

# Minimum Performance Benchmark: 2019

## Key Programme Management Staff



**Developed by:** Ministry of Health and Family Welfare (MoHFW) and National Health Systems Resource Centre (NHSRC)

**Collated by:** National Health Systems Resource Centre, Human Resources for Health Division

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# Implementation of Minimum Performance Benchmark

## **Brief note on process**

The minimum performance benchmark statement should be part of the contract of all the individuals engaged under NHM. Compliance to the benchmarks would be essential for renewal of contract of the incumbent.

States must identify the reporting officials for each individual who will be responsible for monitoring and validating their performance. Each program management HR must record his/her achievements against the indicators on a monthly basis and submit the details of tasks performed along with justification to the reporting official on a quarterly basis.

The reporting official will validate the report submitted and make a list of individuals who have not achieved the minimum performance benchmark. In case an individual has not been able to achieve the target in first quarter, s/he will have to complete the backlog in the next cycle. The list of the individuals who are unable to achieve the minimum benchmark in first quarter (April to June) is to be shared with MoHFW/ NHSRC (HRH) along with supporting documents and justification. Based on the list and details shared by the state, report card will be generated by MoHFW. NHM budgetary support cannot be utilized for the individuals who receive two consecutive report cards stating non-fulfilment of minimum benchmark. The PM HR who are reported as compliant but are found non-compliant by any means during the course of the year, would be dealt with severely.

## 1. State Programme Management Unit (SPMU)

### 1.1. State Programme Coordinator/ State Programme Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Prepare annual health action plan for the state based on primary and secondary data, reports, existing health needs, disease burden and programmatic needs. The annual health action plan should include the key priority area and proposal for process improvement. The draft action plan to be prepared by the month of September and finalised after receipt of ROP.</li> </ul>	100%
<ul style="list-style-type: none"> <li>Organise at least one state level review meetings for reviewing district wise physical performance and corresponding expenditure per month (District officials' presence not required every time)</li> </ul>	80%
<ul style="list-style-type: none"> <li>Make minimum 4 visits per months to 4 different districts to monitor the implementation of the programmes and mitigate the issues.</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure submission of progress reports under various programmes to MoHFW by 15<sup>th</sup> of subsequent month/ as per time agreed by MoHFW</li> </ul>	80%
<ul style="list-style-type: none"> <li>Document at least 1 best practise/ innovation/ success story of the state in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%

### 1.2. Consultant Planning

Performance Indicators	Benchmark
<b>1. Preparation of PIP</b>	
<ul style="list-style-type: none"> <li><b>District PIP:</b> Ensure preparation of district PIPs as per local context, need, priority, demography and disease burden by end of November</li> </ul>	100%
<ul style="list-style-type: none"> <li><b>State PIP:</b> Ensure preparation of state PIPs based on the district PIPs and state's need as per demography and disease burden by the end of December</li> </ul>	100%
<b>2. Quality of PIP</b>	
<ul style="list-style-type: none"> <li>Ensure completeness of PIP and all formats as per MoHFW guideline. Ensure that all relevant information and explanation for the proposal is provided. The PIP should not fall in the 'D' category as per MoHFW category for PIP ranking</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that the PIP considers the local disease burden, risk factors and demography. Ensure that Health Systems Approach has been adopted while preparing the PIP</li> </ul>	100%
<b>3. District ROP</b>	
<ul style="list-style-type: none"> <li>District ROPs to be prepared and distributed to the respective districts within 30 working days of receiving the state ROP</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all Model health Districts have DHAPs in place</li> </ul>	100%
<b>4. Implementation</b>	
<ul style="list-style-type: none"> <li>Make minimum 4 visits per months to 4 different districts to monitor the implementation of the programmes and mitigate the issues.</li> </ul>	75%
<ul style="list-style-type: none"> <li>Monitor and report the progress made by the district/ block/ facility on quarterly basis</li> </ul>	100%

### 1.3. Consultant/ Manager/ Nodal: Finance/ Accounts: State/ District/ Block

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure mapping of all bank accounts with PFMS at all level of facilities</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure closure of all in-operative bank accounts</li> </ul>	100%
<ul style="list-style-type: none"> <li>Monthly bank reconciliation statement at each level to ascertain pending payments and to avoid any error, fraud or mis-appropriation of funds in future</li> </ul>	100%



Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure all payments at level of health facilities (State, Districts, Blocks, CHCs, PHCs, HSCs and VHNSCs) through PFMS</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all beneficiary payments i.e. JSY, JSSK, ASHA, Nikshay under RNCTP etc. are done through DBT on PFMS without any delay</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure implementation of Receipt, Expenditure, Advance and Transfer (REAT) up to Blocks and below</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all procurement to be based on competitive and transparent bidding process</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely submission of Financial Management Reports (FMRs), Statement of Fund Position as per the GOI format and intimate the Ministry on Action Taken on FMR analysis</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely submission of Audited Statement of Expenditure and Statement of Expenditure under Infrastructure Maintenance Pool for timely release of Instalments and arrears</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely submission of Executive Summary of Concurrent Audit to Ministry</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely appointment and submission of Statutory Audit to receive Central grants on time</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that High priority districts received at least 30% more budgets per capita compared to the other districts. State to share the district wise total approvals conveyed with MoHFW</li> </ul>	100%

#### 1.4. HR Consultant

Performance Indicators	Benchmark
<b>1. Staff Vacancy</b>	
<ul style="list-style-type: none"> <li><b>Time to fill the key vacant position</b> including Specialists, Medical Officer (MBBS), Staff Nurse, ANM, Lab Technicians (refers to the number of days between when the position was vacant and the day an offer is accepted by the candidate) should not exceed the acceptable limit of <b>90 working days</b>.</li> </ul>	75%
<ul style="list-style-type: none"> <li>Vacancy % at any point for the key staff category including Specialists, Medical Officer (MBBS), Staff Nurse, ANM, Lab Technicians <b>should not be more than 20%</b></li> </ul>	100%
<b>2. Performance Assessment</b>	
<ul style="list-style-type: none"> <li>Performance of staff under NHM to be assessed on a half yearly basis. The annual assessment to be linked to renewal of contract and compensation review of those for whom contract is renewed.</li> </ul>	100%
<b>3. Salary Disbursement</b>	
<ul style="list-style-type: none"> <li>Salary of all staff under NHM to be disbursed through DBT and there should not be a delay of more than 7 working days</li> </ul>	100%

#### 1.5. State IEC officer/ State BCC officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Prepare a comprehensive IEC/ BCC strategy plan for the state taking into consideration the health needs, specific communication needs of the state, local context and programme needs including measurable indicators by the month of November every year. Strategy document to be implemented, monitored, evaluated and updated every year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 4 visits per months to different districts for monitoring the strategy plan</li> </ul>	80%
<ul style="list-style-type: none"> <li>Conduct at least 1 training in every 6 months for health service providers as per ROP approvals</li> </ul>	80%

Performance Indicators	Benchmark
• Evaluate the BCC strategy once a year and submit report to MD (NHM) and respective programme divisions nodal	80%
• Ensure utilization of budget approved in the ROP	70%

#### 1.6. State Training Consultant

Performance Indicators	Benchmark
• Develop Comprehensive Training Plans based on training needs and training loads of the state	100%
• Update and maintain state and district wise training databases on trainings conducted, trainers for different programmes, trainees and training institutes	100%
• Undertake at least 4 visits per month to SIHFW and other training institutions in the state and across the districts to monitor and review implementation of Comprehensive Training Plan, training quality, program performance	80%
• Plan and conduct training for staff based on skill gap identified	80%
• Ensure utilization of budget approved for training in the ROP	70%

#### 1.7. Consultant- Training Institute/ Skill Lab in-charge

Performance Indicators	Benchmark
• Prepare training calendar as per the approved training plan and organize and monitor training programmes at state and district level	80%
• Develop/ update training modules and standard protocols as per local context for various trainings under NHM	80%
• Update and maintain state and district wise training databases on trainings conducted, trainers, trainees and training institutes	100%
• Conduct supportive supervision visit to different training institutes and facilities at least once a week	80%
• Ensure utilization of budget approved for training in the ROP	70%

#### 1.8. Consultant Civil Work

Performance Indicators	Benchmark
• Against 1/4 <sup>th</sup> (25%) period of the project, performance achievement of progress of the project to be 25%	50%
• Against 1/2 <sup>th</sup> (50%) period of the project, performance achievement of progress of the project to be 50%	75%
• Against 3/4 <sup>th</sup> (75%) period of the project, performance achievement of progress of the project to be at least 3/4 <sup>th</sup> (75%)	100%
• Against full period of the project 100% performance to be achieved	100%

#### 1.9. Nodal Officer/ Consultant: DH Strengthening

Performance Indicators	Benchmark
• Ensure that all the District Hospitals in the state have at least 8 core specialties functional	80%
• District Hospitals above bed strength of 200 have initiated Nursing or Paramedical or DNB programmes	50%
• State has functional blood bank with component separation storage unit in all district hospitals	100%
• All the health facilities above block level is IPHS compliant	50%

#### 1.10. Nodal Officer/ Consultant: Referral Transport (NAS 102/108)

Performance Indicators	Benchmark
• Average trips per day per ambulances is above 3	100%
• Average distance covered per day per ambulance is 60 kms for smaller states and 100 kms for larger states	100%
• All ambulance in the district has an assigned officer from DH for certifying functionality	100%

#### 1.11. Nodal Officer/ Consultant: Grievance Redressal

Performance Indicators	Benchmark
• State has a functional call centre for Grievance redressal and health helpline which works at 70% efficiency	100%
• All the district hospitals and FRUs have functional help desk established	100%

#### 1.12. Nodal Officer/ Consultant: Clinical Establishment Act/ Legal

Performance Indicators	Benchmark
• State has updated online data available on registered Clinical Establishments	100%
• State has spent 100% funds allocated for COTPA (Cigarettes and Other Tobacco Products Act)	100%

#### 1.13. Nodal Officer/ Consultant: Biomedical Engineer: BMMP

Performance Indicators	Benchmark
• All staff are aware about the Toll-free number and dashboard utilization at facility level (incl. Different program officers)	100%
• Field verification (technical activities performed by service provider) at all facilities including at least 1 DH, 2 CHC and 4 PHC every month	100%
• Review of Program with Service Provider at least every fortnight	100%
• Review of program with Service Provider and MD at least once a month	100%
• Conduct performance review of Service Provider at least once every six months	100%
• Submit data on program to MoHFW/ NHSRC in every quarter	100%

#### 1.14. Nodal Officer/ Consultant - Free Diagnostic Services (for in-house model)

Performance Indicators	Benchmark
• Perform at least 2 inspections per week	100%
• Conduct at least one induction trainings in a year followed by quarterly refresher trainings and competency assessments conducted at district levels for laboratory supervisors/Managers/Radiographers and technicians	100%
• Ensure that all the beneficiaries visiting the public health facilities received services free of cost	100%
• Prepare and submit the monthly evaluation reports by 1 <sup>st</sup> week of next month	100%
• Facilitate certification of Labs for QMS and internal audits and ensure that at least one Lab to be ISO 9001 Certified	100%
• Daily review of Grievances and their redressal	100%
• Submit data on program to MoHFW/ NHSRC in every quarter	100%

### 1.15. Nodal Officer/ Consultant - Free Diagnostic Services (for PPP model)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>All staff are aware about the dashboard utilization at facility level (incl. Different program officers)</li> </ul>	100%
<ul style="list-style-type: none"> <li>Field verification (technical activities performed by service provider) of all facilities to be done at least once a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least one induction trainings in a year followed by quarterly refresher trainings and competency assessments conducted at district levels for laboratory supervisors/Managers/Radiographers and technicians</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely verification and clearing of dues &amp; imposing penalty for non-compliance on service provider. All payments to be settled in the financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least 20% of facility to be evaluated yearly and in 5 years' time all facility to be evaluated to verify if compliance to scope of work (incl. Availability of services and Manpower, Turnaround time, User training etc.) is as per tender/ agreement</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct annual performance review of service provider, arbitration/Grievance and redressal, Condemnation request settlement, record of activity by service provider</li> </ul>	100%
<ul style="list-style-type: none"> <li>Submit data on program to MoHFW/ NHSRC in every quarter</li> </ul>	100%

### 1.16. Nodal Officer/ Consultant - PMNDP

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Perform at least 1 visit per week to dialysis centers and assess functionality of services being provided</li> </ul>	100%
<ul style="list-style-type: none"> <li>Compile, assess and analyze the monthly reports of all facilities providing dialysis services and submit it to MoHFW in the required format by 1<sup>st</sup> week of next month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Collect Patient feedback from at least 10 patients every month on accessibility and quality of dialysis service; assess and analyze the data collected</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct meeting with service provider at least once a month to resolve all issues faced by patients, DH administration, state officials for dialysis services</li> </ul>	100%
<ul style="list-style-type: none"> <li>Annually review performance and terms &amp; conditions of contract with CMO and HoD of Nephrology with other nominated members. Contract to be renewed on the basis of performance</li> </ul>	100%

### 1.17. Nodal Officer/ Consultant - AERB

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure 100% identification of facilities in State that are not licensed from AERB in the first year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Monitor the progress or fulfillment of the scope of work as contract</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely verification and clearing of dues &amp; imposing penalty for non-compliance on service provider. All payments to be settled in the financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Submit data on program to MoHFW/ NHSRC in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely renewal of existing license in compliance with AERB guideline (incl. Ensuring availability of TLD badges, X ray Apron, periodic QA etc.). No facility in the state/UT should run radiation-based diagnostics without AERB license</li> </ul>	100%

### 1.18. State Data Manager/M&E/ HMIS personnel

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure reporting, data quality validation checks and submission of analytical reports of all health facilities to State NHM Mission Director with copy to MoHFW by 20<sup>th</sup> of following month</li> </ul>	75%
<ul style="list-style-type: none"> <li>Submit HMIS report on key indicators to various programme division on monthly basis with copy to MoHFW</li> </ul>	100%
<ul style="list-style-type: none"> <li>Organize HMIS training as per approved PIP norms and furnish quarterly report on physical and financial achievements against the approved target to MoHFW</li> </ul>	25%
<ul style="list-style-type: none"> <li>Conduct at least 3 monitoring and supervision visit to health facilities every month and furnish monthly report to State NHM MD with copy to MoHFW</li> </ul>	100%

### 1.19. State Data Manager/ M&E Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure availability of Integrated RCH register at facility level</li> </ul>	80% 65% (for UTs and NE states)
<ul style="list-style-type: none"> <li>Organize training on RCH/ MCTS portal as per ROP approvals and furnish quarterly report on physical and financial achievements against the approved target to MOHFW</li> </ul>	25% / 20% (for UTs and NE states) per quarter
<ul style="list-style-type: none"> <li>Organize training on ANMOL (as applicable) as per ROP approvals and furnish quarterly report on physical and financial achievements against the approved target to MOHFW</li> </ul>	25%/ 20% (for UTs and NE states) per quarter
<ul style="list-style-type: none"> <li>Conduct monitoring and supervision visit to at least 3 health facilities every month and furnish monthly report to State NHM MD with copy to MoHFW</li> </ul>	100%

### 1.20. State Quality Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>KPIs monitoring, reporting and analysis is done for 50% to 80% of HFs</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least two meetings State Quality Assurance committee (SQAC) are conducted in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>All DHs are either integrated under 'Mera Aspataal' or collecting Patient Satisfaction feedback manually. At least 25% of other facilities (SDH, CHC, PHC) are collecting patient feedback</li> </ul>	100%
<ul style="list-style-type: none"> <li>Patient feedback received is collated, analysed and used for Improvement of patient satisfaction</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are conducted, and the consultant takes at least one session per training conducted in the state (IA/SPT)</li> </ul>	80%
<ul style="list-style-type: none"> <li>State Assessments of at least 15 DH level health facilities completed in a year by the consultant</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification for at least 20% of DHs, SDHs &amp; CHCs and 5% of PHCs, UPHCs, and HWCs in the state during the current Financial year.</li> </ul>	100%

### 1.21. State Quality Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure State Assessments of at least 10% of CHCs completed in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification for at least 20 % of DHs, SDHs &amp; CHCs and 5% of PHCs, UPHCs, and HWCs in the state during the current Financial year.</li> </ul>	100%

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>At least 5-10% more HFs won Kayakalp Commendation awards as compared to previous FY</li> </ul>	100%
<ul style="list-style-type: none"> <li>EQUAS (external Quality Assurance) implemented at all DH laboratories and at least of 25% of SDH, CHC and PHCs</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are conducted and the consultant takes at least one session per training conducted in the state (IA/SPT)</li> </ul>	80%
<ul style="list-style-type: none"> <li>At least 2 meetings of State Quality Assurance committee (SQAC) are conducted in a year</li> </ul>	100%

#### 1.22. State Public Health Consultant (QA)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that state Assessments of at least 10% of PHCs completed in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification for at least 20% of DHs, SDHs &amp; CHCs and 5% of PHCs, UPHCs, and HWCs in the state during the current Financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that the Consultant has taken at least one session per training conducted in the state (IA/SPT)</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that funds received under Swachh, Swasth, Sarvatra is spent on improving cleanliness of the selected CHCs and they achieve the Target Score of 70% or more in Peer/External assessment</li> </ul>	80%
<ul style="list-style-type: none"> <li>At least 2 meetings of State Quality Assurance committee (SQAC) meeting are conducted in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are conducted at state level</li> </ul>	80%

#### 1.23. State Consultant: CP

Performance Indicators	Benchmark
<b>1. Training</b>	
<ul style="list-style-type: none"> <li>At least 90% districts with over 90% of ASHAs/ ASHA facilitators and 60% of VHSNCs/ MAS are trained in various modules/ rounds - including new training modules</li> </ul>	100%
<ul style="list-style-type: none"> <li>Pool of state and district trainers created for ASHA and VHSNC/ MAS training – All state / district trainers trained as per guidelines</li> </ul>	100%
<b>2. Selection</b>	
<ul style="list-style-type: none"> <li>All ASHAs selected against target</li> </ul>	90%
<ul style="list-style-type: none"> <li>Mapping of all villages/wards which have no ASHAs have been completed</li> </ul>	90%
<b>3. Payment &amp; Logistics</b>	
<ul style="list-style-type: none"> <li>All districts with over 90% ASHAs receiving their payments within a period of maximum one month from the time of submission of vouchers</li> </ul>	100%
<ul style="list-style-type: none"> <li>All districts with over 90% ASHAs having regular refills of drugs and HBNC equipment</li> </ul>	100%
<b>4. Programme Management</b>	
<ul style="list-style-type: none"> <li>Selection of all DCMs, BCMs and ASHA facilitators have been made against target</li> </ul>	90%
<ul style="list-style-type: none"> <li>All DCMS and BCMs and over 90% ASHA facilitators trained in supportive supervision and performance monitoring</li> </ul>	100%
<ul style="list-style-type: none"> <li>All districts have functional grievance redressal committees and resolution of over 90% of grievances of ASHAs</li> </ul>	100%
<ul style="list-style-type: none"> <li>All districts with timely release of untied funds for over 90% VHSNCs</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least four quarterly review meetings held with DCMs at state/ regional level</li> </ul>	100%

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Regular submission of quarterly reports from over 90% districts and use of reports in developing context specific plans to address gaps</li> </ul>	100%
<ul style="list-style-type: none"> <li>All districts with regular PHC monthly meetings with refresher sessions for ASHAs</li> </ul>	100%

#### 1.24. State Consultant- Comprehensive Primary healthcare (CPHC)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure operationalization of 100% SHCs/ PHC/ UPHCs as HWCs against the target for current financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Timely completion of recruitment of 100% Mid-Level Health Providers for enrolment in January and July batch of CPCH programme as per target</li> </ul>	100%
<ul style="list-style-type: none"> <li>Streamline procurement and logistics mechanisms to ensure that all medicines and diagnostic services are available at 100% HWCs as per guideline</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure operationalization of 100% Programme Study Centres as per MLHP target</li> </ul>	100%
<ul style="list-style-type: none"> <li>Completion of training of over 90% ASHAs, MPWs, Staff nurses and MOs at HWCs on NCDs and other service packages as per HWC target</li> </ul>	100%
<ul style="list-style-type: none"> <li>Instituting mechanisms for review of performance of primary health care team - Provision of performance linked payments for 100% MLHPs and team-based incentives for 70% HWCs</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely completion of procurement process and distribution of IT equipment to 100% HWCs</li> </ul>	100%
<ul style="list-style-type: none"> <li>Timely completion of data entry of 100% HWCs on HWC portal and CPHC IT application</li> </ul>	100%
<ul style="list-style-type: none"> <li>Organize quarterly review with all district teams at state / regional level</li> </ul>	100%

#### 1.25. Nodal officer/ Consultant: Blood Cell

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that facilities blood banks, blood storage, integrated centres for Haemoglobinopathies and haemophilia made operational within the year of approval</li> </ul>	50%
<ul style="list-style-type: none"> <li>Ensure that facilities blood banks, blood storage, integrated centres for Haemoglobinopathies and haemophilia made functional 24*7 within two years of approval.</li> </ul>	100%
<ul style="list-style-type: none"> <li>Pilot projects if approved in ROP are being done within time limits. Reports and interim are submitted to GOI</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that state has functional blood bank with component separation storage unit in all district hospitals and sub district hospitals</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure availability of free blood for all beneficiaries</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that the license of all the blood banks are up to date and in case of renewal, all required documents have been submitted on time</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure that at least 70% of replacement of blood at the blood banks are through voluntary blood donation camps</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure compliance of eraktkosh in all the blood banks</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure screening of: <ul style="list-style-type: none"> <li>a. Antenatal mothers new born screening for sickle cell and encourage voluntary screening of thalassemia and sickle cell in adolescents through effective IEC</li> </ul> </li> </ul>	15% <i>(in case the base year achievement is below 70%)</i> 10%



Performance Indicators	Benchmark
b. School going children in second phase	(in case the base year achievement is between 70 - 80%) 5% (in case the base year achievement is above 80%)
<ul style="list-style-type: none"> <li>Ensure that integrated centre of Haemoglobinopathies &amp; Haemophilia Centre, established and made operational</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 4 monitoring and supportive supervision visit to the integrated centre for Haemoglobinopathies and haemophilia, blood banks, blood components units and blood storages. Monitor the prevalence of Thalassemia /sickle cases in the state. Furnish monthly report to State NHM MD</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure timely procurement and availability of required Iron Chelation drugs, Anti haemophilia Factors and other medicines and consumables in the Required day care centres</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure availability of functional equipment in the centers</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure adequate utilization of the budget approved in the ROP in defined time</li> </ul>	70%

#### 1.26. Coordinator: Blood Cell

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure operationalization of blood banks/ blood components/ blood storage units in all the FRUs and integrated centre for Haemoglobinopathies in the required districts</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that at least 70% of replacement of blood at the blood banks are through voluntary blood donation camps</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure compliance of eraktkosh in all the blood banks</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 8 field visits per month to the of integrated centre of Haemoglobinopathies &amp; Hemophilia Centre and Blood banks and Blood storage. Monitor the prevalence of Thalassemia /sickle cases in the state. Furnish monthly report to State Nodal</li> </ul>	80%
<ul style="list-style-type: none"> <li>Monitor the performance of blood mobile units and submit report on the collected data every month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure availability of medicines, consumables and functional equipment in the all the centers</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure screening of Antenatal mothers, new born for sickle cell and School going children</li> </ul>	15% (in case the base year achievement is below 70%) 10% (in case the base year achievement is between 70 - 80%) 5% (in case the base year achievement is above 80%)



## 1.27. Accountant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure all payments at level of health facilities (State, Districts, Blocks, CHCs, PHCs, HSCs and VHNSCs) is done through PFMS</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all beneficiary payments i.e. JSY, JSSK, ASHA, Nikshay under RNCTP etc. are done through DBT on PFMS without any delay</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure that all procurement to be based on competitive and transparent bidding process</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure timely submission of Financial Management Reports (FMRs), Statement of Fund Position as per format</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all SOEs submitted through PFMS by 24<sup>th</sup> of succeeding month of next quarter</li> </ul>	100%

## 2. District Programme Management Unit (DPMU)

### 2.1. District Programme Coordinator/ District Programme Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure preparation and submission of district PIPs as per local context, need, demography and disease burden by end of November</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure completeness of PIP and all formats as per guideline. Ensure that all relevant information and explanation for the proposal is provided.</li> </ul>	100%
<ul style="list-style-type: none"> <li>Make minimum 4 visits per months to 4 different blocks to monitor the implementation of the programmes and mitigate the issues.</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure timely entry of online data and submission of progress reports under various programmes and online portals at state level</li> </ul>	75%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%

### 2.2. Consultant Planning

Performance Indicators	Benchmark
<b>5. Quality of PIP</b>	
<ul style="list-style-type: none"> <li>Ensure completeness of PIP and all formats as per MoHFW guideline. Ensure that all relevant information and explanation for the proposal is provided. The PIP should not fall in the 'D' category as per MoHFW category for PIP ranking</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that the PIP considers the local disease burden, risk factors and demography. Ensure that Health Systems Approach has been adopted while preparing the PIP</li> </ul>	100%
<b>6. District ROP</b>	
<ul style="list-style-type: none"> <li>District ROPs to be prepared and distributed to the respective districts within 30 working days of receiving the state ROP</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all Model health Districts have DHAPs in place</li> </ul>	100%
<b>7. Implementation</b>	
<ul style="list-style-type: none"> <li>Make minimum 4 visits per months to 4 different districts to monitor the implementation of the programmes and mitigate the issues.</li> </ul>	75%
<ul style="list-style-type: none"> <li>Monitor and report the progress made by the district/ block/ facility on quarterly basis</li> </ul>	100%

### 2.3. District Data Manager/M&E/ HMIS personnel

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure reporting, data quality validation checks and submission of analytical reports of all health facilities to State by 15<sup>th</sup> of following month</li> </ul>	95%
<ul style="list-style-type: none"> <li>Conduct at least 5 monitoring and supervision visit to health facilities every month and furnish monthly report to State NHM MD with copy to MoHFW</li> </ul>	80%

### 2.4. District Data Manager/ M&E Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure availability of Integrated RCH register at facility level</li> </ul>	80% 65% (for UTs and NE states)
<ul style="list-style-type: none"> <li>Ensuring Uploading of beneficiary data in RCH/MCTS portal</li> </ul>	75% / 50% (for UTs and NE states) (Registration coverage of Pregnant women and Children on pro-rata basis)  50% (Registration of Pregnant women and children with validated mobile number)
<ul style="list-style-type: none"> <li>Organize training on RCH/ MCTS portal as per ROP approvals and furnish quarterly report on physical and financial achievements against the approved target</li> </ul>	25% / 20% (for UTs and NE states) per quarter
<ul style="list-style-type: none"> <li>Organize training on ANMOL (as applicable) as per ROP approvals and furnish quarterly report on physical and financial achievements against the approved target</li> </ul>	25%/ 20% (for UTs and NE states) per quarter
<ul style="list-style-type: none"> <li>Conduct monitoring and supervision visit to at least 5 health facilities every month and furnish monthly report to state level</li> </ul>	80%

### 2.5. District Quality Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>KPIs monitoring, reporting and analysis is done for DH and 50% to 80% of other Health facilities (CHCs, SDHs, PHCs, UPHCs, and HWCs) and performance presented in DQAC meetings</li> </ul>	100%
<ul style="list-style-type: none"> <li>District Hospital &amp; SDH (and equivalent) facilities are assessed every quarter by the consultant and supported with gap closure action.</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification 10% of SDHs, CHCs, PHCs, UPHCs, and HWCs in the district during the current Financial year.</li> </ul>	100%
<ul style="list-style-type: none"> <li>DH and equivalent hospitals are either integrated under 'Mera Aspataal' or collecting Patient Satisfaction feedback manually. At least 25% of other facilities (SDH, CHC, PHC) are collecting patient feedback.</li> </ul>	100%
<ul style="list-style-type: none"> <li>Patient feedback received is collated, analysed, submitted at state level and used for Improvement of patient satisfaction.</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least 2 meetings of District Quality Assurance committee (DQAC) conducted in a year and performance data report is presented in each meeting.</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are completed</li> </ul>	80%

## 2.6. District Quality Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>All CHCs are assessed twice in a year by the consultant and assessment report is presented in the DQAC meetings and discussed</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification 10% of SDHs, CHCs, PHCs, UPHCs, and HWCs in the district during the current Financial year.</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least 60% to 90% of facilities have done Peer Assessment under Kayakalp of the district Health facilities (DHs, CHCs, SDHs, PHCs, UPHCs, HWCs and SCs)</li> </ul>	100%
<ul style="list-style-type: none"> <li>EQUAS (external Quality Assurance) implemented at DH laboratory and at least at 10% % of other health facilities in the district.</li> </ul>	100%
<ul style="list-style-type: none"> <li>Consultant takes at least one session per training conducted in district (NQAS/Kayakalp/SSS)</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least 2 meetings of District Quality Assurance committee (DQAC) are conducted in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are completed</li> </ul>	80%

## 2.7. District Consultant Public Health (QA)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>All PHCs are assessed twice in a year and assessment report is presented in DQAC meeting and discussed</li> </ul>	100%
<ul style="list-style-type: none"> <li>National/ State QA certification 10% of SDH, CHCs, PHCs, UPHCs, and HWCs in the district during the current Financial year.</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least two meetings of District Quality Assurance committee (DQAC) are conducted in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>All trainings approved in the ROP are completed</li> </ul>	100%
<ul style="list-style-type: none"> <li>Money received under Swachh, Swasth, Sarvatra is spent on improving cleanliness of the selected CHCs and they achieve the Target Score of 70% or more in Peer/External assessment.</li> </ul>	60%
<ul style="list-style-type: none"> <li>At least 50% of the health facilities have been graded based on NQAS and Kayakalp scores</li> </ul>	100%

## 2.8. Quality/ Hospital Managers (posted in Hospital)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>All 4 internal assessment (irrespective of departments) completed in a year</li> </ul>	50%
<ul style="list-style-type: none"> <li>At least state NQAS certification of DH and endeavour to go for national certification.</li> </ul>	50%
<ul style="list-style-type: none"> <li>Facility has scored &gt;70% in external assessments under Kayakalp</li> </ul>	100%
<ul style="list-style-type: none"> <li>KPI are monitored, analysed and reported in every month</li> </ul>	50%
<ul style="list-style-type: none"> <li>EQUAS at the Hospital laboratory is implemented</li> </ul>	75%
<ul style="list-style-type: none"> <li>SOPs of all Departments are prepared and concerned personnel has been trained in its usage</li> </ul>	100%
<ul style="list-style-type: none"> <li>Process of Calibration of measuring equipment is completed/initiated</li> </ul>	50%
<ul style="list-style-type: none"> <li>Regular conduct, collection and analysis of Patient Feedback and use of results for improvement (Mera Asptaal/ Manually)</li> </ul>	100%
<ul style="list-style-type: none"> <li>The hospital receives at least 70% of the score against each of Quality Standards under Area of concern 'G' and 'H' under NQAS</li> </ul>	60%
<ul style="list-style-type: none"> <li>Scored <math>\geq</math>10% improvements in NQAS Score</li> </ul>	100%

## 2.9. District Community Mobilizers

Performance Indicators	Benchmark
• All blocks with over 90% ASHA and 100% ASHA facilitators selection	100%
• All blocks with over 90% of ASHAs/ ASHA facilitators and 70% of VHSNCs/ MAS are trained in various modules/ rounds – against the target	100%
• All blocks with over 90% ASHAs – receiving payments within one month of submission of vouchers	100%
• All blocks with over 90% of ASHAs who did not report any stock out of drugs and HBNC equipment	100%
• Formation and functional grievance committee and resolution of over 90% of grievances of ASHAs/ AFs	100%
• All blocks with over 80% of functional VHSNCs /MAS with at least one meeting per month	100%
• All blocks with over 90% VHSNCs / MAS submitted SOE in last quarter of financial year and over 90% VHSNCs/ MAS receiving untied funds within first/ second quarter of the financial year	100%
• Monthly review meetings held with all BCMs	100%
• All blocks with regular monthly meetings with capacity building sessions for ASHAs- 90%	100%
• Timely submission of district report to state on quarterly basis with 100% block reports	100%

## 2.10. District Consultant- CPHC

Performance Indicators	Benchmark
• Ensure operationalization of 100% SHCs/ PHC/ UPHCs as HWCs against the target for current financial year	100%
• Streamline procurement and logistics mechanisms to ensure that all medicines and diagnostic services are available at 100% HWCs as per guideline	100%
• Ensure completion of training of all ASHAs, MPWs, Staff nurses and MOs at HWCs on NCDs and other service packages as per HWC target	100%
• Monitor performance of performance linked payments and supporting timely provision of performance linked payments for 100% MLHPs and team-based incentives for 70% HWCs	100%
• Ensure timely completion of distribution of IT equipment to 100% HWCs	100%
• Timely completion of data entry of 100% HWCs on HWC portal and CPHC IT application	100%

### 3. Block Programme Management Unit (BPMU)

#### 3.1. Block Programme Coordinator/ Block Programme Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure preparation and submission of block health action plan as per local context, need, demography and disease burden by November</li> </ul>	100%
<ul style="list-style-type: none"> <li>Make minimum 6 visits per months to 6 different facilities to monitor the implementation of the programmes and mitigate the issues</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure timely entry of online data and submission of progress reports under various programmes and online portals at district level</li> </ul>	75%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%

#### 3.2. Health Facility/Block level HMIS Data entry personnel

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure complete reporting by facilities by 10<sup>th</sup> of following month</li> </ul>	90%
<ul style="list-style-type: none"> <li>Conduct monitoring and supervision visit to at least 20% of the health facilities of the block every month and to ensure that actual numbers of service delivery as mentioned in registers etc. is reflected in HMIS</li> </ul>	100%

#### 3.3. Block Data Manager/ M&E Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure availability of Integrated RCH register at facility level</li> </ul>	80% 65% (for UTs and NE states)
<ul style="list-style-type: none"> <li>Ensuring Uploading of beneficiary data in RCH/MCTS portal</li> </ul>	75% / 50% (for UTs and NE states) (Registration coverage of Pregnant women and Children on pro-rata basis)  50% (Registration of Pregnant women and children with validated mobile number)
<ul style="list-style-type: none"> <li>Organize training on RCH/ MCTS portal as per ROP approvals and furnish quarterly report on physical and financial achievements against the approved target</li> </ul>	25% / 20% (for UTs and NE states) per quarter

#### 3.4. Block Community Mobilizers

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Over 90% ASHA and ASHA facilitators selection in the block</li> </ul>	100%
<ul style="list-style-type: none"> <li>Over 90% of ASHAs/ ASHA facilitators and 70% of VHSNCs/MAS in the block are trained in various modules/ rounds against the target</li> </ul>	100%
<ul style="list-style-type: none"> <li>All ASHAs in the block receiving payments within one month of submission of vouchers</li> </ul>	90%
<ul style="list-style-type: none"> <li>Stok out of drugs and HBNC equipment kit was not reported by any ASHAs in the block in last quarter</li> </ul>	90%
<ul style="list-style-type: none"> <li>All functional VHSNCs in the block with at least one meeting per month</li> </ul>	80%
<ul style="list-style-type: none"> <li>All VHSNCs in the block receiving untied funds within first quarter of the financial year</li> </ul>	90%

Performance Indicators	Benchmark
• Conduct regular monthly meetings with capacity building sessions for ASHAs	100%
• Timely submission of block report to district on monthly basis with 100% reports from ASHA Facilitators	100%

### 3.5. ASHA Facilitator

Performance Indicators	Benchmark
• 100% ASHAs met every month during village visits and cluster meetings	100%
• 100% Completion of mapping of all vulnerable areas and Allocation of households to all ASHAs	100%
• Over 90% ASHAs participated (as per district/ block target) in the training batches organized by the district	100%
• Any stock out of drugs was not reported by any of the ASHAs last month	90%
• 100% completion of gap analysis and submission of report about availability of HBNC equipment to BCMs	100%
• Ensure 100% submission of payment vouchers for all ASHAs on a monthly basis	100%
• Follow up of all (100%) grievances reported by ASHAs	100%
• All VHSNCs held monthly meetings as per plan	80%
• Monthly submission of reports for 100% ASHAs to BCMs	100%

## 4. Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A)

### 4.1. Programme/ Division Nodal Officer/ Consultant: Maternal Health

Performance Indicators	Benchmark
<b>1. Maternal Health</b>	
• Ensure that all pregnant women delivering in Government Health institutions receives JSSK benefits of Drugs, Diagnostics, diet, pick-up and drop back (as per DBT portal)	80%
• All district Hospitals are certified for LaQahya State level certification	70%
• Conduct all the trainings approved in the ROP	80%
• Ensure reporting of all estimated maternal deaths	70%
• Ensure review of Maternal Near Miss at DH and Medical College level	80%
• Ensure that all reported deaths are reviewed, and action plans are developed	100%
• Ensure recruitment and training of State Midwifery Educators	100%
• Ensure registration of births and deaths in Civil Registration System (wherever it is with Health Department)	90%
• Ensure that all doctors trained in EmOC are posted at FRUs	100%
• Ensure that all doctors trained in LSAS posted at FRUs	100%
• Conduct biannual review of all MH programmes	100%
• Complete all construction work for Obs HDU /ICU within 2 years of approval in ROP	100%
• Complete all construction work for MCH wing within 3 years of approval in ROP	100%
<b>2. JSY &amp; DBT</b>	
• Ensure that all beneficiaries are reported on RCH portal and payments are done only after that through PFMS.	100%
• Ensure e-payments to all JSY beneficiaries	100%
• Ensure up-dation of the monthly DBT progress reports latest by 7 <sup>th</sup> day of the next month for all the MoHFW schemes on the DBT health portal (dbt.mohfw.gov.in).	100%
• Make minimum 2 field visits in a month to Districts/facilities	100%
• Conduct at least one review meeting with Districts in every quarter to bring out continuous improvement in service delivery/quality.	100%
• Submit filled Quarterly reports (by e-mail as well as physical copy) to the Ministry latest by 7 <sup>th</sup> day of the next month.	100%

### 4.2. Programme/ Division Nodal Officer/ Consultant: New born & Child Health

Performance Indicators	Benchmark
• Ensure complete online reporting of functional SNCUs (as per guideline).	100%
• Ensure that all approved NBSUs are functional as per guideline	100%
• Ensure that all approved NRCs are functional as per guideline	100%
• Ensure full coverage under IDCF against the target	80%
• Ensure full coverage under NDD against the target	85%
• Conduct all the FBNC & Nutrition trainings approved in the ROP	80%
• Ensure availability of trained personnel in the SNCU, MNCU, RBSK and NRCs as per programme guideline	70%
• Ensure reporting of all estimated Child Death and Still Birth deaths	70%
• Ensure that all reported deaths are reviewed, and action plans are developed	100%

Performance Indicators	Benchmark
• Conduct at least one biannual review meetings of Child Health Program at State level and sharing gaps and action points with MoHFW.	100%
• Ensure that all new-borns were visited by ASHAs under HBNC Program	100%
• Ensure implementation of HBYC Program (Training, monitoring, IEC) in Aspirational Districts	100%
• Ensure full coverage of IFA supplementation among pregnant women, children 6-59 months, children 5-10 years and adolescents 10-19 years	70%

#### 4.3. Programme/ Division Nodal Officer/ Consultant: RBSK

Performance Indicators	Benchmark
• Ensure that all new-borns as per HMIS were screened at the time of Birth	100%
• Ensure that all 0-3 years children as per HMIS were screened twice a year	80%
• Ensure that all approved DEICs are functional as per guideline	70%
• Ensure that at least 10% of the children were identified with 4-Ds	100%
• Ensure that all the children who were identified with 4Ds have availed services at Secondary / Tertiary care facilities	100%

#### 4.4. Refrigerator Mechanic/ Cold Chain Technician

Performance Indicators	Benchmark
• Visit at least 10-12 Cold Chain points per month	100%
• Minor repair of minimum of 6-8 cold chain points per month. No malfunctioning Cold Chain Point shall remain unattended and dysfunctional for minor repairs in a month. In addition, alternate arrangements shall be ensured without harmfully affecting the vaccines at all malfunctioning Cold Chain Points	100%
• Carry out 0-2 major repairs of cold chain equipment every month. No malfunctioning Cold Chain Point shall remain unattended for major repairs in a month. In addition, alternate arrangements shall be ensured without harmfully affecting the vaccines at all malfunctioning Cold Chain Points.	100%
• Carry out all requisite NCCMIS data updates on timely manner every month	100%

#### 4.5. State & District level positions under e-VIN

Performance Indicators	Benchmark
• Conduct at least one transaction of distribution of vaccines per month at every cold chain point in the jurisdiction area (District/Division/State) of the staff	100%
• Conduct at least 5 field visits to cold chain points per month and monitor all cold chain points in the jurisdiction area (District/Division/State) of the staff to ensure regular transactions of vaccine distribution and take corrective actions	100%
• Ensure proper records maintenance at all of cold chain points	100%

#### 4.6. Adolescent Health Counsellors / Block Coordinators

Performance Indicators	Benchmark
• Conduct minimum 10 days field visits per month	100%
• Ensure that all the AFHCs are functional	100%
• Ensure that all beneficiaries are covered under WIFS in every month	70%
• Ensure that all the planned Adolescent Health Days are organized every month	70%
• Ensure full coverage of the targeted population of adolescent girls under Menstrual Hygiene Scheme	70%



Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Organize at least one State Level RSKS Review/ Convergence meeting in every six months</li> </ul>	100%

#### 4.7. District RSKS Coordinator/ District Adolescent Health Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Conduct minimum 10 -12 days (40%) field visits in every month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all the AFHCs are functional</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all the beneficiaries are covered under WIFS every month</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure that all the planned Adolescent Health Days are organized every month</li> </ul>	70%
<ul style="list-style-type: none"> <li>Organize at least one district Level RSKS Review/ Convergence meeting in every quarter of the year</li> </ul>	100%

#### 4.8. Adolescent Health Counsellors / Block Coordinators

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>At least 150 clients are counselled at AFHC in every month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct minimum 8 outreach activities per month and submit the report to Block Medical Officer</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all the planned Adolescent Health Days are organized every month</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure that all the schools and AWCs have Blue IFA tablet and Albendazole and all the beneficiaries are covered under WIFS in each month</li> </ul>	70%

#### 4.9. Programme/ Division Nodal Officer/ Consultant: Family Planning

Performance Indicators	Benchmark
<b>1. Roll out of Injectable MPA (Antara Program)</b>	
<ul style="list-style-type: none"> <li>Rollout of Injectable MPA in all District Hospitals, Sub District Hospitals and CHCs</li> </ul>	100%
<ul style="list-style-type: none"> <li>Rollout of Injectable MPA in Primary Health Centers</li> </ul>	60%
<b>2. Operationalization of warehouses /facilities for FP LMIS</b>	
<ul style="list-style-type: none"> <li>Ensure that all District warehouses have started indenting &amp; reporting issue against indent through FPLMIS</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that Block warehouses have started indenting &amp; reporting issue against indent through FPLMIS</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure that all District Hospitals, Sub District Hospitals and CHCs are indenting &amp; reporting issue against indent through FPLMIS</li> </ul>	100%
<ul style="list-style-type: none"> <li>PHC are indenting &amp; reporting issue against indent through FPLMIS</li> </ul>	60%
<ul style="list-style-type: none"> <li>SC are indenting &amp; reporting issue against indent through FPLMIS</li> </ul>	40%
<ul style="list-style-type: none"> <li>ASHA s indenting for FP commodities</li> </ul>	40%
<b>3. Operationalization of Delivery points for PPIUCD services</b>	
<ul style="list-style-type: none"> <li>Delivery points' up to PHC level have been operationalized for PPIUCD services</li> </ul>	80%
<b>4. Operationalization of Static Facilities for Sterilization</b>	
<ul style="list-style-type: none"> <li>All DH, SDH operationalized as static facilities for Male and Female Sterilizations</li> </ul>	100%
<b>5. Compliance to Hon'ble SC mandates and uploading the same on state webpage</b>	
<ul style="list-style-type: none"> <li>All the SQAC, SISC, DQAC, DISC members and empanelled providers are updated and uploaded in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Upload the Annual FPIS Status and Death Audit Reports (as per Annex 14 in "Standards &amp; Quality Assurance in sterilization services") of all the submitted death claims</li> </ul>	100%

Performance Indicators	Benchmark
<b>6. Installation of condom boxes</b>	
<ul style="list-style-type: none"> <li>All the facilities have adequate numbers of condom box</li> </ul>	100%

#### 4.10. Programme/ Division Nodal Officer/ Consultant: PC &PNDT

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Sex Ratio at birth as per Civil Registration System of birth monitored and updated in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>All the SSB, SAA, SAC, DAA and DAA members and notifications updated and uploaded in every quarter on the website</li> </ul>	100%
<ul style="list-style-type: none"> <li>Registration details of all Genetic Counselling centre, Genetic laboratory and Genetic clinics and any other bodies to be updated and uploaded in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Online submission of Form F and other records monitored and uploaded the compliance of record keeping by all the registered diagnostic clinics registered under the PC&amp;PNDT Act in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>PC-PNDT implementation progress reports from districts compiled, updated and submitted in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Court cases under PC&amp;PNDT Act reviewed and monitored in every quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Reports of Inspections and action taken by appropriate authority thereof compiled and submitted in every quarter</li> </ul>	100%

## 5. National Iodine Deficiency Disorders Control Programme (NIDDCP)

### 5.1. Technical Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that community testing of salt being done by ASHAs in IDD endemic Districts (subject to supply of Salt Testing Kits to ASHAs)</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure functioning State/ UT IDD Monitoring Lab available for Salt and Urinary Iodine Excretion (UIE) testing</li> </ul>	80%
<ul style="list-style-type: none"> <li>Conduct District IDD Surveys/ Resurveys in various Districts as per ROP approvals</li> </ul>	80%
<ul style="list-style-type: none"> <li>Conduct at least 4 communication campaign (either through print, electronic or outdoor media) in a year including observance of Global IDD Prevention Day</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure utilization of budget available as per approved ROP for the Financial Year</li> </ul>	70%

## 6. National Vector Borne Disease Control Programme (NVBDCP)

### 6.1. Programme/ Division Nodal Officer/ Consultant: NVBDCP

Performance Indicators	Benchmark
<b>1. Malaria</b>	
• Ensure availability of supplies and materials in the facilities and treatment centres and there are no stock outs from any level	80%
• Conduct at least 15 to 20 days of monitoring visits in a month for field supervision	80%
• Each malaria case and death investigated including case tracking	100%
• Quick response to any outbreak	100%
• All malaria reports are analysed, and areas are prioritised	100%
• All malaria cases are notified including private sector	100%
• Ensure that LLIN has been distributed on time and is being used (with priority for under five and pregnant women)	90%
<b>2. Kala Azar</b>	
• Rapid access to early diagnosis and treatment of KA/PKDL cases – ensure availability of supplies and material in the facilities and treatment centres	100%
• Each Kala-azar/PKDL case investigated and followed up	100%
• All KA/PKDL case reports entered in KAMIS, analysed and feedback given to the district/state	100%
• Monitor IRS activities and ensure full coverage	80%
• ASHA incentive paid for KA case treatment and IRS on timely manner	100%
• All KA/PKDL cases notified including private sector	100%
• Wage loss incentive paid to all KA/PKDL patients	100%
<b>3. Lymphatic Filariasis</b>	
• Ensure complete coverage of general population in MDA districts	65%
• Updated line list of all LF patients (Lymphoedema and Hydrocele)	100%
• Ensuring complete morbidity management coverage of line listed Lymphoedema cases	100%
<b>4. Dengue/Chikungunya</b>	
• Prepare district activity plan for Dengue and Chikungunya and ensure its implementation and monitoring	100%
• Conduct at least one field visit every fortnight for ensuring implementation of the programme strategies and for providing technical support to the concerned peripheral staff	100%
• Conduct at least 2-3 field visits/ entomological surveys conducted every week	100%
• Ensure timely analysis of surveillance data and implementation of vector control at district level and submit to state first week of every month	100%
• Visit at least 4 Sentinel Surveillance Hospital Laboratories in a month.	70%
• Ensure that all the samples for Dengue and Chikungunya are processed	100%
• Logistic monitoring – ensure no stock out of insecticides and functioning fogging machines	70%
• Conduct at least one advocacy meetings and 2-3 interactions with community/ group for sensitization in every fortnight	100%
• Ensure that actions are taken on timely manner on the decisions/ recommendation taken during the review meetings and reports are submitted on timely manner	100%
<b>5. Dengue/Chikungunya</b>	

Performance Indicators	Benchmark
• Monitor JE vaccination coverage under Routine Immunization to make sure full coverage	80%
• Conduct at least one field visit per month for ensuring quality implementation of the programme and provide technical support to the on-site staff	100%
• Ensure timely data analysis, presentation and interpretation for JE/AES surveillance at district level and submit to state every month	100%
• Ensure that actions are taken on timely manner on the decisions/ recommendation taken during the review meetings and reports are submitted on timely manner	100%
• Prepare district plan for the surveillance of Japanese Encephalitis in the district	100%

## 7. Revised National Tuberculosis Control Program (RNTCP)

### 7.1. Assistant Programme Manager/ Medical Officer - State TB Cell

Performance Indicators	Benchmark
• Ensure increase in total TB notification (public + private)	15%
• Ensure complete treatment success rate of new TB patients in TB unit (public + private)	70%
• Ensure that all eligible patients are given financial support under RNTCP through DBT	50%
• Ensure that Drug Susceptibility Testing of all notified TB patients in TB unit (public + private) is performed	50%
• Ensure that all DTO, MO-TC, STS, STLS, TB-HV, District PPM Coordinator, District Programme Coordinator, District HIV-TB & DR-TB Supervisor are in place and have been trained at State level	70%
• Conduct at least 3 DTO Review meeting in a year	100%
• Conduct at least 6 State Internal Evaluation in a year	100%
• Ensure that feedback on programme performance is given to all districts at least three times in a year	100%

### 7.2. State HIV-TB Coordinator

Performance Indicators	Benchmark
• Ensure that all TB patients (notified from public sector and private sector) are tested for HIV	75%
• Ensure that all PLHIV without TB are provided IPT	50%
• Visit all districts for joint NACO/RNTCP monitoring	25%
• Ensure that all DTO, MO-TC, STS, STLS, TB-HV, District PPM Coordinator, District Programme Coordinator, District HIV-TB & DR-TB Supervisor are in place and have been trained in HIV-TB	70%
• Conduct at least 2 HIV-TB Review of HIV-TB supervisors in a year	100%

### 7.3. State DR-TB Coordinator

Performance Indicators	Benchmark
• Ensure that all TB patients (notified from public sector and private sector) are tested for Rifampicin Resistance	75%
• Ensure that all Rifampicin Resistant TB are tested for second line DST	50%

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all Drug Resistant TB patients are put on treatment appropriate regimen</li> </ul>	50%
<ul style="list-style-type: none"> <li>Ensure that all DTO, MO-TC, STS, STLS, TB-HV, District PPM Coordinator, District Programme Coordinator, District HIV-TB &amp; DR-TB Supervisor are in place and have been trained in DR-TB</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct at least 2 DR-TB review of DR-TB and HIV-TB supervisors in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Visit at least 10 districts in a year for monitoring and review</li> </ul>	100%

#### 7.4. State PPM Coordinator

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all DTO, MO-TC, STS, STLS, TB-HV, District PPM Coordinator, District Programme Coordinator, District HIV-TB &amp; DR-TB Supervisor are in place and have been trained in PPM</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct at least 2 PPM review of PPM Coordinators in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Visit at least 10 districts in a year for monitoring and review</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 State level review of NGO in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all patients are notified from private sector, against which provider is paid incentive</li> </ul>	50%
<ul style="list-style-type: none"> <li>Ensure that all TB patients are notified from private sector and reported with treatment outcome in a year</li> </ul>	50%

#### 7.5. State ACSM Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all DTO, MO-TC, STS, STLS, TB-HV, District PPM Coordinator, District Programme Coordinator, District HIV-TB &amp; DR-TB Supervisor are in place and have been trained in ACSM</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct at least 2 ACSM review of District PPM Coordinator in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Visit at least 10 districts in a year for monitoring and review</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 4 communication campaign (either through print, electronic or outdoor media) from State in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 Advocacy activity at state level with Legislative Members and Corporate Sector in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 State level TB Forum meetings in a year</li> </ul>	100%

#### 7.6. State Accountant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all SOEs submitted through PFMS by 24<sup>th</sup> of succeeding month of next quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 Financial review of District accountants in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Visit at least 10 districts in a year for monitoring and review</li> </ul>	100%
<ul style="list-style-type: none"> <li>Submit Utilization certificate along with audit report and Financial statement by 31<sup>st</sup> July for previous financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all DTOs and District Accountants in placed, are trained in financial management</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	90%

### 7.7. Technical Officer - Procurement & Logistics

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all District Pharmacist/ persons manage district drug store are trained in drugs and logistics management</li> </ul>	70%
<ul style="list-style-type: none"> <li>Supply of drugs and consumables to districts through push system by hired vehicle from State</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure that all required drugs are procured from State (whenever guided from CTD)</li> </ul>	60%
<ul style="list-style-type: none"> <li>Ensure that Second line drug supplied to districts with patient wise boxes</li> </ul>	100%
<ul style="list-style-type: none"> <li>Average delay of procurement from approval of conducting procurement for laboratory consumables, drugs, printing of records/reports shouldn't exceed more than 100 days</li> </ul>	100%

### 7.8. State NIKSHAY Operator

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>At least 4 state level brief and report of performance prepared in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 review of District NIKSHAY Operators in a year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Treatment status updated for all TB patients transferred-in patients</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct state level training in NIKSHAY for all District NIKSHAY Operators in place</li> </ul>	70%

### 7.9. Senior TB Treatment Supervisors

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure increase in total TB notification (public + private)</li> </ul>	10%
<ul style="list-style-type: none"> <li>At least 10 health facilities are supervised by the TB Unit (public + private)</li> </ul>	100%
<ul style="list-style-type: none"> <li>Treatment success rate of new TB patients in TB unit (public + private)</li> </ul>	80%
<ul style="list-style-type: none"> <li>All eligible patients and treatment supporters are provided financial support under RNTCP through DBT</li> </ul>	50%
<ul style="list-style-type: none"> <li>All diagnosed / notified TB patients (drug sensitive and drug resistant) are put on treatment</li> </ul>	90%

### 7.10. Senior TB Laboratory Supervisor

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>At least 5 TB laboratories are supervised (microscopy &amp; molecular diagnostics) in defined area (public + private)</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure increase in examination rate of presumptive TB patients in a year</li> </ul>	5%
<ul style="list-style-type: none"> <li>Drug Susceptibility Testing of all notified TB patients are conducted in defined area (public + private)</li> </ul>	80%
<ul style="list-style-type: none"> <li>Notified TB patients with known HIV status (public + private)</li> </ul>	70%
<ul style="list-style-type: none"> <li>Health facilities with sample transport facilities available [(% of non-DMC PHIs with sample transport facilities + % DMC with sample transport facilities to molecular diagnostics)/2]</li> </ul>	75%

### 7.11. TB Health Visitor

Performance Indicators	Benchmark
• At least 100 TB patients in care in a year (public + private) in area	100%
• At least 5 health facilities are supervised in area (public + private)	100%
• All Children (<6 years) household contacts of pulmonary TB patients are initiated on INH chemoprophylaxis	80%
• Adherence score of TB patients on 99 DOTS (public + private)	70%
• All eligible patients and treatment supporters are provided financial support under RNTCP through DBT	50%

### 7.12. District Programme Coordinator

Performance Indicators	Benchmark
• Ensure increase in total TB notification (public + private)	15%
• Treatment success rate of new TB patients in TB unit (public + private)	70%
• All eligible patients and treatment supporters are provided financial support under RNTCP through DBT	50%
• Drug Susceptibility Testing of all notified TB patients in TB unit (public + private) is conducted	50%
• Ensure that all Medical Officers, ANM/MPW, Pharmacists & Laboratory technicians in place are trained at district level	70%

### 7.13. District PPM Coordinator

Performance Indicators	Benchmark
• Have made at least 30 visits to health providers in a year	100%
• Conduct at least 10 PPM / ACSM review of STS, TB-HV, STLS conducted in a year	100%
• Conduct at least 4 District level review of NGO conducted in a year	100%
• All NGO/PPs engaged through partnership options are visited in a year	100%
• All TB patients notified from private sector have been reported with treatment outcome in a year	50%
• Ensure that all notifying providers are keeping FDC	20%
• Ensure that all notifying providers are referring / transporting samples for CBNAAT	20%
• All TB patients notified from private sector visited by PPM Coordinator	40%
• At least 4 communication campaign (either through print, electronic or outdoor media) conducted from district in a year	100%
• At least 3 district level TB Forum meetings are conducted in a year	100%

### 7.14. District DR-TB & HIV-TB Supervisor

Performance Indicators	Benchmark
• All TB patients (notified from public sector and private sector) tested for Rifampicin Resistance	75%
• Rifampicin Resistant TB tested for second line DST for all	50%
• All drug resistant TB patients and TB / HIV TB patients visited in a year	80%
• At least one visit made to each ART centres in a year	100%
• All TB patients (notified from public sector and private sector) tested for HIV	75%
• All PLHIV without TB are provided IPT	50%
• At least 4 joint meeting conducted with HIV care staff in year	100%

### 7.15. District Accountant

Performance Indicators	Benchmark
• Ensure that all SOEs submitted through PFMS by 10 <sup>th</sup> of succeeding month of next quarter	100%
• Verification of DBT records and patient' interview made for all TB patients	100
• Submit Utilization certificate along with audit report and Financial statement by 31 <sup>st</sup> May for previous financial year	100%
• Ensure adequate expenditure booking against budget approved in ROP	90%
• All payable DBT payment have been made without delay	50%

### 7.16. District NIKSHAY Operator

Performance Indicators	Benchmark
• At least 4 District level brief and report of performance prepared in a year	100%
• Average delay of first payment of DBT from date of notification shouldn't exceed 30 days	100%
• Treatment status updated for all TB patients transferred-in patients	70%

## 8. National Leprosy Eradication Programme (NLEP)

### 8.1. Surveillance Medical Officer / State Leprosy Consultant

Performance Indicators	Benchmark
• Conduct at least 12 supportive supervision field visits	100%
• Analyse the data and prepare report in every quarter	100%
• Conduct/ facilitate at least 6 trainings annually	100%
• Conduct at least 2 CMES/Workshops in a year	100%

### 8.2. Budget & Finance officer cum Administrative officer

Performance Indicators	Benchmark
• Ensure that all SOEs submitted through PFMS by 10 <sup>th</sup> of succeeding month	100%
• Submit Utilization certificate along with audit report and Financial statement by 31 <sup>st</sup> July for previous financial year	100%

### 8.3. Administrative Assistant

Performance Indicators	Benchmark
• Required amount of MDT was available throughout the year in all districts	70%
• Ensure that indent for MDT sent to CLD in every quarter	75%
• Ensure that sufficient MCR footwear stock available at each district throughout the year	70%
• Sufficient Self-care kit stock available at each district throughout the year	70%

### 8.4. Data Entry Operator

Performance Indicators	Benchmark
• Submit MPR reports by 7 <sup>th</sup> day of every month	75%
• Submit Annual report by first week of April	75%
• Ensure data entered and analysed every monthly	90%



## 8.5. District Leprosy Consultant

Performance Indicators	Benchmark
• Conduct at least 4 supportive supervision field visits to CHC/PHC/SC	50%
• Analyse data to support district level planning and submit it to state every month	75%
• Timely compile all District level data for MPR	100%
• At least 2 visits conducted per month for imparting health education / case demonstration at field	100%

## 8.6. Non-Medical Supervisor

Performance Indicators	Benchmark
• Ensure 100% recording of patient data (case sheet) out of total new cases identified in a month	70%
• Assisted in new leprosy cases examination out of total new cases identified in a month	70%

## 9. National Program for Palliative Care (NPPC)

### 9.1. State Consultant/State Program Coordinator

Performance Indicators	Benchmark
• Ensure that the palliative care services are available in the health facilities as per guideline and there is at least 5% increase in the utilization of services over previous year	100%
• Ensure utilization of budget approved in the ROP	70%
• Ensure that expenditure reports are submitted to MoHFW by 3rd week of the following month on completion of quarter	80%
• Ensure submission of required reports and data through state to MoHFW by 1 <sup>st</sup> week of every subsequent month	100%

## 10. Integrated Disease Surveillance Program (IDSP)

### 10.1. State Epidemiologist

Performance Indicators	Benchmark
• Final outbreak report to be submitted for at least 2 outbreaks reported in the quarter. In case, number of outbreaks reported in a quarter are $\leq 2$ , then for all outbreaks reported	100%
• Conduct at least 2 visits to different Districts in a quarter for monitoring / Outbreak investigation	100%

### 10.2. State Microbiologist

Performance Indicators	Benchmark
• Conduct at least 2 visits to different District Hospital Labs and submit report (including DPHLs under IDSP) in a quarter	100%
• All outbreaks reported in a quarter, human samples must be sent to lab for confirmation (wherever applicable)	75%

### 10.3. State Entomologist

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>Ensure that all VBD outbreaks detected are investigated in coordination with NVBDCP</li></ul>	100%
<ul style="list-style-type: none"><li>Conduct at least 2-3 entomological surveys in a quarter in coordination with NVBDCP</li></ul>	100%

### 10.4. State Veterinary Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>Conduct at least 3 visits to different Districts in a quarter for monitoring/ Outbreak investigation</li></ul>	100%
<ul style="list-style-type: none"><li>Conduct at least 1 inter-sectoral coordination meetings with the Departments of Animal Husbandry/ Agriculture, Wildlife &amp; other sector of the State</li></ul>	100%

### 10.5. State Training Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>At least 2 trainings monitored on site/ districts coordinated for training per quarter</li></ul>	100%
<ul style="list-style-type: none"><li>Ensure quarterly up-dation and maintenance of Training Database of IDSP staff</li></ul>	100%

### 10.6. State Finance Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>Ensure that SoE and Audit reports are submitted to CSU every quarter after proper reconciliation</li></ul>	100%
<ul style="list-style-type: none"><li>Submit annual Action taken for Audited reports of State</li></ul>	100%

### 10.7. State Data Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>Reporting units reporting in IDSP portal for all three reporting formats (S, P &amp; L)</li></ul>	75%
<ul style="list-style-type: none"><li>Provide monthly/ weekly feedback to all districts on the analysed data</li></ul>	75%

### 10.8. District Epidemiologists

Performance Indicators	Benchmark
<ul style="list-style-type: none"><li>Final outbreak report to be submitted for at least 2 outbreaks reported in the quarter. In case, number of outbreaks reported in a quarter are <math>\leq 2</math>, then for all outbreaks reported</li></ul>	100%
<ul style="list-style-type: none"><li>At least 2 different Blocks are visited in a quarter for monitoring/ Outbreak investigation and report submitted</li></ul>	100%

## 10.9. District Microbiologists

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that sufficient number of tests are performed in the District Public Health Labs and the labs are optimally utilised (To be evaluated in a quarter)</li> </ul>	10 -15% of total OPD
<ul style="list-style-type: none"> <li>Ensure that human samples are sent for Lab confirmation in during all outbreaks (wherever applicable)</li> </ul>	75%

## 10.10. District Data Manager

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Reporting units reporting in IDSP portal for all three reporting formats (S, P &amp; L)</li> </ul>	75%
<ul style="list-style-type: none"> <li>Provide monthly/ weekly feedback to all blocks/ facilities on the analysed data</li> </ul>	75%

## 11. National Viral Hepatitis Control Program (NVHCP)

### 11.1. Technical Officer (Surveillance, M & E)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all service delivery sites (laboratory and treatment centres) are reporting to the SVHMU</li> </ul>	100%

### 11.2. Quality Manager (Lab)

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all the labs are performing quality assured tests under NVHCP</li> </ul>	70%

### 11.3. CST Co-ordinator

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all those patients confirmed positive for hepatitis C, initiated on treatment</li> </ul>	70%

## 12. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

### 12.1. Nodal Officer/ Programme Manager/ Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Facilities (NCD Clinics, CCUs, Day Care Centres) made functional within one year of approval</li> </ul>	50%
<ul style="list-style-type: none"> <li>Facilities (NCD Clinics, CCUs, Day Care Centres) made functional within two years of approval</li> </ul>	100%
<ul style="list-style-type: none"> <li>Percentage increase, over previous year, in opportunistic / population-based screening</li> </ul>	15% (in case the base year achievement is below 70%) 10%

Performance Indicators	Benchmark
	(in case the base year achievement is between 70 - 80%) 5% (in case the base year achievement is above 80%)
<ul style="list-style-type: none"> <li>Use of NCD app for screening in Districts approved for Population Based Screening (to be measured by active logins by ANMs)</li> </ul>	75%

### 13. National Mental Health Programme (NMHP)

#### 13.1. State Consultant/State Program Coordinator

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>All district mental health units have been operationalised</li> </ul>	100%
<ul style="list-style-type: none"> <li>At least 5% increase in registration of people with mental disorders at mental health facilities under NMHP compared to previous year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure utilization of budget approved in the ROP</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure submission of required reports and data through state to MoHFW by 1<sup>st</sup> week of every subsequent month</li> </ul>	100%

#### 13.2. District Monitoring & Evaluation Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Analyse data related to the program and submit it at state level by the end of 1<sup>st</sup> week of every subsequent month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Conduct at least 2 visits per week to the health facilities</li> </ul>	80%

### 14. National Programme for Control of Blindness and Visual Impairment (NPCB&VI)

#### 14.1. Budget & Finance Officer

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all SOEs submitted through PFMS by 24<sup>th</sup> of succeeding month of next quarter</li> </ul>	100%
<ul style="list-style-type: none"> <li>Submit Utilization certificate along with audit report and Financial statement by 31<sup>st</sup> July for previous financial year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure utilization of budget approved in the ROP</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure timely examination and release of budget to District Health Societies (Within 15 days of receipt of demand)</li> </ul>	90%

#### 14.2. Administrative Assistant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Update and submit monthly records of the progress of implementation of the State Action Plan against the physical targets allotted to Districts for cataract and other eye care activities</li> </ul>	80%

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Submission of monthly physical performance reports of the State in the prescribed formats to MoHFW by 3<sup>rd</sup> week of the following month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure disposal of correspondence (within 15 days) related to implementation of programme, Parliament questions, public grievances, RTI matters etc</li> </ul>	80%

### 14.3. Data Entry Operator

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Daily upload and maintain financial and physical performance data of the District in NPCBVI-MIS</li> </ul>	90%
<ul style="list-style-type: none"> <li>Assistance to District Programme Manager in verification of data uploaded by NGOs in NPCBVI-MIS and release of NGO claims</li> </ul>	75%
<ul style="list-style-type: none"> <li>Maintain records of MoUs signed by the district with NGOs and permission to NGOs for holding screening eye camps as per the timeline in guidelines of NPCBVI</li> </ul>	100%

## 15. National Programme for Health Care of the Elderly (NPHCE)

### 15.1. Nodal Officer/ Programme Manager/ Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure that all Districts are operationalizing against districts proposed by State</li> </ul>	90%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct at least 1 review meeting per quarter to assess the progress of programme implementation</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure timely procurement of Equipment as per ROP approvals and its optimum utilization</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct training of staff as per ROP approvals</li> </ul>	70%

## 16. National Oral Health Programme (NOHP)

### 16.1. Nodal Officer/ Programme Manager/ Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Dental OPD to total OPD - minimum threshold of 2%</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure minimum 10% increase in dental OPD from over previous year</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure feedback is received from at least 10 dental OPD patients on quality of service</li> </ul>	100%

## 17. National Programme for Prevention and Control of Deafness (NPPCD)

### 17.1. Nodal Officer/ Programme Manager/ Consultant

Performance Indicators	Benchmark
• Conduct at least 4 visits to the health facilities to monitor and supervise the implementation of the programme	80%
• Ensure that training & capacity building of staff held as per approvals in the ROP	70%
• Ensure availability of medicines, equipment, supplies and materials in the health and there are no stock outs from any level	70%
• Ensure utilization of budget approved in the ROP	70%
• Ensure that all SOEs submitted through PFMS by 24 <sup>th</sup> of succeeding month of next quarter	100%

## 18. National Programme for Prevention and Control of Fluorosis (NPPCF)

### 18.1. Nodal Officer/ Programme Manager/ Consultant

Performance Indicators	Benchmark
• Ensure availability of Lab services (for testing Water and Urinary Fluoride levels) in the districts identified as NPPCF districts	80%
• Ensure that training & capacity building of medical & paramedical staff is held in the Districts identified for implementing NPPCF	70%
• Conduct at least 4 communication campaign (either through print, electronic or outdoor media) in a year	80%
• Ensure that Medical/ Surgical Management of Fluorosis cases is done in the Districts identified for implementing NPPCF	80%
• Ensure that School/ Community Surveys are done in the districts identified for implementing NPPCF	80%
• Ensure adequate expenditure booking against budget approved in ROP	70%

## 19. National Tobacco Control Programme (NTCP)

### 19.1. State Nodal Officer/State Consultant/Legal Consultant

Performance Indicators	Benchmark
• Establish tobacco cessation clinics in health care facilities and ensure training of health care providers	80%
• Organize State level training/sensitization programmes on tobacco control as per ROP approvals	80%
• Constitution of a State Level Coordination Committee (SLCC) and organize regular meetings	70%
• Ensure the implementation of Section 6(b) of COTPA, 2003 [no person shall sell, offer for sale, or permit sale of, cigarette or any other tobacco product in an area within a radius of one hundred yards of any educational institution]	70%
• Ensure implementation of Tobacco Free Educational Institutions as per the "Step by Step Guidelines for implementation of Section 6(b) and the Rules"	70%
• Conduct communication campaign (either through print, electronic or outdoor media) under school awareness programmes on tobacco control as per ROP approvals	70%

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Ensure submission of required reports and data to MoHFW by 1<sup>st</sup> week of every subsequent month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure that all SOEs submitted through PFMS by 24<sup>th</sup> of succeeding month of next quarter</li> </ul>	100%

## 19.2. District Nodal Officer/District Consultant

Performance Indicators	Benchmark
<ul style="list-style-type: none"> <li>Establish tobacco cessation clinics in health care facilities and ensure training of health care providers</li> </ul>	80%
<ul style="list-style-type: none"> <li>Organize outreach activities in collaboration with different departments and Programmes as per ROP approvals</li> </ul>	70%
<ul style="list-style-type: none"> <li>Organize district level trainings/sensitization programmes on tobacco control as per ROP approvals</li> </ul>	70%
<ul style="list-style-type: none"> <li>Constitution of a District Level Coordination Committee (DLCC) and organize regular meetings</li> </ul>	70%
<ul style="list-style-type: none"> <li>Constitution of an Enforcement squad preferably under the chairmanship of Collector/DM or his nominee for monitoring compliance of COTPA provisions and take necessary action on violations</li> </ul>	80%
<ul style="list-style-type: none"> <li>Ensure the implementation of Section 6(b) of COTPA, 2003 [no person shall sell, offer for sale, or permit sale of, cigarette or any other tobacco product in an area within a radius of one hundred yards of any educational institution]</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure implementation of Tobacco Free Educational Institutions as per the “Step by Step Guidelines for implementation of Section 6(b) and the Rules”</li> </ul>	70%
<ul style="list-style-type: none"> <li>Conduct communication campaign (either through print, electronic or outdoor media) under school awareness programmes on tobacco control as per ROP approvals</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure submission of required reports and data through state to MoHFW by 1<sup>st</sup> week of every subsequent month</li> </ul>	100%
<ul style="list-style-type: none"> <li>Ensure adequate expenditure booking against budget approved in ROP</li> </ul>	70%
<ul style="list-style-type: none"> <li>Ensure that all SOEs submitted through PFMS by 10<sup>th</sup> of succeeding month of next quarter</li> </ul>	100%

## 20. National Urban Health Mission (NUHM)

### 20.1. State Programme Manager/ Consultant

Performance Indicators	Benchmark
• U-PHCs transformed as Health & Wellness Centres (HWCs) to provide range of services at district/city/ULB level	50%
• NCD screening held and filling of CBAC forms completed at district/city/ULB level.	75%
• Training & capacity building of Clinical & Paramedical and Program management staff held.	70%
• Review meetings held for ULB officials including Joint activities for Kayakalp and SSS where NUHM implementation is through Corporations.	80%
• U-PHCs/U-CHCs certified for Kayakalp Award	10%
• Internal assessments held for U-PHCs	80%
• Transfer of Funds from State to district/city (in case of Metro cities) within 15 days as per the approved budget and adjustment of unspent balances	80%
• Adequate booking of expenditure under respective component of NUHM Flexi-pool	80%

### 20.2. District Programme Manager/ Consultant

Performance Indicators	Benchmark
• U-PHCs transformed as Health & Wellness Centres (HWCs) to provide range of services at city/ULB level	50%
• NCD screening held and filling of CBAC forms completed at district/city level.	75%
• U-PHC/U-CHCs certified for Kayakalp award	10%
• Internal assessments held for U-PHCs	80%
• Outreach sessions for Urban Health & Nutrition Days (UHND) and Special outreach camps held.	100%
• Regular Monthly reporting by DPMU to State health department.	100%
• Adequate Expenditure booking and timely reporting from District to State.	80%

### 20.3. City/ Zonal level Manager/ Consultant

Performance Indicators	Benchmark
• U-PHCs transformed as Health & Wellness Centres (HWCs) to provide range of services at city/ULB level	50%
• NCD screening held and filling CBAC forms completed at U-PHC level	75%
• U-PHCs/U-CHCs certified for Kayakalp Award	10%
• Internal assessments held for U-PHCs	80%
• Outreach sessions for Urban Health & Nutrition Days (UHND) and Special outreach camps held.	100%
• Regular monthly reporting of zonal PMU to CPMU and from CPMU to State/district health department.	100%
• Adequate expenditure booking and timely reporting from CPMU to State/district.	80%



