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Indicator 3.1.10 - Average number of days for transfer of Central NHM fund from State Treasury to implementation agency
Indicator 3.1.11 - Proportion of National Health Mission (NHM) funds utilized by the end of 3rd quarter

Contact details

ABBREVIATIONS

AHPI  Association of Healthcare Providers
ANC  Antenatal Care
ANM  Auxiliary Nurse Midwife
ART  Antiretroviral Therapy
CCU  Cardiac Care Unit
CHC  Community Health Centre
CMO  Chief Medical Officer
CRS  Civil Registration System
DH  District Hospital
GBD  Global Burden of Disease
FRU  First Referral Unit
HB  Haemoglobin
HIV  Human Immunodeficiency Virus
HMIS  Health Management Information System
HRMIS  Human Resources Management Information System
IDSP  Integrated Disease Surveillance Project
ISO  International Organization for Standardization
IT  Information Technology
L FORM  IDSP Reporting Format for Laboratory Surveillance
MCTS  Mother and Child Tracking System
MCTFC  Mother and Child Tracking Facilitation Centre
MIS  Management Information System
MMR  Maternal Mortality Ratio
MHPFW  Ministry of Health and Family Welfare
NABH  National Accreditation Board for Hospitals and Healthcare Providers
NACO  National AIDS Control Organization
NCDs  Non Communicable Diseases
NE  North-east
NFHS  National Family Health Survey
NHM  National Health Mission
NMR  Neonatal Mortality Rate
NQAS  National Quality Assurance Standards
P FORM  IDSP Reporting Format for Presumptive Surveillance
PHC  Primary Health Centre
PLHIV  People living with HIV/AIDS
RNTCP  Revised National Tuberculosis Control Programme
RU  Reporting Unit
SBR  Still Birth Rate
SDG  Sustainable Development Goals
SDH  Sub-district Hospital
SRS  Sample Registration System
SC  Sub-Centre
TA  Technical Assistance
TB  Tuberculosis
TFR  Total Fertility Rate
USMR  Under Five Mortality Rate
1. Background and Rationale

India has achieved significant economic growth over the past decades but the progress on Health has not been commensurate. The inability to rapidly improve the Human Capital also places a binding constraint on the economic growth. Between 1991 and 2013, India has made significant improvements, life expectancy at birth increased by more than 7 years, infant mortality rate halved, total fertility rate dropped to near replacement level, and maternal mortality rate declined by about 60 percent. However, despite being home to 17.5 percent of the global population, India accounts for 27 percent of neonatal deaths, 23 percent of infant deaths and 23 percent of Tuberculosis (TB) cases in the world [Global Burden of Disease (GBD) 2013]. At the same time, non-communicable diseases (NCDs) are emerging as the leading causes of morbidity and death for adults, contributing to 52 percent of all disease burden and more than 60 percent of deaths in the country (GBD 2013). Further, there is a wide variation in terms of health outcomes and health systems across States.

The National Development Agenda, unanimously agreed to by all the State Chief Ministers and Lieutenant Governors of Union Territories in 2015, had, inter alia, identified Education, Health, Nutrition, Women and Children as priority sectors. In order to achieve the National Development Agenda, it is imperative to make rapid improvement in these sectors. While the responsibility in this regard is shared between the Centre and the States, Health being a State subject, implementation is largely done by the States.

India along with other countries has committed to the adoption of Sustainable Development Goals (SDGs) to end poverty, protect the planet, and ensure prosperity for all as part of a new global sustainable development agenda to be achieved by 2030. There is renewed commitment in India, to accelerate the pace of achievement of the SDGs including Goal 3 related to ensuring healthy lives and promoting the well-being for all at all ages.

In this regard, in order to rapidly bring about transformative action in achieving the desirable outcomes, a priority for NITI Aayog and Ministry of Health & Family Welfare (MoHFW) is to prompt States towards improvements in outcomes in the coming years. In this context, NITI Aayog and MoHFW are spearheading the Health Index initiative.
After an elaborate exercise including seeking feedback from the Ministry of Health and Family Welfare and the States through an iterative process, experts and a pre-test, NITI Aayog has developed the health index with technical assistance from the World Bank. A composite index would be calculated and disseminated annually, with a focus on measuring and highlighting annual incremental improvement of States. NITI Aayog is developing a web portal that will provide a pre-designed format for States to provide the data on the indicators. This will then be verified by an independent third party agency and then an index for all the States will be published.

It is anticipated that this health index will assist in State level monitoring of performance, serve as an input for providing performance based incentives and improvement in health outcomes, thereby also meeting the citizens’ expectations.
The salient features of the health index are as follows:

- It comprises a limited set of indicators grouped into relevant domains and sub-domains for which data are available with the States.
- Indicators are categorized into the domains of Health outcomes, Governance & Information and Key inputs/processes.
- The maximum weightage is awarded to measurable outcomes since these remain the focus of achievement.
- Indicators have been selected based on their periodic availability through existing data sources such as the Sample Registration System (SRS), Civil Registration System (CRS) and Health Management Information Systems (HMIS).
- A composite index would be calculated which focuses on measuring the ‘level’ of health status of each State (calculated as a weighted average of the various indicators). The change in the index from the base year to a reference year, and in each subsequent year, will be the measure of incremental improvement of each State, relative to its own baseline performance.
- A decision on inclusion of all indicators for calculation of the composite index will be taken on the basis of final validation and analysis of data.
- States/UTs will be ranked in categories to ensure comparison among similar entities.
- The domain, sub-domain and indicator list along with weights for each sub-domain is summarized in the table below:

Table 1 Health Index: Summary Table

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-Domain</th>
<th>Sr. No</th>
<th>Indicators</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Outcomes (14)</td>
<td>1.1. Key Outcomes (7)</td>
<td>1.1.1</td>
<td>Still Birth Rate (SBR)</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.2</td>
<td>Neonatal Mortality Rate (NMR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.3</td>
<td>Under-five Mortality Rate (U5MR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.4</td>
<td>Maternal Mortality Ratio (MMR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.5</td>
<td>Total Fertility Rate (TFR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.6</td>
<td>Proportion of low birth weight among new-borns</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.7</td>
<td>Sex ratio at birth (number of girls born per 1000 boys born)</td>
<td></td>
</tr>
<tr>
<td>2. Governance and information (3)</td>
<td></td>
<td></td>
<td>Data integrity measure: (Institutional deliveries, ANC registered within first trimester)</td>
<td>70</td>
</tr>
<tr>
<td>2.1. Health monitoring data integrity (1)</td>
<td></td>
<td>2.1.1</td>
<td>Average occupancy of an officer, combined for the following three posts at State level for last three years - 1. Principal Secretary 2. Mission Director (NHM) 3. Director- Health Services</td>
<td>60</td>
</tr>
<tr>
<td>2.2. Governance (2)</td>
<td></td>
<td>2.2.1</td>
<td>Proportion of institutional deliveries (%)</td>
<td></td>
</tr>
<tr>
<td>2.2.2</td>
<td></td>
<td>2.2.2</td>
<td>Proportion of functional 24x7 PHCs</td>
<td></td>
</tr>
<tr>
<td>3. Key inputs/ processes (11)</td>
<td></td>
<td>3.1.1</td>
<td>Proportion of vacant health care provider positions (Regular + Contractual) in public health facilities</td>
<td>220</td>
</tr>
<tr>
<td>3.1. Health Systems/Service Delivery (11)</td>
<td></td>
<td>3.1.2</td>
<td>Proportion of total staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled Human Resource Management Information System (HRMIS).</td>
<td></td>
</tr>
<tr>
<td>3.1.3</td>
<td></td>
<td>3.1.3</td>
<td>Proportion of specified type of facilities functioning as First Referral Units (FRUs).</td>
<td></td>
</tr>
<tr>
<td>3.1.4</td>
<td></td>
<td>3.1.4</td>
<td>Proportion of districts with functional Cardiac Care Units (CCU)</td>
<td></td>
</tr>
<tr>
<td>3.1.5</td>
<td></td>
<td>3.1.5</td>
<td>Proportion of ANC registered within first trimester against total registrations</td>
<td></td>
</tr>
<tr>
<td>3.1.6</td>
<td></td>
<td>3.1.6</td>
<td>Level of registration of births (%)</td>
<td></td>
</tr>
<tr>
<td>3.1.7</td>
<td></td>
<td>3.1.7</td>
<td>Completeness of IDSP reporting of P and L form (%)</td>
<td></td>
</tr>
<tr>
<td>3.1.8</td>
<td></td>
<td>3.1.8</td>
<td>Proportion of CHCs with grading above 3 points</td>
<td></td>
</tr>
</tbody>
</table>
## 3. Methodology

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-Domain</th>
<th>Sr. No</th>
<th>Indicators</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3.1.9</td>
<td>Proportion of public health facilities with accreditation certificates by a standard quality assurance programme (NQAS /NABH/ISCI/AHPI etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.1.10</td>
<td>Average number of days for transfer of Central NHM fund from State Treasury to implementation agency (Department/Society) based on all tranches of the last financial year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.1.11</td>
<td>Proportion of National Health Mission (NHM) funds utilized by the end of 3rd quarter</td>
<td></td>
</tr>
</tbody>
</table>
States will enter basic data for each indicator for a base year and a reference year which will be specified based on the availability of data.

Data available in the public domain will be pre-filled if required in the system.

Each indicator value (X) will then be scaled using the following formula.

\[
\text{Scaled value (positive indicator)} = \frac{X - \text{Minimum value}}{\text{Maximum value} - \text{Minimum value}}
\]

\[
\text{Scaled value (negative indicator)} = \frac{\text{Maximum value} - X}{\text{Maximum value} - \text{Minimum value}}
\]

Where: Minimum and Maximum value will be ascertained based on the States’ data/policy goals.

A composite index will then be calculated for the base year (Y₁) and reference year (Y₂) after application of the weights.

The difference in the two indices will be a measure of incremental improvements.

Achievements of States will be displayed on the portal on the basis of Y₂ as well as incremental improvements (Y₂ – Y₁).
There is a series of key activities involved in this entire process of assessment which is mentioned below along with timelines:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Description</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Presentation and dissemination of the health index to the States in various workshops organised by NITI Aayog</td>
<td>December 2016 to January 2017</td>
</tr>
<tr>
<td>2</td>
<td>States to submit the data</td>
<td>February to March 2017</td>
</tr>
<tr>
<td>3</td>
<td>Validation of data by the independent agency</td>
<td>April to July 2017</td>
</tr>
<tr>
<td>4</td>
<td>Finalising the data and preparation of composite index based ranking of States by the independent agency</td>
<td>August 2017</td>
</tr>
<tr>
<td>5</td>
<td>Uploading of rankings and related data on web portal</td>
<td>September 2017</td>
</tr>
</tbody>
</table>

5. Roles and responsibilities
The roles and responsibilities of NITI Aayog, States, World Bank, Mentor and the Third Party (independent) Validation Agency are as below. MoHFW will continue to provide active support to the overall exercise.

<table>
<thead>
<tr>
<th>NITI Aayog</th>
<th>States</th>
<th>TA Agency (World Bank)</th>
<th>Mentor Agency</th>
<th>Independent Third Party Validation Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development and Dissemination of the health index along with necessary guidance</td>
<td>Adopt and share health index with various departments</td>
<td>TA support to NITI Aayog in developing the health index, protocols and guidelines</td>
<td>Assist states in understanding the health index, the data being sought, and mechanism for providing the responses</td>
<td>Validation and acceptance of the data submitted by the States for various indicators including comparison with NFHS-4 data as needed</td>
</tr>
<tr>
<td>Facilitate interaction between States and the TA, mentor and third party validation agencies</td>
<td>Input data on the indicators as per identified sources and upload on web portal in a timely manner</td>
<td>Support to NITI Aayog to disseminate the health index in regional/state level workshops</td>
<td>Participate in regional and state level workshops organized by NITI Aayog</td>
<td>Review of supporting documents</td>
</tr>
<tr>
<td>Host an online portal for states to fill in responses, data validation and dissemination of state-wise rankings and comparison of results</td>
<td>Co-ordination with different departments, Mentor and Third-party Validation agency</td>
<td>Technical and managerial oversight to the Mentor and Third Party Validation Agency</td>
<td>Provide guidance to the States for submission of data by visiting State Health Departments/Departments during the process</td>
<td>Any other work as assigned</td>
</tr>
<tr>
<td>Overall coordination and management</td>
<td>Provide support in generation of composite index and report</td>
<td>Follow up with States for timely submission of data and supporting documents on the on-line portal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DOMAIN 1: HEALTH OUTCOMES**

**Sub-Domain 1.1: Key Outcomes**

### Indicator 1.1.1 - Still Birth Rate (SBR)

**Indicator Definition**
Number of still births per thousand live births during a specific year

**Reference Year**
2015 (Jan-Dec 2015)

**Base Year**
2014 (Jan-Dec 2014)

**Numerator**
Not applicable as ready figures of SBR are available

**Denominator**
Sample Registration System (SRS)

**Data source(s)**
Sample Registration System (SRS)

### Indicator 1.1.2 - Neonatal Mortality Rate (NMR)

**Indicator Definition**
Number of infant deaths of less than 29 days per thousand live births during a specific year

**Reference Period**
2015 (Jan-Dec 2015)

**Base Year**
2014 (Jan-Dec 2014)

**Numerator**
Not applicable as ready figures of NMR are available

**Denominator**
Sample Registration System (SRS)

**Data source(s)**
Sample Registration System (SRS)

### Indicator 1.1.3 - Under-five Mortality Rate (U5MR)

**Indicator Definition**
Number of child deaths of less than 5 years per thousand live births during a specific year

**Reference Year**
2015 (Jan-Dec 2015)

**Base Year**
2014 (Jan-Dec 2014)

**Numerator**
Not applicable as ready figures of USMR are available

**Denominator**
Sample Registration System (SRS)

**Data source(s)**
Sample Registration System (SRS)

### Indicator 1.1.4 - Maternal Mortality Ratio (MMR)

**Indicator Definition**
Number of maternal deaths from any cause related to or aggravated by pregnancy or its management during pregnancy, childbirth, or within 42 days of termination of pregnancy, per 100,000 live births during the specific period

**Reference period**
2012-14 (Jan-Dec)

**Base period**
2011-13 (Jan-Dec)

**Numerator**
Not applicable as ready figures of MMR are available

**Denominator**
Sample Registration System (SRS)

**Data source(s)**
Sample Registration System (SRS)

### Indicator 1.1.5 - Total Fertility Rate (TFR)

**Indicator Definition**
Average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years), during a specific year

**Reference period**
2015 (Jan-Dec 2015)

**Base period**
2014 (Jan-Dec 2014)

**Numerator**
Not applicable as ready figures of TFR are available

**Denominator**
Sample Registration System (SRS)

**Data source(s)**
Sample Registration System (SRS)

### Indicator 1.1.6 - Proportion of low birth weight among new-borns

**Indicator Definition**
Proportion of low birth weight (<2.5 kg) new-borns out of the total number of new-borns weighed during a specific year

**Reference year**
2015-16 (April 2015-March 2016)

**Base year**

**Numerator**
Number of new-borns weighed less than 2.5 kg in the specific year

**Denominator**
Total number of new-borns weighed in the specific year

**Data source(s)**
Health Management Information System (HMIS)
### Indicator 1.2.1 - Full immunization coverage (%)

**Indicator Definition**: Proportion of infants 9-11 months old who have received BCG, 3 doses of DPT, 3 doses of OPV and measles against estimated number of infants during a specific year.

**Reference year**: 2015-16 (April 2015-March 2016)


**Numerator**: Estimated number of infants for the specific year (To be provided by MoHFW)

**Denominator**: Total number of children aged 9-11 months fully immunized for the specific year

**Data source(s)**: Health Management Information System (HMIS)

### Indicator 1.2.2 - Proportion of institutional deliveries

**Indicator Definition**: Proportion of deliveries conducted in public and private health facilities against the number of estimated deliveries during a specific year.

**Reference year**: 2015-16 (April 2015-March 2016)


**Numerator**: Total number of deliveries conducted in public and private health facilities

**Denominator**: Estimated number of deliveries for the specific year (To be provided by MoHFW)

**Data source(s)**: Health Management Information System (HMIS)

### Indicator 1.2.3 - Proportion of pregnant women aged 15-49 years who are anaemic

**Indicator Definition**: Proportion of pregnant women aged 15-49 years who are anaemic (<11.0 g/dl) against total number of pregnant women registered for ANC during a specific year.

**Reference year**: 2015-16 (April 2015-March 2016)


**Numerator**: Total number of pregnant women registered for ANC

**Denominator**: Number of pregnant women (tested cases) having Hb level < 11.0 g/dl

**Data source(s)**: Health Management Information System (HMIS)

### Indicator 1.2.4 - Total case notification rate of TB

**Indicator Definition**: Number of new and relapsed TB cases notified (public + private) per 100,000 population during a specific year.

**Reference year**: 2015 (Jan- Dec 2015)

**Base year**: 2014 (Jan-Dec 2014)

**Numerator**: Not applicable as ready figures are available

**Denominator**: Total number of notified TB cases

**Data source(s)**: Revised National Tuberculosis Control Programme (RNTCP) MIS

### Indicator 1.2.5 - Treatment success rate of new smear positive tuberculosis (TB) cases

**Indicator Definition**: Proportion of new smear positive cases cured and their treatment completed against the total number of new smear positive cases registered during a specific year.

**Reference year**: 2014 (Jan- Dec 2014)

**Base year**: 2013 (Jan-Dec 2013)

**Numerator**: Not applicable as ready figures are available

**Denominator**: Total number of new smear positive cases registered

**Data source(s)**: RNTCP MIS
### Domain 2: Governance and Information

#### Sub-Domain 2.1: Health Monitoring Data Integrity

<table>
<thead>
<tr>
<th>Indicator 2.1.1 - Data Integrity Measure: Institutional Deliveries and ANC Registered within First Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Definition</strong></td>
</tr>
<tr>
<td><strong>Reference year</strong></td>
</tr>
<tr>
<td><strong>Base year</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
</tr>
<tr>
<td><strong>Remark</strong></td>
</tr>
</tbody>
</table>

#### Sub-Domain 2.2: Governance

<table>
<thead>
<tr>
<th>Indicator 2.2.1 - Average Occupancy of an Officer, Combined for Following Three Posts at a State Level for Last Three Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator Definition</strong></td>
</tr>
<tr>
<td><strong>Reference year</strong></td>
</tr>
<tr>
<td><strong>Base year</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
</tr>
<tr>
<td><strong>Remark</strong></td>
</tr>
</tbody>
</table>
DOMAI N 3: KEY INPUTS/PROCESSES
Sub-Domain 3.1: Health Systems/Service Delivery

**Indicator 2.2.2 - Average occupancy of a full time officer in last three years for all the Districts - District Chief Medical Officers (CMOs) or equivalent post (Heading District Health Services)**

**Indicator Definition**
- Average occupancy of a full time CMO in last three years for all the Districts

**Reference year**
- Last 3 years as of March 31, 2016

**Base year**
- Last 3 years as of March 31, 2015

**Numerator**
- Sum of average tenure of a full time officer (CMO) in last three years of all Districts

**Denominator**
- 36 (months) x number of districts

**Data source(s)**
- State report

**Remark**
- The average tenure per officer for all districts needs to be calculated separately by using the:
  - Number of months the post remained filled with full time officer(s) in last three years
  - Number of full time officers that occupied the post in last three years

**Indicator 3.1.1 - Proportion of vacant health care provider positions (Regular + Contractual) in public health facilities during a specific year**

**Indicator Definition**
- Vacant healthcare provider positions in public health facilities against total sanctioned health care provider positions for following cadres (Separately for each cadre) during a specific year:
  - ANMs at Sub-Centres (SCs)
  - Staff nurse at Primary Health Centres and Community Health Centres (PHCs & CHCs)
  - MOs at PHCs
  - Specialists at DH (Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Anaesthesia, Ophthalmology, Radiology, Pathology, Ear-Nose-Throat, Dental, Psychiatry)

**Reference year**
- As on March 31, 2016

**Base year**
- As on March 31, 2015

**Numerator**
- Number of vacant posts

**Denominator**
- Total number of staff (Regular + Contractual)

**Data source(s)**
- HMIS

**Remark**
- Proportion of FRUs for specified type of facility needs to be calculated separately by using above numerator and denominator.
- Then the average index value to be calculated based on index values calculated for each type of facility

**Indicator 3.1.2 - Proportion of total staff (regular + contractual) for whom an e-pay slip can be generated in the IT enabled Human Resource Management Information System (HRMIS).**

**Indicator Definition**
- Proportion of staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled HRMIS against total number of staff (Regular + Contractual) during a specific year

**Reference year**
- As on March 31, 2016

**Base year**
- As on March 31, 2015

**Numerator**
- Number of total staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled HRMIS

**Denominator**
- Total number of staff (Regular + Contractual)

**Data source(s)**
- State report

**Indicator 3.1.3.a - Proportion of specified type of facilities functioning as First Referral Units (FRUs)**

**Indicator Definition**
- Proportion of facilities of specified type conducting specified number of C-sections per year (FRUs) against total number of specified type of facilities (CHCs, SDHs, DHs) during a specific year

**Reference year**
- As on March 31, 2016

**Base year**
- As on March 31, 2015

**Numerator**
- Number of CHCs/SDHs/DHs conducting specified number of C-sections per year (FRUs)

**Denominator**
- Total number of CHCs/SDHs/DHs

**Data source(s)**
- HMIS

**Remark**
- Criteria for fully operational FRUs:
  - For SDHs/CHCs - conducting minimum 60 C-Sections per year (36 C-sections per year for hilly and North-East States except Assam)
  - For DHs - conducting minimum 120 C-Sections per year (72 C-sections per year for hilly and North-East States except Assam)
  - Proportion of FRUs for specified type of facility needs to be calculated separately by using above numerator and denominator.
  - Then the average index value to be calculated based on index values calculated for each type of facility
**Indicator 3.1.3.b - Proportion of functional 24x7 PHCs**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>PHCs providing all stipulated healthcare services(^\ast) round the clock during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>As on March 31, 2016</td>
</tr>
<tr>
<td>Base year</td>
<td>As on March 31, 2015</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of 24x7 PHCs providing all stipulated healthcare services</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of PHCs</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Quarterly NRHM MIS report, MoHFW</td>
</tr>
</tbody>
</table>

\(^\ast\) Stipulated services for 24x7 PHCs are - a: 24-hour delivery services b: Essential new-born care and c: Referral for emergencies.

**Indicator 3.1.4 - Proportion of districts with functional Cardiac Care Units (CCU)**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of Districts with functional CCU (with desired equipment (ventilator, monitor, defibrillator, CCUs bed, portable ECG machine, pulse oxymeter etc.), drugs, diagnostics and desired staff as per programme guidelines) against total number of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>As on March 31, 2016</td>
</tr>
<tr>
<td>Base year</td>
<td>As on March 31, 2015</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of district hospitals with functional CCU</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of Districts</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>State Report</td>
</tr>
<tr>
<td>Supporting documents to be uploaded</td>
<td>States to provide district wise status of CCU along with necessary details</td>
</tr>
</tbody>
</table>

**Indicator 3.1.5 - Proportion of ANC registered within first trimester against total registrations**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of pregnant women registered for ANC within 12 weeks of pregnancy during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016)</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of ANC registered during the first trimester for the specific year</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of ANC Registrations for the specific year</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>HMIS</td>
</tr>
</tbody>
</table>

**Indicator 3.1.6 - Level of registration of births (%)**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of births registered under Civil Registration System (CRS) against the estimated number of births during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2013</td>
</tr>
<tr>
<td>Base year</td>
<td>2012</td>
</tr>
<tr>
<td>Numerator</td>
<td>Not applicable as ready figures are available</td>
</tr>
<tr>
<td>Denominator</td>
<td>Civil Registration System (CRS)</td>
</tr>
</tbody>
</table>

**Indicator 3.1.7 - Completeness of IDSP reporting of P and L form (%)**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of Reporting Units (RU) reporting in stipulated time period against total Reporting Units, for P and L forms during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016)</td>
</tr>
<tr>
<td>Numerator</td>
<td>Not applicable as ready figures are available</td>
</tr>
<tr>
<td>Denominator</td>
<td>IDSP report</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Average index value for P and L forms to be calculated based on index values of P and L forms.</td>
</tr>
</tbody>
</table>

**Remark**

Average index value for P and L forms to be calculated based on index values of P and L forms.

**Indicator 3.1.8 - Proportion of CHCs with grading above 3 points**

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of CHCs that are graded above three points against total number of CHCs during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016)</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of CHCs that are graded above three points for the specific year</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of CHCs</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>HMIS</td>
</tr>
</tbody>
</table>
### Indicator 3.1.9 - Proportion of public health facilities with accreditation certificates by a standard quality assurance programme (NQAS/NABH/ISO/AHPI)

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of specified type of public health facilities with accreditation certificates by a standard quality assurance programme against the total number of specified type of facilities during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016)</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of specified type of public health facilities (DH-SDH/CHC-Block PHC) with accreditation certificates</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of specified type (DH-SDH/CHC-Block PHCs) of facilities</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>State Report</td>
</tr>
<tr>
<td>Supporting documents to be uploaded</td>
<td>List of accredited facilities with type of accreditation</td>
</tr>
<tr>
<td>Remark</td>
<td>Average index value for DH-SDH and CHC-Block PHCs to be calculated based on index values of above type of facility</td>
</tr>
</tbody>
</table>

### Indicator 3.1.10 - Average number of days for transfer of Central National Health Mission (NHM) fund from State Treasury to implementation agency (Department/Society) based on all tranches of the last financial year

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Average time taken (in number of days) by the State Treasury to transfer funds to implementation agencies during a specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016)</td>
</tr>
<tr>
<td>Numerator</td>
<td>Sum of number of days taken by the State Treasury to transfer Central NHM funds for all tranches</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of tranches</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>State Report</td>
</tr>
</tbody>
</table>
| Supporting documents to be uploaded | Tranche wise amount received by State Treasury from GoI (with dates)  
Tranche wise amount released by the State Treasury to the implementation agency (Department/Society) (with dates) |

### Indicator 3.1.11 - Proportion of NHM funds utilized by the end of 3rd quarter

<table>
<thead>
<tr>
<th>Indicator Definition</th>
<th>Proportion of funds utilised against the total funds allocated under NHM by the end of 3rd quarter of specific year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference year</td>
<td>2015-16 (April 2015 - March 2016) Eve</td>
</tr>
<tr>
<td>Numerator</td>
<td>Expenditure under NHM by Department/Society for the financial year by December 31st</td>
</tr>
<tr>
<td>Denominator</td>
<td>Amount received under NHM by Department/Society by December 31st</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>State Report</td>
</tr>
</tbody>
</table>

State Report