Key Performance and Quality Indicators for High Impact RMNCH+A Interventions

Maternal Health Division
Ministry of Health & Family Welfare
Government of India

With Support from other RCH Divisions
Key Performance and Quality Indicators for High Impact RMNCH+A Interventions

Ministry of Health & Family Welfare
Government of India
Preface

The RMNCH+A strategy encompasses all interventions aimed at Reproductive, Maternal, New Born, Child and Adolescent Health under one broad umbrella with a focus on the life cycle approach. To prioritize its implementation, a 5x5 matrix has been developed for the five thematic areas of reproductive, maternal, newborn, child and adolescent health. The matrix has been prepared on evidence based high impact interventions and also the cross-cutting systemic support required for implementation.

The Government of India in partnership with the states and Development Partners is constantly monitoring the performance and ways to improve RMNCH+A activities both at the health facilities and in the community. However we did not have key performance and quality indicators to quickly assess the level of progress. So a set of key performance and quality indicators have been developed to monitor the progress of activities indicated under the 5x5 matrix. I complement the Program Divisions of this Ministry and all the Development Partners for their contribution in bringing out this document.

I believe, this will be helpful in facilitating the process of reaching the set goals and targets for different thematic areas under the program and assist us to work together to accelerate progress towards MDGs 4 and 5.

(Anuradha Gupta)
AS& MD (NHM)
06.05.2014
Foreword

The Ministry of Health and Family Welfare has developed a 5X5 matrix for the Reproductive, Maternal, Child and Adolescent Health (RMNCH+A) strategy, enlisting five high impact interventions under each thematic area.

This matrix is a useful tool for programme managers and other stakeholders to monitor the implementation of the interventions under each thematic area and strengthen the implementation of the RMNCH+A strategy. Essential RCH Commodities have also been enlisted to facilitate programme managers in ensuring their availability at health facilities.

A set of Key Performance Indicators (KPIs) and Quality Indicators (QIs) have also been developed and consolidated into these documents. This would facilitate programme managers at all levels to measure progress of activities under the 5X5 matrix both physical and in terms of quality.

I expect that these indicators would be particularly useful to programme managers for accelerating the progress of interventions in the 184 High Priority Districts identified by the Government of India.

(Dr Rakesh Kumar)
05.06.2014
The aim of introducing Key Performance Indicators (KPIs) and Quality Indicators (QIs) document is to provide a better understanding of the progress and performance of RMNCH+A implementation at state/district level. If we see the service delivery figures for OPD, IPD, delivery, surgery etc., the quantum of service delivery in terms of number has increased manifold at public health facilities. However, one of our major challenges is to deliver quality services, which meets the aspirations of the clients.

The field visits reveals that there is a need for improving awareness about the standards of performances among service providers. Therefore, in consultation with various program divisions, monitorable indicators which can measure both the performance and the quality of services have been prepared. The 5x5 matrix helps us in giving focused attention on different program activities and KPIs & QIs will ensure its performance and quality aspects. Progress against KPIs and QIs needs to be shared during RMNCH+A quarterly review meetings at district as well as state level for addressing identified gaps and taking corrective actions to close the gaps.

The preparation of this document has been possible due to the active support and guidance provided by Ms. Anuradha Gupta, Additional Secretary and Mission Director, National Health Mission, GOI Mr. Manoj Jhalani, Joint Secretary(Policy) and Dr. Rakesh Kumar, Joint Secretary (RCH), National Health Mission, GOI.

The contribution of all technical divisions under RCH is highly appreciated. The technical inputs from all Development Partners particularly USAID, UNICEF, UNFPA, BMGF, DFID & JHPIEGO in preparing the document were very helpful.

The efforts rendered by the team of experts at JSI, particularly, Dr. Rajesh Singh, Senior Technical Advisor, Dr. Sebanti Ghosh and Dr. Sudhir Maknikar, National RMNCH+A Experts helped in finalizing the guidelines after several revisions of the draft.

I also thank my Colleagues Dr. Manisha Malhotra, Dr. Dinesh Baswal and senior consultants Dr. Pushkar Kumar, Dr. Rajeev Agarwal and Dr. Ravinder Kaur for their valuable inputs and support. The support from the National Resource Unit (NRU) team is also appreciated.

I sincerely hope this document will help policy makers, state & district program officers to measure and improve the service delivery through not only optimizing the performance but also enhancing the quality.

(Dr. Himanshu Bhushan)
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### Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Ante Natal Care</td>
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<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>BCG</td>
<td>Bacillus Calmette Guerin</td>
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<td>BEmOC</td>
<td>Basic Emergency Obstetric Care</td>
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<td>CDR</td>
<td>Child Death Review</td>
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<td>CEmOC</td>
<td>Comprehensive Emergency Obstetric Care</td>
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<tr>
<td>CHC</td>
<td>Community Health Center</td>
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<td>DEIC</td>
<td>District Early Intervention Centres</td>
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<td>DH</td>
<td>District Hospital</td>
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<tr>
<td>DP</td>
<td>Delivery Point</td>
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<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis, Tetanus</td>
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<tr>
<td>DQAC</td>
<td>District Quality Assurance Committees</td>
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<tr>
<td>EAG</td>
<td>Empowered Action Group</td>
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<tr>
<td>ECPs</td>
<td>Emergency Contraceptive Pills</td>
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<tr>
<td>EmOC</td>
<td>Emergency Obstetric Care</td>
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<tr>
<td>FBNc</td>
<td>Facility Based Newborn Care</td>
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<td>ESB</td>
<td>Ensuring Spacing at Birth</td>
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<tr>
<td>FRU</td>
<td>First Referral Unit</td>
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<tr>
<td>GoI</td>
<td>Government of India</td>
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<tr>
<td>HBNC</td>
<td>Home-Based Newborn Care</td>
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<td>HDC</td>
<td>Home delivery of Contraceptives</td>
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<td>HR</td>
<td>Human Resource</td>
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<td>IDR</td>
<td>Infant Death Review</td>
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<tr>
<td>IFA</td>
<td>Iron-Folic Acid</td>
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<tr>
<td>IMNcI</td>
<td>Integrated Management of Neonatal and Childhood Illnesses</td>
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<tr>
<td>IUcD</td>
<td>Intra-Uterine Contraceptive Device</td>
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<td>LHV</td>
<td>Lady Health Visitor</td>
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<td>MBHT</td>
<td>Mobile Block Health Team</td>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MCP</td>
<td>Mother and Child Protection</td>
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<td>MCTS</td>
<td>Mother and Child Tracking System</td>
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<td>MDR</td>
<td>Maternal Death Review</td>
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<td>MoHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>MTP</td>
<td>Medical Termination of Pregnancy</td>
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<td>MVA</td>
<td>Manual Vacuum Aspiration</td>
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<td>NE</td>
<td>North East</td>
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<tr>
<td>NRC</td>
<td>Nutrition Rehabilitation Center</td>
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<td>NssSK</td>
<td>Navjaat Shishu Suraksha Karyakram</td>
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<tr>
<td>OCpS</td>
<td>Oral Contraceptive Pills</td>
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<td>OPV</td>
<td>Oral Polio Vaccine</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<td>PHC</td>
<td>Primary Health Center</td>
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<td>PNC</td>
<td>Post-Natal Care</td>
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<td>PPH</td>
<td>Post-Partum Haemorrhage</td>
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<td>P PIUcD</td>
<td>Post-partum Intra-uterine Contraceptive Device</td>
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<td>PTKS</td>
<td>Pregnancy testing kits</td>
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<tr>
<td>RBsK</td>
<td>Rashtriya Bal Swasthya Karyakram</td>
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<td>RCH</td>
<td>Reproductive and Child Health</td>
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<td>RKSK</td>
<td>Rashtriya Kishor Swasthya Karyakram</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<td>SC</td>
<td>Sub-Center</td>
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<td>SDH</td>
<td>Sub-District Hospital</td>
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<td>SNCU</td>
<td>Special Newborn Care Unit</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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INTRODUCTION

In February 2013, the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), released a comprehensive Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) strategy that was developed using a life-cycle and continuum-of-care approach to meet the Millennium Development Goals 4 and 5. In the year that followed, a series of other guidelines and handbooks on RMNCH+A have been developed for better understanding of the strategy and for role clarification among the Development Partners, state governments and other stakeholders.

Apart from these guidelines, the MoHFW also developed a RMNCH+A 5x5 matrix enlisting five high priority interventions under each thematic area. These interventions have been proposed to be closely monitored by program managers and other stakeholders for better performance monitoring. Alongside, a list of essential commodities has been enlisted in order to ensure their availability in the facilities as well as in the community.

In continuation of strengthening the implementation of RMNCH+A strategy, there is a need to monitor the performance of high impact interventions identified in the 5x5 matrix. Setting Key Performance Indicators (KPIs) is a way to periodically assess the performance of organizations, departments, employees, or programmes. Quality indicators (QIs) are statistical measures that give an indication of output quality or process quality. Accordingly, KPIs and QIs need to be defined in a way that is understandable, meaningful, and measurable.

This booklet provides a list of KPIs and QIs that the MoHFW has developed to monitor progress of high impact interventions identified in the RMNCH+A 5x5 matrix. These indicators can be uniformly used by program managers at state, district and block level across all over the country, with special focus on 184 high priority districts identified by the GoI. It is proposed that the findings from the first round be considered as the baseline and used to monitor the progress in the coming years.
GUIDANCE NOTES

• Data will be collected, compiled and analysed on a quarterly basis for reporting against the indicators mentioned in this booklet. The states will report the progress made against the KPIs and QIs on a quarterly basis and in a prescribed format. Appropriate software will be developed to facilitate online reporting.

• The findings from the first round will be considered as the baseline information and used to monitor the progress in the coming years.

• In most cases, the data will be compiled at the block level and a cumulative summary will be prepared at the district and the state level. The data would be gathered and compiled using the following: Mother and Child Tracking System (MCTS), routine Health Management Information System (HMIS), health facility level records and registers, frontline worker records and registers, programme and scheme specific reporting formats, training records, Anganwadi records, and beneficiary survey (on a sample basis), in some specific cases.

• The states are encouraged to maintain district-wise segregated data and closely monitor the progress against these indicators so that timely and quality data is generated and used for informed decision making to improve RMNCH + A service delivery.

• Similarly, the districts would maintain block-level disaggregated data and undertake its regular review to take facilitative and corrective actions at the periphery for improving the performance, with focus on quality.

• Designated supervisors at the state/district/block level would conduct data validation during supportive supervision and/or block monitoring visits.

• Progress against KPIs and QIs needs to be shared during RMNCH+A quarterly review meetings at the district and the state level for addressing gaps that have been identified and required corrective actions.
KEY PERFORMANCE AND QUALITY INDICATORS FOR HIGH IMPACT RMNCH+A INTERVENTIONS

1. Reproductive Health

1.1 Focus on spacing methods, particularly post-partum intra-uterine contraceptive device (PPIUCD), at high case load facilities

**Intervention brief:** Insertion of intra-uterine contraceptive device (IUCD) within 48 hours of the delivery or after expulsion or removal of placenta. This service is currently being provided at high case load facilities and subsequently needs to be provided in all the facilities that conduct delivery.

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<th>Indicator</th>
<th>Details of the indicator (Definition, where required, numerator and denominator)</th>
<th>Means of verification</th>
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<td><strong>Key Performance Indicators</strong></td>
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</table>
| Women who had institutional deliveries and accepted PPIUCD services (%) | **Numerator:** Number of post-partum women accepting PPIUCD services in the district  
**Denominator:** Total number of women who delivered at facilities that provide PPIUCD services in the district | • HMIS  
• PPIUCD register  
• Labour room register |
| L2 and L3 facilities providing PPIUCD services (%) | **Numerator:** Number of L2 and L3 facilities providing PPIUCD services in the district  
**Denominator:** Total number of L2 and L3 facilities in the district | • District-level summary report  
• Facility-wise monitoring at the district level |
| Number of PPIUCDs inserted per trained provider per month | **Definition:** Number of PPIUCD inserted by each trained provider in the district during a month. Trained service providers are Medical Officers (MOs), Staff Nurse (SN), Lady Health Visitor (LHV), and Auxiliary Nurse Midwives (ANMs) | • Training records, PPIUCD register  
• Monitoring at the district level by designated supervisors.  
• Facility-wise records at the block level as well as records at the district level to be maintained |
| Trained service providers providing PPIUCD services at L2 and L3 facilities (%) | **Numerator:** Number of trained service providers providing PPIUCD services at L2 and L3 facilities in the district  
**Denominator:** Total number of service providers (in position) who are trained on PPIUCD in L2 and L3 facilities in the district | • Training records and provider-wise PPIUCD insertion register  
• Facility-wise monitoring at the district level |
| L3 delivery points having an RMNCH counsellor (%) | **Numerator:** Number of L3 delivery points in the district having RMNCH counsellors (in position)  
**Denominator:** Number of L3 delivery points in the district | • Staff position records at the district level  
• Facility-wise monitoring at district level |
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<th>Indicator</th>
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| **Quality Indicators**                                                    | **Numerator:** Total number of PPIUCD clients in the district who returned for the first follow-up after four weeks of IUCD insertion  
**Denominator:** Total number of women who received PPIUCD services in the district                                                                                                                                                                                                                                                                                                                                 | • PPIUCD follow-up register  
• Facility-wise monitoring at the district level                                                                                                                                                                                |
| PPIUCD clients who returned for the first follow-up (%)                  | **Numerator:** Number of PPIUCD clients in the district who returned with complications (infection and expulsion) any time after insertion  
**Denominator:** Total number of women who received PPIUCD services                                                                                                                                                                                                                                                                             | • PPIUCD follow-up register  
• Facility-wise monitoring at the district level                                                                                                                                                                                |
| PPIUCD clients who returned with complications, infections and expulsions (%) | **Numerator:** Number of L2 and L3 delivery points in the district that reported IUCDs stock out during the reporting quarter  
**Denominator:** Total number of L2 and L3 delivery points in the district                                                                                                                                                                                                                                                                         | • Stock register at the facility level  
• Facility-wise monitoring at district level (block and district level records to be maintained)                                                                                                                                         |
| L2 and L3 facilities reported stock out of IUCDs in the last quarter (%)  | **Definition:** Serviceproviders are ANMs/SNs/MOs for this indicator  
**Numerator:** Number of service providers in L2 and L3 delivery points in the district who received incentives for PPIUCD insertion in the last quarter  
**Denominator:** Total number of service providers in L2 and L3 designated delivery points who have inserted PPIUCDs                                                                                                                                                                                                                       | • Block/district/state level records  
• Monitoring at the district level by designated supervisors                                                                                                                                                                           |
| Service providers who received incentive for PPIUCD insertion in the last quarter (%) | **Numerator:** Number of ASHAs in the district who received incentive for PPIUCDs in the last quarter  
**Denominator:** Total number of ASHAs in the district who motivated clients and got the insertions done.                                                                                                                                                                                                                                      | • Block/district/state level records  
• Monitoring at the district level by designated supervisors                                                                                                                                                                           |
1.2 Focus on interval IUCD at all facilities, including Sub-Centres, on fixed days

**Intervention brief:** Provision of interval IUCD services on fixed days throughout the year in a health facility by trained providers posted in the same facility.

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<td><strong>Key Performance Indicators</strong></td>
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| Sub-Centres and PHCs providing interval IUCD services on fixed days (%) | **Numerator:** Number of Sub-Centres and PHCs designated as delivery points in the district providing interval IUCD services on fixed days  
**Denominator:** Total number of Sub-Centres and PHCs designated as delivery points in the district | • HMIS monthly report  
• Facility-wise monitoring done at the district level |
| CHC/SDH/DH providing interval IUCD services on demand (%) | **Numerator:** Number of CHC/SDH/DH providing interval IUCD services on demand in the district  
**Denominator:** Total number of CHC/SDH/DH designated delivery points in the district | • IUCD service register/district level facility reports  
• Facility-wise monitoring done at the district level |
| Sub-Centres with ANMs trained in IUCD insertion (%) | **Numerator:** Total number of Sub-Centres in the district with ANMs trained on IUCD insertion  
**Denominator:** Total number of Sub-Centres in the district | • Staff training records  
• Facility-wise monitoring done at the district level |
| Trained ANMs providing fixed day IUCD services out of total available (%) | **Numerator:** Number of trained ANMs in the district providing fixed day IUCD services at Sub-Centres  
**Denominator:** Total number of ANMs trained on IUCD insertion in the district | • IUCD service register  
• Facility-wise monitoring done at the district level |
| Number of interval IUCDs inserted per trained provider per month | **Definition:** Number of interval IUCDs inserted by each trained provider in the district during a month. (Trained service providers are MOs, SN, LHV and ANMs) | • Training records, IUCD register, performance monitoring register  
• Monitoring at the district level by designated supervisors  
• Facility-wise records at the block level and records at the district level |
## Quality Indicators

### Interval IUCD clients who returned for the first follow-up after the next menstrual period (%)

**Numerator:** Total number of women in the district who returned for the first follow-up after the next menstrual period  
**Denominator:** Total number of women who received interval IUCD services in the district  
- IUCD follow-up register  
- Facility-wise monitoring at the district level

### Interval IUCD clients who returned with complications, infections and expulsions (%)

**Numerator:** Total number of women in the district who returned with complications (infection and expulsion)  
**Denominator:** Total number of women who received IUCD services in the district  
- IUCD follow-up register  
- Facility-wise monitoring at the district level
1.3 Home Delivery of Contraceptives (HDC) and Ensuring Spacing at Birth (ESB) through ASHAs

**Intervention brief:**

**HDC:** Door-to-door distribution of contraceptives (condoms, oral contraceptive pills (OCPs), and emergency contraceptive pills (ECP)) by ASHAs to the beneficiaries. ASHAs can charge ₹ 1 for a pack of three condoms, ₹ 1 for a cycle of OCP, and ₹ 2 for a pack of one tablet of ECP.

**ESB:** Under the scheme, services of ASHAs will be utilised for counselling newly married couples to ensure delay of two years in birth after marriage and to ensure couples with one child have spacing of three years after the birth of the first child. The scheme is being implemented in 18 states of the country (eight Empowered Action Group (EAG) states, eight North East (NE) states, Gujarat, and Haryana). ASHA would be paid following incentives under the scheme:

- ₹ 500 for ensuring spacing of two years after marriage
- ₹ 500 for ensuring spacing of three years after the birth of the first child
- ₹ 1000 in case the couple opts for a permanent limiting method (up to two children only)

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<td><strong>Key Performance Indicators</strong></td>
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</table>
| ASHAs who maintain a line list of eligible couples (%) | **Numerator:** Total number of ASHAs in the district maintaining a line list of eligible couples  
**Denominator:** Total number of ASHAs available (in position) in the district | • Eligible couples’ register/village register of ASHA  
• To be monitored at the block and the district level by designated supervisors |
| ASHAs who faced stock out of any contraceptive in the quarter (%) | **Numerator:** Total number of ASHAs in the district who reported contraceptive stock out in the reporting quarter  
**Denominator:** Total number of ASHAs available (in position) in the district | • ASHA stock register  
• Monitoring at the district level by designated supervisor |
| ASHAs who received incentives under ESB scheme (%) | **Numerator:** Number of ASHAs who received incentives under ESB scheme in the district  
**Denominator:** Total number of ASHAs in the district who motivated clients and could maintain desired spacing between children | • Block/district/state level records  
• Monitoring at the district level by designated supervisor |
| Utilisation of condoms/OCPs/ECPs through ASHAs of the district (%) | **Numerator:** Number of condoms/OCPs/ECPs utilized through ASHAs of the district in the quarter  
**Denominator:** Number of condoms/OCPs/ECPs distributed to ASHAs of the district in the quarter | • ASHA stock register  
• Block/district level records  
• Monitoring at the district level by designated supervisor |
1.4 Ensuring access to Pregnancy Testing Kits (Nishchay kits) and strengthening comprehensive abortion care services

**Intervention brief:** Pregnancy Testing Kits (PTKs) are used in detection of pregnancy by testing urine. Each Sub-Centre in the country is entitled to receive PTKs based on its projected requirement but not exceeding 150 kits per year. The Sub-Centres should ensure that 50% of the received stocks of PTKs are distributed equally among the ASHAs attached to the Sub-Centre and replenish their stock strictly on the basis of performance and not on normative basis. The ASHA shall replenish her stock every month from the Sub-Centre.

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<tr>
<td><strong>Key Performance Indicators</strong></td>
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<tr>
<td>ASHAs who faced stock out of PTKs in the reporting quarter (%)</td>
<td>Numerator: Total number of ASHAs in the district who reported PTK stock out in the reporting quarter&lt;br&gt;Denominator: Total number of ASHAs available (in position) in the district</td>
<td>• ASHA register&lt;br&gt;• Monitoring at the block/district level by designated supervisors</td>
</tr>
<tr>
<td>Sub-Centres that reported stock-out of PTKs in the reporting quarter (%)</td>
<td>Numerator: Total number of Sub-Centres in the district that reported PTK stock out in the reporting quarter&lt;br&gt;Denominator: Total number of total Sub-Centres in the district</td>
<td>• Stock register at Sub-Centre&lt;br&gt;• Monitoring at the district level by designated supervisor</td>
</tr>
<tr>
<td>L2 and L3 delivery points (DP) that provided safe abortion services (%)</td>
<td>Numerator: Number of L2 and L3 delivery points in the district providing safe abortion services&lt;br&gt;Denominator: Total number of L2 and L3 designated delivery points in the district</td>
<td>• District records&lt;br&gt;• Monitoring at the district level by designated supervisors</td>
</tr>
<tr>
<td>L2 and L3 DPs that faced stock-outs of Mifepristone in the last quarter (%)</td>
<td>Numerator: Total number of L2 and L3 delivery points in the district that reported Mifepristone stock out in the last month of the reporting quarter&lt;br&gt;Denominator: Total number of L2 and L3 designated delivery points in the district</td>
<td>• Stock register at L2 and L3 level&lt;br&gt;• Monitoring at the district level by designated supervisors</td>
</tr>
<tr>
<td><strong>Quality Indicators</strong></td>
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<tr>
<td>MTPs through MVA out of total MTPs by surgical methods (%)</td>
<td>Numerator: Total number of women in the district who underwent MTP through MVA during the first trimester&lt;br&gt;Denominator: Total number of women who underwent MTP by surgical method during the first trimester in the district</td>
<td>MTP register</td>
</tr>
<tr>
<td>Utilisation of PTKs through ASHAs of the district (%)</td>
<td>Numerator: Number of PTKs utilised through ASHAs of the district in the quarter&lt;br&gt;Denominator: Number of PTKs distributed to ASHAs of the district in the quarter</td>
<td>Block/district level record</td>
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<td>Indicator</td>
<td>Details of the indicator (Definition, where required, numerator and denominator)</td>
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| Utilisation of PTKs at Sub-Centres of a district (%)                      | **Numerator:** Number of PTKs utilised through Sub-Centres of the district in the quarter  
**Denominator:** Number of PTKs distributed at Sub-Centres of the district in the quarter | Block/district level record                                                            |
| Service providers trained on safe abortion (%)                            | **Definition:** Trained Service providers, MOs  
**Numerator:** Total number of service providers in the district who are trained on safe abortion  
**Denominator:** Total number of service providers posted in L2 and L3 delivery points | • Training records at the district level  
• Monitoring at the district level by designated supervisor                                |
| Trained service providers performing abortions (%)                        | **Numerator:** Number of trained service providers in the district who are performing safe abortion  
**Denominator:** Total number of service providers in the district who are trained on safe abortion | • MTP register  
• Monitoring at the district level by designated supervisor                                |
| Increase in MTP at L2 and L3 DPs (%)                                      | **Numerator:** Number of MTPs conducted in the district during the corresponding quarter of the preceding year  
**Denominator:** Number of MTPs conducted in the district during the reporting quarter of current year | HMIS monthly report                                                                    |
1.5 Maintaining quality sterilization services

**Intervention brief:** Provision of male (vasectomy) and female sterilization (minilap and laparoscopic) services as per the prescribed norms.

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</table>
| **L2 and L3 facilities providing female sterilization services in the district (%)** | **Numerator:** Number of L2 and L3 facilities providing female sterilization services in the district  
**Denominator:** Number of total L2 and L3 facilities in the district | • Block/district records  
• Facility-wise monitoring at the district level |
| **Facilities with at least one doctor trained on female sterilization services in the district (%)** | **Numerator:** Number of L2 and L3 facilities with at least one doctor trained on female sterilization services in the district.  
**Denominator:** Total number of L2 and L3 facilities in the district | • Training records/facility records  
• Facility-wise monitoring at the district level (block and district level records to be maintained) |
| **L2 and L3 facilities providing male sterilization services in the district (%)** | **Numerator:** Number of L2 and L3 facilities providing male sterilization services in the district.  
**Denominator:** Total number of L2 and L3 facilities in the district | • Training records/facility records  
• Facility-wise monitoring at the district level (block and district level records to be maintained) |
| **Facilities with at least one doctor trained on male sterilization services in the district (%)** | **Numerator:** Number of L2 and L3 facilities with at least one doctor trained on male sterilization in the district.  
**Denominator:** Total number of L2 and L3 facilities in the district | • Training records/facility records  
• Facility-wise monitoring at the district level (block and district level records to be maintained) |
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</table>
| **Quality Indicators**                                                   | **Numerator**: Number of trained doctors providing female sterilization services in L2 and L3 facilities in the district  
**Denominator**: Total number of trained doctors in the district                                                                 | • Training records/OT register  
• Monitoring at the district level by designated supervisors                                                                 |
| Trained doctors providing female sterilization services out of the total doctors trained on female sterilization (%) |                                                                                                                                                    |                                                                                       |
| Trained doctors providing male sterilization services per month out of the total trained on male sterilization (%)   | **Numerator**: Number of trained doctors providing male sterilization services in L2 and L3 facilities in the district  
**Denominator**: Total number of trained doctors posted in L2 and L3 facilities in the district | • Training records/OT register  
• Monitoring at the district level by designated supervisors                                                                 |
| Number of clients (disaggregated by sex) reported complication/failure/death attributable to sterilization | Not applicable                                                                                                                                      | • Facility case sheets/records  
• Monitoring at the district level by designated supervisors                                                                 |
| Districts with functioning District Quality Assurance Committee (DQAC) as per norms (%) | **Numerator**: Number of districts in the state with DQAC functioning as per norms  
**Denominator**: Total number of districts in the state where DQAC has been formed                                                                 | District records                                                                                     |
2. **Maternal Health**

2.1 **Use MCTS to ensure early registration of pregnancy and full ANC**

**Intervention brief:** Pregnant women and children have been given identification codes to be uniquely identified as an entity so that pregnant women and children, who are registered at one location, may get services from other locations. For this, data related to these pregnant women and children needs to be available at respective locations.

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| Women registered in the first trimester out of the total registered (%) | **Numerator:** Total number of pregnant women registered in the first trimester for ANC in the district  
**Denominator:** Total number of women registered for ANC in the district | HMIS, MCTS |
| Registrations out of total expected pregnancies (%) | **Numerator:** Total number of pregnant women registered for ANC in the district  
**Denominator:** Total number of expected pregnant women in the district | HMIS, MCTS |
| **Quality Indicators** | | |
| Total number of pregnant women and children data entered in MCTS portal out of expected beneficiaries in the block/district | **Numerator:** Total number of women/children data entered in MCTS in the district  
**Denominator:** Total number of expected women/children data to be entered in the block/district | MCTS |
| Registered pregnant women who received full ANC (%) | **Definition of full ANC:** Full ANC is defined as four antenatal check-ups that include abdominal examination; checking for height and weight; haemoglobin estimation and urine test for protein and sugar during each check-up; two doses of tetanus toxoid; distribution of 100 IFA tablets; and counselling on diet, rest, birth preparedness, and family planning.  
**Numerator:** Total number of women who received full ANC in the district  
**Denominator:** Total number of pregnant women who are registered with MCTS in the district | MCTS |
| Registered infants who received full immunization (%) | **Numerator:** Total number of infants who received full immunization in the district  
**Denominator:** Total number of infants registered in MCTS in the district | HMIS, MCTS |
Detect and line list high risk pregnancies, including severely anaemic mothers, and ensure appropriate management

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| Pregnant women line listed for severe anaemia out of total registered for ANC (%) | **Numerator**: Total number of pregnant women detected with severe anaemia in the district  
**Denominator**: Total number of women registered for ANC in the block/district | • HMIS monthly report  
• MCTS  
• Anaemia tracking register |
| Pregnant women diagnosed with hypertension out of total registered for ANC (%) | **Numerator**: Total number of pregnant women diagnosed with hypertension  
**Denominator**: Total number of women registered for ANC in the block/district | • MCTS  
• HMIS monthly report |
| Pregnant women who delivered before 37 weeks (%) | **Numerator**: Total number of women who delivered before 37 weeks of pregnancy  
**Denominator**: Total number of women delivered at all levels of facilities in the district | • MCTS  
• HMIS monthly report |
| **Quality Indicators** | | |
| Pregnant women who improved from severe to moderate anaemia out of total severe anaemia cases line listed (%) | **Numerator**: Total number of pregnant women who improved from severe to moderate anaemia in the district  
**Denominator**: Total number of pregnant women ever detected as severely anaemic and line listed in the district | • Anaemia tracking register  
• Facility records where treatment received  
• Monitoring at the district level |
| Hypertensive pregnant women managed at PHC in the district out of total pregnant women diagnosed with hypertension in the district (%) | **Numerator**: Total number of pregnant women who are diagnosed with hypertension (defined as >140/90 mm Hg) and managed at PHCs in the district  
**Denominator**: Total number of pregnant women ever diagnosed with hypertension in the district | • Facility records where treatment received  
• MCTS  
• Monitoring at the district level |
| Pregnant women who received uterotonic drug post-delivery as part of Active Management of the Third Stage of Labour (AMTSL) (%) | **Numerator**: Total number of women who received uterotonic drug post-delivery as part of AMTSL in the district  
**Denominator**: Total number of deliveries in the district | • Delivery register  
• Monitoring at the district level |
| Pregnant women who delivered before 37 weeks and received antenatal corticosteroids (%) | **Numerator**: Total number of women delivered before 37 weeks and received antenatal corticosteroids in the district  
**Denominator**: Total number of women delivered before 37 weeks of pregnancy at all delivery points in the district | • Delivery register  
• Monitoring at the district level |
| DPs using Safe Birth Checklist (%) | **Numerator**: Total number of delivery points in the district using Safe Birth Checklist  
**Denominator**: Total number of delivery points in the district | Block monitoring visit |
2.3 Equip delivery points with highly trained HR and ensure equitable access to emergency obstetric care (EmOC) services through FRUs; add MCH wings as per need

**Intervention brief:** Provision of EmOC at FRUs is being done by operationalising all FRUs in the country. While operationalising, the thrust is on the critical components such as manpower, blood storage units, referral linkages, etc. Availability of trained manpower (skill based training for MBBS doctors) is linked with operationalisation of FRUs.

### Key Performance Indicators

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| **ANMs/SNs/LHVs trained in SBA (%)** | **Definition:** The indicator to be reported separately for each category of staff | • Training records  
• Monitoring at the district level |
| | **Numerator:** Total number of ANMs/SNs/LHVs trained in SBA in the district | |
| | **Denominator:** Total number of ANMs/SNs/LHVs available in the district | |
| **Villages without access to 24x7 PHCs (BEmOC facilities) within 30 minutes of transport (%)** | **Numerator:** Total number of villages without access to 24x7 PHCs within 30 minutes of transport in the district | • Block/district level data  
• Monitoring at the district level |
| | **Denominator:** Total number of villages served by the 24x7 PHCs (BEmOC facilities) in the district | |
| **Villages without access to FRUs (CEmOC facilities) within one hour of transport (%)** | **Numerator:** Total number of villages without access to FRUs (CEmOC) within one hour of transport in the district | • Block/district level data  
• Monitoring at the district level |
| | **Denominator:** Total number of villages served (based on population) by FRU (CEmOC facilities) in the district | |
| **Identified L3 facilities without full triad of paediatrician, anaesthetist/LSAS trained doctor, and OBGYN/EmOC trained doctor (%)** | **Numerator:** Total number of L3 facilities that do not have fully trained specialists/doctors (paediatrician, anaesthetist/LSAS trained doctor, and OBGYN/EmOC trained) in the district | • Facility records  
• Monitoring at the district level |
| | **Denominator:** Total number of L3 facilities in the district | |
| **L3 facilities not providing CEmOC services (%)** | **Numerator:** Total number of L3 facilities not providing CEmOC services in the district | • Facility records  
• Monitoring at the district level |
<p>| | <strong>Denominator:</strong> Total number of L3 facilities in the district | |</p>
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</table>
| C-section out of total deliveries at L3 levels (%) | **Numerator:** Total number of C-sections performed at L3 facilities in the district  
**Denominator:** Total number of L3 facilities in the district | HMIS monthly report |
| Women with antenatal and post natal complications managed at L3 facilities out of the total reported (%) | **Definition:** Major antenatal complications include any bleeding during antenatal period, severe anaemia, hypertension, bad obstetric history (BOH), mal presentation; major post-natal complications include postpartum haemorrhage (PPH) and puerperal sepsis.  
**Numerator:** Total number of women with antenatal and post natal complications managed at L3 facilities in the district  
**Denominator:** Total number of women reported antenatal and post-natal complications at L3 facilities in the district | Facility records |
| Ambulances in a district, covering more than 100 kms per day (average of the last two quarters) (%) | **Definition:** Indicator reports average kilometres that an ambulance runs for transporting women/infants to health facilities. Per day average in the last two quarters.  
**Numerator:** Number of ambulances covering more than 100 kms per day in the district  
**Denominator:** Number of total ambulances (including any ambulance supported by state/NHM or other source but dedicated as ambulance) in the district | • District ambulance call centre (102/108) records  
• Monitoring at the district level |
2.4 Review maternal, infant and child deaths for corrective actions

**Intervention brief:** Maternal Death Review (MDR) is an important strategy to improve the quality of obstetric care and reduce maternal mortality and morbidity. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, community, district, regional, and national level that need to be addressed to reduce maternal deaths.

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</table>
| Maternal deaths reported against estimated maternal deaths in the district (%) | **Definition:** Maternal Death is defined as death of a woman from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy  
**Numerator:** Total number of maternal deaths reported in the district  
**Denominator:** Total number of estimated maternal deaths in the district. | • HMIS  
• MDR reports  
• MCTS |
| Child deaths reported against estimated child deaths in the district (%) | **Numerator:** Total number of under-five child deaths reported in the district  
**Denominator:** Total number of estimated child deaths in the district. | • HMIS  
• MCTS |
| Infant deaths reported against estimated infant deaths in the district (%) | **Numerator:** Total number of infant deaths reported in the district  
**Denominator:** Total number of estimated infant deaths in the district. | • HMIS  
• MCTS |
| Still births reported against total deliveries at L3 delivery points (%) | **Numerator:** Total number of still births reported in L3 delivery points in the last quarter in the district  
**Denominator:** Total number of deliveries conducted in L3 facilities in the last quarter. | • HMIS  
• Facility records |
| Medical colleges conducting near miss Audit (%) | **Definition:** Maternal near miss is defined as a woman who survives life threatening conditions during pregnancy, abortion, childbirth or within 42 days of pregnancy termination, irrespective of receiving emergency medical/surgical interventions or otherwise.  
**Numerator:** Total number of medical colleges in the state conducting near miss audit  
**Denominator:** Total number of medical colleges in the state | Near miss audit report |
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| Medical colleges and district hospitals conducting prescription audit (%)  | **Definition:** Prescription audit includes random review of at least 5% of indoor admission prescriptions by the facility team for understanding the key issues/problems to take corrective action for future  
**Numerator:** Number of medical colleges and district hospitals in the state conducting prescription audit  
**Denominator:** Total number of medical colleges and district hospitals in the state                                                                                                                                                                    | Prescription audit report |
| Quality Indicators                                                                 |                                                                                                                                                                                                                                                                                                                                          |
| Reported maternal deaths reviewed within two months as per standard protocols (%) | **Numerator:** Total number of maternal deaths reviewed within two months of reporting in the district  
**Denominator:** Total number of maternal deaths reported in the district                                                                                                                                                                                                                      | • MDR report/records  
• Village RCH register  
• MCTS |
| Reported child deaths reviewed within two months as per standard protocols (%) | **Numerator:** Total number of child deaths reviewed within two months of reporting in the district  
**Denominator:** Total number of child deaths reported in the district                                                                                                                                                                                                                     | • CDR reports  
• MCTS |
| Reported infant deaths reviewed within two months as per standard protocols (%) | **Numerator:** Total number of infant deaths reviewed within two months of reporting in the district  
**Denominator:** Total number of infant deaths reported in the district                                                                                                                                                                                                                   | • IDR report  
• Village RCH register  
• MCTS |
| Maternal deaths categorised as “others” (%)                                | **Numerator:** Total number of maternal cause of death categorised as “others” in the district  
**Denominator:** Total number of maternal deaths reviewed in the district                                                                                                                                                                                                       | MDR reports/records |
### Intervention brief:
The MoHFW, GoI has taken a policy decision for prevention of PPH to permit ASHAs to undertake advance distribution of misoprostol to pregnant women who are likely to deliver at home. Three tablets of 200µg each must be given at the eight month of pregnancy for consumption during the third stage of labour.

#### Key Performance Indicators

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</table>
| Number of villages identified with more than 20% home deliveries | **Numerator:** Total number of villages with more than 20% of home deliveries reported in the last one year identified  
**Denominator:** Total number of villages in the district | • Village RCH register  
• Sub-Centre/block records |
| Deliveries conducted by ANMs out of the total home deliveries (%) | **Numerator:** Total number of home deliveries attended by SBA trained ANMs in the district  
**Denominator:** Total number of home deliveries in the district | • ANM records  
• MCTS |
| Women in the identified villages who received Misoprostol at the eight month of pregnancy for consumption during the third stage of labour (%) | **Numerator:** Total number of women in the district who received Misoprostol and consumed three tablets of misoprostol during the third stage of labour  
**Denominator:** Total number of women who delivered at home in notified villages as per the GoI criteria in the district | • Register of advanced distribution of misoprostol maintained by ASHAs  
• Monitoring at the district level |

#### Quality Indicators

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</table>
| Villages with less than 80% institutional deliveries showing an increasing trend of institutional deliveries (%) | **Numerator:** Total number of villages with less than 80% institutional deliveries showing increase in institutional deliveries in the district  
**Denominator:** Total number of villages identified as reporting low institutional deliveries (less than 80% deliveries) in the district | • Village RCH register  
• Sub-Centre/block records  
• Monitoring at the district level |
| PPH cases managed at L2 facility out of total complications reported in postpartum period (%) | **Numerator:** Total number of PPH cases managed at L2 facilities in the district  
**Denominator:** Total PPH cases reported at L2 facilities in the district | • Labour room register/case sheets  
• Monitoring at the district level |
3. Newborn Health

3.1 Early initiation and exclusive breastfeeding

**Intervention brief:** Early initiation (within one hour of birth) and exclusive breastfeeding up to six months.

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</table>
| L3 delivery points that have at least two ANMs/SN trained in infant and young child feeding practices/IMNCI deputed in PNC ward (%) | **Numerator:** Total number of L3 delivery points that have at least two ANMs/SN trained in infant and young child feeding practices/IMNCI in the district  
**Denominator:** Total number of L3 delivery points in the district | • Training records/staff posting records  
• Facility-wise monitoring at the district level |
| **Quality Indicators** | | |
| Women who delivered at public health facilities and initiated breastfeeding within one hour of birth (%) | **Numerator:** Total number of women who delivered at public health facilities and initiated breastfeeding within one hour of child birth in the district  
**Denominator:** Total number of deliveries in the district | Labour room/facility register/records |
| Infants exclusively breastfed for six months (%) | **Numerator:** Total number of infants who were exclusively breastfed for six months in the district  
**Denominator:** Total number of infants in the district | Sample survey – 10% of clients/beneficiaries interviewed in the district on quarterly basis |
3.2 Home-based newborn care through ASHA

**Intervention brief:** ASHA will visit all newborns, according to a specified schedule, up to 42 days after birth. The proposed incentive is ₹ 50 per home visit of around one hour duration, amounting to a total of ₹ 250 for five visits. This would be paid at one time after 45 days of delivery, subjected to the following:

- Recording of weight of the newborn in MCP card
- Ensuring BCG, first dose of OPV (zero dose) and DPT-1 and Hep B1 vaccination

Both the mother and the newborn are safe till 42 days after delivery and registration of the birth has been done

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| ASHAs fully trained in Module 6 and 7 (%)                                | **Numerator:** Total number of ASHAs received training on Module 6 and 7 in the district  
**Denominator:** Total number of ASHAs available in the district            | • ASHA training records  
• Monitoring at the district level                                             |
| Sick newborns identified by ASHAs (%)                                     | **Numerator:** Total number of sick newborns identified by ASHAs in the district  
**Denominator:** Total number of sick newborns identified in the district     | • ASHA records (HBNC register)  
• Village RCH register  
• Monitoring at district level                                               |
| Sick newborns referred by ASHAs to higher facilities (%)                 | **Numerator:** Total number of sick newborns referred to higher facilities by ASHAs in the district  
**Denominator:** Number of total sick newborns identified by all ASHAs in the district | • ASHA records  
• Village RCH register  
• Monitoring at the district level                                           |
| Low birth weight babies identified by ASHAs during HBNC visits (%)       | **Numerator:** Total number of low birth weight babies identified by ASHAs during HBNC visits in the district  
**Denominator:** Total number of newborn visited by ASHAs                      | ASHA records (HBNC register)                                                      |
### 3.3 Essential newborn care and resuscitation services at all delivery points

**Intervention brief:** Navjaat Shishu Suraksha Karyakram (NSSK) is a programme aimed at training health personnel in basic newborn care and resuscitation. It was launched to address care-at-birth issues such as prevention of hypothermia, prevention of infection, early initiation of breastfeeding, and basic newborn resuscitation.

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| DPs with functional Newborn Care Corner (%) | Functional Newborn Care Corner (NBCC) has the following:  
• Functional radiant warmer  
• Functional bag and mask  
• Functional mucous extractor device  
• Functional weighing machine for newborn  
• Emergency drugs tray for newborn  
• Record keeping of asphyxiated and LBW newborn  
• ANM/SN trained in NSSK  
**Numerator:** Total number of delivery points with functional Newborn Care Corner in the district  
**Denominator:** Total number of delivery points in the district | Block/district records  
Facility wise monitoring by district. |
| DPs with NSSK trained staff (%) | **Numerator:** Total number of delivery points with NSSK trained staff in the district  
**Denominator:** Total number of delivery points in the district | Block/district records  
Facility wise monitoring by district |
| **Quality Indicators** | | |
| Asphyxiated newborns successfully resuscitated (%) | **Numerator:** Total number of newborns with asphyxia who are successfully resuscitated in the district  
**Denominator:** Total number of newborns diagnosed with asphyxia in the delivery points in the district | Labour room register  
Facility records |
| Trained NSSK staff who provided newborn resuscitation services (%) | **Numerator:** Total number of trained NSSK staff who provided newborn resuscitation services in the district  
**Denominator:** Number of NSSK trained staff who are posted at the delivery points in the district | Labour room register  
Facility records |
| Newborn admission due to asphyxia out of total inborn admissions at SNCU (%) | **Numerator:** Total number of inborn admission in SNCU due to asphyxia in the district  
**Denominator:** Total number of inborn admissions in SNCU in the district | SNCU admission register |
3.4 Special Newborn Care Units (SNCU) with highly trained human resource and other infrastructure

**Intervention brief:** States have been asked to set up at least one SNCU in each district. SNCU is a 12-20 bedded unit and requires four trained doctors and 10-12 nurses for round the clock services.

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| Total SNCUs with FBNC trained and designated Medical Officer (%) | **Numerator:** Total number of SNCUs in the state with FBNC trained Medical Officers  
**Denominator:** Number of total SNCUs in the state | Training records |
| Total SNCUs with trained and designated Staff Nurses (%) | **Numerator:** Number of SNCUs in the state with trained Staff Nurse  
**Denominator:** Total number of SNCUs in the state | Training records |
| **Quality Indicators** | | |
| SNCU admissions due to asphyxia (%) | **Numerator:** Total number of admissions in SNCUs due to asphyxia in the district  
**Denominator:** Total number of admissions in SNCU in the district | SNCU admission register |
| Ratio of inborn to outborn referrals to SNCUs | If there are x in-born referrals and y out-born referrals to SNCU, then the ratio is as x in-born referrals : y out-born referrals | SNCU admission register |
| Ratio of male to female infants in outborn admissions | Not applicable | SNCU admission register |
| Mortality rate (asphyxia and sepsis) at SNCU in newborns weighing 2.5 kg or more | **Numerator:** Total number of deaths due to asphyxia and sepsis at SNCU among newborns weighing 2.5 kg or more  
**Denominator:** Total number of SNCU deaths in the district | SNCU admission register |
### 3.5 Community level use of Gentamicin by ANM

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<tbody>
<tr>
<td><strong>Key Performance Indicators</strong></td>
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<tr>
<td>ANMs oriented in Gentamicin use (%)</td>
<td><strong>Numerator:</strong> Total number of ANMs trained in Gentamicin use in the district</td>
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<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of ANMs available in the district</td>
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<tr>
<td></td>
<td>District training records</td>
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</tbody>
</table>

| **Quality Indicators**                                                     |                                                                                 |
| Young infants (0-2 months) diagnosed with sepsis by the ANM and given pre-referral dose of injection Gentamicin and syrup Amoxicillin (%) | **Numerator:** Total number of infants (0-2 months) given pre-referral dose of Inj. Gentamicin and syrup Amoxicillin in the district |
|                                                                          | **Denominator:** Total number of infants (0-2 months) identified with sepsis by ANM in the district |
|                                                                          | • Treatment card                                                               |
|                                                                          | • ANM register                                                                 |

| Mortality rate in young infants (0-2 months) treated with antibiotics     | **Numerator:** Total number of deaths in children with sepsis treated with antibiotics in the district |
|                                                                          | **Denominator:** Total number of children with sepsis treated with antibiotics in the district |
|                                                                          | **Multiply by 1000**                                                           |
|                                                                          | • Facility records                                                             |
|                                                                          | • ANM records (treatment card)                                                 |
### 4. Child Health

#### 4.1 Complementary feeding, IFA supplementation and focus on nutrition

**Intervention brief:**
- Timely complementary feeding after six months with continued breastfeeding up to the age of two years.
- Roll out of National Iron + Initiative (children component) and focus on nutrition:
  1. **Infants aged 6 to 59 months:** Iron-Folic acid (IFA) supplements in liquid formulation in doses of 1 ml containing 20 mg elemental iron and 100 mcg folic acid given twice a week for the whole year
  2. **Children 6 -10 years of age:** IFA in the dosage of 1 tablet containing 45 mg elemental iron and 400 mcg folic acid given once a week for the whole year.

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<tbody>
<tr>
<td><strong>Key Performance Indicators</strong></td>
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</tbody>
</table>
| Sub-Centres reporting adequate stock of IFA syrup (with auto dispenser in formulation recommended by the GoI) (%) | **Numerator:** Total number of Sub-Centres in the district which reported minimum one month stock of IFA syrup  
**Denominator:** Total number of Sub-Centres in the district | Sub-Centre stock register |
| Children 6–59 months old received at least eight doses of IFA syrup in the reporting month (%) | **Numerator:** Total number of children 6-59 months in the district who received at least eight doses of IFA syrup in the reporting month  
**Denominator:** Total number of 6-59 months children in the district | ANM records |
| **Quality Indicators** | | |
| Six months old infants initiated on complementary feeding (%) | **Numerator:** Total number of 6 months old infants initiated on complementary feeding in the district  
**Denominator:** Total number of 6 months old infants in the district | Sample survey – 10% of clients/beneficiaries interviewed in the district on quarterly basis |
| Children found underweight at Anganwadi Centres (AWCs) (%) | **Numerator:** Total number of children (less than three years) in the district detected as underweight at AWCs  
**Denominator:** Total number of children examined at the Anganwadi Centres in the district | Anganwadi register |
| Severely Acute Malnourished (SAM) children who received community based management at Anganwadi Centre (%) | **Numerator:** Total number of SAM children without medical complications in the district who received community based management service at Anganwadi centre  
**Denominator:** Total number of children diagnosed as SAM (without medical complications) in all the AWCs in the district | Anganwadi register |
### Key Performance and Quality Indicators for High Impact RMNCH+A Interventions

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</thead>
</table>
| SAM children admitted in NRC discharged with more than 15% weight gain (%) | **Numerator:** Total number of SAM children in the district who were discharged from NRCs with weight gain of more than 15%  
**Denominator:** Total number of SAM children in the district admitted in the NRCs and were discharged | NRC register |

| Children (6 to 59 months old) consumed 100 doses of IFA syrup in a year (%) | **Numerator:** Total number of children (6-59 months old) in the district who consumed 100 doses of IFA syrup in a year  
**Denominator:** Total number of children (6-59 months old) in the district | ASHA records/ANM records |

#### 4.2 Diarrhoea management at community level using ORS and zinc

<table>
<thead>
<tr>
<th>Indicator</th>
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<tbody>
<tr>
<td>Key Performance Indicators</td>
<td></td>
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</tr>
<tr>
<td>Number of episodes of diarrhoea reported</td>
<td><strong>Number</strong> of episodes of diarrhoea reported in children under-five in the district</td>
<td>HMIS</td>
</tr>
</tbody>
</table>
| Children with diarrhoea treated with ORS and zinc (%) | **Numerator:** Total number of children under-five treated for diarrhoea with ORS and zinc  
**Denominator:** Total number of children under-five diagnosed with diarrhoea in the district | ASHA/AWW/ANM records |

| Quality Indicator | | |
| Under-five child deaths due to diarrhoea (%) | **Numerator:** Total number of under-five child deaths due to diarrhoea reported in the district  
**Denominator:** Total number of under-five child deaths reported in the district | HMIS |
### 4.3 Management of pneumonia

<table>
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<td><strong>Key Performance Indicators</strong></td>
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</tbody>
</table>
| Children with pneumonia given antibiotics (%) | **Numerator:** Total number of under-five children treated for pneumonia with antibiotics.  
**Denominator:** Total number of under-five children diagnosed with pneumonia in the district. | ANM records/facility records |
| Frontline workers trained in IMNCI (%) | **Numerator:** Total number of frontline workers (ANMs, AWWs, ASHAs) trained in IMNCI in the district.  
**Denominator:** Total number of frontline workers (ANMs, AWWs, ASHAs) available in the district. | • Training records  
• Monitoring at the district level |
| ANMs who know about management of pneumonia (%) | **Numerator:** Total number of ANMs who know about management of pneumonia in the district.  
**Denominator:** Total number of ANMs available in the district. | Sample survey – 10% of ANMs interviewed in the district on quarterly basis |
| **Quality Indicators** | | |
| Under-five child deaths due to pneumonia (%) | **Numerator:** Total number of under-five child deaths due to pneumonia in the district.  
**Denominator:** Total number of under-five child deaths reported in the district. | HMIS monthly report |

### 4.4 Full immunization coverage

**Intervention brief:** A child receiving all vaccines under the programme within the first year of life. These vaccines are one dose of BCG, three doses of OPV, three doses of DPT, and one dose of measles

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<tr>
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</tbody>
</table>
| Newborn given BCG and zero dose of polio at birth (%) | **Numerator:** Total number of newborn given BCG and zero dose of polio at birth in the district.  
**Denominator:** Total number of live births in the district. | • HMIS  
• MCTS |
| Infants who received the first dose of measles (%) | **Numerator:** Total number of infants who received the first dose of measles in the district.  
**Denominator:** Total number of infants in the district. | • HMIS  
• MCTS |
### Quality Indicators

<table>
<thead>
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</thead>
</table>
| AEFI reported (%) | **Numerator:** Total number of children who reported Adverse Events Following Immunization (AEFI) in the district  
**Denominator:** Total number of children immunized in the district | • Immunization records  
• Village RCH register |
| Dropout rate at the third dose of DPT out of the first dose of DPT | Dropout rate is equal to the difference between number of infants receiving DPT1 and number of infants receiving DPT3, multiplied by 100, and the overall score is divided by number of infants who received DPT1 | • HMIS monthly report  
• MCTS |

#### 4.5 Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4Ds (birth defects, development delays, deficiencies, and disease) and their management

**Intervention brief:** Comprehensive child health care implies assurance of extensive health services for all children from birth to 18 years of age for a set of health conditions. These conditions are birth defects, development delays, deficiencies and diseases (4Ds). Universal screening would lead to early detection of medical conditions and timely intervention, ultimately leading to a reduction in mortality, morbidity and lifelong disability.

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</thead>
</table>
| Blocks saturated with requisite MBHT (%) | **Numerator:** Total number of blocks saturated with requisite Mobile Block Health Team (MBHT)  
**Denominator:** Number of blocks in the district | Mobile health team register/Action plan |
| Service providers under MBHT trained on RBSK (%) | **Numerator:** Total number of service providers under MBHT trained on RBSK in the district  
**Denominator:** Total number of service providers in MBHT in the district | Training records |
| Children screened for 4Ds out of total children in the age group of 0-18 years (%) | **Numerator:** Total number of children screened for 4Ds in the age group of 0-18 years in the district  
**Denominator:** Total number of children in the age group of 0-18 years in the district | Screening and referral card/Monthly reporting format |
| Children accessing services at secondary/tertiary/District Early Intervention Centres (DEIC) (%) | **Numerator:** Total Number of children accessing services at secondary/tertiary/DEIC in the district  
**Denominator:** Total number of children detected with 4Ds in the district | DEIC register |
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<tr>
<td><strong>Quality Indicators</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| Children detected with 4Ds out of the total children screened (%) | **Numerator**: Total number of children 0-18 years old detected with 4Ds in the district  
**Denominator**: Total number of children screened in the district | DEIC register |
| Districts reported less than expected incidences of 4Ds (%) | **Numerator**: Total number of districts reported less than expected incidence of 4Ds in the district  
**Denominator**: Total number of districts in the state that reported incidences of 4Ds in the district | Monthly reports |
| Screened children supported through DEIC (%) | **Numerator**: Total number of children who received support through DEIC in the district  
**Denominator**: Total number of screened children recommended for support from DEIC in the district | DEIC register |
| Children referred with 4Ds out of the total screened (%) | **Numerator**: Total number of children referred with 4Ds in the district  
**Denominator**: Total number of children screened in the district | DEIC register |
5. Adolescent Health

5.1 Address teenage pregnancy and increase contraceptive prevalence in adolescents

Intervention brief:

*Community level:*
- Communication with stakeholders to support and influence cultural norms to reduce early marriage
- Counselling of newly married couples and influencers on the risk of early conception and the importance of spacing
- Availability of non-clinical contraceptives through social marketing

*Facility based:*
- Counselling
- Provision of clinical and non-clinical contraceptives and pregnancy testing kits

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<tr>
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</tr>
</tbody>
</table>
| Marriage prevalence rate among adolescents | **Numerator:** Number of adolescent girls in the district who got married in the last one year  
**Denominator:** Total number of marriages in the district during the last one year | Annual Survey |
| Adolescent pregnancies among total pregnancies (%) | **Numerator:** Total number of adolescent pregnant girls in the district  
**Denominator:** Total number of pregnant women in the district | MCTS |
| High risk pregnancy detected among adolescents (%) | **Numerator:** Total number of adolescent girls detected with high risk pregnancy in the district  
**Denominator:** Total number of adolescent pregnant girls in the district | MCTS |
| Couple protection rate among married adolescents (%) | **Numerator:** Total number of married adolescent couples using any contraceptive method  
**Denominator:** Total married adolescent couples in the block/district | • State Quarterly Reporting Format for RKSJK  
• Village RCH register |
| **Quality Indicator** | | |
| Pregnant adolescents who received four ANC visits (%) | **Numerator:** Total number of pregnant adolescent girls in the district who received four ANC visits  
**Denominator:** Total number of pregnant adolescents girls registered in the district | MCTS |
5.2 Introduce community based services through peer educators

**Intervention brief:** This intervention envisages beyond-health-facility-based service provision. Peer educators (both boys and girls) are selected, trained and supported by teachers in the institutional setting and by ASHAs and ANMs in the community setting. They will serve as the first point of contact for reaching out to adolescents in their spaces.

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<tr>
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<tr>
<td>Peer educators selected against planned (%)</td>
<td><strong>Numerator:</strong> Total number of peer educators selected in the district <strong>Denominator:</strong> Total number of peer educators planned in the district</td>
<td>• Peer education registration form • State Quarterly Peer Education Progress Reporting Form • District/PHC Monthly Peer Education Progress Reporting Form</td>
</tr>
<tr>
<td>Peer educators trained against planned (%)</td>
<td><strong>Numerator:</strong> Total number of peer educators received training in the district <strong>Denominator:</strong> Total number of peer educators planned to be trained in the district</td>
<td>• State Quarterly Peer Education Progress Reporting Form • District/PHC Monthly Peer Education progress Reporting Form</td>
</tr>
<tr>
<td><strong>Quality Indicator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sessions held by peer educators against sessions planned (%)</td>
<td><strong>Numerator:</strong> Total number of sessions held by peer educators in the district <strong>Denominator:</strong> Total number of sessions by peer educators planned in the district</td>
<td>• Quarterly Reporting Format for RKS K • State Quarterly Peer Education progress Reporting Form • District/PHC Monthly Peer Education progress Reporting Form • Peer Educator Monthly Reporting Form</td>
</tr>
<tr>
<td>Adolescents reached through peer educators per month (%)</td>
<td><strong>Numerator:</strong> Total number of adolescents reached through peer educators per month in the district <strong>Denominator:</strong> Total number of adolescents in the district</td>
<td>• Quarterly Reporting Format for RKS K • District/PHC Monthly Peer Education progress Reporting Form • Peer Educator Monthly Reporting Form • Peer Education Session Format</td>
</tr>
</tbody>
</table>
### 5.3 Strengthen Adolescent Friendly Health Clinics (AFHC)

**Intervention brief:** The AFHCs are dedicated spaces for adolescents in the existing health system. These clinics will ensure availability of counselling, commodities, medical, para-medical, and specialised services to adolescents, with emphasis on privacy and confidentiality.

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</tbody>
</table>
| Facilities having fully operational AFHCs as per norms (%) | **Numerator:** Total of L2 and L3 facilities in the district having fully operational AFHCs (as per RSKS guidelines)  
**Denominator:** Total number of L2 and L3 delivery points in the district | • Quarterly Reporting Format for RSKS  
• Checklist for AFHC assessment  
• Monitoring at the district level |
| MO/ANMs/LHVs providing services at AFHCs trained on Adolescent Friendly Health Services (AFHS) against planned (%) | To be calculated separately for each category of service provider  
**Numerator:** Total number of MO/ANMs/LHVs in the district providing services at AFHCs trained on Adolescent Friendly Health Services (AFHS)  
**Denominator:** Total number of MO/ANMs/LHVs in the district providing services at AFHCs planned to be trained | • Quarterly Reporting Format for RSKS  
• Training records at block/district level  
• Monitoring at the district level |
| Counsellors selected against planned (%) | **Numerator:** Total number of counsellors selected in the district  
**Denominator:** Total number of counsellors planned to be recruited in the district | • Quarterly Reporting Format for RSKS  
• Training records  
• Monitoring at the district level |
| Counsellors trained against planned (%) | **Numerator:** Total number of counsellors received training in the district  
**Denominator:** Total number of counsellors in the district planned to be trained | • Quarterly Reporting Format for RSKS  
• Training records  
• Monitoring at the district level |
| **Quality Indicators** | | |
| Adolescents accessing AFHCs for SRH, nutrition, mental health, substance misuse, injuries, violence, and non-communicable disease related problems (%) | **Numerator:** Total number of adolescents accessing AFHCs in the district  
**Denominator:** Total number of adolescents in the district | • Quarterly Reporting Format for RSKS  
• Facility level AFHC registers |
| Adolescents counselled at AFHCs (%) | **Numerator:** Total number of adolescents counselled at AFHCs in the district  
**Denominator:** Total number of adolescents who attended AFHCs in the district | • Quarterly Reporting Format for RSKS  
• Facility level counselling register |
### 5.4 Roll out of National Iron + Initiative including weekly IFA supplementation

**Intervention brief:** The intervention includes the following: administration of supervised Weekly Iron- Folic Acid Supplementation (WIFS); screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility; biannual de-worming, six months apart, for control of helminthes infestation; information and counselling for improving dietary intake and for taking actions to prevent intestinal worm infestation.

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</tbody>
</table>
| Caregivers (teachers, AWWs) who have been trained on implementation of WIFS (%) | **Numerator:** Total number of caregivers (teachers, AWWs) in the district who have been trained on implementation of the WIFS  
**Denominator:** Total number of caregivers available in the district | • Quarterly Reporting Format for RKSK  
• Training records |
| Schools and AWCs provided with IFA and Albendazole tablets (%) | **Numerator:** Total number of schools/AWCs in the district provided with IFA and Albendazole tablets  
**Denominator:** Number of schools/AWCs available in the district | • School health program records  
• Anganwadi register |
| Schools/AWCs reported adequate stock of IFA and Albendazole tablets (%) | **Numerator:** Total number of schools/AWCs reported minimum one month stock of IFA and Albendazole tablets  
**Denominator:** Total number of schools/AWCs in the district provided with IFA and Albendazole tablets | • School health program records  
• Anganwadi register |
| **Quality Indicators** | | |
| Adolescents (in-school and out-of-school girls) given four or five IFA tablets in the reporting month (%) | **Numerator:** Total number of adolescent girls (in-school and out-of-school girls) given four or five IFA tablets in the reporting month  
**Denominator:** Total number of adolescent girls in the district | • Quarterly Reporting Format for RKSK  
• AWW or ASHA records  
• School health program register |
| Adolescents (in-school and out-of-school girls) given biannual Albendazole tablets (%) | **Numerator:** Total number of adolescent girls (in-school and out-of-school girls) given biannual Albendazole tablets  
**Denominator:** Total number of adolescent girls in the district | • Quarterly Reporting Format for RKSK  
• AWW or ASHA records  
• School health program register |
5.5 Promote menstrual hygiene

**Intervention brief:** This programme aims at ensuring that girls in the age group of 10-19 years in the rural areas have adequate knowledge and information about menstrual hygiene and have access to high quality sanitary napkins along with safe disposal mechanisms. The scheme envisages providing a pack of six sanitary napkins under the NRHM’s brand ‘Freedays’. These napkins are sold to the adolescent girls at ₹ 6 for a pack of six napkins in the village by ASHA. On sale of each pack, the ASHA gets an incentive of ₹ 1 per pack, besides a free pack of sanitary napkins per month.

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</tr>
<tr>
<td>ASHAs who have sanitary napkins with them (%)</td>
<td><strong>Numerator:</strong> Total number of ASHAs in the district who have sanitary napkins with them</td>
<td>ASHA records/stock register</td>
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<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of ASHAs available in the district</td>
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</tr>
<tr>
<td>ASHAs who faced stock-out of sanitary napkins in the last quarter (%)</td>
<td><strong>Numerator:</strong> Total number of ASHAs in the district who reported sanitary napkin stock-out in the reporting quarter</td>
<td>ASHA stock records</td>
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<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of ASHA available (in position) in the district</td>
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<tr>
<td><strong>Quality Indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent girls who received counselling on menstrual hygiene (%)</td>
<td><strong>Numerator:</strong> Total number of adolescent girls in the district who received counselling on menstrual hygiene</td>
<td>ASHA records</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of adolescent girls in the district</td>
<td></td>
</tr>
<tr>
<td>Adolescent girls who were provided with sanitary packs ‘Freedays’ (%)</td>
<td><strong>Numerator:</strong> Total number of adolescent girls who were provided with sanitary packs ‘Freedays’</td>
<td>• Adolescent Health Day(AHD) data collection format at the block level</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator:</strong> Total number of adolescent girls in the district</td>
<td>• State Quarterly Reporting Format for RKS</td>
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<tr>
<td></td>
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<td>• ASHA records</td>
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Maternal Health Division
Ministry of Health & Family Welfare
Government of India

With Support from other RCH Divisions

2014