



R F D

Results Framework Document
for
Health Services

(2011-2012)

Section 1: Vision, Mission, Objectives and Functions

Vision

To achieve acceptable standards of healthcare for the people of the State.

Mission

1. To ensure availability of quality healthcare on equitable, accessible and affordable basis throughout the state with special focus on tribal, remote and backward and marginalised groups.
2. To strengthen primary healthcare delivery system with well functioning linkages to secondary & tertiary healthcare delivery system.
3. To reduce Infant Mortality Rate (IMR) and Maternal Mortality Ratio.
4. To reduce the incidence of communicable diseases and putting in place a strategy to reduce the burden of noncommunicable diseases.
5. To improve overall sex ratio in the state.
6. To improve availability of trained human resources in health sector
7. To regulate health service delivery and promote rational use of pharmaceuticals in the State.

Objective

- 1 Universal access to primary healthcare services for all sections of society with effective linkages to secondary and tertiary health care.
- 2 Improving Maternal and Child Health.
- 3 Improving Child Sex Ratio.
- 4 Developing human resources for health.
- 5 Reducing overall disease burden.
- 6 Strengthening Secondary and Tertiary healthcare.
- 7 Focus on strengthening of health services in tribal, remote and backward areas and for other marginal groups

Functions

- 1 Management of health institutions.
- 2 Proposals for policy formulation in issues relating to health and family welfare sector
- 3 Obtaining support from Gol and other bodies for the health sector.

Section 1: Vision, Mission, Objectives and Functions

- 4 Reducing the burden of Communicable diseases
- 5 Reducing burden of Non-communicable diseases
- 6 To create awareness about healthy life style and prevention of diseases
- 7 Development of human resource in health sector.
- 8 Implementation of health related regulatory matters

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value					
						Excellence	Very Good	Good	Fair	Poor	
[1] Universal access to primary healthcare services for all sections of society with effective linkages to secondary and tertiary health care.	20.00	[1.1] Strengthening of Health Infrastructure	[1.1.1] Total number of health institutions as 24X7 facilities	No	8.00	100	90	80	75	70	
			[1.1.2] Operationalisation of ambulances under Atal Swasthya Sewa.	No	4.00	108	100	95	90	85	
			[1.1.3] Completion of civil works of health institutions	No	3.00	60	50	45	40	35	
[2] Improving Maternal and Child Health.	21.00	[1.2] Increasing community participation and capacity building of all stakeholders.	[1.2.1] Making Village Health and Sanitation committees functional (New)	No	2.00	1200	1000	900	700	500	
			[1.2.2] Making Rogi Kalyan Samitis functional in health institutions	No	3.00	572	550	530	500	450	
[3] Improving Child Sex Ratio.	10.00	[2.1] Promotion of institutional deliveries	[2.1.1] Institutional deliveries as a percentage of total deliveries	%	8.40	70	66	60	55	50	
		[2.2] Full immunisation of children.	[2.2.1] Target children immunised	%	6.30	100	100	90	80	70	
		[2.3] Family planning by permanent methods	[2.3.1] No of beneficiaries	No	6.30	23000	20000	18000	17000	16000	
[3.1] To hold training /workshops in all districts.	10.00	[3.1.1] No of workshops	[3.1.1] No of workshops	No	5.00	12	10	8	7	6	
			[3.2] IEC in Gram Panchayats	[3.2.1] No of Gram Panchayat	No	1.00	600	500	400	350	300
			[3.3] Inspection of all USG machines	[3.3.1] No of inspection machines	No	4.00	280	240	220	210	200

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellence 100%	VeryGood 90%	Good 80%	Fair 70%	Poor 60%
[4] Developing human resources for health.	8.00	[4.1] Training of medics and paramedics	[4.1.1] No of trainings/workshops	No	8.00	120	108	96	84	72
[5] Reducing overall disease burden.	12.00	[5.1] Control of tuberculosis.	[5.1.1] New sputum positive detection rate	%	1.80	76	74	60	50	45
			[5.1.2] New sputum positive cure rate.	%	1.80	90	88	70	60	55
			[5.2.1] Cataract surgery performed	No	3.00	27000	25000	22000	20000	18000
[6] Strengthening Secondary and Tertiary healthcare.	10.00	[5.3] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular diseases, stroke and Cancer	[5.3.1] Operationalisation of NCD clinics	No of NCD clinics	3.00	70	60	50	45	40
			[5.4.1] Annual new case detection rate	Per lakh	2.40	2.9	3	4	5	6
[7] Focus on strengthening of health services in tribal, remote and backward areas and for other marginal groups	8.00	[6.1] Proposal for rationalization of manpower in health institutions	[6.1.1] Effective deployment as per proposal	Date	6.00	20/02/2012	29/02/2012	05/03/2012	20/03/2012	31/03/2012
		[6.2] Provision of minimum essential equipments in Zonal, Regional and civil hospitals	[6.2.1] Finalisation of action plan for provision of minimum essential equipments	Date	4.00	30/11/2011	31/12/2011	31/01/2012	29/02/2012	31/03/2012
* Efficient Functioning of the RFD System	5.00	Timely submission of Draft for Approval	[7.1.1] No of multispeciality camps	No	8.00	25	20	18	16	14
* Mandatory Objective(s)		On-time submission		Date	2.0	12/08/2011	16/08/2011	17/08/2011	18/08/2011	19/08/2011

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellence	VeryGood	Good	Fair	Poor
		Timely submission of Results	On-time submission	Date	1.0	100%	90%	80%	70%	60%
		Finalize a Strategic Plan	Finalize the Strategic Plan for next 5 years	Date	2.0	20/02/2012	24/02/2012	29/02/2012	05/03/2012	09/03/2012
* Improving Internal Efficiency / responsiveness /service delivery of Department	4.00	Develop RFDs for all Responsibility Centers (Subordinate Offices, Attached Offices, Autonomous Bodies,	Percentage of RCs covered	%	2.0	100	95	90	85	80
		Implementation of Sevottam	Create a compliant system to implement, monitor and review Citizen's / Client's Charter	Date	1.0	20/02/2012	24/02/2012	29/02/2012	05/03/2012	09/03/2012
			Create a Compliant system to redress and monitor public Grievances	Date	1.0	20/02/2012	24/02/2012	29/02/2012	05/03/2012	09/03/2012
* Administrative Reforms	2.00	Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Finalize an action plan to mitigate potential areas of corruption.	Date	2.0	10/12/2011	15/12/2011	20/12/2011	24/12/2011	31/12/2011

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14	
[1] Universal access to primary healthcare services for all sections of society with effective linkages to secondary and tertiary health care.	[1.1] Strengthening of Health Infrastructure	[1.1.1] Total number of health institutions as 24X7 facilities	No	55	75	90	100	110	
		[1.1.2] Operationalisation of ambulances under Atal Swasthya Sewa.	No	0	71	100	108	108	
		[1.1.3] Completion of civil works of health institutions	No	92	54	50	50	50	
	[1.2] Increasing community participation and capacity building of all stakeholders.	[1.2.1] Making Village Health and Sanitation committees functional (New)	No	0	1200	1500	2000	3000	
		[1.2.2] Making Rogi Kalyan Samitis functional in health institutions	No	106	550	550	572	572	
	[2] Improving Maternal and Child Health.	[2.1] Promotion of institutional deliveries	[2.1.1] Institutional deliveries as percentage of total deliveries	%	52	62	64	68	70
			[2.2.1] Target children immunised	%	97	100	100	100	100
		[2.3] Family planning by permanent methods	No	27616	23638	20000	20000	20000	
	[3] Improving Child Sex Ratio.	[3.1] To hold training /workshops in all districts.	[3.1.1] No of workshops	No	10	10	10	12	12
		[3.2] IEC in Gram Panchayats	[3.2.1] No of Gram Panchayat	No	500	500	500	800	1000
[3.3] Inspection of all USG machines		[3.3.1] No of inspection	No	200	228	350	400	450	

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14	
[4] Developing human resources for health.	[4.1] Training of medics and paramedics	[4.1.1] No of trainings/workshops	No	90	96	108	120	124	
	[5] Reducing overall disease burden.	[5.1] Control of tuberculosis.	[5.1.1] New sputum positivedetection rate	%	70	74	74	75	76
		[5.1.2] New sputum positveure rate.	%	85	87	88	89	90	
		[5.2] Reduction in prevalence of blindness.	[5.2.1] Cataract surgeryperformed	No	26000	27000	25000	27000	28000
	[5.3] Opportunistic screening, diagnosis and management of Diabetes, Cardiovascular diseases, stroke and Cancer	[5.3.1] Operationalisation of NCD clinics	No of NCD clinics	0	0	60	80	93	
[6] Strengthening Secondary and Tertiary healthcare.	[5.4] Reduce incidence of leprosy	[5.4.1] Annual new casedetection rate	Per lakh	2.6	2.6	3	3	2.9	
	[6.1] Proposal for rationalization of manpower in health institutions	[6.1.1] Effective deployment as per proposal	Date	--	--	29/02/2012	--	--	
	[6.2] Provision of minimum essential equipments in Zonal,Regional and civil hospitals	[6.2.1] Finalisation of action plan for provision of minimum essential equipments	Date	--	--	31/12/2011	--	--	
[7] Focus on strengthening of health services in tribal, remote and backward areas and for other marginal groups	[7.1] To organise multispeciality camps	[7.1.1] No of multispeciality camps	No	17	13	20	25	30	

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	--	--	16/08/2011	--	--
	Timely submission of Results	On-time submission	Date	--	--	02/05/2012	--	--
	Finalize a Strategic Plan	Finalize the Strategic Plan for next 5 years	Date	--	--	24/02/2012	--	--
* Improving Internal Efficiency / responsiveness /service delivery of Department	Develop RFDs for all Responsibility Centers (Subordinate Offices, Attached Offices, Autonomous Bodies,	Percentage of RCs covered	%	--	--	95	--	--
	Implementation of Sevottam	Create a compliant system to implement, monitor and review Citizen's / Client's Charter	Date	--	--	24/02/2012	--	--
* Administrative Reforms	Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Create a Compliant system to redress and monitor public Grievances	Date	--	--	24/02/2012	--	--
		Finalize an action plan to mitigate potential areas of corruption.	Date	--	--	15/12/2011	--	--

* Mandatory Objective(s)

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

Objective	Success Indicator	Definitions and Explanation of success indicator.
1. Universal access to Primary Health Care services for all section of society with effective linkages to secondary and tertiary health care.	1.1.1 Operationalisation of health institutions as 24X7 facilities	At present 24X7 facilities including those related to pregnancies and newborn childcare are provided in district level health institutions. As a result, there is a gap in services, and the unnecessary pressure is observed in district level institutions. Providing such facilities at identified PHC/CHC/CH will take care of these problems.
	1.1.2 Operationalisation of ambulances under Atal Swasthya Sewa.	At present, Department of Health & Family Welfare is providing referral services to the patients through the fleet of ambulances. But due to their inadequate number, all the patients are not able to avail this service. To fill this gap ambulances equipped with life saving medicines/instruments and trained manpower under Atal Swasthya Sewa Yojna are being provided.
	1.1.3 Completion of capital works.	Prioritization of ongoing civil works with an inclination of completing certain minimum no of works within a definitive timeline.

	1.2.1 Making all Village Health and Sanitation committees functional	To ensure the participation of local people in assessing and addressing their health needs, these committees are being constituted and it is proposed that these committees will frame their health action plan according to their health needs.
	1.2.2 Making all RKS functional in all health institutions	For effective community management of public health facilities in Himachal Pradesh, Rogi Kalyan Samitis have been constituted at the PHC / CHC/ District Hospital level. Rogi Kalyan Samitis are empowered to carry out activities which are considered essential for improving the gaps in delivery of health services.
2. Improving Maternal and Child Health.	2.1.1 Institutional deliveries as percentage of total deliveries	One of the strategies to reduce Infant Mortality Rate and Maternal Mortality Rate is the promotion of institutional deliveries by skilled manpower
	2.2.1 Target children immunised	Department of Health and Family Welfare is providing full range of immunisation services to Children at all level of health institutions from subcentres to tertiary care centres. The immunisation programme is aimed to protect the children from 6 preventable diseases. (TB, Polio, Diphtheria, Pertussis, Tetanus, Measles).
	2.3.1 No of beneficiaries	Department of Health and Family Welfare is providing permanent sterilization facility to both male and female clients.

3. Improving Child Sex Ratio.	3.1.1 No of workshops	To improve the Child Sex ratio (0-6 years) Department of Health and Family Welfare is organising workshops/training programmes in the State. All major stakeholders are participating in these training programmes/ workshops.
	3.2.1 No of gram Panchayats	To create awareness among the general public about the concern of declining sex ratio, the Department of Health & Family Welfare is conducting massive IEC activities in the high focus gram Panchayats of the State in a phased manner.
	3.3.1 No of inspections	Department is inspecting and keeping active surveillance on the working and records of the all Ultra sound centres of the State and is implementing the PC & PNDT act effectively in the State.
4. Developing human resources for health.	4.1.1 No of Trainings/workshops	Department will strengthen the existing training centres of the State and conduct the need based trainings of all technical and non technical staff.
5. Reducing overall disease burden	5.1.1 New Sputum positive detection rate	New Sputum-positive patients are a source of infection to the public. Department of Health & Family Welfare is implementing Revised National TB Control Programme (RNTCP) in the State. In designated microscopy centres patients suspected to have tuberculosis are being detected and put on treatment to control the disease.

	5.1.2 New Sputum Positive cure rate	The term new smear positive treatment success rate denote the proportion of new smear positive TB cases cured or treatment completed to the total number of new smear positive TB cases registered in the specific cohort (quarter/year). Under RNTCP, New Sputum-positive patients are being provided free medicines at all level of health institutions from sub centre level to tertiary care centres.
	5.2.1 Cataract surgery performed	Cataract is a major public health problem in geriatric population. Department of Health and Family Welfare Himachal Pradesh is implementing National Programme for Prevention and Control of Blindness. Under the programme, cataract surgery is being performed in selected health institutions of the State.

	<p>5.3.1 Non-Communicable Disease Clinics</p>	<p>Non- communicable diseases are on the rise in Himachal Pradesh. Hence, to reduce the burden of Non Communicable Diseases in the State, Department of Health and Family Welfare is implementing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke in three Districts of the State (Chamba,L&S,Kinnour). Under the programme, opportunistic screening will be done at all level of health institutions starting from Subcentres. NCD clinics are being established at all health institutions from PHC onwards. (Once weekly clinic in PHC, twice weekly in CHC and daily clinic at District hospital)</p>
	<p>5.4.1 Annual New Case Detection Rate of Leprosy</p>	<p>State has a high influx of migratory population from other States, where there is high burden of leprosy cases. Since leprosy is a communicable disease, hence to protect the community, the patients suspected of having leprosy need to be diagnosed early and treated under National Leprosy Elimination Programme.</p>

6. Strengthening Secondary and Tertiary healthcare.	6.1.1 On time submission of proposal for rationalisation of Manpower	To provide the quality health services to all section of the society at their doorsteps, Department of Health and Family Welfare Himachal Pradesh is working on a proposal to rationalise and deploy the manpower for their optimum utilisation.
	6.2.1 No of health institutions	The Department of Health and Family Welfare will make an action plan to provide minimum basic essential equipments in Zonal, Regional and Civil hospitals.
7. Focus on tribal, remote and backward areas and marginal groups	7.1.1 No of multispecialty camps	State has a shortage of specialist manpower, especially in health institutions of tribal, remote and backward areas. To reduce the gap and to provide the quality health services to the people in the tribal, remote and backward areas and marginal groups, the Department is organising multispecialty camps in these areas.
* Efficient Functioning of the RFD System	On-time submission of the draft of the Document	RFD is a roadmap for improving the efficiency of the health department in service delivery. Hence the document is being submitted on time.
	On-time submission of the results	RFD is a roadmap for improving the efficiency of the health department in service delivery. Hence the document is being submitted on time. The results will also be submitted on time.

	Finalize the Strategic Plan	RFD is a roadmap for improving the efficiency of the health department in service delivery. Hence, the department will finalize the Strategic Plan for next 5 years.
* Improving Internal Efficiency / responsiveness /service delivery of Department	Percentage of RCs (Subordinate Offices, Attached Offices, Autonomous Bodies, covered)	Department of Health and Family Welfare will make the RFD for all the health institutions up to the periphery level in a phased manner.
	Create a compliant system to implement, monitor and review Citizen's / Client's Charter	Department will operationalise the citizen's charters at all level of health institutions of the State.
	Create a Compliant system to redress and monitor public Grievances	Department of Health and Family Welfare will create a compliant system to redress and monitor public grievances.
* Administrative Reforms	Finalize an action plan to mitigate potential areas of corruption.	Department of Health and Family Welfare will have zero tolerance for corruption. Hence Department will identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them.

Section 5:
Specific Performance Requirements from other Departments

Department	Success Indicator	What do you need?	Why do you need?	What happens if you do not get it
Finance	Providing infrastructure, medicines and equipments	Adequate budgetary allocation	Purchase of machinery, equipments, medicines and construction of civil works and salary of the staff	Inadequate funding will have negative impact on delivery of health service
Tribal Development	Providing infrastructure, medicines and equipments in tribal areas	do	Purchase of machinery, equipments, medicines and construction of civil works	do
PWD	Completion of the civil works	Quick execution of works	For meeting out the demand for infrastructure to provide better health services	The institution will not be able to meet the requirement for providing better health care to the patients
Panchayati Raj Department	No of meetings with the PRIs. No of plans formulated with the PRIs	Intrasectoral coordination	Health is a multisectoral issue. PRI has important stake in VHSC and RKS	Health services will not reach to the community

Deptt of Social Justice and Women Empowerment	No of meetings with the ICDS functionaries No of plans formulated with the ICDS functionaries	Intrasectoral coordination	Health is a multisectoral issue. ICDS and Health has common beneficiaries pregnant women, mothers, child, adolescents etc.	Health services will not reach to the community
Education	No of awareness and examination camps with the Education Department	Intrasectoral coordination	Health is a multisectoral issue. Education and Health has common beneficiaries i.e. school going children	Health services will not be available to the school children
IPH	No. of water sample tested	Intrasectoral coordination	Health is a multisectoral issue and supply of safe water will reduce the incidence of water born disease	There will be more case of water borne diseases
Distt Administration	Construction of Civil works	Availability of suitable land	For meeting out the demand of infrastructure to provide better health care	The institute will not be able to meet the requirement for providing better health care
HPPSC and HPSSB	Recruitment of Staff	Timely recruitment	These are nodal agencies for recruitment of staff	Delayed recruitment will hamper the efficiency of the Department
HP Civil Supply, GIC, Electronic cooperation	Supply of medicines and equipments	Timely supply	These are nodal agencies for purchase of materials	Delayed supply will hamper the efficiency of the Department

Section 6: Outcome/Impact of Department/Ministry

Outcome/Impact of Department/Minist	Jointly responsible for influencing this outcome / impact with the following department (s) /	Success Indicator	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
1 Reduction in Infant Mortality Rate/1000 live births	Social justice & Women empowerment, PWD	[1.1.1] No. of health institutions as 24x7 facilities	44	45	42	40	38
2 Reduction in Maternal mortality ratio/100000 live births	do	do	160	155	150	145	140
3 Reduction in death rate/1000	Finance, Tribal development	[1.1.2] Operationalisation of Ambulances under Atal Swasthya Sewa Yojna	7.4	7.2	7.2	7.1	7
4 Increase in OPD attendance (in lacs)	PWD, District administration	[1.1.3] Completion of civil works of health institutions	97	101	105	108	110
5 Increase in IPD attendance (in lacs)	do	do	10	12	14	15	16
6 Reduction in Infants Mortality Rate/1000 live births	Social Justice & Women empowerment, PRI	[1.2.1] Making Village Health & Sanitation committees functional (New)	44	45	42	40	38
7 Reduction in Maternal Mortality Ratio/100000 live birth	do	do	160	155	150	145	140
8 Increase in OPD attendance (in lacs)	PRI, District administration, IPH, PWD, Education, Social Justice & Women empowerment	[1.2.2] Making Rogi Kalyaan Samitis functional in all health institutions	97	101	105	108	110
9 Increase in IPD attendance (in lacs)	do	do	10	12	14	15	16
10 Decrease in Infant Mortality Rate/1000 live births	PRI, Social Justice & Women Empowerment	[2.2.1] Institutional deliveries as percentage of total deliveries	44	45	42	40	38
11 Decrease in Maternal Mortality Ratio/100000 live births	do	do	160	155	150	145	140

Section 6: Outcome/Impact of Department/Ministry

Outcome/Impact of Department/Minist	Jointly responsible for influencing this outcome / impact with the following department (s) /	Success Indicator	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
12 Decrease in Infant Mortality Rate/1000	do	[2.2.1] Target children immunised	44	45	42	40	38
13 Decrease in Total Infertility Rate	do	[2.3.1] No of family planning beneficiaries	1.9	1.9	1.9	1.9	1.9
14 Increase in child sex ratio at birth (No. of females/1000 males)	PRI, Social & Women empowerment, Finance	[3.1.1] No. of workshops on child sex ratio	904	906	922	924	930
15 do	do	[3.2.1] No. of Gram panchayats covered in IEC on child sex ratio	do	do	do	do	do
16 do	do	[3.3.1] No. of inspections of USG clinics	do	do	do	do	do
17 Increase in OPD attendance (in lacs)	Finance	[4.1.1] No of trainings/workshops for HR development	97	101	105	108	110
18 Increase in IPD attendance (in lacs)	do	do	10	12	14	15	16
19 Decrease in prevalence of TB	PRI, Social justice & Women empowerment	[5.1.1] New sputum positive detection rate	70	74	74	75	76
20 Decrease in prevalence of TB	do	[5.2.1] New sputum positive cure rate	85	87	88	89	90
21 No. of surgeries performed (in thousands)	do	[5.2.1] Cataract surgeries performed	26	27	25	27	28
22 Increase in case detection (new patients)	do	[5.3.1] Operationalisation of NCDs clinics	0	0	100	500	800
23 Decrease in prevalence of leprosy	do	[5.4.1] Annual new case detection rate	0.26	0.26	<1	<1	<1
24 Increase in OPD attendance (in lacs)	Finance	[6.1.1] Effective deployment as per proposal	97	101	105	108	110
25 Increase in IPD (in lacs)	do	do	10	12	14	15	16

Section 6: Outcome/Impact of Department/Ministry

Outcome/Impact of Department/Minist	Jointly responsible for influencing this outcome / impact with the following department (s) /	Success Indicator	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
26 do	HP civil supply corporation, Electronic corporation, GIC	[6.2.1] Finalisation of action plan for provision of minimum essential equipments	do	do	do	do	do
27 Increase in no. of surgeitres performed in multispecialities camps	Finance, Tribal development, PRI, Social justice & Women empowerment	[7.1.1] No. of multispecialities camps	1930	578	800	1000	1200