RFD

Result-Framework Document Report of Department of Health and Family Welfare for 2012-2013

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. 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 implementation of National Leprosy
8. Elimination Programme & strengthening supervision and Monitoring support to States/UTs.

Section- 2: Achievement of Result-Framework Documents for Department of Health and Family Welfare 2012-13

S.N.	Objective	Weight	Action	SuccessIndicator	Unit	Weight	Target/Criteria Value					Performance		
							Excellent	Very Good	Good	Fair	Poor	Achievement	Raw	Weighted
							100%	90%	80%	70%	60%	Score	Score	Score
1.	Universal access to primary health care services for all sections of society with effective linkages to secondary and tertiary	36.5	Strengthening of Health Infrastructure	Operationalization of 24X7 Facility at PHC level	Number	4	500	450	400	350	300	371	74.2	2.97
				Operationalisation of CHCs into First Referral Units (FRU)	Number	3	200	180	160	140	120	237	100	3
				Equipping Districts with Mobile Medical Units	No. of Districts	2	50	45	40	35	30	41	82	1.64
				Operationalisation of Patient Transportation Services	Number	3	600	550	500	450	400	1066	100	3
				Construction of New Sub Centre Building	Number	2	950	900	850	800	750	1671	100	2
				Establishment of Special New Born Care Units in District Hospitals	Number	1	100	90	80	70	60	81	81	0.81
				Establishment of Stabilisation Units for new born in CHCs	Number	1	220	200	178	156	134	230	100	1
				Establishment of New Born Care Corners in PHCs	Number	1	3300	3000	2670	2340	2010	3340	100	1
			Strengthening of Community Involvement	Constitution of new Village Health, Sanitation & Nutrition Committees (VHSNC)	Number	1	30000	25000	20000	18000	15000	16306	64.35	0.64
				Holding Village Health & Nutrition Days	Lacks	2	60	55	48	42	36	80.7	100	2
			Augmentation of Availability of Human Resources	Deployment of new ANMs	Number	2	8000	7200	6400	5600	4800	6433	80.41	1.61
				Deployment of new Doctors/Specialists	Number	2	1100	1000	900	800	700	1295	100	2
				Deployment of new Staff Nurses	Number	2	3000	2500	2200	2000	1800	3233	100	2
				Deployment of new Paramedical staff	Number	2	2600	2500	2400	2300	2200	3085	100	2

			Capacity Building	ASHA Training (up to VI th & VIIth Module)	Number	2	130000	125000	110000	100000	60000	151922	100	2
				Personnel trained on IMNCI	Number	1.5	22200	20000	17800	15600	13400	23000	100	1.5
				Doctors trained on LSAS	Number	1	288	282	268	254	244	293	100	1
				Doctors trained on EMoC	Number	1	230	227	216	204	197	226	89.09	0.89
				ANMs/SNs/LHVs trained as SBA	Number	1	10400	10250	9730	9220	8880	10679	100	1
				Navjat Shishu Suraksha Karyakram (NSSK)	Number	2	16650	15000	13350	11700	10050	18000	100	2
2	Improving Maternal and Child Health	8	Promote Institutional Deliveries	Institutional Deliveries as a percentage of total deliveries	%	3	72	70	67	66	65	82.4	100	3
			Support through Janani Suraksha Yojana	JSY Beneficiaries (in lakhs)	Number	2	115	110	104	99	95.37	110	90	1.8
			Targetting Full Immunisation (Age group of 0-12 months)	Target Children immunized	%	3	82	80	76	72	69	85.7	100	3
3	Focusing on population stabilization in the country	6	Female Sterilisation	Female Sterilization acceptors (in lakhs)	Number	2	47	46	43.7	41.4	39.88	47	100	2
			Male Sterilisation	Male Sterilisation acceptors (in lakhs)	Number	2	2.1	2	1.9	1.8	1.73	1.8	70	1.4
			Intra Uterine Device (IUD) Insertion	IUD Insertion (in lakhs)	Number	2	62	60	57	56	55	55	60	1.2
4	Developing human resources for health to achieve health goals	9	Strengthening & upgradation of Govt. Medical College	Completion of Upgradation of identified Medical Colleges	Number	4	25	20	16	12	10	24	98	3.92
			Setting up one National Institution of Para-medical Sciences(NIPS) and 8 Regional Institutes of Paramedical Sci.(RIPS)	Commencement of Work for NIPS	Date	1	31/10/12	30/11/12	31/12/12	31/01/13	28/02/13	15/01/13	75.16	0.75
				Commencement of Work for RIPS	Number	1	6	5	3	2	1	2	70	0.7
			Establishment of Nursing Institutes at various levels	Approval for DPRs for new ANM Schools	Number	1	27	25	20	15	3	27	100	1

				Approval for DPRs for new GNM Schools	Number	1	28	25	20	15	10	42	100	1
			Revision of Medical education curriculum	Creating a Draft Curriculum	Date	1	11/11/12	31/12/12	31/01/13	28/02/13	31/03/13	15/01/13	85.16	0.85
5	Reducing overall disease burden of the society	15.5	Reduce incidence of Malaria cases	Annual Parasite Incidence (API)	Per 1000 population	2	1.2	1.3	1.52	1.67	1.8	0.85	100	2
			Reduce incidence of Filariasis	Coverage of eligible people under Mass Drug Administration (MDA)	%	0.5	90	85	80	75	70	90	100	0.5
				Endemic Districts (250) achieving Micro Filariarate of < 1 %	Number	0.5	55	50	45	40	35	186	100	0.5
			Reduce incidence of Kala-azar	BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 such BPHCs	Number of BPHCs	1	475	450	400	380	285	383	71.5	0.72
			Reduce incidence of Leprosy	Annual prevalence rate of < 10 per lakh population in High burden Districts (209)	Number of Districts	1	70	60	50	45	40	41	62	0.62
				Reconstructive Surgeries conducted	Number	0.5	3000	2700	2400	2100	1800	2120	70.67	0.35
			Control of Tuberculosis	New Sputum Positive (NSP) Success rate	%	1	88.5	88	85	75	70	88	90	0.9
				New Sputum Positive (NSP) case detection rate	%	1	74.5	74	67	60	52	68.4	82	0.82
				Detection and putting on treatment MDR TB Cases	Number	0.5	10500	10000	9500	9000	8500	14059	100	0.5
			Reduction in Prevalence of Blindness	Cataract Surgeries performed (in lakhs)	Number	0.5	68	65	60	55	50	60	80	0.4
				No. of spectacles to school children screened with refractive error (in lakhs)	Number	0.51	4	3.5	3.2	3	2.8	6	100	0.51

				Collection of donated eyes for corneal transplantation	Number	0.5	62000	60000	55000	50000	45000	48000	66	0.33
			Strengthening facilities for diagnosis and treatment of cancer	Development of District Cancer Facilities	Number of districts	0.5	75	70	65	60	50	8	0	0
				Strengthening of Tertiary Cancer Centres	Number of centres	1	5	4	3	2	1	5	100	1
			Establishment of Tobacco Testing laboratories	Operationalization of Tobacco Testing labs for Nicotine and Tar	Number	0.51	6	4	3	2	1	0	0	0
			Ensure availability of minimum mental health care services	Starting of Academic Session in Centres of Excellence	Number	1	4	3	2	1		6	100	1
				Approval for starting up of PG courses in Mental Health Specialities	Number	0.5	25	20	15	10	5	14	78	0.39
			Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	Set up NCD Clinics and Cardiac Care Units in District Hospitals	Number of districts	0.74	80	70	60	50	40	55	75	0.56
				Screening of NCDs at CHCs and below initiated in Districts	Number of districts	0.73	73	70	60	50	40	90	100	0.73
			Provide Health Care to the Elderly Population	Operationalization of Geriatric OPD and 10 beds ward at District Hospitals	Number of districts	0.51	80	70	60	55	50	39	0	0
				Establishment of Regional Geriatric Centres	Number	0.5	4	3	2	1		0	0	0
6	Strengthening Secondary and Tertiary health care	10	Setting up of AIIMS like Institutions (6 No.)	commencement of Academic Session in Medical Colleges	Number	2.75	5	4	3	2	1	6	100	2.75
			Upgradation of Govt. Medical Colleges (8 No.)	completion of construction work in Hospitals	%	2.75	85	80	75	70	60	72	74	2.04
				Upgradtion facilities at Govt. Medical Colleges made functional	Number	3	6	5	4	3	2	3	70	2.1
			Upgradation of Govt. Medical Colleges in II phase (3 No.)	Start of construction in Medical Colleges	Number	1.5	3	2	1			1	80	1.2

*	Efficient Functioning of the RFD System	3	Timely submission of Draft for Approval	On-time submission	Date	2	05/03/12	06/03/12	07/03/12	08/03/12	09/03/12	05/03/12	100	2
			Timely submission of Results	On- time submission	Date	1	01/05/12	03/05/12	04/05/12	05/05/12	06/05/12	01/05/12	100	1
*	Administrative Reforms	6	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	2	100	95	90	85	80	100	100	2
			Implement ISO 9001 as per the approved action plan	Area of operations covered	%	2	100	95	90	85	80	0	80	0
			Timely preparation of departmental Innovation Action Plan (IAP)	On-time submission	Date	2	01/05/13	02/05/13	03/05/13	06/05/13	07/05/13	30/04/13	100	2
*	Improving Internal Efficiency / responsiveness / service delivery of Ministry / Department	4	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	2	100	90	80	70	60	93	93	1.86
				Independent Audit of implementation of public grievance redressal system	%	2	100	90	80	70	60	47.67	60	0
*	Ensuring compliance to the Financial Accountability Framework	2	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	0	0	0
			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	100	100	0.5
			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	27	0	0
			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	100	100	0.5

Section 3 TREND VALUE FOR SUCCESS INDICATORS RFD 2012-2013

Sl. No.	Objective	Weight	Action Points	Success Indicators	Actual value	Actual value	Actual value (Anticipated)	Projected value	Projected value	Projected value	Success Indicators
				Success Indicator	Unit	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
1	2	3	4	5	6	7	8	9	10	11	12
1	Universal access to primary healthcare services for all sections of society with effective linkages to secondary and tertiary health care	36.5	Strengthening of Health Infrastructure	Operationalisation of 24X7 Facility at PHC level	Number	1128	1100	800	450	450	450
				Operationalisation of CHCs into First Referral Units (FRU)	Number	114	660	450	180	180	180
				Equipping Districts with Mobile Medical Units	No.of districts	53	150	90	45	45	45
				Operationalisation of Patient Transportation Services	Number	NA	NA	500	550	550	550
				Construction of New Sub Centre Building	Number	NA	NA	900	900	900	900
				Establishment of Special New Born Care Units in District Hospitals	Number	95	65	72	90	90	90
				Establishment of Stabilisation Units for new born in CHCs	Number	265	280	315	200	200	200
				Establishment of New Born Care Corners in PHCs	Number	1200	1100	1080	3000	3000	3000
			Strengthening of Community Involvement	Constitution of new Village Health, Sanitation & Nutrition Committees (VHSNC)	Number	1622	-	-	25000	25000	25000
				Holding Village Health & Nutrition Days	Lakh	54.8	68	55	55	55	55
			Augmentation of Availability of Human Resources	Deployment of new ANMs	Number	8514	8000	7200	7200	7200	7200
				Deployment of new Doctors/ Specialists	Number	2196	3600	1000	1000	1000	1000
				Deployment of new Staff Nurses	Number	2430	9000	2500	2500	2500	2500
				Deployment of new Paramedical staff	Number	12010	5000	2000	2500	2500	2500
			Capacity Building	ASHA Training (up to VI th& VIIth Module	Number	243354	200000	100000	125000	125000	125000
				Personnel trained on IMNCI	Number	58105	50000	45000	20000	20000	20000
				Doctors trained on LSAS	Number	230	260	180	282	282	282
				Doctors trained on EMoC	Number	110	156	135	227	227	227
				ANMs/SNs/LHVs trained as SBA	Number	9500	10000	8100	10250	10250	10250
				Navjat Shishu Suraksha Karyakram (NSSK)	Number	NA	24000	12000	16650	15000	15000
2	Improving Maternal & Child Health	8.0	Promote Institutional Deliveries Support through Janani Suraksha Yojana	Institutional Deliveries	%	52	55	60	70	70	70
				JSY Beneficiaries (in lakhs)	Number	92.29	103	105	110	110	110

			Tageting Full Immunisation (Age group of 0-12 month)	Target Children immunised	%	61	71.4	70	80	80	80
3	Focusing on population stabilization in the country	6.0	Female Sterilisation	Female Sterilisation (in lakhs)	Number	47.4	46	50.00	46	46	46
			Male Sterilisation	Male Sterilisation (in lakhs)	Number	2.71	2.60	3.00	2.00	2.00	2
			Intra Uterine Device (IUD) Insertion	IUD Insertion (in lakhs)	Number	57.64	55.00	60.00	60.00	60.00	60
4	Developing human resources for health to achieve health goals	9.0	Strengthening & Upgradation of Govt. Medical Colleges	Completion of Upgradation of identified Medical Colleges	Number	Nil	40	30	20	20	20
			Setting up one National	Commencement of Work for NIPS	Date	Nil	Nil	31/12/11	30/11/12	-	-
			Institute of Paramedical Sciences (NIPS) and Regional Institutes of Paramedical Scis.	Commencement of Work for RIPS	No.	Nil	Nil	4	5	5	5
			Establishment of Nursing	Approval for DPRs for new ANM Schools	Number	Nil	54	12	25	25	25
			Institutes at various levels	Approval for DPRs for new GNM Schools	Number	Nil	54	31	25	25	25
			Revision of Medical Education Curriculum	Creation of Draft Curriculum	Date		-	-	31/12/12	-	-
5	Reducing overall disease burden of the society	15.5	To reduce incidence of Malaria cases	Annual Parasite Incidence (API)	per 1000 population	1.4	1.4	1.1	1.3	1.3	1.3
			Reduce incidence of Filariasis	Coverage of eligible people under Mass Drug Administration (MDA)	%	86.7	84.1	86.3	85	85	85
				Endemic districts(250) achieving Micro Filaria rate of < 1%	Number		-	-	50	50	50
			Reduce incidence of Kala-azar	BPHCs reporting less than 1 case of Kala-azar per 10000 population out of 514 BPHCs	No. of BPHCs	319	355	393	450	450	450
			Reduce incidence of Leprosy	Annual prevelence rate of < 10 per lakh population in high burdon districts (209)	No. of districts	10.93	-	-	60	60	60

				Reconstructive Surgeries performed	Number	2856	2570	3200	2700	2700	2700
			Control of Tuberculosis	New Sputum Positive (NSP) Success rate	%	87.0%	88.0%	88.0%	88.0%	88.0%	88.0%
				New Sputum Positive (NSP) case detection rate	%	71.0%	71.0%	74.0%	74.0%	74.0%	74.0%
				Detection and putting on treatment MDR TB cases.	Number		-	-	10000	10000	10000
			Reduction in Prevalence of Blindness	Cataract Surgeries performed (in lakhs)	Number	59.06	60	65	65	65	65
				No. of spectacles to school children screened with refractive error	lakh	5.06	3	3	3.5	3.5	3.5
				Collection of donated eyes for corneal transplantation	Number	46589	40000	60000	60000	60000	60000
			Strengthening facilities for diagnosis and treatment of cancer	Development of District Cancer Facilities	Number of Districts	Nil	30	70	70	70	70
				Strengthening of Tertiary Cancer Centres	Number of Centres	Nil	45	6	4	4	4
			Establishment of Tobacco Testing laboratories	Operationalization of Tobacco Testing labs for Nicotine & Tar	Number	Nil	Nil	4	4	4	4
			Ensure availability of minimum mental health care services	Starting of Academic session in Centres of Excellence	Number	7	3	1	3	3	3
				Approval for starting up of PG courses in Mental Health Specialities	Number	19	4	36	32	32	32
			Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular Diseases and Stroke	Set up NCD Clinics and Cardiac Care Units in District Hospitals	Number of districts	Nil	30	70	70	70	70
				Screening of NCDs at CHCs and below initiated in Districts	Number of districts	Nil	30	70	70	70	70
			Provide Health Care to the Elderly Population	Operationalisation of Geriatric OPD and 10 Beds ward at District Hospitals	No. of Districts	Nil	Nil	70	70	70	70
				Establishment of Regional Geriatric Centres	No	Nil	Nil	8	3	3	3
6	Strengthening Seconday and Tertiary health care	10.0	Setting up of AIIMS like Institutions (6 Nos.)	commencement of Academic session in Medical Colleges	Number	Nil	-	-	4	4	4
				completion of construction work in Hospitals	%	Nil	15	50	80	80	89
			Upgradation of Govt. Medical colleges (8Nos)	Upgraded facilities at Govt. Medical Colleges made functional	Number	Nil	5	7	5	5	5
			Upgradation of Govt. Medical colleges in II Phase (3 Nos)	Start of construction in Medical Colleges	Number	Nil	Nil	5	2	2	2

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

Operationalisation of 24x7 facilities 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. State will take due precaution to fulfill all critical & most desirable criteria as per Govt. of India guidelines while upgrading these PHCs along with facilities for ENBC. All these PHCs have delivery facility, operation theatre & ambulance services.

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 24x7 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.

1. 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. Mobile Medical Units have been constituted with 1 Medical Officers 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 them medical care.

2. 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 result in ginmaternal death, still birth and neonatal deaths. The main objective is to prevent all these complications, it is 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 center a 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 referral center.

3. Special New Born Child Care Units (SNCU)

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

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

4. Stabilisation Units (SU)

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

5. New Born Baby Corners

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

6. Life Saving Anaesthetic Skills (LSAS)

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

7. Rogi Kalyan Samitis (RKS)

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

8. Village Health and Sanitation Committee (VHSC)

VHSC is expected to prepare village level health action plan. It comprises Panchayat president / member, representative from civil society, Anganwadi Worker (AWW) and Auxiliary Nurse Midwife (ANM). To encourage Panchayats to

constitute VHSCs, untied grants are given through NRHM. These grants are used to meet local health needs of the villages, including maintenance needs of the Sub centres.

9. Integrated District Action Plan

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

10. Accredited Social Health Activist (ASHA)

The Accredited Social Health Activist (ASHA) is the essential link between the community and the health facility. A trained female community health worker ASHA is being provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norms are relaxed for one ASHA per habitation depending on the workload. 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 6th and 7th module.

11. Contractual Appointments

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

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

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

13. 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.

14. 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 programme 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:

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

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

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

ii) Kala azar

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

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

iii) Filaria

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

This is calculated as:

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

e) Leprosy

Annual New Case Detection Rate (ANCDR)

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

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
11	CCEA	Cabinet Committee on Economic Affairs
12	CGHS	Central Government Health Scheme
13	CHC	Community Health Centre
16	DHF	Dengue Hemorrhagic Fever
17	DLHS	District Level Household Survey
18	DOTS	Directly Observed Treatment Short course
19	DPMR	Disability Prevention and Medical Rehabilitation
20	DPMU	District Programme Management Unit
21	EFC	Expenditure Finance Committee
22	ELF	Elimination of Lymphatic Filariasis
23	ELISA	Enzyme - linked Immunosorbent Assay
24	EMoC	Emergency Obstetric Care
25	EPW	Empowered Procurement Wing
26	FRU	First Referral Unit
27	FMG	Financial Management Group
28	GNM	General Nursing and Midwifery
29	HIV/AIDS	Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome
30	ICMR	Indian Council of Medical Research
31	ICTCs	Integrated Counseling and Testing Centre
32	IDSP	Integrated Disease Surveillance Project

33	IEC	Information, Education & Communication
34	IFPS	Innovations in Family Planning Service
35	IMNCI	Integrated Management of Neonatal & Childhood Illness
36	IMR	Infant Mortality Rate
37	IT	Information Technology
38	IUD	Intra Uterine Devices
39	JSY	Janani Suraksha Yojana
40	JE	Japanese Encephalitis
41	LHV	Lady Health Visitor
42	LSAS	Life Saving Anaesthetic Skills
43	MDA	Mass Drug Administration
44	MPW	Multi Purpose Health Worker
45	MBA	Management Business Administration
46	MDR-TB	Multi Drug Resistance - Tuberculosis
47	MIS	Management Information System
48	MMR	Maternal Mortality Ratio
49	MMU	Mobile Medical Unit
50	MO	Medical Officer
51	MOU	Memorandum of Understanding
52	NACO	National AIDS Control Organization
53	NCD	Non Communicable Diseases
54	NCMP	National Common Minimum Programme
55	NEIGRIMS	Institute of Health & Medical Science for the North Eastern Region
56	NFHS	National Family Health Survey
57	NGO	Non-Government Organization
58	NHP	National Health Policy
59	NHRC	National Health Resource Centre
60	NIC	National Informatics Centre
61	NID	National Immunization Days
62	NIPS	National Institute of Paramedical Sciences
63	NLEP	National Leprosy Eradication Programme
64	NPCB	National Programme for Control of Blindness

65	NRHM	National Rural Health Mission
66	NSV	Non Scalpel Vasectomy
67	NVBDCP	National Vector Borne Disease Control Programme
68	PHC	Primary Health Centre
69	PIP	Project Implementation Plan
70	PMSSY	Pradhan Mantri Swasthya Suraksha Yojana
71	PPP	Public Private Partnership
72	PR	Prevalence Rate
73	PRI	Panchayati Raj Institutions
74	RCH	Reproductive & Child Health
75	RHRC	Regional Health Resource Centre
76	RKS	Rogi Kalyan Samiti
77	RNTCP	Revised National Tuberculosis Control Programme
78	SBA	Skilled Birth Attendant
79	SC	Sub Centre
80	SHRC	State Health Resource Centre
81	SNID	Sub National Immunization Days
82	SNs	Staff Nurses
83	SOE	Statement of Expenditure
84	SPMU	State Programme Management Unit
85	SRS	Sample Registration System
86	TB	Tuberculosis
87	TFR	Total Fertility Rate
88	TI	Targeted Interventions
89	UC	Utilization Certificate
90	UHC	Urban Health Centre
91	UHP	Urban Health Post
92	UFWC	Urban Family Welfare Centre
93	VHSC	Village Health & Sanitation Committee

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, ● Indian Nursing Council	● 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) with adequate skill mix at all levels.	● Guidelines for 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.
● 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.	Implementation 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% commitment & support for effective implementation with constant monitoring.	The progress of implementation 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 ACTIVITIES OF THE MINISTRY/DEPARTMENT

Department of Health & Family Welfare 2012-2013									
Sr. No.	**Outcome/Impact of Ministry/Department**	**Jointly with**	**Success Indicator**	**Unit**	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
1	Improved access to health care services	States/UTs	Average number of primary health care centres per 1000 population.	Number	0.0201	0.0201	0.020	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 population	7.2	7.1	7.0	7.0	7.0
3	Improvement in Maternal Health	States/UTs	Institutional Deliveries as a % of Total deliveries	%	78.5	79.0	80.0	81.0	81.0
			Full Immunization (age group 0-12 Month)	%	89.3	70.0	80.0	80.0	80.0
4	Reduction in growth rate of population	States/UTs	Total Fertility Rate	children born per woman	2.5	2.4	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 population	1.10 (Provisional)	1.30	1.30	1.30	1.30
			New Sputum positive (NSP) Success rate	%	88	90	92	92	92
6	Development of human resources	States/UTs	Number of doctors per 1000 population	Number	0.074	0.075	0.076	0.076	0.076

Note:

The indicator Infant Mortality Rate (IMR)- Point decline over per 1000 live births

The indicator Crude death rate - Point decline over per 1000 population