NITI Aayog

NITI Aayog

National Institution for Transforming India

NITI Aayog

PERFORMANCE ON HEALTH OUTCOMES

A REFERENCE GUIDEBOOK | DECEMBER 2016

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ABBREVIATIONS

AHPI	Association of Healthcare Providers
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ART	Antiretroviral Therapy
CCU	Cardiac Care Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
CRS	Civil Registration System
DH	District Hospital
GBD	Global Burden of Disease
FRU	First Referral Unit
Hb	Haemoglobin
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRMIS	Human Resources Management Information System
IDSP	Integrated Disease Surveillance Project
ISO	International Organization for Standardization
IT	Information Technology
L FORM	IDSP Reporting Format for Laboratory Surveillance
MCTS	Mother and Child Tracking System
MCTFC	Mother and Child Tracking Facilitation Centre
MIS	Management Information System
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NACO	National AIDS Control Organization
NCDs	Non Communicable Diseases
NE	North-east
NFHS	National Family Health Survey
NHM	National Health Mission
NMR	Neonatal Mortality Rate
NQAS	National Quality Assurance Standards
P FORM	IDSP Reporting Format for Presumptive Surveillance
PHC	Primary Health Centre
PLHIV	People living with HIV/AIDS
RNTCP	Revised National Tuberculosis Control Programme
RU	Reporting Unit
SBR	Still Birth Rate
SDG	Sustainable Development Goals
SDH	Sub-district Hospital
SRS	Sample Registration System
SC	Sub-Centre
TA	Technical Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
U5MR	Under Five Mortality Rate

1. Background and Rationale

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

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

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

In this regard, in order to rapidly bring about transformative action in achieving the desirable outcomes, a priority for NITI Aayog and Ministry of Health & Family Welfare (MoHFW) is to prompt States towards improvements in outcomes in the coming years. In this context, NITI Aayog and MoHFW are spearheading the Health Index initiative.

After an elaborate exercise including seeking feedback from the Ministry of Health and Family Welfare and the States through an iterative process, experts and a pre-test, NITI Aayog has developed the health index with technical assistance from the World Bank. A composite index would be calculated and disseminated annually, with a focus on measuring and highlighting annual incremental improvement of States. NITI Aayog is developing a web portal that will provide a pre-designed format for States to provide the data on the indicators. This will then be verified by an independent third party agency and then an index for all the States will be published.

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

2. Salient features of health index

The salient features of the health index are as follows:

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

Table 1 Health Index: Summary Table

Domain	Sub-Domain	Sr. No	Indicators	Weight
1. Health Outcomes (14)	1.1. Key Outcomes (7)	1.1.1	Still Birth Rate (SBR)	700
		1.1.2	Neonatal Mortality Rate (NMR)	
		1.1.3	Under-five Mortality Rate (U5MR)	
		1.1.4	Maternal Mortality Ratio (MMR)	
		1.1.5	Total Fertility Rate (TFR)	
		1.1.6	Proportion of low birth weight among new-borns	
		1.1.7	Sex ratio at birth (number of girls born per 1000 boys born)	

Domain	Sub-Domain	Sr. No	Indicators	Weight
	1.2. Intermediate outcomes (7)	1.2.1	Full immunization coverage (%)	350
		1.2.2	Proportion of institutional deliveries	
		1.2.3	Proportion of pregnant women aged 15-49 years who are anaemic	
		1.2.4	Total case notification rate of TB	
		1.2.5	Treatment success rate of new smear positive tuberculosis (TB) cases	
		1.2.6	Proportion of people living with HIV (PLHIV) on antiretroviral therapy (ART)	
		1.2.7	Out of pocket expenditure on drugs and diagnostics in public health facilities (using Pregnant Women as proxy to all patients)	
2. Governance and information (3)	2.1. Health monitoring data integrity (1)	2.1.1	Data integrity measure: (Institutional deliveries, ANC registered within first trimester)	70
	2.2. Governance (2)	2.2.1	Average occupancy of an officer, combined for the following three posts at State level for last three years - 1. Principal Secretary 2. Mission Director (NHM) 3. Director- Health Services	60
		2.2.2	Average occupancy of a full time officer in the last three years for all Districts- District Chief Medical Officers (CMOs) or equivalent post (Heading District Health Services)	
3. Key inputs/ processes (11)	3.1. Health Systems/Service Delivery (11)	3.1.1	Proportion of vacant health care provider positions (Regular + Contractual) in public health facilities	220
		3.1.2	Proportion of total staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled Human Resource Management Information System (HRMIS).	
		3.1.3	a. Proportion of specified type of facilities functioning as First Referral Units (FRUs)	
			b. Proportion of functional 24x7 PHCs	
		3.1.4	Proportion of districts with functional Cardiac Care Units (CCU)	
		3.1.5	Proportion of ANC registered within first trimester against total registrations	
		3.1.6	Level of registration of births (%)	
		3.1.7	Completeness of IDSP reporting of P and L form (%)	
		3.1.8	Proportion of CHCs with grading above 3 points	

Domain	Sub-Domain	Sr. No	Indicators	Weight
		3.1.9	Proportion of public health facilities with accreditation certificates by a standard quality assurance programme (NQAS /NABH/ISO/AHPI etc.)	
		3.1.10	Average number of days for transfer of Central NHM fund from State Treasury to implementation agency (Department/Society) based on all tranches of the last financial year	
		3.1.11	Proportion of National Health Mission (NHM) funds utilized by the end of 3rd quarter	

3. Methodology

- States will enter basic data for each indicator for a base year and a reference year which will be specified based on the availability of data.
- Data available in the public domain will be pre-filled if required in the system.
- Each indicator value (X) will then be scaled using the following formula.

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

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

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

- A composite index will then be calculated for the base year (Y_1) and reference year (Y_2) after application of the weights.
- The difference in the two indices will be a measure of incremental improvements.
- Achievements of States will be displayed on the portal on the basis of Y_2 as well as incremental improvements ($Y_2 - Y_1$).

4. Key steps for assessment and timelines

There is a series of key activities involved in this entire process of assessment which is mentioned below along with timelines:

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

5. Roles and responsibilities

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

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

6. Indicator wise details

DOMAIN 1: HEALTH OUTCOMES

Sub-Domain 1.1: Key Outcomes

Indicator 1.1.1 - Still Birth Rate (SBR)	
Indicator Definition	Number of still births per thousand live births during a specific year
Reference Year	2015 (Jan-Dec 2015)
Base Year	2014 (Jan-Dec 2014)
Numerator	
Denominator	Not applicable as ready figures of SBR are available
Data source(s)	Sample Registration System (SRS)

Indicator 1.1.2 - Neonatal Mortality Rate (NMR)	
Indicator Definition	Number of infant deaths of less than 29 days per thousand live births during a specific year
Reference period	2015 (Jan-Dec 2015)
Base Year	2014 (Jan-Dec 2014)
Numerator	
Denominator	Not applicable as ready figures of NMR are available
Data source(s)	Sample Registration System (SRS)

Indicator 1.1.3 - Under-five Mortality Rate (U5MR)	
Indicator Definition	Number of child deaths of less than 5 years per thousand live births during a specific year
Reference period	2015 (Jan-Dec 2015)
Base Year	2014 (Jan-Dec 2014)
Numerator	
Denominator	Not applicable as ready figures of U5MR are available
Data source(s)	Sample Registration System (SRS)

Indicator 1.1.4 - Maternal Mortality Ratio (MMR)	
Indicator Definition	Number of maternal deaths from any cause related to or aggravated by pregnancy or its management during pregnancy, childbirth, or within 42 days of termination of pregnancy, per 100,000 live births during the specific period
Reference period	2012-14 (Jan-Dec)
Base period	2011-13 (Jan-Dec)
Numerator	
Denominator	Not applicable as ready figures of MMR are available
Data source(s)	Sample Registration System (SRS)

Indicator 1.1.5 - Total Fertility Rate (TFR)	
Indicator Definition	Average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years), during a specific year
Reference period	2015 (Jan-Dec 2015)
Base period	2014 (Jan-Dec 2014)
Numerator	
Denominator	Not applicable as ready figures of TFR are available
Data source(s)	Sample Registration System (SRS)

Indicator 1.1.6 - Proportion of low birth weight among new-borns	
Indicator Definition	Proportion of low birth weight (<2.5 kg) new-borns out of the total number of new-borns weighed during a specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Number of new-borns weighed less than 2.5 kg in the specific year
Denominator	Total number of new-borns weighed in the specific year
Data source(s)	Health Management Information System (HMIS)

Indicator 1.1.7 - Sex ratio at birth (number of girls born for every 1000 boys born)	
Indicator Definition	The number of girls born for every 1,000 boys born during a specific year
Reference period	2013-15 (Jan-Dec)
Base period	2012-14 (Jan-Dec)
Numerator	
Denominator	Not applicable as ready figures of Sex Ratio at Birth are available
Data source(s)	Sample Registration System (SRS)

Sub-Domain 1.2: Intermediate Outcomes

Indicator 1.2.1 - Full immunization coverage (%)	
Indicator Definition	Proportion of infants 9-11 months old who have received BCG, 3 doses of DPT, 3 doses of OPV and measles against estimated number of infants during a specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Total number of children aged 9-11 months fully immunized for the specific year
Denominator	Estimated number of infants for the specific year (To be provided by MoHFW)
Data source(s)	Health Management Information System (HMIS)

Indicator 1.2.2 - Proportion of institutional deliveries	
Indicator Definition	Proportion of deliveries conducted in public and private health facilities against the number of estimated deliveries during a specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Total number of institutional deliveries (Public + Private) for the specific year
Denominator	Number of estimated deliveries for the specific year (To be provided by MoHFW)
Data source(s)	Health Management Information System (HMIS)

Indicator 1.2.3 - Proportion of pregnant women aged 15-49 years who are anaemic	
Indicator Definition	Proportion of pregnant women aged 15-49 years who are anaemic (<11.0 g/dl) against total number of pregnant women registered for ANC during a specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Number of pregnant women (tested cases) having Hb level < 11.0 g/dl
Denominator	Total number of pregnant women registered for ANC
Data source(s)	Health Management Information System (HMIS)

Indicator 1.2.4 - Total case notification rate of TB	
Indicator Definition	Number of new and relapsed TB cases notified (public + private) per 100, 000 population during a specific year
Reference year	2015 (Jan- Dec 2015)
Base year	2014 (Jan-Dec 2014)
Numerator	
Denominator	Not applicable as ready figures are available
Data source(s)	Revised National Tuberculosis Control Programme (RNTCP) MIS

Indicator 1.2.5 - Treatment success rate of new smear positive tuberculosis (TB) cases	
Indicator Definition	Proportion of new smear positive cases cured and their treatment completed against the total number of new smear positive cases registered during a specific year
Reference year	2014 (Jan- Dec 2014)
Base year	2013 (Jan-Dec 2013)
Numerator	
Denominator	Not applicable as ready figures are available
Data source(s)	RNTCP MIS

Indicator 1.2.6 - Proportion of people living with HIV (PLHIV) on antiretroviral therapy (ART)

Indicator Definition	Proportion of PLHIVS receiving ART treatment against the number of estimated PLHIVs who needed ART treatment for the specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Number of PLHIVS receiving ART treatment for the specific year
Denominator	Number of estimated PLHIVs who needed ART treatment for the specific year (To be provided by MoHFW)
Data source(s)	NACO State Report

Indicator 1.2.7 - Out of pocket expenditure on drugs and diagnostics incurred in public health facilities (using pregnant women as proxy to all patients)

Indicator Definition	Average out of pocket expenditure (In Rupees) on drugs and diagnostics incurred per delivery in public health facilities during a specific year
Reference year	2015-16 (April 2015-March 2016)
Base year	2014-15 (April 2014-March 2015)
Numerator	Not applicable as ready figures are available from Mother and Child Tracking Facilitation Centre (MCTFC), MoHFW
Denominator	
Data source(s)	Mother and Child Tracking Facilitation Centre (MCTFC)

DOMAIN 2: GOVERNANCE AND INFORMATION

Sub-Domain 2.1: Health monitoring data integrity

Indicator 2.1.1 - Data integrity measure: Institutional deliveries and ANC registered within first trimester

Indicator Definition	Percentage deviation of reported data from standard survey data to assess the quality/integrity of reported data for a specific period
Reference year	2011-12 to 2015-16
Base year	Not applicable
Numerator	Proportion of Institutional deliveries/ANC registered within first trimester (NFHS 4) minus Average proportion of institutional deliveries/ANC registered within first trimester [HMIS (For last 5 years)]
Denominator	Proportion of Institutional deliveries/ANC registered within first trimester (NFHS 4)
Data source(s)	Health Management Information System (HMIS) and National Family Health Survey (NFHS 4)
Remark	The average proportion of institutional deliveries and ANC registered within first trimester needs to be calculated separately by using the HMIS data for last five years i.e. 2011-12, 2012-13, 2013-14, 2014-15, 2015-16

Sub-Domain 2.2: Governance

Indicator 2.2.1 - Average occupancy of an officer, combined for following three posts at a State level for last three years

Indicator Definition	Average occupancy of an officer, combined for following posts in last three years: 1. Principal Secretary 2. Mission Director (NHM) 3. Director- Health Services
Reference year	Last 3 years as of March 31, 2016
Base year	Last 3 years as of March 31, 2015
Numerator	Sum of average tenure per officer combined for all 3 posts (In months)
Denominator	36 (Months) x 3 (posts)
Data source(s)	State report
Remark	The average tenure per officer of all 3 posts needs to be calculated separately by using the • Number of months the post remained filled with full time officer(s) in last three years • Number of full time officers that occupied the post in last three years

Indicator 2.2.2 - Average occupancy of a full time officer in last three years for all the Districts- District Chief Medical Officers (CMOs) or equivalent post (Heading District Health Services)	
Indicator Definition	Average occupancy of a full time CMO in last three years for all the Districts
Reference year	Last 3 years as of March 31, 2016
Base year	Last 3 years as of March 31, 2015
Numerator	Sum of average tenure of a full time officer (CMO) in last three years of all Districts
Denominator	36 (months) x number of districts
Data source(s)	State report
Remark	The average tenure per officer for all districts needs to be calculated separately by using the • Number of months the post remained filled with full time officer(s) in last three years and • Number of full time officers that occupied the post in last three years

DOMAIN 3: KEY INPUTS/PROCESSES

Sub-Domain 3.1: Health Systems/Service Delivery

Indicator 3.1.1 - Proportion of vacant health care provider positions (Regular + Contractual) in public health facilities	
Indicator Definition	Vacant healthcare provider positions in public health facilities against total sanctioned health care provider positions for following cadres (Separately for each cadre) during a specific year: a. ANMs at Sub-Centres (SCs) b. Staff nurse at Primary Health Centres and Community Health Centres (PHCs & CHCs) c. MOs at PHCs d. Specialists at DH (Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Anaesthesia, Ophthalmology, Radiology, Pathology, Ear-Nose-Throat, Dental, Psychiatry)
Reference year	As on March 31, 2016
Base year	As on March 31, 2015
Numerator	Number of vacant posts
Denominator	Number of sanctioned posts
Data source(s)	State report
Remark	Vacancy rate to be calculated using above numerator and denominator separately for each cadre. Then the average index value of all cadres to be calculated based on index values of each cadre

Indicator 3.1.2 - Proportion of total staff (regular + contractual) for whom an e-pay slip can be generated in the IT enabled Human Resource Management Information System (HRMIS).	
Indicator Definition	Proportion of staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled HRMIS against total number of staff (Regular + Contractual) during a specific year
Reference year	As on March 31, 2016
Base year	As on March 31, 2015
Numerator	Number of total staff (Regular + Contractual) for whom an e-pay slip can be generated in the IT enabled HRMIS
Denominator	Total number of staff (Regular + Contractual)
Data source(s)	State report

Indicator 3.1.3.a - Proportion of specified type of facilities functioning as First Referral Units (FRUs)	
Indicator Definition	Proportion of facilities of specified type conducting specified number of C-sections per year (FRUs) against total number of specified type of facilities (CHCs, SDHs, DHs) during a specific year
Reference year	As on March 31, 2016
Base year	As on March 31, 2015
Numerator	Number of CHCs/SDHs/DHs conducting specified number of C-sections per year (FRUs)
Denominator	Total number of CHCs/SDHs/DHs
Data source(s)	HMIS

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

Indicator 3.1.3.b - Proportion of functional 24x7 PHCs

Indicator Definition	PHCs providing all stipulated healthcare services* round the clock during a specific year
Reference year	As on March 31, 2016
Base year	As on March 31, 2015
Numerator	Number of 24x7 PHCs providing all stipulated healthcare services
Denominator	Total number of PHCs
Data source(s)	Quarterly NRHM MIS report, MoHFW

* Stipulated services for 24x7 PHCs are - a: 24-hour delivery services b: Essential new-born care and c: Referral for emergencies.

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

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

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

Indicator Definition	Proportion of pregnant women registered for ANC within 12 weeks of pregnancy during a specific year
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Number of ANC registered during the first trimester for the specific year
Denominator	Total number of ANC Registrations for the specific year
Data source(s)	HMIS

Indicator 3.1.6 - Level of registration of births (%)

Indicator Definition	Proportion of births registered under Civil Registration System (CRS) against the estimated number of births during a specific year
Reference year	2013
Base year	2012
Numerator	Not applicable as ready figures are available
Denominator	
Data source(s)	Civil Registration System (CRS)

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

Indicator Definition	Proportion of Reporting Units (RU) reporting in stipulated time period against total Reporting Units, for P and L forms during a specific yeart
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Not applicable as ready figures are available
Denominator	
Data source(s)	IDSP report
Remark	Average index value for P and L forms to be calculated based on index values of P and L forms.

Indicator 3.1.8 - Proportion of CHCs with grading above 3 points

Indicator Definition	Proportion of CHCs that are graded above 3 points against total number of CHCs during a specific year
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Number of CHCs that are graded above three points for the specific year
Denominator	Total number of CHCs
Data source(s)	HMIS

Indicator 3.1.9 - Proportion of public health facilities with accreditation certificates by a standard quality assurance programme (NQAS /NABH/ISO/AHPI)

Indicator Definition	Proportion of specified type of public health facilities with accreditation certificates by a standard quality assurance programme against the total number of specified type of facilities during a specific year
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Number of specified type of public health facilities (DH-SDH/CHC-Block PHC) with accreditation certificates
Denominator	Total number of specified type (DH-SDH/CHC-Block PHCs) of facilities
Data source(s)	State Report
Supporting documents to be uploaded	List of accredited facilities with type of accreditation
Remark	Average index value for DH-SDH and CHC-Block PHCs to be calculated based on index values of above type of facility

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

Indicator Definition	Average time taken (in number of days) by the State Treasury to transfer funds to implementation agencies during a specific year
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Sum of number of days taken by the State Treasury to transfer Central NHM funds for all tranches
Denominator	Total number of tranches
Data source(s)	State Report
Supporting documents to be uploaded	Tranche wise amount received by State Treasury from GoI (with dates) Tranche wise amount released by the State Treasury to the implementation agency [Department/Society] (with dates)

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

Indicator Definition	Proportion of funds utilised against the total funds allocated under NHM by the end of 3rd quarter of specific year
Reference year	2015-16 (April 2015 - March 2016)
Base year	2014-15 (April 2014 - March 2015)
Numerator	Expenditure under NHM by Department/Society for the financial year by December 31st
Denominator	Amount received under NHM by Department/Society by December 31st
Data source(s)	State Report