD/Indoor &follow up).

· Training of mental health team at identified nodal institutions.

· Increase awareness &reduce stigma related to Mental Health problems.

LIST OF ABBREVIATIONS		
Sl.No.		

1	ABER	Annual Blood Examination Rate
2	ACDR	Annual Case Detection Rate
3	ANM	Auxiliary Nurse Midwife
4	API	Annual Parasite Incidence
5	ART	Anti Retroviral Therapy
6	ASHA	Accredited Social Health Activist
7	AWW	Anganwadi Worker
8	AYUSH	Ayurveda Yoga-Naturopathy Unani Siddha &Homoeopathy
9	BPHCs	Block Primary Health Centres
10	BSS	Behaviour Surveillance Survey

Section 5:
Specific Performance Requirements from other Departments

Section-5
Specific Performance Requirements from other Departments

Department/ Ministries	Relevant Success indicator	What do you need?	Why do you need it?	How much you need ?	What happens if you do not get it ?
· Panchayati Raj · Women &Child, · HRD, · Drinking Water · Sanitation · Tribal Affairs, · Home, · Defence, · Youth affairs · AIDS Control, · AYUSH, · Health Research, · Medical Council of India, · Dental Council of India, · Pharmacy Council of India,	· Numbers of persons trained under main-streaming training. · Increasing scope &coverage of programmes of the Departments/institutions to promote quality of life impacting health care of citizens of this country. · Numbers of persons trained for providing health services (medical, paramedical &managerial)	· Guidelines for incorporating various Health &Family Welfare schemes and training programmes, · 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.

· Indian Nursing Council	with adequate skill mix at all levels .				
· All State Governments	· Number of persons provided quality healthcare services with special focus on under-served and marginalized-group. · Number of comprehensive primary healthcare delivery system established &their well-functioning linkages with secondary &tertiary care health delivery system. · Majority Health related parameters.	· Implement-ation and timely reporting the progress of various Health &family welfare programmes and outcomes.	· To enhance the quality of life of fellow citizens in the country with thrust on health care.	·100% commi-tment &support for effective implem-entation with constant monito-ring.	· The progress of implementati-on will slow down availability of quality healthcare on equitable accessible and affordable basis across regions &communities with special focus on under-served population &marginalized groups.

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 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15
1 Improved access to health care services	States/UTs	Average number of primary health care centres per 1000 population.	number	0.0201	0.0201	0.02	0.0199	0.0199
		Average number of primary health care centres per district	number	36.99	36.99	37.45	37.89	37.89
2 Reduction in Mortality Rate	States/UTs	Infant mortality rate	Per 1000 live births	47	43	39	35	35
		Crude death rate	Per 1000 populatio	7.2	7.1	7	7	7
3 Improvement in Maternal Health	States/UTs	Instituitonal Deliveries as a % of Total deliveries	%	78.5	79	80	81	81
		Full Immunization (age group 0-12 Month)	%	89.3	70	80	80	80
4 Reduction in growth rate of population	States/UTs	Total Fertility Rate	children born per woman	2.5	2.5	2.4	2.4	2.4
5 Reduction in the burden of communicable and non communicable diseases	States/UTs	Annual Parasite Incidence (Malaria)	Per 1000 populatio	1.40	1.10 (Provisional)	1.30	1.30	1.30
		New Sputum positive (NSP) Success rate	%	87	88	90	92	92
6 Development of human resources	States/UTs	Number of doctors per 1000 population	Number	0.074	0.074	0.075	0.076	0.076

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