Annexure -1: Key Deliverables under NHM 2024-26

1. **RCH flexi pool including Routine Immunization Programme, Pulse Polio Immunization Programme**

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 | Percentage | 90% | 92% | HMIS |
| 2. | Output | **ANC**  **registration in 1st trimester of pregnancy (within 12 weeks)** | **Percentage of PW registered for ANCin1sttrimester**  **Numerator:** Total number of PW registered in 1st Trimester **Denominator:** Total number of PW registered for ANC | Percentage | 84% | 85% | 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 | Percentage | 84% | 85% | HMIS |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **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 | Percentage | 20% | 20% | 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 | Percentage | 90% | 92% | RCH  Portal |
| 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 | Percentage | 84% | 85% | HMIS |
| 7. | Output | **National Certification of LRs & OT sunder 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 LR sand OTs | Percentage | 15  (100%) | 15  (100%) | NHSRC |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8. | Output | **Public Health facilities notified under SUMAN** | **Percentage of public health facilities notified under SUMAN against target** | 25CEmOC  122 BEmOC  3449 Basic | 100% | 100% | 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 | **Benchmark:**  At least 70% of maternal deaths to be reviewed | 100% | 100% | State report |
| 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 | Percentage | 70% | 75% | State Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target2 022-23** | **Target 2025-26** | **Source of Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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-born discharged successfully (Unsuccessful denotes Death, LAMA and referral)  **Denominator:** Total no. of sick new-born admitted in SNCUs. | Percentage | 84% | 85% | SNCU MIS  Online Portal | |
| 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 | Percentage | 100% | 100% | SNCU MIS  Online Portal | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **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**  **Observer ship, 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  Observer ship, 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  Observer ship, NBSU,SAANS,F-IMNCI) | Percentage | 90% | 100% | Quarterly State Report |
| 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 base done latest RS report | At least 80% | 65% | 68% | Quarterly CDR  State Report / MPCDS  RPortal |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 15. | Outcome | Still Birth Rate | **Still Birth Rate**  **Numerator:** Total no. of Still birth Reported **Denominator:** Total no. of Reported Deliveries | Rate | < 10 per 1000 births | < 10 per 1000 births | HMIS  Report |
| 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 | Percentage | 100% | 100% | Quarterly State Report |
| 17. | Output | Home visits by ASHAs for New-borns | **Percentage of newborns received a complete schedule of home visits against total reported live births.**  **Numerator:** Total no. of new-borns received complete schedule of home visits  **Denominator:** Total no. of new-borns | Percentage | 98% | 99% | Quarterly HBNC  Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 18. | Output | Roll out of HBYC visits in all districts | **Percentage of District Rollout 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 | Percentage | 100% | 100% | Quarterly HBYC  Report |
| 19. | Output | Paediatric HDU/ICUunit | **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. | Percentage | 100% | 100% | GMC -3  Ludhiana -1 |
| 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). | Percentage | 15  100% | 15  100% | Quarterly State Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 21 | Output | Reported Live Birth | %of Live Birth  **Numerator:** Total number of Live Birth reported  **Denominator:** Estimated number of Live Birth (SRS) | Percentage | Sustain 99% | Sustain 99% | HMIS |
| 22. | Output | New-born Screening at Delivery points | **Percentage of New-borns Screened at the time of birth out of total Live Births**  **Numerator:** Number of New-borns Screened at the time of birth  **Denominator:** Total number of Live Birth Reported. | Percentage | 100% | 100% | State Quarterly Report |
| 23. | Output | FunctionalDEICs | **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% | 100% | State Quarterly Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 24. | Output | RBSK.MHTs | **Percentage of Government & Government aided schools and Anganwadi Centre covered by RBSKMHTs**  **Numerator:** Number of Government & Government aided schools and Anganwadi Centre covered by RBSKMHTs as per RBSK Guideline.  **Denominator:** Total number of Public Schools and Anganwadi Centre in the block | **Percentage** | 100% | 100% | State Quarterly Report |
| 25. | Output | Screening of Children in Government & Government aided schools and Anganwadi Centre | **Percentage of children screened by RBSKMHTs**  **Numerator:** Number of Children in Government & Government aided schools and Anganwadi Centre screened by RBSKMHTs as per RBSK Guideline.  **Denominator:** Total number of Children in Government & Government aided schools and Anganwadi Centre | Percentage | 90% | 90% | 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** | 1850 | 2020 | State Quarterly Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 in9-11  months’ age group | **Percentage** | Above 90% | Above 90% | 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** | 100% | 100% | HMIS | |
| 29. | Output | Dropout % of children | **Percentage drop out 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 Pentavalent1 | **Percentage** | 0% | 0% | HMIS | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 30. | Output | Dropout % of children | **Percentage drop out of children from Pentavalent 3 toMR 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% | 0% | HMIS |
| 31. | Output | Dropout % of childrn | **Percentage drop out of children from MR 1 toMR2**  **Numerator:** Total no. of children immunized with MR1 – Total no. of children immunized with MR 2  **Denominator:** Total no. of child immunized with MR1 | **Percentage** | 0% | 0% | HMIS |
| 32. | Output | TT10 coverage | **PercentageofchildrenreceivingTd10**  **Numerator:** Total no. of children ≥ 10 years old immunized with Td10  **Denominator**: Total no. of children≥ 10 years of age | **Percentage** | >70% | >70% | HMIS |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Nutrition** | | | | | | | | |
| 33. | Output | Early Initiation of Breastfeeding | **Percentage of newborn breastfeed within one-hour birth against total live birth.**  **Numerator**: Number of newborn breastfeed within one hour of birth.  **Denominator**: Total live births registered in that period. | **Percentage** | 90% | 90% | 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 April2022 to 31st March 2023/1stApril 2023 to 31st March2024  **Denominator-** Total available bed days during the same reporting period | **Percentage** | 50% | 60% | State reports |
| 35. |  | 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 31stMarch2023/1stApril2023to31stMarch 2024  **Denominator**-Total No. of under-five children exited from the NRC during the same reporting period. | **Percentage** | 75% | 90% | HMIS |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 36. | Output | IFA coverage  Anaemia MuktBharat | **Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC**  **Numerator**: Number of pregnant women given IFA tablets.  **Denominator**: Number of pregnant women registered for ANC in that period. | **Percentage** | 100% | 100% | HMIS  Report |
| 37. | Output | IFA coverage  Anaemia MuktBharat | **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 there porting month  **Denominator:** Number of children 6-59 months covered under the programme (Target Beneficiaries) | **Percentage** | 80% | 90% | HMIS  Report |
| 38. | Output | IFA coverage  Anaemia MuktBharat | **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  **Denominator:** Number of children 5-9 years covered under the programme (Target Beneficiaries) | **Percentage** | 85% | 90% | HMIS  Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Comprehensive Abortion Care (CAC)** | | | | | | | |
| 39. | Outcome | Induced Abortion | **Numerator:** Total Number of Induced Abortion Reported **Denominator:** Total number of registered pregnancy | **Percentage** |  |  | RCH  Portal | |
| 40. | Outcome | Spontaneous Abortion | **Numerator:** Total Number of Spontaneous Abortion Reported  **Denominator:** Total number of registered pregnancy | **Percentage** |  |  | RCH  Portal | |
| 41. | Output | CAC services | **Public health facilities CHC and above equipped with Drugs**(MMA Combipack/ 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 | Number | 250 | 300 | CAC  Quarterly and Annual Report | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 per RoP. | **Percentage** | 92 MOs to be trained | 92 MOs to be trained | CAC  Quarterly and Annual Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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% | 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** | 0.1% | 0.2% | HMIS/RCH  Register | |
| 45. | Output | Operationalization 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% | 95% | FPLMIS | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | | **Source of Data** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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%in 2023-24**  **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) | **Percentage** | 150 | 180 | (HMIS/  Quarterly AFHC  Report) | | |
| 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** | 75% | 80% | 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** | 60% | 70% | HMIS | | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | 100% | 100% | State PE Reports |
| 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** | 100% | 100% | 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** | 75% | 80% | HMIS |
|  | 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** | 100% | 100% | SHWP  Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 53. | Output | School Health & Wellness Programme implementation | **Percentage of Health & Wellness Ambassador strained to transact weekly activities in schools in the select distt**  **Numerator**- Total no of Health & Wellness Ambassadors(HWAs) trained **Denominator**- Total no of HWAs to be trained | **Percentage** | 100% | 100% | SHWP  Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | | **Target 2025-26** | **Source of Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- Pre-Conception & Pre-Natal Diagnostic Techniques (PC & PNDT)** | | | | | | | | |
| 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 meetings prescribed under the law.(6 meetings /Year/District). | **Percentage** | 100% | 100% | | State Reports | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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 the identified District.**  **Numerator:** Total Number of samples tested by ASHA. **Denominator:** Number of ASHA \*50 samples\*12 months. | **Percentage** | 75% | 75% | 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. | **Percentage** | 75% | 75% | State Report |
| 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. | **Percentage** | 75% | 75% | State Report |
| 58. | Output | IDD surveys  /resurveys | **Percentage of district IDD surveys/ resurveys conducted in State/UT against RoP approval.**  **Numerator:** Number of districts where IDD surveys/resurveys conducted.  **Denominator:** No. of Districts approved in RoP. | **Percentage** | 100% | 100% | State Report |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- Reproductive and Child Health (RCH)Portal** | | | | | | | |
| 59 | Output | Implementation of RCH application –Registration Coverage of Pregnant Women and Child (0-1Year) | **Percentage of Registration Coverage of Pregnant Women and Child on pro-rata basis**  **Numerator:** Total No. of Registered PW and Child on RCH Portal  **Denominator:** Estimated PW and Child on a pro-rata basis. | **Percentage** | 100% | 100% | RCH Portal | |
| 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)**  **Denominator: Total PW expected for Service based on reporting period** | **Percentage** | >70% | >70% | RCH Portal | |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **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(asper National Immunization Schedule)  **Denominator:** Total child expected for Service based on reporting period | **Percentage** | >70% | >70% | RCH Portal |
| **62** | **Output** | **Implementation of RCH application Total Deliveries Reported** | **Percentage of total Delivery reported of Pregnant Women.**  **Numerator:** Total No. of Delivery reported  **Denominator:** Total PW expected for Delivery based on reporting period | **Percentage** | >85% | >85% | RCH Portal |

| **Sl. No.** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **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.  **Denominator:** Total no. active users (ANMs) registered in RCH Portal. | **Percentage** | >75% | >75% | RCH Portal |



1. **NDCP Flexi Pool**

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Integrated Disease Surveillance Programme (IDSP)** | | | | | | | |
| 64 | Output | Weekly Reporting–S form | % of Reporting Units Reported in S form | Percentage | 60% | 65% | IDSP  IHIP | |
| 65 | Output | Weekly Reporting–P form | % of Reporting Units Reported in P form | Percentage | 65% | 70% | IDSP  IHIP | |
| 66 | Output | Weekly Reporting–L form | % of Reporting Units Reported in L form | Percentage | 65% | 70% | IDSP  IHIP | |
| 67 | Output | Weekly Reporting–Lab Access of Outbreaks | Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning | Percentage | 100% | 100% | IDSP  IHIP | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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 | Percentage | 100% | 100% | State Report |
| 69 | Output | Expansion of rapid molecular diagnostics for TB | **% of blocks with rapid molecular diagnostics** | Percentage | (100%) | (100%) | State Report |
| 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 | Percentage | 80 | 85 | State Report |
| 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 | Percentage | 100% | 100% | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2023-**  **24** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 72 | Output | Districts with TB free Status | **No. of districts to achieve TB free Status**  #Bronze #Silver # Gold  #TB Free district/City | No. | State bronze 15 bronze 5 silver | State Silver | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- 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) | Percentage | 100% |  | DVDMS  Portal/State Monthly report  Rural Health Statistic-MoHFW) |
| 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) | Percentage | 100% |  | DVDMS  Portal/State Monthly report  Rural Health Statistic-MoHFW |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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. | Percentage | 90% | 90% | NVHCP MIS Portal |
| 76 | Output | Management of Hepatitis B-under the program | Percentage of Hepatitis B Patients benefited i.e number who received treatment against target | Percentage | 90% | 90% | 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) | Percentage | 100% | 100% | RCH Portal |
| 78 | Output | Administration of HBIG to new born of HBsAg positive pregnant women | Percentage of new born administered HBIG among new born delivered to HBs Ag positive pregnant women at health care facility | Percentage | 100% | 100% | RCH Portal |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 | Number | 22 | 22 | State Report |
| 80 | Output | Certification of Districts as Leprosy Free | No of Districts certified as Leprosy Free | Number | 4 | 4 | State Report |
| 81 | Output | Clearance of backlog of Reconstructive Surgeries (RCS) | Number of RCS  conducted against backlog of RCS | Numbers | 25 (100%) | 25 (100%) | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2023-**  **24** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme- National Vector Borne Disease Control programme (NVBDCP)** | | | | | | | | |
| 82 | Output | **Malaria**  Reduction in API at District level | No. of districts with API<1 | Numbers | 23 | 23 | NVBDCP |
| 83 | Annual blood Examination Rate | Percentage | 7% | 7% | NVBDCP |
| 84 | %IRS population coverage in each round | Percentage | State of Punjab is undertaking focal spray in area from where a case of Malaria is reported as none of the sub-centre has API>1. All Districts, Blocks and Sub-centers have APE<1 and don't qualify for IRS | | NVBDCP |
| 85 | NVBDCP |
| 86 | No. of Districts Certified as Malaria Free | Number | 14 | 18 | NVBDCP |
| 87 | Output | **Lymphatic Filariasis** | The proportion of districts/IUs with coverage>65%forDA | Percentage | 0 | 0 | NVBDCP |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 88 | Output |  | and 85% for IDA of the total population (admin coverage/independent assessment) |  | 0 | 0 | NVBDCP |
| 89 | Output | Morbidity management and disease prevention(MMDP) services for hydrocele and Lymphoedema cases | Number | 0 | 0 | NVBDCP |
| 90 | Output | Number | 0 | 0 | NVBDCP |
| 91 | Output | Cumulative number of endemic districts which achieved mf rate <1%verifiedby TAS1 | Number | 0 | 0 | NVBDCP |
| 92 | Output | Cumulative number of districts to achieve Disease Free Status- LFasperTAS3Clearance | Number | 0 | 0 | NVBDCP |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 93 | Output | **Dengue & Chikungunya** | Dengue Case Fatality Rateat State level | Percentage | CFR <1 | CFR <1 | NVBDCP |
| 94 | Output | **Kala-azar** | Number of blocks achieved  Kala-azar elimination i.e. <1 caseper10000populationatblocklevel | Number | 0 | 0 | NVBDCP |
| 95 | Number of blocks sustained Kala-azar  elimination | Number | 0 | 0 | NVBDCP |
| 96 | %IRS population coverage in each round | Percentage | 0 | 0 | NVBDCP |
| 97 | Percentage | 0 | 0 | NVBDCP |
| 98 | %Complete treatment of KA Cases and HIV/VL | Percentage | 0 | 0 | NVBDCP |
| 99 | %Complete treatment of PKDL Cases | Percentage | 0 | 0 | NVBDCP |

1. **NCD Flexi Pool**

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Tobacco Control Programme (NTCP)** | | | | | | | | |
| 100 | Output | Increase in availability of Tobacco Cessation Services available | No. of districts with Tobacco Cessation Centers | Number | 28 (22 + 1 new district + 5 SDH) | 33 (28 +5 new SDH) | State Report |
| 101 | Outcome | Improved access for Tobacco Cessation Services | No. of People availed tobacco cessation services in 2022-24 | Number | 25500 | 28000 | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Mental Health Programme(NMHP)** | | | | | | | |
| 102. | Output | Improved coverage of mental health services | Percentage of districts covered District Mental Health Unit so operationalized. | Percentage | 100% | 100% | State Report |
| 103 | Output | Improved coverage of mental health services | Percentage increase Number of persons catered through District Mental Health Units | Number | 2640 (10% increase) | 2904 (10% increase) | 08 district has not send Q1 report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 (atleast10 beds)  Denominator : No. of total DH in the state | Number | 22 | 23 | State Report |
| 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 | 22 | 23 | State Report |
| 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 | 100 | 192 | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **Data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Programme for Prevention and Control of Cancer, diabetes, cardio vascular diseases and Stroke (NPCDCS)** | | | | | | | |
| 107 | Output | NCD App | %registration done in the NCD App against 30+ population target | Percentage | 90,58,488  (80%) | 1,14,36,341  (100%) | CPHC-NCD Portal | |
| 108 | Output | Setting up of NCD Clinics at District Hospitals | Percentage of DHs with NCD Clinics | Number | 23 (100%) | 23 (100%) | State Report | |
| 109 | Output | Setting up of NCD Clinics at CHCs | Percentage of CHCs with NCD Clinics | Number | 192 (100%) | 192 (100%) | State Report | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Programme for Control of Blindness and Vision Impairment (NPCB&VI)** | | | | | | | | | |
| 110 | Output | Eye care services under NPCB and VI provided at primary, secondary at District level and below level | Percentage achievement of Cataract operations against targets | percentage | 185000 | 185000 | MIS Portal and DBCS data | |  |
| 111 | Output | Eye care services under NPCB and VI provided at primary, secondary at District level and below level | Percentage achievement of Collection of donated eyes for corneal Transplantation against targets | Percentage | 1500 | 1500 | DBCS monthly report | |  |
| 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 | Percentage | 25000 | 25000 | MIS Portal | |  |
| 113 | Outcome | Cataract backlog Free Certification | No. of Districts Certified as Cataract backlog Free | Number | 1 | 1 | State Report | |  |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Pradhan Mantri National Dialysis Program (PMNDP)** | | | | | | | | |
| 114 | Output | Dialysis facilities in all districts | No. of districts with Dialysis facility under PMNDP | Number | 23 | 23 | State report |  |
| 115 | Output | Number of Sessions held in the month | Estimated number of dialysis session (in Lakhs) | Number | 10000 | 10000 | State MIS report |  |
| 116 | Output | Peritoneal dialysis services under PMNDP | Estimated number of patients planned for peritoneal dialysis services | Number | 80 | 100 | State Reports |  |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2023-**  **24** | **Source of**  **data** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 per norms. | Percentage | **25%**  5%  increase from previous year | 31% | 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. | Percentage | **90%**  90% of total diagnosed cases | 100% | State Report  State Reports |  |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Programme for Prevention & Control of Deafness (NPPCD)** | | | | | | | | |
| 119 | Output | Hearing Aid | Total No. of Hearing Aid fitted | Number | 100 | 150 | State report |  |
| 120 | Output | Audiometry Facilities | No. of District shaving audiometry facilities | Number | 11 | 12 | State report |  |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Programme for Palliative Care (NPPC)** | | | | | | | | |
| 121 | Output | Palliative care service sunder NPPC programme | Total no. of District Hospitals providing palliative care services | Number | 4 | 8 | State Reports |  | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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) | Number | 210 | 227 | HMIS (Dental OPD) | |  |

1. **Health Systems Strengthening (HSS)-Rural and Urban**

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-National Urban Health Mission (NUHM)** | | | | | | | |
| 123 | Output | Improving access to health care in urban India | Number of operational urban health facilities (UPHCs and UCHCs) increased.   1. Operational UCHC: 2. Operational UPHC: | Number | 112 UPHCs  11 UCHCs | 112-UPHCs 11-UCHCs, Twenty polyclinics will be established to provide specialist services, drawing from the existing UPHCs. | MIS-QPR/  Approved State RoPs | |
| 124 | Output | Improving access to health care in urban India | No. of UPHCs converted to Health wellness centres (HWCs) increased. | Number | 68 new Urban HWCs |  | AB-HWC  Portal/Approved State RoPs | |
| 125 | Output | Improving access to health care in urban India | Increased number of UCHCs and UPHC-HWCs offering specialist services. | Percentage | 20 new UPHCs | 20 new UPHCs | AB-HWC  Portal/Approved State RoPs | |
| 126 | Output | Improving access to health care in urban India | Annual utilization of urban health facilities (UPHC-HWCs)increasedwithatleast50%visits made by women. | Percentage | 60-65% | 65% | AB-HWC  Portal | |
| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| 127 | Output | Improving  access to  healthcare  in urban  India | Annual number of NCD  screenings at Urban UPHC-  HWC increased. | Percentage | 10% | 10% | AB-HWC  Portal | |
| 128 | Output | Providing quality health care services in Urban India | Urban pregnant women access in antenatal care at UPHC-HWC and UCHC  increased. | Percentage | 50-52% | 52-55% | HMIS | |
| 129 | Output | Providing quality health care services in Urban India | Number of Urban Health and Nutrition Day (UHND) held against planned | Number | 2% increase from the baseline | 3% increase from the previous FY | HMIS | |
| 130 | Output | Providing quality health care services in Urban India | No. of patients treated for(a)diabetes(b)hypertension  at UPHC-HWC | Number | 3-5% increase from the baseline | More than 5% increase from the previous FY | HWC-Portal | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-DVDMS** | | | | | | | |
| 131 | Output | Implementation of DVDMS in PHCs | Percentage of Health Facilities upto PHCs implementing the DVDMS | Percentage | 100% | 100% | State Report | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Quality Assurance (QA)** | | | | | | | |
| 132 | Output | NQAS  certified public health facilities (National+State) | Cumulative Number of NQAS certified public health facilities | Number | 75 | 80 | NHSRC  Quality Certification Unit | |
| 133 | Output | Public health facilities with Kayakalp score greater than70% | Number of public health facilities with Kayakalp score more than 70% (on external assessment) | Number | 320 | 352 | Source: NHSRC  Quality Certification Unit | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Free Diagnostic Service Initiative** | | | | | | | | |
| 134 | Output | Free Diagnostics Services May be kept | New Hub Labs | Number | 100% | 100% | HMIS/State Reports/Dashboards/Assessment report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Blood Services & Disorders** | | | | | | | |
| 135 | Output | Number of District Hospitals having Blood Banks | Percentage (%) of District Hospitals having functional Blood Bank | Percentage | 100% | 100% | E-Raktkosh  ,Blood Cell | |
| 136 | Output | voluntary blood donation | Voluntary Blood donation against the blood collection units targeted for replacement/donation | Percentage | 100% | 100% | E-Raktkosh  ,Blood | |
|  |  |  |  |  |  |  |  | |
| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| 137 | Output | Blood Component Separator |  | Percentage | 100% | 100% | 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 & hemophilia | Number | 24 | 24 | Blood Cell | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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 operationalized for the respective FY | Percentage | 100% | 100% | AB-HWC  Portal |
| 140 | Output | Functional AB-HWCs  satisfying advanced functionality Criteria | Numerator:No. of AB-HWCs providing all 12 expanded range of services.  Denominator: Total functional AB-HWCs | Percentage | 100% | 100% | AB-HWC  Portal |
| 141 | Output | Footfall at AB-HWCs  (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care) | **Numerator:** No. of AB-HWCs in rural areas reporting minimum 5%annual increase in footfall over preceding year  **Denominator:** Number of operational AB-HWCs in rural areas (SHC-HWC+PHC-HWC)  **Numerator:** No. of AB-HWCs in urban areas reporting a minimum 15% annual increase in footfall over preceding year.  **Denominator:** Number of operational AB-HWCs in urban areas (UPHC-HWC+UHWC) | Percentage | A. 100%  B. 100% | 100%  100% | AB-HWC  Portal |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | Percentage | 100% | 100% | AB-HWC  Portal |
| 143 | Output | Diagnostics 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. | Percentage | 100% | 100% | AB-HWC  Portal |
| 144 | Output | Training on AB-HWC  primary health care teams(ASHA,MPW,CHO,SN  and MO)one expanded service packages | Numerator: Total number of AB-HWC primary health care team members (ASHA, MPW,CHO, SN and MO) trained one expanded service packages  Denominator: Total number of primary health care team members(ASHA,MPW,CHO,SN and MO) in the state | Percentage | 95% | 95% | AB-HWC  Portal and SASHAKT |
| 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. | Percentage | 100%  annually | 100%  annually | AB-HWC  Portal |
| 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) | Percentage | 100% | 100% | AB-HWC  Portal |
| 147 | Output | Tele-consultations 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) | Percentage | 90% | 100% | AB-HWC  Portal |

| **Sl. No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 148 | Output | Treatment compliance | Numerator: Total no. of Individuals received treatment for Hypertension  Denominator: Total individuals diagnosed for Hypertension | Percentage | 70% | 80% | AB-HWC  Portal |
| 149 | Numerator: Total no. of Individuals received treatment for Diabetes  Denominator: Total individuals diagnosed for Diabetes | Percentage | 70% | 80% | AB-HWC  Portal |
| 150 | Output | JAS  functioning | Numerator: Number of JAS conducted at least 10 meetings in a year  Denominator: Total operational AB-HWCs | Percentage | 80% | 90% | AB-HWC  Portal |
| 151 | Output | Functional AB-HWC  awarded Kayakalp Awards | Numerator: Number of facilities awarded district level Kayakalp awards  Denominator: Total number of functional AB-HWCs | Percentage | 128  (100%) | 130  (100%) | AB-HWC  Portal |
| 152 | Output | Functioning 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 | Percentage | 95% | 95% | AB-HWC  Portal |
| 153 | Output | AB-HWC  primary healthcare team's incentives | 1. Numerator: Number of AB-HWCs whose primary healthcare teams have received 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)minimum12 times a year   Denominator: Total number of in-position ASHAs | Output | 100% | 100% | AB-HWC  Portal |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-AYUSH** | | | | | | | |
| 154 | Output | Co-location of AYUSH  facilities | Number of Public Health Facilities with Co-located AYUSH OPD Services | Number | 50 | 70 | State Reports | |
| 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) | Percentage | 85% | 95% | NHSRC HRH  Division | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Human Resource for Health(HRH)** | | | | | | | |
| 156 | Output | HRH  availability as per IPHS | Percentage of HRH available as per IPHS (HR in Place/IPHS requirements  100)for six key staff categories\*  *(\*Depending on the actual status, the targetmaybechangedasperNPCC discussion)* | Percentage |  |  | NHSRC HRH  Division | |
| * MPW(Male+Female) | 90% | 95% |  | |
| * StaffNurses | 60% | 70% |  | |
| * Labtechnicians\*\*   (\*\**Reduction in gap% applicable only for those levels of facilities where lab servicesincludingHRforlabhavebeenoutsourced)* | 40% | 50% |  | |
| * Pharmacists | 60% | 70% |  | |
|  |  |  | * Medical Officer-MBBS |  | 55% | 65% |  | |
|  |  |  | * Clinical specialists |  | 40% | 50% |  | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Biomedical equipment Management & Maintenance Program (BMMP)** | | | | | | | |
| 157 | Output | Equipment CAMC/AMC | Percentage of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/BMMP | Percentage | 100% | 100% | BMMP  Dashboard/State Equipment Inventory Software (e-upkaran) |
| 158 | Output | Equipment Up keep time | Percentage of equipment up time at each level of Public health facility as per BMMP guidelines i.e. (PHC-80%;CHCs-90%and DH-95%) | Percentage | 100% | 100% | BMMP  Dashboard/State Equipment Inventory Software (e-upkaran) |
| 159 | Output | AERB  Compliance | Percentage of Public Health Facility certified as per AERB compliance | Percentage | 100% | 100% | AERB  Compliance certification dashboard |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-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.  **Denominator:** Total no. of health facilities. | Percentage | 100% | 100% | HMIS | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Programme-Public Health Administration (PHA) Division** | | | | | | | |
| 161 | Output | Infrastructure  (Rural and Urban health care facilities-   1. DH, 2. SDH, 3. CHCs, 4. UCHCs, 5. UPHCs, 6. PHCs, 7. SubHealthCenters, 8. Others) | Number of new constructions completed and handed over against the projects sanctioned. | Number | 70% | 100% | State Report | |
| 162 | Outcome | IPHS  compliance | %Of health care facilities achieved IPHS compliance. | Percentage | 20% | 40% | State Report | |
| 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 3 minutes. | Percentage | 75% | 80% | State Report | |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 164 | Output | GRS&  Health Help Desk | %Of calls resolved out of total calls received service wise   1. Health Information, 2. Counseling, 3. SUMAN, 4. ECD. | Percentage | 100% | 100% | State Report |
| 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) | Percentage | 100% | 100% | State Report |
| 166 | Output |  | Average response time per vehicle | Minutes | 20min | 20min | State Report |
| 167 | Output | MMU | Avg.no. of trips per MMU per month | Numbers | 25 | 25 | State Report |

| **Sl.No** | **Indicator Type** | **Indicator Statement** | **Indicator** | **Unit** | **Target 2024-25** | **Target 2025-26** | **Source of**  **data** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 168 | Output | MMU | Average no. of lab investigations per MMU per day. | Numbers | 25 in plain and 20 in hilly | 25 in plain and 20 in hilly | State Report |
| 169 | Process | DH  Strengthening acknowledge Hub | % of District hospitals-initiated any of the following courses:-   1. DNB courses 2. Nursing courses 3. Allied healthcare courses | Districts | **DNB** Program in 3 new Districts | **DNB** Program in 3 new Districts | State Report  And  NBEMS Portal |