PROGRAM RESULTS FRAMEWORK

Results Indicators[1]	DLI (Yes/No)	Baseline Value	Baseline Year	Target Values of Results Indicators				
				2015	2016	2017	2018	2019
Outcome: Increased access to equitable and quality urban health system								
Increased institutional deliveries in urban areas (Percentage by urban wealth quintile).	**Yes**	Available by urban area and wealth quintile in 2015 from HMIS, and in 2016 from NFHS-4.	2014[2]	HMIS (85%)	HMIS (87%) NFHS-4 (80%)	HMIS (89%)	HMIS (91%)	HMIS (93%), NFHS-5 (90%)
Increased complete immunization among children less than 12 months of age (Percentage by urban wealth quintile and by sex).	**Yes**		2014[3]	HMIS (88%)	HMIS (90%) NFHS-4 (80%)	HMIS (92%)	HMIS (94%)	HMIS (96%), NFHS-5 (90%)
Reduced prevalence of communicable disease as evidenced by (i) percentage of children who had diarrhea in the last 2 weeks; (ii) medically treated TB.	**No**	Available in 2016 from NFHS4 (by wealth quintile and by sex for [i] and [ii]).	2014[4]		NFHS-4 (i) 6% (ii) 300			NFHS-5 (i) 2% (ii) 200
Reduced household out-of-pocket expenditure on total health care expenditure (by urban wealth quintile).	**No**	Available in 2016 from NSSO/NHA.	2014		NSSO/ NHA (60%)			NSSO/ NHA (40%)
Increased antenatal care coverage of 3 or more visits in urban areas.	**No**	Available in 2016 from NFHS-4 (by wealth quintile).	2014[5]		NFHS-4 (90%)			NFHS-5 (100%)
1. Urban primary health care delivery system strengthened								
1.1. Percentage of cities targeted for support under NUHM have their PIPs approved by FY2014.	**Yes**		2014	90%				
1.2. Percentage of cities whose PIPs were approved have (i) completed mapping of slums and vulnerable population and health facilities, and (ii) developed 'city health plans' reflecting intersectoral convergence.	**(i) Yes (ii) No**		2014	(i) 25% (initiated) (ii) 25%	55% (completed) (ii) 80%			
1.3. Percentage of UPHCs meeting NUHM minimum requirements for staffing and service package.	**Yes**		2014		30%	50%	60%	70%

[1] Targets are national urban aggregate. Specific goals/ targets for the states will be based on existing levels, capacity and context.
[2] Urban overall is 67.4%, for non-poor is 78.5%, and for poor is 44%, in NFHS-3 (2005−2006).
[3] For children receiving measles immunization, urban overall is 71.8%, non-poor is 80.1%, and for poor is 52.6% in NFHS-3 (2005−2006).
[4] (i) 8.9% for both urban poor and non-poor, (ii) for urban overall 307 per 100,000, for non-poor 258 per 100,000, for poor is 461 per 100,000 in NFHS-3 (2005−2006).
[5] Urban overall is 74.7%, for non-poor is 83.1%, for poor is 54.3% in NFHS-3 (2005−2006).

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1.4. Percentage of UPHCs with formal referral system in place for improved continuum of care.	**No**	1 UCHC may be set up as referral unit every 4-5 UPHCs; existing hospitals may be empanelled to act as referral points (referral facilities to be identified through GIS mapping).	2014		50%	60%	70%	80%
1.5. Number of UPHCs established, meeting NUHM norms for population coverage.	**No**	Existing urban health facilities to be revamped and new urban health facilities need to be established, to meet city-specific needs for primary health care services.	2014 (1,402 new UPHCs sanctioned as of FY2014−2015)	1,000	1,400	1,800	3,000	4,500
2. Community processes improved								
2.1. *Guidelines for ASHA and MAS in the Urban Context* are issued and disseminated at the state level (Y/N).	**Yes**		2014	Yes				
2.2 Training modules based on the *Guidelines for ASHA and MAS in the Urban Context* are issued in Hindi and some regional languages (Y/N).	**Yes**		2014	Yes				
2.3. (i) number of recruited ASHAs are trained, and (ii) percentage of recruited ASHAs are functional.	**Yes**	No ASHAs with specific skills and roles to work in urban context in service in 2014.	2014		(i)15,000 (ii) 80%	(i) 23,000 (ii) 85%	(i) 31,000 (ii) 90%	(i) 35,000 (ii) 90%
2.4. (i) percentage of slums/ settlements covered by ASHA, and (ii) percentage of slums/ settlements covered by MAS (or equivalent structure in urban areas).[6]	**No**		2014		40%	60%	70%	
2.5. Effective outreach as evidenced by (i) percentage of urban poor children who had diarrhea in the last 2 weeks who received ORS, (ii) percentage urban poor households using a sanitary facility for the disposal of excreta (flush/ pit toilet).	**No**	(i) 24.9%; (ii) 47.2% in NFHS-3 (2005−2006).			NFHS (i) 70% (ii) 80%			NFHS (i) 100% (ii) 100%

[6] Settlement defined (200-500 hh [1000-2500ppl]) as referenced in NHM Institutions of Governance. *NHM Operations for preparing and monitoring of state PIPs, p. 3.*

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3. Quality of urban health services improved								
3.1. Effective system of quality assurance for urban health services implemented.	**Yes**	QA mechanism for UPHCs to be developed and implemented.	2015	See DLI 5 in DLI Matrix	See DLI 5 in DLI Matrix	See DLI 5 in DLI Matrix	See DLI 5 in DLI Matrix	See DLI 5 in DLI Matrix
3.2. Increased number of facilities registered under the Clinical Establishments Act, MOHFW, 2010.	**No**	[baseline to be established and targets to be set]						
3.3. Percentage maternal health delivery points introducing standard treatment protocols for child birth delivery.	**No**	[baseline to be established and targets to be set]						
4. Planning, management and monitoring capacity to deliver urban health services strengthened								
4.1. Capacity development needs in planning, management, and monitoring are identified and addressed.	**Yes**	NUHM requires a comprehensive capacity development to deliver the mission.	2015	See DLI 6 in DLI Matrix	See DLI 6 in DLI Matrix	See DLI 6 in DLI Matrix	See DLI 6 in DLI Matrix	See DLI 6 in DLI Matrix
4.2. Strengthened public health capacity of ULBs, as evidenced by, number of municipal health officers carrying out defined public health functions.	**No**	[baseline to be established and targets to be set]						
5. Capacity for innovation and knowledge sharing strengthened								
5.1. Innovations and partnerships in urban health developed, tested, and shared.	**Yes**	Innovations in urban health are not well evaluated, documented, and disseminated; incentive mechanisms for encouraging innovations is weak.		See DLI 7 in DLI Matrix	See DLI 7 in DLI Matrix	See DLI 7 in DLI Matrix	See DLI 7 in DLI Matrix	See DLI 7 in DLI Matrix

ASHA = Accredited Social Health Activist, DLI = disbursement-linked indicator, GIS = geographic information system, HMIS = health management information system, MAS = Mahila Arogya Samitis (community collectives comprising local women), MOHFW = Ministry of Health and Family Welfare, NFHS = National Family Health Survey, NHA = National Health Accounts, NUHM = National Urban Health Mission, NSSO = National Sample Survey Office, ORS = oral rehydration salt, QA = quality assurance, UCHC = urban community health center, ULB = urban local body, UPHC = urban primary health center.
Source: Asian Development Bank.