

Disbursement Linked Indicators (DLIs)

Disbursement Linked Indicators	Baseline Year and Value	Target Values		
		2015	2016	2017
Outcome: Increased access to equitable and quality urban health system				
DLI 1 Increased institutional deliveries in urban areas	72.1% in FY2014. ¹	—	2% point increase with respect to FY2015 baseline. ²	2% point increase with respect to FY2016 achievement.
DLI 2 Increased complete immunization among children below 12 months of age in urban areas	79.4% in FY2014. ¹	—	2% point increase with respect to FY2015 baseline. ²	2% point increase with respect to FY2016 achievement.
Output 1: Urban primary health care delivery system strengthened				
DLI 3 City-specific primary health care delivery system established	As of 2014, urban health facilities are limited in number, service package, and quality to address urban health issues.	At least 25% of cities with approved PIPs have initiated mapping of slums and vulnerable population and health facilities.	(i) At least 55% of cities with approved PIPs have completed mapping of slums and vulnerable population and health facilities. (ii) 30% of UPHCs meet NUHM minimum requirements for staffing and service package.	50% of UPHCs meet the minimum requirements for staffing and service package.

¹ The HMIS is being strengthened to report urban-rural disaggregated data. The baseline is provisional urban data as of March 2015 (FY2014), based on the progress of urban health facilities reporting in the HMIS and an assumption of 90% urban health facilities reporting in the HMIS by December 2015. The baseline will be updated in December 2015 (FY2015).

² Target value (2% points from the previous year level) is based on assessment of historical trends of NRHM and consideration of accelerated progress under the NUHM.

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DLI 4 Community processes improved	ASHAs are active in rural areas, and those with adequate skills and roles in urban context is not yet available in 2014.	Training modules based on the <i>Guidelines for ASHA and MAS in the Urban Context</i> are issued in Hindi and some regional languages	(i) 15,000 of recruited ASHAs are trained. (ii) 80% of recruited ASHAs are functional.	(i) 23,000 of recruited ASHAs are trained. (ii) 85% of recruited ASHAs are functional.
Output 2 : Quality of urban health services improved				
DLI 5 Effective system of quality assurance for urban health services implemented	QA mechanism for NRHM exists in 2014 but it needs to be adapted and adopted by NUHM to guide sub-national entities to address urban specific issues.	QA Assessor Guidebook and tools are developed for UPHCs, reflecting <i>MOHFW Operational Guidelines for Quality Assurance (QA) in Public Health Facilities</i> .	(i) 15 states/ UTs/ large ULBs have set up organizational arrangements for QA of health facilities that include UPHCs and UCHCs. (ii) 50% of UPHCs and UCHCs in those states/UTs/ ULBs are assessing the quality of their services, including patient satisfaction.	(i) 20 cumulative states/ UTs/ large ULBs have set up organizational arrangements for QA of health facilities that include UPHCs and UCHCs. (ii) 80% of UPHCs and UCHCs in those states/UTs/ ULBs are assessing the quality of their services, including patient satisfaction.

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Output 3: Capacity for planning, management, and innovation and knowledge sharing strengthened				
DLI 6 Planning, management and monitoring capacity to deliver urban health services strengthened	NUHM is a new program, and requires a comprehensive capacity development to deliver the mission.	(i) NUHM capacity development framework is developed, specifying priority areas for capacity development and implementation support; outputs and targets; modalities; and progress reporting mechanism. (ii) HMIS is enhanced to include urban-disaggregated data and has functionality to identify urban health facilities near poor and vulnerable populations. (iii) The National PMU established a pool of experts for technical and implementation support at national and states/UTs/ ULB level.	(i) At least 55% of staff sanctioned for NUHM at SPMUs, DPMUs and CPMUs are in position. (ii) NUHM capacity development framework implementation achieved at least 50% of annual targets at national level and in 15 states/UTs in priority areas	NUHM capacity development framework implementation achieved at least 60% of annual targets at national level and in 20 states/UTs in priority areas.

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DLI 7 Innovations and partnerships in urban health developed, tested, and shared	Innovative approaches exist, but not well-evaluated, documented, and disseminated; incentive mechanism for encouraging innovations is weak.	—	A framework for innovations and partnerships, including examples of good practices, is developed, approved, and implemented.	50% of states/UTs/ large ULBs implement innovations and partnerships aiming at improving equity, access, or quality of urban health services.