Annexure - 2: Revised Key Deliverables under NHM 2022-24

1. **RCH flexipool including Routine Immunization Programme, Pulse Polio Immunization Programme**

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| **Maternal Health** | | | | | | | | | | |
| 1. | Output | **ANC Coverage** | **Percentage of PW registered for ANC**  **Numerator:** Total number of PW registered for ANC **Denominator:** Total number of estimated pregnancies | Percenta ge | **Benchmar k:**  At least 90% | 88% | 90% | 99% | 99% | HMIS |
| 2. | Output | **ANC**  **registration in 1st trimester of pregnancy (within 12 weeks)** | **Percentage of PW registered for ANC in 1st trimester**  **Numerator:** Total number of PW registered in 1st Trimester **Denominator:** Total number of PW registered for ANC | Percenta ge | **Benchmar k:**  At least 75% | 76.84% | 80% | 85% | 90% | HMIS |
| 3. | Output | **Pregnant Women who received 4 or more ANC check-ups** | **% of PW received 4 or more ANC check-ups**  **Numerator:** Total number of PW received 4 or more ANC **Denominator:** Total number of PW registered for ANC | Percenta ge | **Benchmar k:**  At least 80% | 90% | 90% | 93% | 95% | HMIS |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 4. | Output | **Identification of HRP** | **% of high risk pregnancies identified**  **Numerator:** Total no. of PW identified as High Risk Pregnancy (HRP) **Denominator:** Total number of PW registered for ANC | Percenta ge | **Benchmar k**  Atleast10% | 8.13% | 9% | 12% | 15% | RCH  Portal |
| 5. | Output | **Management of HRP** | **% of HRP Managed**  **Numerator:** Total no. of High-Risk Pregnancies (HRP) managed  **Denominator:** Total number of High-Risk Pregnancies identified | Percenta ge | **Bench mark**  100% | 68 | 70 | 100% | 100% | RCH  Portal  (data not available, hence HMIS data taken) |
| 6. | Output | **Institutional Deliveries** | **% of institutional deliveries out of total ANC registration**  **Numerator:** Total number of institutional deliveries (public  + private)  **Denominator:** Total number of PW registered for ANC | Percenta ge | **Benchmar k:** Maintain at least 90% | 73% | 90% | 95% | 100% | HMIS |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likelyachievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 7. | Output | **National Certification of LRs & OTs under LaQshya** | **% of nationally certified LRs and OTs under LaQshya against target**  **Numerator:** Total number of nationally certified LRs & OTs.  **Denominator:** Total number of LaQshya identified LRs and OTs | nos | 228 | 52 | 68 | 100 | 200 | NHSRC  report |
| 8. | Output | **Public Health facilities notified under SUMAN** | **Percentage of public health facilities notified under SUMAN against target** | nos | 400 | 441  (102.75%) | 441 | 1000 | 2000 | State report |
| 9. | Output | **Maternal death review mechanism** | **% of maternal deaths reviewed against the reported maternal deaths. Numerator:** Total no. of maternal deaths reviewed **Denominator:** Total no. of maternal deaths reported | Percenta ge | **Benchmar k:**  At least 70% of maternal deaths to be reviewed | 15% | 15% | 100% | 100% | HMIS |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 10. | Output | **JSY**  **Beneficiaries** | **Percentage of beneficiaries availed JSY benefits against RoP approval**  **Numerator:** Total no. of JSY beneficiaries paid JSY benefits  **Denominator:** Total no. of beneficiaries approved in RoP | nos | 100%  (437100) | 67%  (293156) | 100%  437100 | 100%  550000 | 100%  600000 | State Report |
| **Child Health (CH) and RBSK** | | | | | | | | | | |
| 11. | Output | SNCU  successful discharge rate | **SNCU successful discharge rate out of total admission (%)**  **Numerator:** No. of sick and small new-borns discharged successfully (Unsuccessful denotes Death, LAMA and referral)  **Denominator:** Total no. of sick new-borns admitted in SNCUs. | Percenta ge | 80 | 79 | 80 | minimum benchmark: sustained above 80% | 85 | SNCU MIS  Online Portal |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 12. | Output | Functionality of SNCUs | **Percentage of Districts with functional SNCU out of total approval in RoP**  **Numerator:** Total number of districts with functional SNCUs (with functional equipment, trained HR as per FBNC guideline)  **Denominator:** Total number of district with approved SNCU in RoP | Percenta ge | 100 | 84 | 84 | Minimum Benchmark: 90% | 100 | SNCU MIS  Online Portal |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 13. | Output | HR training in Newborn and Child Health | **Percentage of HR trained in New-born and Child Health (NSSK, FBNC, FBNC**  **Observership, NBSU, SAANS and F-IMNCI)**  **against the approval of RoP.**  **Numerator:** Total no. of HR (MOs/SNs/ANMs) trained in New-born and Child Health (NSSK, FBNC, FBNC  Observership, NBSU, SAANS, F-IMNCI)  **Denominator:** Total no. of HR (MOs/SNs/ANMs) approved in RoP for training in New-born and Child Health (NSSK, FBNC,FBNC  Observership, NBSU, SAANS, F-IMNCI) | Percenta ge | 75 | 45 | 50 | Minimum Benchmark: 90% | 90 | Quarterly State Report |

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| 14. | Output | Child Death Reporting | **Percentage of Child Death Reported against Estimated deaths**  **Numerator:** Total no. of Child deaths reported.  **Denominator:** Estimated number of Child Deaths based on latest SRS report | Percenta ge | 80 | 45 | 50 | At least 80% | 80 | Quarterly CDR  State Report / MPCDS  RPortal |
| 15. | Outcome | Stillbirth Rate | **Still Birth Rate**  **Numerator:** Total no. of Stillbirth Reported **Denominator:** Total no. of Reported Deliveries |  |  | 0.98% |  | Less than 10% |  | HMIS  Report |

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| 16. | Output | SAANS  implementation in districts | **Percentage of Districts implemented SAANS IEC/ BCC Campaign (100%) against RoP approval**  **Numerator:** Total no. of Districts implementing SAANS Campaign (November – February)  **Denominator:** Total no. of Districts approved for implementation of SAANS Campaign (November – February) in RoP | Percenta ge | 100 | 90 | 95 | 100% | 100 | Quarterly State Report |
| 17. | Output | Home visits by ASHAs for New-borns | **Percentage of newborns received complete schedule of home visits against total reported live births.**  **Numerator:** Total no. of new-borns received complete scheduled of home visits  **Denominator:** Total no. of new-borns | Percenta ge | 85 | 41 | 60 | Expected Achievement: 90% | 90 | Quarterly HBNC  Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 18. | Output | Roll out of HBYC visits in all districts | **Percentage of District Roll out HBYC visits against RoP approval with trained ASHAs**  **Numerator:** Total no. of districts implementing HBYC visits with trained ASHAs  **Denominator:** Total no. districts approved in RoP for HBYC implementation | Percenta ge | 75 | 6.66 | 6.66 | At least 75% | 80 | Quarterly HBYC  Report |
| 19. | Output | Paediatric HDU/ ICU unit | **Percentage of Districts with functional Paediatric HDU/ ICU unit out of total districts.**  **Numerator:** Total no. of districts with functional Paediatric HDU/ ICU unit **Denominator:** Total no. of districts with the approved Paediatric HDU/ ICU unit in RoP/ ECRP. | Percenta ge | 100% | Under process | Under process | 100% | 100% | Quarterly State Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 20. | Output | MusQan | **Percentage of identified facilities certified under MusQan (National)**  **Numerator:** Total no. of identified facilities (SNCUs/ NBSUs/ Paediatric Units certified under MusQan (National).  **Denominator:** Total no. of identified facilities (SNCUs/ NBSUs/ Paediatric Units) by State/ UT for certification under MusQan (National). | Percenta ge | 0 | 0 | 0 | 100%  **25 facilities**  (90%  completion of base line Assessment) | 100%  25 facilities | Quarterly State Report |
| 21. | Output | Reported Live Birth | % of Live Birth  **Numerator:** Total number of Live Birth reported  **Denominator:** Estimated number of Live Birth (SRS) | Percenta ge | 85% | 73.37% | 80% | minimum benchmark: 80% | 90% | RCH  Portal & SRS  Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likelyachievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 22. | Output | New-born Screening at Delivery points | **Percentage of New-borns Screened at the time of birth out of total LiveBirths**  **Numerator:** Number of New-borns Screened at the time of birth  **Denominator:** Total number of Live Birth Reported. | Percentage | 90% | 62% | 85% | 100% | 100% | State Quarterly Report |
| 23. | Output | Functional DEICs | **Percentage of DEIC functional with Infrastructure, Essential Equipment and HR as per Guidelines against the RoP approval.**  **Numerator:** Number of DEICs functional with Infrastructure, Essential Equipment, HR and training as per Guidelines.  **Denominator:** Total number of DEICs approved in RoP. | **Percentage** | 100% | 74% | 100% | Expected Achievement t: 80% | 80%  (Infrastructure | State Quarterly Report |

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| 24. | Output | RBSK MHTs | **Percentage of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs**  **Numerator:** Number of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs as per RBSK Guideline.  **Denominator:** Total number of Public Schools and Anganwadi Centre in the block | **Percentage** | 100% | 67% | 95% | Expected Achievement t: 80% | 100% | State Quarterly Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likelyachievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 25. | Output | Screening of Children in Government & Government aided schools and Anganwadi Centre | **Percentage of children screened by RBSK MHTs**  **Numerator:** Number of Children in Government & Government aided schools and Anganwadi Centre screened by RBSK MHTs as per RBSK Guideline.  **Denominator:** Total number of Children in Government &Government aided schools and Anganwadi Centre | Percentage | 100% | 85% | 100% | 100% | 100% | State Quarterly Report |
| 26. | Output | Secondary/ Territory management of Conditions specified under RBSK | **Number of beneficiaries received Secondary/ Territory management against RoP approval (for surgical intervention specified under RBSK).** | **Number** | 4000 | 5905 | 6150 | 7000 | 7700 | State Quarterly Report |

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| **Routine Immunization** | | | | | | | | | | |
| 27. | Output | Full immunization coverage | **Percentage of Full Immunization Coverage (FIC)**  **Numerator:** Total number of children aged 9-11 months fully immunized with BCG+ Three doses of pentavalent + three doses of OPV + One dose of MRCV  **Denominator:** Total No. of target children in 9-11  months’ age group | **Percentage** | 1121483 (100%) | a) Achievement as on Feb 2022 - 929415  b) 75% for annual target  c) 90% for proportionate target | 95% | 1121483 (100%) | 1121483  (100%) | HMIS |
| 28. | Output | Coverage of birth dose Hepatitis B | **Percentage of children receiving birth dose Hepatitis B as against institutional deliveries**  **Numerator:** Total no. of infants immunized with birth dose of Hepatitis B. **Denominator:** Total no. of institutional deliveries | **Percentage** | 1121483 (100%) | a) Achievement as on Feb 2022 - 699318  b) 62% for annual target  c) 68% for proportionate target | 85% | 1121483 (100%) | 1121483 (100%) | HMIS |

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| 29. | Output | Dropout % of children | **Percentage dropout of children from Pentavalent 1 to Pentavalent 3**  **Numerator:** Total no. of children immunized with Pentavalent 1 – Total no. of children immunized with Pentavalent 3 **Denominator:** Total no. of children immunized with Pentavalent 1 | **Percentage** | 0 % | 4.9 % dropout as on Feb 2022 | 3% | 2% | 1% | HMIS |
| 30. | Output | Dropout % of children | **Percentage dropout of children from Pentavalent 3 to MR 1**  **Numerator:** Total no. of children immunized with Pentavalent 3 – Total no. of children immunized with MCV/MR 1  **Denominator:** Total no. of children immunized with Pentavalent 3 | **Percentage** | 0% | 2.8% dropout as on Feb 2022 | 2% | 2% | 0.5% | HMIS |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 31. | Output | Dropout % of children | **Percentage dropout of childrenfrom MR 1 to MR2**  **Numerator:** Total no. of children immunized with MR 1 – Total no. of children immunized with MR 2  **Denominator:** Total no. of children immunized with MR 1 | **Percentage** | 0% | 7.8 % dropout as on Feb 2022 | 5% | 3% | 1% | HMIS |
| 32. | Output | TT10 coverage | **Percentage of children receiving Td10**  **Numerator:** Total no. of children ≥ 10 years old immunized with Td10  **Denominator**: Total no. of children ≥ 10 years of age | **Percentage** | 1121483 (100%) | a) Achievement as on Feb 2022 - 804902  b) 72% for annual target | 80% | 100% | 100% | HMIS |

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| **Nutrition** | | | | | | | | | | |
| 33. | Output | Early Initiation of Breastfeeding | **Percentage of newborn breastfeed within one-hour birth against total live birth.**  **Numerator**: Number of new born breastfeed within one hour of birth.  **Denominator**: Total live births registered in that period. | **Percentage** | 95 | 92.97 | 94 | 96 | 98 | HMIS  report |
| 34. | Output | Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC) | **Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs)**  **Numerator-** Total inpatient days of care from 1st April 2022 to 31st March 2023/1st April 2023 to 31st March 2024  **Denominator-** Total available bed days during the same reporting period | **Percentage** | 50 | 40 | 45 | 75 | 80 | State reports |

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| 35. | Output | Successful Discharge Rate at Nutrition Rehabilitation Centre (NRC) | **Successful Discharge Rate at Nutrition Rehabilitation Centres (NRCs)**  **Numerator**- Total number of under-five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day)  from 1st April 2022 to 31st March 2023/1st April 2023 to 31st March 2024  **Denominator**-Total No. of under-five children exited from the NRC during the same reporting period. | **Percentage** | 75 | 3976 (52% of 7646) | 4205 (55% of 7646) | 9180 (100% of 10,200) | 9180 (90% of 10,200) | State reports |

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| 36. | Output | IFA coverage  Anaemia Mukt Bharat | **Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC**  **Numerator**: Number of pregnant women given IFA tablets-**-1407127**  **Denominator**: Number of pregnant women registered for ANC in that period.-**1086730** | **Percentage** | 100% | 130%  129.5% (till-Feb 2022) | 130% | 100% | 100% | HMIS  report |
| 37. | Output | IFA coverage  Anaemia Mukt Bharat | **Percentage of children 6-59 months given 8-10 doses of IFA syrup every month**  **Numerator**: Total number of children 6-59 months given 8- 10 doses of IFA syrup in the reporting month  **Denominator:** Number of children 6-59 months covered under the programme (Target Beneficiaries) | **Percentage** | 80% | 44% | 50% | 75% | 80% | HMIS  Report  6-59 -months-  954,99656 |

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| 38. | Output | IFA coverage  Anaemia Mukt Bharat | **Percentage of children 5-9 years given 4-5 IFA tablets every month**  **Numerator:** Total number of children 5-9 years given 4-5 IFA tablets in the reporting month-**40,55,102** (HMIS-6-10 yrs)  **Denominator:** Number of children 5-9 years covered under the programme (Target Beneficiaries)- (projected popln -6 to 10 yrs-50,48,000) | **Percentage** |  | 80.33% | 82% | 85% | 90% | HMIS  Report  D: |
| **Comprehensive Abortion Care(CAC)** | | | | | | | | | | |
| 39. | Outcome | Induced Abortion | **Numerator:** Total Number of Induced Abortion Reported **Denominator:** Total number of registered pregnancy | - | - | - | - | - | - | RCH  Portal  (Data not available) |
| 40. | Outcome | Spontaneous Abortion | **Numerator:** Total Number of Spontaneous Abortion Reported  **Denominator:** Total number of registered pregnancy | - | - | - | - | - | - | RCH  Portal  (Data not available) |

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| 41. | Output | CAC services | **Public health facilities CHC and above equipped with Drugs**(MMA Combi pack/ Mifepristone & Misoprostol), **Equipment** (MVA/EVA) **and Trained Provider** (MTP Trained MO/OBGYN) **for providing CAC services against the total number of CHCs & above facilities as per Rural Health Statistics, 2020**  **Numerator:** Total no. of public health facilities CHCs and above level that are equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN))  **Denominator:** Total no. of CHCs & above facilities as per Rural Health Statistics, 2020 | **Percentage** | **269** | **105%**  **(284)** | **100%** | **100%**  **(300)** | **100%**  **(384)** | CAC  Quarterly and Annual Report |

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| 42. | Output | MO training | **Medical Officer trained in CAC against the RoP approval**  **Numerator:** Total no. of Medical Officer trained. **Denominator:** Target of MOs to be trained as perRoP. | **Percentage** | 50 | 100% | 100% | 100%  (172) | 100%  (232) | CAC  Quarterly and Annual Report |
| **Family Planning(FP)** | | | | | | | | | | |
| 43. | Output | PPIUCD  acceptance | **Percentage of PPIUCD acceptance among Institutional deliveries**  **Numerator:** Number of PPIUCDs inserted in public facilities  **Denominator:** Number of institutional deliveries in public facilities | **Percentage** | **25%** | 20.5% | 25% | 28% | 30% | HMIS |
| 44. | Output | Injectable MPA users | **Percentage of Injectable MPA users among Eligible Couples**  **Numerator:** Total number of Injectable MPA doses/4 **Denominator:** Number of Eligible Couples | **Percentage** | **20%** | 0.2%  (21557/10802002) | 0.5% | 0.9% | 1.2 % | HMIS/ RCH  register |

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| 45. | Output | Operationalizati on of FPLMIS | **Percentage of Facilities indenting and issuing the stock in FPLMIS out of total facilities (excluding SC)**  **Numerator:** Number of Facilities indenting and issuing the stock in FPLMIS (excluding SC) **Denominator:** Total Number of facilities registered in FPLMIS (excluding SC) | **Percentage** | **50%** | 64.7% | 75% | 85% | 100% | FPLMIS |
| **Adolescent Health/ Rashtriya Kishor Swasthya Karyakram(RKSK)** | | | | | | | | | | |
| 46. | Output | Client load at AFHC | **Average monthly Client load at AFHC/month in PE Districts at DH/SDH /CHC level to increase by 25% in 2022-23 and 50% in2023-24**  **from the baseline data of 2021-22**.  **Numerator**: Total Clients registered at AFHC. **Denominator:** Number of AFHCs divided by no. of months (per AFHC per month) | **Nos** | 375 | 93 | 250 | 468 | 562 | (HMIS/  Quarterly AFHC  Report) |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 47. | Output | WIFS coverage | **Percentage coverage of in- school beneficiaries under WIFS Programme every month.**  **Numerator-** Total no in School beneficiaries covered **Denominator**- Targeted beneficiaries (In School) | **Percentage** | 6183752 | 63% 3895788 | 75% 4637814 | 6183752 | 6183752 | HMIS |
| 48. | Output | WIFS coverage | **Percentage coverage of out- of-school (girls) under WIFS Programme every month.**  **Numerator**- Total no out of School beneficiaries covered **Denominator**- Targeted beneficiaries (out of School) | **Percentage** | NA | NA | NA | NA | NA | HMIS |
| 49. | Output | Selection of Peer Educator | **Percentage of Peer Educator selected against the target**  **Numerator**- Total no PEs selected  **Denominator**- Total No. of PEs to be selected | **Percentage** | 1268 | 100% | NA | 9312 | 0 | State PE Reports |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 50. |  | Training of Peer Educator | **Percentage of Peer Educator trained against the Peer Educator selected.**  **Numerator**- Total no PEs Trained  **Denominator**- Total No. of PEs selected | **Percentage** | **0** | **0** | **0** | **9312** | **0** | State PE Reports |
| 51. | Output | Menstrual Hygiene Scheme coverage | **Percentage coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme Numerator**- Total no, of adolescent girls receiving sanitary napkins under MHS **Denominator-** Total No. of  adolescent girls to be covered | **Percentage** | NA | NA | NA | NA | NA | HMIS  Remarks- MHS is Implemented under State Health programme |
| 52. | Output | School Health & Wellness Programme implementation | **Percentage of the selected Districts implementing School Health & Wellness Programme against the RoP approval.**  **Numerator**- Total no districts implementing SHP. **Denominator**- Total No. of District selected for SHP | **Percentage** | 02 | 02 | 02 | **4**  (Bidar, Chamarajanagar, Chitradurga & Chikamagalur) | **4**  (Dakshinakannada, Kolar, Kodagu & Tumkur) | SHWP  Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 53. | Output | School Health & Wellness Programme implementation | **Percentage of Health & Wellness Ambassadors trained to transact weekly activities in schools in the select district**  **Numerator**- Total no of Health &Wellness Ambassadors (HWAs) trained **Denominator**- Total no of HWAs to be trained | **Percentage** | 3562 | 74% | 100% | 7984 | 7022 | SHWP  Report |
| **Pre-Conception & Pre-Natal Diagnostic Techniques(PCPNDT)** | | | | | | | | | | |
| 54. | Output | Meeting of statutory bodies | **Percentage of District Advisory Committee (DAC) meetings conducted as mandated by Law (6 meetings / Year/District)**  **Numerator**- Number of District Advisory Committee (DAC) meetings conducted **Denominator-**Number of meeting prescribed under the law.(6 meetings / Year/District). | **Percentage** | 100% | 80% | 100% | 100% | 100% | State Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| **National Iodine Deficiency Disorders Control Programme (NIDDCP)** | | | | | | | | | | |
| 55. | Output | Monitoring of salt & urine in the State/UT | **Percentage of salt samples tested using Salt Testing Kits (Qualitative testing) by ASHA in identified District.**  **Numerator:** Total Number of sample tested by ASHA. **Denominator:** Number of ASHA \*50 samples\*12 months. | Per test | 5681400 | 3573710 (62.92%) | 100%  (2107690) | 100%  (5639400) | 100%  (5639400) | State Report |
| 56. | Output | Monitoring of salt & urine in the State/UT | **Percentage of salt samples tested (Quantitative) in Lab (Volumetric method) for estimation of iodine content.**  **Numerator:** Number of salt samples tested (Quantitative) in Lab (Volumetric method). **Denominator:** Number of District \*25 samples\*12 months. | Per test | 9000 | 6441 (71.56%) | 100%  (2559) | 100%  (9000) | 100%  (9000) | State Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 57. | Output | Monitoring of salt & urine in the State/UT | **Percentage of urine samples tested for Urinary iodine estimation.**  **Numerator:** Number of urine samples tested for Urinary iodine estimation.  **Denominator:** Number of District \*25 samples\*12 months. | Per test | 9000 | 3100 (34.44%) | 70%  (6300) | 100%  (9000) | 100%  (9000) | State Report |
| 58. | Output | IDD surveys  /resurveys | **Percentage of district IDD surveys/ resurveys conducted in State/UT against RoP approval.**  **Numerator:** Number of district where IDD surveys/ resurveys conducted.  **Denominator:** No. of Districts approved in RoP. | Per Survey | 5 | 0 | 0 | 2 | 2 | State Report |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| **Reproductive and Child Health (RCH) Portal** | | | | | | | | | | |
| 59 | Output | Implementation of RCH application - Registration Coverage of Pregnant Women and Child (0-1 Year) | **Percentage of Registration Coverage of Pregnant Women and Child on pro- rata basis**  **Numerator:** Total No. of Registered PW and Child on RCH Portal  **(PW-**907791+ **CH**-806574)  **Denominator:** Estimated PW and Child on pro-rata basis.  (PW-1217450; CH-1127440) | percentag e | (a)100%  Registration coverage of Pregnant women and Children on pro-rata basis [For States]  (b) 100%  Registration coverage of Pregnant women and Children on pro-rata basis [For UTs and NE States] | PW = 74.56%  Child= 71.54% | 1. 80% 2. 80% | (a)100%  Registration coverage of Pregnant women and Children on pro-rata basis [For States]  (b) 100%  Registration coverage of Pregnant women and Children on pro-rata basis [For UTs and NE States] | (a)100%  Registratio n coverage of Pregnant women and Children on pro-rata basis [For States]  (b) 100%  Registratio n coverage of Pregnant women and Children on pro-rata basis [For UTs and NE States] |  |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 60 | Output | Implementation of RCH application - Service Delivery Coverage of PW | **Percentage of Service Delivery Coverage of entitled Pregnant Women for ANC services.**  **Numerator:** Total No. of PW received All ANC services (ANC1 + ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA  tablet)  **( 1,56,460)**  **Denominator:** Total PW expected for Service based on reporting period  **(1009950)** | Percenta ge | (a) >80%  All ANC services of Pregnant women [For States]  (b) >70%  All ANC services of Pregnant women [For UTs and NE States] | 15.49% |  | (a) >80%  All ANC services of Pregnant women [For States]  (b) >70%  All ANC services of Pregnant women [For UTs and NE States] | (a)  >80%  All ANC  services of Pregnant women [For States]  (b) >70%  All ANC services of Pregnant women [For UTs and NE States] |  |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 61 | **Output** | Implementation of RCH application -  Service Delivery Coverage of Child | **Percentage of Service Delivery Coverage of entitled Child [0-1 Year] for Immunization services.**  **Numerator:** Total No. of Child received All Immunization services (as per National Immunization Schedule)  **(455108)**  **Denominator:** Total child expected for Service based on reporting period  **967658** | **Percentage** | 100% | 47.03% | 55% | (a) >80%  All Immuniza tion services of Child(0-1 Year) [For States]  (b) >70%  All Immuniza tion services of Child [For UTs and NE States] | (a)  >80%  All Immuni zation services of Child(0-  1 Year) [For States]  (b)  >70%  All Immuni zation services of Child [For UTs and NE  States] |  |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress 2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 62 | **Output** | Implementation of RCH application -  Total Deliveries Reported | **Percentage of total Delivery reported of Pregnant Women.**  **Numerator:** Total No. of Delivery reported  **7,96,607**  **Denominator:** Total PW expected for Delivery based on reporting period  **10,09,950** | **Percentage** |  | 78.88% | 90% | (a) >90%  Delivery reported [For States]  (b) >85%  Delivery reported [For UTs and NE States] | (a)  >90%  Delivery reported [For States]  (b)  >85%  Delivery reported [For UTs and NE  States] |  |

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| **SlNo.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2021-22** | **Progress2021-**  **22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source of Data** |
| 63 | **Output** | Implementation of ANMOL  application | **Health provider(ANM) using ANMOL application for entering Data**  **Numerator:** Total No. of Users (ANM) doing data entry.  **(544)**  **Denominator:** Total no. active users (ANMs) registered in RCH Portal.  **(10302)** | **Percentage** | - | 5.28%  Remarks:  a. RCH id is not instantly generated in ANMOL app. Hence, ANMs are using web portal for RCH entries.  b. As ANMOL intermediate server (AIS) is having technical issue, many of the ANMs are unable to log in to ANMOL application, issue raised to ANMOL team GOI | (a)  >90%  Health provider (ANM)  are doing data entry on ANMO  L [For States]  (b) >75%  Health provider (ANM and ASHA)  are registered with validated Mobile Number [For UTs and NE States] | (a) >90%  Health provider (ANM)  are doing data entry on ANMOL  [For States]  (b) >75%  Health provider (ANM  and ASHA)  are registered with validated Mobile Number [For UTs and NE States] | (a)  >90%  Health provider (ANM)  are doing data entry on ANMO  L [For States]  (b)  >75%  Health provider (ANM  and ASHA)  are registere d with validate d Mobile Number [For UTs and NE  States] | ANMOL- not working (shifting to NIC, New delhi |

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1. **NDCP Flexi Pool**

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| **Sl. No** | **Indica tor Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement 2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of data** |
| **Integrated Disease Surveillance Programme (IDSP)** | | | | | | | | | | |
| 64 | Output | Weekly Reporting – S form | % of Reporting Units Reported in S form | Percenta ge | 51% | 64% | 51% | 61% | 71% | IDSP IHIP |
| 65 | Output | Weekly Reporting – P form | % of Reporting Units Reported in P form | Percenta ge | 56% | 66% | 75% | 66% | 80% | IDSP IHIP |
| 66 | Output | Weekly Reporting – L form | % of Reporting Units Reported in L form | Percenta ge | 52% | 67% | 70% | 62% | 80% | IDSP IHIP |
| 67 | Output | Weekly Reporting – Lab Access of Outbreaks | Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning | Percenta ge | 76% | 85% | 76% | 80% | 83% | IDSP IHIP |

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| **Sl. No** | **Indica tor Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement 2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of data** |
| **National Tuberculosis Elimination Programme (NTEP)** | | | | | | | | | | |
| 68 | Output | Total TB cases notified (Both public and private sectors | **% of cases notified against target Numerator:** No. of TB cases notified (public + private)  **Denominator:** Target approved by GoI | Percenta ge | 1,35,000 (100%) | 72,620 (54%) | 80,000(59%) | 1,00,000 | 1,00,000 | Nikshay\* Calendar Year |
| 69 | Output | Expansion of rapid molecular diagnostics for TB | **% of blocks with rapid molecular diagnostics** | Percenta ge | 100%(352) | 196 (56%) | 352(100%) | 371 | 0 | 175 Additional machines required |
| 70 | Output | ***State TB Score*** | **% Improvement in Annual TB Score Numerator:** (State Annual TB Score in Current Yr- State Annual TB Score in last yr) **Denominator:** State Annual TB Score in last yr | Percenta ge | 100 score | 19th Rank (67.82 score) | 10TH Rank (75 score) | 5th Rank | 5th Rank | Nikshay\* Calendar Year |

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| **Sl. No** | **Indica tor Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement 2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of data** |
| 71 | Output | Nikshay Poshan Yojana | **% Of eligible patients receiving at least first instalment of DBT**  **Numerator:** No. of eligible patients receiving at least first instalment of DBT  **Denominator:** No. of eligible patients | Percenta ge | 100% Denominator (71628) | 55% | 65% | 90% | 90% | Nikshay\* Calendar Year |
| 72 | Output | Districts with TB free Status | **No. of districts to achieve TB free Status**  # Bronze # Silver # Gold  #TB Free district/City | No. | 14 Districts Bronze  14 District Silver | 14 Bronze  14 Silver | 14 Bronze  14 Silver | 15 Silver | State Silver  2 Gold | MIS NTEP division MoHFW |

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| **National Rabies Control Program (NRCP)** | | | | | | | | | | |
| 73 | Output | Availability of Rabies Vaccine and Rabies Immunoglobulins | **ARV available at the Health Facilities as per Essential Medical List**  **Numerator-** Total No. of Health Facility till PHC level having stocks of ARV  **Source-** DVDMS Portal/State Monthly report  **Denominator-** Total No. of Health Facilities till PHC level (Source- Rural Health Statistic- MoHFW) | Percenta ge | Availabilit y of Stock as per EML at **80%**  health Facilities till PHC Level |  |  | Availabil ity of Stock as per EML at **80%** health Facilities till PHC Level | Availab ility of Stock as per EML at **80%**  health Facilitie s till PHC  Level | DVDMS  Portal/State Monthly report  Rural Health Statistic- MoHFW) |

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| 74 |  |  | **Rabies Immunoglobulins available at the Health Facilities as per Essential Medical List**  **Numerator-** Total No. of Health Facility till CHC level having stocks of ARS  **Denominator-** Total No. of Health Facilities till CHC level (Source- Rural Health Statistic- MoHFW) | Percenta ge | Availabilit y of Stock as per EML at **70%**  health Facilities till CHC Level |  |  | Availabil ity of Stock as per EML at **70%** health Facilities till CHC Level | Availab ility of Stock as per EML at **70%**  health Facilitie s till CHC  Level | DVDMS  Portal/State Monthly report  Rural Health Statistic- MoHFW |
| **National Viral Hepatitis Control Programme (NVHCP)** | | | | | | | | | | |
| 75 | Output | Management of Hepatitis C -under the program | Percentage of Hepatitis C Patients benefited i.e number who received treatment against target. | Percenta ge | 90 (3000) | 1.23% (37) | 100 (3.3%) | 10% | 10% | NVHCP  MIS Portal |

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| 76 | Output | Management of Hepatitis B -under the program | Percentage of Hepatitis B Patients benefited i.e number who received treatment against target | Percenta ge | 90 (2400) | 10.41% (250) | 14.58% (350) | 20% | 20% | NVHCP  MIS Portal |
| 77 | Output | Pregnant women screened for hepatitis B | Percentage of pregnant women screened for hepatitis B (HBsAg) against the target (Institutional Deliveries) | Percenta ge | 11,25,000 (91.6%) | 12,28,000 (100%) | 100% | 100% | 100% | RCH Portal |
| 78 | Output | Administration of HBIG to newborns of HBsAg positive pregnant women | Percentage of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility | Percenta ge | 100% | 100% | 100% | 100% | 100% | RCH Portal |

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| **National Leprosy Elimination Programme (NLEP)** | | | | | | | | | | |
| 79 | Output | Percentage of Grade II Disability (G2D) among new cases | No of Districts with Grade II Disability (G2D) percentage less than 2% among new cases | Nos | 31 districts | 16 districts (till Jan 2022)- 51.1 % | 16 districts  (51.1%) | 24 districts  -(80%) | 31 districts  (100%) | Monthly report |
| 80 | Output | Certification of Districts as Leprosy Free | No of Districts certified as Leprosy Free | Number | 31 districts | 8 districts  (25%) | 10 districts  (32%) | 23 districts  (74%) | 27 districts  (87%) |  |
| 81 | Output | Clearance of backlog of Reconstructive Surgeries (RCS) | Number of RCS conducted against backlog of RCS | Numbers | 58 cases | 12 cases  (20% ) | 16 cases  (27.58%) | 30 cases  (remaining out of 58 cases)- 100% | No backlog cases |  |

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| **National Vector Borne Disease Control Programme (NVBDCP)** | | | | | | | | | | |
| 82 | Output | **Malaria**  Reduction in API at District level | No. of districts with API <1 | Numbers | <1 | < 0.014 | <0.014 | < 1 | <1 | 10 districts-“0” cases for the last 3 years |
| 83 | Annual blood Examination Rate | Percenta ge | >10% | 13% | 13% | >10% | >10% |  |
| 84 | % IRS population coverage in each round | I Round | >85% | 81% | 82% | >85% | >85% | 162 villages |
| 85 | II Round | >85% | 82% | 82% | >85% | >85% |  |
| 86 | No. of Districts Certified as Malaria Free | Number | 10 | 15 | 15 | 25 districts | 30 districts |  |
| 87 | Output | **Lymphatic Filariasis** | The proportion of districts/IUs with coverage >65% for DA | Percenta ge | DA  districts- | 85% | 85% | >85% | 100% | Bidar, Kalburgi & Yadgir |

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| **Sl. No** | **Indica tor Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement 2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of data** |
| 88 | Output |  | and 85% for IDA of the total population (admin coverage/independent assessment) | Percentage | IDA  districts | Activity is under progress in one EU with 84% of current achievement. While the activity is scheduled from 21st Feb 2022 to March 21st 2022 | > 85% | >85% | > 85% |  |
| 89 | Output | Morbidity management and disease prevention (MMDP) services for hydrocele and Lymphoedema cases | Number | Lymphede ma cases distributed MMDP  kits - | 2677  (till dec) | 14648 | 14648 | 14648 |  |
| 90 | Output | Number | Hydrocele operated - | 658 | 700 | 205 | 129 |  |
| 91 | Output | Cumulative number of endemic districts which achieved mf rate <1% verified by TAS1 | Number | 6 | 6 | 6 | 7 | 8 |  |
| 92 | Output | Cumulative number of districts to achieve Disease Free Status- LF as per TAS 3 Clearance | Number | - | 3 districts (33%) | 3 districts (33%) | - | - | 3 districts- UK, Udupi, DK |

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| 93 | Output | **Dengue & Chikungunya** | Dengue Case Fatality Rate at State level | Percenta ge | CFR <1% | 0.07% | 0.07% | CFR  <1% | CFR  <1% | Dengue cases-6000 cases 2021-22 |
| 94 | Output | **Kala-azar** | Number of blocks achieved Kala-azar elimination i.e. <1 case per 10000 population at block level | Number | - | - | - | - | - |  |
| 95 | Number of blocks sustained Kala-azar elimination | Number | - | - | - | - | - |  |
| 96 | % IRS population coverage in each round | Percenta ge | I Round  >85% | - | - | - | - |  |
| 97 | Percenta ge | II Round  >85% | - | - | - | - |  |
| 98 | % Complete treatment of KA Cases and HIV/VL | Percenta ge | 100% | - | - | - | - |  |
| 99 | % Complete treatment of PKDL Cases | Percenta ge | 100% | - | - | - | - |  |

1. **NCD FlexiPool**

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| **Sl. No** | **Indicat or Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-**  **22** | **Progress 2021-22** | **Likely achievemen t**  **2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of Data** |
| **National Tobacco Control Programme (NTCP)** | | | | | | | | | | |
| 100 | Output | Increase in availability of Tobacco Cessation Services available | No. of districts with Tobacco Cessation Centers | Number | 18 | 18 | 18 | 18 | 18 |  |
| 101 | Outcome | Improved access for Tobacco Cessation Services | No. of People availed tobacco cessation services in 2022-24 | Number | 40000 | 39230 | 42000 | 46200 | 48510 |  |
| **National Mental Health Programme (NMHP)** | | | | | | | | | | |
| 102 | Output | Improved coverage of mental health services | Percentage of districts covered District Mental Health Units operationalized. | Percentag e | 100% (All 31 districts) | 100% (All 31 districts) | 100% (All 31 districts) | 100% (All 31 districts) | 100% (All 31 districts) |  |
| 103 | Output | Improved coverage of mental health services | Percentage increase Number of persons catered through District Mental Health Units | Number | All 31 districts | DMHP Consultations – 7,11,495 Tele-counselling calls - 14,61,041 e-Sanjeevini – 4648  Till Feb 2022 | DMHP Consultations – 9,50,000 Tele-counselling calls based on Covid-19 cases, e-Sanjeevini as per OPD request | 5% increasing DMHP consulations, tele-counselling calls & e-sanjeevini | 5% increasing DMHP consulations, tele-counselling calls & e-sanjeevini |  |

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| **National Programme for Health Care of Elderly (NPHCE)** | | | | | | | | | | |
| 104 | Output | Provision of primary and secondary Geriatric health care services at District Hospital and below | Numerator: No. of DH with Geriatric Unit (at least 10 beds)  Denominator : No. of total DH in the state | Number | 30 | 15 | 50% | 15 | 30 | Reports from districts |
| 105 | Output | Provision of primary and secondary Geriatric health care services at District Hospital and below | Numerator: No. of DH with physiotherapy unit for elderly  Denominator : No. of total DH in the state | Number | 30 | 30 | 100% | 30 | 30 |  |

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| **Sl. No** | **Indicat or Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-**  **22** | **Progress 2021-22** | **Likely achievemen t**  **2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of Data** |
| 106 | Output | Provision of primary and secondary Geriatric health care services at District Hospital and below. | Numerator: No. of CHCs with physiotherapy unit  Denominator : No of total CHCs in the state | Number | 347 | 206 | 59.36% | 347 | 347 |  |
| **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS)** | | | | | | | | | | |
| 107 | Output | NCD App | % registration done in the NCD App against 30+ population target | 6.96 Cr  (2021 census) | 2.57Cr | 1.90Cr | 75.48% | 0.35cr | 0.35cr |  |
| 108 | Output | Setting up of NCD Clinics at District Hospitals | Percentage of DHs with NCD Clinics | Number | 30 | 30 | 100% | 30 | 30 |  |
| 109 | Output | Setting up of NCD Clinics at CHCs | Percentage of CHCs with NCD Clinics | Number | 347 | 347 | 100% | 347 | 347 |  |
| **National Programme for Control of Blindness and Vision Impairment (NPCB&VI)** | | | | | | | | | | |

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| **Sl. No** | **Indicat or Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-**  **22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target 2022-23** | **Target 2023-**  **24** | **Source of Data** |
| 110 | Output | Eye care services under NPCB and VI provided at primary, secondary at District level and belowlevel | Percentage achievement of Cataract operations against targets | Percentag e | 4,31,744 | 57.06%  (2,46,386) | 81.06%  (3,50,000) | 4,53,331 | 4,75,998 |  |
| 111 | Output | Eye care services under NPCB and VI provided at primary, secondary at District level and belowlevel | Percentage achievement of Collection of donated eyes for corneal Transplantation against targets | Percentag e | 5,600 | 66.4%  (3,719) | 80.35%  (4,500) | 5,800 | 6,100 |  |
| 112 | Output | Eye care services under NPCB and VI provided at District level and below District level | No. of Free Spectacles to school children suffering from Refractive errors | Number | 70,000 | 30.3%  (21,217) | 100%  (70,000) | 73,000 | 76,000 |  |
| 113 | Outcome | Cataract backlog Free Certification | No. of Districts Certified as Cataract backlog Free | Number | 2 | 0 | 1 | 5 | 5 |  |
| **Pradhan Mantri National Dialysis Program (PMNDP)** | | | | | | | | | | |
| 114 | Output | Dialysis facilities in all districts | No. of districts with Dialysis facility under PMNDP | Number | 30 | 30 | 30 | 30 | 30 |  |
| 115 | Output | Number of Sessions held in the month | Estimated number of dialysis session (in Lakhs) | Number | 396000 | 319663 | 396000 | 435600 | 479160 |  |

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| 116 | Output | Peritoneal dialysis services under PMNDP | Estimated number of patients planned for peritoneal dialysis services | Number | 0 | 0 | 0 | 0 | 0 |  |
| **National Programme for Prevention and Control of Fluorosis (NPPCF)** | | | | | | | | | | |
| 117 | Outcome | Improvement in sample testing in fluoride affected districts | Percentage of water samples tested for Fluoride level against number of samples as pernorms. | Percentag e | 30.86 | 33.72 | 44.9% | 47.2  (5% increase from previous year) | 49.56  (5%) | State Reports |
| 118 | Outcome | Medical management of diagnosed fluorosis cases including supplementation, surgery, and rehabilitation. | Percentage of patients provided medical management to diagnosed fluorosis cases out of the total diagnosed cases. | Percentag e | 29.92 | 53.9 | 61.8% | 75.4  (90% of total diagnosed cases) | 79.18  (90%) | State Reports |
| **National Programme for Prevention & Control of Deafness (NPPCD)** | | | | | | | | | | |

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| 119 | Output | Hearing Aid | Total No. of Hearing Aid fitted | Number | 1208 | 1112 | 222 | 1401 | 1471 | NPPCD State Reports. |
| 120 | Output | Audiometry Facilities | No. of Districts having audiometry facilities | Number | 30 | 30 | 30 | 30 | 32 | NPPCD State Reports. |
| **National Programme for Palliative Care (NPPC)** | | | | | | | | | | |
| 121 | Output | Palliative care services under NPPC programme | Total no. of District Hospitals providing palliative care services | Number | 30 | 10 | 27% | 30 | 30 |  |
| **National Oral Health Programme (NOHP)** | | | | | | | | | | |
| 122 | Output | Strengthening Oral Health Services | Percentage of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC) | |  | | --- | | (DH/SDH/CHC) | | 19/146/207 | | 2/2/0 | 0/0/0 | 2/2/0 | 0/1/0 | 0/2/3 | HMIS  (Dental OPD) |
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1. **Health Systems Strengthening (HSS)- Rural and Urban**

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| **National Urban Health Mission (NUHM)** | | | | | | | | | | |
| 123 | Output | Improving access to healthcare in urban India | 1Number of operational urban health facilities (UPHCs and UCHCs) increased.  (a) Operational UCHC:  (b) Operational UPHC: | Number | All (100%) | 1. 9 2. 365 | 1. 9 2. 365 | 1. 9 2. 365 | 1. 9 2. 365 | MIS-QPR/ Approved State RoPs |
| 124 | Output | Improving access to healthcare in urban India | 2No. of UPHCs converted to Health wellness centres (HWCs) increased. | Number | All (100%) | 365 | 365 | 365 | 365 | AB-HWC Portal/ Approved State RoPs |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 125 | Output | Improving access to healthcare in urban India | 3Increased number of UCHCs and UPHC-HWCs offering specialist services. | Percentage | Baseline year.  Data to be recorded in numbers as on 31st March, 2022 | 365 UPHC and 9 UCHC’s | 365 UPHC and 9 UCHC’s | 365 UPHC and 9 UCHC’s | 365 UPHC and 9 UCHC’s | AB-HWC Portal/Approved State RoPs |
| 126 | Output | Improving access to healthcare in urban India | 4Annual utilization of urban health facilities (UPHC-HWCs) increased with at least 50% visits made by women.  Numerator: Female Footfalls  Denominator: Total Footfalls | Percentage | Target to be set by State/UT in proportion to the 30 years and above population coverage. | 46.56%  (2458484-up to 31st Jan 2022) | 55.87%  - expected (2950180-expected march-2022 ) | 55.87% | 55.87% | AB-HWC Portal /30 years and above urban population estimates. |
| 127.a | Output | Improving access to healthcare in urban India | **a)**5No of Individuals screened for NCD at UPHC-HWC  **- Hypertension and Diabetes**  Numerator: Individuals screened for NCD- Hypertension and Diabetes  Denominator: Total 30 years and above, Urban population | Percent age | 640974  Baseline year.  Data to be recorded in numbers as on 31st March, 2022 | 56.14% | 65.13% | 75% | 85% | AB-HWC  Portal |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 127.  b | Output | Improving access to healthcare in urban India | **b)**5No of Individuals screened for NCD at UPHC-HWC  -**Oral cancer, Breast Cancer and Cervical Cancer**  Numerator: Individuals screened for NCD- Oral cancer, Breast Cancer and Cervical Cancer  Denominator: Total 30 years and above, Urban population | Percent age | Target to be set by State/UT in proportion to the 30 years and above population coverage. | 12.1% | 12.8% | 15% | 20% | AB-HWC Portal /30 years and above urban population estimates. |
| 128 | Output | Providing quality healthcare services in Urban India | 6Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCHC increased.  Numerator: No. of PW who have received 4 or more ANCs  Denominator: Total PW registered for ANC | Percentage | Total ANc registered-153304  4\_ANC Checkupss-119546(Up to Jan 31/2022) | 77.98% | 77.98% | 85% | 90% | HMIS |
| 129 | Output | Providing quality healthcare services in Urban India | 7Number of monthly Urban Health and Nutrition Day (UHND) approved /organized | Number | 18168 | 14994(83%) | 18168 | 18168 | 18168 | MIS / HMIS portal/Approved State RoPs |
| 130 | Output | Providing quality healthcare services in Urban India | 1. 8No of patients treated for Diabetesat UPHC-HWC   Numerator: Individuals received treatment for NCD- Diabetes  Denominator: Total individuals diagnosed for NCDs- Diabetes   1. No of patients treated for Hypertensionat UPHC-HWC   Numerator: Individuals received treatment for NCD- Hypertension  Denominator: Total individuals diagnosed for NCDs- Hypertension | Number | Target to be set by State/UT in proportion to the 30 years and above population coverage. | a) 1912100-(64.9%)  b) 208580  (60.5%) | a)-230520  (77.8%)  b) 250296  (72.6%) | a)211310  (74.9%)  b)229438  (70.5%) | a)232411  (84.9%)  b)252381.8  (80.5%) | AB-HWC Portal |
| ***Guidance Notes for NUHM: -***  **1Number of operational urban health facilities (UPHCs and UCHCs) increased: -** All UPHCs and UCHCs approved under respective State ROPs to be made operational. Data to be captured through QPR-MIS.  **2No. of UPHCs converted to Health wellness centres (HWCs) increased: -** All UPHCs and UCHCs approved as HWC- Health and Wellness Centre under respective State ROPs to be converted. Data to be captured through HWC Portal.  **3Increased number of UCHCs and UPHC-HWCs offering specialist services:** All UCHCs, and UPHCs approved as HWC- Health and Wellness Centre to provide specialist services as per CPHC operational guidelines (including specialist services through Teleconsultation). At least 5% increase from the baseline. Data to be captured from HWC Portal and approved State RoPs.  **4Annual utilization of urban health facilities (UPHC-HWCs) increased with at least 50% visits made by women: Formula to calculate the indicator: -** (Number of Female Footfalls divided by Total Footfalls multiplied by 100) Baseline year data to be recorded in numbers as on 31st March, 2022 and target to increase by 5% from previous year.  **5Number of individuals screened for NCD at Urban UPHC-HWC:** NCD screening asper CPHC guidelines. Numerator: Individuals screened for NCDs and Denominator: Total 30 years and above Urban population. Target Setting: - State to calculate targets in proportion to the 30 years and above Urban Population coverage with the objective that all/maximum number of people have to be screened.  **6Urban pregnant women accessing 4 or more antenatal care at UPHC- HWC and UCHC increased: Formula to calculate the indicator: -** (Number of Pregnant women who have received 4 or more ANCs divided by Total number of pregnant women registered for ANCs multiplied by 100) Baseline year data to be recorded in numbers as on 31st March, 2022.  **7Number of monthly Urban Health and Nutrition Day (UHND) approved /organized:** Baseline will be as per State ROP approval.  **8No of patients treated for NCD-**   1. **Diabetes at UPHC-HWC:**   Numerator: Individuals received treatment for NCD- Diabetes  Denominator: Total individuals diagnosed for NCDs- Diabetes   1. **Hypertension at UPHC-HWC:**   Numerator: Individuals received treatment for NCD- Hypertension  Denominator: Total individuals diagnosed for NCDs- Hypertension | | | | | | | | | | |

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| **DVDMS** | | | | | | | | | | |
| 131 | Output | Implement ation of DVDMS in PHCs | Percentage of Health Facilities upto PHCs implementing the DVDMS | Percent age | 100% | 100% | 100% | 100% | 100% |  |
| **Quality Assurance (QA)** | | | | | | | | | | |
| 132 | Output | NQAS  certified public health facilities **(National + State)** | Cumulative Number of NQAS certified public health facilities | Number | 425 | 70  (State-30+ National 40) | 85 | 728  (Cumulative State & National) | 1059  (Cumulative State & National) | NHSRC Quality Certification Unit  **2021-22:** 425  NHM – 379,  Non Metro – 26 & Metro - 20  **2022-23: 728 (484 + 244)**  State Certification: 484  NHM – 432,  Non-Metro – 33 & Metro - 19  National Certification: 244 NHM – 215,  NM – 18 &  M – 11  **2023-24: 1059 (674+385)**  State Certification: 674  NHM – 588,  NM – 48 & M - 38  National Certification: 385 NHM – 336, NM – 30 & M – 19 |

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| 133 | Output | Public health facilities with Kayakalp score greater than 70% | Number of public health facilities with Kayakalp score more than 70% (on external assessment) | Number | 895 | IA  in process | 950 | 1144 | 1317 | Source: NHSRC  Quality Certification n Unit |
| **Free Diagnostic Service Initiative** | | | | | | | | | | |
| 134 | Output | Free Diagnostic s Services | Percentage of Public Healthcare Facility undertaking all essential diagnostic tests as per the FDSI guidelines (SC:14/PHC:63/CHC:97/SDH:111/DH:134)  **Numerator:** Number of Healthcare Facility undertaking full menu of the essential diagnostic tests prescribed in the FDSI guidelines.  **Denominator:** Total Number of Primary Healthcare Facilities available in the State (Upto DH level) | Percentage | 100% |  | SC: 35%  PHC : 47.61%  CHC: 31%  TH: 65%  DH :65.34% | 100% | 100% | HMIS/ State Reports/ Dashboards/ Assessment report |
| **Blood Services & Disorders** | | | | | | | | | | |
| 135 | Output | Number of DHs having Blood Banks | Percentage (%) of District Hospitals having functional Blood Bank | (Percentage)  Number | 100%  35 | 100%  35 | 100%  35 | 100%  35 | 100%  35 | E-Raktkosh  , BloodCell |
| 136 | Output | Voluntary blood donation | Voluntary blood donation against the blood collection units targeted for replacement/ donation | (Percentage)  Number | >90%  128019 | >92%  118460 | >95%  121618 | >95%  150000 | >95%  175000 | E-Raktkosh, Blood Cell |
| 137 | Output | Blood component separator | Percentage of blood banks having blood component separator | (Percentage)  Number | 100%  43 | 91%  39 | 91%  39 | 100%  43 | 100%  43 | Blood Cell |
| 138 | Output | No of ICHH centres in the state at high prevalence districts | Number of integrated centres for hemoglobinopathies & haemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & haemophilia | Number | 32 | 0 | 32 | 36 | 36 | Blood Cell |

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| **Comprehensive Primary Healthcare (CPHC)** | | | | | | | | | | |
| 139 | Output | Number of operational Health & Wellness Centers | Numerator: Total operational AB-HWCs in the state Denominator: Total target of AB-HWCs to be operationalised for the respective FY | Percent age | 100% | 98% | 120% | 100% | 100% | AB HWC  Portal  Target-7257  8300  2022-23-target 9022 |
| 140 | Output | Functional AB-HWCs  satisfying advanced functionalit y Criteria | Numerator: No. of AB-HWCs providing all 12 expanded range of services.  Denominator: Total functional AB-HWCs | Percent age | NA | 90% | 100% | 100% | 100% | AB HWC  Portal |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 141 | Output | Footfall at AB-HWCs  (Receiving services for Preventive, promotive, curative, rehabilitati ve and palliative care) | 1. **Numerator:** No. of AB- HWCs in rural areas reporting minimum 5% annual increase in footfalls over preceding year **Denominator:** Number of operational AB-HWCs in rural areas (SHC- HWC+PHC-HWC) 2. **Numerator:** No. of AB- HWCs in urban areas reporting minimum 15% annual increase in footfalls over preceding year. **Denominator:** Number of operational AB-HWCs in urban areas (UPHC- HWC+UHWC) | Percent age | A.100%  B.100% | 60% | 100% | 100% | 100% | AB HWC  Portal  3339+2166=5505 |
| 142 | Output | Medicine at AB- HWC | Percentage of AB-HWC fulfilling minimum 80% of expanded range of medicines as per Essential list (Medicines: SHC-HWC- 105; PHC-HWC-172) against number of functional AB- HWCs. | Percent age | 100% | 60% | 100% | 100% | 100% | AB HWC  Portal |

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| 143 | Output | Diagnostic s at AB- HWC | Percentage of AB-HWC fulfilling minimum 80% of expanded range of diagnostics as per Essential list (Diagnostics: SHC-HWC-14; PHC-HWC-63) against number of functional AB- HWCs. | Percent age | 100% | 50% | 100% | 100% | 100% | AB HWC  Portal |
| 144 | Output | Training on AB-HWC  primary health care teams (ASHA, MPW, CHO,SN  and MO) on expanded service packages | Numerator: Total number of AB-HWC primary healthcare team members (ASHA, MPW, CHO, SN and MO) trained on expanded service packages  Denominator: Total number of primary healthcare team members (ASHA, MPW, CHO, SN and MO) in thestate | Percent age | 90% | 70% | 90% | 90% | 90% | AB-HWC  Portal and SASHAK T  Denominator: (Asha-44882+MPW (M)-5197+ MPW (F)- 10063+ SN-3780+CHOs4456+MOs-2855=71245  Numerator -42320- |
| 145 | Output | CBAC  form updation | Numerator: Number of Individuals for whom CBAC form was filled.  Denominator: Total catchment population (30+) under all operational AB-HWCs in the state. | Percent age | 100%  annually | 50% | 75% | 100%  annually | 100%  annually | AB HWC  Portal  CBAC-1.07 crs out of 2.68 Crs. |

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| 146 | Output | Functional AB-HWCs  providing wellness services | Numerator: Number of wellness sessions conducted at operational AB-HWCs in the state  Denominator: Total number of wellness sessions (at the rate of minimum 10 wellness sessions per month for all operational AB-HWCs in the state) | Percent age | 100% | 80% | 100% | 100% | 100% | AB HWC  Portal |
| 147 | Output | Tele- consultatio ns started at AB- HWCs | Numerator: Number of teleconsultations conducted at operational AB-HWCs in the state  Denominator: Total number of teleconsultations (at the rate of minimum 25 teleconsultations per month for all operational AB-HWCs in the state) | Percent age | 100% | 100% | 100% | 100% | 100% | AB HWC  Portal |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 148 | Output | Treatment compliance | Numerator: Total no. of Individuals received treatment for Hypertension  Denominator: Total individuals diagnosed for Hypertension | Percent age | 70% | 40% | 55% | 70% | 70% | AB HWC  Portal |
| 149 | Numerator: Total no. of Individuals received treatment for Diabetes  Denominator: Total individuals diagnosed for Diabetes | Percent age | 70% | 35% | 55% | 70% | 70% | AB HWC  Portal |
| 150 | Output | JAS  functioning | Numerator: Number of JAS conducted at least 10 meetings in a year  Denominator: Total operational AB-HWCs | Percent age | 80% | 40% | 60% | 80% | 80% | AB HWC  Portal |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 151 | Output | Functional AB-HWC  awarded Kayakalp Awards | Numerator: Number of facilities awarded district level Kayakalp awards  Denominator: Total number of functional AB-HWCs | Percent age | 50% | 10% | 30% | 50% | 75% | AB HWC  Portal |
| 152 | Output | Functionin g of VHSNC  (in rural areas) | Numerator: Number of VHSNCs that conducted at least 10 meetings in the year (against the norm of minimum one meeting every month)  Denominator: Total VHSNCs formed | Percent age | 100% of VHSNCs of the area (block/distri ct) have conducted minimum 10 monthly meetings in the lastFY. | 60% | 90% |  |  | AB-HWC  Portal |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 153 | Output | AB-HWC  primary healthcare team's incentives | 1. Numerator: Number of AB- HWCs whose primary healthcare teams havereceived timely incentives (PerformanceLinked   Payment and Team Based Incentives) minimum 12 times a year  Denominator: Total number of operational AB-HWCs   1. Numerator: Number of ASHAs who received timely incentives(Routine-recurring and program incentives) minimum 12 times ayear   Denominator: Total number of in-position ASHAs | Output | 100% of AB-HWCs | 80% | 100% | 100% | 100% | AB-HWC  Portal |
| **AYUSH** | | | | | | | | | | |
| 154 | Output | Co- location of AYUSH  facilities | Number of Public Health Facilities with Co-located AYUSH OPD Services | Number | Target to be fixed in consultation with State | 585(Under NHM AYUSH) | 585 | 585 | 585 |  |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| **Human Resource for Health (HRH)** | | | | | | | | | | |
| 155 | Output | NHM HR  in place | Percentage of HRH in Position out of total posts approved under NHM\*  *(\*Depending on the actual status, the target may be changed as per NPCC discussion)* | Percenta ge | 70% of NHM HR  are in place | **73.89% of NHM HR are in place** | 75% of NHM HR  are in place | At least 80% of the NHM posts to be filled | At least 85% of the NHM posts to be filled | NHSRC HRH  Division |
| 156 | Output | HRH  availability as per IPHS | Percentage of HRH available as per IPHS (HR in Place/IPHS requirement x  100) for six key staff categories\*  *(\*Depending on the actual status, the target may be changed as per NPCC discussion)* | Percent age |  |  |  |  |  | NHSRC HRH  Division |
| * MPW(Male+Female) | 60% | 51% | 60% | 65% | 70% |
| * StaffNurses | 50% | 54% | 65% | 53% | 55% |
| * Labtechnicians\*\*   (\*\**Reduction in gap% applicable only for those levels of facilities where lab services including HR for lab have been outsourced)* | 45% | 75% | 80% | 50% | 55% |
| * Pharmacists | 80% | 62% | 75% | 83% | 85% |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likelyachievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
|  |  |  | * MedicalOfficer-MBBS |  | 80% | 69% | 75% | 83% | 85% |  |
| * Clinicalspecialists | 45% | 60% | 70% | 48% | 50% |
| **Biomedical equipment Management & Maintenance Program (BMMP)** | | | | | | | | | | |
| 157 | Output | Equipment CAMC/ AMC | Percentage of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/ BMMP | Percenta ge | 100%  (Total No of equipment available-66631 and no of equipment’s mapped and Qr Tagging provided -66412. | 99.67% | 100% | 100% | 100% | BMMP  Dashboard/ State Equipment Inventory Software (e- upkaran) |
| 158 | Output | Equipment Upkeep time | Percentage of equipment uptime at each level of Public health facility as per BMMP guidelines i.e. (PHC-80%; CHCs-90% and DH - 95%) | Percenta ge | 100% | 95% | 100% | 100% | 100% | BMMP  Dashboard/ State Equipment Inventory Software (e- upkaran) |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likelyachievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 159 | Output | AERB  Compliance | Percentage of Public Health Facility certified as per AERB compliance | Percenta ge | 410 | uNDER PROCESS | uNDER PROCESS | 100%  (410+203 [FY.22-]23}=613) | 100% | AERB  Compliancecertificationdashboard |
| **Health Management Information System (HMIS)** | | | | | | | | | | |
| 160 | Output | HMIS  Reporting | Ensuring timely reporting of data by the State Data Manager/M&E/HMIS personnel by **20th** of following month.  **Numerator:** No. of health facilities reported data by 20th of following month.  **12,595**  **Denominator:** Total no. of health facilities.  **12,596** | Percent age | >97%  reporting (Health Facilities under the State) | 99% | 99.9% | >97%  reporting (Health Facilities under the State) | >97%  reporting (Health Facilities under the State) |  |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| **Public Health Administration (PHA) Division** | | | | | | | | | | |
| 161 | Output | Infrastructu re  (Rural and Urban health care facilities-   1. DH, 2. SDH, 3. CHCs, 4. UCHCs, 5. UPHCs, 6. PHCs, 7. Sub Health Centers, 8. Others) | Number of new constructions completed and handed over against the projects sanctioned. | Number | 30% | 10% | 20% | 70% | 100% |  |
| 162 | Outco me | IPHS  compliance | % Of health care facilities achieved IPHS compliance. | Percent age | 10% | 4.89% |  | 20% | 40% |  |

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| **Sl. No** | **IndicatorType** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2021-22** | **Progress 2021-22** | **Likely achievement**  **2021-22** | **Target2022-23** | **Target2023-24** | **Source** |
| 163 | Output | GRS &  Health Help Desk | Average calls received per day (output measurement by call efficiency): - numerator- Total calls received per day per call operator against the denominator - Average 130 call received per Call operator per day with avg. call handling time of 3minutes. | Percent age | 70% | 90% | 90% | 75% | 80% |  |
| 164 | Output | GRS &  Health Help Desk | % Of calls resolved out of total calls received service wise   1. HealthInformation, 2. Counselling, 3. SUMAN, 4. ECD. | Percent age | 75% | 1. 90% 2. 90% | 1. 90% 2. 90% | 100% | 100% |  |
| 165 | Output | National Ambulance Services | % of Ambulances functional as per population norms (one BLS per 1 lakh Population and One ALS for every 5-lakh population) | Percent age | 80% | 85% | 85% | 100% | 100% |  |

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| 166 | Output |  | Average response time per vehicle | Minutes | 30 min | 30  minutes in hilly and 20 minutes in plain areas | 25 min in  Rural  and 17 min in Urban | 20min | 20min |  |
| 167 | Output | MMU | Avg. no. of trips per MMU per month | Numbers | 25 | 25 | 25 | 25 | 25 |  |
| 168 | Output | Average no. of lab investigations per MMU per day. | Numbers | 30 in plain  and 20 in hilly | 30 investigations per MMU per day | 35 investigations per MMU per day | 40 in plain  and 30 in hilly | 50 in plain  and 40 in hilly |  |
| 169 | Process | DH  Strengtheni ng as knowledge Hub | % of District hospitals- initiated any of the following courses: -   1. DNB courses 2. Nursing courses 3. Allied health care courses | Percent age | 100% eligible hospitals  b. 87%  c. 80% | 80%  87%  70% | 80%  87%  70% | 90%  87%  80% | 100%  87%  80% | SIHFW |