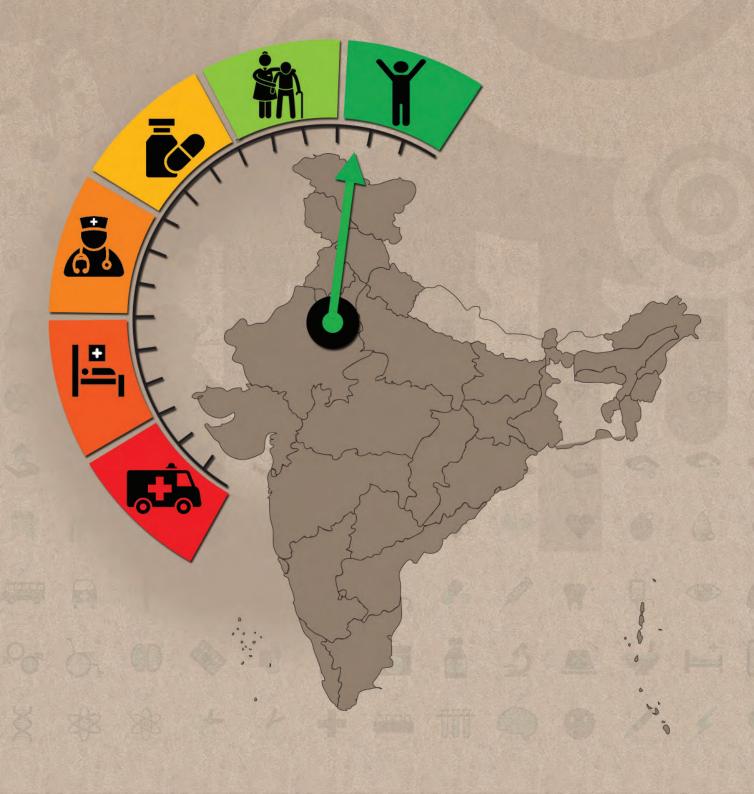




HEALTH DOSSIER 2021 Reflections on Key Health Indicators





to a



HEALTH DOSSIER 2021 Reflections on Key Health Indicators



IN 3RD COMMON REVIEW MISSION (2009) Nicobar, Middle and North Nicobar, and South Andaman districts were visited in Andaman & Nicobar Islands

ANDAMAN & NICOBAR ISLANDS

1. BACKGROUND

1.1 State Profile

Andaman and Nicobar Islands has a geographical spread of 8,249 km^{2a}. The UT is estimated to have a population of over 0.0038 crores^b and is projected to reach around 0.004 crores by 2021^c. The UT is divided into 3 districts. As per Census 2011, the Scheduled Tribe (ST) population is 0.28 lakh (7.50%). In the UT, 62.30% of the population reside in rural areas and the rest in urban areas. The total length of roads^d in the UT is 1,617 km (0.06%^e), in which the length of national highways is 330 km and state highways is 266 km.

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

The UT's Sex ratio at birth is 914 females for every 1000 males (NFHS 5). The crude birth rate has declined from 15.7 in 2005 to 11 in 2019 whereas the crude death rate has increased from 4.7 in 2005 to 5.3 in 2019 (Annexure 2; Figure 2). The literacy rate increased from 81.3% in 2001 to 86.6% in 2011, with male & female literacy rates being 90.3% and 82.4%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrolment Rate (GER)^f is 88.93% for higher education, 87.08% for senior secondary education, 86.69% for secondary education, 74.62% for elementary education, and 23.5% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In A&N Islands, 17% of elderly females and 15% elderly males living in rural areas and 41% of elderly females and 2% elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 32% for men and 19% for women as opposed to the national average of 31% for both.

^a RHS 2020

^b Census 2011

^c Census Population Projection 2019

^d Basic Road Statistics 2019, MoRTH

^e Percentage of total length of roads in Lakshadweep

^f Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N^g services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^h, institutional deliveries, C sections, distribution of IFAⁱ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined^j from 160 (2007-09) to 85 (2016-18). In A&N Islands, 67.2% of women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 73.9% of the deliveries took place in institutions, out of which 100.0% took place in public health facilities. Total percentage of C-sections (29.1%) is higher than the WHO's standard (10-15%). Around 77% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 65.7% (NFHS-4) to 57.5% (NFHS-5). Anaemia in females of reproductive age group is almost four times more than in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 27 (2005) to 7 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Full vaccination^k coverage for children between 12 – 23 months of age improved from 84.8% (NFHS 4) to 96.0% (NFHS 5). A decrease in childhood anaemia from 49% to 40% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 3). The proportion of exclusively breastfed children under 6 months improved from 66.8% (NFHS 4) to 73.3% (NFHS 5). The burden of under-5 years stunting decreased from 23.3% (NFHS 4) to 22.5% (NFHS 5). For under-5 years wasting- the burden decreased from 18.9% (NFHS 4) to 16.0% (NFHS 5).

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the UT is 13.5% and unmet need for spacing is 6.1%. Approximately 57.7% of married women reported to avail any modern method of family planning in the UT; with sterilization acceptance among females being 39.2% and 0.2% among males (NFHS 5).

2.4 Communicable Diseases

The UT has 3 functional IDSP unit in place¹. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.67%^m of total disease burden (Annexure 1.4). As per QPR reports, for TB, the annualized total case notification rate is 147% and NSPⁿ success rate is 75% as

^g Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^h Antenatal Check up

ⁱ Iron Folic Acid Tablets

^j SRS MMR Bulletin; Other smaller states & UTs, inclusive of A&N Islands

^k NFHS 5 State/UT Factsheet, based on information from vaccination card only

¹ QPR NHM MIS Reports (Status as on 01.03.2020)

^m Includes all UTs except Delhi

New Smear Positive

opposed to the national averages of 163% and 79%, respectively. For NLEP°, the reported prevalence rate of 0.42 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

NCDs contribute to 67.90% of DALYs and injuries contribute to 12.42% of DALYs in the UT^p. The UT is positioned second to last in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 31.3% of women and 58.7% of men used any kind of tobacco, while 5% of women and 39.1% of men consumed alcohol.

2.6 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 4). Currently there are 124 SCs, 22 PHCs and 4 CHC against the required 49 SCs, 8 PHCs, and 2 CHCs in rural areas. There are 5 PHCs in urban and 37 SCs, 4 PHCs and 1 CHCs in tribal areas. The UT has 3 DHs and 1 government medical college. Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 129 HWCs (102 SCs, 22 PHCs and5 UPHCs) are operationalized in A&N Island as of 22nd December 2021^q.

The doctor to staff nurse ratio in place is 1:1, with 5 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5). The UT has 100% of ASHA in position under NRHM. Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 6238.98 availed (events) OPD services and 126.38 availed (events) IPD services.

[°] National Leprosy Eradication Programme

P Includes all UTs except Delhi

^q AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^r

| Indicator | A&N Island 2011 ¹ | India | | | |
|---|------------------------------|----------------------------------|--|--|--|
| Total Population (In Crore) | 0.038 | 121.08 | | | |
| Rural (%) | 62.30 | 68.85 | | | |
| Urban (%) | 37.70 | 31.14 | | | |
| Scheduled Caste population (SC) (in crore) | 0 | 20.14 (16.63%) | | | |
| Scheduled Tribe population (ST) (in crore) | 0.0028 (7.50%) | 10.45 (8.63%) | | | |
| Total Literacy Rate (%) | 86.6 | 72.99 | | | |
| Male Literacy Rate (%) | 90.3 | 80.89 | | | |
| Female Literacy Rate (%) | 82.4 64.64 | | | | |
| Number of Districts in the A&N Islands ² | 3 | | | | |
| Number of districts per lakh population in | Population ¹ | Districts ¹ (Numbers) | | | |
| A&N Island (Census 2011) | <5 Lakhs | 3 | | | |
| S | T share (%) | | | | |
| Nicobar (64.27%) | | | | | |
| North & Middle Andaman (0.71%) | | | | | |
| South Andaman (1.71%) | | | | | |

| 1.2 Key Health Status & Impact Indicators | | | | | |
|--|-----|------|--|--|--|
| Indicators A&N Island India | | | | | |
| Infant Mortality Rate (IMR) ³ | 7 | 30 | | | |
| Crude Death Rate (CDR) ³ | 5.3 | 6 | | | |
| Crude Birth Rate (CBR) ³ | 11 | 19.7 | | | |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 | | | |
| Neo Natal Mortality Rate (NNMR) ⁴ | N/A | 23 | | | |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 | | | |
| Still Birth Rate⁴ | N/A | 4 | | | |

^r Sources are mentioned at the end of Annexure 1

| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
|-----------------------------|-----|------|
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

| 1.3 Key Health Infrastructure Ind | icators ^s | | | | |
|---|--------------------------|---------------------|--------------|------------------------|------------------------|
| Indicators | | Numbers (Total) | | | |
| Number of District Hospitals ² | | | | | 3 |
| Number of Sub District Hospital ² | | | | | 0 |
| Number of Government (Central + State) Medic | cal College ⁶ | | | | 1 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | | 0 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020- | | Target FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 102 | 33 | | 68 | 91 |
| PHC-HWC | 22 | 22 | | 22 | 22 |
| UPHC-HWC | 5 | 5 | | 5 | 5 |
| Total-HWC | 129 | 129 60 95 | | 95 | 118 |
| Rural ² | Require | ed (R) | I | n place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 2 | | 4 | | -100.00 |
| Number of Primary Health Centres (PHC) | 8 | | 22 | | -175.00 |
| Number of Sub Centres (SC) | 49 | | 124 | | -153.06 |
| Number of functional First Referral Units (FRUs) | DH | | | SDH | СНС |
| | 1 | | 0 | | 0 |
| Urban ² | Require | Required (R) | | n place (P) | Shortfall (S) (%) |
| Number of PHC | 3 | | 5 | | -66.67 |
| Tribal ² | Require | ed (R) | In place (P) | | Shortfall (S)% |
| Number of CHC ^t | 0 | 0 1 | | -1 | |
| Number of PHC | 1 4 | | 4 | -3 | |
| Number of SC 8 | | | | 8 37 | |
| Patient Service ⁹ | | | | A&N Island | India |
| IPD per 1000 population | | | | 126.38 | 62.6 |
| OPD per 1000 population | | | | 6238.98 | 1337.1 |
| Operation (surgeries) major (General and Spina 10000 population | l Anaesthesia |) per | | 90.10 | 36.4 |

Sources are mentioned at the end of Annexure 1 Total population is less than the norm (CHC) of 80,000 s

t

| 1.4 Major Health Indicator [®] | | |
|--|-------------------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | A&N Island ^v | India |
| % DALY ^w accountable for CMNNDs ^x | 19.67 | 27.46 |
| % DALY accountable for NCDs | 67.9 | 61.43 |
| % DALY accountable for Injuries | 12.42 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | A&N Island | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 60.1 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | A&N Island | India |
| % 1st Trimester registration to Total ANC Registrations | 72.2 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 67.2 | 79.4 |
| Total Reported Deliveries | 3602 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 73.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 100 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 0 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 29.1 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 29.1 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | N/A | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 77 | 53.4 |
| Neonatal ⁹ | A&N Island | India |
| % live birth to Reported Birth | 98.3 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 16.2 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 82.6 | 89.9 |
| New Born Care Units Established ^{11y} | A&N Island | India |
| Sick New Born Care Unit (SNCU) | 1 | 895 |
| New Born Stabilization Unit (NBSU) | 6 | 2418 |
| New Born Care Corner (NBCC) | 20 | 20337 |

^y Sources are mentioned at the end of Annexure 1

| Child Health & Nutrition ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) |
|---|------------------------|-------------------|
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.6 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 65 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 23.7 | 32.1 |
| Child Immunization ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 96 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 98.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 82.1 | 87.9 |
| Family Planning ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 6.1 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | A&N Island | India |
| Number of districts with functional IDSP unit | 3 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | A&N Island | India |
| Annualized total case notification rate (%) | 147 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 75 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | A&N Island | India |
| Prevalence Rate/10,000 population | 0.42 | 0.61 |
| Number of new cases detected | 14 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | A&N Island | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 14.9 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 34.7 | 30.7 |

| Non-Communicable Disease | | | | | |
|--|------------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 15.3 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 20.6 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 7.4 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 9.3 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | A&N Island (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 31.3 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 58.7 | 38 | | | |
| Women who consume alcohol (%) | 5 | 1.3 | | | |
| Men who consume alcohol (%) | 39.1 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | A&N Island | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 35 | N/A | | | |
| Total number of fatal Road Accidents | 20 | 137,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 8.7 | 33.7 | | | |
| Number of persons killed in Road Accidents | 20 | 115113 | | | |

1.5 Access to Care^z

| Health Systems Strengthening | | | | |
|---|------------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | A&N Island | India | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | A&N Island | India | | |
| 102 Туре | 1 | 9955 | | |
| 104 Туре | 0 | 605 | | |
| 108 Туре | 0 | 10993 | | |

^z Sources are mentioned at the end of Annexure 1

| Others | | 0 | 5129 | |
|--|---|------------------|--------|--|
| Number of Ambulances NHM (At PHC/CHC/SDH | functioning in the State/UTs other than /DH) | 52 | 11070 | |
| | Key Domain Indicators ^a | a | | |
| ASHA ¹³ | | A&N Island | India | |
| Total number of ASHA ta | argeted under NRHM | 412 | 946563 | |
| Total number of ASHA in | n position under NRHM | 412 | 904211 | |
| % of ASHA in position u | nder NRHM | 100 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 10 | 75597 | |
| Total number of ASHA in | n position under NUHM | 0 | 64272 | |
| % of ASHA in position u | nder NUHM | 0 | 85 | |
| Community Process ¹¹ | | A&N Island | India | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 275 | 554847 | |
| Number of Mahila Arogya Samitis (MAS) formed | | 25 | 81134 | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | | A&N Island | India | |
| DH | | 3 79 | | |
| СНС | | 4 | 6036 | |
| РНС | | 22 | 20273 | |
| UCHC | | 0 | 126 | |
| UPHC | | 4 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | A&N I | sland | |
| Specialist Cadre Availab | le in the state (Y/N) | Ye | 25 | |
| HR Policy available (Y/N |) | No | | |
| Implementation of HRIS | 5 (Y/N) | No | | |
| HR Integration initiated | (Y/N) | No | | |
| Public Health Cadre ava | ilable (Y/N) | No | | |
| | Specialists (%) | 56 | | |
| Overall Vacancies | Dentists (%) | 9 | | |
| (Dogular L contractual) | | | | |

| (Regular + contractual) | Nurse (%) | |
|-------------------------|-----------|--|
| | ANM (%) | |
| | | |

 $\ensuremath{\,^{aa}}$ Sources are mentioned at the end of Annexure 1

2 5

| HRH Distribution | Sanctioned | In Place |
|--|--------------|--------------|
| Doctors (MO & specialists) to staff nurse ¹⁴ | 1:1 | 1:1 |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | 6 per 10,000 | 5 per 10,000 |
| Regular to contractual service delivery staff ratio ¹⁴ | 1:1 | 1:1 |

Ranking: Human Resource Index of A&N Island¹⁵

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{bb} | 299 | 262 | 248 | 14 | 51 | |
| Staff Nurse | 670 | 377 | 376 | 1 | 294 | |
| Lab Technician | 99 | 55 | 49 | 6 | 50 | 66 10 |
| Pharmacists | 56 | 63 | 46 | 17 | 10 | 66.19 |
| | 103 | 148 | 124 | 24 | 0 | |
| Specialist ^{dd} | 129 | 50 | 36 | 14 | 93 | |

| 1.6 Healthcare Financing ^{ee} | | | | |
|---|------------------|-------|-------|-------|
| National Health Accounts (NHA) (2017-18) | A&N Island | | India | |
| Per Capita Government Health Expenditure (in ₹) | N/A | | 1753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | /A | 1.35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | N/A | | 48.8 | |
| National Sample Survey Office (NSSO) (2017-2018) | A&N Island | | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | N | /A | 33 | 26 |
| IPD - % of hospitalized cases using public facility | N | /A | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | SO)* Rural Urban | | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | N/A | | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | N | /A | 845 | 915 |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

^{dd} Specialist (All Specialist)

^{ee} Sources are mentioned at the end of Annexure 1

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| IPD - Per hospitalized case (in INR) - Public | N/A | 5,729 | 5,939 |
|---|------------|-----------|---------|
| IPD - Per hospitalized case (in INR) - Private | N/A | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | N/A | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | N/A | 53 | 43 |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | N/A | 2,402 | 3,091 |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (\mathbf{R}) | N/A | 20,692 | 26,701 |
| State Health Expenditure | A&N Island | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | N/A | 5 | ff |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{ff} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

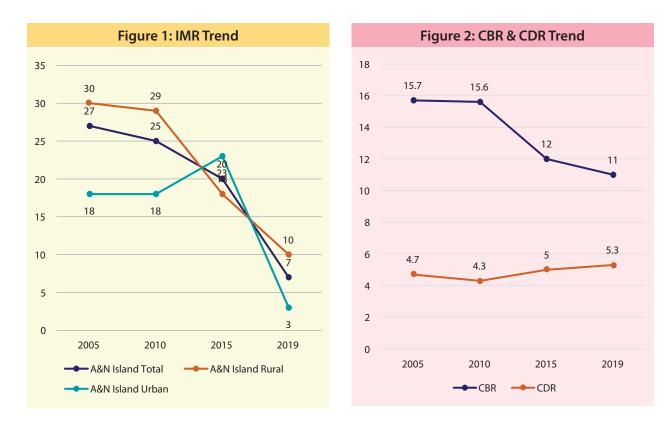
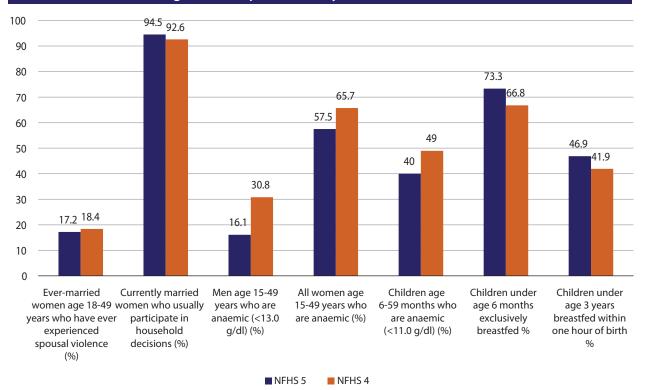


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



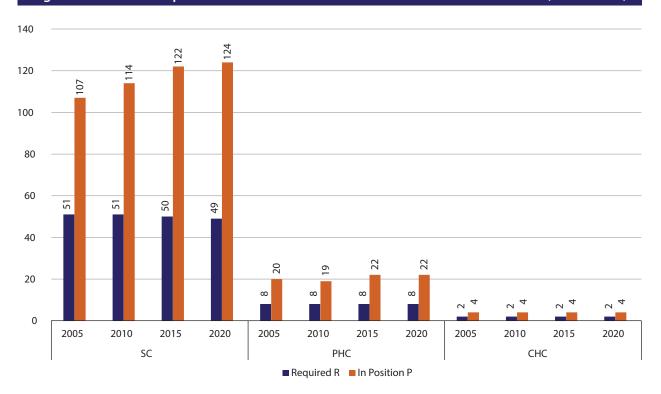


Figure 4: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

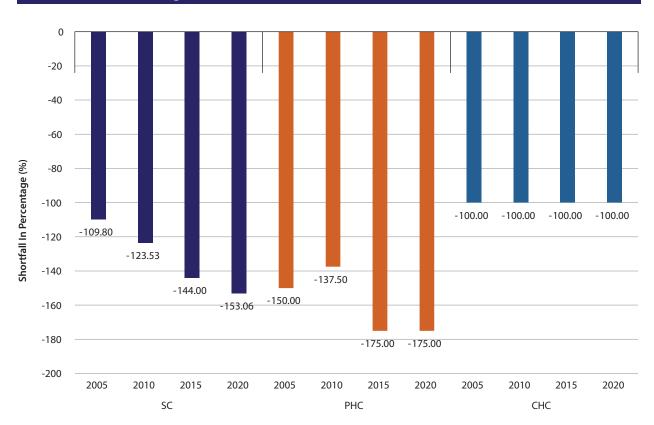
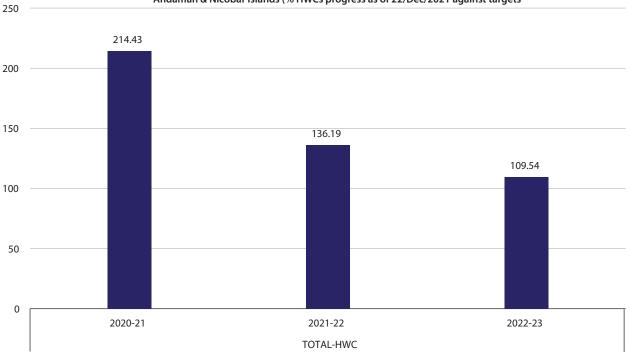


Figure 5: Year Wise Health Infrastructure Shortfall (%)

Figure 6: Percentage HWCs progress against target - FY wise (%)



Andaman & Nicobar Islands (% HWCs progress as of 22/Dec/2021 against targets

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT **TO KEY NFHS 5 INDICATORS**

| | | · · · · · · · · · · · · · · · · · · · | | | | | | | 1 |
|---|---|---------------------------------------|------------------------------|------------------------------|------------------------------|--------------|---------------------------|---------------|--|
| ormance) vailable) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 18.9 | 12.8 | 19 | 16 | 15.7 | 27 | 12.6 | children e |
| Poor Perfo tats Not A | Children Under 5 Years - Stunted^ (%) (%) (%) (%) | 23.3 | 18.2 | 26.4 | 22.5 | 21.6 | 27 | 21.1 | ias, among enta vaccin |
| nce, Red – I Iral Urban S | sdfnoM 55-3 9pA navblidJ lstoT (%) # ,**,9id 9fupbA pnivi959R | 14.2 | 27.7 | 10.6 | 19.5 | 18.7 | 5.9 | 23.5 | e the recall b and DPT or p |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Viluf rent Age 12-23 Morths Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 84.8 | | 96.8 | 96 | 94.1 | N/A | 96.6 | s used to reduc given at birth) |
| (Green – Go (Di | (%) sıtıtı Bistori Births | 96.4 | 99.2 | 98.7 | 66 | 97.8 | 27.7 | 99.5 | y' indicator wa polio vaccine |
| | 4 Least 4 Least 4 Mother Who Hab At Least 4 (%) | 92.1 | 86 | 81 | 83.4 | 2.17 | 79.2 | 85.9 | ion card only io (excluding |
| | (%) bəət 1əmnU lstoT | 15.5 | 18.3 | 10.3 | 13.5 | 9.5 | 5.8 | 17.6 | '- 'vaccinat ach of poli |
| | (%) 9sU mobnoD | 4.2 | 12.1 | 8.2 | 9.8 | 4.9 | 9.3 | 10.6 | n card only id 3 doses e |
| | (%) UUD/PPIUD | 2.1 | 2.2 | Ω | 3.9 | 2.7 | 6.4 | 2.8 | Avaccinatio Measles, ar |
| | ylims Tor Jesu bort MynA Parried Dy Currently Married (%) sreay 84-21 92A nomoW | 50.8 | 54.4 | 73.4 | 65.8 | 65.3 | 84.1 | 57.1 | nother's recall' 8 ACV)/MR/MMR |
| | bairisM 2424 Years Married Before 18 (%) | 16.4 | 17.4 | 15.3 | 16.2 | 11.4 | 15.4 | 17.1 | on card or n g vaccine (h |
| | (%) 9pA 84-21 9tst9til n9moW | N/A | 86.6 | 85.6 | 86 | 87.5 | 84 | 86.7 | ither vaccinatic isles-containin |
| | Households with any usual member covered under a health insurance/ financing scheme (%) | 5.7 | 1.4 | 1.6 | 1.6 | 2.7 | 2.1 | 1.2 | of two indicators with 'either vaccination card or mother's recall & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children accinated with BCG, measles-containing vaccine (MCV)/MR/MM8/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine accinated with BCG, measles-containing vaccine (MCV)/MR/MM8/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine |
| | 0001/zəlemə1) dfrifi fiqio fizika yağı Məles) | 859 | 941 | 891 | 914 | 927 | 844 | 935 | nated', Out of two rcentage vaccinal |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | d) from NFHS4 to 'Vacci n to the interviewer, pe g with the mother |
| | states/Districts | Andaman & Nicobar Islands | Andaman & Nicobar Islands | Andaman & Nicobar Islands | Andaman & Nicobar Islands | Nicobar | North & Middle Andaman | South Andaman | * NFH55 replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall'& vaccination card only'-'vaccination card only'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MM87/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine * Based on the yourgest child living with the mother |
| | Serial No. | - | 5 | m | 4 | Ś | 9 | 7 | * NFHS whose ** Based |
| | | | | | | | | | |

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with ordher milk products at least twice a day, a minimum including the milk or milk products and a minimum enterstread infants 6-8 months and a tleast three times a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed infants 6-8 months and a tleast three times a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid foods from at least four food groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best performing districts within the districts for a particular indicator Ä

Red - Worst performing districts within the districts for a particular indicator æ

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days ċ

** Based on the youngest child living with the mother Ū.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal practices (fed with other milk or milk products at least twice a day, a minimum meal frequency practices frequency and at least twice a day a minimum meal frequency that is receiving a solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed references and a frequency and at least twice a day or milk products at least twice a day or minimum meal frequency means a day for breastfed infants 6.8 months and at least twice a day or milk products at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9.23 months, and solid or semi-solid food at least twice a day for milk products at least twice and at least twice and at least three times a day for breastfed children 9.23 months, and solid or semi-solid food at least twice at months and at least three times a day for breastfed children 9.23 months, and solid or semi-solid food at least twice at a month at least three times at the time time at the milk or milk products at least twice at a products at least twice at a product at least three times at the time times at the milk or milk product or semi-solid food at least twice at a product at least three times at a product at the milk or milk product or semi-solid food at least twice at a product at least twice at a product at least to the milk or milk product at least twice at a product at least to the milk or milk product at least twice at a product at least twice at a product at least to the milk or milk product at least twice at a product at least to the milk or milk product at a product at least to the milk or milk product at least twice at a product at least to the milk or milk product at least twice at a product at least to the milk or milk product at a product at least to the milk or milk product at least twice at a product at least to the milk or milk product at least ய

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш.

NOTES

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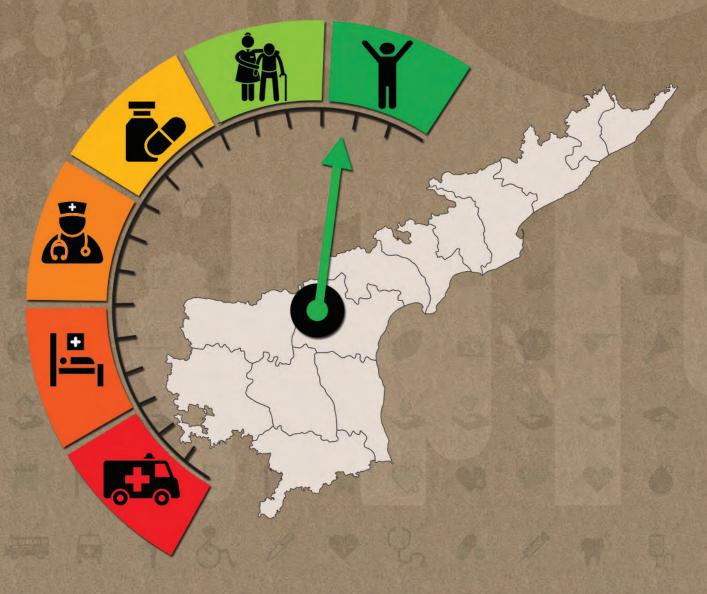


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



ANDHRA PRADESH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | |
|------|-------------------|----------------|--|--|
| 3rd | Vizianagaram | Vishakhapatnam | | |
| 5th | Guntur | Warangal | | |
| 7th | Mahboobnagar | Chittoor | | |
| 9th | Visakhapatnam | Anantapur | | |
| 10th | Krishna | Kadapa | | |
| 12th | Ananthapuram | East Godavari | | |
| 13th | Kadapa | Vishakhapatnam | | |

ANDHRA PRADESH

1. BACKGROUND

1.1 State Profile

Andhra Pradesh is divided into 13 districts and estimated to have a population of over 8.45 crores^a, accounting for approximately 6.98% of India's total population (RHS 2019-20). It is projected that the population would reach around 5.27 crores by 2021^b (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.38 crores (16.41%) and 0.59 crores (7%), respectively. Out of the 13 districts, top five ST dominant districts account for 47.39% of ST population, and top five SC dominant districts account for 29.50% of SC population in the State (Census

2011, Andhra Pradesh including Telangana^c). According to Census 2011, 66.64% constitute the rural population, while 33.36% constitute the urban population. The total length of roads^d in the State is 1,76,474 km (3.53%^e), in which, the length of the national highways is 6,467 km (5.7%^f) and state highways is 6,485 km (3.70%^g). Around 60% of the main worker population workers in the State participate in agricultural activities^h.

A detail report on the key indicators has been attached as Annexure 1.

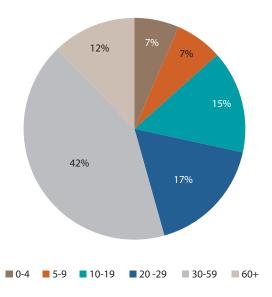
1.2 Demography

As per Census 2011, 16 districtsⁱ have population of 30 lakhs and above; and 7 districts have population of between 20-30 lakhsⁱ (Annexure 1.1 State profile). The



- ^b Projection excluding Telangana
- ^c Andhra Pradesh was divided into Telangana & Andhra Pradesh in 2014 and SC/ST calculation is based on census 2011 data, so the SC ST dominant districts are not plotted
- ^d Basic Road Statistics 2019, MoRTH
- e Percentage of total length of roads in Andhra Pradesh
- ^f Percentage of total length of National Highways in the country
- ^g Percentage of total length of State Highways in the country
- ^h https://ficci.in/state/1008/Project_docs/ficci-Andhra-Pradesh-Profile.pdf
- ⁱ Including Telangana
- ^j Census 2011 includes Telangana

Figure 1: Andhra Pradesh - distribution of estimated population 2021 (%)



State's Sex ratio at birth of 920 females for every 1000 males is higher than the national average of 899 (Annexure 1.2). It is estimated that there are 15% of the total population in the age group of 10-19 years, 59% within 20 to 59 years; while 12% is 60 years and above^k (figure 1). The crude birth rate and the crude death rate have declined from 19.1 & 7.3 in 2005 to 15.9 & 6.4 in 2019, respectively (Annexure 2; figure 2). The literacy rate improved from 60.5% in 2001 to 67.0% in 2011, with male & female literacy rates being 74.9 % and 59.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)¹ is 30.8% for higher education, 60.16% for senior secondary education, 75.51% for secondary education, 83.29% for elementary education, and 84.48% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 12% (figure 1) of the State's total population. The life expectancy at 60 years of age is 17.9 years and 18.8 years for males and females, respectively (2014-2018). The old age dependency ratio is 15.4 in 2011; which is 14.5 for males and 16.3 for females, 17.4 in rural & 11.6 in urban areas. In Andhra Pradesh, 59.0% of elderly females and 28.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 60.0% of elderly females and 26.0% elderly males are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 39% for men and 42% for women, which are above the national average of 31% for both man and woman (Elderly in India 2016 Report).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^m services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)ⁿ, institutional deliveries, C sections, distribution of IFA^o tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 134 (SRS MMR Bulletin 2007-09) to 65 (SRS MMR Bulletin 2018) per 1,00,000 live births. In Andhra Pradesh, 98.7% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 report- Krishna, Prakasam, Kurnool, Srikakulam and Y.S.R districts reported relatively high ANC coverage, ranging between 73.3% - 82.8%. Whereas, East Godavari, Visakhapatnam, Guntur, West Godavari and Chittoor districts reported poor ANC coverage ranging between 51% - 65.3%. As reported in HMIS 2019-20, around 99.7% of the deliveries took place in institutions, out of which 41.6% took place in public health facilities. Total percentage of C-sections (35.3%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, around 37.8% was conducted at private facilities in the State. Around 75.9% of women were tracked for the first postpartum check-up between 48 hours

^k Census Population Projection 2019 Report

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^m Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

ⁿ Antenatal Check up

[°] Iron Folic Acid Tablets

and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 60.0% (NFHS-4) to 58.8% (NFHS-5). Anaemia in females of reproductive age group is almost thrice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 57 (2005) to 25 (2019) which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^p and Still Birth (per 1,000 live births) rates have also significantly decreased from 34.8 and 10.9 (2005) to 21 and 3 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 65.8 (2006-10) to 70 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5 report, Y.S.R, West Godavari, Prakasam, Anantapur and East Godavari districts reported low SRBs^q ranging between 779 - 882; while Visakhapatnam, Sri Potti Sriramulu Nellore, Chittoor, Krishna, and Srikakulam districts reported high SRBs ranging between 974 – 1163.

Full vaccination^r coverage for children between 12 – 23 months of age has improved from 79.9% (NFHS 4) to 88.0% (NFHS 5). The proportion of under 6-months children exclusively breastfed has, however, decreased from 70.2% (NFHS 4) to 68.0% (NFHS 5). An increase in childhood anaemia from 58.6% (NFHS 4) to 63.2% (NFHS 5) in children aged 6-59 months has been reported (Annexure 2, Figure 5). Though the burden of malnutrition declined over time (GBD 2019), there is a wide variation in the nutritional status within the State. As per NFHS 5 report, Srikakulam, Prakasam, East Godavari, Guntur, and Chittoor districts reported relatively low burden of stunting which ranged from 19.7 to 27.1; while West Godavari, Y.S.R, Anantapur, Vizianagaram and Kurnool districts reported high burden which ranged from 31.4 to 50.5. For under-5 wasting – Prakasam, West Godavari, Y.S.R, East Godavari and Krishna districts reported relatively low burden 8.7 to 14.3; while Guntur, Vizianagaram, Anantapur, Srikakulam and Visakhapatnam districts reported high burden, which ranged from 17.8 to 21.5.

2.3 Family Planning

The TFR^s has reduced from 2 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in the State is reported as 4.7%, while the unmet need for spacing is 2.6% (NFHS 5). East Godavari district reported the highest total unmet need (8%), while Kurnool reported the lowest (2.1%). Approximately 70.8% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance being 69.6% in females, and 0.4% in males.

2.4 Communicable Diseases

The State has 13 functional IDSP units in place. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 25.30% of total disease burden (Annexure 1.4). Diarrheal diseases, neonatal preterm birth and dietary iron deficiency are the leading causes of deaths

P Neonatal Mortality Rate

^q Sex Ratio at Birth

r NFHS 5 State/UT Factsheet, based on information from vaccination card only

^s Total Fertility Rate

due to CMNND in the State (Annexure 2, Figure 6^t). For TB, the annualized total case notification rate is 172% and NSP^u success rate is 91% as opposed to the national averages of 163% and 79%, respectively. For NLEP^v, the reported prevalence rate of 0.55 per 10,000 population is less than the national average of 0.61. In FY 2019-20, the State has no reported deaths due to Dengue, Malaria, or Kala Azar.^w

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 64.4% of all deaths are premature in the State, while disability or morbidity accounts for 35.6%. Ischaemic heart disease, COPD, and Diabetes type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 63.34% of DALYs; whereas, injuries contribute to 11.36% of DALYs in the State (GBD 2019). The State is positioned 7th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in recent NFHS 5 report that 3.8% of women and 22.6% of men used any kind of tobacco, while 0.5% of women and 23.3% of men consumed alcohol. Overall, metabolic factors (high systolic blood pressure, high fasting plasma glucose), behavioural factor (smoking) and environmental factors (ambient particulate matter pollution, household air pollution from solid fuels and unsafe water source) are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹7,76,140 crores. The State is positioned 16th out of 32 states in terms of per capita^x of ₹ 1,51,173. According to NHA 2017-18, the per capita Government Health Expenditure in the State is estimated as ₹ 1,381, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^y as a share of Total Health Expenditure is 67%, which is more than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 3,532 in public facilities, ₹ 21,748 in private facilities; whereas for urban areas, it is around ₹ 2,195 in public facilities and ₹ 30,855 in private facilities. For childbirth in rural areas - OOPE is estimated to be around ₹ 2,735 in public facilities and ₹ 22,310 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 54% in rural and urban areas; whereas for diagnostics, it is 18% in rural and 24% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, there remains a shortfall of 3.14% PHCs and 52.04% CHCs (Annexure 2, Figure 9). Currently, there are 7437 SCs, 1142 PHCs and 141 CHCs are in place, against the required 7152 SCs, 1179 PHCs and 294 CHCs in rural areas. Similarly, in urban settings, there are 243 PHCs in place against the required 367, which accounts to a shortfall of

t https://vizhub.healthdata.org/gbd-compare/india

^u New Smear Positive

National Leprosy Eradication Programme

W QPR NHM MIS Report (status as on 01.03.2020 & 31.12.2020)

Directorate of Economics & Statistics

^y Out of Pocket Expenditure

33.79%. The State has 13 DHs, 28 SDHs and 13 government medical colleges. In the State, 107.7% of DHs (14), 100% of SDHs (28), and 100 % of CHCs (198) serve as functional FRUs. In tribal catchments, there are 816 SCs, 158 PHCs and 21 CHCs in place, against the required 752 SCs, 112 PHCs and 28 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 6049 HWCs (4662 SHCs, 1145 PHCs & 242 UPHCs) are operationalized in the State as of 22nd December 2021^z.

In the State, 13 districts are equipped with MMUs under the NRHM, while none under the NUHM. The State has almost 100% of required ASHAs in position under the NRHM and around 82% under the NUHM. The doctor to staff nurse ratio in place is 1:2 with 3 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

As per the NSSO data (2017-18), 19% of all OPD cases in rural areas and 27% in urban areas; and 26% of all IPD cases in rural areas & 32% in urban areas utilized public health facilities. In general, public health facility utilization in the State is below the national averages for both (Annexure 1.6).

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^{aa}

| Indicator | Andhra Pradesh 2011 ¹ | India |
|--|----------------------------------|----------------------------------|
| Total Population (In Crore) | 8.45 | 121.08 |
| Rural (%) | 66.64 | 68.85 |
| Urban (%) | 33.36 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 1.38 (16.41%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.59 (7%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 67 | 72.99 |
| Male Literacy Rate (%) | 74.9 | 80.89 |
| Female Literacy Rate (%) | 59.1 | 64.64 |
| Number of Districts in the Andhra Pradesh ² | 13 | |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 0 |
| Number of districts per lakh population in Andhra Pradesh (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 0 |
| | ≥20 Lakhs - <30 lakhs | 7 |
| | ≥30 Lakhs | 16 |

| ST SC Dominant (Top 5) Districts of Andhra Pradesh ¹ | | | |
|---|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | |
| Khammam - 27.36% | Prakasam - 23.18% | | |
| Adilabad - 18.08% | Nellore - 22.49% | | |
| Warangal - 15.10% | West Godavari - 20.61% | | |
| Visakhapatnam - 14.41% | Guntur - 19.58% | | |
| Nalgonda - 11.30% | Krishna - 19.28% | | |
| Top 5 ST dominant district accounts for - 47.39% | Top 5 SC dominant district accounts for - 29.50% | | |

1.2 Key Health Status & Impact IndicatorsIndicatorsAndhra PradeshInfant Mortality Rate (IMR)³25Crude Death Rate (CDR)³6.4

^{aa} Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 15.9 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 65 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 21 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 33 | 36 |
| Still Birth Rate ⁴ | 3 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.6 | 2.2 |
| Life expectancy at birth⁵ | 70 | 69.4 |
| Sex Ratio at Birth⁴ | 920 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^{bb}

| Indicators | | | | Numbers (Total) |
|--|---|------------------------|------------------------|-------------------|
| Number of District Hospitals ² | 13 | | | |
| Number of Sub District Hospital ² | 28 | | | |
| Number of Government (Central + State) Medic | al College⁵ | | | 13 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 18 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status Target Target (Total) FY (2020-21) FY (2021-22) | | Target FY (2022-23) | |
| SHC-HWC | 4662 | 2229 | 4308 | 5695 |
| PHC-HWC | 1145 | 1147 | 1147 | 1147 |
| UPHC-HWC | 242 | 244 | 244 | 244 |
| Total-HWC | 6049 | 3620 | 5699 | 7086 |
| Rural ² | Require | uired (R) In place (P) | | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 294 | 1 | 141 | 52.04 |
| Number of Primary Health Centres (PHC) | 1,17 | 9 | 1,142 | 3.14 |
| Number of Sub Centres (SC) | 7,15 | 2 | 7,437 | -3.98 |
| Number of functional First Referral Units | DH | I | SDH | СНС |
| (FRUs) | 14 | | 28 | 198 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 367 | 7 | 243 | 33.79 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | 28 | | 21 | 25.00 |
| Number of PHC | 112 | 2 | 158 | -41.07 |
| Number of SC | 752 | 2 | 816 | -8.51 |

 $^{^{\}rm bb}$ Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Andhra Pradesh | India |
|---|----------------------|---------|
| IPD per 1000 population | N/App. ^{cc} | 62.60 |
| OPD per 1000 population | N/App. | 1337.12 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | N/App. | 36.40 |

| 1.4 Major Health Indicator ^{dd} | | |
|--|----------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Andhra Pradesh | India |
| % DALY ^{ee} accountable for CMNNDs ^{ff} | 25.3 | 27.46 |
| % DALY accountable for NCDs | 63.34 | 61.43 |
| % DALY accountable for Injuries | 11.36 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Andhra Pradesh | India |
| Level of Birth Registration (%) | 90.2 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 12.9 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Andhra Pradesh | India |
| % 1st Trimester registration to Total ANC Registrations | 81.4 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 98.7 | 79.4 |
| Total Reported Deliveries | 734645 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.7 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 41.6 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 58.4 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 35.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 31.8 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 37.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 75.9 | 53.4 |
| Neonatal ⁹ | Andhra Pradesh | India |
| % live birth to Reported Birth | 99 | 98.8 |
| | [| |

% Newborns having weight less than 2.5 kg to Newborns weighed at birth4.912.4% Newborns breast fed within 1 hour of birth to Total live birth97.489.9

^{cc} Denominator for computation is not available

^{dd} Sources are mentioned at the end of Annexure 1

^{ee} Disability Adjusted Life Years

^{ff} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Andhra Pradesh | India |
|---|----------------------------|-------------------|
| | | |
| Sick New Born Care Unit (SNCU) | 47 | 895 |
| New Born Stabilization Unit (NBSU) | 95 | 2418 |
| New Born Care Corner (NBCC) | 1306 | 20337 |
| Child Health & Nutrition ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 7.2 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 62.5 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 29.6 | 32.1 |
| Child Immunization ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 88 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 94.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 87.1 | 87.9 |
| Family Planning ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.6 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Andhra Pradesh | India |
| Number of districts with functional IDSP unit | 13 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Andhra Pradesh | India |
| Annualized total case notification rate (%) | 172 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 91 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Andhra Pradesh | India |
| Prevalence Rate/10,000 population | 0.55 | 0.61 |
| Number of new cases detected | 4,685 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Andhra Pradesh | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 24.6 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 38.6 | 30.7 |

| Non-Communicable Disease | | | | | | |
|---|----------------------------|-------------------|--|--|--|--|
| Diabeties and Hypertension ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) | | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.6 | 12.4 | | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 17.6 | 15.7 | | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 7.3 | 6.1 | | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 8.4 | 7.3 | | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Andhra Pradesh (NFHS 5) | India (NFHS 5) | | | | |
| Women who use any kind of tobacco (%) | 3.8 | 8.9 | | | | |
| Men who use any kind of tobacco (%) | 22.6 | 38 | | | | |
| Women who consume alcohol (%) | 0.5 | 1.3 | | | | |
| Men who consume alcohol (%) | 23.3 | 18.8 | | | | |
| Injuries | | | | | | |
| Road Traffic Accident ¹² | Andhra Pradesh | India | | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 7 | N/A | | | | |
| Total number of fatal Road Accidents | 7,389 | 1,37,689 | | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 36.3 | 33.7 | | | | |
| Number of persons killed in Road Accidents | 7984 | 115113 | | | | |

1.5 Access to Care⁹⁹

| Health Systems Strengthening | | | | | |
|--|----------------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Andhra Pradesh | India | | | |
| Number of Districts equipped with MMU under NRHM | 13 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Andhra Pradesh | India | | | |
| 102 Туре | 0 | 9955 | | | |
| 104 Туре | 0 | 605 | | | |
| 108 Туре | 628 | 10993 | | | |
| Others | 0 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | | | |

^{gg} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicator | S | | | |
|--|---|---------------------------|----------|--|--|
| ASHA ¹³ | | Andhra Pradesh | India | | |
| Total number of ASHA ta | argeted under NRHM | 39552 946563 | | | |
| Total number of ASHA ir | n position under NRHM | 39451 | 904211 | | |
| % of ASHA in position u | nder NRHM | 99.74 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 3200 75597 | | | |
| Total number of ASHA ir | n position under NUHM | 2609 | 64272 | | |
| % of ASHA in position u | nder NUHM | 81.53 | 85 | | |
| Community Process ¹¹ | | Andhra Pradesh | India | | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | | 12940 554847 | | | |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 10440 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Andhra Pradesh | India | | |
| DH | | 14 | 796 | | |
| СНС | | 195 | 6036 | | |
| РНС | | 1142 | 20273 | | |
| UCHC | | 0 126 | | | |
| UPHC | | 0 3229 | | | |
| | Human Resource for Hea | lth ¹⁴ | | | |
| HRH Governance | | Andhra Pradesh | | | |
| Specialist Cadre Availab | le in the state (Y/N) | Yes | | | |
| HR Policy available (Y/N |) | Ye | Yes | | |
| Implementation of HRIS | (Y/N) | In Pro | gress | | |
| HR Integration initiated | (Y/N) | N | 0 | | |
| Public Health Cadre ava | ilable (Y/N) | N | 0 | | |
| | Specialists (%) | 28 | | | |
| | Dentists (%) | 2 | 20 | | |
| Overall Vacancies | MO MBBS (%) | 5 | 57 | | |
| (Regular + contractual) | Nurse (%) | 3 | 32 | | |
| | LT (%) | 49 | | | |
| | ANM (%) | 24 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 4 per 10,000 3 per 10,000 | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |

| Ranking: Human Reso | urce Index of Andhra Pradesh ¹⁵ |
|---------------------|--|
| | |

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{hh} | 17984 | 27999 | 20210 | 7789 | 0 | |
| Staff Nurse | 12750 | 11258 | 9287 | 1971 | 3463 | |
| Lab Technician | 3499 | 1871 | 1668 | 203 | 1831 | 72.67 |
| Pharmacists | 2126 | 1861 | 1512 | 349 | 614 | /2.0/ |
| MO MBBS ⁱⁱ | 4155 | 2978 | 2575 | 403 | 1580 | |
| Specialist ^{ij} | 2150 | 2687 | 1777 | 910 | 373 | |

| 1.6 Healthcare Financing ^{kk} | | | | | |
|--|----------------|----------------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Andhra Pradesh | | India | | |
| Per Capita Government Health Expenditure (in ₹) | 1,381 | | 1753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0.9 | | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5.3 | | 5.12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 67 | | 48.8 | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Andhra Pradesh | | India | |
| | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 19 | 27 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 26 | 32 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 247 | 692 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 608 | 797 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 3,532 | 2,195 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 21,748 | 30,855 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 18 | 24 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 54 | 54 | 53 | 43 | |

^{hh} MPW – Multi Purpose Health Worker (Female + Male)

ii MO MBBS (Full Time)

^{jj} Specialist (All Specialist)

^{kk} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | | 2,735 | 2,402 | 3,091 |
|--|-----|---------|-----------|---------|
| | | 22,310 | 20,692 | 26,701 |
| State Health Expenditure | | Pradesh | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4.3 | | 5 | 511 |

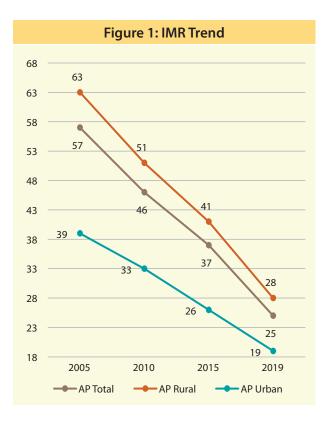
Sources used for Annexure 1

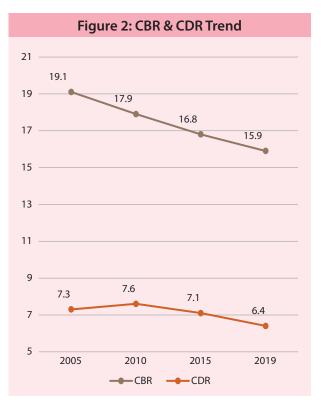
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

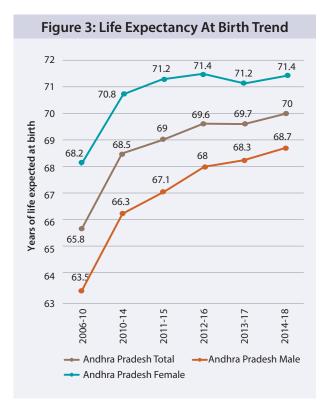
Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2







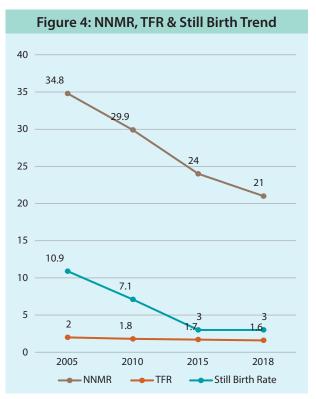
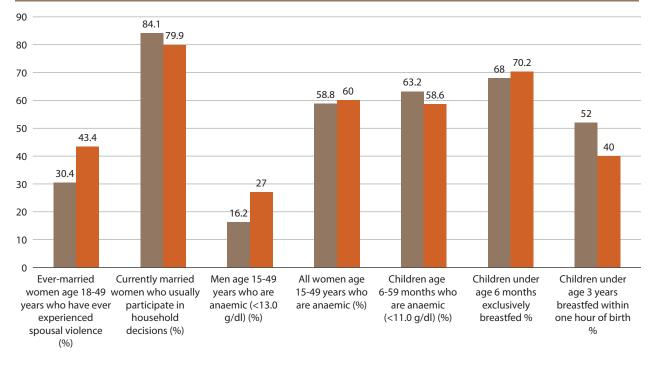


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Andhra Pradesh Both sexes, All ages, DALYs per 1 | 100,000 2019 rank |
|--------------------------------|--|--------------------------------|
| 1 Diarrheal diseases | | 1 Ischemic heart disease |
| 2 Neonatal preterm birth | | 2 COPD |
| 3 Lower respiratory infect | | 3 Diarrheal diseases |
| 4 Ischemic heart disease | 7- | 4 Neonatal preterm birth |
| 5 Drug-susceptible TB | | 5 Diabetes type 2 |
| 6 Neonatal encephalopathy | | 6 Dietary iron deficiency |
| 7 Measles | A A | 7 Self-harm other means |
| 8 Self-harm other means | | 8 Falls |
| 9 Other neonatal | | 9 Other musculoskeletal |
| 10 COPD | | 10 Intracerebral hem |
| 11 Protein-energy malnutrition | A NA | 11 Lower respiratory infect |
| 12 Dietary iron deficiency | K. M. K./. | 12 Major depression |
| 3 Encephalitis | | 13 Drug-susceptible TB |
| 14 Typhoid fever | | 14 Low back pain |
| 15 Intracerebral hem | | 15 Neonatal encephalopathy |
| 16 Neonatal hemolytic | The first of the second s | 16 Age-related hearing loss |
| 17 Meningitis | The Prince of | 17 Migraine |
| 18 Falls | | 18 Ischemic stroke |
| 20 Low back pain | | 21 Other neonatal |
| 21 Major depression | | 33 Encephalitis |
| 28 Migraine | 1 / | 42 Typhoid fever |
| 30 Other musculoskeletal | | 48 Neonatal hemolytic |
| 32 Diabetes type 2 | | 64 Protein-energy malnutrition |
| 35 Age-related heating loss | | 68 Meningitis |
| 39 Ischemic stroke | | 178 Measles |
| IHME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseas | |

Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | | 2019 rank |
|--|---|--|
| Low birth weight | | 1 High systolic blood pressure |
| Short gestation | | 2 High fasting plasma glucose |
| Child wasting | | |
| Unsafe water source | A The | 4 Smoking |
| Household air pollution from solid fuels | Sec. 1 | 5 High body-mass index |
| Unsafe sanitation | The second se | 6 Short gestation |
| Child underweight | A A | 7 High LDL cholesterol |
| High systolic blood pressure | | 8 Ambient particulate matter pollution |
| No access to handwashing facility | XX | 9 Household air pollution from solid fuels |
| 0 Smoking | | 10 Unsafe water source |
| 1 Child stunting | | 11 Kidney dysfunction |
| 2 High LDL cholesterol | A STATE | 12 Alcohol use |
| 3 High fasting plasma glucose | | 13 Iron deficiency |
| Iron deficiency | | 14 Diet low in whole grains |
| Alcohol use | · A. | 15 Lead exposure |
| Occupational injuries | 1/1/3 | 16 Diet low in fruits |
| Kidney dysfunction | A. | 17 Diet low in nuts and seeds |
| Lead exposure | | 18 Unsafe sanitation |
| Non-exclusive breastfeeding | | 19 Diet low in legumes |
| Ambient particulate matter pollution | A/ , | 23 Child wasting |
| 2 Diet low in whole grains | 1 | 26 Occupational injuries |
| 3 Diet low in fruits | //. | 28 No access to handwashing facility |
| Diet low in legumes | | 36 Child underweight |
| High body-hass index | | 47 Child stunting |
| Diet low in nuts and seeds | | 48 Non-exclusive breastfeeding |

Metabolic risks Environmental/occupational risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

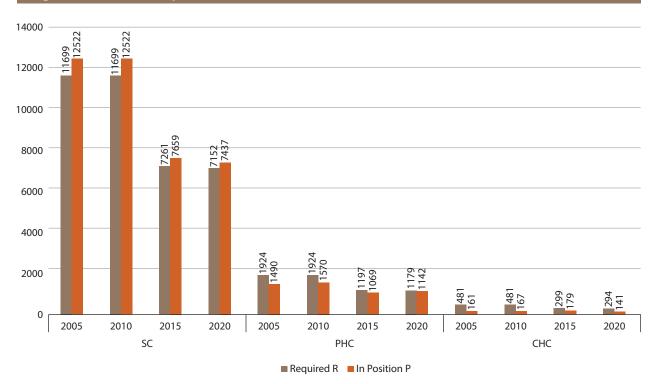


Figure 9: Year Wise Health Infrastructure Shortfall (%)

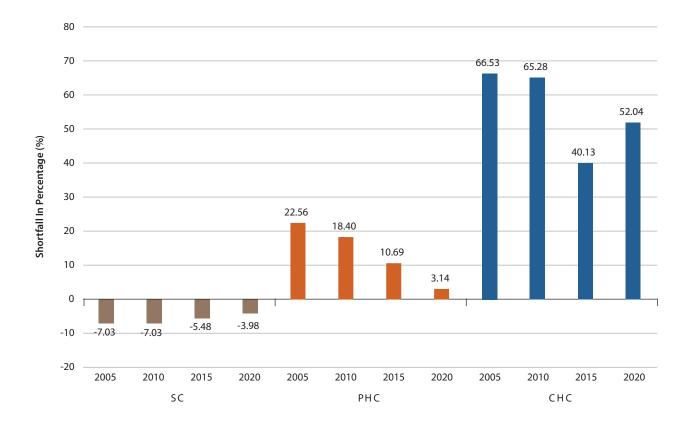
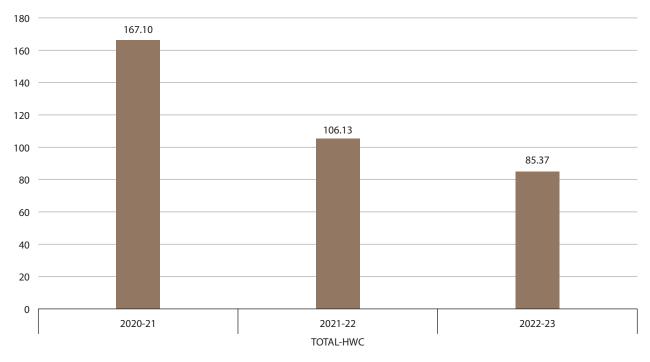


Figure 10: Percentage HWCs progress against target - FY wise (%)



Andhra Pradesh (% HWCs progress as of 22/Dec/2021 against targets-FY wise)

Health Dossier 2021: Reflections on Key Health Indicators – Andhra Pradesh | 17

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| nance) ailable) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 17.2 | 17.6 | 15.5 | 16.1 | 19.3 | 14.8 | 14.3 | 17.8 | 14.3 | 16.7 | 8.7 | 17.2 | 19.5 | 21.5 | 19.2 | 11.7 | 14.1 |
|---|--|----------------|----------------|----------------|----------------|--------------|--------------|---------------|--------------|---|--------------|--------------|--------------------------------|--------------|---------------|--------------|---------------|--------------|
| or Perforr ts Not Ava | (%) (9ck Age) (%) | | | 2 | | | | | œ. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | .6 | | | | | | |
| d – Poo an Stat | Children Under 5 Years - Stunted^ | 31.4 | 23.1 | 34. | 31.2 | 36 | 27.1 | 23.1 | 23 | 29. | 50.5 | 22 | 29.2 | 19.7 | 31 | 36.4 | 31.4 | 34.4 |
| mance, Re e Rural Urb | Total Children Age 6-23 Months (%) # ,**1eiU ate Diet**, # (%) | 7.6 | 16.7 | 6.3 | 9.3 | 2.9 | 9 | 10.2 | 11.2 | 23.4 | 9.6 | 13.4 | 6.9 | 16.1 | 11.8 | 1.8 | 3.5 | 5.5 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | yllu7 srhord KS-SP age Argenty Vaccinated Based On Information (%) *Yon Card Only* (%) | 79.9 | 89.1 | 87.5 | 88 | 96.6 | 87.5 | 67.3 | 100 | 97.2 | 80.4 | NA | 80.1 | 100 | 93.5 | NA | 87 | 89.7 |
| (Green - | (%) sritutional Births (%) | 91.5 | 98.6 | 95.7 | 96.5 | 94.7 | 1.79 | 96.6 | 98.6 | 6'86 | 88.5 | 97.4 | 26 | 6.79 | 95.3 | 66 | 98.7 | 99.4 |
| | 4 teast A beH odW teast 4 (%) sticiV Safe (%) | 76.3 | 67.2 | 67.6 | 67.5 | 66.6 | 65.3 | 51 | 62.5 | 73.3 | 74.3 | 73.4 | 73 | 78.4 | 58.6 | 71.4 | 62.7 | 82.8 |
| | (%) bəəY təmnU lətoT | 4.7 | 5.2 | 4.4 | 4.7 | 6.4 | 9 | 8 | 3.2 | 2.5 | 2.1 | 4.8 | 3.1 | 5.7 | 4.8 | 6.7 | £ | 5.5 |
| | (%) əsU mobnoD | 0.2 | 0.9 | 0.3 | 0.5 | 0.1 | 0.8 | 1.1 | 0.1 | 0.4 | 0.4 | 0 | 0.3 | 0.3 | 0.8 | 0.6 | 0.6 | 0 |
| | (%) UDIAPIUD (%) | 0.2 | 0.2 | 0.1 | 0.2 | | 0 | 0.1 | 0.2 | 0 | 0 | 0 | 0 | 0.6 | 0.3 | 0 | 0.6 | 0.3 |
| | ylims Tso U bed U bed WrA Parried Dy Currently Married (%) sysay 94-71 92A nomoW | 69.5 | 70.8 | 71.2 | 71.1 | 67.6 | 69 | 66.3 | 73.3 | 79.1 | 70 | 69 | 71.9 | 72.3 | 68 | 71.2 | 77.8 | 69.1 |
| | bairiaM 216 20-24 Years Married Before 18 (%) | 33 | 21.7 | 32.9 | 29.3 | 37.3 | 28.1 | 26 | 35.4 | 25.3 | 36.9 | 37.3 | 23.8 | 25.4 | 25.4 | 33.7 | 22.1 | 25.6 |
| | (%) 9pA 84-81 9tst9tl n9moW | 62.9 | 79 | 63.8 | 68.6 | 63.6 | 69.3 | 77.9 | 68.5 | 76.9 | 57 | 62.8 | 70.5 | 64.3 | 69.5 | 58.3 | 77 | 63.8 |
| | leusu yns driw sbloderod dife covered under a healt (%) emedro prionsni (%) | 74.6 | 62.2 | 73.7 | 70.2 | 73.2 | 70.7 | 66.4 | 71.1 | 68.1 | 73.3 | 67.6 | 72.3 | 75.6 | 64.9 | 76.7 | 67.6 | 73.3 |
| | 000 l`\zəlsmə7) firifi Genales/ Males) | 914 | 877 | 957 | 934 | 881 | 1019 | 882 | 941 | 1139 | 816 | 837 | 1011 | 1163 | 974 | 868 | 833 | 6/1 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Andhra Pradesh | Andhra Pradesh | Andhra Pradesh | Andhra Pradesh | Anantapur | Chittoor | East Godavari | Guntur | Krishna | Kurnool | Prakasam | Sri Potti Sriramulu Nellore | Srikakulam | Visakhapatnam | Vizianagaram | West Godavari | Y.S.R. |
| | .oN .2 | - | 2 | ε | 4 | 2 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

NHHS5 replaced 'Immunized' (word) from NHHS4 to 'Vascinated', Out of two Indicators with 'either vascination card or mother's recall' & 'vascination card only' - 'vascination card only indicator was used to reduce the recall bias, among children whose vascination card was shown to the interviewer, percentage vascinated with BCG, measles-containing vascine (MCV/MR/MR/Measles, and 3 doses each of polio (excluding polio vascine given at birth) and DPT or perta vascine

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for including the milk or milk products from at least four food groups not including the milk or milk products food group). ** Based on the youngest child living with the mother

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

- Green Color Best five performing districts within the districts for a particular indicator Ř
 - Red Worst five performing districts within the districts for a particular indicator œ
- * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days J
 - ** Based on the youngest child living with the mother Ō.
- # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orther milk products at least twice a day, a minimum meal frequency that is receiving a or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and 9-8 months and 9-8 months and 9-8 months at a day for the food at least twice a day for breastfed children 9-8 months at a day for the food at least thread at a day for the food at least twice at a day for the food at least twith at a day for the food at least thr ய்
 - ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш

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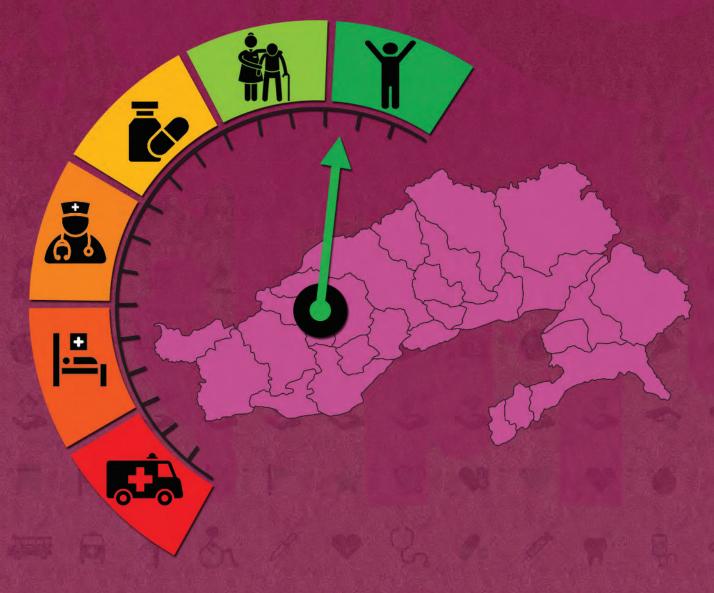


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



ARUNACHAL PRADESH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | |
|------------------|-------------------|-----------------|--|--|--|
| 4 th | Tawang | Changlang | | | |
| 7 th | West Kameng | Upper Subansiri | | | |
| 10 th | East Siang | Upper Siang | | | |
| 12 th | Papumpare | East Siang | | | |
| 14 th | Namsai | Lower Subansiri | | | |

ARUNACHAL PRADESH

1. BACKGROUND

1.1 State Profile

Arunachal Pradesh is positioned 22nd in India for a geographical spread of 83,743 km² and is divided into 22 districts (RHS 2019-20). As per Census 2011, the State is estimated to have a population of over 13.83 lakh with an expected increase to 15.33 lakh by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Tribe (ST) population was 9.51 lakh (68.79%). Out of the total 22 districts, top

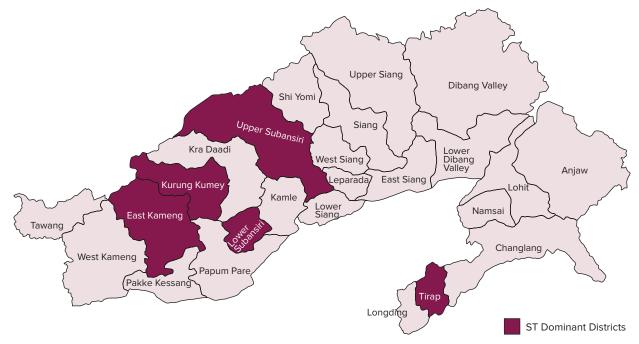


Figure 1: Top 5 ST Dominant Districts

five ST dominant districts account for 43.37% of the total ST population in the state (Figure 1 & Annexure 1, State Profile). Around 77.06% of the population reside in rural areas, while the rest constitute the urban population. Agriculture contributes to a major share to the State Domestic Product, where around 70% of the workers in Arunachal Pradesh are engaged as cultivators and Agricultural laborers^a. At present, 2 cities^b are covered under National Urban Health Mission, with a total catchment of 3.17 lakh urban

^a Department of Agriculture, Govt. of Arunachal Pradesh; https://agri.arunachal.gov.in/

^b QPR NHM MIS Report as on 31 Dec 2020

population. The total length of roads^c in Arunachal Pradesh is 37,025 kms (0.74%^d), in which the length of the national highways is 2513 kms (2.2%^e) and state highways is 8123 kms (4.64%^f).

A detail report on the key indicators is attached as Annexure 1

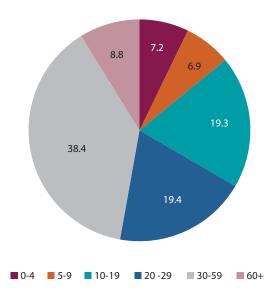
1.2 Demography

Overall⁹, in North-Eastern States (excluding Assam), 19.3% of the total population is in 10-19 years' age group. 57.8% of the total population is between 20 to 59 years; while 8.8% are above 60 years of age (Figure 2). As per ESAG 2018 report, the Gross Enrollment Rate^h (GER) is 28.7% for higher education, 61.81% for senior secondary education (XI-XII), 89.63% for secondary education (IX-X), 127.80% for elementary education (I-VIII); and 126.76% for primary education (I-V).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged (60+) share 8.8% of the states' total population. In Arunachal Pradesh, 46.0% of elderly females and 31.0% elderly males living in rural areas are economically fully dependent on others, while 16% of the elderly males & females are economically totally dependent on others in urban areas. The illness (any deviation from the state of physical and mental well-





being) perception among the elderly men and women is 25% & 22% respectively, which are less than the national average of 31% for both men and women (Elderly in India 2016 Report).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Arunachal Pradesh has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in State

^e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

⁹ Population projection 2021 for Manipur is not available

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

^k Iron Folic Acid Tablets

newborn care have shown improvement since 2005 (NFHS 4 & 5). In Arunachal Pradesh, 36% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3) East Kameng, Kra Daadi,Siang, West Kameng and West Siang districts reported poor ANC coverage, ranging between 18.3% - 31.1%. Whereas, Changlang, Dibang Valley, Kurung Kumey, Lohit, Longding, and Lower Dibang Valley reported relatively better ANC coverage in the State ranging between 39.6% - 46.9%. As reported in HMIS 2019-20 around 89.9% of the deliveries took place in institutions, out of which 85.8% took place in public health facilities. Total percentage of C-sections (19.8%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections about 42.7% is conducted at private facilities in the State. Around 20.7% of women were tracked for their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anemia in women aged 15-49 years decreased from 43.2% (NFHS 4) to 40.3% (NFHS 5). Anemia in females of reproductive age group is more than twice when compared with men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Since the inception of NHM in 2005, Arunachal Pradesh has shown a significant decline in IMR from 37 (2005) to 29 (2019). As per NFHS 5, Kra Daadi, Lohit, Namsai, Tawang, Tirap and West Kameng districts reported low SRB^I ranging between 766 to 867, while East Siang, Lower Subansiri, Papum Pare, Upper Subansiri and West Siang districts reported high SRB ranging between 1060 to 1370.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 71.4% (NFHS 4) to 76.4% (NFHS 5). The percentage of under 6-months children exclusively breastfed has increased from 57% (NFHS 4) to 63.4% (NFHS 5). The prevalence of childhood anemia increased from 54.2% (NFHS 4) to 56.6% in children aged 6-59 months (Annexure 2, Figure 3). As per NFHS 5 report, Anjaw, Dibang Valley, Longding, Lower Dibang valley and Siang districts reported relatively low burden of stunting ranging from 14.3% to 23.6%; while East Kameng, Lower Subansiri, Tawang, Tirap, Upper Siang and Upper Subansiri districts reported high burden ranging from 30.4% to 38.6%. For under-5 wasting – East Siang, Kra Daadi, Lower Dibang Valley, Papum Pare and Tawang districts reported relatively low burden ranging from 7.1% to 9.4%; while Changlang, Dibang Valley, East Kameng, Longding and West Kameng districts reported high burden ranging from 15.8% to 23.2%.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Arunachal Pradesh is reported as 12.5%, while the unmet need for spacing is 7%. Dibang valley district reported the lowest total unmet need of 4.6%, while Papum Pare reported the highest (20.3%) in the State. Approximately 47.2% of married women reported to avail any modern method of family planning in the State (NFHS 4). The sterilization acceptance among females was 18.2%, while nil among males.

Sex Ratio at Birth

^m NFHS 5 State Factsheet, based on information from vaccination card only

2.4 Communicable Diseases

Arunachal Pradesh has 25 IDSP units functional (QPR Reportⁿ). The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 31.05% of total disease burden (Annexure 1.4). Neonatal preterm birth, Lower respiratory tract infections, Diarrheal diseases, and Drug susceptible TB are the leading causes of deaths in Arunachal Pradesh (Annexure 2, Figure 4°). As per QPR report, for TB, the annualized total case notification rate is 171% and NSP^p success rate is 71%, as opposed to the national average of 163% and 79%, respectively. For NLEP^q, the reported prevalence rate of 0.19 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Malaria, Dengue, or Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that 63.7% of the total disease burden in the State is due to premature deaths, and 36.3% due to disability or morbidity. COPD, Ischaemic heart disease, other musculoskeletal conditions, Diabetes type 2 and Migraine are the major causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 58.55% of DALYs; while injuries contribute to 10.4% of DALYs. Arunachal Pradesh is positioned 28th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). In NFHS 5, it was reported that as high as 18.8% of women and 50.3% of men used any kind of tobacco, while 24.2% of women and 52.7% of men consumed alcohol. Overall, smoking, alcohol use, high systolic pressure, high fasting plasma glucose, and household air pollution from solid fuels are the top five major risk factors for all DALYs (Annexure 2, figure 5).

2.6 Health Care Financing

Arunachal Pradesh's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 22,488 crores. The State is positioned 18th out of 32 states in terms of per capita' of ₹ 1,39,588. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,591 in public facilities, ₹ 6,438 in private facilities; whereas for urban areas, it is around ₹ 15,026 in public facilities and ₹ 25,457 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,259 in public facilities & ₹ 11,130 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 5,926 in public facilities and ₹ 27,265 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 54% in rural and 60% in urban areas; whereas for diagnostics, it is 19% in rural and 17% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). There is no shortfall in SCs, PHCs or CHCs (Annexure 2, Figure 7). Currently, there are 376 SCs, 78 PHCs, and 31 CHCs in place, against the required 254 SCs, 39 PHCs and 9 CHCs in rural areas. The State has 17 DHs, and 1 government medical college. In tribal catchments, there are 363 SCs, 124 PHCs and 60 CHCs in place, against the required 281 SCs, 42 PHCs and 10 CHCs.

National Leprosy Eradication Programme

P QPR NHM MIS Report as on 01.03.2020

[°] https://vizhub.healthdata.org/gbd-compare/india

P New Smear Positive

Directorate of Economics & Statistics

Under Government of India flagship program of Ayushman Bharat, a total of 203 primary care facilities (133 SHCs, 66 PHC & 4 UPHC) have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Arunachal Pradesh, 16 districts are equipped with MMUs under the NRHM, while none under the NUHM. Arunachal Pradesh has 99.38% of required ASHAs in position under both NRHM & 100% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 17 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1125.5 availed (events) OPD services and 48.9 availed (events) IPD services. As per the NSSO data (2017-18), 92% of all OPD cases in rural areas and 87% in urban areas; and 92% of all IPD cases in rural areas & 91% in urban areas utilized public health facilities. The public health facility utilization in Arunachal Pradesh is above the national average for rural & urban areas (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^s

| Indicator | Arunachal Pradesh 2011 ¹ | India | | | | | |
|---|---|----------------------------------|--|--|--|--|--|
| Total Population (In Crore) | 13.83 | 121.08 | | | | | |
| Rural (%) | 77.06 | 68.85 | | | | | |
| Urban (%) | 22.93 | 31.14 | | | | | |
| Scheduled Caste population (SC) (in crore) | 0 | 20.14 (16.63%) | | | | | |
| Scheduled Tribe population (ST) (in crore) | 9.51 (68.79%) | 10.45 (8.63%) | | | | | |
| Total Literacy Rate (%) | 65.4 | 72.99 | | | | | |
| Male Literacy Rate (%) | 72.6 | 80.89 | | | | | |
| Female Literacy Rate (%) | 65.4 | 64.64 | | | | | |
| Number of Districts in the Arunachal Pradesh ² | 20 | | | | | | |
| | Population ¹ | Districts ¹ (Numbers) | | | | | |
| Number of districts per lakh population in Arunachal Pradesh (Census 2011) | <1 Lakhs | 11 | | | | | |
| | ≥ 1 Lakhs - <2 Lakhs | 5 | | | | | |
| ST Dominant (Top 5) I | Districts of Arunachal Pradesh ¹ | | | | | | |
| Kurung | J Kumey - 98.57% | | | | | | |
| Upper Subansiri - 93.83% | | | | | | | |
| East Kameng - 92% | | | | | | | |
| Tirap - 87.85% | | | | | | | |
| Lower S | Subansiri - 87.81% | | | | | | |
| | | | | | | | |
| Top 5 ST dominant | district accounts for - 43.37% | | | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Arunachal Pradesh | India |
|--|-------------------|-------|
| Infant Mortality Rate (IMR) ³ | 29 | 30 |
| Crude Death Rate (CDR) ³ | 5.8 | 6.0 |
| Crude Birth Rate (CBR) ³ | 17.6 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | N/A | 23 |

^s Sources are mentioned at the end of Annexure 1

| Under Five Mortality Rate (U5MR) ⁴ | N/A | 36 |
|---|-----|------|
| Still Birth Rate ⁴ | N/A | 4 |
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

1.3 Key Health Infrastructure Indicators^t

| 1.5 Key nearin milasiluciule mun | | | | | |
|--|-------------------------|-------|--------------|------------------------|-------------------|
| Indicators | | | | | Numbers (Total) |
| Number of District Hospitals ² | | 17 | | | |
| Number of Sub District Hospital ² | 0 | | | | |
| Number of Government (Central + State) Medica | al College ⁶ | | | | 1 |
| Number of Private (Society + Trust) Medical Colle | eges ⁶ | | | | 0 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | | | | Target FY (2022-23) | |
| SHC-HWC | 133 | 2 | | 87 | 144 |
| PHC-HWC | 66 | 14 | 3 | 143 | 143 |
| UPHC-HWC | 4 4 | | | 4 | 4 |
| Total-HWC | 203 14 | | 9 | 234 | 291 |
| Rural ² | Require | d (R) | h | n place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 9 | | 31 | | -244.44 |
| Number of Primary Health Centres (PHC) | 39 | | 78 | | -100 |
| Number of Sub Centres (SC) | 254 | - | 376 | | -48.03 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | | СНС |
| | 11 | | 0 | | 1 |
| Urban ² | Required (R) | | In place (P) | | Shortfall (S) (%) |
| Number of PHC | 8 | | 5 | | 37.5 |
| Tribal ² | Require | d (R) | In place (P) | | Shortfall (S)% |
| Number of CHC | 10 | 10 | | 60 | -500 |
| Number of PHC | 42 | | | 124 | -195.24 |
| Number of SC 281 | | | 363 | -29.18 | |
| Patient Service ⁹ | | | Arun | achal Pradesh | India |
| IPD per 1000 population | | | | 48.9 | 62.6 |
| OPD per 1000 population | | | 1125.5 | | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | | | | 62.0 | 36.4 |

t Sources are mentioned at the end of Annexure 1

| 1.4 Major Health Indicator ^u | | |
|--|----------------------|------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Arunachal Pradesh | India |
| % DALY [#] accountable for CMNNDs ^{##} | 31.05 | 27.46 |
| % DALY accountable for NCDs | 58.55 | 61.43 |
| % DALY accountable for Injuries | 10.4 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Arunachal Pradesh | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 38.6 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 33.4 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Arunachal Pradesh | India |
| % 1st Trimester registration to Total ANC Registrations | 36.7 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 36 | 79.4 |
| Total Reported Deliveries | 20,832 | 21,410,780 |
| % Institutional deliveries to Total Reported Deliveries | 89.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 85.8 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 14.2 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 19.8 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 16 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 42.7 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 20.7 | 53.4 |
| Neonatal ⁹ | Arunachal Pradesh | India |
| % live birth to Reported Birth | 98.8 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 5.6 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 84.3 | 89.9 |
| New Born Care Units Established ¹¹ | Arunachal Pradesh | India |
| Sick New Born Care Unit (SNCU) | 5 | 895 |

^u Sources are mentioned at the end of Annexure 1

| New Born Stabilization Unit (NBSU) | 4 | 2418 |
|--|-------------------------------|-------------------|
| New Born Care Corner (NBCC) | 112 | 20337 |
| Child Health & Nutrition ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.1 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 62.7 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 15.4 | 32.1 |
| Child Immunization ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 76.4 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 87.9 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 80.7 | 87.9 |
| Family Planning ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 7.0 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Arunachal Pradesh | India |
| Number of districts with functional IDSP unit | 25 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Arunachal Pradesh | India |
| Annualized total case notification rate (%) | 171 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 71 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Arunachal Pradesh | India |
| Prevalence Rate/10,000 population | 0.19 | 0.61 |
| Number of new cases detected | 30 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Arunachal Pradesh | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | N/A | 0 |
| | | |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |

| HIV ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
|---|--|-----------------------------|
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 12.3 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) 10 | 33.4 | 30.7 |
| Non-Communicable Disease | | |
| Diabeties and Hypertension ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.4 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 22.8 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 4.6 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.7 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Arunachal Pradesh (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 18.8 | 8.9 |
| | | 38 |
| Men who use any kind of tobacco (%) | 50.3 | 50 |
| Men who use any kind of tobacco (%) Women who consume alcohol (%) | 50.3 24.2 | 1.3 |
| · · · · · · · · · · · · · · · · · · · | | |
| Women who consume alcohol (%) | 24.2 | 1.3 |
| Women who consume alcohol (%) Men who consume alcohol (%) | 24.2 | 1.3 |
| Women who consume alcohol (%) Men who consume alcohol (%) Injuries | 24.2 52.7 Arunachal | 1.3 18.8 |
| Women who consume alcohol (%) Men who consume alcohol (%) Injuries Road Traffic Accident ¹² | 24.2 52.7 Arunachal Pradesh | 1.3 18.8 India |
| Women who consume alcohol (%) Men who consume alcohol (%) Injuries Road Traffic Accident ¹² Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 24.2 52.7 Arunachal Pradesh 28 | 1.3 18.8 India N/A |

1.5 Access to Care^v

| Health Systems Strengthen | ing | |
|---|----------------------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Arunachal Pradesh | India |
| Number of Districts equipped with MMU under NRHM | 16 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |

^v Sources are mentioned at the end of Annexure 1

| Number of ERS vehicles operational in the States/UTs Under NHM | Arunachal Pradesh | India | | | | | | |
|--|----------------------|------------|--|--|--|--|--|--|
| 102 Туре | 149 | 9955 | | | | | | |
| 104 Type 0 605 | | | | | | | | |
| 108 Type 0 109 | | | | | | | | |
| Others | 0 | 5129 | | | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 113 | 11070 | | | | | | |
| Key Domain Indicators | | | | | | | | |
| ASHA ¹³ | Arunachal Pradesh | India | | | | | | |
| Total number of ASHA targeted under NRHM | 3862 | 946563 | | | | | | |
| Total number of ASHA in position under NRHM | 3838 | 904211 | | | | | | |
| % of ASHA in position under NRHM | 99.38 | 96 | | | | | | |
| Total number of ASHA targeted under NUHM | 42 | 75597 | | | | | | |
| Total number of ASHA in position under NUHM4264272 | | | | | | | | |
| % of ASHA in position under NUHM | 100 | 85 | | | | | | |
| Community Process ¹¹ | Arunachal Pradesh | India | | | | | | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | 3772 | 554847 | | | | | | |
| Number of Mahila Arogya Samitis (MAS) formed | 90 | 81134 | | | | | | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | Arunachal Pradesh | India | | | | | | |
| DH | 18 | 796 | | | | | | |
| СНС | 63 | 6036 | | | | | | |
| РНС | 143 | 20273 | | | | | | |
| UCHC | | | | | | | | |
| UPHC 4 322 | | | | | | | | |
| Human Resource for Health | 1 ¹⁴ | | | | | | | |
| HRH Governance | Arunacha | al Pradesh | | | | | | |
| Specialist Cadre Available in the state (Y/N) | Ye | es | | | | | | |
| HR Policy available (Y/N) | Ν | lo | | | | | | |
| Implementation of HRIS (Y/N) | Ν | lo | | | | | | |
| HR Integration initiated (Y/N) | Ν | lo | | | | | | |
| Public Health Cadre available (Y/N) No | | | | | | | | |

| | Specialists (%) | 4 | 6 | | | | |
|--|---|---------------|---------------|--|--|--|--|
| | Dentists (%) | 6 | 0 | | | | |
| Overall Vacancies | MO MBBS (%) | 1 | 8 | | | | |
| (Regular + contractual) | Nurse (%) | 5 | 51 | | | | |
| | LT (%) | 7 | 75 | | | | |
| | ANM (%) | 8 | | | | | |
| HRH Distribution | | Sanctioned | In Place | | | | |
| Doctors (MO & specialist | ts) to staff nurse ¹⁴ | 1:1 | 1:1 | | | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 24 per 10,000 | 17 per 10,000 | | | | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 2:1 | 2:1. | | | | |

Ranking: Human Resource Index of Arunachal Pradesh¹⁵

| | | Total (Regular + NHM) | | | | | | | | |
|-------------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | | |
| MPW ^w | 987 | 1556 | 1524 | 32 | 0 | | | | | |
| Staff Nurse | 2658 | 1002 | 884 | 118 | 1774 | | | | | |
| Lab Technician | 487 | 343 | 254 | 89 | 233 | 66.28 | | | | |
| Pharmacists | 298 | 244 | 244 | 0 | 54 | 00.20 | | | | |
| MO MBBS [×] | 631 | 582 | 578 | 4 | 53 | | | | | |
| Specialist ^y | 793 | 373 | 312 | 61 | 481 | | | | | |

1.6 Healthcare Financing^z

| National Health Accounts (NHA) (2017-18) | Arunachal Pradeshaa | India |
|---|---------------------|-------|
| Per Capita Government Health Expenditure (in ₹) | N/A | 1753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N/A | 1.35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | 5.12 |
| OOPE as a Share of Total Health Expenditure (THE) % | N/A | 48.8 |

MPW – Multi Purpose Health Worker (Female + Male)

^{*} MO MBBS (Full Time)

^y Specialist (All Specialist)

^z Sources are mentioned at the end of Annexure 1

^{aa} Not available

| | Arunacha | Pradesh | India | | |
|--|---------------|---------|-------------------|--------|--|
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 92 | 87 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 92 | 91 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 2,008 | 2,994 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 2,530 | 2,700 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 5,591 | 6,438 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 15,026 | 25,457 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 19 | 17 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 54 | 60 | 53 | 43 | |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,259 | 5,926 | 2,402 | 3,091 | |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 11,130 | 27,265 | 20,692 | 26,701 | |
| State Health Expenditure | Aruna Prad | | All India Average | | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 6.4 | 4 | 5 | bb | |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{bb} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

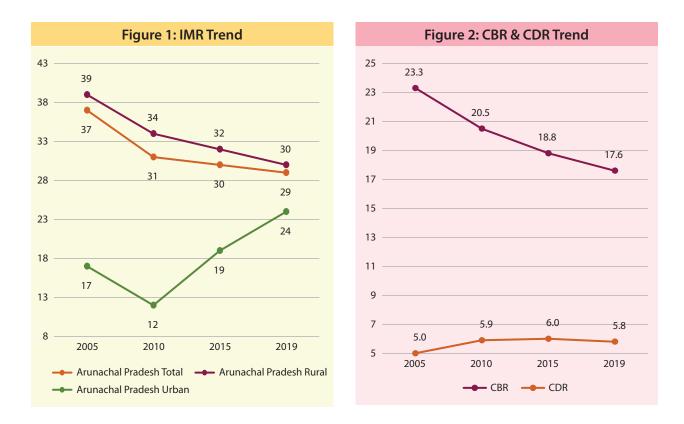


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

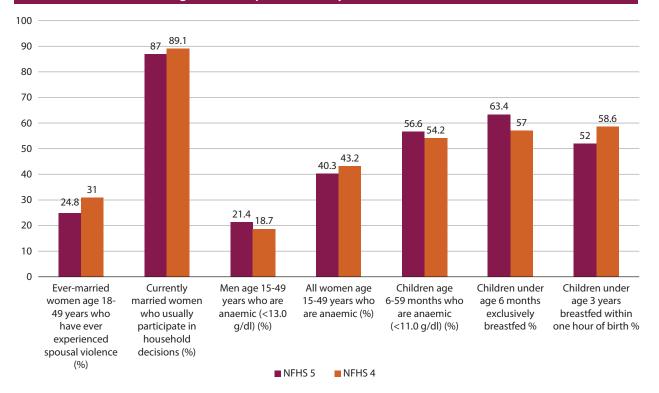


Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Arunachal Pradesh Both sexes, All ages, DALYs per | 100,000 2019 rank |
|----------------------------|--|----------------------------|
| 1 Malaria | | 1 Neonatal preterm birth |
| 2 Diarrheal diseases | | 2 Lower respiratory infect |
| 3 Lower respiratory infect | | - 3 Diarrheal diseases |
| 4 Drug-susceptible TB | | 4 Drug-susceptible TB |
| 5 Neonatal preterm birth | | 5 COPD |
| 6 Measles | | 6 Ischemic heart disease |
| 7 Other neonatal | × \ // | 7 Other musculoskeletal |
| 8 Acute hepatitis A | 1.1.1 | 8 Diabetes type 2 |
| 9 Meningitis | 11 - 1 h | 9 Migraine |
| 10 Self-harm other means | | 10 Dietary iron deficiency |
| 11 Neonatal encephalopathy | Starfan III | 11 Other neonatal |
| 12 COPD | | 12 Major depression |
| 13 Neonatal sepsis | A Straight | 13 Self-harm other means |
| 14 Ischemic heart disease | | 14 Falls |
| 15 Whooping cough | the state of the s | 15 Low back pain |
| 16 Drowning | A A A A | 16 Neonatal encephalopathy |
| 17 Peptic ulcer disease | - A A | 17 Cirrhosis hepatitis B |
| 19 Major depression | AH- X | 20 Neonatal sepsis |
| 20 Low back pain | 11/ 25-2 | 28 Peptic ulcer disease |
| 22 Falls | | 35 Whooping cough |
| 23 Dietary iron deficiency | | 37 Drowning |
| 25 Migraine | | 42 Malaria |
| 26 Cirrhosis hepatitis B | 1/ | 52 Meningitis |
| 32 Other musculosReletal | | 53 Acute hepatitis A |
| 36 Diabetes type 2 | | 104 Measles |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Arunachal Pradesh Both sexes, All ages, DALYs per 100,000 20 | 19 rank |
|--|--|------------|
| 1 Child wasting | 1 Low birth weight | |
| 2 Low birth weight | 2 Short gestation | |
| 3 Household air pollution from solid fuels | 3 Smoking | |
| 4 Short gestation | 4 Alcohol use | |
| 5 Unsafe water source | 5 High systolic blood pressure | |
| 6 Unsafe sanitation | 6 High fasting plasma glucose | |
| 7 Smoking | 7 Household air pollution from so | blid fuels |
| 8 Child underweight | 8 High body-mass index | |
| 9 No access to handwashing facility | 9 Child wasting | |
| 10 Child stunting | 10 Unsafe water source | |
| 11 High systolic blood pressure | 11 Ambient particulate matter p | ollution |
| 12 Alcohol use | 12 Iron deficiency | |
| 13 Non-exclusive breastfeeding | 13 Kidney dysfunction | |
| 14 High fasting plasma glucose | 14 Unsafe sanitation | |
| 15 Secondhand smoke | 15 Drug use | |
| 16 Low temperature | 16 High LDL cholesterol | |
| 17 Occupational injuries | 17 Occupational injuries | |
| 18 Iron deficiency | 18 Secondhand smoke | |
| 19 Ambient particulate matter pollution | 19 Child underweight | |
| 20 Vitamin A deficiency | 20 Low temperature | |
| 21 Kidney dysfunction | 21 Diet low in fruits | |
| 22 High body-mass index | 22 No access to handwashing fa | cility |
| 23 Drug use | 30 Child stunting | |
| 24 High LDL Cholesterol | 31 Non-exclusive breastfeeding | |
| 26 Diet low in fruits | 47 Vitamin A deficiency | |

Metabolic risks Environmental/occupational risks Behavioral risks

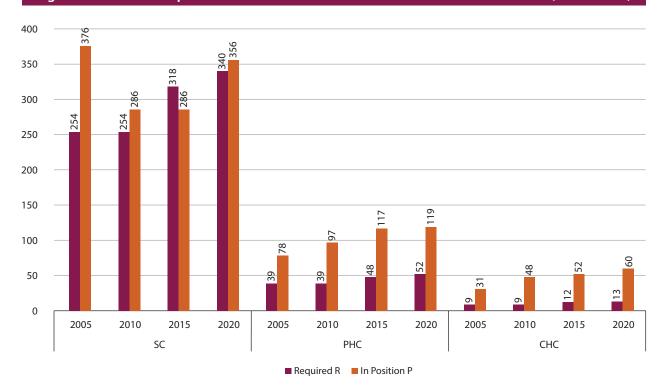


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

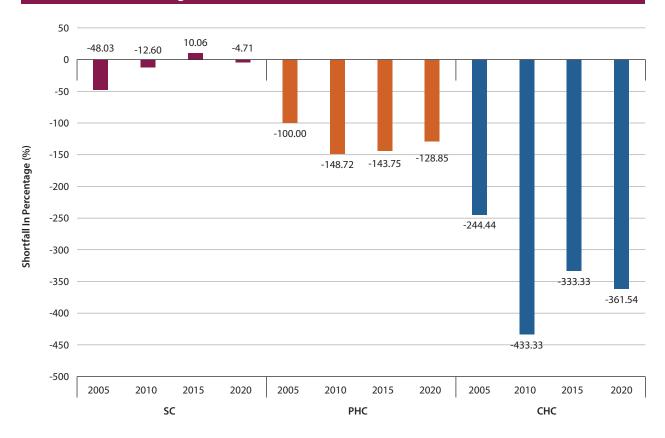
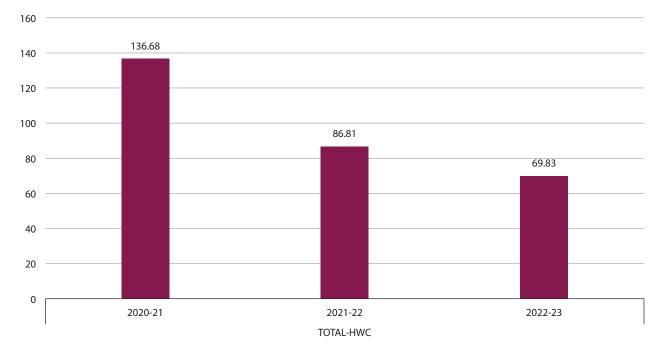


Figure 8: Percentage HWCs progress against target - FY wise (%)



Arunachal Pradesh (% HWCs progress as of 22/Dec/2021 against targets -FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| rformance) t Available) | Children Under 5 Years - Wasted∧ (%) (1/0 Hor For Height) (%) | 17.3 | 10.1 | 13.6 | 13.1 | 14.3 | 16.3 | 18.1 | 15.8 | 8.6 | 9.4 | 15.1 | 12.7 | 20.6 | 7.6 | 11.5 | 12.4 | 6 | 12.1 |
|---|--|-------------------|-------------------|-------------------|-------------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------------|-----------------|--------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (%) (%) (%) | 29.4 | 28.4 | 27.9 | 28 | 23.6 | 26.3 | 16.9 | 35.7 | 24.6 | 28.8 | 29.2 | 24.5 | 15.8 | 14.3 | 30.7 | 28.7 | 29.7 | 21.3 |
| ormance, R ise Rural Uri | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 14 | 25.7 | 21.4 | 22 | 25.4 | 28.9 | 11 | 26.4 | 24 | 14.6 | 18.7 | 20.8 | 20 | 23.9 | 29.8 | 21.2 | 24.9 | 17.3 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Vilu7 sch7o3 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 71.4 | 73.4 | 76.9 | 76.4 | 90.5 | 86.1 | 91.2 | 78.3 | 65.6 | 70.3 | 7.6.7 | 77 | 75.2 | 81 | 88.7 | 83.4 | 74.3 | NA |
| (Gree | (%) sıfriß lenoitutitsıl | 52.2 | 90.6 | 77.3 | 79.2 | 78 | 75.1 | 85.5 | 76 | 90.8 | 73.5 | 69.2 | 90.2 | 64.5 | 90.1 | 89.8 | 63.6 | 88 | 81.1 |
| | 4 teast 4 baH orWhorMot 4 teast 4 baH orWhorMot (%) and the stick of the statement of the s | 26.7 | 47.8 | 34.6 | 36.5 | 32.3 | 46.9 | 40.4 | 29.1 | 34.3 | 18.3 | 44.1 | 39.6 | 39.6 | 48.6 | 39.1 | 35.4 | 39.3 | 31.1 |
| | (%) beet Need (%) | 21.5 | 13.4 | 12.3 | 12.5 | 6.8 | 6.7 | 4.6 | 6.7 | 17.6 | 16.5 | 16.4 | 14.6 | 7.3 | 4.9 | 8.5 | 8.7 | 20.3 | 5 |
| | (%) əsU mobnoD | 1.4 | 7.5 | 4.2 | 4.7 | 2.9 | 1.8 | 5.6 | 6.2 | 6.7 | 1.4 | 4.1 | 3.3 | 3.9 | 8.3 | 9.8 | 4.4 | 4.8 | 8.4 |
| | (%) UND/PPIUD (%) | 3.4 | 6.3 | 6.2 | 6.2 | 8.6 | 1.6 | 9.5 | 10.6 | 5.2 | 5.7 | 5.6 | 3.7 | 7.1 | 12.2 | 8.9 | 2.2 | 5.6 | 10.8 |
| | ylime7 tod Dsed For Family PinnsM ytraand By Curanty Warsed (%) staard 915-81 924 amoW | 31.7 | 57 | 59.5 | 59.1 | 64.7 | 71.4 | 69.1 | 64.9 | 40 | 46.1 | 54.1 | 57 | 68.6 | 75.3 | 65.9 | 69.5 | 47.7 | 73.7 |
| | Women Age 20-24 Years Married Before 18 (%) | 23.5 | 16.7 | 19.3 | 18.9 | 21.8 | 16.8 | 20.7 | 26.5 | 14.9 | 24.8 | 19.8 | 20 | 6.7 | 13.8 | 16 | 26.7 | 25.4 | 10 |
| | (%) 9pA 94-21 9ferate 1%) | NA | 82.9 | 69 | 71.3 | 66.4 | 74 | 76.6 | 59.1 | 81.9 | 53.5 | 76 | 70.9 | 70.2 | 80 | 73.4 | 62.6 | 77 | 85.3 |
| | lousu yns driw sblorderod hflear a rebru berevor almem (%) emehos prionenñ-borenieni | 58.3 | 33.6 | 28.5 | 29.3 | 17.5 | 40.5 | 28.7 | 25.1 | 30.5 | 24 | 13.4 | 31.9 | 23.8 | 36.8 | 24.5 | 30.9 | 26.9 | 26.1 |
| | Sex Ratio At Birth (Females/1000 Males) | 926 | 912 | 066 | 626 | 256 | 1019 | 1054 | 995 | 1162 | 867 | 698 | 839 | 961 | 884 | 1370 | 867 | 1065 | 1011 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Arunachal Pradesh | Arunachal Pradesh | Arunachal Pradesh | Arunachal Pradesh | Anjaw | Changlang | Dibang Valley | East Kameng | East Siang | Kra Daadi | Kurung Kumey | Lohit | Longding | Lower Dibang Valley | Lower Subansiri | Namsai | Papum Pare | Siang |
| | Serial No. | - | 2 | m | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |

| 20 Tirap NFHS Total 865 30.8 72.8 12 56.1 2.9 1 10.6 35.7 70.2 21 Upper Siang NFHS Total 983 34.6 70.9 17.1 62 7.4 7.6 11.9 34.7 70.2 22 Upper Subansiri NFHS Total 1135 21.5 62.3 56.7 53.2 6.8 3.1 17.3 32.1 76 23 West Kameng NFHS Total 1135 21.5 62.3 53.8 7.3 32.1 77 76 23 West Kameng NFHS 5 Total 766 78.1 12.5 53.8 7.3 37.1 77 24 West Siang NFHS 5 Total 1060 26.6 76.1 18.9 46.6 8.1 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 53.6 <td< th=""><th>19</th><th>19 Tawang</th><th>NFHS 5 Total</th><th>834</th><th>33.5</th><th>56.6</th><th>11.9</th><th>62.1</th><th>10.4</th><th>1.7</th><th>14.6</th><th>37.6</th><th>84.2</th><th>76.8</th><th>18.8</th><th>30.4</th><th>7.1</th></td<> | 19 | 19 Tawang | NFHS 5 Total | 834 | 33.5 | 56.6 | 11.9 | 62.1 | 10.4 | 1.7 | 14.6 | 37.6 | 84.2 | 76.8 | 18.8 | 30.4 | 7.1 |
|--|----|-----------------|--------------|------|------|------|------|------|------|-----|------|------|------|------|------|------|------|
| NFHS 5 Total 983 34.6 70.9 17.1 62 7.4 7.6 11.9 34 ri NFHS 5 Total 1135 21.5 62.3 26.7 53.2 6.8 3.1 17.3 32.1 NFHS 5 Total 766 38.3 71.1 12.5 53.8 7.3 3.4 17. 27.6 NFHS 5 Total 766 38.3 71.1 12.5 53.8 7.3 3.4 17. 27.6 NFHS 5 Total 1060 26.6 76.1 18.9 46.6 8.1 6.8 15.5 30.4 | 20 | Tirap | NFHS 5 Total | 865 | 30.8 | 72.8 | 12 | 56.1 | 2.9 | - | 10.6 | 35.7 | 70.2 | 71.2 | 16.8 | 38.6 | 13.8 |
| ii NFHS 5 Total 1135 21.5 62.3 26.7 53.2 6.8 3.1 17.3 32.1 NFHS 5 Total 766 38.3 71.1 12.5 53.8 7.3 3.4 17 27.6 NFHS 5 Total 766 38.3 71.1 12.5 53.8 7.3 3.4 17 27.6 NFHS 5 Total 1060 26.6 76.1 18.9 46.6 8.1 6.8 15.5 30.4 | 21 | Upper Siang | NFHS 5 Total | 983 | 34.6 | 70.9 | 17.1 | 62 | 7.4 | 7.6 | 11.9 | 34 | 76 | 67.2 | 25.2 | 30.4 | 12.5 |
| NFHS 5 Total 766 38.3 71.1 12.5 53.8 7.3 3.4 17 27.6 NFHS 5 Total 1060 26.6 76.1 18.9 46.6 8.1 6.8 15.5 30.4 | 22 | Upper Subansiri | NFHS 5 Total | 1135 | 21.5 | 62.3 | 26.7 | 53.2 | 6.8 | 3.1 | 17.3 | 32.1 | 77 | 76.3 | 15.4 | 36.8 | 12.2 |
| NFHS 5 Total 1060 26.6 76.1 18.9 46.6 8.1 6.8 15.5 30.4 | 23 | West Kameng | NFHS 5 Total | 766 | 38.3 | 71.1 | 12.5 | 53.8 | 7.3 | 3.4 | 17 | 27.6 | 93.6 | 61 | 19.7 | 24.2 | 23.2 |
| | 24 | West Siang | NFHS 5 Total | 1060 | 26.6 | 76.1 | 18.9 | 46.6 | 8.1 | 6.8 | 15.5 | 30.4 | 84.6 | 60 | 20.7 | 24.5 | 15.1 |

NHS5 replaced 'Immunized' (word) from NHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV//MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency) for the set for a set of a set of the set for a set of a set of the set for a set of a set of the set o

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator

Red – Worst five performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days j

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency in the strate of the state of the strate of the ய்

F. A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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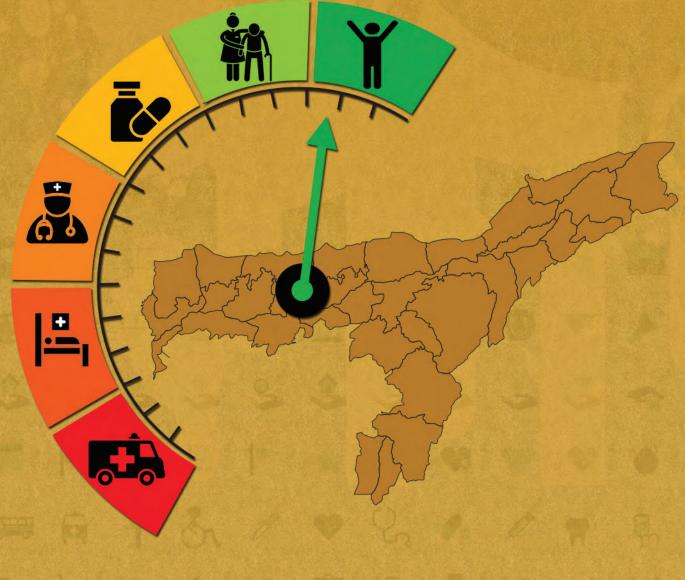


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators





DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | |
|------------------|-------------------|--------------|
| 1 st | Kamrup Rural | Darrang |
| 2 nd | Sivasagar | Bongaigaon |
| 4 th | Lakhimpur | Dhemaji |
| 5 th | Dhubri | Nagaon |
| 6 th | Jorhat | Sonitpur |
| 8 th | Karimganj | Tinsukia |
| 9 th | Dibrugarh | Golaghat |
| 11 th | Goalpara | Nalbari |
| 12 th | Barpeta | Kamrup Rural |
| 14 th | Cachar | Hailakandi |



1. BACKGROUND

1.1 State Profile

Assam is positioned^a 20th in India for a geographical spread of 45,294.26 km². The State is divided into 27 districts and estimated to have a population of over 3.12 crores^b, which accounts for approximately 2.58% of India's total population (RHS 2019-20). It is projected that the population would reach around 3.50 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.22 crores (7.15%) and 0.39 crores (12.45%), respectively. Out of the 27 districts, top five ST dominant districts account for 39.28% of ST population, and top five SC dominant districts account for 31.11% of SC population in the State (Annexure 1.1; fig 1). As of 2021, 14 cities^c are covered under NUHM, with a total catchment of 43.8 lakh urban population. In the State,

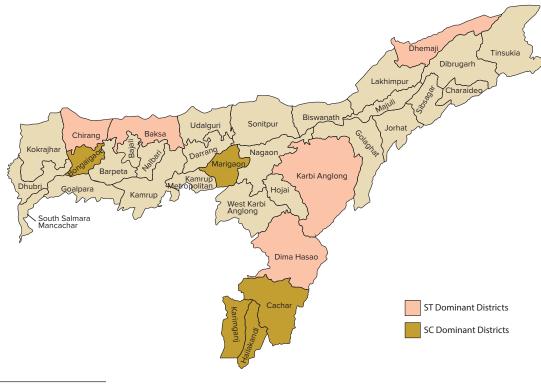


Figure 1: Top 5 ST & SC Dominant Districts

^a Including all States & UTs

^b Census 2011

^c QPR NHM MIS Report as on 31 Dec 2020

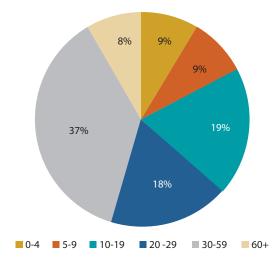
85.90% of the population reside in rural areas, while only 14.10% constitute the urban population. The total length of roads^d in the State is 3,37,777 km (6.75%^e), in which, the length of the national highways is 3844 km (3.4%^f) and state highways is 2530 km (1.45%^g).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

In Assam, out of the 27 districts, only 1 district has a population between 20-30 lakhs, 14 districts have a population between 10-20 lakhs, and 12 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 925 females for every 1000 males is higher than the national average of 899 (Annexure 1.2). It is estimated that there are 19% of the total population in the age group of 10-19 years, 55% within 20 to 59 years; while 8% is 60 years and above (Census Population Projection 2019 Report) (Figure 2). The crude birth rate and the crude death rate have declined from 25.0 & 8.7 in 2005 to 21 & 6.3 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 63.3% in 2001 to 72.2% in 2011, with male & female literacy rates being 77.8% and 66.3%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^h was 15.4% for





higher education, 38.81% for senior secondary education, 77.59% for secondary education, 101.62% for elementary education, and 106.11% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 8% of the State's total population. The life expectancy at 60 years of age is 16.5 and 17.6 for males and females, respectively (2014-2018). In Assam, 77.0% of elderly females and 42.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 65% of elderly females and 24% elderly males are economically fully dependent on others. The old age dependency ratio is 11.0 in 2011; which is 10.9 for males and 11.1 for females, 11.0 in rural & 11.0 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 38% for men and 41% for women, which are above the national average of 31% for bothⁱ.

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in Assam

^f Percentage of total length of National Highways in the country

⁹ Percentage of total length of State Highways in the country

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

ⁱ Elderly in India 2016 Report

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 390 (SRS MMR Bulletin 2007-09) to 215 (SRS MMR Bulletin 2018) per 1,00,000 live births. In Assam, 85.3% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 report-Johart, Kamrup Metropolitan, Dibrugarh, Majuli, and Sivasagar districts reported high ANC coverage, ranging between 67% - 80.9%. Whereas, Cachar, Bongaigaon, South Salmara Mancachar, Kokrajhar, and Darrang districts reported low ANC coverage, ranging between 32.7% - 37.5%. As reported in HMIS 2019-20, around 91.2% of the deliveries took place in institutions, out of which 83.6% took place in public health facilities. Total percentage of C-sections is (23.5%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 15.3% was conducted at private facilities in the State. Around 87.2% of women were tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 46% (NFHS-4) to 65.9% (NFHS-5). Anaemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 68 (2005) to 40 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^m and Still Birth (per 1,000 live births) rates have also significantly decreased from 33.4 and 8.6 (2005) to 21 and 2 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCsⁿ (Annexure 1.4). The life expectancy at birth has also improved from 61.9 (2006-10) to 66.9 (2014-18), though it is below the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5, Majuli, Darrang, Jorhat, and Bongaigaon districts reported low SRB^o ranging between 701 – 881, while Baksa, West Karbi Anglong, Golaghat, Udalgiri, and Sonitpur districts reported high SRB, ranging between 1097 - 1325.

Full vaccination^p coverage for children between 12 – 23 months of age has improved from 67.8% (NFHS 4) to 71.8% (NFHS 5). The proportion of under 6-months children exclusively breastfed has remained a constant of 63.5% since it was last reported in NFHS-4. An increase in childhood anaemia from 35.7% to 68.4% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). Though the burden of malnutrition declined over a span of 29 years (GBD 2019), there is a wide variation in the nutritional status

^j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Antenatal Check up

Iron Folic Acid Tablets

Meonatal Mortality Rate

ⁿ QPR NHM MIS Report (Status as on 1.03.2020)

[°] Sex Ratio at Birth

^p NFHS 5 Assam Factsheet, based on information from vaccination card only

within the State. As per NFHS 5 report, Kamrup, Kamrup Metropolitan, Sivasagar, Golaghat, and Dibrugarh districts reported relatively low burden of stunting, ranging from 22.6% to 27.3%; while Biswanath, Chirang, Hailakandi, Morigaon, Bongaigaon, and Dhubri districts reported high burden ranging from 42.7% to 48.5%, were reported from. For under-5 wasting – Hojai, Sonitpur, Majuli, Kamrup and Nalbari districts reported relatively low burden ranging from 12.7% to 15.4%; while Goalpara, Darrang, Biswanath, Cachar, and Karimganj districts reported relatively high burden ranging from 24.3% to 48%.

2.3 Family Planning

The TFR^q has reduced from 2.9 in 2005 to 2.2 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in the State is reported as 11%, while the unmet need for spacing is 4.1% (NFHS 5). Kamrup district reported the highest total unmet need (17.6%), while Biswanath reported the lowest (5.3%). Approximately 60.8% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance being 9% among females and 0.1% among males.

2.4 Communicable Diseases

The State has 27 functional IDSP units in place. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 34.06% of total disease burden (Annexure 1.4). Diarrheal diseases, lower respiratory tract infections, neonatal preterm birth and tuberculosis are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6'). For TB, the annualized total case notification rate is 123 % and NSP^s success rate is 84% as opposed to the national averages of 163% and 79%, respectively. For NLEP^t, the reported prevalence rate of 0.25 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 4 deaths due to Malaria were reported, while none by Dengue or Kala Azar.^u

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that 71.3% of the total disease burden in the State is due to premature deaths and 28.7% due to disability or morbidity. CVDs like Ischaemic heart diseases, Intra cerebral hemorrhage and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 55.96% of DALYs; whereas, injuries contribute to 9.98% of DALYs in the State (GBD 2019). The State is positioned 18th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 22.1% of women and 51.8% of men used any kind of tobacco, while 7.3% of women and 25.1% of men consumed alcohol. Overall, metabolic factors (high systolic blood pressure, high fasting plasma glucose), and behavioral factors (smoking, alcohol use) are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is 2,82,782 crores. The State is positioned 28th out of 32 states in terms of per capita^v of ₹ 82,837. According to NHA 2017-18, the per capita

q Total Fertility Rate

r https://vizhub.healthdata.org/gbd-compare/india

^s New Smear Positive

^t National Leprosy Eradication Programme

^u QPR NHM MIS Report (Status as on 1.03.2020)

Directorate of Economics & Statistics

Government Health Expenditure in the State is estimated as ₹ 1,392, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^w as a share of Total Health Expenditure is estimated as 35.9%, which is less than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,883 in public facilities & ₹ 29,392 in private facilities; whereas for urban areas, it is around ₹ 10,155 in public facilities and ₹ 63,346 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,596 in public facilities & ₹ 26,114 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 4,671 in public facilities and ₹ 33,218 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 22% in rural and 21% in urban areas; whereas for diagnostics, it is 44% in rural and 42% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, there remains a shortfall of 27.61% SCs, 9.90% PHCs and 27.48% CHCs (Annexure 2, Figure 9). Currently, there are 4,659 SCs, 946 PHCs and 190 CHCs in place, against the required 6,436 SCs, 1,050 PHCs and 262 CHCs. Similarly, in urban settings, there are 56 PHCs in place against the required 106, which accounts to a shortfall of 47.17%. The State has 24 DHs, 14 SDHs and 7 government medical colleges. In the State, 100% of DHs (25), 45.8% of SDHs (11), and 16.8% of CHCs (32) serve as functional FRUs. In tribal catchments, there are 786 SCs, 185 PHCs and 32 CHCs in place, against the required 1,344 SCs, 201 PHCs and 50 CHCs. This accounts to a shortfall of 41.52%, 7.96% and 36.0% of the required SCs, PHCs and CHCs, respectively, in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2301 HWCs (1620 SHCs & 681 PHCs) are operationalized in the State as of 22nd December 2021^x.

The State has 100% of required ASHAs in position under both NRHM and NUHM. The doctor to staff nurse ratio in place is 1:1, with 6 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1085.82 availed (events) OPD services and 48.23 availed (events) IPD services. As per the NSSO data (2017-18), 51% of all OPD cases in rural areas and 23% in urban areas; and 77% of all IPD cases in rural areas & 48% in urban areas utilized public facilities. (Annexure 1.6).

* Out of Pocket Expenditure

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 Assam Profile^y

| Indicator | Assam 2011 ¹ | India |
|--|-------------------------|----------------------------------|
| Total Population (In Crore) | 3.12 | 121.08 |
| Rural (%) | 85.90 | 68.86 |
| Urban (%) | 14.10 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0.22 (7.15%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.39 (12.45%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 72.2 | 74.0 |
| Male Literacy Rate (%) | 77.8 | 82.1 |
| Female Literacy Rate (%) | 66.3 | 65.5 |
| Number of Districts in the Assam ² | 27 | |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 12 |
| Number of districts per lakh population in Assam (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 14 |
| | ≥20 Lakhs - <30 lakhs | 1 |
| | ≥30 Lakhs | 0 |

| ST SC Dominant (Top 5) Districts of Assam1 | | | | | |
|--|--|--|--|--|--|
| ST Dominant Districts (%)SC Dominant Districts (%) | | | | | |
| Dima Hasao - 70.92% | Cachar - 15.25% | | | | |
| Karbi Anglong - 56.33% | Karimganj - 12.85% | | | | |
| Dhemaji - 47.45% | Morigaon - 12.30% | | | | |
| Chirang - 37.06% | Bongaigaon - 11.20% | | | | |
| Baksa - 34.84% | Hailakandi - 10.71% | | | | |
| Top 5 ST dominant district accounts for - 39.28% | Top 5 SC dominant district accounts for - 31.11% | | | | |

| 1.2 Key Health Status & Impact Indicators | | | | |
|---|-------|-------|--|--|
| Indicators | Assam | India | | |
| Infant Mortality Rate (IMR) ³ | 40 | 30 | | |
| Crude Death Rate (CDR) ³ | 6.3 | 6.0 | | |

^y Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 21 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 215 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 21 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 47 | 36 |
| Still Birth Rate ⁴ | 2 | 4 |
| Total Fertility Rate (TFR) ⁴ | 2.2 | 2.2 |
| Life expectancy at birth⁵ | 66.9 | 69.4 |
| Sex Ratio at Birth⁴ | 925 | 899 |

1.3 Key Health Infrastructure Indicators^{aa}

| Indicators | Numbers (Total) | | | | | |
|--|-------------------------|-------------------------|--------------|-------------------|--|--|
| Number of District Hospitals ² | | | | 24 | | |
| Number of Sub District Hospital ² | | | | 14 | | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 7 | | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 0 | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | | | | | | |
| SHC-HWC | 1620 | 1208 | 2476 | 3322 | | |
| PHC-HWC | 681 | 946 | 946 | 946 | | |
| UPHC-HWC | N/A ^{bb} | N/A ^{bb} 55 55 | | 55 | | |
| Total-HWC | 2301 | 2301 2209 3477 | | | | |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 262 | | 190 | 27.48 | | |
| Number of Primary Health Centres (PHC) | 1,05 | 0 | 946 | 9.90 | | |
| Number of Sub Centres (SC) | 6,43 | 6 | 4,659 | 27.61 | | |
| Number of functional First Referral Units | DH | I | SDH | СНС | | |
| (FRUs) | 25 11 | | 11 | 32 | | |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 106 | 106 56 | | 47.17 | | |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% | | |
| Number of CHC | 50 | | 32 | 36.00 | | |
| Number of PHC | 201 | | 185 | 7.96 | | |
| Number of SC | 1,34 | 4 | 786 | 41.52 | | |

 ^{aa} Sources are mentioned at the end of Annexure 1
 ^{bb} Not available as per HWC Portal (as of 22nd Dec 2021)

| Patient Service ⁹ | Assam | India |
|---|---------|---------|
| IPD per 1000 population | 48.23 | 62.60 |
| OPD per 1000 population | 1085.82 | 1337.12 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 18.55 | 36.40 |

| 1 A Major Haalth Indigator® | | |
|--|--------|----------|
| 1.4 Major Health Indicator ^{cc} | | |
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Assam | India |
| % DALY [#] accountable for CMNNDs | 34.06 | 27.46 |
| % DALY accountable for NCDs | 55.96 | 61.43 |
| % DALY accountable for Injuries | 9.98 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Assam | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 74 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 17.2 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Assam | India |
| % 1st Trimester registration to Total ANC Registrations | 88 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 85.3 | 79.4 |
| Total Reported Deliveries | 608156 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 91.2 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 83.6 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 16.4 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 23.5 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 15.3 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 65.9 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 87.2 | 53.4 |
| Neonatal ⁹ | Assam | India |
| % live birth to Reported Birth | 97.9 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 14.1 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 96.6 | 89.9 |

 $^{^{\}mbox{\tiny cc}}$ $\,$ Sources are mentioned at the end of Annexure 1 $\,$

| New Born Care Units Established ¹¹ | Assam | India | | | |
|---|-------------------|-------------------|--|--|--|
| Sick New Born Care Unit (SNCU) | 28 | 895 | | | |
| New Born Stabilization Unit (NBSU) | 146 | 2418 | | | |
| New Born Care Corner (NBCC) | 922 | 20337 | | | |
| Child Health & Nutrition ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.5 | 7.3 | | | |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 69.1 | 60.6 | | | |
| Children under 5 years who are underweight (weight-for-age) (%) | 32.8 | 32.1 | | | |
| Child Immunization ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 71.8 | 83.8 | | | |
| Children age 12-23 months who have received BCG (%) | 92.5 | 95.2 | | | |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 82.8 | 87.9 | | | |
| Family Planning ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Unmet need for spacing (%) | 4.1 | 4 | | | |
| Communicable Diseases | | | | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Assam | India | | | |
| Number of districts with functional IDSP unit | 27 | 720 | | | |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Assam | India | | | |
| Annualized total case notification rate (%) | 123 | 163 | | | |
| New Smear Positive (NSP) Success rate (in %) | 84 | 79 | | | |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Assam | India | | | |
| Prevalence Rate/10,000 population | 0.25 | 0.61 | | | |
| Number of new cases detected | 851 | 1,14,359 | | | |
| Malaria, Kala Azar, Dengue ¹¹ | Assam | India | | | |
| Deaths due to Malaria ¹¹ | 4 | 79 | | | |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 | | | |
| Deaths due to Dengue reported ¹¹ | 0 | 168 | | | |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 | | | |
| HIV ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 19.2 | 21.6 | | | |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) 10 | 25.3 | 30.7 | | | |

| Non-Communicable Disease | | | | | |
|--|-------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.9 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.9 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 8.4 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Assam (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 22.1 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 51.8 | 38 | | | |
| Women who consume alcohol (%) | 7.3 | 1.3 | | | |
| Men who consume alcohol (%) | 25.1 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Assam | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 18 | NA | | | |
| Total number of fatal Road Accidents | 3,019 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 38.4 | 33.7 | | | |
| Number of persons killed in Road Accidents | 3,208 | 115113 | | | |

1.5 Access to Care^{dd}

| Health Systems Strengthening | | | | |
|--|-------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Assam | India | | |
| Number of Districts equipped with MMU under NRHM | 33 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Assam | India | | |
| 102 Туре | 316 | 9955 | | |
| 104 Туре | 0 | 605 | | |
| 108 Туре | 387 | 10993 | | |
| Others | 235 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | | |

dd Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | | | |
|--|--|--------------|--------------|--|--|--|
| ASHA ¹³ | | Assam | India | | | |
| Total number of ASHA ta | rgeted under NRHM | 30920 | 946563 | | | |
| Total number of ASHA in | position under NRHM | 30920 | 904211 | | | |
| % of ASHA in position ur | nder NRHM | 100 | 96 | | | |
| Total number of ASHA ta | rgeted under NUHM | 1212 | 75597 | | | |
| Total number of ASHA in | position under NUHM | 1212 | 64272 | | | |
| % of ASHA in position ur | nder NUHM | 100 | 85 | | | |
| Community Process ¹¹ | | Assam | India | | | |
| Number of Village Health (VHSNCs) constituted | Sanitation and Nutrition Committees | 27673 | 554847 | | | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 658 | 81134 | | | |
| RKS ¹¹ - Number of Rog (Total) | i Kalyan Samitis (RKS) registered | Assam | India | | | |
| DH | | 24 | 796 | | | |
| СНС | | 197 | 6036 | | | |
| РНС | | 947 20273 | | | | |
| UCHC | | 2 126 | | | | |
| UPHC | | 55 | 3229 | | | |
| Human Resource for Health ¹⁴ | | | | | | |
| HRH Governance | | Ass | am | | | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | lo | | | |
| HR Policy available (Y/N) | | N | lo | | | |
| nplementation of HRIS (Y/N) | | Y | es | | | |
| IR Integration initiated (Y/N) | | Y | es | | | |
| Public Health Cadre avai | lable (Y/N) | N | lo | | | |
| | Specialists + MO MBBS (%) | 2 | 8 | | | |
| 0 | Dentists (%) | 5 | | | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 12 | | | | |
| (-) , | LT (%) | 3 | | | | |
| | ANM (%) | 2 | | | | |
| HRH Distribution | | Sanctioned | In Place | | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | | | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system ¹⁴ | 7 per 10,000 | 6 per 10,000 | | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 1:1 | 1:1 | | | |

| Ranking: Human Resource Index of Assam ¹⁵ | | | | | | |
|--|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| | Total (Regular + NHM) | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ee} | 14251 | 13907 | 13362 | 545 | 889 | |
| Staff Nurse | 11500 | 7182 | 5659 | 1523 | 5841 | |
| Lab Technician | 2506 | 1845 | 1841 | 4 | 665 | 78.04 |
| Pharmacists | 1628 | 1906 | 1786 | 120 | 0 | |
| MO MBBS [#] | 2733 | 3683 | 3074 | 609 | 0 | |
| Specialist ⁹⁹ | 2157 | 1170 | 1141 | 29 | 1016 | |

| 1.6 Healthcare Financing | | | | | | | | | | | |
|--|--------|--------|--------|--------|--|--|--|--|--|--|--|
| National Health Accounts (NHA) (2017-18) | Ass | am | India | | | | | | | | |
| Per Capita Government Health Expenditure (in ₹) | 13 | 92 | 1753 | | | | | | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .6 | 1. | 35 | | | | | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 7 | .5 | 5. | 12 | | | | | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 3. | 5.9 | 48 | 3.8 | | | | | | | |
| National Comple Company Office (NISCO) (2017-2018) | Ass | sam | India | | | | | | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | | | | | | |
| OPD - % of non-hospitalized cases using public facility | 51 | 23 | 33 | 26 | | | | | | | |
| IPD - % of hospitalized cases using public facility | 77 | 48 | 46 | 35 | | | | | | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | | | | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 1362 | 1318 | 472 | 486 | | | | | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1454 | 1002 | 845 | 915 | | | | | | | |
| IPD - Per hospitalized case (in INR) - Public | 5,883 | 10,155 | 5,729 | 5,939 | | | | | | | |
| IPD - Per hospitalized case (in INR) - Private | 29,392 | 63,346 | 28,816 | 34,122 | | | | | | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 22 | 21 | 18 | 17 | | | | | | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 44 | 42 | 53 | 43 | | | | | | | |

ee MPW – Multi Purpose Health Worker (Female + Male)

[#] MO MBBS (Full Time)

⁹⁹ Specialist (All Specialist)

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,596 | 4,671 | 2,402 | 3,091 |
|--|--------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 26,114 | 33,218 | 20,692 | 26,701 |
| State Health Expenditure | Ass | am | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 6 | .8 | 5 | hh |

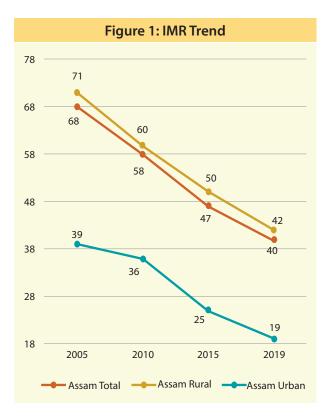
Sources used for Annexure 1

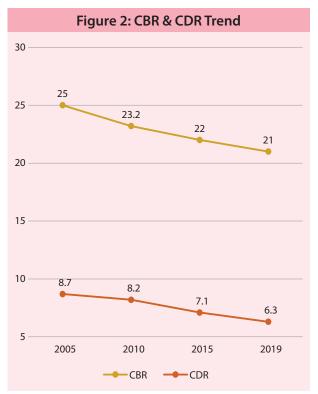
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

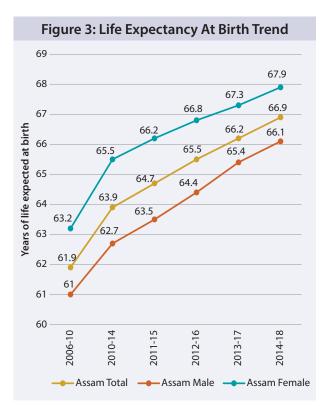
hh Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

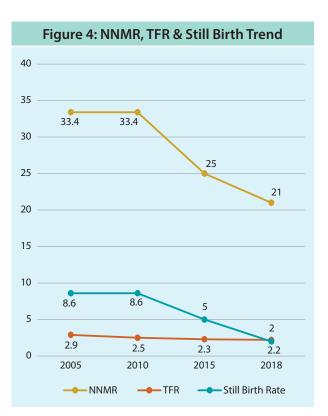
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









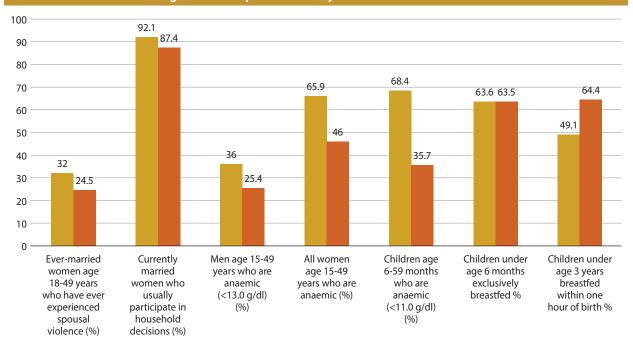


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| Diarrheal diseases | 1 Diarrheal diseases |
|-----------------------------|--------------------------------|
| | |
| Lower respiratory infect | 2 Lower respiratory infect |
| Drug-susceptible TB | 3 Neonatal preterm birth |
| Neonatal preterm birth | 4 Ischemic heart disease |
| Malaria | 5 Drug-susceptible TB |
| Other neonatal | 6 Intracerebral hem |
| Neonatal encephalopathy | 7 COPD |
| Protein-energy malnutrition | 8 Other neonatal |
| Measles | 9 Neonatal encephalopathy |
| 0 Intracerebral hem | 10 Diabetes type 2 |
| 1 Drowning | 11 Dietary iron deficiency |
| 2 Neonatal sepsis | 12 Other musculoskeletal |
| 3 Whooping cough | 13 Cirrhosis hepatitis B |
| 4 COPD | 14 Self-harm other means |
| 5 Dietary iron deficiency | 15 Ischemic stroke |
| Ischemic heart disease | 16 Migraine |
| 7 Peptic ulcer disease | 17 Falls |
| 9 Self-harm other means | 19 Peptic ulcer disease |
| 5 Falls | 20 Drowning |
| 8 Migraine | 23 Neonatal sepsis |
| 3 Ischemic stroke | 41 Whooping cough |
| 4 Other musculoskeletal | 48 Protein-energy malnutrition |
| 5 Cirrhosis hepatitis B | 95 Malaria |
| Diabetes (Vpg)2 | 130 Measles |

Non-communicable diseases

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | | 2019 rank |
|--|------------|--|
| Low birth weight | | 1 Low birth weight |
| Child wasting | ×. | 2 Short gestation |
| 3 Short gestation | 1 | 3 High systolic blood pressure |
| 4 Household air pollution from solid fuels | | 4 Smoking |
| 5 Unsafe water source | the states | 5 High fasting plasma glucose |
| 6 Unsafe sanitation | the help | 6 Household air pollution from solid fuels |
| 7 Child underweight | | 7 Alcohol use |
| 8 No access to handwashing facility | | 8 High body-mass index |
| 9 Child stunting | | 9 Ambient particulate matter pollution |
| 10 Smoking | | 10 Unsafe water source |
| 11 High systolic blood pressure | | 11 Child wasting |
| 12 Iron deficiency | | 12 Kidney dysfunction |
| 13 Alcohol use | 1.7.1 | 13 Iron deficiency |
| 14 Non-exclusive breastfeeding | | 14 Unsafe sanitation |
| 15 High fasting plasma glucose | | 15 No access to handwashing facility |
| 16 Ambient particulate matter pollution | | 16 High LDL cholesterol |
| 17 Secondhand smoke | /- it is | 17 Diet low in fruits |
| 18 Kidney dysfunction | | 18 Secondhand smoke |
| 19 Occupational injuries | the is a | 19 Lead exposure |
| 20 Vitamin A deficiency | 1 K | 20 Drug use |
| 21 High body-mass index | | 21 Child underweight |
| 22 Lead exposure | | 24 Occupational injuries |
| 23 Diet low in fruits | | 27 Child stunting |
| 24 High LDL CTOP Rerol | | 33 Non-exclusive breastfeeding |
| 26 Drug use | | 50 Vitamin A deficiency |

Metabolic risks Environmental/occupational risks Behavioral risks

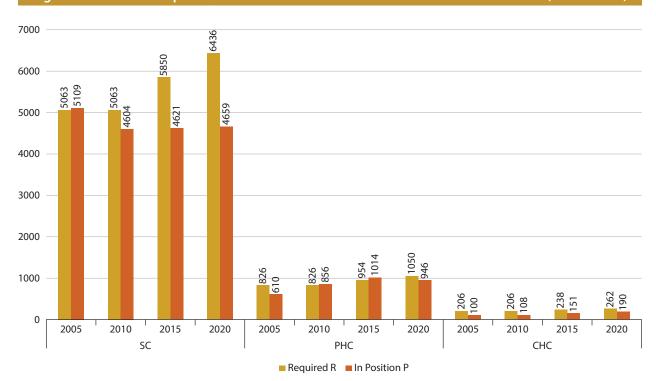


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

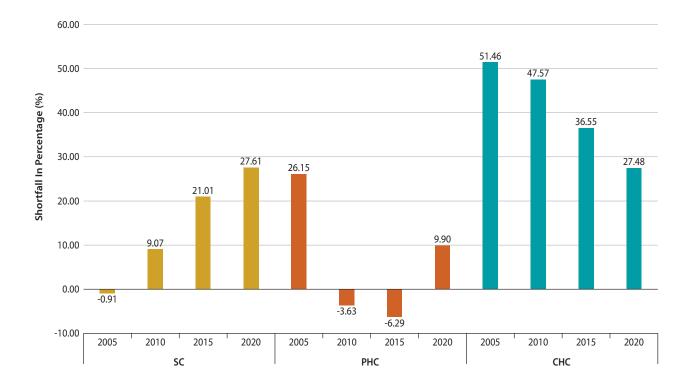
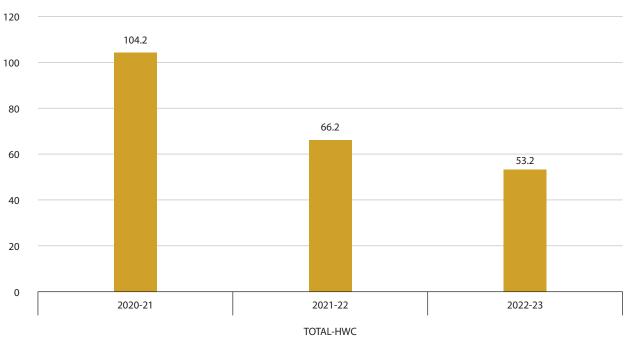


Figure 10: Percentage HWCs progress against target - FY wise (%)



Assam (% HWCs progress as of 22/Dec/2021 against targets-FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| ormance) Available) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 17 | 19.1 | 22.1 | 21.7 | 17 | 19.5 | 27.1 | 20.2 | 30.7 | 23.5 | 19.5 | 27 | 18.3 | 21.5 | 20.6 | 23.6 | 24.3 | 19.2 | 22.2 | 12.7 | 15.5 | 14.8 |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| d – Poor Perf an Stats Not | Children Under 5 Years - Stunted^ (Height For Age) (%) | 36.4 | 29.8 | 36 | 35.3 | 41.2 | 29.8 | 42.7 | 46.2 | 28.7 | 39 | 42.7 | 42 | 37.2 | 48.5 | 27.3 | 30.6 | 38.9 | 26.3 | 42.9 | 39.3 | 38.7 | 22.6 |
| mance, Rec Rural Urba | sdfnoM 55-ð geA nghlarð Receiving Adequate Diet*, # (%) | 8.9 | 7.9 | 8 | 8 | 14 | 5.5 | 14.5 | 16.5 | 2.7 | 9.9 | 9.7 | 9.1 | 6.8 | 7.4 | 5.6 | 8.7 | 7.5 | 4.4 | 1.6 | 2.7 | 11.5 | 6.5 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only [*] (%) | 67.8 | 70.6 | 72 | 71.8 | 67.3 | 59.6 | 74.3 | 73.2 | 82.1 | 81.5 | 68.2 | 58.1 | 90.8 | 69.5 | 85.5 | 63.8 | 72.7 | 75.9 | 76.9 | 63.6 | 70.4 | 73 |
| (Green - | (%) sıtıtı Birtini (%) | 70.6 | 93.5 | 82.9 | 84.1 | 89.9 | 87.6 | 84.3 | 84.5 | 79.2 | 88.2 | 83.7 | 84.4 | 87.3 | 64.2 | 93.1 | 89.5 | 92.3 | 90.4 | 83 | 82.1 | 96.5 | 85 |
| | A teast ft beh orlw vehted Mother Works (%) (%) | 46.4 | 62.6 | 49.2 | 50.7 | 56 | 43.6 | 46.5 | 33.9 | 32.7 | 64.5 | 56.5 | 37.5 | 62.2 | 37.6 | 75.6 | 46.9 | 44.1 | 65.7 | 43.1 | 51.3 | 67 | 46.9 |
| | (%) bəəV təmnU lstoT | 14.2 | 9.9 | 11.1 | 11 | 12.5 | 12.3 | 5.3 | 16.1 | 15.6 | 8.3 | 9.8 | 14.8 | 7.1 | 11.5 | 8.7 | 9.7 | 7.4 | 10.9 | 8.6 | 13.2 | 10.4 | 17.6 |
| | (%) əsU mobnoD | 2.7 | 7.6 | 4.4 | 4.9 | 2.7 | 3.6 | 4.5 | 4.8 | 6.1 | 4.4 | 6.1 | 3.1 | 1.6 | 5.1 | 4.5 | 3.1 | 3.6 | 5.6 | 12.8 | 4.9 | 9 | 4.8 |
| | IUD/PPIUD (%) | 2.2 | 3.4 | 2.9 | 2.9 | 3.3 | 2 | 2.1 | 2.6 | - | 4 | 5.2 | 2.8 | 3.8 | 1.3 | с | 4 | 3.2 | 3.1 | 4.3 | 1.2 | 3.6 | 3.4 |
| | ylimer العط العط الما المالية Paining By Currently Married (%) المعاد المعاد (%) | 52.4 | 61.4 | 60.7 | 60.8 | 59.2 | 57.3 | 72.4 | 57.6 | 48 | 67 | 65.8 | 46.8 | 72.6 | 64.1 | 64.6 | 65.5 | 66.8 | 61.6 | 66.8 | 61.1 | 63.8 | 38.7 |
| | bəirnaM sısəY Years Married Before 18 (%) | 30.8 | 22.3 | 33.4 | 31.8 | 24.9 | 40.1 | 25.3 | 41.7 | 29.9 | 22.6 | 30.9 | 42.8 | 32 | 50.8 | 23 | 16.5 | 41.8 | 20.7 | 32.9 | 30.9 | 24.9 | 21.9 |
| | (%) 9pA 94-21 95r91il n9moW | N/A | 87.5 | 75.4 | 77.2 | 74.8 | 74.8 | 69.2 | 75.8 | 77.2 | 71.9 | 71.5 | 75.6 | 81.5 | 69.5 | 76.6 | 87.7 | 74.1 | 75.1 | 82.2 | 83.2 | 85.1 | 79.6 |
| | Households with any usual member covered under a health (%) amenage of the medenage (%) | 10.4 | 50.1 | 61.9 | 60 | 69 | 58.9 | 68.4 | 57.6 | 57.9 | 64.9 | 61.5 | 53.7 | 66.8 | 59.4 | 58.8 | 61.9 | 71.1 | 69.3 | 53.6 | 67.4 | 60.1 | 47 |
| | 000 F\səlsmə7) Afrið Af Birth (Females/1000 Males) | 929 | 916 | 970 | 964 | 1097 | 1007 | 1014 | 881 | 991 | 1040 | 906 | 757 | 1022 | 914 | 979 | 908 | 1027 | 1145 | 951 | 1017 | 833 | 701 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | states/Districts | Assam | Assam | Assam | Assam | Baksa | Barpeta | Biswanath | Bongaigaon | Cachar | Charaideo | Chirang | Darrang | Dhemaji | Dhubri | Dibrugarh | Dima Hasao | Goalpara | Golaghat | Hailakandi | Hojai | Jorhat | Kamrup |
| | . No. | - | 2 | 3 | 4 | S | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |

| /ailable) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 18.2 | 17.2 | 48 | 20.5 | 18.2 | 14.1 | 16.1 | 19.4 | 15.4 | 21.1 | 13.1 | 18.2 | 21.5 | 21.3 | 23.2 | ildren whose |
|--|---|------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------------------|--------------|--------------|-----------------------|--|
| District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (Height For Age) (%) | 25.4 | 31.6 | 29.1 | 34.6 | 38.5 | 35.4 | 43.2 | 38.9 | 27.5 | 26.1 | 36.7 | 38.9 | 32.8 | 33.8 | 40.9 | bias, among ch |
| Rural Urba | rotal Children Age 6-23 Marblid) IstoT (%) # ,**feiDete Diete WeiviezeReceivi | - | 18.1 | 5.3 | 10 | 7.9 | 14.2 | 8.6 | 8.6 | 8.8 | 24.4 | 4.3 | 7.1 | 16.3 | 2.5 | 12.8 | ce the recall |
| (District Wise | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 69 | 74.3 | 75.9 | 52.6 | 72.4 | 83.9 | 82.9 | 68 | 79.8 | 76.7 | 76.8 | 66 | 78.8 | 52 | 54.5 | as used to redu |
| | (%) shirtha Births (%) | 89.1 | 74.9 | 76.4 | 81.9 | 96.2 | 90.3 | 88.3 | 83.7 | 91.8 | 95.3 | 83.5 | 7.17 | 82.6 | 86.2 | 72.5 | y' indicator w |
| | 4 teast Ab beH orW rothom Antenatal Care Visits (%) | 68.9 | 63.9 | 42.8 | 36.9 | 51.7 | 72.2 | 42 | 59.4 | 55.9 | 80.9 | 45.5 | 35.3 | 63.1 | 49.8 | 46.7 | ation card onl |
| | (%) bəəH təmnU lstoT | 8.8 | 9.3 | 8.6 | 10 | 9.8 | 11.6 | 6.5 | 12.3 | 13.2 | 8.3 | 5.8 | 8 | 11 | 14.6 | 7.1 | l only' - 'vaccin |
| | (%) əsU mobnoD | 6.6 | 1.8 | 9.5 | 3.2 | 5.9 | 1.2 | 5.5 | 5.4 | 2.9 | 5.1 | 5.3 | 2.5 | 2.1 | S | 4.4 | ccination card |
| | IUD/PPIUD (%) | 4.5 | 6.2 | 2.3 | 4.1 | m | 3.4 | 3.8 | 2.8 | 2.6 | 4.4 | 1.7 | 2.9 | 3 | 2 | 3.9 | 's recall' &'vad |
| | him Method Used For Family Paining By Currently Married (%) المعاد 21 معرد (%) | 56.8 | 66.3 | 64.3 | 72.3 | 67.1 | 63.7 | 70.6 | 58.6 | 53.3 | 67.3 | 74.4 | 71.5 | 59.2 | 50.2 | 6.69 | ard or mother |
| | bəiria Məriəd Years Married Before 18 (%) | 21.9 | 26.1 | 27.7 | 36.2 | 36.3 | 25.5 | 39.1 | 42.6 | 28.1 | 27.9 | 24 | 44.7 | 19.8 | 32 | 21.3 | vaccination c |
| | (%) 9pA 94-21 95te11 n9moW | 86 | 78.8 | 80.7 | 73.7 | 83.9 | 83.4 | 78.7 | 78.4 | 83.9 | 86.6 | 76.9 | 63.5 | 70.5 | 70 | 73.9 | ors with 'either |
| | housu vna djiw sblohosuo الفكام المعالية) المصلحة دمەجىد مالمحام مالمحام (%) مصامحة مالم مالم مالم المالم المالم المالم (%) | 45.5 | 54.1 | 64.4 | 50.2 | 67 | 60.8 | 62.5 | 59.4 | 52.5 | 60.7 | 6.99 | 68.2 | 60 | 70.6 | 63.1 | of two Indicato |
| | 000 F\səlsmə7) hfrið Að difs Sacio Males) | 986 | 882 | 885 | 1003 | 985 | 754 | 1070 | 696 | 994 | 915 | 1325 | 911 | 884 | 1255 | 1105 | cinated', Out c |
| | Data Source | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | * NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated', Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children whose |
| | stətes/Districts | Kamrup Metropolitan | Karbi Anglong | Karimganj | Kokrajhar | Lakhimpur | Majuli | Morigaon | Nagaon | Nalbari | Sivasagar | Sonitpur | South Salmara Mancachar | Tinsukia | Udalguri | West Karbi Anglong | olaced 'lmmunized' (w |
| | .oV .2 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | * NFHS5 re |

(Green – Good Performance, Red – Poor Performance)

** Based on the youngest child living with the mother

Breastled children receiving 4 or more food groups and a minimum meal frequency. non-breastled children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal requency. The times a feast twice a day for breastled children 9-23 months, and solid or semi-solid food at least twice a day for breastled children 9-23 months, and solid or semi-solid food at least twice a day for breastled children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk promuces food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red - Worst five performing districts within the districts for a particular indicator ю

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother ώώ

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk orducts at least twice a day, a minimum meal frequency that receiving 4 or seni-solid food at least twice a day for breastfed children f-23 months, and solid or seni-solid food at least twice a day for breastfed infants 6 day in the milk or milk products food groups and a least twice a day for breastfed infants 6 day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed infants 6 day and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed infants 6 day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed children 9-24 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed children 9-24 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed children 9-24 months, and solid or semi-solid food at least twice a day for breastfed infants 6 day for breastfed children 9-24 months, and solid or semi-solid food at least twice a day for breastfed children 10-24 months and 10-24 months and

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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NOTES

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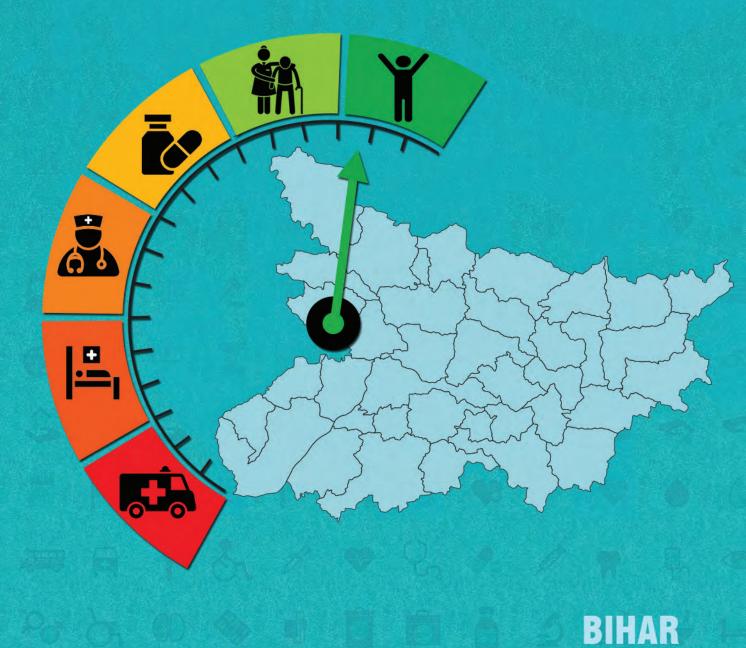


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | | | | | |
|------------------|-------------------|----------------|--|--|--|--|--|--|--|
| 1 st | Patna | Vaishali | | | | | | | |
| 2 nd | Muzaffarpur | Vaishali | | | | | | | |
| 3 rd | Nalanda | Khagariya | | | | | | | |
| 5 th | Begusarai | Kishangarh | | | | | | | |
| 6 th | Banka | Gopalganj | | | | | | | |
| 7 th | Purnea | Vaishali | | | | | | | |
| 8 th | Patna | Madhubani | | | | | | | |
| 10 th | Siwan | West Champaran | | | | | | | |
| 11 th | Bhojpur | Madhepur | | | | | | | |
| 12 th | Rohtas | Muzaffarpur | | | | | | | |
| 13 th | Bhagalpur | Begusarai | | | | | | | |
| 14 th | Jamui | Lakhisarai | | | | | | | |



1. BACKGROUND

1.1 State Profile

Bihar is the thirteenth^a largest State by area in India, with a geographical spread of 94,163 km², accounting for 2.89% of the country's area (RHS 2019-20). The State is divided into 38 districts. It is the third most populous State in the country, with a population of over 10.4 crores, accounting for 8.6% of the country's total population^b, and is projected to increase to 12.3 crores by 2021 (Census

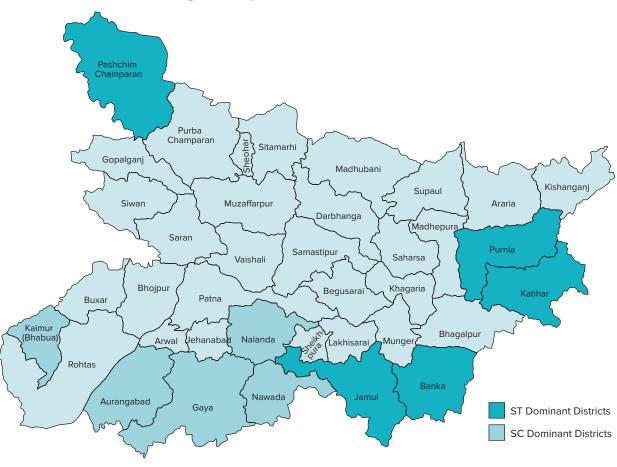


Figure 1: Top 5 ST & SC Dominant Districts

^a Including all States & UTs, as per RHS 2019-20

^b Census 2011

Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.6 crores (15.91%) and 0.13 crores (1.28%), respectively. Out of the 38 districts, top five SC & ST dominant districts account for 21.06% of SC & 55.27% of ST population in the State (Figure 1 & Annexure 1.1, State Profile). As reported, Bihar has the second lowest urbanization rate in India, with 88.7% of the population residing in rural areas, while only 11.3% in urban areas.

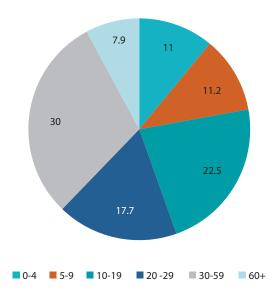
The total length of roads^c in the State is 2,09,549 kms (4.19%^d), in which, the length of national highways is 4,839 kms (4.2%^e) and state highways is 4,006 kms (2.2%^f). Agriculture remains the mainstay of the Bihar's economy.

A detailed report on the Key indicators has been attached as Annexure 1.

1.2 Demography

In Bihar, 15 districts have a population over 30 lakhs, 11 districts have around 20-30 lakhs population, 9 districts have around 10-20 lakhs population and only 3 districts have less than 10 lakhs population (Annexure 1.1). The State's sex ratio of 895 females for every 1000 males is only slightly higher than the national average of 889 females for every 1000 males (Annexure 1.2). As estimated, there are 22.5% of the total population in the age group of 10-19 years, 47.7% within 20 to 59 years, and 7.9% are in the age group of 60 years and above (Figure 2). The crude birth and death rates have declined from 30.4 and 8.1 (2005) to 25.8 and 5.5 (2019) respectively (Annexure 2, Figure 2). The literacy rate has increased from 47% in 2001 to 61.8% in 2011, with male literacy reported as 71.2%, while female literacy being only 51.5% (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^g is 107.67% for primary education, 107.74% for elementary education, 78.37% for secondary education, 35.62% for senior secondary education, and 14.3 % for higher education.

Figure 2: Bihar - distribution of estimated population 2021 (%)



1.3 Elderly

Elderly people aged 60 years and above share 7.9% of the State's total population (Figure 2). The life expectancy at 60 years of age is 16.3 years for males and 16.8 years for females (SRS Based Life Abridged Table, 2014-18). It is reported^h that in rural areas, around 73% of elderly females and 23% elderly males are economically fully dependent. As per Elderly in India 2016 report, the old age dependency ratio of

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in the State/UT

^e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

⁹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^h NSSO report number 586

14.2 (2011) is at par with the national average, with regional variations of 14.5 in rural areas & 12.3 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is low. Only 19% of men and 17% of women reported illness, which is less than the national average of 31% for both.

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The RMNCHA+Nⁱ services have improved with the launch of NHM in the State. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has declined from 261ⁱ (SRS MMR Bulletin 2007-09) to 149 (SRS MMR Bulletin 2018) per 1,00,000 live births. In Bihar, out of the total ANC registration, 69.8% of pregnant women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 85% of all reported deliveries took place in institutions out of which 88.3% deliveries took place in public health facilities. Total percentage of C-section deliveries out of the reported institutional deliveries in the State (2.6%) is less than the national average of 20.5%, out of which 8.5% of them are conducted in private facilities (Annexure 1.4). Around 38% of women were tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). The prevalence of anaemia in women increased from 61% to 65.7%. Anemia in females of reproductive age group (65.7%) is more than thrice than in men (29.5%) of similar age group (Annexure 2, Figure 5).

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a decline in IMR from 61 (2005) to 29 (2019), which is below the national average of 30 (Annexure 2, Figure 1). Though the NNMR^m has significantly decreased from 32.4 (2005) to 25 (2018), the Still Birth (per 1,000 live births) Rate, however, shows a rising trend from 1.7 (2005) to 2 (2018) (Annexure 2, Figure 4). The life expectancy at birthⁿ has improved from 65.8 years in 2006-10 to 69.1 years in 2014-18, varying marginally between females (68.7 years) and males (69.4 years) (Annexure 2, Figure 3), yet is slightly less than the national average of 69.4 years. In NFHS 5, Vaishali, Jehanabad, Siwan, Begusarai & Madhepura districts reported high SRBs ranging between 1118-1058, while Muzaffarpur, Saran, Madhubani, Darbhanga & Arwal districts reported low SRBs ranging between 685-815 (Annexure 3, NFHS 5).

Full vaccination^o for children between 12–23 months has improved from 77.1% (2015-16) to 82.7% (2019-20; NFHS 5). The percentage of under 6-months children exclusively breastfed also increased from 53.4% to 58.9% (NFHS 5). Though the burden of malnutrition declined over time^p, there is a wide variation in the nutritional status across the state. A considerable increase in childhood anaemia from 63.5% to 69.4% in children aged 6-59 months has been reported (Annexure 2, figure 5). For under-5 stunting,

ⁱ Reproductive, Maternal, Newborn, Child Health, Adolescent Health & Nutrition

^j Antenatal Check up

k Iron Folic Acid Tablets

Including Jharkhand

^m Neonatal Mortality Rate

ⁿ SRS Based Abridged Life Tables

[°] NFHS 5 State/UT Factsheet, based on information from vaccination card only

^p Disease Burden Trends in the States of India 1990 to 2016

Gopalganj, Sheohar, Patna, Khagaria & Munger districts reported relatively low burden, ranging from 34.2% to 35.5%; and Sitamarhi, Sheikhpura, Araria, Nawada & Purba Champaran districts reported high burden ranging from 49.1% to 54.2%. Similarly, for under-5 wasting, Pashchim Champaran, Sitamarhi, Sheikhpura, Purba Champaran & Madhubani districts reported relatively low burden, ranging from 13.2% to 17.1%, while Arwal, Jehanabad, Sheohar, Buxar & Aurangabad districts reported high burden ranging from 32.9% to 36.8% (Annexure 3, NFHS 5).

2.3 Family Planning

The TFR^q has reduced from 4.3 (2005) to need 3.2 (2018) which is more than the national average of 2.2 (SRS Statistical Reports). The total unmet is 13.6%, while unmet need for spacing is 6.1 (NFHS 5). In the State, Sheikhpura reported the lowest unmet need (3.2%) and Nawada reported the highest (6.5). Around 44.4% of married women reported to avail any modern method of family planning in Bihar, with sterilization acceptance among females being 34.8% and nil among males (NFHS 5).

2.4 Communicable Diseases

The State has 38 functional IDSP units in place^r. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 40.24% of total disease burden while Diarrheal diseases, Lower Respiratory Infection and neonatal disorders remain the major causes of death in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annualized total case notification rate is 92% and NSP^s success-rate is 75%, as opposed to the national averages of 163% and 79% respectively. For NLEP^t, the reported prevalence rate of 0.77% per 10,000 population is higher than the national average of 0.61. No death(s) from vector borne diseases (Dengue, Malaria, Kala Azar) are reported.

2.5 Non-Communicable Diseases (NCDs)& Injuries

It is reported that 69.9% of the total disease burden is due to premature deaths and 30.1% is due to disability or morbidity(2016)^[1]. As per GBD^u 2019, the leading causes of DALY include Ischemic Heart Disease, Chronic Obstructive Pulmonary Disease, and Diabetes Mellitus Type 2. NCDs contribute to 50.34% of DALYs, while injuries contribute to around 9.42% of DALYs in the State (Annexure 1.4). It is found in recent NFHS 5 report that 5% of women and 48.8% of men used any kind of tobacco, while 0.4% of women and 15.5% of men consumed alcohol. In general, the major risk factors for DALYs includes child & maternal malnutrition, air pollution, WASH^v, dietary risk factors and high blood pressure (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 4,86,775.84 crores. In terms of per capita of ₹ 40,982, Bihar is positioned last among the 32 states^w. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 556, which is less than the national average of

^q Total Fertility Rate

r QPR NHM MIS Report as on 01.03.2020 & 31.12.2020

^s New Smear Positive

t National Leprosy Eradication Programme

^u Global Burden of Disease, https://vizhub.healthdata.org/gbd-compare/india

Water, Sanitation and Hygiene

Directorate of Economics & Statistics

₹ 1,753. On the other hand, the OOPE[×] as a share of Total Health Expenditure (THE) is 58.2%, as opposed to the national average of 48.8%. As per the NSSO 2017-18, the OOPE for inpatient care per hospitalization in rural areas is around ₹ 5,390 in public hospitals and ₹ 18,189 in private hospitals, in urban areas it is around ₹ 5,220 in public hospitals and ₹ 26,217 in private hospitals (Annexure 1.6). For childbirth, OOPE in public health facilities is around ₹ 2,422 in rural areas and ₹ 2,966 in urban areas, whereas in private health facilities, it is ₹ 15,729 in rural areas and ₹ 17,866 in urban areas. In public health facilities, the share of expenditure on medicine is 48% for inpatient care in rural and in urban areas; whereas for diagnostics it is 16 % and 17% in rural and urban areas respectively^y.

2.7 Health Infrastructure

As per the recent RHS data, the number of public health facilities have been increasing since 2005 (Annexure 1, Figure 8). Yet, a shortfall amounting to 57.88%, 52.68% and 93.66% of the required SCs, PHCs and CHCs, respectively still exist (Annexure 1, Figure 8 & 9). Currently, there are 9,112 SCs, 1,702 PHCs and 57 CHCs in place against the required 21,634 SCs, 3,597 PHCs and 899 CHCs. Similarly, in tribal areas there are only 232 SCs, 33 PHCs and no CHCs in place against the required 491 SCs, 73 PHCs and 80 CHCs. This accounts for a shortfall of 52.75% SCs, 54.79% PHCs and 100% CHCs in the tribal areas. However, in urban areas there are 325 PHCs in place against the required 294, thereby amounting to an excess of 10.54%. The State has 36 DHs, 35 SDHs and 10 Government medical colleges. In Bihar, 100% DHs & SDHs serve as functional FRUs (Annexure 1.3).

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2341 HWCs (1194 SHCs, 1049 PHCs & 98 UPHCs) are operationalized in the State as of 22nd December 2021^z.

In the State, none of the districts are equipped with MMUs under NHM. The State has 95% of ASHA in position under NRHM and 54% under NUHM. The doctors to staff nurse ratio is 1:1, with 3 public health providers available for every 10,000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 642 availed (events) OPD services and 33 availed (events) IPD services. However, as per the NSSO data (2017-18), only 18% of all OPD cases in rural and 23% in urban areas used public health facilities, which is less than the national average of 33% and 26% respectively. Whereas, 70% of all IPD cases in rural and 72% in urban areas utilized public health facilities, which is more than the national average of 46% and 35% respectively.

[×] Out of Pocket Expenditure

y National Sample Survey Office NSSO Figures

^z AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^{aa}

| Indicator | Bihar 2011 ¹ | India |
|---|-------------------------|----------------------------------|
| Total Population (In Crore) | 10.4 | 121.08 |
| Rural (%) | 88.7 | 68.85 |
| Urban (%) | 11.92 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 1.6 (15.91%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.13 (1.28%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 61.8 | 72.99 |
| Male Literacy Rate (%) | 71.2 | 80.89 |
| Female Literacy Rate (%) | 51.5 | 64.64 |
| Number of Districts in the Bihar ² | 38 | 5 |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 3 |
| Number of districts per lakh population in Bihar (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 9 |
| | ≥20 Lakhs - <30 lakhs | 11 |
| | ≥30 Lakhs | 15 |

| ST SC Dominant (Top 5) Districts of Bihar ¹ | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | | | | | | | |
| Paschim Champaran - 6.35% | Gaya - 30.38% | | | | | | | | |
| Katihar - 5.86% | Nawada - 25.46 | | | | | | | | |
| Jamui - 4.47% | Aurangabad - 24.09% | | | | | | | | |
| Banka - 4.44% | Kaimur (Bhabua) - 22.69% | | | | | | | | |
| Purina - 4.27% | Nalanda - 21.11% | | | | | | | | |
| Top 5 ST dominant district accounts for - 55.27% | Top 5 SC dominant district accounts for - 21.06% | | | | | | | | |

| 1.2 Key Health Status & Impact Indicators | | |
|---|-------|-------|
| Indicators | Bihar | India |
| Infant Mortality Rate (IMR) ³ | 29 | 30 |
| Crude Death Rate (CDR) ³ | 5.5 | 6.0 |

^{aa} Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 25.8 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 149 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 25 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 37 | 36 |
| Still Birth Rate ⁴ | 2 | 4 |
| Total Fertility Rate (TFR) ⁴ | 3.2 | 2.2 |
| Life expectancy at birth⁵ | 69.1 | 69.4 |
| Sex Ratio at Birth⁴ | 895 | 899 |

1.3 Key Health Infrastructure Indicators^{bb}

| Indicators | | | | | | |
|---|---|--|--|--|--|--|
| Number of District Hospitals ² | | | | | | |
| | | | 35 | | | |
| al College ⁶ | | | 10 | | | |
| Number of Private (Society + Trust) Medical Colleges ⁶ | | | | | | |
| Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) | | | |
| 1194 | 2724 | 5437 | 7246 | | | |
| 1049 | 1899 | 1899 | 1899 | | | |
| 98 | 100 | 100 | 100 | | | |
| 2341 | 4723 | 7436 | 9245 | | | |
| Required (R) | | In place (P) | Shortfall (S) (%) | | | |
| 899 | | 57 | 93.66 | | | |
| 3,597 | | 1,702 | 52.68 | | | |
| 21,634 | | 9,112 | 57.88 | | | |
| DH | | SDH | СНС | | | |
| 36 | | 35 | 64 | | | |
| Require | ed (R) | In place (P) | Shortfall (S) (%) | | | |
| 294 | 1 | 325 | -10.54 | | | |
| Required (R) | | In place (P) | Shortfall (S)% | | | |
| 80 | | 0 | 100.00 | | | |
| 73 | | 33 | 54.79 | | | |
| 491 232 | | | 52.75 | | | |
| | leges ⁶ Status (Total) 1194 1049 98 2341 Require 899 3,59 21,63 0H 36 Require 294 Require 80 73 | Status Target Status FY (2020-2 1194 2724 1049 1899 1049 1899 98 100 98 100 2341 4723 1049 4723 1033 4723 1049 1899 1049 4723 1049 4723 1049 1897 1049 1897 1049 4723 1049 1897 1049 1897 1049 1897 1049 1897 1049 1897 1049 1897 1049 1897 1049 1897 1049 1897 1050 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 1040 1997 <td>Arrow leges⁶ Status (Total) Target FY (2022-21) 1194 2724 5437 1049 1899 1899 1049 1899 1899 98 100 100 98 100 100 2341 4723 7436 Require (R) 7436 7436 89 57 100 3637 1,702 1,702 137 9,112 9,112 136 9,112 35 Arequire (R) 35 35 Require (R) 325 325 Require (R) 0 102 138 0 10 139 0 33</td> | Arrow leges ⁶ Status (Total) Target FY (2022-21) 1194 2724 5437 1049 1899 1899 1049 1899 1899 98 100 100 98 100 100 2341 4723 7436 Require (R) 7436 7436 89 57 100 3637 1,702 1,702 137 9,112 9,112 136 9,112 35 Arequire (R) 35 35 Require (R) 325 325 Require (R) 0 102 138 0 10 139 0 33 | | | |

^{bb} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Bihar | India |
|---|-------|--------|
| IPD per 1000 population | 33.3 | 62.6 |
| OPD per 1000 population | 641.8 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 21.7 | 36.4 |

| 1.4 Major Health Indicator∝ | | |
|---|-------------|---------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Bihar | India |
| % DALY accountable for CMNNDs## | 40.24 | 27.46 |
| % DALY accountable for NCDs | 50.34 | 61.43 |
| % DALY accountable for Injuries | 9.42 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Bihar | India |
| Level of Birth Registration (%) | 89.3 | 92.7 |
| Level of Death Registration (%) | 51.6 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 5.1 | 20.7 |
| RMNCHA+N | | · |
| Maternal Health ⁹ | Bihar | India |
| % 1st Trimester registration to Total ANC Registrations | 69.1 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 69.8 | 79.4 |
| Total Reported Deliveries | 2,207,610 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 84.8 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 88.3 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 11.7 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 2.6 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 1.8 | 14.1 |
| | | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 8.5 | 34.2 |
| | 8.5 38 | 34.2 53.4 |
| private facilities % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to | | |
| private facilities % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 38 | 53.4 |
| private facilities % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries Neonatal ⁹ | 38 Bihar | 53.4 India |

 $^{^{\}rm cc}$ Sources are mentioned at the end of Annexure 1

| New Born Care Units Established ¹¹ | Bihar | India |
|---|----------------|-------------------|
| Sick New Born Care Unit (SNCU) | 43 | 895 |
| New Born Stabilization Unit (NBSU) | 41 | 2418 |
| New Born Care Corner (NBCC) | 708 | 20337 |
| Child Health & Nutrition ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 13.7 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 58.2 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 41 | 32.1 |
| Child Immunization ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 77.1 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 91.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | NA | 87.9 |
| Family Planning ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 6.1 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Bihar | India |
| Number of districts with functional IDSP unit | 38 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Bihar | India |
| Annualized total case notification rate (%) | 92 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 75 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Bihar | India |
| Prevalence Rate/10,000 population | 0.77 | 0.61 |
| Number of new cases detected | 16,595 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Bihar | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 2,846 | 3,706 |
| HIV ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 10.3 | 21.6 |
| | | |

| Non-Communicable Disease | | | | | |
|---|----------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 8.7 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.2 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.4 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 8.3 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Bihar (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 5 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 48.8 | 38 | | | |
| Women who consume alcohol (%) | 0.4 | 1.3 | | | |
| Men who consume alcohol (%) | 15.5 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Bihar | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 8 | N/A | | | |
| Total number of fatal Road Accidents | 6,731 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 72 | 33.7 | | | |
| Number of persons killed in Road Accidents | 7205 | 115113 | | | |

1.5 Access to Cared

| Health Systems Strengthening | | | | | |
|--|-------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Bihar | India | | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Bihar | India | | | |
| 102 Туре | 1158 | 9955 | | | |
| 104 Type | 0 | 605 | | | |
| 108 Туре | 0 | 10993 | | | |
| Others | 86 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 164 | 11070 | | | |

dd Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | | |
|--|---|------------------|----------|--|--|
| ASHA ¹³ | | Bihar | India | | |
| Total number of ASHA ta | 93687 | 946563 | | | |
| Total number of ASHA in | position under NRHM | 88837 | 904211 | | |
| % of ASHA in position ur | nder NRHM | 95 | 96 | | |
| Total number of ASHA ta | irgeted under NUHM | 977 | 75597 | | |
| Total number of ASHA in | position under NUHM | 527 | 64272 | | |
| % of ASHA in position ur | nder NUHM | 54 | 85 | | |
| Community Process ¹¹ | | Bihar | India | | |
| Number of Village Health (VHSNCs) constituted | n Sanitation and Nutrition Committees | 8406 | 554847 | | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 731 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Bihar | India | | |
| DH 36 7 | | | | | |
| СНС | | 230 | 6036 | | |
| РНС | | 235 | 20273 | | |
| UCHC | | 0 126 | | | |
| UPHC | | 80 | 3229 | | |
| | Human Resource for Healt | th ¹⁴ | | | |
| HRH Governance | | Bil | har | | |
| Specialist Cadre Availabl | Specialist Cadre Available in the state (Y/N) Yes | | | | |
| HR Policy available (Y/N) | | Y | es | | |
| Implementation of HRIS | (Y/N) | In Process | | | |
| HR Integration initiated (| (Y/N) | Y | es | | |
| Public Health Cadre avai | lable (Y/N) | N | lo | | |
| | Specialists (%) | 7 | 2 | | |
| | Dentists (%) | 9 | 97 | | |
| Overall Vacancies | MO MBBS (%) | 3 | 57 | | |
| (Regular + contractual) | Nurse (%) | 5 | 2 | | |
| | LT (%) | 68 | | | |
| | ANM (%) | 60 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ 7 per 10,000 | | 3 per 10,000 | | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 4:1 | 3:1 | | |

| Ranking: Human Resource Index of Bihar ¹⁵ | | | | | | |
|--|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Total (Regular + NHM) | | | | | |
| | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ee} | 45222 | 37591 | 19474 | 18117 | 25748 | |
| Staff Nurse | 17996 | 19434 | 10737 | 8697 | 7259 | |
| Lab Technician | 4146 | 3653 | 921 | 2732 | 3225 | 46.70 |
| Pharmacists | 2705 | 2359 | 766 | 1593 | 1939 | 46.79 |
| MO MBBS [#] | 6131 | 7164 | 4258 | 2906 | 1873 | |
| Specialist ⁹⁹ | 3214 | 5749 | 1593 | 4156 | 1621 | |

| 1.6 Healthcare Financing ^{hh} | | | | | | |
|--|--------|--------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | | har | India | | | |
| Per Capita Government Health Expenditure (in ₹) | 5. | 56 | 1,7 | 1,753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .4 | 1.35 | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5 | | 5.12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 58.2 | | 48.8 | | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Bihar | | India | | |
| | | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 18 | 23 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 39 | 32 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 420 | 973 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1196 | 1484 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 5,390 | 5,220 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 18,189 | 26,217 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 16 | 17 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 48 | 48 | 53 | 43 | | |

^{ee} MPW – Multi Purpose Health Worker (Female + Male)

^{ff} MO MBBS (Full Time)

⁹⁹ Specialist (All Specialist)

^{hh} Sources are mentioned at the end of Annexure 1

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,422 | 2,966 | 2,402 | 3,091 |
|--|--------|--------|-----------|------------------------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 15,729 | 17,866 | 20,692 | 26,701 |
| State Health Expenditure | Bil | nar | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .5 | 5 | 5 ⁱⁱ |

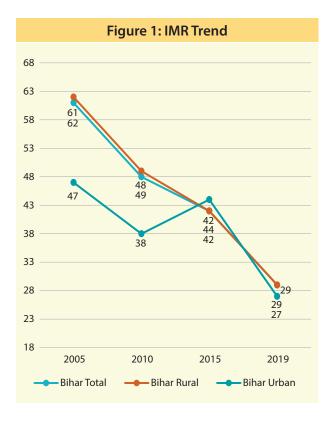
Sources used for Annexure 1

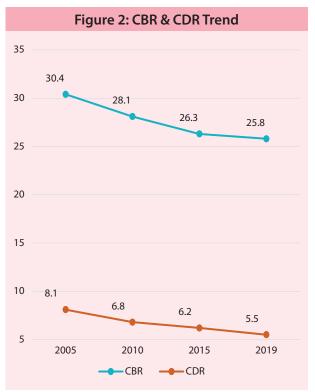
- ¹ 1 Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

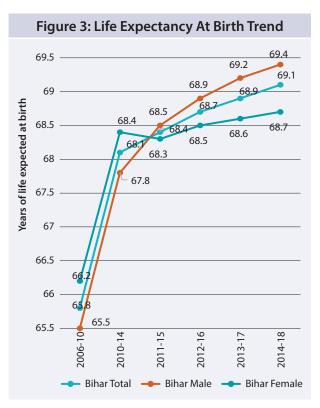
ⁱⁱ Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

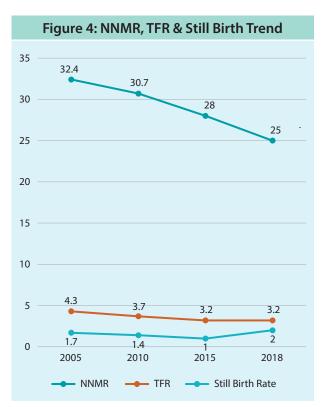
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









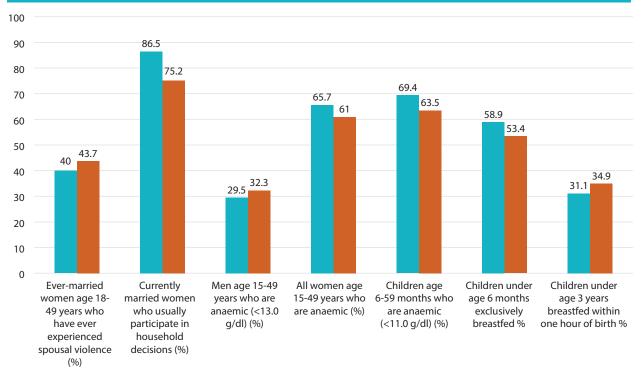


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Bihar Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|--|
| 1 Lower respiratory infect | 1 Diarrheal diseases |
| 2 Diarrheal diseases | 2 Ischemic heart disease |
| 3 Neonatal preterm birth | |
| 4 Other neonatal | 4 Neonatal preterm birth |
| 5 Drug-susceptible TB | 5 Other neonatal |
| 6 Measles | 6 COPD |
| 7 Neonatal encephalopathy | 7 Dietary iron deficiency |
| 8 Tetanus | 8 Neonatal encephalopathy |
| 9 Protein-energy malnutrition | 9 Drug-susceptible TB |
| 10 Visceral leishmaniasis | 10 Falls |
| 11 lschemic heart disease | 11 Diabetes type 2 |
| 12 pertussis | 12 Other musculoskeletal |
| 13 COPD | 13 Intracerebral hem |
| 14 Dietary iron deficiency | 14 Migraine |
| 15 Meningitis | 15 Low back pain |
| 16 Venomous animal | 16 Age-related hearing loss |
| 18 Falls | 28 Venomous animal |
| 24 Intracerebral hem | 35 Protein-energy malnutrition |
| 26 Low back pain | 47 pertussis |
| 28 Migraine | 57 Meningitis |
| 32 Other musculoskeletal | 103 Measles |
| 35 Age related hearing loss | 108 Visceral leishmaniasis |
| 37 Diabetes type 2 | 125 Tetanus |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Bihar Both sexes, All ages, DALYs per 100,000 2019 rank |
|---|---|
| 1 Child and maternal malnutrition | 1 Child and maternal malnutrition |
| 2 Unsafe water, sanitation, and handwashing | 2 Air pollution |
| 3 Air pollution | 3 Unsafe water, sanitation, and handwashing |
| 4 Tobacco | 4 High systolic blood pressure |
| 5 High systolic blood pressure | 5 Dietary risks |
| 6 Dietary risks | 6 High fasting plasma glucose |
| 7 Non-optimal temperature | 7 Tobacco |
| 8 Occupational risks | B High LDL cholesterol |
| 9 High fasting plasma glucose | 9 Occupational risks |
| 10 Alcohol use | 10 High body-mass index |
| 11 High LDL cholesterol | 11 Alcohol use |
| 12 Other environmental risks | 12 Kidney dysfunction |
| 13 Kidney dysfunction | 13 Other environmental risks |
| 14 High body-mass index | 14 Non-optimal temperature |
| 15 Drug use | 15 Low bone mineral density |
| 16 Low bone mineral density | 16 Drug use |
| 17 Unsafe sex | 17 Unsafe sex |
| 18 Childhood sexual abuse and bullying | 18 Childhood sexual abuse and bullying |
| 19 Low physical activity | 19 Intimate partner violence |
| 20 Intimate partner violence | 20 Low physical activity |

the International International

Metabolic risks Environmental/occupational risks Behavioral risks

1863 57 70 101 SC PHC CHC Required R In Position P

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

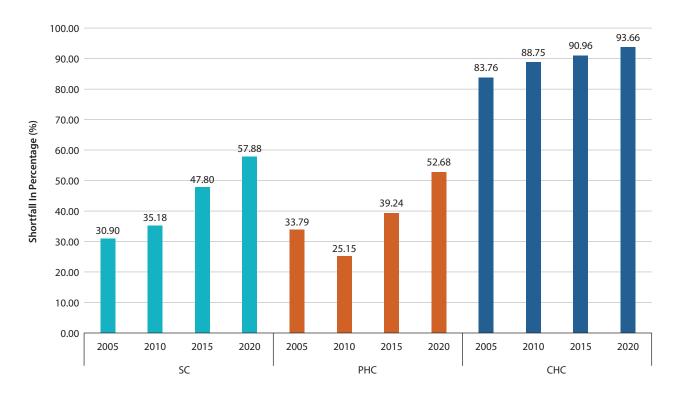
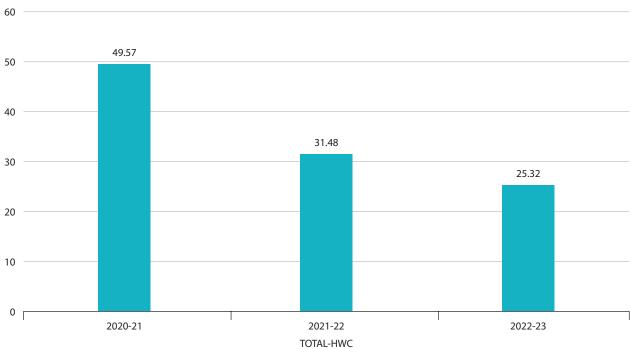


Figure 10: Percentage HWCs progress against target - FY wise (%)



Bihar (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| formance) Available) | Abətsew - rear 5 Years - Vasted (%) (hildren Under 5 Years) (%) | 20.8 | 21.6 | 23.1 | 22.9 | 23.9 | 36.8 | 32.9 | 26.9 | 21 | 21.2 | 31.3 | 33.2 | 19.3 | 24.3 | 21.5 | 19.4 | 36.6 | 27.3 | 23.5 | 25.3 | 23.9 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|--------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (%) (%) (%) | 48.3 | 36.8 | 43.9 | 42.9 | 49.9 | 45.6 | 41.2 | 46.7 | 37.8 | 40 | 40.7 | 39.6 | 45.4 | 47.4 | 34.2 | 43 | 41.3 | 44.1 | 43.9 | 34.8 | 38.8 |
| ormance, R ise Rural Urk | rotal Children Age 6-23 Months (%) # ,**J9id 95eup9bA privi959 | 7.5 | 9.2 | 11.2 | 10.9 | 12.8 | 11.5 | 5.8 | 2.8 | 4.6 | 8.1 | 7.7 | 8.3 | 14 | 12.5 | 13.8 | 3.3 | 6.6 | 13.4 | 13.8 | 16.3 | 13.1 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 77.1 | 77.4 | 83.4 | 82.7 | 1.17 | 89 | 90.6 | 89.5 | 80.8 | 81 | 80.6 | 81.7 | 80.7 | 84.2 | 97.9 | 80.2 | 79.1 | 90.4 | 82.6 | 84.3 | 80.9 |
| (Gree | (%) sıfriğ lenoitutitenl | 63.8 | 84.1 | 75 | 76.2 | 66.2 | 79.2 | 77.5 | 79.8 | 86 | 77.2 | 86.9 | 89.5 | 6.69 | 76.6 | 85.9 | 73.4 | 89.1 | 83.3 | 60.9 | 74.2 | 54.6 |
| | 4 teast 4 beH orlW orlyoM (%) stisiV sian CatenstnA | 14.4 | 32.4 | 24 | 25.2 | 25.8 | 34.5 | 29.3 | 31.7 | 21.6 | 27.6 | 33.5 | 27.4 | 24.9 | 25.1 | 27.9 | 37.9 | 17.4 | 25.6 | 15.3 | 17.4 | 17.1 |
| | (%) bəəV təmnU lətoT | 21.2 | 11.5 | 13.9 | 13.6 | 15.9 | 12.2 | 7.2 | 9.7 | 16 | 12.8 | 11.8 | 9.1 | 12.7 | 5.9 | 19.4 | 9.5 | 13 | 3.7 | 22.4 | 15.4 | 21.7 |
| | (%) əsU mobnoD | - | 7.3 | 3.4 | 4 | 1.7 | 3.4 | 4.3 | 4.7 | 2.9 | 9.1 | 4.1 | 3.8 | 4.9 | 4.4 | 3.3 | 5.3 | 4.2 | 7.3 | 1.7 | 2.8 | 2.5 |
| | (%) UD/PPIUD | 0.5 | 1.3 | 0.7 | 0.8 | 0.1 | 0.5 | 0.9 | 0.7 | - | • | 2.2 | - | 0.4 | 1.4 | 0.2 | 0.9 | 1.5 | 0.4 | 0.5 | 0.2 | 0.5 |
| | yime For For Farily Planning By Curtently Married Women Age 15-49 years (%) | 24.1 | 62.3 | 54.6 | 55.8 | 46 | 60.5 | 69.4 | 71.5 | 55.8 | 57.4 | 63.9 | 60.5 | 61.3 | 73.3 | 57.3 | 69.69 | 52.5 | 78.6 | 33.8 | 40.9 | 25.3 |
| | bəirısM zısəY Ycar Married Before 18 (%) | 42.5 | 27.9 | 43.4 | 40.8 | 52 | 37.5 | 27.3 | 49.4 | 49.5 | 42.4 | 31.2 | 30.8 | 45.1 | 42.8 | 28 | 51.9 | 41.6 | 27.1 | 49.4 | 44.9 | 36.6 |
| | (%) əpA 94-21 ətərətil nəmoW | N/A | 74.9 | 54.5 | 57.8 | 43.7 | 62.5 | 67.6 | 55.7 | 62.3 | 65.6 | 64.1 | 68.1 | 49.4 | 59.4 | 63.3 | 48.7 | 63.2 | 66 | 49.7 | 51.8 | 48 |
| | leusu vne hiw sblodesuoH ماه ماه ماه ماه مام الماه ماه (%) ماه ماه ماه ماه ماه ماه ماه ماه (%) | 12.3 | 11.6 | 15.1 | 14.6 | 19.5 | 15.6 | 15.4 | 13.6 | 13.2 | 16.3 | 9.6 | 11.4 | 25.3 | 9.7 | 12.7 | 14.3 | 13.2 | 18.1 | 8.4 | 15.6 | 8.1 |
| | 000 l'\səlsməf) dirth (Females/1000 Males) | 934 | 940 | 903 | 908 | 885 | 815 | 886 | 991 | 1058 | 879 | 872 | 886 | 812 | 863 | 943 | 986 | 1066 | 944 | 888 | 918 | 1016 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Bihar | Bihar | Bihar | Bihar | Araria | Arwal | Aurangabad | Banka | Begusarai | Bhagalpur | Bhojpur | Buxar | Darbhanga | Gaya | Gopalganj | Jamui | Jehanabad | Kaimur (Bhabua) | Katihar | Khagaria | Kishanganj |
| | .oN .2 | - | 2. | ъ. | 4. | 5. | 6. | 7. | œ. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. | 19. | 20. | 21. |

| ura ani pur | 1058 | 9.5 | | | | _ | _ | | | - | | | | |
|------------------------------------|-----------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| | | 5 | 47.6 | 52 | 55.8 | 0.3 | 4.3 | 11.1 | 20.9 | 75 | 87.7 | 6.9 | 46.3 | 20.6 |
| | 805 | 19.2 | 53.2 | 39.2 | 47.4 | 0.7 | 2.2 | 17.7 | 34.9 | 73.7 | 85.6 | 12 | 43.3 | 17.1 |
| | 996 | 15.2 | 69.5 | 34.7 | 68.6 | 0.6 | 8.6 | 10.3 | 36.8 | 93.2 | 84.8 | 5.1 | 35.5 | 26.7 |
| | 685 | 13.2 | 63 | 32.9 | 66.1 | 0.9 | 4.7 | 12.1 | 28.2 | 72.5 | 83.7 | 17.2 | 42.6 | 19.9 |
| | 959 | 12.8 | 56.1 | 42 | 72.3 | 0.6 | 9 | 7.5 | 29.3 | 80.3 | 83.8 | 9.6 | 42.6 | 27.8 |
| Nawada NFHS 5 Total | 865 | 8.1 | 62.1 | 43.3 | 69.8 | 0.9 | 7.3 | 6.5 | 31.6 | 79.9 | 85.2 | 5.1 | 49.4 | 18.2 |
| Pashchim Champaran NFHS 5 Total | 904 | 20 | 52.5 | 39.1 | 50.7 | 0.2 | 2.7 | 12.1 | 25.4 | 79.5 | 82.7 | 13.6 | 43.5 | 13.2 |
| Patna NFHS 5 Total | 1002 | 10.2 | 67.6 | 26.6 | 49.3 | 1.9 | 4.9 | 15 | 17.9 | 89.1 | 72.5 | 8.3 | 34.5 | 27.5 |
| Purba Champaran NFHS 5 Total | 841 | 19.4 | 50.2 | 49.2 | 49.9 | 1.1 | 2.5 | 17.2 | 21.7 | 61.5 | 73.8 | 15.4 | 49.1 | 16.8 |
| Purnia NFHS 5 Total | 938 | 10.2 | 47.5 | 51.2 | 25.7 | 0.3 | 0.9 | 20.2 | 11.1 | 68.9 | 81.8 | 5.5 | 43.5 | 25.8 |
| Rohtas NFHS 5 Total | 924 | 17.2 | 76.5 | 30.3 | 73.9 | 1.2 | 6.1 | 5.9 | 34.2 | 89.1 | 93.6 | 2.6 | 40 | 31.8 |
| Saharsa NFHS 5 Total | 1034 | 12.8 | 43.1 | 51 | 44.7 | 0.8 | 0.9 | 16.7 | 11.7 | 70.4 | 88.5 | 10.3 | 47.8 | 20.5 |
| Samastipur NFHS 5 Total | 890 | 19 | 54.3 | 49.8 | 63.7 | 9.0 | 4.4 | 11.1 | 23.5 | 83.4 | 85.5 | 17.7 | 44 | 21.3 |
| Saran NFHS 5 Total | 779 | 9.4 | 65.6 | 26.2 | 41.1 | 0.4 | 4.9 | 17.3 | 30.7 | 73 | 85.7 | 7.1 | 39.7 | 28.8 |
| Sheikhpura NFHS 5 Total | 888 | 9.7 | 55 | 46.1 | 78.8 | 0.6 | 4.8 | 3.2 | 28.4 | 89.2 | 86.6 | 5.5 | 53.6 | 16.3 |
| Sheohar NFHS 5 Total | 1017 | 18.1 | 52.5 | 34.6 | 65.6 | 1.1 | 4.3 | 10.4 | 25.3 | 74.3 | 73.5 | 3.5 | 34.4 | 35.4 |
| Sitamarhi NFHS 5 Total | 1 009 | 20.7 | 51.7 | 46.8 | 52.8 | 1.2 | 2.1 | 17 | 20.3 | 64.4 | 76.1 | 16.3 | 54.2 | 16.2 |
| Siwan NFHS 5 Total | 1060 | 8.2 | 70.9 | 21.3 | 53.5 | 0 | 7 | 15.4 | 30.3 | 86.4 | 83.2 | 10.8 | 36.7 | 18.2 |
| Supaul NFHS 5 Total | 884 | 14.2 | 42.1 | 55.9 | 63.7 | 0.6 | 1.5 | 12.1 | 30.9 | 80.4 | 80.5 | 14.5 | 42.3 | 25.8 |
| Vaishali NFHS 5 Total | 1118 | 13.5 | 62.4 | 44.9 | 45.8 | 0.9 | 1.9 | 16.7 | 24.5 | 81.6 | 84.2 | 11.7 | 38.3 | 19.6 |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency, that is receiving solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř æ

Red – Worst five performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days ċ

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய்

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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NOTES

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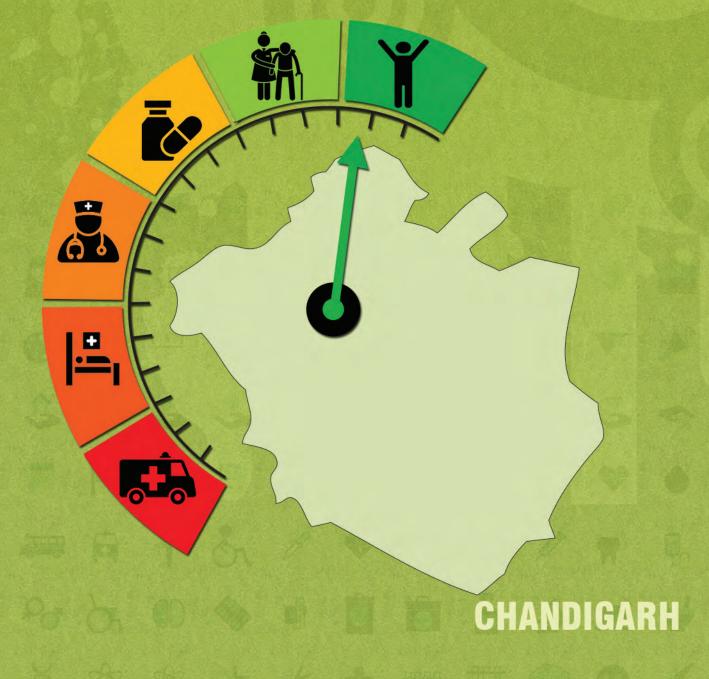


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



Till date three visits have been undertaken to Chandigarh under 4^{TH} , 8^{TH} and 10^{TH} COMMON REVIEW MISSION

CHANDIGARH

1. BACKGROUND

1.1 State Profile

Chandigarh has a geographical spread^a of 114 km² and is estimated to have a population of over 0.1 crores^b. It is projected that the population would reach around 0.12 crores by 2021^c. As per Census 2011, the Scheduled Caste (SC) population is 1.99 lakh (18.86%). In Chandigarh, only 2.70% of the population reside in rural areas, while 97.30% constitute the urban population. The total length of roads^d in the UT is 2,821 km (0.06%^e) in which the length of the national highways is 15 km.

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

The UT's Sex ratio at birth is 838 females for every 1000 males (NFHS 5). The crude birth rate and the crude death rate have declined from 17.3 & 4.5 in 2005 to 13 & 4 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 81.9% in 2001 to 86.0% in 2011, with male & female literacy rates being 90.0% and 81.2%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrolment Rate (GER)^f is 57.6% for higher education, 83.28% for senior secondary education, 87.19% for secondary education, 86.68% for elementary education, and 81.44% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Chandigarh, 23.0% of elderly females and 88.0% elderly males living in rural areas and 71.0% of elderly females and 23.0% elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 19% for men and 36% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

^a RHS 2020

^b Census 2011

^c Census Population Projection Report 2019

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in Chandigarh

^f Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N⁹ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^h, institutional deliveries, C sections, distribution of IFAⁱ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined^j from 160 (2007-09) to 85 (2016-18). In Chandigarh, 105.6% of women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 100.0% took place in public health facilities. Total percentage of C-sections (33.8%) is higher than the WHO's standard (10-15%). Around 15.1% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 75.9% (NFHS-4) to 60.3% (NFHS-5). Anaemia in females of reproductive age group is seven times more than in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 19 (2005) to 13 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Full vaccination^k coverage for children between 12 – 23 months of age declined from 93.2% (NFHS 4) to 82.8% (NFHS 5). An increase in childhood anaemia from 73.1% to 54.6% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 3). The burden of under-5 years stunting declined from 28.7% (NFHS 4) to 25.3% (NFHS 5). For under-5 years wasting, the burden declined from 10.9% (NFHS 4) to 8.4% (NFHS 5).

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the UT is 6.9% and unmet need for spacing is 2.5%. Approximately 55.6% of married women reported to avail any modern method of family planning in the UT; with sterilization acceptance among females being 19.0% and 0.3% for males (NFHS 5).

2.4 Communicable Diseases

The UT has 1 functional IDSP unit in place¹. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.67%^m of total disease burden (Annexure 1.4). For TB, the annualized total case notification rate is 511% and NSPⁿ success rate is 84%, as opposed to the national averages of 163% and 79%, respectively. For NLEP^o, the reported prevalence rate of 1.03 per 10,000

^g Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

h Antenatal Check up

Iron Folic Acid Tablets

^j SRS MMR Bulletins; for ther smaller states & UTs, inclusive of Delhi

^k NFHS 5 State/UT Factsheet, based on information from vaccination card only

^I QPR NHM MIS Reports (status as on 01.03.2020)

Includes all UTs except Delhi

ⁿ New Smear Positive

[°] National Leprosy Eradication Programme

population is more than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

NCDs contribute to 67.90% of DALYs and injuries contribute to 12.42% of DALYs in the UT^{[12]p}. The UT is positioned 29th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 0.6% of women and 12.1% of men used any kind of tobacco, while 0.3% of women and 18.6% of men consumed alcohol.

2.6 Health Care Financing

The UT's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 37,571 crores. The UT is positioned 4th out of 32 states in terms of per capita^q of ₹ 3,20,300.

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 4). Currently there are 48 UPHCs in place against the required 24. The UT has 2 DHs, 1 SDHs and 1 government medical college. Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 29 HWCs (2 PHCs and 27 UPHCs) are operationalized in Chandigarh as of 22nd December 2021^r.

The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5). Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 6051.95 availed (events) OPD services and 199.06 availed (events) IPD services.

^p Includes all UTs except Delhi

^q Directorate of Economics & Statistics

r AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profiles

| Chandigarh 2011 ¹ | India |
|------------------------------|--|
| 0.1 | 121.08 |
| 2.75 | 68.85 |
| 97.25 | 31.14 |
| 0.019 (18.86%) | 20.14 (16.63%) |
| 0 | 10.45 (8.63%) |
| 86 | 72.99 |
| 90 | 80.89 |
| 81.2 | 64.64 |
| 1 | |
| Population ¹ | Districts ¹ (Numbers) |
| ≥ 10 Lakhs - <15 Lakhs | 1 |
| | 0.1 2.75 97.25 0.019 (18.86%) 0 86 90 81.2 1 Population ¹ |

| 1.2 Key Health Status & Impact Indicators | | |
|---|------------|-------|
| Indicators | Chandigarh | India |
| Infant Mortality Rate (IMR) ³ | 13 | 30 |
| Crude Death Rate (CDR) ³ | 4 | 6 |
| Crude Birth Rate (CBR) ³ | 13 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | N/A | 23 |
| Under Five Mortality Rate (U5MR) ⁴ | N/A | 36 |
| Still Birth Rate⁴ | N/A | 4 |
| Total Fertility Rate (TFR) ⁴ | N/A | 2.2 |
| Life expectancy at birth ⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

^s Sources are mentioned at the end of Annexure 1.

1.3 Key Health Infrastructure Indicators^t

| Indicators | Numbers (Total) |
|---|-----------------|
| Number of District Hospitals ² | 2 |
| Number of Sub District Hospital ² | 1 |
| Number of Government (Central + State) Medical College ⁶ | 1 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | 0 |

| | - | | | | |
|---|-------------------|----------------------|-----|------------------------|------------------------|
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | 21) | Target FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | N/A | 6 | | 12 | 15 |
| PHC-HWC | 2 | 0 | | 0 | 0 |
| UPHC-HWC | 27 | 3 | | 3 | 3 |
| Total-HWC | 29 | 9 | | 15 | 18 |
| Rural ² | Require | ed (R) | I | n place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | N/A | \ | | N/A | N/A |
| Number of Primary Health Centres (PHC) | N/A | A | | N/A | N/A |
| Number of Sub Centres (SC) | N/A | A | | N/A | N/A |
| | DH | I | | SDH | СНС |
| Number of functional First Referral Units (FRUs) | 2 | | | 1 | 2 |
| Urban ² | Require | ed (R) | h | n place (P) | Shortfall (S) (%) |
| Number of PHC | 24 | | | 48 | -100.00 |
| Tribal ² | Require | ed (R) | h | n place (P) | Shortfall (S)% |
| Number of CHC | N/A | A | | N/A | N/A |
| Number of PHC | N/A | A | | N/A | N/A |
| Number of SC | N/A | \ | | N/A | N/A |
| Patient Service ⁹ | | | С | handigarh | India |
| IPD per 1000 population | | | | 199.06 | 62.6 |
| OPD per 1000 population | | | | 6051.95 | 1337.1 |
| Operation (surgeries) major (General and Spinal 10000 population | Anaesthesia |) per | | 630.07 | 36.4 |

t Sources are mentioned at the end of Annexure 1

| 1.4 Major Health Indicator ^u | | |
|--|-------------------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Chandigarh ^v | India |
| % DALY ^w accountable for CMNNDs ^x | 19.67 | 27.46 |
| % DALY accountable for NCDs | 67.90 | 61.43 |
| % DALY accountable for Injuries | 12.42 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Chandigarh | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 74.4 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Chandigarh | India |
| % 1st Trimester registration to Total ANC Registrations | 73.2 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 105.6 | 79.4 |
| Total Reported Deliveries | 28143 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 100 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 0 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 33.8 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 33.8 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | N/A | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 15.1 | 53.4 |
| Neonatal ⁹ | Chandigarh | India |
| % live birth to Reported Birth | 97.8 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 24 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 86.8 | 89.9 |

^u Sources are mentioned at the end of Annexure 1

For other UTs including Chandigarh except Delhi
 Disability Adjusted Life Years

^{*} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ^{11y} | Chandigarh | India |
|--|------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 3 | 895 |
| New Born Stabilization Unit (NBSU) | 3 | 2418 |
| New Born Care Corner (NBCC) | 7 | 20337 |
| Child Health & Nutrition ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.3 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | N/A | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 20.6 | 32.1 |
| Child Immunization ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 82.8 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 96.8 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 87.9 | 87.9 |
| Family Planning ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.5 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Chandigarh | India |
| Number of districts with functional IDSP unit | 1 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Chandigarh | India |
| Annualized total case notification rate (%) | 511 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 84 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Chandigarh | India |
| Prevalence Rate/10,000 population | 1.03 | 0.61 |
| Number of new cases detected | 134 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Chandigarh | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |

| ΗΙν ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
|--|------------------------|-------------------|
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 20.3 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 53.6 | 30.7 |
| Non-Communicable Disease | | |
| Diabeties and Hypertension ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.5 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 18.7 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 7.1 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Chandigarh (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 0.6 | 8.9 |
| Men who use any kind of tobacco (%) | 12.1 | 38 |
| Women who consume alcohol (%) | 0.3 | 1.3 |
| Men who consume alcohol (%) | 18.6 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Chandigarh | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 29 | N/A |
| Total number of fatal Road Accidents | 100 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 34.1 | 33.7 |
| Number of persons killed in Road Accidents | 104 | 115113 |

1.5 Access to Care

Health Systems Strengthening

| Ambulances & Mobile Medical Units (MMU) ¹¹ | Chandigarh | India |
|---|------------|-------|
| Number of Districts equipped with MMU under NRHM | 0 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 1 | 31 |

| Number of ERS vehicles operational in the States/UTs Under NHM | Chandigarh | India | |
|--|-------------------------|--------|--|
| 102 Туре | 0 9955 | | |
| 104 Туре | 0 | 605 | |
| 108 Туре | 6 | 10993 | |
| Others | 0 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | |
| Key Domain Indicators | ha | | |
| ASHA ¹³ | Chandigarh | India | |
| Total number of ASHA targeted under NRHM | N/A | 946563 | |
| Total number of ASHA in position under NRHM | N/A | 904211 | |
| % of ASHA in position under NRHM | N/A | 96 | |
| Total number of ASHA targeted under NUHM | N/A 7559 | | |
| Total number of ASHA in position under NUHM | N/A 6427 | | |
| % of ASHA in position under NUHM | N/A | 85 | |
| Community Process ¹¹ | Chandigarh Ind | | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | 0 | 554847 | |
| Number of Mahila Arogya Samitis (MAS) formed | 0 | 81134 | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | Chandigarh | India | |
| DH | 1 | 796 | |
| СНС | 0 | 6036 | |
| РНС | 0 | 20273 | |
| UCHC | 2 | 126 | |
| UPHC | 0 | 3229 | |
| Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | H Governance Chandigarh | | |
| Specialist Cadre Available in the state (Y/N) | Yes | | |
| HR Policy available (Y/N) | No | | |
| Implementation of HRIS (Y/N) | No | | |
| HR Integration initiated (Y/N) | No | | |
| | | | |

Public Health Cadre available (Y/N)

No

| | Specialists + MO MBBS (%) | ٤ | 3 | |
|--|---------------------------|--------------|--------------|--|
| | Dentists (%) | 28 | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 14 | | |
| (| LT (%) | 3 | | |
| | ANM (%) | 10 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:1 | 1:1 | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 4 per 10,000 | 4 per 10,000 | |
| Regular to contractual service delivery staff ratio ¹⁴ | | 1:1 | 1:1 | |
| | | | | |

Ranking: Human Resource Index of Chandigarh¹⁵

| | Total (Regular + NHM) | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | |
| MPW ^y | 46 | 208 | 192 | 16 | 0 | | |
| Staff Nurse | 553 | 239 | 335 | -96 | 218 | | |
| Lab Technician | 108 | 70 | 98 | -28 | 10 | 02.7 | |
| Pharmacists | 66 | 92 | 111 | -19 | 0 | 92.7 | |
| MO MBBS ^z | 103 | 230 | 167 | 63 | 0 | | |
| Specialist ^{aa} | 104 | 119 | 111 | 8 | 0 | | |

1.6 Healthcare Financing^{bb}

| National Health Accounts (NHA) (2017-18) | Chandigarh | India |
|---|------------|-------|
| Per Capita Government Health Expenditure (in ₹) | N/A | 1753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N/A | 1.35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | 5.12 |
| OOPE as a Share of Total Health Expenditure (THE) % | N/A | 48.8 |

^y MPW – Multi Purpose Health Worker (Female + Male)

 ^z MO MBBS (Full Time)
 ^{aa} Specialist (All Specialist)

^{bb} Sources are mentioned at the end of Annexure 1

| National Sample Survey Office (NSSO) (2017-2018) | | Chandigarh | | India | |
|--|------------------------|------------|---------|--------|--|
| | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | N | /A | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | N | /A | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | N | /A | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | N | /A | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | N | N/A | | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | N/A | | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | N/A | | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | N/A | | 53 | 43 | |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | N/A | | 2,402 | 3,091 | |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | N/A | | 20,692 | 26,701 | |
| State Health Expenditure | Chandigarh All India A | | Average | | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | N/A 5 ^{cc} | | сс | | |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{cc} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

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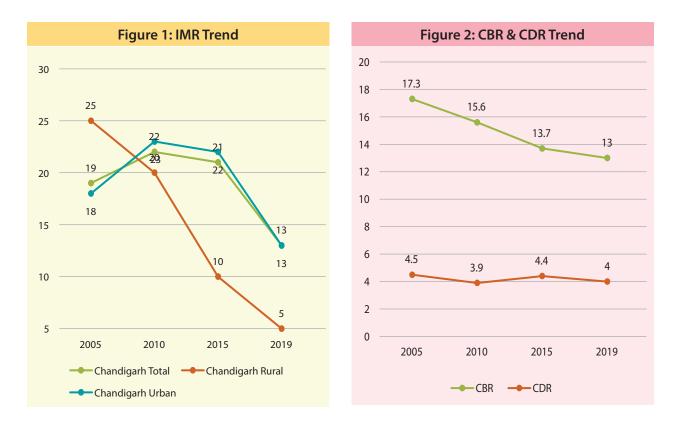
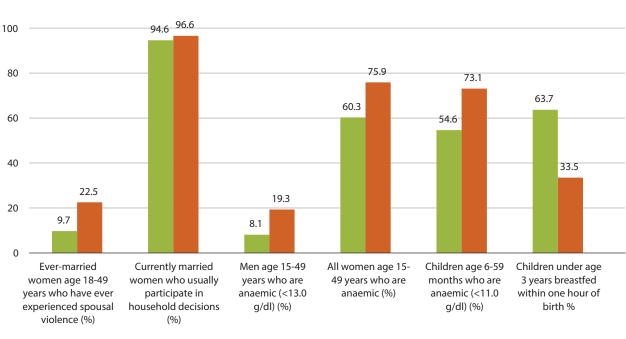


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

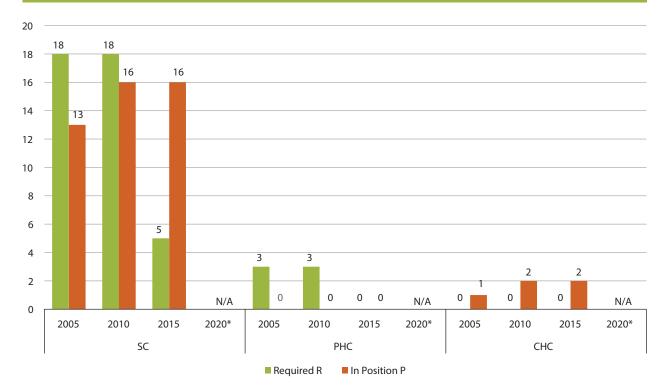


Figure 4: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

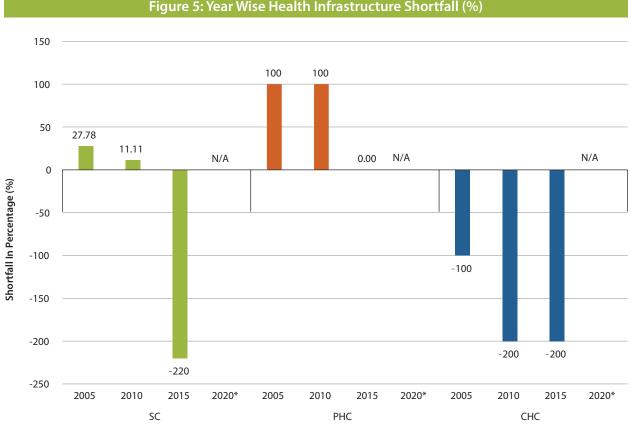
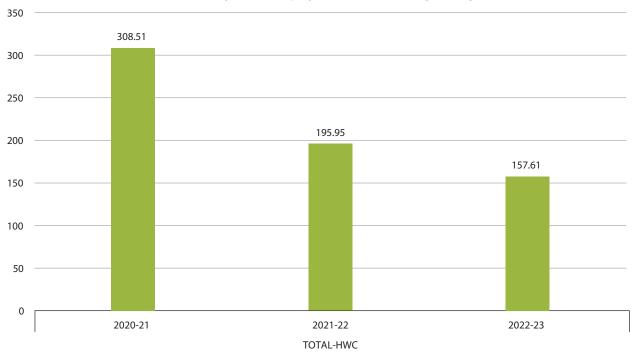


Figure 5: Year Wise Health Infrastructure Shortfall (%)

* Not Applicable as per RHS (Rural) 2020

Figure 6: Percentage HWCs progress against target - FY wise (%)



Chandigarh (% HWCs progress as of 22/Dec/2021 against targets

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| nce) ble) | (%) (វdpiəH rof JdpiəW) | 10.9 | 8.4 | NA | 8.3 |
|---|---|--------------|--------------|--------------|--------------|
| rforma t Availa | Children Under 5 Years - Wasted^ | 1 | 8 | z | 8 |
| Poor Pe itats No | Children Under 5 Years - Stunted^ (%) (90r For Age) (%) | 28.7 | 25.3 | NA | 25.2 |
| nce, Red – l ral Urban S | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 0 | 19 | NA | 19.1 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 93.2 | 82.8 | NA | 83.6 |
| (Di (Di | (%) sıtrið Isnoitutitznl | 91.6 | 6'96 | NA | 26 |
| | Mother Who Had At Least 4 Antenatal Care Visits (%) | 64.5 | 78.7 | NA | 79.1 |
| | (%) bəəV təmnU lstoT | 6.3 | 6.9 | NA | 7 |
| | (%) əsU mobnoD | 27.3 | 31.1 | NA | 31.2 |
| | (%) (%) (%) | 5.4 | 4.2 | NA | 4.3 |
| | prinnsl9 ylims 7 bed bed bed Port 89 Currently Married Womon 98 (%) | 74 | 77.4 | NA | 77.5 |
| | 9101-910 Age 20-24 Years Married Before 18 (%) | 12.7 | 6.7 | NA | 9.8 |
| | (%) əpA e4-21 ətərətil nəmoW | NA | 78.7 | 57.7 | 78.9 |
| | rədməm lsuzu yns hiv vələr covered under a həlsini difiənd sənərəcə financıng scheme (%) | 21.3 | 32.2 | NA | 32.3 |
| | (səlɛM 0001\səlɛrnə7) rttiß fA oifɛЯ xə2 | 981 | 838 | NA | 820 |
| | Data Source | NFHS 4 Total | NFHS 5 Total | NFHS 5 Rural | NFHS 5 Urban |
| | states/Districts | Chandigarh | Chandigarh | Chandigarh | Chandigarh |
| | .oN .2 | - | 2 | 3 | 4 |
| | | | | | |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with ordher milk products at least twice a day, a minimum including the milk or milk products and a minimum enterstread infants 6-8 months and a tleast three times a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed infants 6-8 months and a tleast three times a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid foods from at least four food groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ŕ ä

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal practices (fed with other milk orducts at least twice a day, a minimum meal frequency into a minimum meal frequency and at least twice a day for breastfed infants of a frequency and a least twice a day for breastfed infants 6-8 months and at least twice a day for breastfed children P-23 months, and solid or semi-solid food at least twice a day for breastfed infants of the milk products of groups of the milk products of groups of the milk products of the milk products of groups of the m j

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard Ċ.

NOTES

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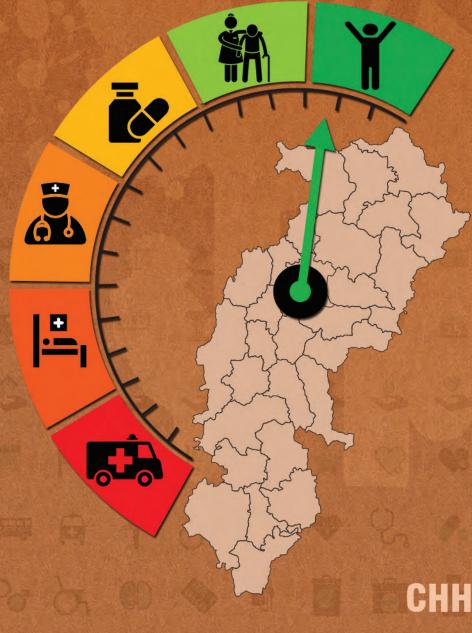


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



CHHATTISGARH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | |
|------------------|-----------------------------|----------------------------|--|--|
| 1 st | Kanker, Durg & Rajnandgaon | Kanker, Durg & Rajnandgaon | | |
| 2 nd | Bilaspur, Dhamtari & Raipur | | | |
| 3 rd | Raigarh Bastar | | | |
| 4 th | Raipur | Surguja | | |
| 5 th | Kanker | (Kawardha) Kabirdham | | |
| 6 th | Dantewada Mahasamund | | | |
| 8 th | Jashpur Korba | | | |
| 9 th | Balrampur Rajnandgaon | | | |
| 11 th | Dhamtari Bijapur | | | |
| 12 th | Raipur Korba | | | |
| 13 th | Rajnandgaon Korba | | | |

CHHATTISGARH

1. BACKGROUND

1.1 State Profile

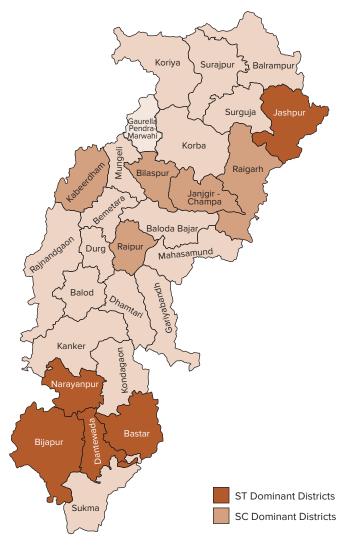
Chhattisgarh is the 10th largest state in India for a geographical spread of 1,35,192 km² with an estimated population of 2.55 crore^a (RHS 2019). The State is divided into 27 districts, with a projected population increase to 2.94 crores by 2021 (Census Population Projection 2011 Report). As per census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.32 crores (12.82%) and 0.78 crores (30.62%), respectively. Out of the 27 districts, top five ST & SC dominant districts account for 27.93% of ST & 61.69% of SC population in the State (Annexure 1.1; Figure 1). As per Census 2011, 76.76% reside in rural areas, while the rest constitute the urban population.

The total length of roads^b in the State is 97,845 km (1.95%^c), in which the national highways constitute 3,232 km (2.8%^d) and state highways constitute 4,438 km (2.53%^e). Agriculture and allied activities account for nearly 80 per cent of the work force in the State^f.

A detail report on the key indicators has been attached as Annexure 1

- ^c Percentage of total length of roads in State
- ^d Percentage of total length of National Highways in the country
- Percentage of total length of State Highways in the country
 https://knowindia.gov.in/states-uts/chhattisgarh.php





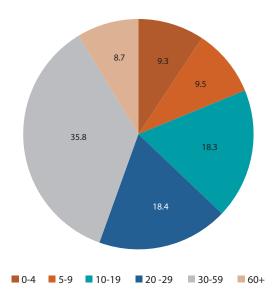
a Census 2011

^b Basic Road Statistics 2019, MoRTH

1.2 Demography

In Chhattisgarh, out of the 27 districts, 2 districts have a population of over 30 lakhs, 2 districts have a population of 20-30 lakhs, 6 districts have a population between 10-20 lakhs and 8 districts have a population less than 10 lakhs (Annexure 1.1, State Profile). The State's sex ratio at birth of 958 females for every 1000 males is higher than the national average of 899 females for every 1000 males (Annexure 1.2). Around 18.3% of the total population is in 10-19 years' age group, 54.2% between 20 to 59 years; and 8.7% above 60 years of age (Figure 2). The crude birth and death rates have declined from 27.2 and 8.1 in 2005 to 22.2 and 7.3 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 64.7% in 2001 to 70.28% in 2011, with male and female literacy rates being 80.3% and 60.24%, respectively (Annexure 1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)⁹ is 15.1% for higher education, 54% for senior secondary education, 91.93% for secondary education, 100.87% for elementary education, and 100.02% for primary education.

Figure 2: Chhattisgarh - distribution of estimated population 2021 (%)



1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years constitute 8.7% of the State's total population. The life expectancy at 60 years of age is 14.4 years for males, and 16.3 years for females (2014-2018). The old age dependency ratio is 13.1 in 2011; 12 for males, 14.2 for females; 13.9 in rural and 10.5 in urban areas. As per Elderly in India 2016 report, the illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 18% & 16% respectively, which is lower than the national average of 31% for both.

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^h services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)ⁱ, institutional deliveries, C sections, distribution of IFA^j tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care, have shown substantial improvement since 2005 (NFHS 4 & 5 report). The maternal mortality

ⁱ Antenatal Check up

⁹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^h Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

¹ Iron Folic Acid Tablets

ratio has significantly declined from 269^k (SRS MMR Bulletin 2007-09) to 159 (SRS MMR Bulletin 2018) per 1,00,000 live births. In Chhattisgarh, 93.8% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 report, Baloda Bazar, Bilaspur, Jashpur, Korba and Surjpur districts reported poor ANC coverage ranging from 46.9% to 49.5%. As reported in HMIS 2019-20, around 98.3% of the deliveries took place in institutions, out of which 76.4% took place in public health facilities. Total percentage of C-sections (15.3%) is slightly above the recommended range by the WHO (10-15%); out of which 45.5% are conducted at private facilities in the State. It is reported that around 61.6% women are given their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia in women aged 15-49 years has increased from 47% (NFHS 4) to 60.8% (NFHS 5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 63 (2005) to 40 (2019); yet is higher than the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). Though NNMR¹ and Still Birth (per 1,000 live births) Rates have significantly declined from 33.7 and 11.9 (2005) to 29 and 9 (2018), respectively, an increasing trend from 2015 is reported (Annexure 2, Figure 4). In general, improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs^m. The life expectancy at birth has also improved from 62.4 (2006-10) to 65.2 (2014-18) (Annexure 2, Figure 3). As per NFHS 5 report, Durg, Janjgir-Champa, Kabeerdham, Koriya and Rajgarh districts reported low SRBsⁿ ranging from 795 to 864; whereas Dantewada, Dhamtari, Kodagaon, Surguja and Uttar Bastar Kanker districts reported high SRB ranging from 1111 to 1296.

Full immunization coverage for children between 12 – 23 months has improved from 81.8% (NFHS 4) to 84.8% (NFHS 5). Though the burden of malnutrition declined over time^o, a wide intra-state variation in the nutritional status exists. The proportion of under 6-months children exclusively breastfed improved from 77.2% (NFHS 4) to 80.3% (NFHS 5). Prevalence of childhood anaemia, however, increased from 41.3% to 67.2% (Annexure 2, Figure 5). As per NFHS 5, Bilaspur, Gariyaband, Rajnandgaon, Surajpur and Uttar Bastar Kanker districts reported comparatively low burden of stunting, ranging from 24.8% to 28.9%; whereas Bastar, Bijapur, Dantewada, Narayanpur and Sukma districts reported high burden of stunting, ranging from 41.8% to 53.8%. For under-5 wasting, Balod, Kabeerdham, Korba, Mahasamund and Rajgarh districts reported relatively low burden, ranging from 12% to 15.1%; whereas Balrampur, Bilaspur, Janjgir-Champa, Kodagaon and Uttar Bastar Kanker districts reported high burden ranging from 23% to 24.6%.

^k MMR of Madhya Pradesh/Chhattisgarh as per SRS 2007-09

Neonatal Mortality Rate

^m QPR NHM MIS Report (Status as on 01.03.2022)

Sex Ratio at Birth

[°] Disease Burden Trends in the States of India 1990 to 2016

2.3 Family Planning

The TFR^p has reduced from 3.4 in 2005 to 2.4 in 2018, which is higher than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 8.3%, while unmet need for spacing is 3.4% (NFHS 5). Balrampur reported highest unmet need (16%), while Balod reported the lowest (2.6%). Around 61.7% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 47.5% among females and 0.8% among males.

2.4 Communicable Diseases

The State has 27 functional IDSP units in place^q. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 34.78% of total disease burden (GBD 2019) while diarrheal diseases, lower respiratory tract infection, & drug-susceptible TB being the major causes of DALY in the State (Annexure 2, Figure 6)^r. As per QPR report, for TB, the annualized total case notification rate is 136% and NSP^s success rate is 82% as opposed to the national averages of 163% and 79%, respectively. For NLEP^t, the reported prevalence rate of 2.08 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 31 from malaria, 5 from JE^u, while none from Dengue & Kala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths account for 70.1% of the total disease burden, while disability or morbidity account for 29.9%. Ischaemic heart disease, COPD & Diabetes Mellitus Type 2 remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute 53.82% of total DALYs, while injuries contribute to 11.4% of total DALYs. The State ranks 14th in the country for the total number of fatal road accidents (Annexure 1.4). It is reported that 17.3% of women and 43.1% of men used any kind of tobacco, while 5% of women and 34.8% of men consumed alcohol. In general, low birth weight, short gestation period, high systolic blood pressure, high fasting plasma glucose, household air pollution from solid fuels, & ambient particulate matter pollution are the major risk factors for all DALYs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 2,66,537 crores. The State is positioned 24th out of 32 States in terms of per capita expenditure of ₹ 92,413^v. According to NHA (2017-18), the per capita Government Health Expenditure in the State is estimated as ₹ 1,516, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^w as a share of Total Health Expenditure is estimated as 38.8%, which is less than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated as ₹ 61,900 in private hospitals and ₹ 4,314 in public hospitals, while the same in urban areas is around ₹ 28,435 in private hospitals and ₹ 4,155 in

P Total Fertility Rate

q QPR NHM MIS Report

r https://vizhub.healthdata.org/gbd-compare/india

^s New Smear Positive

t National Leprosy Eradication Programme

Japanese Encephalitis

Directorate of Economics and Statistics of State Government

[•] Out of Pocket Expenditure

public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 1,497 in rural areas & ₹ 2,414 in urban areas, whereas in private health facilities, it is ₹ 18,308 in rural areas and ₹ 21,936 in urban areas. In public health facilities, the share of expenditure on drugs is estimated as 37% and 41% for inpatient care; and 8% and 11% for diagnostics in rural and urban areas respectively (Annexure 1.6, Healthcare Financing).

2.7 Health Infrastructure

As per the RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, 3.09% shortfall in SCs, 6.93% shortfall in PHCs and 19.81% shortfall in CHCs still remain in Chhattisgarh (Annexure 2, Figure 9). Currently, there are 5,205 SCs, 792 PHCs & 170 CHCs in place, against the required 5,371 SCs, 851 PHCs and 212 CHCs. Similarly, in urban settings, there are 45 PHCs in place against the required 154, accounting to a shortfall of 70.78%. The State has 26 DHs, 20 SDHs and 7 Government medical colleges. In the State, 23 DHs, 3 SDH & 31 CHCs serve as functional FRUs. In tribal catchments, there are 2,817 SCs (6.34% excess), 399 PHCs (0.5% excess) and 89 CHCs in place against the required 2,649 SCs, 397 PHCs and 202 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 3248 HWCs (2556 SHCs, 645 PHCs & 47 UPHCs) are operationalized in the State as of 22nd December 2021^x.

In Chhattisgarh, 16 districts are equipped with MMUs under NHRM, while none under the NUHM. The State has 97% of ASHAs in position under both NRHM & NUHM. In the State, doctors to staff nurse ratio is 1:2, with 5 public healthcare providers available for every 10,000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 899 availed (events) OPD services and 56 availed (events) IPD services. However, as per the NSSO data (2017-18), 48% of all OPD cases in rural and 25% of all OPD cases in urban; 60% of all IPD cases in rural and 38% of all IPD cases in urban utilized public health facilities. Public health facilities utilization in the State is higher than the national average (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^y

| Indicator | Chhattisgarh 2011 ¹ | India |
|--|--------------------------------|----------------------------------|
| Total Population (In Crore) | 2.55 | 121.08 |
| Rural (%) | 76.76 | 68.85 |
| Urban (%) | 23.24 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0.32 (12.82%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.78 (30.62%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 70.28 | 72.99 |
| Male Literacy Rate (%) | 80.27 | 80.89 |
| Female Literacy Rate (%) | 60.24 | 64.64 |
| Number of Districts in the Chhattisgarh ² | 27 | , |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 8 |
| Number of districts per lakh population in Chhattisgarh (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 6 |
| | ≥20 Lakhs - <30 lakhs | 2 |
| | ≥30 Lakhs | 2 |

| ST SC Dominant (Top 5) Districts of Chhattisgarh ¹ | | | | | |
|---|-------------------------|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | | | |
| Bijapur - 80.01% | Janjgir Champa - 24.56% | | | | |
| Narayanpur - 77.35% Bilaspur - 20.76% | | | | | |
| Dakshin Bastar Dantewada - 76.87% Raipur - 17.82% | | | | | |
| Bastar - 65.93% Raigarh - 15.05% | | | | | |
| Jashpur - 62.27% Kabirdham - 14.56% | | | | | |
| Top 5 ST dominant district accounts for - 27.93% Top 5 SC dominant district accounts for - 61.69% | | | | | |

| 1.2 Key Health Status & Impact Indicators | | | | |
|---|--------------|-------|--|--|
| Indicators | Chhattisgarh | India | | |
| Infant Mortality Rate (IMR) ³ | 40 | 30 | | |
| Crude Death Rate (CDR) ³ | 7.3 | 6 | | |

^y Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 22.2 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 159 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 29 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 45 | 36 |
| Still Birth Rate ⁴ | 9 | 4 |
| Total Fertility Rate (TFR)⁴ | 2.4 | 2.2 |
| Life expectancy at birth⁵ | 65.2 | 69.4 |
| Sex Ratio at Birth⁴ | 958 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^z

| Indicators | | | | | |
|-------------------------|--|---|--|--|--|
| | | | 26 | | |
| | | | 20 | | |
| al College ⁶ | | | 7 | | |
| leges ⁶ | | | 3 | | |
| Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) | | |
| 2556 | 1627 | 3043 | 3987 | | |
| 645 | 793 | 793 | 793 | | |
| 47 45 45 | | 45 | 45 | | |
| 3248 | 2465 | 3881 | 4825 | | |
| Required (R) | | In place (P) | Shortfall (S) (%) | | |
| 212 | | 170 | 19.81 | | |
| 851 | | 792 | 6.93 | | |
| 5,37 | 1 | 5,205 | 3.09 | | |
| DH | I | SDH | СНС | | |
| 23 | | 3 | 31 | | |
| Required (R) | | In place (P) | Shortfall (S) (%) | | |
| 154 | | 45 | 70.78 | | |
| Required (R) | | In place (P) | Shortfall (S)% | | |
| 99 | | 89 | 10.10 | | |
| 397 | , | 399 | -0.50 | | |
| 2.64 | 9 | 2,817 | -6.34 | | |
| | leges ⁶ Status (Total) 2556 645 47 3248 Require 212 851 5,37 DH 23 Require 154 Require 99 397 | Status Target Status FY (2020- 2556 1627 2556 1627 645 793 47 45 47 45 3248 2465 Require (R) 1 2553 1 645 793 47 45 3248 2465 1212 1 6537 1 6537 1 645 1 1324 1 154 1 | arges Status (Total) Target FY (2022 - 2) 2556 1627 2556 1627 645 793 645 793 47 45 3248 2465 3248 2465 702 3881 645 170 702 170 645 1702 792 170 645 5.205 792 5.205 645 5.37 792 5.205 645 3 792 3 645 5.205 792 3 645 5.205 792 3 793 3 794 45 795 6 795 6 795 39 897 399 | | |

^z Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Chhattisgarh | India |
|---|--------------|--------|
| IPD per 1000 population | 56.3 | 62.6 |
| OPD per 1000 population | 899.4 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 12.0 | 36.4 |

| 1.4 Major Health Indicator ^{aa} | | |
|--|--------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Chhattisgarh | India |
| % DALY ^{bb} accountable for CMNNDs ^{cc} | 34.78 | 27.46 |
| % DALY accountable for NCDs | 53.82 | 61.43 |
| % DALY accountable for Injuries | 11.4 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Chhattisgarh | India |
| Level of Birth Registration (%) | 85.9 | 92.7 |
| Level of Death Registration (%) | 81.5 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 21.4 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Chhattisgarh | India |
| % 1st Trimester registration to Total ANC Registrations | 90.1 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 93.8 | 79.4 |
| Total Reported Deliveries | 485292 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 98.3 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 76.4 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 23.6 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 15.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 5.9 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 45.5 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 61.6 | 53.4 |
| Neonatal ⁹ | Chhattisgarh | India |
| % live birth to Reported Birth | 98 | 98.8 |
| 20 Inve birth to Reported birth | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 11.4 | 12.4 |

^{aa} Sources are mentioned at the end of Annexure 1

^{bb} Disability Adjusted Life Years

^{cc} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Chhattisgarh | India |
|---|--------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 23 | 895 |
| New Born Stabilization Unit (NBSU) | 157 | 2418 |
| New Born Care Corner (NBCC) | 1249 | 20337 |
| Child Health & Nutrition ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 3.6 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 67.3 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 31.3 | 32.1 |
| Child Immunization ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 84.8 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 96.4 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 90.2 | 87.9 |
| Family Planning ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.4 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Chhattisgarh | India |
| Number of districts with functional IDSP unit | 27 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Chhattisgarh | India |
| Annualized total case notification rate (%) | 136 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 82 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Chhattisgarh | India |
| Prevalence Rate/10,000 population | 2.08 | 0.61 |
| Number of new cases detected | 8,905 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Chhattisgarh | India |
| Deaths due to Malaria ¹¹ | 31 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 23.1 | 21.6 |
| | | |

| Non-Communicable Disease | | | | | |
|---|--------------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.8 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 19 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 4.5 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 5.4 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Chhattisgarh (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 17.3 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 43.1 | 38 | | | |
| Women who consume alcohol (%) | 5 | 1.3 | | | |
| Men who consume alcohol (%) | 34.8 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Chhattisgarh | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 14 | N/A | | | |
| Total number of fatal Road Accidents | 4,603 | 137,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 36 | 33.7 | | | |
| Number of persons killed in Road Accidents | 5003 | 115113 | | | |

1.5 Access to Care^{dd}

| Health Systems Strengthening | | | | |
|--|--------------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Chhattisgarh | India | | |
| Number of Districts equipped with MMU under NRHM | 16 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Chhattisgarh | India | | |
| 102 Туре | 324 | 9955 | | |
| 104 Туре | 1 | 605 | | |
| 108 Туре | 300 | 10993 | | |
| Others | 0 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 400 | 11070 | | |

dd Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | |
|--|---|------------------|--------------|--|
| ASHA ¹³ | | Chhattisgarh | India | |
| Total number of ASHA ta | argeted under NRHM | 68277 | 946563 | |
| Total number of ASHA ir | n position under NRHM | 66220 | 904211 | |
| % of ASHA in position u | nder NRHM | 97 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 3883 | 75597 | |
| Total number of ASHA ir | n position under NUHM | 3771 | 64272 | |
| % of ASHA in position u | nder NUHM | 97 | 85 | |
| Community Process ¹¹ | | Chhattisgarh | India | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 19180 | 554847 | |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 3245 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Chhattisgarh | India | |
| DH | | 26 | 796 | |
| СНС | | 154 | 6036 | |
| РНС | | 774 | 20273 | |
| JCHC 3 12 | | | 126 | |
| UPHC | | 45 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Chhatt | tisgarh | |
| Specialist Cadre Availab | le in the state (Y/N) | N | lo | |
| HR Policy available (Y/N |) | Ye | es | |
| Implementation of HRIS | (Y/N) | Ye | es | |
| HR Integration initiated (Y/N) | | Ye | es | |
| Public Health Cadre avai | ilable (Y/N) | N | lo | |
| | Specialists (%) | 5 | 5 | |
| | Dentists (%) | 4 | 0 | |
| Overall Vacancies | MO MBBS (%) | 37 | | |
| (Regular + contractual) | Nurse (%) | 41 | | |
| LT (%) | | 24 | | |
| | ANM (%) | 1 | 0 | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:1 | 1:2 | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 6 per 10,000 | 5 per 10,000 | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 5:1 | 5:1 | |

Ranking: Human Resource Index of Chhattisgarh¹⁵

| | | | Total (Regu | lar + NHM) | | |
|--------------------------|-----------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ee} | 12048 | 13910 | 11258 | 2652 | 790 | 58.8 |
| Staff Nurse | 10387 | 7917 | 4885 | 3032 | 5502 | |
| Lab Technician | 2554 | 1649 | 1322 | 327 | 1232 | |
| Pharmacists | 1461 | 1329 | 1051 | 278 | 410 | |
| MO MBBS [#] | 2588 | 2473 | 1975 | 498 | 613 | |
| Specialist ⁹⁹ | 2064 | 1807 | 404 | 1403 | 1660 | |

| 1.6 Healthcare Financing ^{hh} | | | | | | |
|--|--------|---------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | Chhat | tisgarh | India | | | |
| Per Capita Government Health Expenditure (in ₹) | 15 | 516 | 1753 | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .5 | 1. | 35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 6 | .4 | 5.12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 38 | 3.8 | 48.8 | | | |
| National Sample Survey Office (NISSO) (2017-2018) | Chhat | tisgarh | India | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 48 | 25 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 60 | 38 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 267 | 332 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 553 | 784 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 4,314 | 4,155 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 61,900 | 28,435 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 8 | 11 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 37 | 41 | 53 | 43 | | |

^{ee} MPW – Multi Purpose Health Worker (Female + Male)

" MO MBBS (Full Time)

^{gg} Specialist (All Specialist)

 $^{\mbox{\tiny hh}}$ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 1,497 | 2,414 | 2,402 | 3,091 | |
|--|--------|---------|-------------------|--------|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 18,308 | 21,936 | 20,692 | 26,701 | |
| State Health Expenditure | Chhatt | tisgarh | All India Average | | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.9 | | 5 | 5" | |

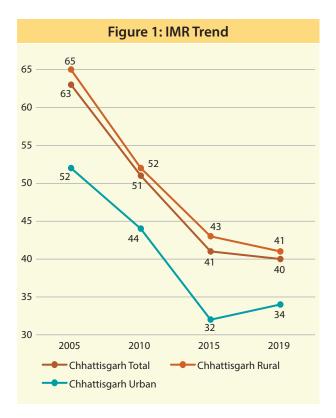
Sources used for Annexure 1

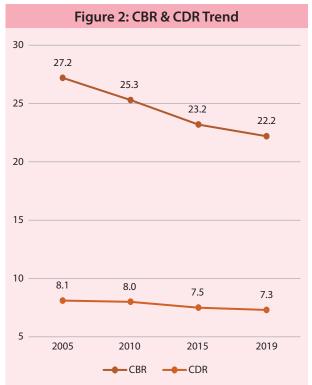
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

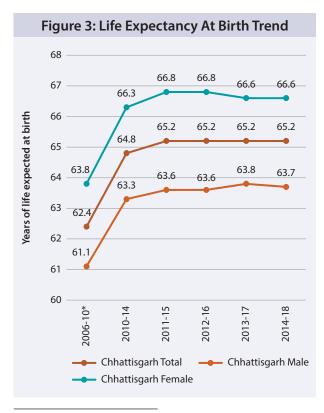
ii Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

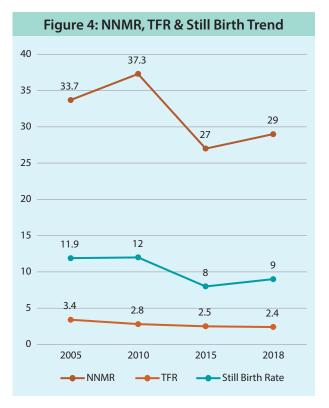
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









Including Madhya Pradesh

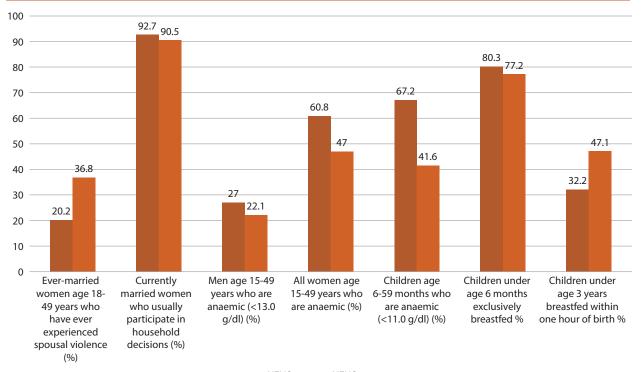


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

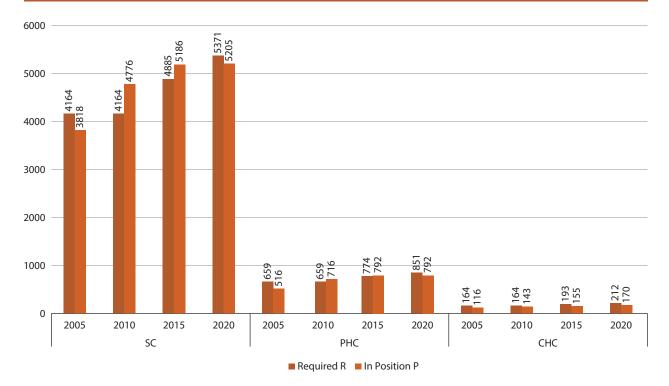
| 1990 rank | Chhattisgarh Both sexes, All ages, DALY | |
|-------------------------------|--|--------------------------------|
| 1 Lower respiratory infect | | 1 Ischemic heart disease |
| 2 Diarrheal diseases | | 2 Neonatal preterm birth |
| 3 Neonatal preterm birth | | 3 Diarrheal diseases |
| 4 Protein-energy malnutrition | | 4 Lower respiratory infect |
| 5 Other neonatal | En / | 5 Intracerebral hem |
| 6 Drug-susceptible TB | Non- | 6 Drug-susceptible TB |
| 7 Neonatal encephalopathy | · · · · · · · · · · · · · · · · · · · | 7 COPD |
| 8 Malaria | | 8 Other neonatal |
| 9 Ischemic heart disease | | 9 Malaria |
| 10 Measles | | 10 Diabetes type 2 |
| 11 Intracerebral hem | X. X. X. | 11 Dietary iron deficiency |
| 12 Typhoid fever | i Xi | 12 Self-harm other means |
| 13 COPD | | 13 Neonatal encephalopathy |
| 14 Dietary iron deficiency | The I | 14 Falls |
| 15 Drowning | A A A | 15 Other musculoskeletal |
| 16 Self-harm other means | in the second seco | 16 lschemic stroke |
| 17 Other nutritional | A. | 17 Migraine |
| 18 Acute hepatitis A | | 18 Low back pain |
| 21 Falls | A STANDAR | 26 Drowning |
| 22 Low back pain | TX : | 29 Typhoid fever |
| 29 Migraine | | 39 Protein-energy malnutrition |
| 31 Other musculoskeletal | | 75 Acute hepatitis A |
| 34 Ischemic stroke | | 98 Other nutritional |
| 38 Diabetes Gypel R | | 187 Measles |
| IHME | Communicable, mai neonatal, and nutrit diseases Non-communicable Injuries | ional |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Chhattisgarh Both sexes, All ages, DALYs per 100,000 2019 rank | |
|--|--|--|
| 1 Low birth weight | 1 Low birth weight | |
| 2 Short gestation | 2 Short gestation | |
| 3 Child wasting | 3 High systolic blood pressure | |
| 4 Household air pollution from solid fuels | 4 High fasting plasma glucose | |
| 5 Child underweight | 5 Household air pollution from solid fuels | |
| 6 Unsafe water source | 6 Ambient particulate matter pollution | |
| 7 Unsafe sanitation | 7 Alcohol use | |
| 8 No access to handwashing facility | 8 Smoking | |
| 9 High systolic blood pressure | 9 Unsafe water source | |
| 10 Child stunting | 10 High body-mass index | |
| 11 Smoking | 11 High LDL cholesterol | |
| 12 Iron deficiency | 12 Kidney dysfunction | |
| 13 Alcohol use | 13 Iron deficiency | |
| 14 High fasting plasma glucose | 14 Child wasting | |
| 15 Ambient particulate matter pollution | 15 No access to handwashing facility | |
| 16 High LDL cholesterol | 16 Diet low in fruits | |
| 17 Secondhand smoke | 17 Unsafe sanitation | |
| 18 Occupational injuries | 18 Lead exposure | |
| 19 Kidney dysfunction | 19 Diet low in whole grains | |
| 20 High temperature | 20 Secondhand smoke | |
| 21 Lead exposure | 21 Diet high in sodium | |
| 24 Diet low in fruits | 23 High temperature | |
| 25 High body-mass index | 24 Child underweight | |
| 26 Diet low in whole grains | 25 Occupational injuries | |
| 27 Diet high in sodium | 38 Child stunting | |
| Min HME | Metabolic risks Environmental/occupational | |

risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)



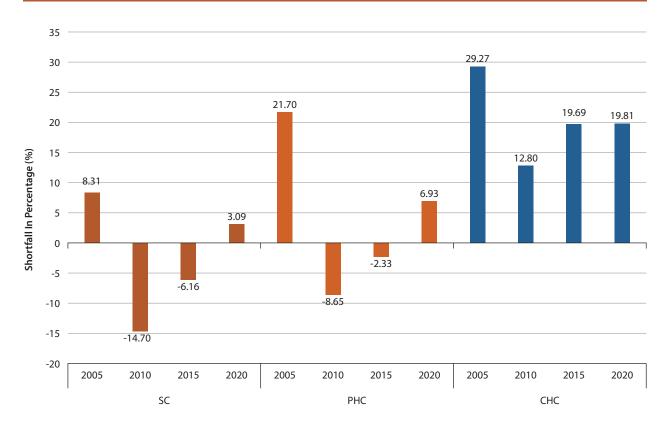
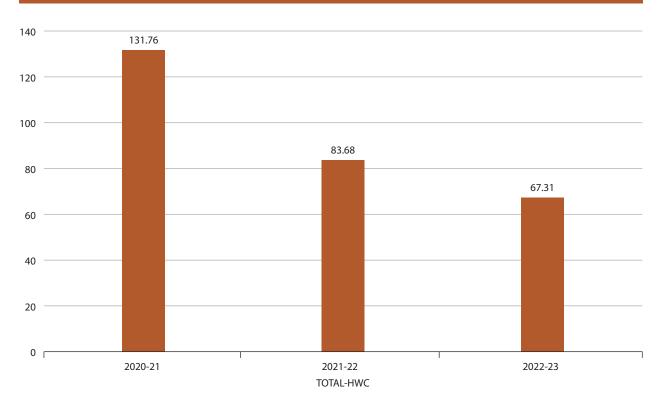


Figure 9: Year Wise Health Infrastructure Shortfall (%)

Figure 10: Percentage HWCs progress against target - FY wise (%)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| oor Perforr ats Not Ava | Children Under 5 Years - Wasted^ | 23.1 | 18.9 | 18.9 | 18.9 | 15.1 | 19.4 | 33 | 20.4 | 16.4 | 20 | 24 | 19.4 | 17.9 | 16.9 | 21.9 |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| oor F ats N | | | | - | | - | | | (N | - | | | - | - | | |
| ban St | Children Under 5 Years - Stunted^ (%) (99) Tor Age) (%) | 37.6 | 30 | 35.7 | 34.6 | 33.6 | 40.9 | 35.1 | 48.1 | 38.4 | 53.8 | 25.7 | 45.6 | 30.5 | 38.9 | 28.9 |
| rmance, R e Rural Ur | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 10.9 | 6 | 9.4 | 9.3 | 2.9 | 11.5 | 13.4 | 10.6 | 14.7 | 16.4 | 15.2 | 19.6 | 8.9 | 8.3 | 9.4 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 81.8 | 81.8 | 85.6 | 84.8 | 92.4 | 84.7 | 86.2 | 61.1 | 93.4 | 79 | 69.5 | 73.7 | 82.3 | 87 | 81.1 |
| (Gree | (%) sıtrıla lenoitutitzırl | 70.2 | 93.1 | 83.9 | 85.7 | 97.4 | 78.1 | 78.9 | 63.5 | 95 | 63.6 | 79.4 | 90.5 | 94.3 | 96.7 | 87.6 |
| | 4 teast A beH odW hothom (%) stisiV Gare Visits (%) | 59.1 | 62.2 | 59.6 | 60.1 | 81.5 | 49.5 | 52.1 | 55.1 | 54.6 | 56.9 | 46.9 | 68.2 | 70.4 | 69.9 | 57.8 |
| | (%) bəəV təmnU lstoT | 11.1 | 8 | 8.3 | 8.3 | 2.6 | 5.3 | 16 | 12.1 | 5 | 15.5 | 10.4 | 7.1 | 4.5 | 4.9 | 3.5 |
| | (%) əsU mobnoD | 3.9 | 7.9 | 3 | 4.1 | 3.4 | 3.9 | 3.2 | 4.9 | 2.8 | 3.1 | 5.5 | 6.3 | 5.5 | 6.5 | 5.6 |
| | (%) UD/PPIUD (%) | 1.6 | 3.7 | 2.6 | 2.8 | 2.3 | 4.7 | 2.9 | 2.2 | 1.9 | 4.1 | 3 | 6.8 | 1.5 | 3.8 | 2.5 |
| | ylimsf nof bostd bottoM ynA boinsM yltnenud y g pninnel9 (%) ars ye 25 arg nomoW | 57.7 | 71.3 | 66.8 | 67.8 | 83.5 | 71.5 | 52 | 54.2 | 75.6 | 35.7 | 58.5 | 58.8 | 81.1 | 80.6 | 76.2 |
| | Women Age 20-24 Years Married Before 18 (%) | 21.3 | 8.1 | 13.2 | 12.1 | 3.3 | 11.4 | 24.6 | 17.3 | 15.1 | 18.3 | 11.2 | 16.3 | 5.8 | 4.3 | 9.7 |
| | (%) 9pA 94-21 9ferəfil nəmoW | NA | 83.4 | 69.1 | 72.5 | 78.6 | 73.4 | 65.4 | 52.9 | 71.1 | 44.7 | 72.8 | 49.3 | 82.7 | 80.3 | 68.9 |
| | lsusu yns diw sblodsen yn diw sblodsen yn diw shol yn diw Maen covered un de'r a healt (%) emen yn gwan y Maen yn gwan y Maen yn gwan yn | 68.5 | 68.8 | 72.1 | 71.4 | 79.5 | 66.1 | 62.3 | 69.3 | 63.4 | 73.5 | 60.4 | 82.2 | 86.8 | 67 | 79.8 |
| | Sex Ratio At Birth (Females/1000 Males) | 977 | 933 | 967 | 960 | 1068 | 1021 | 887 | 1042 | 987 | 1045 | 1070 | 1296 | 1120 | 812 | 1011 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | stəirticts | Chhattisgarh | Chhattisgarh | Chhattisgarh | Chhattisgarh | Balod | Baloda Bazar | Balrampur | Bastar | Bemetara | Bijapur | Bilaspur | Dantewada | Dhamtari | Durg | Gariyaband |
| | .oN .2 | 1 | 2 | 3 | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 |

| 24.6 | 17 | 12 | 22.8 | 14.7 | 18.1 | 14 | 17.7 | 21.5 | 14.9 | 21.7 | 19.4 | 21.2 | 19.3 | 17.5 | 24.5 |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------------|
| 32.5 | 35.8 | 37.9 | 37.6 | 34.7 | 32.1 | 36.8 | 30.1 | 43.7 | 39.1 | 32.2 | 27.6 | 41.8 | 27.6 | 29.4 | 24.8 |
| 4.8 | 5.8 | 6.8 | 9.3 | 4 | ∞ | 15.7 | m | 14.8 | 4.5 | 7.9 | 10.6 | 20.9 | 11.4 | 6.6 | œ |
| 86.8 | 94.1 | 96.9 | 64.4 | 89.3 | 87 | 86.3 | 85.7 | 82.7 | 91.9 | 75.4 | 16 | 76.8 | 85 | 68 | 97 |
| 86.2 | 85.6 | 91.7 | 78.7 | 75.4 | 80.8 | 92.9 | 69.8 | 74.2 | 87.7 | 90.7 | 95.5 | 81.2 | 85.9 | 85.3 | 94.1 |
| 62.8 | 48.6 | 58.9 | 64.1 | 49.3 | 70 | 65.8 | 67.3 | 59.1 | 55.4 | 65.6 | 76.1 | 74 | 48.9 | 57.7 | 77.9 |
| 6.3 | 12.9 | 6.2 | 3.7 | 13.4 | 12.6 | 5.5 | 11.4 | 9.2 | 10.3 | 6.1 | 6.3 | 7.6 | 14.1 | 15 | m |
| 7.8 | 2.4 | 1.7 | 4.8 | 5.7 | 4.6 | 2.6 | 1.9 | 4.3 | 2.8 | ъ | 1.8 | 8.2 | 2.6 | 2.4 | 6.0 |
| 2.1 | 6.6 | 2.8 | 1.9 | 1.4 | 3.8 | 2.5 | 0.8 | £ | 1.9 | 3.4 | 2.5 | 6.6 | 2.8 | 2.2 | 2.5 |
| 74.8 | 56 | 75.2 | 68.2 | 53.6 | 56.4 | 71.4 | 64 | 57.7 | 64.1 | 76.8 | 73.3 | 53.7 | 59.8 | 55.2 | 74.7 |
| 10.2 | 21.9 | 15.3 | 11.8 | 7.2 | 22.9 | 9.5 | 20.5 | 11.1 | 11.5 | 8.8 | 3.8 | 18.9 | 34.3 | 18.1 | 5.4 |
| 74.9 | 73.1 | 66.2 | 54.7 | 73.2 | 74.8 | 70.6 | 66.5 | 52 | 74.9 | 79.6 | 80.6 | 39.8 | 66.9 | 71 | 77.2 |
| 74 | 80.6 | 72.1 | 80.6 | 60.6 | 62.8 | 76.2 | 68 | 83.1 | 66.3 | 76.9 | 80.8 | 78.1 | 75.7 | 65.1 | 84.8 |
| 795 | 951 | 826 | 1111 | 686 | 864 | 1077 | 1017 | 1102 | 812 | 1000 | 988 | 925 | 916 | 1139 | 1131 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| Janjgir - Champa | Jashpur | Kabeerdham | Kodagaon | Korba | Koriya | Mahasamund | Mungeli | Narayanpur | Raigarh | Raipur | Rajnandgaon | Sukma | Surajpur | Surguja | Uttar Bastar Kanker |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

* NFH55 replaced 'Immunized (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or her milk products at least twice a day for breastfed children 9-23 months, and solid foods from at least four food groups not including the milk products food group)

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ä

Red – Worst five performing districts within the districts for a particular indicator æ

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days j

** Based on the youngest child living with the mother Ū.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய்

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ц.

NOTES

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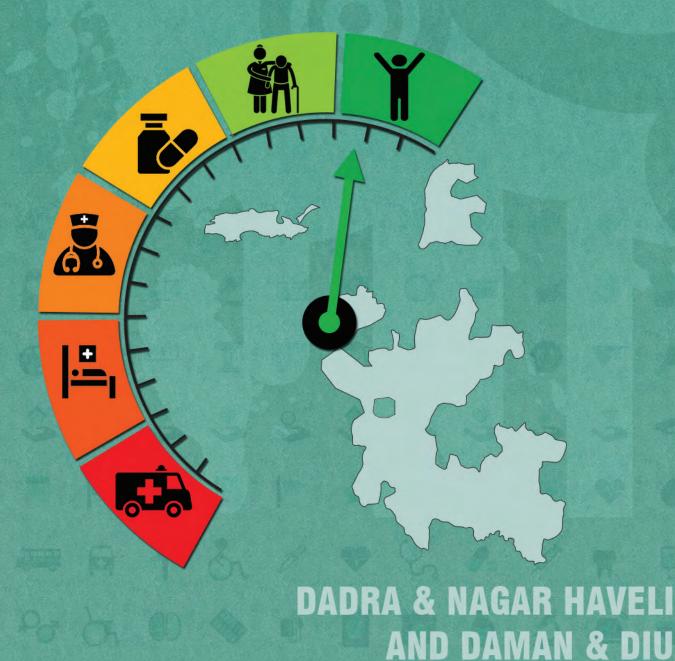


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | |
|-----------------|----------------------|-------------|--|--|--|
| 3 rd | Dadra & Nagar Haveli | Daman & Diu | | | |

DADRA & NAGAR HAVELI AND DAMAN & DIU

1. BACKGROUND

1.1 State Profile

The union territories of Dadra and Nagar Haveli (DNH) and Daman and Diu (DD) have been merged with effect from 26th January 2020. Dadra and Nagar Haveli are estimated^a to have a population of over 0.03 crores whereas Daman and Diu are estimated to have 0.02 crores. It is projected that the population would reach around 0.06 crores and 0.046 crores, respectively by 2021^b. As per census 2011, in Dadra & Nagar Haveli, the Scheduled Caste (SC) population is 0.06 lakh (1.79%) and Scheduled Tribe (ST) population is 1.78 lakh (51.95%) and in Daman & Diu, SC population and ST population is 0.06 lakh (2.52%) and 0.15 lakh (6.32%). Around 53.28% of the population in Dadra & Nagar Haveli and 24.83% of the population in Daman & Diu reside in rural areas, while the rest constitute the urban population. The total length of roads^c is 1,187 km (0.02%^d) in Dadra and Nagar Haveli and 426 km in Daman and Diu.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

The UT's sex ratio at birth is 817 females for every 1000 males (NFHS 5). The crude birth rate and the crude death rate for DNH have declined from 29.4 & 5.1 in 2005 to 21.9 & 3.7 in 2019, respectively; whereas for DD they have declined from 19.1 and 5.6 (2005) to 18.6 and 4.1(2019), respectively (Annexure 2; figures 3, 4). The literacy rate in DNH increased from 60.0% in 2001 to 76.2% in 2011, with male & female literacy rates being 85.2% and 64.3%, respectively. For Daman and Diu, the literacy rate increased from 81.1 (2001) to 87.1 (2011), with male and female literacy rates being 91.5% and 79.5% (Annexure 1.1). As per ESAG 2018 report, the Gross Enrolment Rate (GER)^e is 9.1% and 5.7% for higher education, 48.49% and 21.54% for senior secondary education, 88.57% and 72.97% for secondary education, 85.59% and 80.99% for elementary education, and 82.53% and 82.03% for primary education in Dadra and Nagar Haveli and Daman and Diu, respectively.

^a Census 2011

^b Census Population Projection 2019 Report

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in DNH

^e Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Dadra and Nagar Haveli, 7.0% of elderly females living in rural areas and 41% of elderly females and 10% elderly males in urban areas are economically fully dependent on others. In Daman and Diu, 99.0% of elderly females and 97.0% of elderly males in rural areas and 100% of elderly females and 37% of elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among elderly is reported as 1% and 14% for men and 9% and 10% women in DNH and DD, respectively as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N^f services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)⁹, institutional deliveries, C sections, distribution of IFA^h tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 160ⁱ (SRS MMR Bulletin 2007-09) to 85^j (SRS MMR Bulletin 2016-18). In DNH, 82.5% of women received 4 ANC check-ups and 125.9% in DD (Annexure 1.4). As reported in HMIS 2019-20, around 99.6% and 100% of the deliveries took place in institutions, out of which 88.8% and 85.5% took place in public health facilities in DNH and DD, respectively. Total percentage of C-sections in DNH (31.7%) and DD (32.8%) are higher than the WHO's standard (10-15%), out of which 54.7% and 34.1% took place in private facilities in the respective UTs. Around 59.3% and 54.3% of women are tracked for the first postpartum check-up between 48 hours and 14 days in DNH and DD respectively (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 72.9% (NFHS-4) to 62.5% (NFHS-5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, a significant decline in IMR from 42 (2005) to 11 (2019) is seen in DNH, and from 28 (2005) to 17 (2019) in DD (Annexure 2, figures 1,2). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4).

Full vaccination^k coverage for children between 12 – 23 months of age improved from 66.4% (NFHS 4) to 93.4% (NFHS 5). A decrease in childhood anaemia from 82.0% to 75.8% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). The proportion of exclusively breastfed under 6

^f Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^g Antenatal Check up

^h Iron Folic Acid Tablets

ⁱ Other smaller states & UTs, inclusive of Delhi

^j Other smaller states & UTs, inclusive of Delhi

^k NFHS 5 State/UT Factsheet, based on information from vaccination card only

months children improved from 67.9% (NFHS 4) to 79.4% (NFHS 5). As per NFHS 5 report, the burden of under-5 years stunting increased from 37.2% (NFHS 4) to 39.4% (NFHS 5) while the burden of under-5 years wasting declined from 26.7% (NFHS 4) to 21.6% (NFHS 5) in the UT¹.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the UT is reported as 11.9%, and the unmet need for spacing is 5.3%. Approximately 59.8 % of married women reported to avail any modern method of family planning in the UT (NFHS 5); with sterilization acceptance among females being 41.6% and 0.2% for males.

2.4 Communicable Diseases

DNH has 1 and DD has 2 functional IDSP units in place^m. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.67%ⁿ of total disease burden (Annexure 1.4). As per QPR reports, for TB, the annual total case notification rate is 174% in DNH; and NSP^o success rate is 92% in DNH and 79% in DD. For NLEP^p, the reported prevalence rate is 2.61 per 10,000 population in DNH and 0.43 in DD. In FY 2019-20, 2 deaths due to Dengue, and none due to Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

NCDs contribute to 67.90% of DALYs; whereas injuries contribute to 12.42% of DALYs in the UT^q. DNH and DD are individually positioned 31st and 34th in the country for the total number of fatal road accidents with respect to other States/UTs (Annexure 1.4). It is found in the recent NFHS 5 report that 2.9% of women and 38.6% of men used any kind of tobacco, while 1.1% of women and 27.8% of men consumed alcohol.

2.6 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figures 6,7). Currently, there are 94 SCs, 10 PHCs and 4 CHCs in place against the required 65 SCs, 10 PHCs and 2 CHCs in rural areas. In urban settings, there are 3 PHCs in place against the required 16 PHCs accounting to a shortfall of 81.25%. The UT has 3 DHs, 1 SDHs and 1 government medical college.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 60 HWCs (52 SCs and 8 PHC) are operationalized in DNH and 30 HWCs (26 SCs and 4 PHCs) are operationalized as of 22nd December 2021^r.

r AB-HWC Portal

Dadra and Nagar Haveli and Daman and Diu

^m QPR NHM MIS Report (Status as on 01.03.2020)

ⁿ Includes all UTs except Delhi; https://vizhub.healthdata.org/gbd-compare/india

[°] New Smear Positive

^p National Leprosy Eradication Programme

^q Includes all UTs except Delhi; https://vizhub.healthdata.org/gbd-compare/india

The doctor to staff nurse ratio in place is 1:2 in both the UTs with 8 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population in DNH and 5 per 10,000 population in DD (Annexure 1.5). Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 3662.60 and 2268 availed (events) OPD services; and 152.13 and 52 availed (events) IPD services in DNH and DD, respectively.

ANNEXURE 1: KEY INDICATORS

1.1 State Profiles

| Indicator | | and Nagar aveli | Daman & Diu | India | |
|--|------------------------------|----------------------|---------------------------|------------------|--|
| Total Population (In Crore) | C | 0.034 | 0.024 | 121.08 | |
| Rural (%) | 5 | 3.28 | 24.83 | 68.85 | |
| Urban (%) | 4 | 6.72 | 75.17 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.0006 | 52 (1.79%) | 0.0006124 (2.52%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.0178 | 6 (51.95%) | 0.0015363 (6.32%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | | 76.2 | 87.1 | 72.99 | |
| Male Literacy Rate (%) | | 85.2 | 91.5 | 80.89 | |
| Female Literacy Rate (%) | | 64.3 | 79.5 | 64.64 | |
| Number of Districts in the State/UT ² | 1 | | 2 | 739 ^t | |
| Number of districts per lakh population in DNH & DD (Census 2011) | Population ¹ | | Dadra and Nagar Haveli | Daman & Diu | |
| | <5 | Lakhs | 1 | 1 | |
| ST Dominant Districts (%) | SC | Dominant Districts (| %) | | |
| Diu (0.24%) | Diu (3.58%) | | | | |
| Daman (7.97%) | Daman (2.23%) | | | | |
| Dadra & Nagar Haveli (51.95%) | Dadra & Nagar Haveli (1.79%) | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Dadra and Nagar Haveli | Daman & Diu | India | | |
|--|---------------------------|-------------|-------|--|--|
| Infant Mortality Rate (IMR) ³ | 11 | 17 | 30 | | |
| Crude Death Rate (CDR) ³ | 3.7 | 4.1 | 6.0 | | |
| Crude Birth Rate (CBR) ³ | 21.9 | 18.6 | 19.7 | | |
| Maternal Mortality Ratio (MMR) ³ | N | N/A | | | |
| Neo Natal Mortality Rate (NNMR) ⁴ | N | 23 | | | |
| Under Five Mortality Rate (U5MR)⁴ | N | 36 | | | |

^s Sources are mentioned at the end of Annexure 1

t https://lgdirectory.gov.in/welcome.do?OWASP_CSRFTOKEN=37A9-J2CE-GIC7-WVWF-LT1B-M9G3-DTV5-3J3N

| Still Birth Rate ^₄ | N/A | 4 |
|-------------------------------|-----|------|
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

1.3 Key Health Infrastructure Indicators^u

| Indicators | Dadra and Nagar Haveli | Daman & Diu |
|---|---------------------------|-------------|
| Number of District Hospitals ² | 1 | 2 |
| Number of Sub District Hospital ² | 1 | 0 |
| Number of Government (Central + State) Medical College ⁶ | 1 | 0 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | 0 | 0 |

| Number of AB-HWCs functional as of 22 nd | Dadra and Nagar Haveli | | | | | | |
|---|------------------------|------------------------|------------------------|------------------------|--|--|--|
| December 2021 ¹⁶ | Status (Total) | Target FY (2020-21) | Target FY (2021-22) | Target FY (2022-23) | | | |
| SHC-HWC | 52 | 23 | 43 | 56 | | | |
| PHC-HWC | 8 | 9 | 9 | 9 | | | |
| UPHC-HWC | N/A | 2 | 2 | 2 | | | |
| Total-HWC | 60 | 34 | 54 | 67 | | | |

| Number of AB-HWCs functional as of 22nd | Daman & Diu | | | | | | |
|---|-------------------|------------------------|------------------------|------------------------|--|--|--|
| December 2021 ¹⁶ | Status (Total) | Target FY (2020-21) | Target FY (2021-22) | Target FY (2022-23) | | | |
| SHC-HWC | 26 | 8 | 15 | 20 | | | |
| PHC-HWC | 4 | 4 | 4 | 4 | | | |
| UPHC-HWC | N/A | 1 | 1 | 1 | | | |
| Total-HWC | 30 | 13 | 20 | 25 | | | |

| Rural ² | Dadra & Nagar Haveli & Daman & Diu | | | | | |
|--|------------------------------------|-----|--------------|----|-------------------|-----|
| nurai | Required (R) | | In place (P) | | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 2 | | 4 | | -100.00 | |
| Number of Primary Health Centres (PHC) | 10 | | 10 | | 0.00 | |
| Number of Sub Centres (SC) | 65 | | 94 | | -44 | .62 |
| | Dadra & Nagar Ha | | Haveli | Da | ıman & Di | u |
| Number of functional First Referral Units (FRUs) | DH | SDH | СНС | DH | SDH | СНС |
| | 1 | 1 | 0 | 2 | 0 | 2 |

^u Sources are mentioned at the end of Annexure 1

| Urban ² | Dadra & Nagar Haveli & Daman & Diu | | | | |
|--|------------------------------------|---------------------|-------------------|--|--|
| Urban- | Required (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 16 | 3 | 81.25 | | |
| Tribal ² | Dadra & | Nagar Haveli & Dama | n & Diu | | |
| Tribar | Required (R) | In place (P) | Shortfall (S) (%) | | |
| Number of CHC | 1 | 2 | -100.00 | | |
| Number of PHC | 7 | 9 | -28.57 | | |
| Number of SC | 49 | 76 | -55.10 | | |
| Patient Service ⁹ | Dadra & Nagar Haveli | Daman & Diu | India | | |
| IPD per 1000 population | 152.13 | 52 | 62.6 | | |
| OPD per 1000 population | 3662.60 | 2,268 | 1337.1 | | |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 121.85 | 57 | 36.4 | | |

1.4 Major Health Indicator[®]

| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | | Dadra & Nagar Haveli & Daman & Diu | India |
|---|-------------------------|--|-------|
| % DALY ^w accountable for CMNNDs ^x | | 19.67 | 27.46 |
| % DALY accountable for NCDs | | 67.90 | 61.43 |
| % DALY accountable for Injuries | | 12.42 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Dadra & Nagar Haveli | Daman & Diu | India |
| Level of Birth Registration (%) | 76.4 | 50.7 | 92.7 |
| Level of Death Registration (%) | 100 | 61 | 92 |
| Percentage of medically certified deaths to total 46.4 | | 54.1 | 20.7 |
| RMNCH | A+N | | |
| Maternal Health ⁹ | Dadra & Nagar Haveli | Daman & Diu | India |
| % 1st Trimester registration to Total ANC Registrations | 96.6 | 83.9 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 82.5 | 125.9 | 79.4 |

^v Sources are mentioned at the end of Annexure 1

w Disability Adjusted Life Years

^x Communicable, Maternal, Neonatal, and Nutritional Diseases

| Total Reported Deliveries | 9577 | 4,048 | 21410780 |
|---|-------------------------|----------------------|-------------------|
| % Institutional deliveries to Total Reported Deliveries | 99.6 | 100 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 88.8 | 85.5 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 11.2 | 14.5 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 31.7 | 32.8 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 28.8 | 32.5 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 54.7 | 34.1 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 59.3 | 54.3 | 53.4 |
| Neonatal ⁹ | Dadra & Nagar Haveli | Daman & Diu | India |
| % live birth to Reported Birth | 98.1 | 99.1 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 35.2 | 20.3 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 92.9 | 84.3 | 89.9 |
| New Born Care Units Established ¹¹ | Dadra & Nagar Haveli | Daman & Diu | India |
| Sick New Born Care Unit (SNCU) | 1 | 1 | 895 |
| New Born Stabilization Unit (NBSU) | 4 | 0 | 2418 |
| New Born Care Corner (NBCC) | 7 | 2 | 20337 |
| Child Health & Nutrition ¹⁰ | | DNH & DD (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks prec the survey (%) | eding | 2.6 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received o salts (ORS) (%) | oral rehydration | N/A | 60.6 |
| Children under 5 years who are underweight (weight-for-a | ıge) (%) | 38.7 | 32.1 |
| Child Immunization ¹⁰ | | DNH & DD (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on infor vaccination card only (%) | 93.4 | 83.8 | |
| Children age 12-23 months who have received BCG (%) | | 98.1 | 95.2 |
| Children age 12-23 months who have received first dose o | 96.2 | 87.9 | |

| Family Planning ¹⁰ | DNH & DD (NFHS 5) | India (NFHS 5) | |
|--|-------------------------|----------------------|-------------------|
| Unmet need for spacing (%) | | 5.3 | 4 |
| Communicable | e Diseases ^y | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Dadra & Nagar Haveli | Daman & Diu | India |
| Number of districts with functional IDSP unit | 1 | 2 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Dadra & Nagar Haveli | Daman & Diu | India |
| Annualized total case notification rate (%) | 174 | N/A | 163 |
| New Smear Positive (NSP) Success rate (in %) | 92 | 79 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Dadra & Nagar Haveli | Daman & Diu | India |
| Prevalence Rate/10,000 population | 2.61 | 0.43 | 0.61 |
| Number of new cases detected | 200 | 29 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Dadra & Nagar Haveli | Daman & Diu | India |
| Deaths due to Malaria ¹¹ | 0 | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 2 | 2 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 0 | 3,706 |
| HIV ¹⁰ | | DNH & DD (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowled Immunodeficiency Virus (HIV)/Acquired immunodeficiency s (AIDS) (%) ¹⁰ | • | 25.3 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowled HIV/AIDS (%) ¹⁰ | ge of | 28.1 | 30.7 |
| Non-Communica | able Disease | | |
| Diabeties and Hypertension ¹⁰ | | DNH & DD (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 Diastolic 90-99 mm of Hg) (%) | mm of Hg and/or | 7.7 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm Diastolic 90-99 mm of Hg) (%) | n of Hg and/or | 9.8 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | | 6.6 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | | 8 | 7.3 |

y QPR NHM MIS Report (Status as on 01.03.2020)

| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | DNH & DD (NFHS 5) | India (NFHS 5) |
|---|----------------------|-------------------|
| Women who use any kind of tobacco (%) | 2.9 | 8.9 |
| Men who use any kind of tobacco (%) | 38.6 | 38 |
| Women who consume alcohol (%) | 1.1 | 1.3 |
| Men who consume alcohol (%) | 27.8 | 18.8 |
| In truste a | | |

Injuries

| Road Traffic Accident ¹² | Dadra & Nagar Haveli | Daman & Diu | India |
|--|-------------------------|-------------|---------|
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 31 | 34 | N/A |
| Total number of fatal Road Accidents | 48 | 23 | 137,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 72.1 | 40.6 | 33.7 |
| Number of persons killed in Road Accidents | 49 | 28 | 115113 |

1.5 Access to Care

| Health Systems Strengthening | | | | | | |
|--|-------------------------|-----------------------|--------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | | DNH & DD ^z | India | | | |
| Number of Districts equipped with MMU under NR | 1 | 506 | | | | |
| Number of Districts equipped with MMU/Health U | nits under NUHM | 0 | 31 | | | |
| Number of ERS vehicles operational in the States | /UTs Under NHM | DNH & DD | India | | | |
| 102 Type | 4 | 9955 | | | | |
| 104 Type | 0 | 605 | | | | |
| 108 Type | 7 | 10993 | | | | |
| Others | 0 | 5129 | | | | |
| Number of Ambulances functioning in the State/U (At PHC/CHC/SDH/DH) | Ts other than NHM | 27 | 11070 | | | |
| Key Do | omain Indicators | | | | | |
| ASHA ¹³ | Dadra & Nagar Haveli | Daman & Diu | India | | | |
| Total number of ASHA targeted under NRHM | 372 | 98 | 946563 | | | |
| Total number of ASHA in position under NRHM | 262 | 89 | 904211 | | | |
| % of ASHA in position under NRHM | 70.43 | 90.81 | 96 | | | |

^z QPR NHM MIS Report (Status as on 31.12.2020)

| Total number of ASHA t | argeted under NUHM | 70 | 10 | | 75597 | |
|--|---|-------------------------|------------------|------------------------|-----------------|--|
| Total number of ASHA in | | 65 | 10 | | 64272 | |
| % of ASHA in position u | • | 92.85 | 100 | | 85 | |
| Community Process ¹¹ | | | DNH & | DNH & DD ^{aa} | | |
| - | h Sanitation and Nutrition C | ommittees | 89 | | 554847 | |
| Number of Mahila Arogya Samitis (MAS) formed | | | 0 | | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered | d (Total) ¹¹ | DNH & | DDpppp | India | |
| DH | | | 3 | | 796 | |
| СНС | | | 4 | | 6036 | |
| РНС | | | 4 | | 20273 | |
| UCHC | | | 0 | | 126 | |
| UPHC | | | 0 | | 3229 | |
| | Human Res | ource for Healt | :h ¹⁴ | | | |
| HRH Governance | | Dadra & Have | - | Daman & Diu | | |
| Specialist Cadre Availab | le in the state (Y/N) | | Yes | ; | Yes | |
| HR Policy available (Y/N |) | | No | | No | |
| Implementation of HRIS | 5 (Y/N) | | No | | No | |
| HR Integration initiated | (Y/N) | | Yes | ; | Yes | |
| Public Health Cadre ava | ilable (Y/N) | | No | | No | |
| | Specialists (%) | | 3 | | 66 | |
| | Dentists (%) | | 25 | | 17 | |
| Overall Vacancies | MO MBBS (%) | | 32 | | 46 | |
| (Regular + contractual) | Nurse (%) | | 4 | | 36 | |
| | LT (%) | | 9 | | 5 | |
| | ANM (%) | | 16 | | 10 | |
| HRH Distribution ¹⁴ | | Dadra & Na | gar Haveli | Dai | nan & Diu | |
| | | Sanctioned | In Place | Sanction | ed In Place | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:1 | 1:2 | 1:1 | 1:2 | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 10 per 10,000 | 8 per 10,000 | 9 per 10,0 | 00 5 per 10,000 | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 1:1 | 1:1 | 1:1 | 1:1 | |

^{aa} QPR NHM MIS Report (Status as on 31.12.2020)
 ^{bb} QPR NHM MIS Report (Status as on 31.12.2020)

| Ranking: Human Reso | ource Index of | r Dadra & Naga | r Haveli and Dan | nan & Diu ¹³ | | | | |
|-----------------------|-----------------|-----------------------|------------------|-------------------------|-------------------------|-----------------------------|--|--|
| | | Total (Regular + NHM) | | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | |
| MPW ^{cc} | 218 | 222 | 211 | 11 | 7 | | | |
| Staff Nurse | 676 | 305 | 261 | 44 | 415 | | | |
| Lab Technician | 90 | 59 | 61 | -2 | 29 | 70.21 | | |
| Pharmacists | 46 | 46 | 45 | 1 | 1 | 70.21 | | |
| MO MBBS ^{dd} | 121 | 114 | 93 | 21 | 28 | | | |
| Specialistee | 159 | 109 | 77 | 32 | 82 | | | |

| 1.6 Healthcare Financing | | | | |
|--|----------|-------|--------|--------|
| National Health Accounts (NHA) (2017-18) | DNH & DD | | India | |
| Per Capita Government Health Expenditure (in ₹) | N/A | | 1753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N/A | | 1.35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | N/A | | 48.8 | |
| National Sample Survey Office (NSSO) (2017-2018) | DNH & DD | | India | |
| | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | N/A | | 33 | 26 |
| IPD - % of hospitalized cases using public facility | N/A | | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | N/A | | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | N/A | | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | N/A | | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | N/A | | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | N/A | | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | N/A | | 53 | 43 |

^{cc} MPW – Multi Purpose Health Worker (Female + Male)

^{dd} MO MBBS (Full Time)

 ^{ee} Specialist (All Specialist)
 * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (\mathfrak{F}) (NSSO) | N/A | 2,402 | 3,091 |
|---|-------------|-------------------|--------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (\mathfrak{F}) | N/A | 20,692 | 26,701 |
| State Health Expenditure | Daman & Diu | All India Average | |
| State Health Department expenditure as a share of total expenditure (%) $(2017-18)^{**}$ | N/A | 5 ^{ff} | |

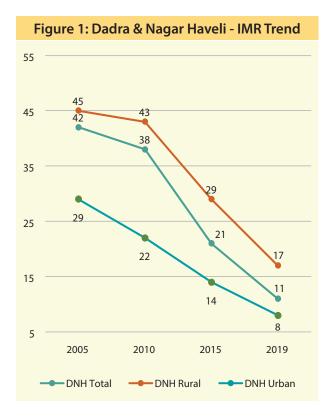
Sources used for Annexure 1

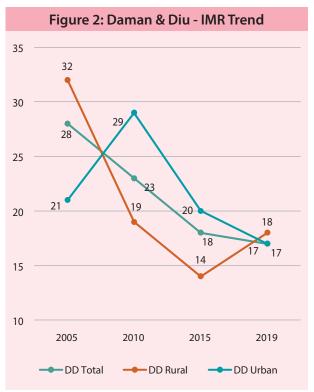
- Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

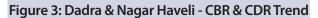
ff Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

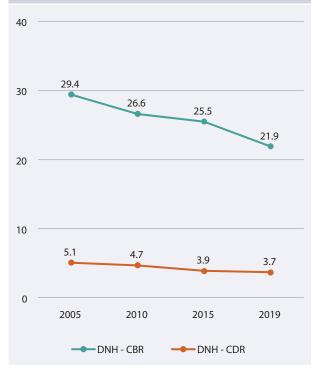
^{**} RBI, State Finances: Study of Budgets 2019-20

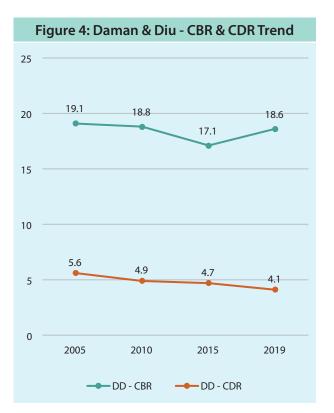
ANNEXURE 2











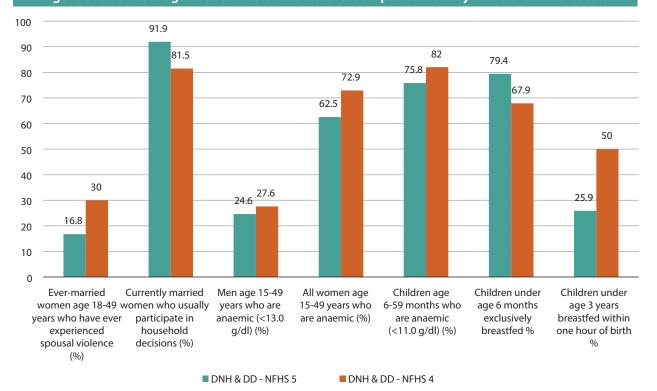
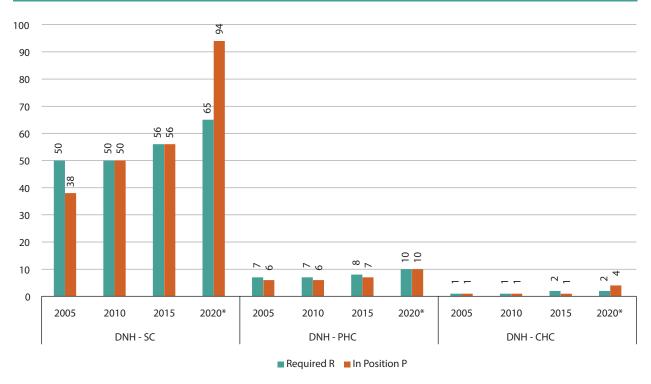


Figure 5: Dadra & Nagar Haveli and Daman & Diu Comparison of Key NFHS 5 & 4 Indicators

Figure 6: Dadra & Nagar Haveli - Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)ⁱⁱ



" RHS 2020 - includes cumulative figures for Dadra & Nagar Haveli and Daman & Diu

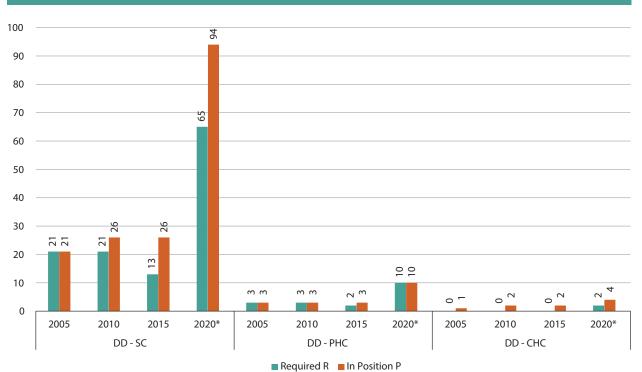


Figure 7: Daman & Diu - Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)^{jj}

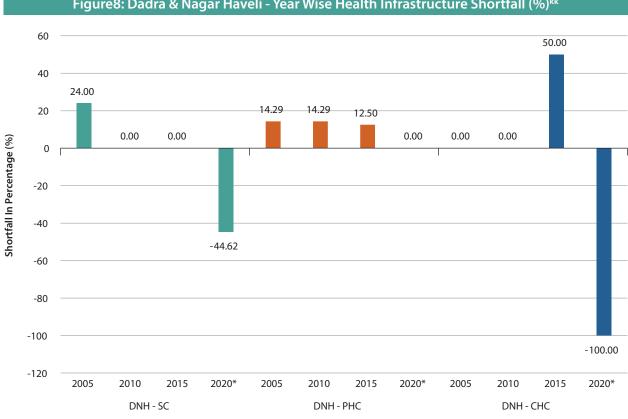


Figure8: Dadra & Nagar Haveli - Year Wise Health Infrastructure Shortfall (%)kk

jj RHS 2020 - includes cumulative figures for Dadra & Nagar Haveli and Daman & Diu

kk RHS 2020 - includes cumulative figures for Dadra & Nagar Haveli and Daman & Diu

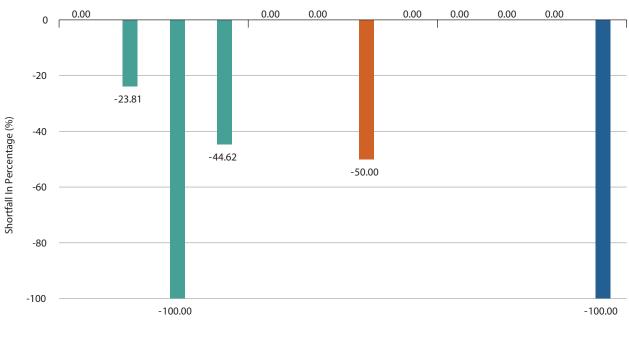
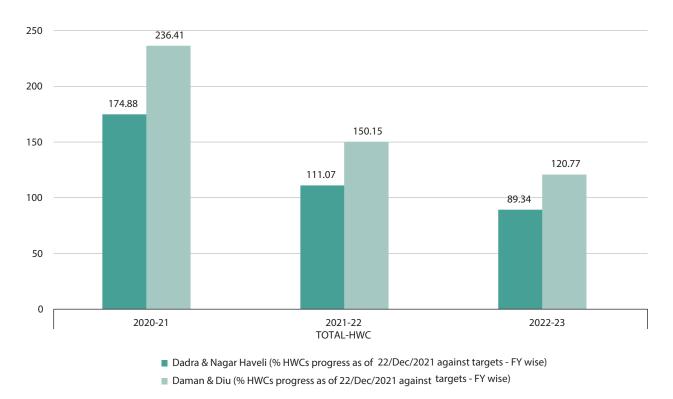


Figure 9 Daman & Diu - Year Wise Health Infrastructure Shortfall (%)^{II}



Figure 10: Percentage HWCs progress against target - FY wise (%)



^{II} RHS 2020 - includes cumulative figures for Dadra & Nagar Haveli and Daman & Diu

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT **TO KEY NFHS 5 INDICATORS**

| Gleen - Good Performance, Pad - Poor Pad |
|---|
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| 2.3 2.3 2.6 2.5 2.6 3.7 3.6 3.7 3 |
| 2.3 23 26 30 26 26.1 31 1000 Period Before 18 (%) 30 26.4 26.3 36.4 26.5 36.4 26.4 26.4 23 30 26.4 26.5 37.5 36.5 36.5 37.5 36.5 37.5 37.5 37.5 37.5 <t< td=""></t<> |
| 2.3 33 5 |
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| NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total |
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whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency) and support to the set for a state of the set for a state of the set for the set for

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best performing districts within the districts for a particular indicator

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Red – Worst performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (Π) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least toxice a day, a minimum meal frequency in the strated children fed with a minimum meal frequency and a minimum meal frequency and a fleast three times a day for breastfed children 9-23 months, and solid or semi-solid food at least toxice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups on inclinding the milk norm this processing on the semi-solid food at least four food groups on inclinding the milk or milk products at least toxice a day for including the milk or milk products at least toxice a day for the milk on the second product on the second product on the second product on the second product on the milk on the second product on the

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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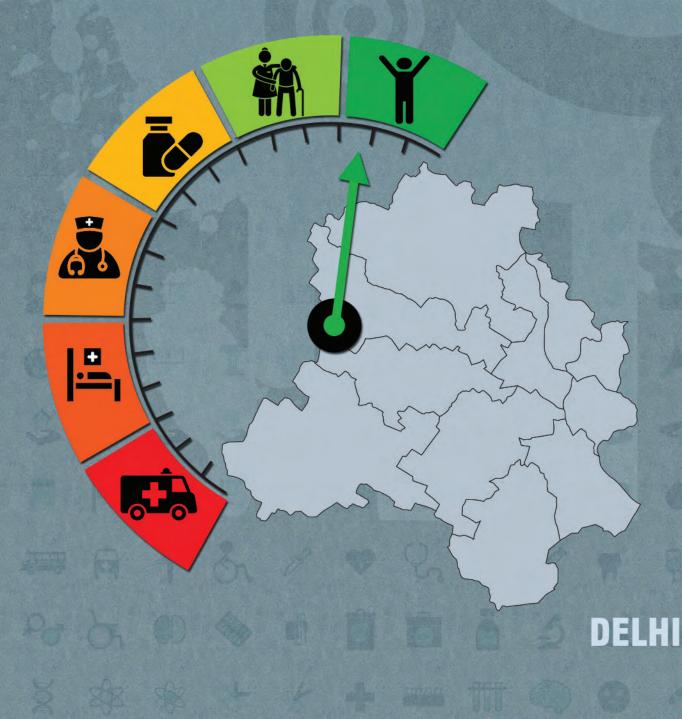


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | |
|------------------|-------------------|------------|--|
| 6 th | South West | North East | |
| 9 th | West | North | |
| 10 th | hahadra Central | | |
| 13 th | New Delhi | East | |



1. BACKGROUND

1.1 State Profile

Delhi has a geographical spread of 1483 km². The UT is divided into 11 districts and is estimated to have a population of over 1.67 crores^a, which accounts for approximately 1.38% of India's total population (RHS 2019). It is projected that the population would reach around 2.05 crores by 2021 (Census Population Projection Report 2019). As per Census 2011, the Scheduled Caste (SC) population is 0.28 crores

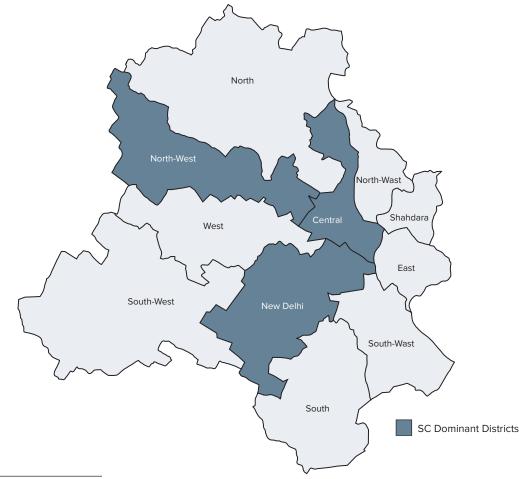


Figure 1: Top 3 SC Dominant Districts

^a Census 2011

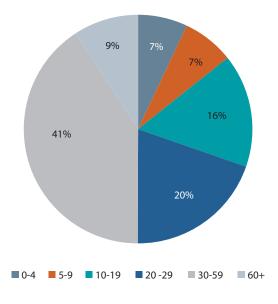
(16.75%). Out of the 11 districts, top three SC dominant districts account for 31.07% of SC population. (Annexure 1.1; fig 1). In Delhi, only 2.50% of the population reside in rural areas, while 97.50% constitute the urban population. The total length of roads^b in the UT is 17,882 km (0.35%^c), in which, the length of the national highways is 69 km (0.1%^d).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 11 districts, 1 district has population of 30 lakhs and above, 4 districts have a population between 20-30 lakhs, 1 district has a population between 10-20 lakhs, and 3 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The UT's Sex ratio at birth of 844 females for every 1000 males is less than the national average of 899 (Annexure 1.2). It is estimated that there are 16% of the total population in the age group of 10-19 years, 61% within 20 to 59 years; while 9% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 18.6 & 4.6 in 2005 to 14.4 & 3.2 in 2019, respectively (Annexure 2; figure2). The literacy rate increased from 81.7% in 2001 to 86.2% in 2011, with male & female literacy rates being 90.9% and 80.8%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^e is 45.4% for higher education, 77.90% for senior secondary education, 106.81% for secondary education, 116.61% for elementary education, and 110.71% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 9% of the UT's total population. The life expectancy at 60 years of age is 19.9 and 22.2 for males and females, respectively (2014-2018). In Delhi, 100% of elderly females and 5% elderly males living in rural areas are economically fully dependent on others. Whereas in rural areas, 66% of elderly females and 14% elderly males are economically fully dependent on others. The old age dependency ratio is 10.4 in 2011; which is 9.7 for males and 11.2 for females, 10.3 in rural & 10.4 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 12% for men and 13% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

^b Basic Road Statistics 2019, MoRTH

^c Percentage of total length of roads in Delhi

^d Percentage of total length of National Highways in the country

^e Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N^f services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)⁹, institutional deliveries, C sections, distribution of IFA^h tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 160ⁱ (SRS MMR Bulletin 2007-09) to 85ⁱ (SRS MMR Bulletin 2016-2018) per 1,00,000 live births. In Delhi, 56.5% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- East, North, Shahdara, South and South East Delhi reported comparatively better ANC coverage, ranging from 86.2% to 91%. Whereas, Central, New Delhi, North East, North West and West Delhi reported low ANC coverage, ranging from 50.6% to 80.1%. As reported in HMIS 2019-20, around 96.1% of the deliveries took place in institutions, out of which 80.9% took place in public health facilities. Total percentage of C-sections (32.1%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 59.4% is conducted at private facilities in the UT. Around 49.9% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 54.3% (NFHS-4) to 49.9% (NFHS-5). Anaemia in females of reproductive age group is almost four times than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 35 (2005) to 11 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^k and Still Birth (per 1,000 live births) rates have also significantly decreased from 20 and 7 (2005) to 10 and 5 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 73.2 (2006-10) to 75.3 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per the NFHS 5 report, low SRBs¹ ranging between 701 - 932 are reported in East, New Delhi, North East, South East and West Delhi; while high SRBs, ranging between 951 - 1084 are reported in Central, North West, Shahdara, South and South West Delhi.

Full vaccination^m coverage for children between 12 – 23 months of age has slightly declined from 79.6% (NFHS 4) to 79.4% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 49.6% (NFHS 4) to 64.3% (NFHS 5). An increase in childhood anaemia from 59.7% to 69.2% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). Though the

^f Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^g Antenatal Check up

^h Iron Folic Acid Tablets

ⁱ Other smaller states & UTs, inclusive of Delhi

^j Other smaller states & UTs, inclusive of Delhi

k Neonatal Mortality Rate

Sex Ratio at Birth

^m NFHS 5 Delhi Factsheet, based on information from vaccination card only

burden of malnutrition significantly declined over time, there is a wide variation in the nutritional status within the UT. As per the NFHS 5 report, comparatively low stunting rates, which ranged from 21.7 to 27.4, are reported from New Delhi, North East, North West, South, and South East Delhi. While higher stunting rates, which ranged from 33.4 to 38.7, are reported from Central, East, North, South West and West Delhi. For under-5 wasting – New Delhi, North, North West, South West and West Delhi reported comparatively low burden, which ranged from 6.8 to 9.4; while Central, East, North East, Shahdara and South Delhi reported higher burden, which ranged from 10.9 to 15.7.

2.3 Family Planning

The TFRⁿ has reduced from 2.1 in 2005 to 1.5 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in the UT is reported as 6.1%, while the unmet need for spacing is 2.0% with North West Delhi reporting the highest total unmet need (15.7%). Approximately 57.7% of married women reported to avail any modern method of family planning in the UT (NFHS 5); with sterilization acceptance among females being 18.0% and 0.2% for males.

2.4 Communicable Diseases

The UT has 11 functional IDSP units in place^o. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 24.1% of total disease burden (Annexure 1.4). Neonatal preterm birth, dietary iron deficiency, drug susceptible TB, Diarrheal diseases and lower respiratory tract infections are the leading causes of deaths due to CMNND in the UT (Annexure 2, Figure 6^p). As per QPR report, for TB, the annualized total case notification rate is 563% and NSP^q success rate is 62%, as opposed to the national averages of 163% and 79%, respectively. For NLEP^r, the reported prevalence rate of 0.99 per 10,000 population is more than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 59.2% of all deaths are premature in the UT, while disability or morbidity accounts for 40.8%. Ischaemic heart diseases, COPD, Diabetes type 2, and other musculoskeletal disorders are the major causes of DALYs in the UT (Annexure 2, Figure 6). NCDs contribute to 66.27% of DALYs; whereas, injuries contribute to 9.63% of DALYs in the UT. The UT is positioned 19th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 2.2% of women and 26.3% of men used any kind of tobacco, while 0.5% of women and 21.6% of men consumed alcohol. Overall, ambient particulate matter pollution, metabolic factors (high fasting plasma glucose, high systolic blood pressure, high body mass index) and behavioural risk like smoking are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

^q New Smear Positive

ⁿ Total Fertility Rate

[°] QPR Report (states as on 01.03.2020)

https://vizhub.healthdata.org/gbd-compare/india

National Leprosy Eradication Programme

2.6 Health Care Financing

The UT's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 7,04,529 crores. The UT is positioned 3rd out of 32 states in terms of per capita^s of ₹ 3,58,430. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,839 in public health facilities, ₹ 25,013 in private health facilities; whereas for urban areas, it is around ₹ 3,402 in public health facilities and ₹ 44,609 in private health facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,166 in public health facilities & ₹ 17,334 in private health facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,882 in public health facilities and ₹ 33,817 in private health facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 69% in rural and 27% in urban areas; whereas for diagnostics, it is 3% in rural and 10% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time (Annexure 2, Figure 9) with 12 SCs, 5 PHCs and no CHCs are in place, against the required 29 SCs, 4 PHCs and 1 CHCs. In urban settings, there are 541 PHCs in place against the required 403 PHCs, which accounts to an excess of 34.24%. The UT has 38 DHs, 9 SDHs and 8 government medical colleges.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), no HWCs are operationalized in Delhi as of 22nd December 2021^t.

In the UT, 1 district is equipped with MMUs under the NRHM, and 1 under the NUHM. The UT has 92.95% of required ASHAs in position under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 3949.61 availed (events) OPD services and 104.69 availed (events) IPD services. As per the NSSO data (2017-18), 89% of all OPD cases in rural areas and 44% in urban areas; and 86% of all IPD cases in rural areas & 41% in urban areas utilized public facilities. The public facility utilization in the UT is above the national averages for both (Annexure 1.6).

^s Directorate of Economics and Statistics

t AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile

| Indicator | Delhi 2011 ¹ | India | | | |
|--|--------------------------------|---------------|--|--|--|
| Total Population (In Crore) | 1.67 | 121.08 | | | |
| Rural (%) | 2.50 | 68.85 | | | |
| Urban (%) | 97.50 | 31.14 | | | |
| Scheduled Caste population (SC) (in crore) | 0.28 (16.75%) 20.14 (16.63%) | | | | |
| Scheduled Tribe population (ST) (in crore) | 0 | 10.45 (8.63%) | | | |
| Total Literacy Rate (%) | 86.2 | 72.99 | | | |
| Male Literacy Rate (%) | 90.9 | 80.89 | | | |
| Female Literacy Rate (%) | 80.8 | 64.64 | | | |
| Number of Districts in the Delhi ² 11 | | | | | |
| Population ¹ Districts ¹ (Number | | | | | |
| | <10 Lakhs | 3 | | | |
| Number of districts per lakh population in Delhi (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 1 | | | |
| (| ≥20 Lakhs - <30 lakhs | 4 | | | |
| | ≥30 Lakhs | 1 | | | |
| SC Dominant (Top 3) Districts of Delhi ¹ | | | | | |
| Cent | ral - 24.58% | | | | |
| New E | Delhi - 23.41% | | | | |
| North | West - 19.06% | | | | |
| Top 2 CC dominant a | listrict accounts for 21,07% | | | | |

Top 3 SC dominant district accounts for - 31.07%

1.2 Key Health Status & Impact Indicators⁴

| Indicators | Delhi | India |
|--|-------|-------|
| Infant Mortality Rate (IMR) ³ | 11 | 30 |
| Crude Death Rate (CDR) ³ | 3.2 | 6 |
| Crude Birth Rate (CBR) ³ | 14.4 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ (other State/UT including Delhi) | 85 | 113 |

^u Sources are mentioned at the end of Annexure 1

| Neo Natal Mortality Rate (NNMR)⁴ | 10 | 23 |
|---|------|------|
| Under Five Mortality Rate (U5MR)⁴ | 19 | 36 |
| Still Birth Rate⁴ | 5 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.5 | 2.2 |
| Life expectancy at birth ⁵ | 75.3 | 69.4 |
| Sex Ratio at Birth⁴ | 844 | 899 |

1.3 Key Health Infrastructure Indicators^{*}

| Indicators | Numbers (Total) |
|---|-----------------|
| Number of District Hospitals ² | 38 |
| Number of Sub District Hospital ² | 9 |
| Number of Government (Central + State) Medical College ⁶ | 8 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | 2 |
| | |

| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status ^w (Total) | Target FY (2020-2 | 1) | Target FY (2021-22) | Target FY (2022-23) | | |
|--|--------------------------------|----------------------|--------------|------------------------|------------------------|-------------|----------------|
| SHC-HWC | N/A 0 | | | 0 | 0 | | |
| PHC-HWC | 0 | 5 | | 5 | 5 | | |
| UPHC-HWC | N/A | 251 | | 251 | 251 | | |
| Total-HWC | 0 | 256 | 256 | | 256 | | |
| Rural ² | Required (R) | | In place (P) | | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 7 | | 0 | | 100.00 | | |
| Number of Primary Health Centres (PHC) | 31 | | 8 | | 74.19 | | |
| Number of Sub Centres (SC) | 188 | | 42 | | 77.66 | | |
| Number of functional First Referral Units (FRUs) | DH | | | SDH | СНС | | |
| | 23 | | | 3 | 0 | | |
| Urban ² | Required (R) | | Ir | n place (P) | Shortfall (S) (%) | | |
| Number of PHC | 403 | | 541 | | -34.24 | | |
| Tribal ² | Required (R) | | Required (R) | | Ir | n place (P) | Shortfall (S)% |
| Number of CHC | N/A | | N/A N/A | | N/A | | |
| Number of PHC | N/A | | N/A N/A | | N/A | | |
| Number of SC | N/A | | | N/A | N/A | | |

Sources are mentioned at the end of Annexure 1
 Not available as per HWC Portal (as of 22nd Dec 2021)

| Patient Service ⁹ | Delhi | India |
|---|---------|--------|
| IPD per 1000 population | 104.69 | 62.6 |
| OPD per 1000 population | 3949.61 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 191.67 | 36.4 |

| 1.4 Major Health Indicator ^x | | |
|--|--------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Delhi | India |
| % DALY ^y accountable for CMNNDs ^z | 24.1 | 27.46 |
| % DALY accountable for NCDs | 66.27 | 61.43 |
| % DALY accountable for Injuries | 9.63 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Delhi | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 61.7 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Delhi | India |
| % 1st Trimester registration to Total ANC Registrations | 45.4 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 56.5 | 79.4 |
| Total Reported Deliveries | 286281 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 96.1 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 80.9 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 19.1 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 32.1 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 25.6 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 59.4 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 49.9 | 53.4 |
| Neonatal ⁹ | Delhi | India |
| % live birth to Reported Birth | 98.3 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 21.8 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 73.4 | 89.9 |
| | | |

х Sources are mentioned at the end of Annexure 1

^y Disability Adjusted Life Years
 ^z Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Delhi | India | | |
|---|-------------------|-------------------|--|--|
| Sick New Born Care Unit (SNCU) | 20 | 895 | | |
| New Born Stabilization Unit (NBSU) | 0 | 2418 | | |
| New Born Care Corner (NBCC) | 61 | 20337 | | |
| Child Health & Nutrition ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 10.6 | 7.3 | | |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 64.5 | 60.6 | | |
| Children under 5 years who are underweight (weight-for-age) (%) | 21.8 | 32.1 | | |
| Child Immunization ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 79.4 | 83.8 | | |
| Children age 12-23 months who have received BCG (%) | 96.8 | 95.2 | | |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 90.1 | 87.9 | | |
| Family Planning ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | |
| Unmet need for spacing (%) | 2 | 4 | | |
| Communicable Diseases | | | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Delhi | India | | |
| Number of districts with functional IDSP unit | 11 | 720 | | |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Delhi | India | | |
| Annualized total case notification rate (%) | 563 | 163 | | |
| New Smear Positive (NSP) Success rate (in %) | 62 | 79 | | |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Delhi | India | | |
| Prevalence Rate/10,000 population | 0.99 | 0.61 | | |
| Number of new cases detected | 1,824 | 1,14,359 | | |
| Malaria, Kala Azar, Dengue ¹¹ | Delhi | India | | |
| Deaths due to Malaria ¹¹ | 0 | 79 | | |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 | | |
| Deaths due to Dengue reported ¹¹ | 0 | 168 | | |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 | | |
| HIV ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 29.5 | 21.6 | | |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 43.9 | 30.7 | | |

| Non-Communicable Disease | | | | | |
|---|-------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.7 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 21.8 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 4.2 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 5.3 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Delhi (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 2.2 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 26.3 | 38 | | | |
| Women who consume alcohol (%) | 0.5 | 1.3 | | | |
| Men who consume alcohol (%) | 21.6 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Delhi | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 19 | N/A | | | |
| Total number of fatal Road Accidents | 1,433 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 26 | 33.7 | | | |
| Number of persons killed in Road Accidents | 1463 | 115113 | | | |

1.5 Access to Careaa

| Health Systems Strengthening | | | | | | |
|--|-------|-------|--|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Delhi | India | | | | |
| Number of Districts equipped with MMU under NRHM | 1 | 506 | | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 1 | 31 | | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Delhi | India | | | | |
| 102 Туре | 220 | 9955 | | | | |
| 104 Туре | 0 | 605 | | | | |
| 108 Туре | 0 | 10993 | | | | |
| Others | 9 | 5129 | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | | | | |

^{aa} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | 5 | | | |
|--|---|------------------|--------------|--|--|
| ASHA ¹³ | | Delhi | India | | |
| Total number of ASHA ta | argeted under NRHM | N/A | 946563 | | |
| Total number of ASHA ir | n position under NRHM | 0 | 904211 | | |
| % of ASHA in position u | nder NRHM | N/A | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 6258 | 75597 | | |
| Total number of ASHA ir | n position under NUHM | 5817 | 64272 | | |
| % of ASHA in position u | nder NUHM | 92.95 | 85 | | |
| Community Process ¹¹ | | Delhi | India | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 0 | 554847 | | |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 98 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Delhi | India | | |
| DH | | 23 | 796 | | |
| СНС | | 0 | 6036 | | |
| РНС | | 0 | 20273 | | |
| UCHC | | 7 | 126 | | |
| UPHC | | 0 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Delhi | | | |
| Specialist Cadre Availab | le in the state (Y/N) | Yes | | | |
| HR Policy available (Y/N |) | No | | | |
| Implementation of HRIS | (Y/N) | N | lo | | |
| HR Integration initiated | (Y/N) | N | lo | | |
| Public Health Cadre ava | ilable (Y/N) | N | lo | | |
| | Specialists (%) | 3 | 7 | | |
| | MO MBBS (%) | 3 | 31 | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 2 | 24 | | |
| (negular r contractad) | LT (%) | 6 | 68 | | |
| | ANM (%) | | 2 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 5 per 10,000 | 4 per 10,000 | | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 6:1 | 6:1 | | |

Ranking: Human Resource Index of Delhi¹⁵

| | Total (Regular + NHM) | | | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | |
| MPW ^{bb} | 3089 | 1828 | 1804 | 24 | 1285 | | | | |
| Staff Nurse | 9276 | 5788 | 4317 | 1471 | 4959 | | | | |
| Lab Technician | 1549 | 4065 | 1308 | 2757 | 241 | 66.27 | | | |
| Pharmacists | 1030 | 1182 | 886 | 296 | 144 | 00.27 | | | |
| MO MBBS ^{cc} | 1509 | 1615 | 1200 | 415 | 309 | | | | |
| Specialist ^{dd} | 1622 | 1312 | 734 | 578 | 888 | | | | |

| 1.6 Healthcare Financing ^{ee} | | | | | | |
|--|--------|--------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | De | elhi | India | | | |
| Per Capita Government Health Expenditure (in ₹) | N | /A | 1,753 | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | /A | 1.35 | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N | /A | 5. | 12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | N | /A | 48.8 | | | |
| | De | elhi | India | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 89 | 44 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 86 | 61 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 441 | 617 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 2598 | 1225 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 5,839 | 3,402 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 25,013 | 44,609 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 3 | 10 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 69 | 27 | 53 | 43 | | |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

dd Specialist (All Specialist)

^{ee} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,166 | 3,882 | 2,402 | 3,091 |
|--|--------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 17,334 | 33,817 | 20,692 | 26,701 |
| State Health Expenditure | De | lhi | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 11 | 1.6 | 5 | ff |

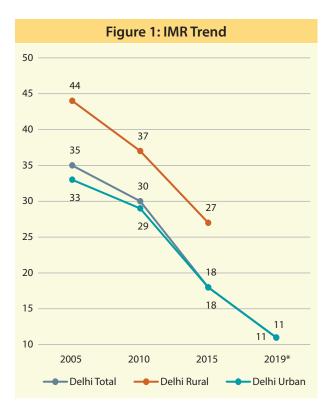
Sources used for Annexure 1

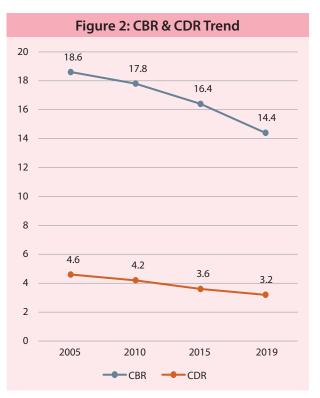
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

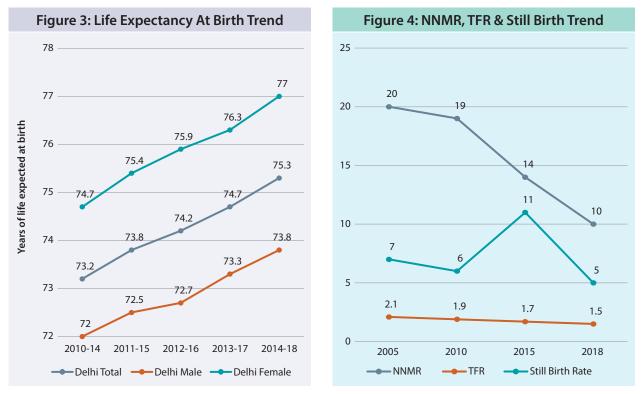
^{ff} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2







* IMR figure for rural area is not available as no infant death was recorded in the respective sample units for the year 2019.

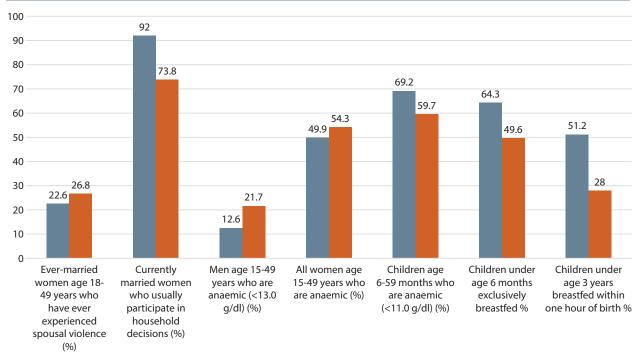


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

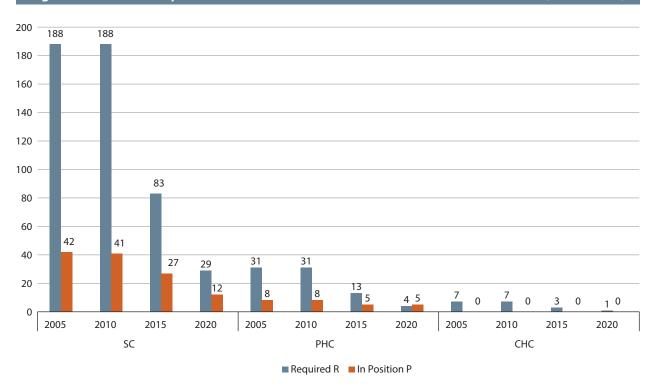
| 1990 rank | Delhi Both sexes, All ages, DALYs per 100,000 2019 rai | nk |
|--------------------------------|---|----|
| 1 Diarrheal diseases | 1 Ischemic heart disease | |
| 2 Lower respiratory infect | 2 COPD | |
| 3 Drug-susceptible TB | 3 Diabetes type 2 | |
| 4 Ischemic heart disease | 4 Other musculoskeletal | |
| 5 Neonatal preterm birth | 5 Neonatal preterm birth | |
| 6 Other neonatal | 6 Dietary iron deficiency | |
| 7 Neonatal encephalopathy | 7 Drug-susceptible TB | |
| 8 Dietary iron deficiency | 8 Diarrheal diseases | |
| 9 Typhoid fever | 9 Lower respiratory infect | |
| 10 Protein-energy malnutrition | 10 Other neonatal | |
| 11 COPD | 11 Migraine | |
| 12 Meningitis | 12 Falls | |
| 13 Falls | 13 Low back pain | |
| 14 Low back pain | 14 Age-related hearing loss | |
| L5 Self-harm other means | 15 Major depression | |
| L6 Rheumatic heart disease | 16 Neonatal encephalopathy | |
| 17 Migraine | 17 Intracerebral hem | |
| L8 Whooping cough | 18 Endo/metab/blood/immune | |
| 20 Other musculoskeletal | 20 Self-harm other means | |
| 22 Intracerebral hem | 26 Rheumatic heart disease | |
| 23 Diabetes type 2 | 28 Typhoid fever | |
| 25 Major depression | 46 Protein-energy malnutrition | |
| 31 Age-related hearing loss | 54 Meningitis | |
| 35 Endo/metab/blood/immune | 98 Whooping cough | |
| | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries | |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Delhi Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 Ambient particulate matter pollution |
| 2 Child wasting | 2 High fasting plasma glucose |
| 3 Short gestation | 3 High systolic blood pressure |
| 4 Ambient particulate matter pollution | 4 High body-mass index |
| 5 Unsafe water source | 5 Low birth weight |
| 6 Child underweight | 6 Smoking |
| 7 Smoking | 7 Short gestation |
| 8 Unsafe sanitation | 8 High LDL cholesterol |
| 9 High systolic blood pressure | 9 Alcohol use |
| 10 High fasting plasma glucose | 10 Kidney dysfunction |
| 11 Iron deficiency | 11 Iron deficiency |
| 12 Alcohol use | 12 Diet low in whole grains |
| 13 High LDL cholesterol | 13 Secondhand smoke |
| 14 Child stunting | 14 Child wasting |
| 15 Non-exclusive breastfeeding | 15 Unsafe water source |
| 16 No access to handwashing facility | 16 Diet low in fruits |
| 17 Kidney dysfunction | 17 Drug use |
| 18 High body-mass index | 18 Diet high in sodium |
| 19 Secondhand smoke | 19 Lead exposure |
| 20 Diet low in whole grains | 20 Diet high in trans fatty acids |
| 22 Lead exposure | 26 Child underweight |
| 24 Diet low in fruits | 30 Unsafe sanitation |
| 26 Drug use | 35 No access to handwashing facility |
| 28 Diet high in trans fatty acids | 39 Non-exclusive breastfeeding |
| 29 Diet high in sodium | 47 Child stunting |
| neh and a second | Metabolic risks Environmental/occupational risks |

Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)



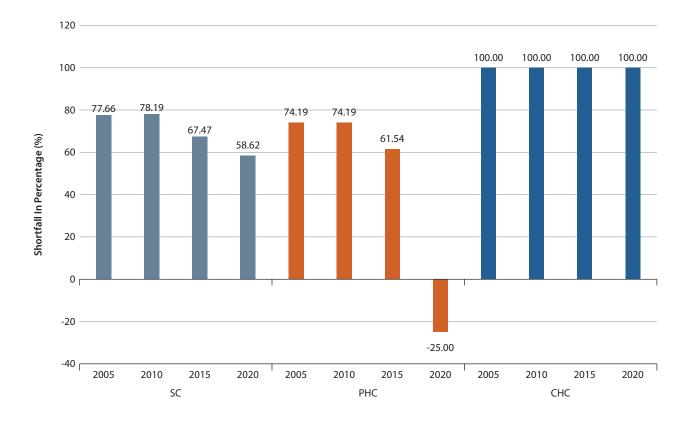


Figure 9: Year Wise Health Infrastructure Shortfall (%)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| rformance) t Available) | Children Under 5 Years - Wasted^ (%) (%) (%) (%) | 15.9 | 11.4 | 7.6 | 11.2 | 13.5 | 15.7 | 6.8 | 8.8 | 10.9 | 8.9 | 21.2 | 14.7 | 10.6 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| . Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (Height For Age) (%) | 31.9 | 31 | 26.3 | 30.9 | 33.5 | 35.2 | 27.4 | 38.7 | 26.9 | 25 | 32.9 | 21.7 | 27.1 |
| formance, R ise Rural Urb | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 5.2 | 16.4 | 28.4 | 16.8 | 18.2 | 23 | 15.6 | 29.5 | 10.2 | 16.8 | 8.3 | 17 | 15.2 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 79.6 | 79.4 | 79.9 | 79.4 | 94.1 | 80.9 | 87.5 | 83.2 | 78 | 76.2 | 75.5 | 62.3 | 74.2 |
| (Gree | (%) sıtıtısı Births | 84.4 | 91.8 | 90.4 | 91.8 | 92.2 | 92.6 | 91.8 | 89.2 | 94 | 89.7 | 95.8 | 96.1 | 92.5 |
| | Mother Who Had At Least 4 Antenatal Care Visits (%) | 67.9 | 77.1 | 83.1 | 77.2 | 73.1 | 89.7 | 80.1 | 86.2 | 6.77 | 50.6 | 88.9 | 83.2 | 91 |
| | Total Unmet Need (%) | 1ss5 | 6.1 | 8 | 6.1 | 9.4 | 2.6 | 5.3 | 5.1 | 5.3 | 15.7 | 4.6 | 2.6 | 4.6 |
| | (%) əsU mobnoD | 20 | 28.4 | 23.3 | 28.3 | 22.9 | 32.8 | 30.8 | 34.2 | 28.8 | 17.8 | 30.2 | 34.3 | 29.4 |
| | (%) UD/PPIUD (%) | 5.4 | 9.9 | 11 | 6.7 | 5.7 | 5.8 | 7.3 | 6.8 | 7.7 | 6.6 | 5.6 | 6.9 | 6.4 |
| | pninnel9 ylime7 tor Fərning Mar By Currently Mərried Women Age 15-45 years (%) | 54.9 | 76.5 | 71.3 | 76.4 | 68.5 | 81.9 | 77 | 79 | 80 | 57.4 | 78 | 84.1 | 78.5 |
| | bairiaM 2524 Years Married Before 18 (%) | 14.3 | 9.8 | 11.4 | 9.9 | 11.2 | 12.8 | 10.2 | S | 10.1 | 21 | 7.3 | 7.5 | 7.5 |
| | (%) əpA 94-21 ətərətil nəmoW | NA | 83.6 | 87.8 | 83.7 | 83.5 | 83 | 81.8 | 83.8 | 85 | 80 | 83.9 | 84.9 | 87.5 |
| | Pouseholds with any usual member covered under a health insurance/ financing scheme (%) | 15.7 | 25 | 27.1 | 25 | 22.6 | 30.7 | 25.2 | 19.4 | 28.2 | 18.1 | 21.5 | 24.5 | 37.7 |
| | Sex Ratio At Birth (Females/1000 Males) | 812 | 927 | 792 | 923 | 994 | 820 | 898 | 936 | 878 | 1084 | 976 | 951 | 701 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | states/Districts | Delhi | Delhi | Delhi | Delhi | Central | East | New Delhi | North | North East | North West | Shahdara | South | South East |
| | .oN .2 | - | 2 | 3 | 4 | 5 | 9 | ~ | œ | 6 | 10 | 11 | 12 | 13 |
| | | ı | | | | | | | · | | | | | I |

| 9.4 | 8.4 |
|--------------|--------------|
| 33.4 | 36.1 |
| 17.8 | 12.9 |
| 85.1 | 78.4 |
| 82 | 91.8 |
| 85.6 | 67.1 |
| 2.6 | 7 |
| 31.5 | 24.6 |
| 6.1 | 7.5 |
| 83.2 | 75.4 |
| 6.6 | 10.5 |
| 86.1 | 82.3 |
| 28.7 | 21 |
| 985 | 932 |
| NFHS 5 Total | NFHS 5 Total |
| South West | West |
| 14 | 15 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card on mother's recall & vaccination card only - 'vaccination card only indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

K-full antenatal care is at least four antenatal visits, at least one tet
 ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency, non-breastfed children fed with a minimum experiment frequency and a minimum experiment and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency in the state of the state of the state at a state of the state of the state of the milk products at least twice a day in the minimum experiment in the state of the milk products at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not minimum experiment in the milk or milk products at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups inter milk products at least two states at a state of the milk or the milk or the milk products at least twice a day for the milk or the mil ய்

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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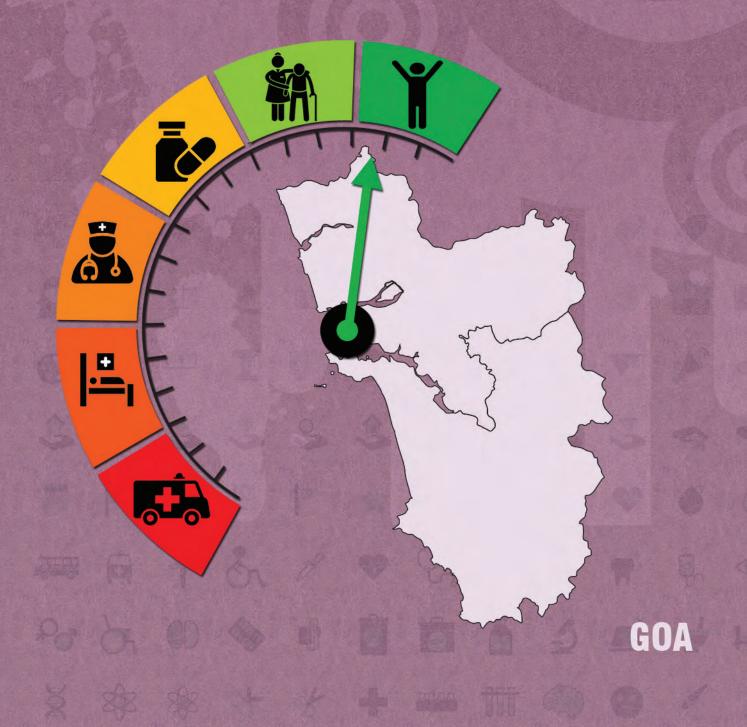


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



IN 5TH COMMON REVIEW MISSION (2011) North and South districts are visited in Goa



1. BACKGROUND

1.1 State Profile

Goa has a geographical spread^a of 3,702 km². It is divided into 2 districts^b and estimated to have a population of over 0.14 crores^c, which accounts for approximately 0.12 % of India's total population. It is projected that the population would reach around 0.15 crores by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.25 lakhs (1.74%) and 1.49 lakh (10.23%), respectively. In the State, 37.8% of the population constitute the rural population, and the rest constitute the urban population. The total length of roads^e in the State is 16,659 km (0.33 %^f), the length of national highways is 263 km (0.2%^g) and state highways is 279 km (0.16%^h).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

2 districts in the State have a population less than 10 lakhs (Annexure 1.1 State profile). The crude birth rate and the crude death rate have declined from 14.8 & 7.1 in 2005 to 12.3 & 5.9 in 2019, respectively (Annexure 2; figure2). The sex ratio at birth in Goa is 838 females per 1000 males (NFHS 5). The literacy rate increased from 81.9% in 2001 to 86.0% in 2011, with male & female literacy rates being 92.6% and 84.7%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)ⁱ is 27.6% for higher education, 75.84% for senior secondary education, 104.16% for secondary education, 101.12% for elementary education, and 102.57% for primary education.

^a RHS 2020

^b RHS 2020

Census 2011

d Census Population Projection Report 2019

Basic Road Statistics 2019, MoRTH

^f Percentage of total length of roads in Goa

⁹ Percentage of total length of National Highways in the country

^h Percentage of total length of State Highways in the country

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Goa, 47% of elderly females and 20% elderly males living in rural areas; and 56% of elderly females and 43% elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 50% for men and 57% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). In Goa, 76.8% of women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 58.1% took place in public health facilities. Total percentage of C-sections (43.3%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections about 59.8% is conducted at private facilities in the State. Around 81.8% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 31.3% (NFHS-4) to 39.0% (NFHS-5). Anaemia in females of reproductive age group is almost thrice than in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 16 (2005) to 8 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4).

Full vaccination^m coverage for children between 12 – 23 months of age declined from 95.8% (NFHS 4) to 91.0% (NFHS 5). The proportion of under 6-months children exclusively breastfed has also decreased from 60.9% (NFHS 4) to 61.4% (NFHS 5). An increase in childhood anaemia from 48.3% to 53.2% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 3). There is an increase in under-5 years stunting from 20.1% (NFHS 4) to 25.8% (NFHS 5); but a decline in under-5 years wasting from 21.9% (NFHS 4) and 19.1% (NFHS 5).

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the State is 8.4% and unmet need for spacing is 4.0%. Approximately 60.1% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance among females being 29.0% and nil among males.

^j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

k Antenatal Check up

Iron Folic Acid Tablets

^m NFHS 5 State/UT Factsheet, based on information from vaccination card only

2.4 Communicable Diseases

The State has 2 functional IDSP units in placeⁿ. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 15.01% of total disease burden (Annexure 1.4). Lower respiratory tract infection is one of the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 4). The annualized total case notification rate for TB is 131% and NSP^o success rate is 63% as opposed to the national averages of 163% and 79%, respectively. For NLEP^p, the reported prevalence rate of 0.56 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, or Kala Azar are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 56.1% of total disease burden is due to premature deaths and 43.9% due disability or morbidity. Ischaemic heart disease, diabetes type 2, COPD, other musculoskeletal conditions and falls are the major causes of DALYs in the State (Annexure 2, Figure 4). NCDs contribute to 74.71% of DALYs; whereas injuries contribute to 10.28% of DALYs in the State^q. Goa is positioned 23rd in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 2.6% of women and 18.2% of men used any kind of tobacco, while 5.5% of women and 36.9% of men consumed alcohol. Overall, metabolic factors (high fasting plasma glucose, high systolic blood pressure, high body mass index, high LDL cholesterol) and ambient particulate matter pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 5).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 66,060 crores. The State is positioned 1st out of 32 states in terms of per capita^r of ₹ 4,30,081. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 3,039 in public facilities, ₹ 38,097 in private facilities; whereas for urban areas- it is around ₹ 5,666 in public facilities and ₹ 30,662 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 4,278 in public facilities & ₹ 41,041 in private facilities; and in urban areas - OOPE is estimated to be around ₹ 4,558 in public facilities and ₹ 34,583 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 74% in rural and 57% in urban areas; whereas for diagnostics, it is 9% in rural and 4% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). Public health facilities have increased over time with no shortfall in the required SCs, PHCs and CHCs (Annexure 2, Figure 7). Currently, there are 218 SCs, 55 PHCs and 6 CHCs are in place, against the required 93 SCs, 15 PHCs and 3 CHCs. However, in urban settings there are 4 PHCs in place against the required 23, which accounts to a shortfall of 82%. Goa has 2 DHs, 2 SDHs and 1 government medical college. In the State, only the DHs serve as functional FRUs. Under the recently introduced

ⁿ QPR NHM MIS Report (Status as on 01.03.2020)

[°] New Smear Positive

P National Leprosy Eradication Programme

^q https://vizhub.healthdata.org/gbd-compare/india

^r Directorate of Economics & Statistics

Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 161 HWCs (100SCs, 56 PHCs and 5 UPHCs) are operationalized in the State as of 22nd December 2021^s.

The doctor to staff nurse ratio in place is 1:2, with 6 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population.

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1645.33 availed (events) OPD services and 71.67 availed (events) IPD services. As per the NSSO data (2017-18), 56% of all OPD cases in rural areas and 61% in urban areas; and 85% of all IPD cases in rural areas & 59% in urban areas utilized public health facilities. The public health facility utilization in the State is above the national averages for both (Annexure 1.6).

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profilet

| Indicator | Goa 2011 ¹ | India | |
|--|----------------------------|----------------------------------|--|
| Total Population (In Crore) | 0.14 | 121.08 | |
| Rural (%) | 37.83 | 68.85 | |
| Urban (%) | 62.17 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.0025 (1.74%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.0149 (10.23%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 88.7 | 72.99 | |
| Male Literacy Rate (%) | 92.6 | 80.89 | |
| Female Literacy Rate (%) | 84.7 | 64.64 | |
| Number of Districts in the Goa ² | 2 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| Number of districts per lakh population in Goa (Census 2011) | <10 Lakhs | 2 | |
| | ≥10 Lakhs | 0 | |
| District wise ST Share (%) | District wise SC Share (%) | | |
| North Goa - 6.91% | North Goa - 2.15% | | |
| South Goa - 14.46% | South Goa - 1.22% | | |
| | | | |

1.2 Key Health Status & Impact Indicators Indicators Goa India Infant Mortality Rate (IMR)³ 8 30 Crude Death Rate (CDR)³ 5.9 6.0 Crude Birth Rate (CBR)³ 12.3 19.7 Maternal Mortality Ratio (MMR)³ N/A 113 N/A Neo Natal Mortality Rate (NNMR)⁴ 23 Under Five Mortality Rate (U5MR)⁴ N/A 36 Still Birth Rate⁴ N/A 4 Total Fertility Rate (TFR)⁴ N/A 2.2 Life expectancy at birth⁵ N/A 69.4 Sex Ratio at Birth⁴ N/A 899

Sources are mentioned at the end of Annexure 1

1.3 Key Health Infrastructure Indicators^u

| Indicators | Numbers (Total) |
|---|-----------------|
| Number of District Hospitals ² | 2 |
| Number of Sub District Hospital ² | 2 |
| Number of Government (Central + State) Medical College ⁶ | 1 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | 0 |

| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Targ FY (202 | | Target FY (2021-22) | Target FY (2022-23) | |
|--|-------------------|-----------------|--------------|------------------------|------------------------|--|
| SHC-HWC | 100 | 73 | | 132 | 172 | |
| PHC-HWC | 56 | 25 | | 25 | 25 | |
| UPHC-HWC | 5 | 4 | | 4 | 4 | |
| Total-HWC | 161 | 10 | 2 | 161 | 201 | |
| Rural ² | Require | d (R) | h | n place (P) | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 3 | | | 6 | -100.00 | |
| Number of Primary Health Centres (PHC) | 15 | | | 55 | -266.67 | |
| Number of Sub Centres (SC) | 93 | | | 218 | -134.41 | |
| Number of from the start Defense (DU) | DH | | SDH | СНС | | |
| Number of functional First Referral Units (FRUs) | 2 | | | 0 | 0 | |
| Urban ² | Required (R) | | In place (P) | | Shortfall (S) (%) | |
| Number of PHC | 23 | | 4 | | 82.61 | |
| Tribal ² | Required (R) | | h | n place (P) | Shortfall (S)% | |
| Number of CHC ^v | 0 | | N/A | | N/A | |
| Number of PHC | 3 | | N/A | | N/A | |
| Number of SC | 22 | | N/A | | N/A | |
| Patient Service ⁹ | | | | Goa | India | |
| IPD per 1000 population | | | 71.67 | | 62.6 | |
| OPD per 1000 population | | | 1645.33 | | 1337.1 | |
| Operation (surgeries) major (General and Spinal 10000 population | Anaesthesia) per | | | 53.14 | 36.4 | |

^u Sources are mentioned at the end of Annexure 1

^v Total population is less than (CHC) norms of 80,000

| 1.4 Major Health Indicator ^w | | |
|--|-------|------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Goa | India |
| % DALY ^x accountable for CMNNDs ^y | 15.01 | 27.46 |
| % DALY accountable for NCDs | 74.71 | 61.43 |
| % DALY accountable for Injuries | 10.28 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Goa | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 100 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Goa | India |
| % 1st Trimester registration to Total ANC Registrations | 57.6 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 76.8 | 79.4 |
| Total Reported Deliveries | 18434 | 21,410,780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 58.1 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 41.9 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 43.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 31.3 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 59.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 81.8 | 53.4 |
| Neonatal ⁹ | Goa | India |
| % live birth to Reported Birth | 99.1 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 17.4 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 78 | 89.9 |
| New Born Care Units Established ¹¹ | Goa | India |
| Sick New Born Care Unit (SNCU) | 3 | 895 |
| New Born Stabilization Unit (NBSU) | 1 | 2418 |
| New Born Care Corner (NBCC) | 10 | 20337 |

Sources are mentioned at the end of Annexure 1
 Disability Adjusted Life Years
 Communicable, Maternal, Neonatal, and Nutritional Diseases

| Child Health & Nutrition ¹⁰ | Goa (NFHS 5) | India (NFHS 5) |
|---|-----------------|-------------------|
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 3.2 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | N/A | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 24 | 32.1 |
| Child Immunization ¹⁰ | Goa (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 91 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 97.9 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 92.9 | 87.9 |
| Family Planning ¹⁰ | Goa (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4 | 4 |
| Communicable Diseases ^z | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Goa | India |
| Number of districts with functional IDSP unit | 2 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Goa | India |
| Annualized total case notification rate (%) | 131 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 63 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Goa | India |
| Prevalence Rate/10,000 population | 0.56 | 0.61 |
| Number of new cases detected | 80 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Goa | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Goa (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 49 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 67.2 | 30.7 |

Sources are mentioned at the end of Annexure 1

| Non-Communicable Disease ^{aa} | | | |
|--|-----------------|-------------------|--|
| Diabeties and Hypertension ¹⁰ | Goa (NFHS 5) | India (NFHS 5) | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.1 | 12.4 | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.8 | 15.7 | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.6 | 6.1 | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 10.3 | 7.3 | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Goa (NFHS 5) | India (NFHS 5) | |
| Women who use any kind of tobacco (%) | 2.6 | 8.9 | |
| Men who use any kind of tobacco (%) | 18.2 | 38 | |
| Women who consume alcohol (%) | 5.5 | 1.3 | |
| Men who consume alcohol (%) | 36.9 | 18.8 | |
| Injuries | | | |
| Road Traffic Accident ¹² | Goa | India | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 23 | N/A | |
| Total number of fatal Road Accidents | 283 | 137,689 | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 8.6 | 33.7 | |
| Number of persons killed in Road Accidents | 297 | 115113 | |

1.5 Access to Care

| Health Systems Strengthening | | | |
|--|-----|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Goa | India | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | N/A | 31 | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Goa | India | |
| 102 Туре | 0 | 9955 | |
| 104 Туре | 0 | 605 | |
| 108 Туре | 51 | 10993 | |
| Others | 4 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 72 | 11070 | |

^{aa} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | | |
|--|--|------------------|--------------|--|--|
| ASHA ¹³ | | Goa | India | | |
| Total number of ASHA ta | argeted under NRHM | N/A | 946563 | | |
| Total number of ASHA ii | n position under NRHM | N/A | 904211 | | |
| % of ASHA in position u | nder NRHM | N/A | 96 | | |
| Total number of ASHA ta | argeted under NUHM | N/A | 75597 | | |
| Total number of ASHA ir | n position under NUHM | N/A | 64272 | | |
| % of ASHA in position u | nder NUHM | N/A | 85 | | |
| Community Process ¹¹ | | Goa | India | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 247 | 554847 | | |
| Number of Mahila Arog | ya Samitis (MAS) formed | 12 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Goa | India | | |
| DH | | 2 | 796 | | |
| СНС | | 6 | 6036 | | |
| РНС | | 23 | 20273 | | |
| UCHC | | N/A | 126 | | |
| UPHC | | 4 3229 | | | |
| | Human Resource for Healt | :h ¹⁴ | | | |
| HRH Governance | | G | oa | | |
| Specialist Cadre Availab | le in the state (Y/N) | Ye | Yes | | |
| HR Policy available (Y/N |) | No | | | |
| Implementation of HRIS | (Y/N) | No | | | |
| HR Integration initiated | (Y/N) | No | | | |
| Public Health Cadre ava | ilable (Y/N) | N | lo | | |
| | Specialists (%) | 5 | 5 | | |
| | Dentists (%) | 9 | 9 | | |
| Overall Vacancies | MO MBBS (%) | 1 | 7 | | |
| (Regular + contractual) | Nurse (%) | 1 | 8 | | |
| | LT (%) | 17 | | | |
| | ANM (%) | 18 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:1 | 1:1 | | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 8 per 10,000 | 6 per 10,000 | | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 5:1 | 5:1 | | |

| Ranking: Human Resource Index of Goa ¹⁵ | | | | | | |
|--|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | Total (Regular + NHM) | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{bb} | 481 | 585 | 454 | 131 | 27 | |
| Staff Nurse | 586 | 698 | 654 | 44 | 0 | |
| Lab Technician | 115 | 157 | 133 | 24 | 0 | 02.01 |
| Pharmacists | 59 | 100 | 77 | 23 | 0 | 92.91 |
| | 103 | 241 | 221 | 20 | 0 | |
| Specialist ^y | 160 | 199 | 110 | 89 | 50 | |

| 1.6 Healthcare Financing | | | | |
|--|---------|--------|--------|--------|
| National Health Accounts (NHA) (2017-18) | Goa Ind | | dia | |
| Per Capita Government Health Expenditure (in ₹) | N/ | A | 17 | 53 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N/ | A | 1. | 35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | N/ | A | 48 | 3.8 |
| | Go | a | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 56 | 61 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 85 | 59 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 356 | 454 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 675 | 598 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 3,039 | 5,666 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 38,097 | 30,662 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 9 | 4 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 74 | 57 | 53 | 43 |

^{bb} Sources are mentioned at the end of Annexure 1

^{cc} MO MBBS (Full Time)

 ^{dd} Specialist (All Specialist)
 * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| State Health Department expenditure as a share of total expenditure (%) $(2017-18)^{**}$ | 6.9 5 ^{ee} | | ee | |
|---|---------------------|--------|-----------|---------|
| State Health Expenditure | Go | a | All India | Average |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (\mathfrak{F}) | 41,041 | 34,583 | 20,692 | 26,701 |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 4,278 | 4,558 | 2,402 | 3,091 |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

ee Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

- Goa Rural

Goa Urban

16

15

10

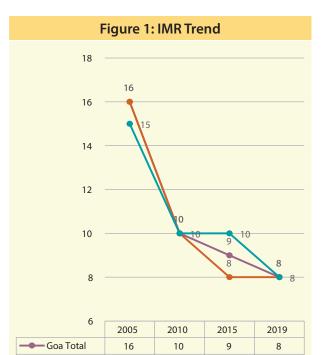
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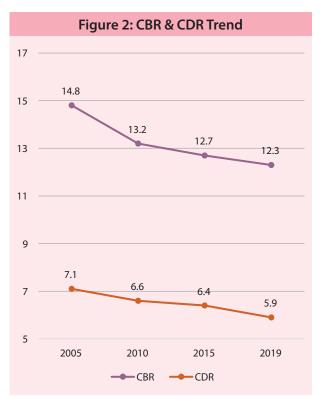
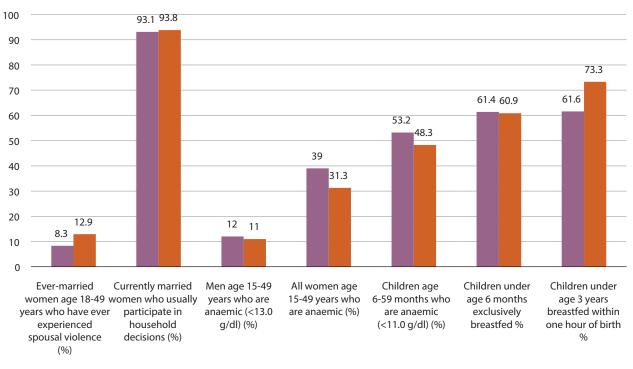


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| | Goa Both sexes, All ages, DALYs per 100,000 |
|-----------------------------|--|
| 1990 rank | 2019 rank |
| 1 Malaria | 1 Ischemic heart disease |
| 2 Ischemic heart disease | 2 Diabetes type 2 |
| 3 Lower respiratory infect | 3 COPD |
| 4 Diarrheal diseases | 4 Other musculoskeletal |
| 5 Drug-susceptible TB | 5 Falls |
| 6 Neonatal preterm birth | 6 Intracerebral hem |
| 7 Self-harm other means | 7 Lower respiratory Infect |
| 8 Intracerebral hem | 8 Low back pain |
| 9 COPD | 9 Ischemic stroke |
| 10 Other neonatal | 10 Age-related hearing loss |
| 11 Low back pain | 11 Migraine |
| 12 Falls | 12 Major depression |
| 13 Neonatal encephalopathy | 13 Diarrheal diseases |
| 14 Dietary iron deficiency | 14 Neonatal preterm birth |
| 15 Other musculoskeletal | 15 Cirrhosis hepatitis B |
| 16 Migraine | 16 Self-harm other means |
| 17 Major depression | 17 Drug-susceptible TB |
| 18 Cirrhosis hepatitis B | 18 Dietary iron deficiency |
| 19 Neonatal hemolytic | 19 Motorcyclist road inj |
| 20 Diabetes type 2 | 20 Endo/metab/blood/immune |
| 22 Age-related hearing loss | 21 Malaria |
| 23 Ischemic stroke | 28 Other neonatal |
| 29 Motorcyclist road inj | 40 Neonatal encephalopathy |
| 33 Endo/metab/blood/immune | 76 Neonatal hemolytic |
| | Communicable, maternal, neonatai, and nutritional diseases |

Non-communicable diseases

Injuries

| | Goa | | |
|--|---------------------------|---|---|
| 1990 rank | Both sexes, All ages, DAL | Ys per 100,000 2019 rank | |
| 100 ACC \$ 22 AC | | 0110.047 | _ |
| 1 Low birth weight | | 1 High fasting plasma glucose | |
| 2 Short gestation | 1.1. | 2 High systolic blood pressure | |
| 3 High systolic blood pressure | | 3 High body-mass index | |
| Household air pollution from solid fuels | | 4 Ambient particulate matter pollution | |
| 5 Child wasting | | 5 High LDL cholesterol | |
| 3 Alcohol use | X | 6 Alcohol use | |
| 7 High fasting plasma glucose | | 7 Kidney dysfunction | |
| B Unsafe water source | | 8 Low birth weight | |
| High LDL cholesterol | | 9 Smoking | |
| 10 Ambient particulate matter pollution | | 10 Short gestation | |
| 11 Unsafe sanitation | . 17. | 11 Diet low in whole grains | |
| 12 Smoking | | 12 Diet low in fruits | |
| 13 High body-mass index | | 13 Low bone mineral density | |
| 14 Kidney dysfunction | | 14 Diet high in sodium | |
| 15 Iron deficiency | // | 15 Drug use | |
| 16 Child underweight | | 16 Iron deficiency | |
| 17 Diet low in whole grains | | 17 Secondhand smoke | |
| 18 No access to handwashing facility | | 18 Diet high in trans fatty acids | |
| 19 Diet low in fruits | | 19 Unsafe water source | |
| 21 Drug use | | 20 Child wasting | |
| 24 Secondhand smoke | | 23 Household air pollution from solid fuels | |
| 26 Diet high in trans fatty acids | 11 | 28 Child underweight | |
| 28 Diet high in sodium | | 30 Unsafe sanitation | |
| 30 Low bone mineral density | 7 | 37 No access to handwashing facility | |
| HIME | | | |

Environmental/occupational risks Behavioral risks

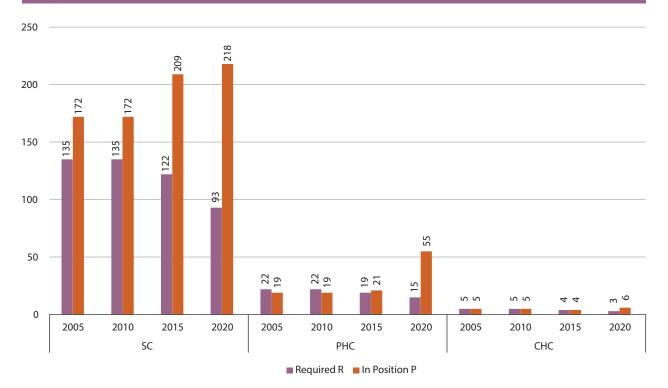


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

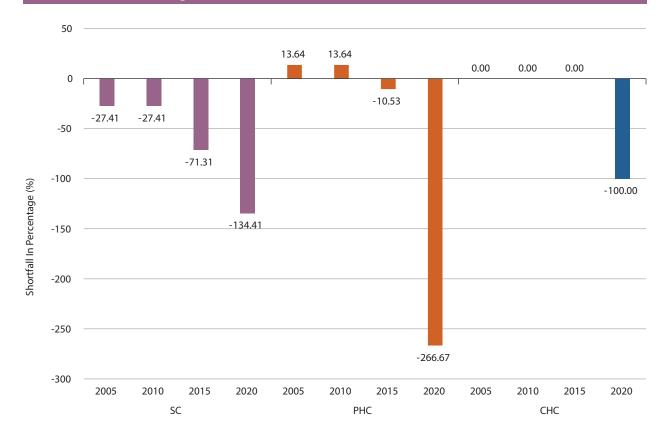
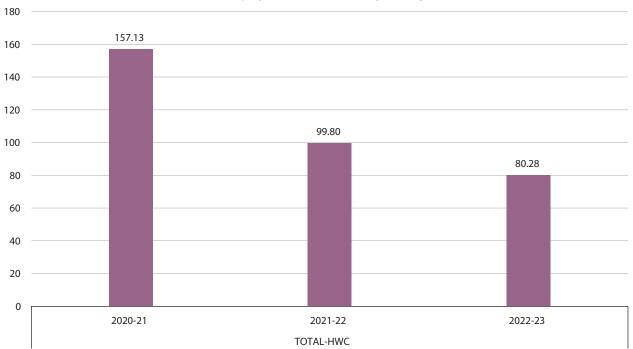


Figure 10: Percentage HWCs progress against target - FY wise (%)



Goa (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| formance) Available) | Children Under 5 Year - Wasted^ (Weight For Height) (%) | 21.9 | 17.7 | 21.5 | 19.1 | 17.7 | 21.4 | ine children ine aminimum ups not wice a day, a r food groups |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (%) (%) | 20.1 | 24.3 | 28.2 | 25.8 | 24.2 | 28.3 | call bias, amor T or penta vacca east twice a da: i. four food gro dructs at least rom at least fou |
| ormance, Re ise Rural Urk | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 10.4 | 21.1 | 22.2 | 21.5 | 25.8 | 13.4 | birth) and DP birth) and DP c products at l is from at leas lik or milk pro |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccination Based On Information From Vaccination Card Only* (%) | 95.8 | 87.7 | N/A | 91 | 87.5 | N/A | ator was used to vaccine given at other milk or milk or milk or milk or milk or milk or milk or milk or sem |
| (Gree | (%) sıtıtığ lenoitutitenl | 96.9 | 9.66 | 100 | 99.7 | 9.66 | 100 | ard only india cluding polio hs, and solid 4 hg Practices (1 9-23 months, |
| | lsten9tnA 4 te84 tA b6H orW n9ttoM Care Visit (%) | 68 | 92.9 | 93.1 | 63 | 91.3 | 96 | vaccination c h of polio (ex seding Practic in 9-23 montl in 9-23 montl ifed children |
| | (%) Deed Manuel (%) | 17.5 | 7.3 | 10.1 | 8.4 | 9.2 | 7.2 | card only'-' 3 doses eac ung Child Fe stfed childre more days t and Young |
| | (%) əsU mobnoD | 7.1 | 24.6 | 21.1 | 23.2 | 23.1 | 23.5 | vaccination Vaccination Mant and Yo day for brea day for loo or i n for 100 or i n for 3 Infan |
| | (%) IND/66/00 | 6.0 | 2.5 | 2.2 | 2.4 | 2.3 | 2.5 | rer's recall' & //MR/MMR/ /MR/MMR/ imum of 3 In rree times a rsyrup takei rsyrup takei a minimuu d at least th |
| | prinnel9 Virma For Family Planning By Currently Married Women age 15-49 (%) | 26.3 | 72.3 | 61.1 | 67.9 | 63.1 | 75 | at of two indicators with 'either vaccination card or mother's recailr & 'vaccination card only' vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 dosse e. meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child vice a day for breastfed infants 6-8 months and at least three times a day for breastfed child ow -3 standard deviations, based on the WHO standard tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days inimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and You od at least twice a day for breastfed infants 6-8 months and at least three times a day for bre 3 Below -3 standard deviations, based on the WHO standard |
| | 900 America Stears Married Before 18 (%) | 9.8 | 7.7 | 3.2 | 5.8 | 7.5 | 3.9 | her vaccinat les-containi les-containi nts 6-8 moni nts 6-8 moni nts 6-8 moni the onthe nased on the reastfed infa cons, based o |
| | (%) əpA 94-21 ətərətiJ nəmoW | N/A | 92.6 | 93.4 | 63 | 92.4 | 93.8 | thors with 'eit th BCG, meas rcy, non-bree reastfed infa deviations, I (TT) injectio (TT) injectio (TT) injectio ce a day for b dard deviati |
| | radmanu lausu vins dri w sblorder covered under a health insurance/ hinancing scheme (%) | 15.9 | 65.1 | 67.5 | 66 | 64.8 | 67.7 | utt of two Indic: a vac finated with m meal finguet wice a day for b low -3 standard tetanus toxoid tetanus toxoid a day for b standard standard 13 Below -3 star |
| | (səlsM 0001\zəlsmə7) dfriß fA oifsA xə2 | 966 | 822 | 864 | 838 | 849 | 819 | Vaccinated, C vaccinated, C er, percentage and a minimu ood at least t and ard a last or her or semi-solid fi up) of standard. 1 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | vord) from NFH54 to ² vord) from NFH54 to ² vormour to the interviewa or more food groups, group or semi-solid (ucts food group) based on the WHO sti based on the WHO sti based on the WHO sti the tor more food group and is receiving solid c iik products food grou ons, based on the WH |
| | states/Districts | Goa | Goa | Goa | Goa | North Goa | South Goa | * NFHS5 replaced 'mmunized' (word) from NFHS4 to 'Vaccinated'. Out of two indicators with 'either vaccination card or mother's recall & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interview? percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doss each of polio (excluding polio varcine given at birth) and DPT or penta vaccine * Based on the youngest children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk poducts at least twice a day, a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk poducts at least twice a day, a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk poducts at least twice a day, a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk poducts at least twice a day of or breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least twice a day, a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk poducts at least twice a day a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving 400 or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food from at l |
| | Serial No. | - | 2 | m | 4 | ŝ | و | * NFHS5 I * NFHS5 I * whose N * Based # Breatfe micludir minicludir B. ** B B. ** B B. ** B B. ** B I O. > Below - |

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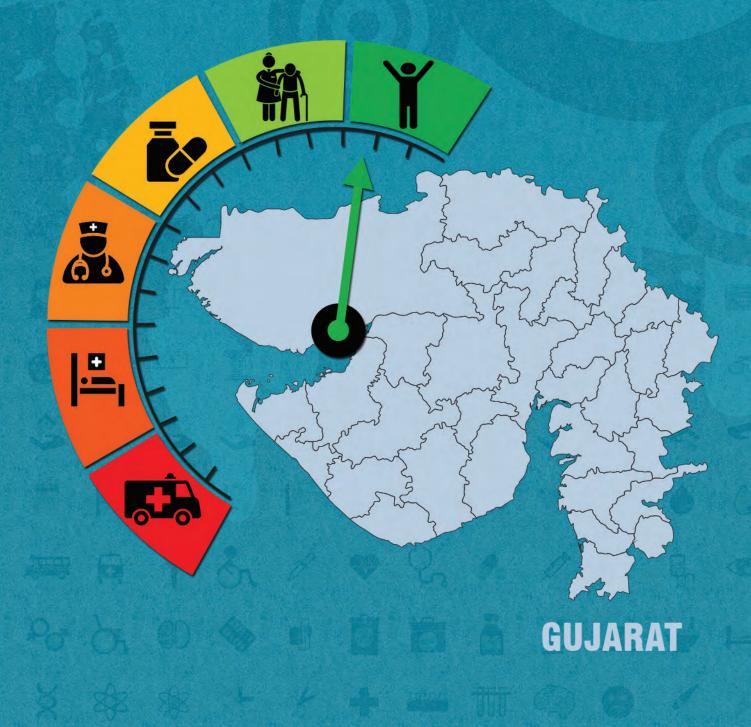


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | |
|------------------|-------------------|-------------|--|--|
| 1 st | Sabarkantha | Panchmahal | | |
| 3 rd | Patan | Banaskantha | | |
| 5 th | Rajkot | Dahod | | |
| 7 th | Valsad | Dang | | |
| 10 th | Gandhinagar | Navasari | | |
| 12 th | Narmada | Porbandar | | |
| 13 th | Dahod | Surat | | |

GUJARAT

1. BACKGROUND

1.1 State Profile

Gujarat is positioned^a 6th in India for a geographical spread of 1,96,024 km². It is divided into 33 districts and is estimated to have a population of over 6.04 crores^b, which accounts for approximately 5% of India's total population (RHS 2019). It is projected that the population would reach around 6.97 crores by

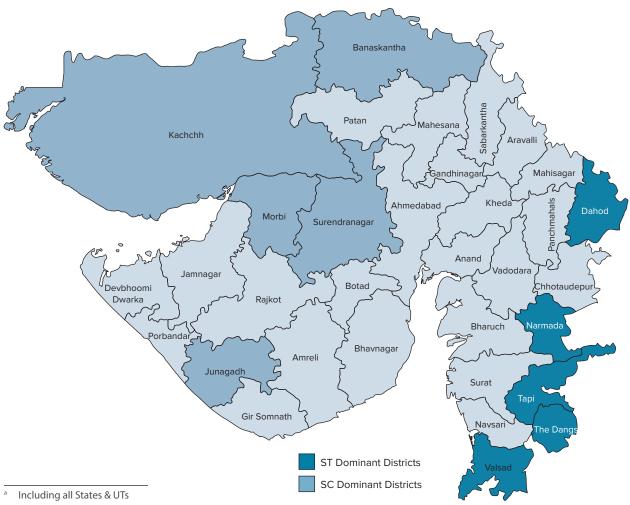


Figure 1: Top 5 ST & SC Dominant Districts

b Census 2011 2021 (Census Population Projection 2019). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.40 crores (6.74%) and 0.89 crores (14.75%), respectively. Out of the 33 districts, top five ST & SC dominant districts account for 43.29% of ST & 43.96% of SC population in the State (Figure 1 & Annexure 1, State Profile). Around 57.4% of the population reside in rural areas, while the rest constitute the urban population.

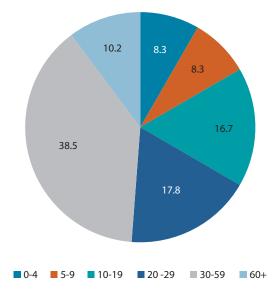
The total length of roads^c in the State is 1,80,927 km (3.62%^d), in which, length of the national highways is 5,017 km (4.4%^e) and state highways is 17,201 km (9.82%^f).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 33 districts, 5 districts have a population of 30 lakhs and above, 10 districts have a population between 20-30 lakhs, 7 districts have a population between 10-20 lakhs, and 4 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 866 females for every 1000 males is less than the national average of 899 (Annexure 1.2). It is estimated that 16.7% of the total population are in the age group of 10-19 years, 56.3% within 20 to 59 years; while 10.2% is 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 23.7 & 7.1 in 2005 to 19.5 & 5.6 in 2019, respectively (Annexure 2; figure2). The literacy rate increased from 70.0% in 2001 to 78.0% in 2011, with male & female literacy rates being 85.8% and 69.7%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^g is 20.7% for higher education, 43.43% for senior secondary education, 74.13% for secondary education, 96.66% for elementary education, and 97.24% for primary education.

Figure 2: Gujarat - distribution of estimated population 2021 (%)



1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 10.2% of the State's total population. The life expectancy at 60 years of age is 17.5 and 20.3 for males and females, respectively (2014-2018). In Gujarat, 78% of elderly females and 30% elderly males living in urban areas; 67% of elderly females and 38% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 12.6 in 2011; which is 11.3 for males and 14 for females, 13.8 in rural & 11.1 in urban areas. The illness (any deviation from the state of

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Gujarat

^e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

⁹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

physical and mental well-being) perception among the elderly is reported as 38% for men and 26% for women as opposed to the national average of 31% for both (Elderly in India 2016 report).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^h services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)ⁱ, institutional deliveries, C sections, distribution of IFAⁱ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 148 (SRS MMR Bulletin 2007-09) to 75 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Gujarat, 86.5% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 data, Navasari, Rajkot, Surat, Amreli and Valsad districts reported good ANC coverage ranging from 94.7% to 92.5%; while Banaskantha, Mahesana, Surendranagar, Kheda & Anand districts reported relatively poor ANC coverage ranging from 56.1% to 64.2%. As reported in HMIS 2019-20, around 99.5% of the deliveries took place in institutions, out of which 38.3% took place in public health facilities. Total percentage of C-sections is (18.1%) higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 20.8% are conducted at private facilities in Gujarat. Around 95.5% of women are tracked for their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 56.5% (NFHS 4) to 69% (NFHS 5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Gujarat has shown a significant decline in IMR from 54 (2005) to 25 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^k and Still Birth (per 1,000 live births) rates have also significantly decreased from 35.5 and 8.4 (2005) to 19 and 4 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 66.8 (2006-10) to 69.9 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, Anand, Mahesana, Gandhinagar, Narmada & Morbi districts reported low SRB^I ranging from 726 to 858, while Bhavnagar, Vadodara, Tapi, The Dangs and Bharuch districts reported high SRBs ranging from 1192 to 1112.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 78.9% (NFHS 4) to 85% (NFHS 5). The proportion of under 6-months children exclusively breastfed has also increased from 55.8% (NFHS 4) to 65% (NFHS 5). An increase in childhood anaemia from 62.6% (NFHS 4) to 79.7% in children aged 6-59 months is reported in NFHS 5 (Annexure 2, Figure 5). As per NFHS 5

^h Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

i Antenatal Check up

^j Iron Folic Acid Tablets

k Neonatal Mortality Rate

Sex Ratio at Birth

^m NFHS 5 State/UT Factsheet, based on information from vaccination card only

report, Porbandar, Jamnagar, Devbhumi Dwarka, Mahesana & Botad districts reported relatively low burden of stunting, ranging from 18.2% to 32.2%, while Dahod, Patan, Chhota Udaipur, Narmada, Aravali & Panchmahal districts reported considerably higher burden of stunting, ranging from 55.3% to 47.1%. For under-5 wasting – Junagadh, Ahmedabad, Rajkot, Gir Somnath & Vadodara districts reported relatively low burden, ranging from 17.3% to 20.1%; while The Dangs, Tapi, Panchmahal, Sabarkantha & Kheda districts reported high burden, ranging from 40.9% to 30.9%.

2.3 Family Planning

The TFRⁿ has reduced from 2.8 in 2005 to 2.1 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in Gujarat is reported as 10.3%, while the unmet need for spacing is 4.5% (NFHS 5). Bharuch district reported the highest total unmet need of 20.3% while Jamnagar reported the lowest (2%). Approximately 53.6% of married women reported to avail any modern method of family planning in the State (NFHS 5); with the sterilization acceptance being 35.9% among females, and 0.2% among males.

2.4 Communicable Diseases

Gujarat has 33 districts having functional IDSP units^o. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 28.29% of total disease burden (Annexure 1.4). Drug Susceptible TB, Lower respiratory infection & diarrheal diseases are the leading causes of deaths due to CMNND in Gujarat (Annexure 2, Figure 6^p). As per QPR report, for TB, the annual total case notification rate is 233% and NSP^q success rate is 85%, as opposed to the national averages of 163% and 79%, respectively. For NLEP^r, the reported prevalence rate of 0.36 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 17 deaths due to Dengue, 1 death due to Malaria, and nil due to Kala Azar are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths account for 66.2% of the total disease burden in the State, while disability or morbidity account for 33.8%. Ischaemic heart diseases, COPD & Diabetes Mellitus Type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 59.77% of DALYs, whereas injuries contribute to 11.94% of DALYs in the State. The State is positioned 9th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 8.7% of women and 41.1% of men used any kind of tobacco, while 0.6% of women and 5.8% of men consumed alcohol. Overall, high blood pressure, air pollution, low birth weight, high fasting blood sugar and short gestation period are the top five major risk factors for all DALYs (Annexure 2, figure 7).

^q New Smear Positive

ⁿ Total Fertility Rate

[°] QPR NHM MIS Report

^p https://vizhub.healthdata.org/gbd-compare/india

National Leprosy Eradication Programme

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 1,322,936 crores. The State is positioned 11th out of 32 states in terms of per capita^s of ₹ 1,95,845. According to NHA 2017-18, the per capita Government Health Expenditure in the Gujarat is ₹ 1,502 which is less than the national average of ₹ 1,753. On the other hand, the OOPE^t as a share of Total Health Expenditure was 43.9%, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^t as a share of Total Health Expenditure was 43.9%, which is less than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is to be around ₹ 6,844 in public facilities, ₹ 25,843 in private facilities; whereas for urban areas, it is around ₹ 8,369 in public facilities and ₹ 37,057 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,424 in public facilities & ₹ 18,207 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,403 in public facilities and ₹ 26,493 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 29% in rural and 19% in urban areas; whereas for diagnostics, it is 22% in rural and 11% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). There are more than adequate public health facilities in 2020 in Gujarat, with an excess of 9.11% SCs, 9.25% PHCs and 2.96% CHCs (Annexure 2, Figure 9). Currently, there are 9,162 SCs, 1,477 PHCs, and 348 CHCs in place, against the required 8,397 SCs, 1,352 PHCs and 338 CHCs in rural areas. In urban settings, there are 318 PHCs in place against the required 656, amounting to a shortfall of 52%. The State has 22 DHs, 37 SDHs and 17 government medical colleges. In tribal catchments, there are 2,757 SCs, 424 PHCs and 94 CHCs in place, against the required 2,803 SCs, 420 PHCs and 105 CHCs. This accounts to a shortfall of 1.64% of the required SCs and 10.48% of the required CHCs in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 6878 HWCs (5098 SHCs, 1464 PHCs & 316 UPHCs) are operationalized in the State as of 22nd December 2021^u.

In Gujarat, 17 districts are equipped with MMUs under the NRHM while none under the NUHM. Gujarat has 97% of required ASHAs in position under the NRHM and 99% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 923 availed (events) OPD services and 73 availed (events) IPD services. As per the NSSO data (2017-18), 29% of all OPD cases in rural areas and 22% in urban areas; and 26% of all IPD cases in rural areas & 18% in urban areas utilized public health facilities. The public health facility utilization in Gujarat is less than the national averages for OPD & IPD (Annexure 1.6).

^s Directorate of Economics & Statistics

Out of Pocket Expenditure

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 Gujarat Profile^v

| Indicator | Gujarat 2011 ¹ | India | |
|--|---------------------------|----------------------------------|--|
| Total Population (In Crore) | 6.04 | 121.08 | |
| Rural (%) | 57.40 | 68.85 | |
| Urban (%) | 42.60 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.40 (6.74%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.89 (14.75%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 78 | 72.99 | |
| Male Literacy Rate (%) | 85.8 | 80.89 | |
| Female Literacy Rate (%) | 69.7 64.64 | | |
| Number of Districts in the Gujarat ² | 33 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 4 | |
| Number of districts per lakh population in Gujarat (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 7 | |
| | ≥20 Lakhs - <30 lakhs | 10 | |
| | ≥30 Lakhs | 5 | |

| ST SC Dominant (Top 5) Districts of Gujarat ¹ | | | |
|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | |
| The Dangs - 94.64% | Kachch - 12.37% | | |
| Tapi - 84.17% | Ahmedabad - 10.52% | | |
| Narmada - 81.55% | Banas Kantha - 10.49% | | |
| Dohad - 74.31% | Surendranagar - 10.21% | | |
| Valsad - 52.92% | Junagadh - 9.68% | | |
| Top 5 ST dominant district accounts for - 43.29% | Top 5 SC dominant district accounts for - 43.96% | | |

| 1.2 Key Health Status & Impact Indicators | | |
|---|---------|-------|
| Indicators | Gujarat | India |
| Infant Mortality Rate (IMR) ³ | 25 | 30 |
| Crude Death Rate (CDR) ³ | 5.6 | 6.0 |

^v Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 19.5 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 75 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 19 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 31 | 36 |
| Still Birth Rate ⁴ | 4 | 4 |
| Total Fertility Rate (TFR)⁴ | 2.1 | 2.2 |
| Life expectancy at birth⁵ | 69.9 | 69.4 |
| Sex Ratio at Birth⁴ | 866 | 899 |

1.3 Key Health Infrastructure Indicators^w

| Indicators | Numbers (Total) | | | |
|--|---|--------|------------------------|-------------------|
| Number of District Hospitals ² | 22 | | | |
| Number of Sub District Hospital ² | | | | 37 |
| Number of Government (Central + State) Medic | al College ⁶ | | | 17 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 12 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status Target Target (Total) FY (2020-21) FY (2021-22) | | Target FY (2022-23) | |
| SHC-HWC | 5098 | 2661 | 5218 | 6922 |
| PHC-HWC | 1464 | 1474 | 1474 | 1474 |
| UPHC-HWC | 316 314 | | 314 | 314 |
| Total-HWC | 6878 4449 | | 7006 | 8710 |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 338 | 3 | 348 | -2.96 |
| Number of Primary Health Centres (PHC) | 1,35 | 2 | 1,477 | -9.25 |
| Number of Sub Centres (SC) | 8,39 | 7 | 9,162 | -9.11 |
| Number of functional First Referral Units | DH | l | SDH | СНС |
| (FRUs) | 22 | | 41 | 67 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 656 | | 318 | 51.52 |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% |
| Number of CHC | 105 | 5 | 94 | 10.48 |
| Number of PHC | 420 |) | 424 | -0.95 |
| Number of SC | 2,80 | 3 | 2,757 | 1.64 |

Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Gujarat | India |
|---|---------|--------|
| IPD per 1000 population | 72.70 | 62.6 |
| OPD per 1000 population | 922.63 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 24.71 | 36.4 |

| 1.4 Major Health Indicator ^x | | |
|--|---------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Gujarat | India |
| % DALY ^y accountable for CMNNDs ^z | 28.29 | 27.46 |
| % DALY accountable for NCDs | 59.77 | 61.43 |
| % DALY accountable for Injuries | 11.94 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Gujarat | India |
| Level of Birth Registration (%) | 87.3 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 21.3 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Gujarat | India |
| % 1st Trimester registration to Total ANC Registrations | 84.3 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 86.5 | 79.4 |
| Total Reported Deliveries | 1151437 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.5 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 38.3 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 61.7 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 18.1 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 13.8 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 20.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 95.5 | 53.4 |
| Neonatal ⁹ | Gujarat | India |
| | 98.9 | 98.8 |
| % live birth to Reported Birth | 50.5 | |
| % live birth to Reported Birth % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 12.9 | 12.4 |

 $^{^{\}mbox{\tiny cc}}$ Sources are mentioned at the end of Annexure 1

| New Born Care Units Established ¹¹ | Gujarat | India |
|---|------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 47 | 895 |
| New Born Stabilization Unit (NBSU) | 150 | 2418 |
| New Born Care Corner (NBCC) | 1641 | 20337 |
| Child Health & Nutrition ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 8.2 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 66.5 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 39.7 | 32.1 |
| Child Immunization ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 85 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 94.7 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 86.8 | 87.9 |
| Family Planning ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.5 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Gujarat | India |
| Number of districts with functional IDSP unit | 33 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Gujarat | India |
| Annualized total case notification rate (%) | 233 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 85 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Gujarat | India |
| Prevalence Rate/10,000 population | 0.36 | 0.61 |
| Number of new cases detected | 4,081 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Gujarat | India |
| Deaths due to Malaria ¹¹ | 1 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 17 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 28.5 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 35.7 | 30.7 |

| Non-Communicable Disease | | | | |
|---|------------------|-------------------|--|--|
| Diabeties and Hypertension ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.7 | 12.4 | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.1 | 15.7 | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.1 | 6.1 | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 9 | 7.3 | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Gujarat (NFHS 5) | India (NFHS 5) | | |
| Women who use any kind of tobacco (%) | 8.7 | 8.9 | | |
| Men who use any kind of tobacco (%) | 41.1 | 38 | | |
| Women who consume alcohol (%) | 0.6 | 1.3 | | |
| Men who consume alcohol (%) | 5.8 | 18.8 | | |
| Injuries | | | | |
| Road Traffic Accident ¹² | Gujarat | India | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 9 | N/A | | |
| Total number of fatal Road Accidents | 6,726 | 1,37,689 | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 43.4 | 33.7 | | |
| Number of persons killed in Road Accidents | 7390 | 115113 | | |

1.5 Access to Careaa

| Health Systems Strengthening | | | |
|--|---------|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Gujarat | India | |
| Number of Districts equipped with MMU under NRHM | 17 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Gujarat | India | |
| 102 Туре | 0 | 9955 | |
| 104 Туре | 0 | 605 | |
| 108 Туре | 634 | 10993 | |
| Others | 2 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 1510 | 11070 | |

^{aa} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | |
|--|--|--------------------------|----------|--|
| ASHA ¹³ | | Gujarat | India | |
| Total number of ASHA ta | irgeted under NRHM | 39355 | 946563 | |
| Total number of ASHA in | position under NRHM | 38102 | 904211 | |
| % of ASHA in position ur | nder NRHM | 96.82 | 96 | |
| Total number of ASHA ta | irgeted under NUHM | 4114 | 75597 | |
| Total number of ASHA in | position under NUHM | 4058 | 64272 | |
| % of ASHA in position ur | nder NUHM | 98.64 | 85 | |
| Community Process ¹¹ | | Gujarat | India | |
| Number of Village Health (VHSNCs) constituted | n Sanitation and Nutrition Committees | 17672 | 554847 | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 6878 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Gujarat | India | |
| DH | | 20 796 | | |
| СНС | | 347 | 6036 | |
| РНС | | 1475 | 20273 | |
| UCHC | | 7 | 126 | |
| UPHC | | 310 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance Gujarat | | arat | | |
| Specialist Cadre Availabl | e in the state (Y/N) | Yes | | |
| HR Policy available (Y/N) | | No | | |
| mplementation of HRIS (Y/N) | | No | | |
| HR Integration initiated (Y/N) | | N | lo | |
| Public Health Cadre avai | lable (Y/N) | N | lo | |
| | Specialists (%) | 5 | 4 | |
| | Dentists (%) | 2 | 7 | |
| Overall Vacancies | MO MBBS (%) | 2 | .8 | |
| (Regular + contractual) | Nurse (%) | 9 | | |
| | LT (%) | 24 | | |
| | ANM (%) | 27 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialist | octors (MO & specialists) to staff nurse ¹⁴ | | 1:1 | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system ¹⁴ | 5 per 10,000 4 per 10,00 | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 4:1 | 4:1 | |

| Ranking: Human Resource Index of Gujarat ¹⁵ | | | | | | |
|--|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | Total (Regular + NHM) | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{bb} | 21774 | 26982 | 19421 | 7561 | 2353 | |
| Staff Nurse | 16792 | 14039 | 10853 | 3186 | 5939 | |
| Lab Technician | 5255 | 2348 | 1342 | 1006 | 3913 | 56.61 |
| Pharmacists | 2545 | 2123 | 1082 | 1041 | 1463 | 56.61 |
| MO MBBS ^{cc} | 4071 | 5273 | 3855 | 1418 | 216 | 1 |
| Specialist ^{dd} | 3343 | 2039 | 733 | 1306 | 2610 | |

| 1.6 Healthcare Financing | | | | | |
|--|---------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Guj | arat | India | | |
| Per Capita Government Health Expenditure (in ₹) | 15 | 502 | 1,753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .8 | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | | 7 | | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | 43 | 3.9 | 48 | 48.8 | |
| National Comple Conversion Office (NISCO) (2017-2018) | Gujarat | | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 33 | 17 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 40 | 21 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 223 | 327 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 794 | 837 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | | 8,369 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | | 37,057 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 22 | 11 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 29 | 19 | 53 | 43 | |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

 ^{dd} Specialist (All Specialist)
 * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | | 3,403 | 2,402 | 3,091 |
|---|---------------------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (\mathbf{F}) | | 26,493 | 20,692 | 26,701 |
| State Health Expenditure | | arat | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.4 5 ^{ee} | | ee | |

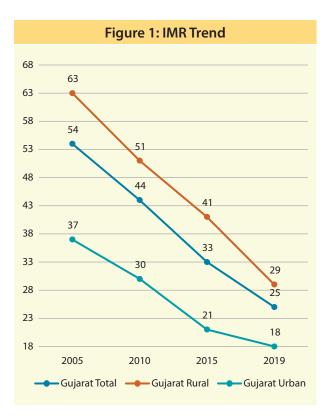
Sources used for Annexure 1

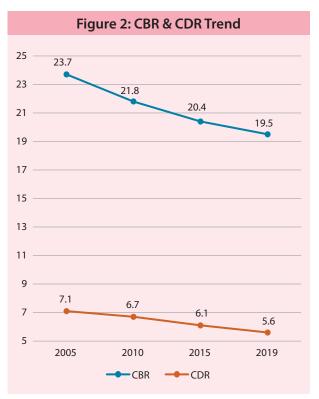
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

ee Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

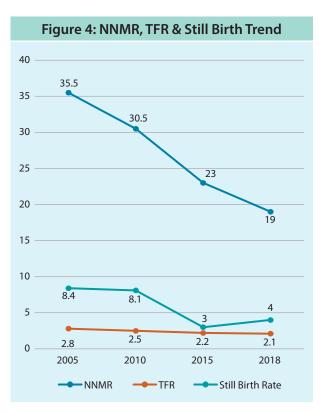
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









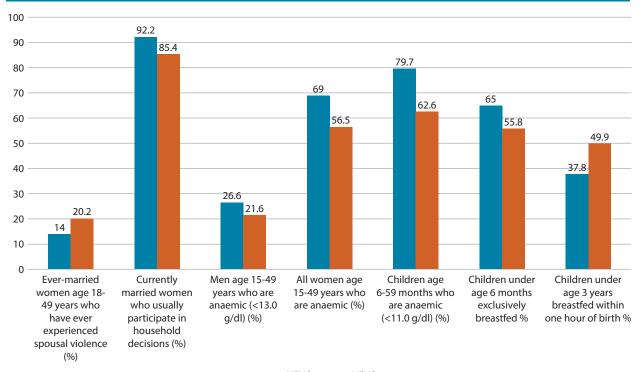


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Gujarat Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|---|
| 1 Diarrheal diseases | 1 Ischemic heart disease |
| 2 Lower respiratory infect | 2 COPD |
| 3 Drug-susceptible TB | 3 Drug-susceptible TB |
| 4 Neonatal preterm birth | 4 Neonatal preterm birth |
| 5 Ischemic heart disease | 5 Lower respiratory infect |
| 6 Neonatal encephalopathy | 6 Dietary iron deficiency |
| 7 Other neonatal | 7 Diarrheal diseases |
| 8 Protein-energy malnutrition | 8 Diabetes type 2 |
| 9 COPD | 9 Self-harm other means |
| 10 Dietary iron deficiency | 10 Other musculoskeletal |
| 11 Measles | 11 Falls |
| 12 Meningitis | 12 Other neonatal |
| 13 Self-harm other means | 13 Neonatal encephalopathy |
| 14 Malaria | 14 Migraine |
| 15 Encephalitis | 15 Intracerebral hem |
| 16 Typhoid fever | 16 Low back pain |
| 17 Falls | 17 Age-related hearing loss |
| 18 Drowning | 18 Motorcyclist road inj |
| 20 Low back pain | 33 Drowning |
| 23 Intracerebral hem | 35 Typhoid fever |
| 25 Migraine | 37 Encephalitis |
| 28 Other musculoskeletal | 39 Meningitis |
| 32 Age-related hearing loss | 42 Protein-energy malnutrition |
| 36 Diabetes Ope 2 | 50 Malaria |
| 39 Motorcyclist road inj | 164 Measles |
| Manager IHME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases |

Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Gujarat Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| 1 Low birth weight | 1 High systolic blood pressure |
| Child wasting | 2 Ambient particulate matter pollution |
| Short gestation | 3 Low birth weight |
| Household air pollution from solid fuels | 4 High fasting plasma glucose |
| Unsafe water source | 5 Short gestation |
| Child underweight | 6 High body-mass index |
| Unsafe sanitation | 7 Smoking |
| Smoking | 8 High LDL cholesterol |
| 9 High systolic blood pressure | 9 Kidney dysfunction |
| 0 Ambient particulate matter pollution | 10 Iron deficiency |
| 1 No access to handwashing facility | 11 Alcohol use |
| 2 Child stunting | 12 Household air pollution from solid fuels |
| 3 Iron deficiency | 13 Unsafe water source |
| 14 High LDL cholesterol | 14 Diet low in whole grains |
| 5 High fasting plasma glucose | 15 Diet low in fruits |
| L6 Alcohol use | 16 Child wasting |
| 7 Kidney dysfunction | 17 Secondhand smoke |
| 8 Secondhand smoke | 18 Diet low in nuts and seeds |
| 19 Occupational injuries | 19 Diet low in legumes |
| 2 Diet low in whole grains | 25 Unsafe sanitation |
| 23 High body-mass index | 27 Occupational injuries |
| 24 Diet low in fruits | 29 Child underweight |
| 6 Diet low in nuts and seeds | 30 No access to handwashing facility |
| 28 Diet low in legumes | 43 Child stunting |
| | Metabolic risks Environmental/occupational risks |

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Behavioral risks

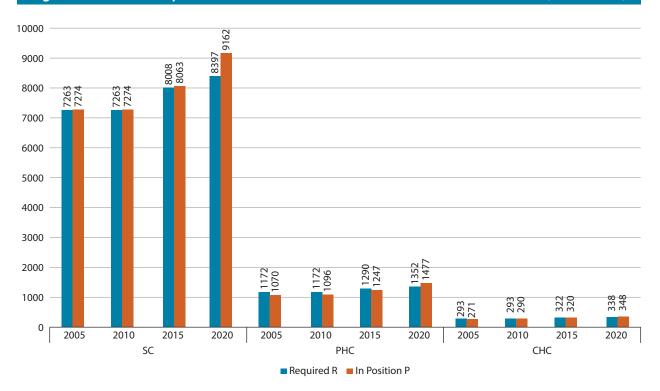


Figure 9: Year Wise Health Infrastructure Shortfall (%)

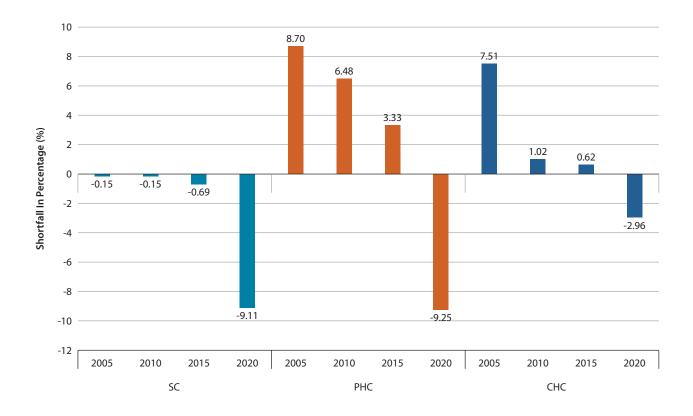
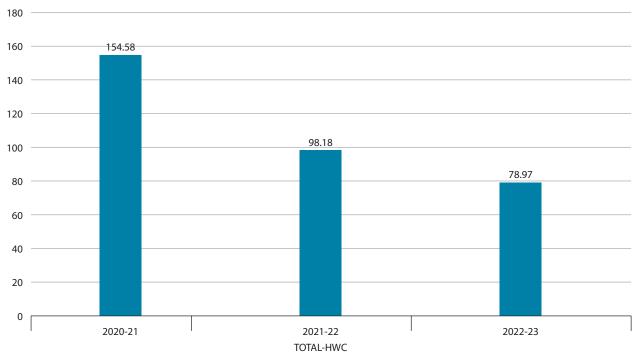


Figure 10: Percentage HWCs progress against target - FY wise (%)



Gujarat (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| rformance) t Available) | Children Under 5 Years - Wasted^ (%) (#Gight For Height) | 26.4 | 22.4 | 26.7 | 25.1 | 17.5 | 23.7 | 28.6 | 29 | 25.5 | 24.5 | 29.6 | 26 | 28.4 | 27.8 | 26.1 | 30.6 | 18.5 | 23.8 | 17.3 |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|--------------|-----------------|--------------|--------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (%) (90 For Age) (%) | 38.5 | 32.4 | 43 | 39 | 35.5 | 35.3 | 38.4 | 47.1 | 39 | 40.9 | 32.6 | 32.2 | 48.6 | 55.3 | 30.2 | 38.1 | 44.4 | 28.4 | 37.3 |
| ormance, R se Rural Uri | 2013 Children Age 6-23 Months 8 (%) # (***) age Diete Diete (%) | 5.2 | 6.6 | 5.5 | 5.9 | m | 3.8 | 11.5 | 9.4 | 3.8 | 7.7 | 11.2 | 8.1 | 2.4 | 7.5 | 5.8 | 4.9 | 14.6 | 10.7 | 5.2 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | VIIuF antrom SS-ST egA nerblid) Naccinated Based On Information (%) *VInO braD noistaniosor morF | 78.9 | 82.9 | 86.2 | 85 | 76.5 | 68.1 | 85.4 | 86.9 | 66.5 | 92.1 | 64 | 77.6 | 80.1 | 74.8 | 77 | 95.2 | 93.5 | 80 | 93.4 |
| (Gre | (%) sıtrıal Isnoitutitenl | 88.5 | 97.8 | 92.2 | 94.3 | 94.5 | 90.1 | 96 | 92.2 | 92.9 | 91.1 | 94.2 | 93.5 | 85.7 | 92.5 | 94.8 | 97.8 | 87.1 | 96.5 | 97.4 |
| | 4 teast A bbH orlVer Add At Least 4 bbH orlVer (%) sticiVestal Care Visits (%) | 70.5 | 82.4 | 73.3 | 76.9 | 77.8 | 92.6 | 64.2 | 73.8 | 56.1 | 65.7 | 70.9 | 82.7 | 81.2 | 70.9 | 76.6 | 71 | 80.7 | 73.8 | 72.5 |
| | (%) bəəli təmnÜ lətoT | 17 | 2.6 | 10.8 | 10.3 | 6.5 | 9.5 | 16.5 | 11.2 | 18.5 | 20.3 | 15.5 | 13.2 | 5.1 | 7.7 | 15.9 | 18.5 | 12.4 | 2 | 13.8 |
| | (%) əsU mobnoƏ | 4.9 | 16.8 | 7.5 | 11.4 | 19.7 | 6.9 | 9.2 | 8.1 | 4.3 | 4.8 | 6.5 | <i>L.</i> 7 | 5.5 | 6.3 | 11.1 | 13.2 | 9.5 | 18.1 | 11.1 |
| | (%) UDAPIUD | ĸ | 4.2 | 2.4 | 3.1 | 3.3 | 3.4 | 1.5 | 1.5 | 1.7 | 0.7 | m | 2 | 1.7 | 1.2 | 4.5 | 2.1 | 1.2 | 11.4 | 2.9 |
| | ylims7 ro7 bəsU bortəM ynA Paried Y.Currentiy Mərried (%) sısay 94-75 rəgA nəmoW | 46.9 | 69.5 | 62.2 | 65.3 | 79 | 62.2 | 53.7 | 68.7 | 42.6 | 36.2 | 45.7 | 49.3 | 77.5 | 70.8 | 47.7 | 49.3 | 57.8 | 85.2 | 48 |
| | bairısM zısəY Yc-02 əpA nəmoW Before 18 (%) | 24.9 | 14.2 | 26.9 | 21.8 | 17.5 | 10.5 | 28 | 27 | 37.3 | 16.8 | 18 | 13 | 27.5 | 29.9 | 11.6 | 32.6 | 6.9 | 6.8 | 11.2 |
| | (%) 9pA 94-21 9ferəfi nəmoW | N/A | 86.8 | 69 | 76.5 | 81.5 | 77.2 | 75.9 | 71.9 | 63.7 | 74 | 74.2 | 71.8 | 53.2 | 56.1 | 66.1 | 81.8 | 73.1 | 83.1 | 82.8 |
| | (%) sunder covered under a heal hear covered under a healt hear covered under a (%) american (%) | 23.1 | 36.3 | 41.1 | 39 | 36.2 | 47.7 | 36.2 | 43.9 | 41 | 37.4 | 32.2 | 38 | 40 | 40.3 | 33.5 | 29.7 | 46.6 | 38.6 | 47.3 |
| | 000 l`\zəlɛməT) dfrifi A oifɛЯ xə2 Males) | 906 | 931 | 696 | 955 | 994 | 977 | 726 | 965 | 967 | 1112 | 1192 | 266 | 937 | 1013 | 955 | 766 | 921 | 912 | 876 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | States/Districts | Gujarat | Gujarat | Gujarat | Gujarat | Ahmedabad | Amreli | Anand | Aravali | Banaskantha | Bharuch | Bhavnagar | Botad | Chhota Udaipur | Dahod | Devbhumi Dwarka | Gandhinagar | Gir Somnath | Jamnagar | Junagadh |
| | .oN .2 | | 2. | с, | 4. | 5. | 6. | 7. | 8. | .6 | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. | 19. |

| 20.2 | 30.9 | 28.2 | 26.2 | 25.2 | 23 | 29 | 35.7 | 20.9 | 21.8 | 17.6 | 33.1 | 26 | 27.1 | 36.6 | 40.9 | 20.1 | 23.2 |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|
| 37.5 | 37.3 | 31 | 43.4 | 32.9 | 47.2 | 36.8 | 47.1 | 50.5 | 18.2 | 38.9 | 37 | 36.1 | 39.2 | 41.7 | 37.6 | 42.3 | 37.8 |
| 5.1 | 1.2 | 0 | 3 | 10.2 | 4.1 | 0 | 3 | 3.2 | 14.5 | 14.2 | 5.1 | 3.2 | 0.9 | 6.7 | 16.5 | 5.1 | 16 |
| 75.3 | 84.9 | 1.19 | 83.4 | 73.5 | 93.8 | 95.5 | 95.4 | 91.9 | 82.2 | 85.6 | 2.68 | 92.8 | 68.4 | 95 | 96.2 | 90.8 | 92.5 |
| 97.4 | 95.2 | 97.3 | 93 | 94.8 | 81.7 | 99.3 | 88.4 | 98.6 | 100 | 99.3 | 89.4 | 7.79 | 85.6 | 92.9 | 74.5 | 95.9 | 96.5 |
| 84.2 | 61.2 | 56.6 | 76.6 | 75.1 | 83.4 | 94.7 | 88.7 | 79.8 | 92.1 | 93.5 | 73.2 | 93.4 | 57.5 | 16 | 90.2 | 65.9 | 92.5 |
| 7.8 | 16.5 | 18.4 | 6.8 | 10.2 | 5.3 | 6.5 | 2 | 11.2 | 7.7 | 6.2 | 9.2 | 5.7 | 8.3 | 3.2 | 5.1 | 11.4 | 9.3 |
| 19.5 | 5.3 | 9.5 | 8.7 | 16.9 | 2 | 9.3 | 9 | 8.4 | 17.1 | 16.5 | 11 | 14.3 | 10.3 | 5.5 | 5 | 12 | 11.9 |
| 3.9 | - | 2.8 | 1.2 | 9.7 | 1.4 | 1.3 | 2.1 | 5.2 | 11.3 | 8 | 4.3 | 2.7 | 3.4 | 2.4 | 0.5 | 2.8 | 2 |
| 76.5 | 29.8 | 46.3 | 73.3 | 73.3 | 80.2 | 78.2 | 71.4 | 65.6 | 75.5 | 78.8 | 66.4 | 78.7 | 76 | 83.1 | 79.8 | 58.5 | 76.1 |
| 19 | 49.2 | 32.3 | 30.7 | 8.9 | 29.5 | 15.7 | 34.1 | 35.4 | 10 | 12.1 | 27 | 13.1 | 19.5 | 25.3 | 30.2 | 22.8 | 19.4 |
| 75.6 | 70.9 | 75.1 | 70.9 | 82.4 | 67.3 | 84.1 | 71.7 | 71.1 | 84.3 | 84.7 | 74.5 | 84.2 | 75.1 | 72 | 68.9 | 84.6 | 82.9 |
| 34.3 | 32.2 | 40.7 | 46 | 34.4 | 51.1 | 42 | 34 | 50.2 | 42.1 | 45.1 | 49.3 | 31.6 | 50.4 | 42.3 | 44.3 | 41.7 | 40.6 |
| 994 | 868 | 742 | 963 | 858 | 853 | 1006 | 879 | 976 | 1045 | 1049 | 871 | 890 | 992 | 1185 | 1143 | 1186 | 1020 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| Kachchh | Kheda | Mahesana | Mahisagar | Morbi | Narmada | Navsari | Panchmahal | Patan | Porbandar | Rajkot | Sabarkantha | Surat | Surendranagar | Tapi | The Dangs | Vadodara | Valsad |
| 20. | 21. | 22. | 23. | 24. | 25. | 26. | 27. | 28. | 29. | 30. | 31. | 32. | 33. | 34. | 35. | 36. | 37. |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day for breastfed children fed with a minimum fed milk or milk products at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red – Worst five performing districts within the districts for a particular indicator æ

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days ن

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products food groups ய் ш

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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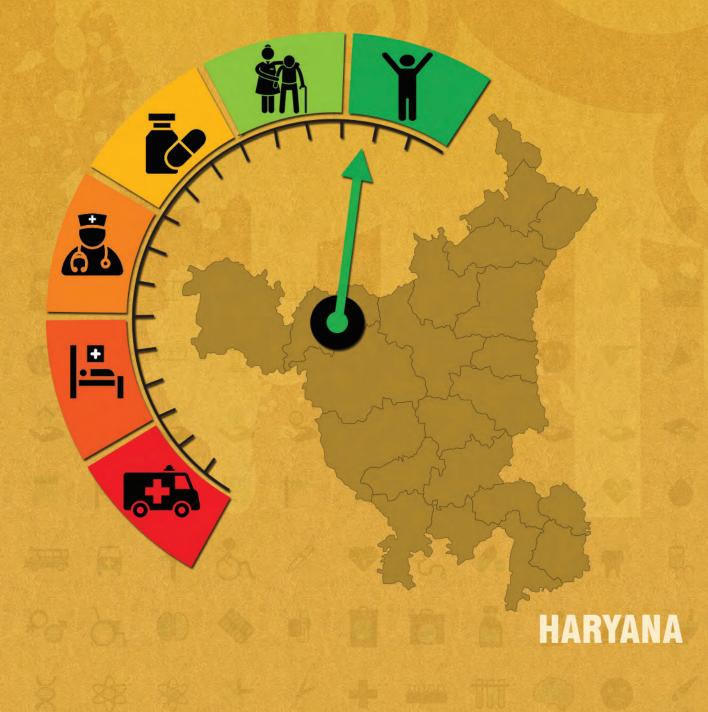


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | |
|------------------|-------------------|-------------|--|--|
| 3 rd | Rewari | Panchkula | | |
| 5 th | Hissar | Mewat | | |
| 7 th | Palwal | Ambala | | |
| 9 th | Sonipat | Yamunanagar | | |
| 11 th | Bhiwani | Gurugram | | |
| 14 th | Mewat | Fatehabad | | |

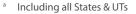
HARYANA

1. BACKGROUND

1.1 Haryana Profile

Haryana is positioned^a 21st in India for a geographical spread of 44,212 km² (RHS 2019). It is divided into 22 districts and is estimated to have a population of over 2.53 crores, which accounts for approximately 2.09 percent of India's total population^b. It is projected that the population would reach around 2.94 crores by 2021 (Census Population Report 2019). As per Census 2011, the Scheduled Caste (SC) population is 0.51 crores (20.17%). Out of the 22 districts, top five SC dominant districts account for 32.92% of SC population in Haryana (Figure 1 & Annexure 1, Profile). Haryana Around 65.12% of the population reside in rural areas, while the rest constitute the urban population.

At present, 28 cities^c are covered under National Urban Health Mission, with a



^b Census 2011

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<sup>c</sup> QPR NHM MIS Report as on 31 Dec 2020
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Figure 1: Top 5 ST & SC Dominant Districts



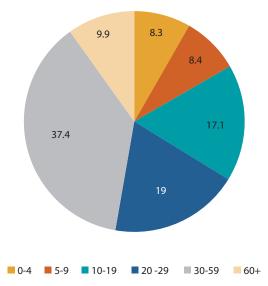
catchment of 88.21 lakh urban population. There are no metropolitan cities, but has 2 Million- plus cities in the state. The total length of roads^d in Haryana is 81,386 km (1.63%^e), in which, the length of the national highways is 2623 km (2.3%^f) and state highways is 1801 km (1.02%^g). About 46.8% of the main worker population are self -employed in the State, followed by wage earners and casual workers (43.2%)^h.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 22 districts, 15 districts have a population between 10-20 lakhs, and 6 districts have a population less than 10 lakhs (Annexure 1.1 Haryana profile). The Haryana's Sex ratio at birth (843 females for every 1000 males) is less than the national average of 899 (Annexure 1.2). It is estimated that 17.1% of the total population are in the age group of 10-19 years, 46.4% within 20 to 59 years; while 9.9% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 24.3 & 6.7 in 2005 to 20.1 & 5.9 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 67.9% in 2001 to 75.6% in 2011, with male & female literacy rates being 84.1% and 65.9%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)ⁱ is 26.1% for higher education, 59.59% for senior secondary education, 84.22% for secondary education, 91.77% for elementary education, and 91.41% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 9.9% of the Haryana's total population. The life expectancy at 60 years of age is 17.8 and 20.2 for males and females, respectively (2014-2018). In Haryana, 42% of the elderly females and 22% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 41% of the elderly females and 23% elderly males are economically fully dependent on others. The old age dependency ratio is 14.1 in 2011; which is 13.2 for males and 15.1 for females; 15.3 in rural & 11.9 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 27% for men and 23% for women, both of which are below the national average of 31% (Elderly in India 2016 report).

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in Haryana

^f Percentage of total length of National Highways in the country

⁹ Percentage of total length of State Highways in the country

^h Annual Report PLFS 2018-19, http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Haryana has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 153 (SRS MMR Bulletin 2007-09) to 91 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Haryana, 77% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Hisar, Kaithal, Karnal, Panchkula and Rohtak districts reported relatively better ANC coverage ranging from 68.8% to 84.7%; and Faridabad, Gurgaon, Jind, Mewat and Panipat districts reported poor ANC coverage ranging from 45.9% to 51.2%. As reported in HMIS 2019-20, around 95.9% of the deliveries took place in institutions, out of which 58.5% took place in public health facilities. Total percentage of C-sections is (18.9%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 26.8% are conducted at private facilities in Haryana. Around 60.9% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 62.7% (NFHS-4) to 60.4% (NFHS 5). Anaemia in females of reproductive age group is more than thrice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Haryana has shown a significant decline in IMR from 60 (2005) to 27 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^m and Still Birth (per 1,000 live births) rates have also significantly decreased from 34.9 and 6.7 (2005) to 22 and 6 (2019) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 67 (2006-10) to 69.8 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5 report, the low SRBsⁿ ranging between 764 – 821 are reported in Ambala, Kaithal, Karnal, Rewari and Sirsa districts, while the comparatively high SRBs ranging between 955 – 1282 are reported in Charkhi Dadri, Faridabad, Jhajjar, and Mahendragarh districts.

Full vaccination^o coverage for children between 12 – 23 months of age has increased from 79.4% (NFHS 4) to 81.1% (NFHS 5). The percentage of under 6-months children exclusively breastfed has increased from 50.3% (NFHS 4) to 69.5% (NFHS 5). The prevalence of childhood anaemia decreased from 71.7% (NFHS 4) to 70.4% (NFHS 5) in children aged 6-59 (Annexure 2, Figure 5). As per NFHS 5 report, Charkhi Dadri, Gurgaon, Jhajjar, Panchkula and Sonipat districts reported relatively low burden of stunting ranging from 15.6% to 23.9%; and Bhiwani, Kaithal, Karnal, Mewat and Palwal districts reported considerably

^j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Antenatal Check up

I Iron Folic Acid Tablets

m Neonatal Mortality Rate

ⁿ Sex Ratio at Birth

[°] NFHS 5 Haryana Factsheet, based on information from vaccination card only

high burden, ranging from 29% to 44.4%. For under-5 wasting- Bhiwani, Faridabad, Jhajjar, Jind and Mahendragarh districts reported a low burden ranging from 6% to 8.8%; and Fatehabad, Gurgaon, Hisar, Kaithal and Mewat districts reported relatively high burden ranging from 14.2% to 20.7%.

2.3 Family Planning

The TFR^p has reduced from 2.8 in 2005 to 2.2 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in Haryana is reported as 7.6% and unmet need for spacing as 3.3%. Mewat district reported the highest total unmet need of 19.6%; Fatehabad and Jhajjar reported the lowest (4.6%). Approximately 60.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); with the sterilization acceptance among females being 32.3%, and 0.9% among males.

2.4 Communicable Diseases

Haryana has 22 districts having functional IDSP units^q. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 26.88% of total disease burden (Annexure 1.4). Lower respiratory tract infection, neonatal preterm birth, diarrheal diseases, dietary iron deficiency and drug susceptible TB are the leading causes of deaths due to CMNND in Haryana (Annexure 2, Figure 6'). As per QPR report, for TB, the annualized total case notification rate is 245% and NSP^s success rate is 79% as opposed to the national averages of 163% and 79%, respectively. For NLEP^t, the reported prevalence rate of 0.13 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Malaria, Kala Azar and Dengue are reported in Haryana.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 67.3% deaths are premature in the State, while disability or morbidity accounts for 32.7%. Ischaemic heart diseases, COPD & Diabetes Mellitus Type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 60.99% of DALYs, whereas, injuries contribute to 12.13% of DALYs in the State. Haryana is positioned 13th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). As per NFHS 5 report, it is reported that 2.5% of women and 29.1% of men used any kind of tobacco, while 0.3% of women and 16.1% of men consumed alcohol. Overall, ambient particulate matter pollution, high systolic blood pressure, smoking, high fasting plasma glucose and high body mass index are the top five major risk factors for all DALYs (Annexure 2, figure 7).

2.6 Health Care Financing

Haryana's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 6,66,075 crores. The State is positioned 5th out of 32 states in terms of per capita^u of ₹ 2,36,147. According to NHA 2017-18, the per capita Government Health Expenditure in the Haryana is ₹ 1,428 which is below the national average of ₹ 1,753. On the other hand, the OOPE^v as a share of Total Health Expenditure is 50.4%, which is more than

P Total Fertility Rate

QPR NHM MIS Report (status as on 01.03.2020)

r https://vizhub.healthdata.org/gbd-compare/india

^s New Smear Positive

t National Leprosy Eradication Programme

^u Directorate of Economics & Statistics

Out of Pocket Expenditure

the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 9,170 in public facilities, ₹ 26,652 in private facilities; whereas for urban areas, it is around ₹ 8,671 in public facilities and ₹ 27,287 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 1,767 in public facilities & ₹ 15,618 in private facilities; whereas in urban areas - OOPE was estimated to be around ₹ 2,713 in public facilities and ₹ 51,287 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 49% in rural and 36% in urban areas; whereas for diagnostics, it is 14% in rural and 13% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). There is shortfall in the required SCs, PHCs & CHCs (Annexure 2, Figure 9). Currently, there are 2617 SCs, 385 PHCs, and 118 CHCs in place against the required 3474 SCs, 579 PHCs and 144 CHCs in rural areas, thereby amounting to a shortfall of 25%, 34% and 18% respectively. In urban settings, there are 100 PHCs in place against the required 237, thereby amounting to a shortfall of 58%. The State has 22 DHs, 21 SDHs and 5 government medical colleges.

Under Government of India flagship program of Ayushman Bharat, a total of 1122 (659 SHCs, 362 PHCs & 101 UPHCs) primary care facilities have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Haryana, 7 districts are equipped with MMUs under the NRHM while none under NUHM districts. Haryana has 97.81% of required ASHAs in position under the NRHM and 94.47% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 5 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1230.0 availed (events) OPD services and 40.3 availed (events) IPD services. As per the NSSO data (2017-18), 25% of all OPD cases in rural areas and 10% in urban areas; and 37% of all IPD cases in rural areas & 20% in urban areas utilized public health facilities. The public health facility utilization in Haryana is below the national averages for both rural and urban areas (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 Haryana Profile^w

| Indicator | Haryana 2011 ¹ | India | | | | | |
|---|--|----------------------------------|--|--|--|--|--|
| Total Population (In Crore) | 2.54 | 121.08 | | | | | |
| Rural (%) | 65.12 | 68.85 | | | | | |
| Urban (%) | 34.88 | 31.14 | | | | | |
| Scheduled Caste population (SC) (in crore) | 0.51 (20.17%) | 20.14 (16.63%) | | | | | |
| Scheduled Tribe population (ST) (in crore) | 0 | 10.45 (8.63%) | | | | | |
| Total Literacy Rate (%) | 75.6 | 72.99 | | | | | |
| Male Literacy Rate (%) | 84.1 | 80.89 | | | | | |
| Female Literacy Rate (%) | 65.9 | 64.64 | | | | | |
| Number of Districts in the Haryana ² | Districts in the Haryana ² 22 | | | | | | |
| | Population ¹ | Districts ¹ (Numbers) | | | | | |
| | <10 Lakhs | 6 | | | | | |
| Number of districts per lakh population in Haryana (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 15 | | | | | |
| | ≥20 Lakhs - <30 lakhs | 0 | | | | | |
| | 34.88 31.14 0.51 (20.17%) 20.14 (16.63%) 0 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 10.45 (8.63%) 64.64 10.45 (8.63%) 64.64 10.45 (8.63%) 64.64 10.10 Lakhs 6 20.10 Lakhs - <20 Lakhs | | | | | | |
| ST SC Dominant (To | p 5) Districts of Haryana ¹ | | | | | | |
| Fateha | bad - 30.18% | | | | | | |
| Sirsa | a - 29.90% | | | | | | |
| Amba | ala - 26.25% | | | | | | |
| Yamuna | nagar - 25.26% | | | | | | |
| Hisar - 23.44% | | | | | | | |
| Top 5 SC dominant di | strict accounts for - 32.92% | | | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Haryana | India |
|--|---------|-------|
| Infant Mortality Rate (IMR) ³ | 27 | 30 |
| Crude Death Rate (CDR) ³ | 5.9 | 6.0 |

Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 20.1 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 91 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 22 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 36 | 36 |
| Still Birth Rate ⁴ | 6 | 4 |
| Total Fertility Rate (TFR) ⁴ | 2.2 | 2.2 |
| Life expectancy at birth⁵ | 69.8 | 69.4 |
| Sex Ratio at Birth⁴ | 843 | 899 |

1.3 Key Health Infrastructure Indicators^x

| ···· , ··· , | | | | |
|--|-------------------|-----------------------|--|------------------------|
| Indicators | | | | Numbers (Total) |
| Number of District Hospitals ² | 22 | | | |
| Number of Sub District Hospital ² | 21 | | | |
| Number of Government (Central + State) Medic | 5 | | | |
| Number of Private (Society + Trust) Medical Col | leges⁵ | | | 7 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-27 | Target I) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 659 | 796 | 1522 | 2006 |
| PHC-HWC | 362 368 | | 368 | 368 |
| UPHC-HWC | 101 | 100 | 100 | 100 |
| Total-HWC | 1122 1264 | | 1990 | 2474 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 144 | 1 | 118 | 18.06 |
| Number of Primary Health Centres (PHC) | 579 |) | 385 | 33.51 |
| Number of Sub Centres (SC) | 3,47 | 4 | 2,617 | 24.67 |
| Number of functional First Referral Units | DH | 1 | SDH | СНС |
| (FRUs) | 22 | | 15 | 12 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 237 | 7 | 100 | 57.81 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | N/A | | N/A | N/A |
| Number of PHC | N/A | N/A N/A | | N/A |
| Number of SC | N/A | 4 | N/A | N/A |
| | | | | |

^x Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Haryana | India |
|---|---------|--------|
| IPD per 1000 population | 40.3 | 62.6 |
| OPD per 1000 population | 1230.3 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 21.4 | 36.4 |

| % DALY* accountable for CMNNDS**26.8827.46% DALY accountable for NCDs60.9961.43% DALY accountable for NCDs12.1311.11Birth, Death Registration & Medical Certification of Cause of Death (MCCD)HaryanaIndiaIndicator*90.692.7Level of Birth Registration (%)90.692.7Level of Death Registration (%)90.692.7Percentage of medically certified deaths to total registered deaths (%)10.092Percentage of medically certified deaths to total registered deaths (%)19.420.7Maternal Health*HaryanaIndia% 1st Trimester registration to Total ANC Registrations77.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations77.794.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries32.132.1% C-sections conducted at Private Institutions to Total Institutional Deliveries13.314.1% C-sections conducted at Public facilities to Deliveries conducted at public facilities32.434.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to for all sp.753.434.2% Iver birth to Reported Birth98.798.834.2% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | 1.4 Major Health Indicator ^y | | | | | | | | |
|--|--|----------|----------|--|--|--|--|--|--|
| % DALY accountable for NCDs66.9961.43% DALY accountable for Injuries12.1311.11Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator*HaryanaIndiaIndia90.692.790.692.7Level of Birth Registration (%)90.692.710092Percentage of medically certified deaths to total registered deaths (%)19.420.7MMCHA+NMaternal Health*IndiaMaternal Health*10092% Pergenant Woman received 4 ANC check-ups to Total ANC Registrations77.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations77.794.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries95.994.5% Deliveries conducted at Private Institutions to Total Institutional Deliveries118.920.5% C-section conducted at Public facilities to Deliveries conducted at private facilities to Deliveries conducted at public facilities to Deliveries conducted at private facilities to Deliveries conducted at private facilities to Deliveries conducted at public facilities to Deliveries conducted at private facilities to Deliv | % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Haryana | India | | | | | | |
| % DALY accountable for Injuries11.11Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator*HaryanaIndiaIndiaLevel of Birth Registration (%)90.692.7Level of Death Registration (%)90.692.7Percentage of medically certified deaths to total registered deaths (%)19.420.7Maternal Health*HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries55.994.5% Deliveries conducted at Private Institutions to Total Institutional Deliveries88.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries13.314.1% C-section conducted at public facilities to Deliveries conducted at public facilities34.234.2% C-sections conducted at Private facilities to Deliveries conducted at public facilities60.953.4% Vomen getting 1st Post-Partum Checkup between 48 hours and 14 days to foug60.953.4% Ive birth to Reported Birth98.798.898.7% Ive birth to Reported Birth11.812.4 | % DALY ^z accountable for CMNNDs ^{aa} | 26.88 | 27.46 | | | | | | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator*HaryanaIndiaIndia90.692.7Level of Birth Registration (%)90.692.7Level of Death Registration (%)10092Percentage of medically certified deaths to total registered deaths (%)19.420.7RMNCHA+NMaternal Health*HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Public Institutions to Total Institutional Deliveries18.920.5% C-section deliveries (Public + Pvt.) to reported institutional18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities34.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to for al Reported Deliveries60.953.4% Unstant Post-Partum Checkup between 48 hours and 14 days to for al Reported Deliveries68.798.8% Ive birth to Reported Birth98.798.880.8 | % DALY accountable for NCDs | 60.99 | 61.43 | | | | | | |
| Indicator*HaryanaIndiaLevel of Birth Registration (%)90.692.7Level of Death Registration (%)10092Percentage of medically certified deaths to total registered deaths (%)19.420.7RMNCHA+NMaternal Health*HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Public Institutions to Total Institutional Deliveries18.920.5% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% Iive birth to Reported Birth98.798.8% Iive birth to Reported Birth11.812.4 | % DALY accountable for Injuries | 12.13 | 11.11 | | | | | | |
| Level of Death Registration (%)10092Percentage of medically certified deaths to total registered deaths (%)19.420.7RMNCHA+NMaternal Health?HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries18.920.5% C-section deliveries (Public + Pvt.) to reported institutional private facilities to Deliveries conducted at private facilities to Deliveries conducted at private facilities to Deliveries conducted at private facilities60.953.4% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to fotal Reported Deliveries98.798.8% Live birth to Reported Birth98.798.8% Ive birth to Reported Birth11.812.4 | Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Haryana | India | | | | | | |
| Percentage of medically certified deaths to total registered deaths (%) 19.4 20.7 RMNCHA+N Maternal Health ⁹ Haryana India % 1st Trimester registration to Total ANC Registrations 75.6 71.9 % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations 77 79.4 Total Reported Deliveries 5,14,301 21410780 % Institutional deliveries to Total Reported Deliveries 95.9 94.5 % Deliveries conducted at Public Institutions to Total Institutional Deliveries 58.5 67.9 % Deliveries conducted at Public Institutions to Total Institutional Deliveries 41.5 32.1 % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries % C-sections conducted at public facilities to Deliveries conducted at public facilities 13.3 14.1 % C-sections conducted at Private facilities to Deliveries conducted at public facilities 13.3 14.1 % C-sections conducted at Private facilities to Deliveries conducted at public facilities 13.3 14.1 % C-sections conducted at Private facilities to Deliveries conducted at public facilities 34.2 % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries 98.7 98.8 % live birth to Reported Birth 98.7 98.8 % live birth to Reported Birth 11.8 12.4 | Level of Birth Registration (%) | 90.6 | 92.7 | | | | | | |
| RMNCHA+NMaternal Health?HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at public facilities34.234.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% Investored Deliveries98.798.898.7% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | Level of Death Registration (%) | 100 | 92 | | | | | | |
| Maternal Health?HaryanaIndia% 1st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at private facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities60.953.4% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% Iive birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | Percentage of medically certified deaths to total registered deaths (%) | 19.4 | 20.7 | | | | | | |
| % 1 st Trimester registration to Total ANC Registrations75.671.9% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries13.314.1% C-sections conducted at public facilities to Deliveries conducted at public facilities33.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities60.953.4% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal?HaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | RMNCHA+N | | | | | | | | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations7779.4Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% Iive birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | Maternal Health ⁹ | Haryana | India | | | | | | |
| Total Reported Deliveries5,14,30121410780% Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% Iive birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % 1st Trimester registration to Total ANC Registrations | 75.6 | 71.9 | | | | | | |
| % Institutional deliveries to Total Reported Deliveries95.994.5% Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 77 | 79.4 | | | | | | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries58.567.9% Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal % live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | Total Reported Deliveries | 5,14,301 | 21410780 | | | | | | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries41.532.1% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal9HaryanaIndia% Ive birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % Institutional deliveries to Total Reported Deliveries | 95.9 | 94.5 | | | | | | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4NeonatalHaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 58.5 | 67.9 | | | | | | |
| (Public + Pvt.) deliveries18.920.5% C-sections conducted at public facilities to Deliveries conducted at public facilities13.314.1% C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal?HaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 41.5 | 32.1 | | | | | | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal?HaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 18.9 | 20.5 | | | | | | |
| private facilities26.834.2% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries60.953.4Neonatal?HaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % C-sections conducted at public facilities to Deliveries conducted at public facilities | 13.3 | 14.1 | | | | | | |
| Total Reported Deliveries60.953.4Neonatal?HaryanaIndia% live birth to Reported Birth98.798.8% Newborns having weight less than 2.5 kg to Newborns weighed at birth11.812.4 | % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 26.8 | 34.2 | | | | | | |
| % live birth to Reported Birth 98.7 98.8 % Newborns having weight less than 2.5 kg to Newborns weighed at birth 11.8 12.4 | % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 60.9 | 53.4 | | | | | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth 11.8 12.4 | Neonatal ⁹ | Haryana | India | | | | | | |
| | % live birth to Reported Birth | 98.7 | 98.8 | | | | | | |
| % Newborns breast fed within 1 hour of birth to Total live birth 92.2 89.9 | % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 11.8 | 12.4 | | | | | | |
| | % Newborns breast fed within 1 hour of birth to Total live birth | 92.2 | 89.9 | | | | | | |

Sources are mentioned at the end of Annexure 1
 Disability Adjusted Life Years
 Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Haryana | India |
|---|---------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 30 | 895 |
| New Born Stabilization Unit (NBSU) | 66 | 2418 |
| New Born Care Corner (NBCC) | 318 | 20337 |
| Child Health & Nutrition ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.9 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 46.6 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 21.5 | 32.1 |
| Child Immunization ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 81.1 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 89.4 | 87.9 |
| Family Planning ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.3 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Haryana | India |
| Number of districts with functional IDSP unit | 22 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Haryana | India |
| Annualized total case notification rate (%) | 245 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 79 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Haryana | India |
| Prevalence Rate/10,000 population | 0.13 | 0.61 |
| Number of new cases detected | 398 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Haryana | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 19.7 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 36.4 | 30.7 |

| Non-Communicable Disease | | |
|---|---------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.3 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.6 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.4 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.4 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Haryana (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 2.5 | 8.9 |
| Men who use any kind of tobacco (%) | 29.1 | 38 |
| Women who consume alcohol (%) | 0.3 | 1.3 |
| Men who consume alcohol (%) | 16.1 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Haryana | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 13 | N/A |
| Total number of fatal Road Accidents | 4,684 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 46.2 | 33.7 |
| Number of persons killed in Road Accidents | 5057 | 115113 |

1.5 Access to Carebb

| Health Systems Strengthen | ing | |
|--|---------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Haryana | India |
| Number of Districts equipped with MMU under NRHM | 7 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | Haryana | India |
| 102 Туре | 0 | 9955 |
| 104 Type | 0 | 605 |
| 108 Туре | 428 | 10993 |
| Others | 0 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 |

^{bb} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | |
|--|--|--------------------------|----------|--|
| ASHA ¹³ | Haryana | India | | |
| Total number of ASHA ta | rgeted under NRHM | 18000 | 946563 | |
| Total number of ASHA in | position under NRHM | 17606 | 904211 | |
| % of ASHA in position un | ider NRHM | 97.81 | 96 | |
| Total number of ASHA ta | rgeted under NUHM | 2676 | 75597 | |
| Total number of ASHA in | position under NUHM | 2528 | 64272 | |
| % of ASHA in position un | nder NUHM | 94.47 | 85 | |
| Community Process ¹¹ | | Haryana | India | |
| Number of Village Health (VHSNCs) constituted | Sanitation and Nutrition Committees | 6049 | 554847 | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 48 | 81134 | |
| Number of Rogi Kalyar | n Samitis (RKS) registered (Total) ¹¹ | Haryana | India | |
| DH | | 22 | 796 | |
| СНС | | 124 | 6036 | |
| РНС | | 381 | 20273 | |
| UCHC | | 2 | 126 | |
| UPHC | | 100 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Har | yana | |
| Specialist Cadre Available | e in the state (Y/N) | N | lo | |
| HR Policy available (Y/N) | | Y | es | |
| Implementation of HRIS | (Y/N) | Y | es | |
| HR Integration initiated (| Y/N) | N | lo | |
| Public Health Cadre avail | able (Y/N) | No | | |
| | Specialists (%) | 8 | | |
| | Dentists (%) | 13 | | |
| Overall Vacancies | MO MBBS (%) | 16 | | |
| (Regular + contractual) | Nurse (%) | 34 | | |
| | LT (%) | 49 | | |
| | ANM (%) | 1 | 4 | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialists | s) to staff nurse ¹⁴ | 1:1 | 1:1 | |
| Availability of public hea nurse & ANM) in district ł | lthcare providers (MO, specialists, staff pealthcare system ¹⁴ | 6 per 10,000 5 per 10,00 | | |
| | learen e system | 2:1 2:1 | | |

| Ranking: Human Reso | urce Index of | Haryana ¹⁵ | | | | |
|--------------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | | Total (Regu | ular + NHM) | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{cc} | 8623 | 8768 | 7663 | 1105 | 960 | |
| Staff Nurse | 7349 | 6951 | 4387 | 2564 | 2962 | |
| Lab Technician | 1486 | 1288 | 594 | 694 | 892 | 74.26 |
| Pharmacists | 833 | 1190 | 813 | 377 | 20 | 74.36 |
| MO MBBS ^{dd} | 1963 | 2811 | 2203 | 608 | 0 | |
| Specialist ^{ee} | 1652 | 1069 | 945 | 124 | 707 | |

| 1.6 Healthcare Financing [#] | | | | |
|--|--------|--------|--------|--------|
| National Health Accounts (NHA) (2017-18) | Har | yana | In | dia |
| Per Capita Government Health Expenditure (in ₹) | 1,4 | 128 | 1,7 | 753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .6 | 1. | 35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 4 | .6 | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 50 |).4 | 48 | 3.8 |
| | Har | yana | In | dia |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 25 | 10 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 37 | 20 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 569 | 829 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 818 | 980 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 9,170 | 8,671 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 26,652 | 27,287 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 14 | 13 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 49 | 36 | 53 | 43 |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

dd Specialist (All Specialist)

Sources are mentioned at the end of Annexure 1
 * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 1,767 | 2,713 | 2,402 | 3,091 | |
|---|--------|--------|-----------------|-------------------|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (\mathbf{R}) | 15,618 | 51,287 | 20,692 | 26,701 | |
| State Health Expenditure | Hary | yana | All India | All India Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 3 | .7 | 5 ^{aa} | | |

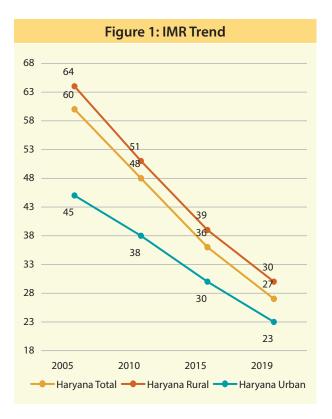
Sources used for Annexure 1

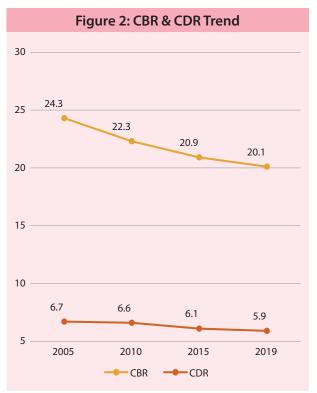
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









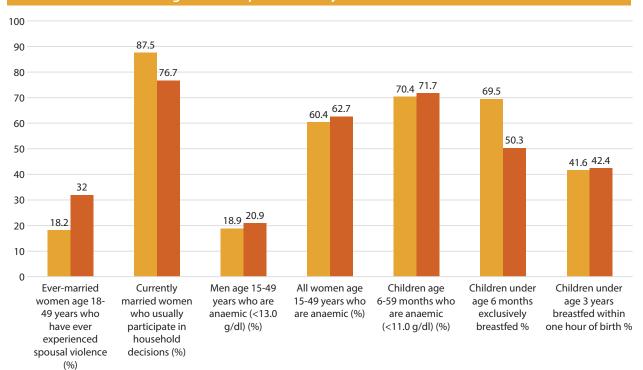


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Haryana Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|---|
| 1 Diarrheal diseases | 1 Ischemic heart disease |
| 2 Lower respiratory infect | 2 COPD |
| 3 Drug-susceptible TB | 3 Lower respiratory infect |
| 4 Neonatal preterm birth | 4 Neonatal preterm birth |
| 5 Other neonatal | 5 Diarrheal diseases |
| 6 lschemic heart disease | 6 Dietary iron deficiency |
| 7 Neonatal encephalopathy | 7 Diabetes type 2 |
| 8 Protein-energy malnutrition | 8 Drug-susceptible TB |
| 9 Measles | 9 Other neonatal |
| 10 COPD | 10 Other musculoskeletal |
| 11 Typhoid fever | 11 Major depression |
| 12 Dietary iron deficiency | 12 Self-harm other means |
| 13 Meningitis | 13 Falls |
| 14 Self-harm other means | 14 Migraine |
| 15 Major depression | 15 Low back pain |
| 16 Low back pain | 16 Age-related hearing loss |
| 17 Falls | 17 Neonatal encephalopathy |
| 18 Whooping cough | 18 Motorcyclist road inj |
| 19 Neonatal sepsis | 19 Asthma |
| 21 Asthma | 21 Typhold fever |
| 24 Migraine | 31 Neonatal sepsis |
| 30 Other musculoskeletal | 41 Protein-energy malnutrition |
| 31 Age-related hearing loss | 49 Meningitis |
| 33 Motorcyclistydad inj | 77 Whooping cough |
| 38 Diabetes type 2 | 168 Measles |
| | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases |

Non-communica Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Haryana Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| 1 Low birth weight | 1 Ambient particulate matter pollution |
| 2 Child wasting | 2 High systolic blood pressure |
| 3 Short gestation | 3 Low birth weight |
| 4 Unsafe water source | 4 Smoking |
| 5 Unsafe sanitation | 5 High fasting plasma glucose |
| 6 Household air pollution from solid fuels | 6 Short gestation |
| 7 Child underweight | 7 High body-mass index |
| 8 Smoking | 8 High LDL cholesterol |
| 9 No access to handwashing facility | 9 Alcohol use |
| 10 Ambient particulate matter pollution | 10 Iron deficiency |
| 11 Child stunting | 11 Kidney dysfunction |
| 12 High systolic blood pressure | 12 Household air pollution from solid fuels |
| 13 Iron deficiency | 13 Unsafe water source |
| 14 Non-exclusive breastfeeding | 14 Child wasting |
| 15 High LDL cholesterol | 15 Diet low in whole grains |
| 16 High fasting plasma glucose | 16 Secondhand smoke |
| 17 Secondhand smoke | 17 Diet low in fruits |
| 18 Alcohol use | 18 Diet low in legumes |
| 19 High temperature | 19 Diet high in trans fatty acids |
| 21 Kidney dysfunction | 22 Unsafe sanitation |
| 23 High body-mass index | 25 Child underweight |
| 24 Diet low in whole grains | 26 High temperature |
| 25 Diet low in fruits | 31 No access to handwashing facility |
| 27 Diet low in legumes | 40 Child stunting |
| 28 Diet high in trans fatty acids | 41 Non-exclusive breastfeeding |
| Here Street | Metabolic risks Environmental/occupational risks |

Behavioral risks

Benavioral risks

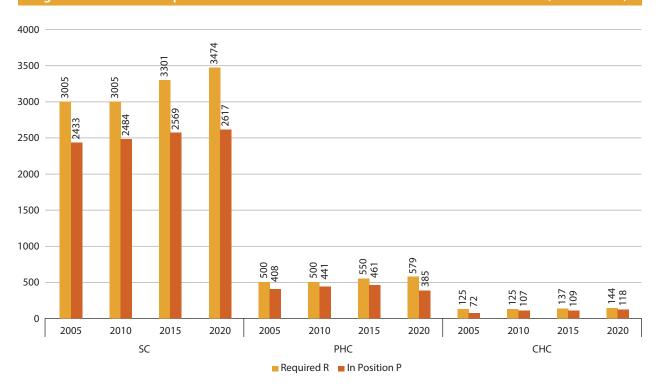


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

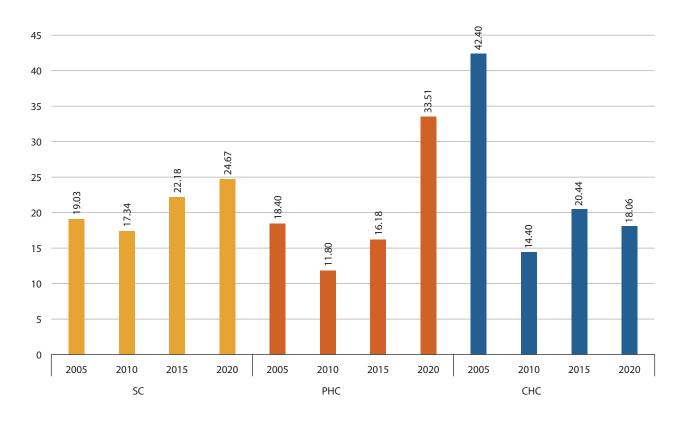
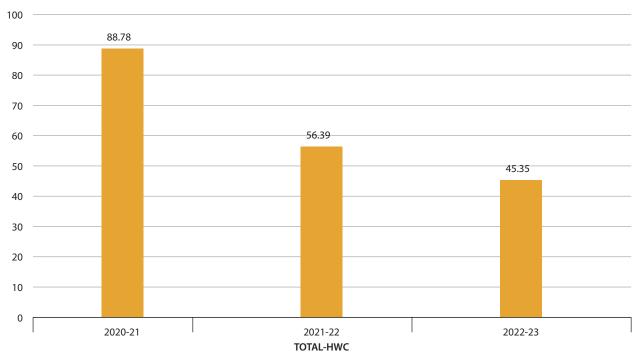


Figure 10: Percentage HWCs progress against target - FY wise (%)



Haryana (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Multiply | | | | | | | | | | | | _ | | | | | | |
|---|---------------------------------|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Harpenie State | erformance) ot Available) | | 21.2 | 10.8 | 11.8 | 11.5 | 10.9 | 9 | 10.6 | 8 | 16 | 15.7 | 16.4 | 8 | 8.8 | 20.7 | 8.6 | 12.8 |
| Harpenie State | ted – Poor Pe ban Stats Nc | | 34 | 26.1 | 28.1 | 27.5 | 24.1 | 29 | 23.9 | 28.9 | 24.6 | 22.1 | 27.8 | 15.6 | 25.5 | 29.9 | 29.2 | 24.9 |
| Harpenie State | ormance, F se Rural Ur | | 7.5 | 9.6 | 12.7 | 11.8 | 17.4 | 8.4 | 11.5 | 11.7 | 11.2 | 10.1 | 2.6 | 15.4 | 10.5 | 10 | 19.2 | 28.7 |
| Harpenie State | en – Good Perfe (District Wi | Vaccinated Based On Information | 79.4 | 82 | 80.8 | 81.1 | 86.9 | 80.4 | 89.3 | 73.2 | 96.7 | 80.1 | 90.6 | 84.1 | 83.3 | 86.3 | 84.6 | 72.1 |
| Haryana MrHS 5Toale States/Districts Haryana MrHS 4Toale 835 7.9 7.3 7.3 Haryana MrHS 5Toale 835 7.9 7.3 7.3 7.3 Haryana MrHS 5Toal 835 7.3 7.3 7.3 7.3 7.3 Haryana MrHS 5Toal 833 7.3 <td>(Gree</td> <td>(%) sıftıl8 lenoitutitenl</td> <td>80.4</td> <td>96.1</td> <td>94.4</td> <td>94.9</td> <td>97.8</td> <td>97.7</td> <td>98.9</td> <td>92.5</td> <td>97.9</td> <td>96.7</td> <td>98.2</td> <td>97.2</td> <td>98.7</td> <td>98.2</td> <td>66</td> <td>98.4</td> | (Gree | (%) sıftıl8 lenoitutitenl | 80.4 | 96.1 | 94.4 | 94.9 | 97.8 | 97.7 | 98.9 | 92.5 | 97.9 | 96.7 | 98.2 | 97.2 | 98.7 | 98.2 | 66 | 98.4 |
| Haryana MHHS forlal SS T22 SS T23 SS T24 T24 <t< td=""><td></td><td></td><td>45.1</td><td>63.1</td><td>59.2</td><td>60.4</td><td>57.4</td><td>60.4</td><td>53.4</td><td>51.2</td><td>60.1</td><td>48.1</td><td>69.9</td><td>60.1</td><td>49.6</td><td>68.8</td><td>84.7</td><td>59.8</td></t<> | | | 45.1 | 63.1 | 59.2 | 60.4 | 57.4 | 60.4 | 53.4 | 51.2 | 60.1 | 48.1 | 69.9 | 60.1 | 49.6 | 68.8 | 84.7 | 59.8 |
| Haryana NFHS flotal SS | | (%) bəət 1əmnU lətoT | 9.3 | 7.7 | 7.5 | 7.6 | 7 | 9.3 | 11.1 | 7.4 | 4.6 | 7.8 | 8.9 | 4.6 | 5.4 | 4.8 | 5.4 | 9.5 |
| Haryana NHKS flotal B35 T32 States/Districts Haryana NHKS flotal 336 112.2 NA 103.45 500000 Haryana NHKS flotal 336 112.2 NA 193.4 63.7 1 Haryana NHKS flotal 335 12.2 NA 193.4 63.7 1 Haryana NHKS flotal 335 12.2 NA 193.4 63.7 1 1 2 2 2 1 1 1 2 2 2 1 1 2 2 1 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 2 1 1 2 <td></td> <td>(%) əsU mobnoD</td> <td>12</td> <td>24.6</td> <td>14.9</td> <td>18.1</td> <td>23.9</td> <td>11.1</td> <td>11.8</td> <td>23.9</td> <td>15.6</td> <td>18.5</td> <td>13.1</td> <td>17.1</td> <td>12.4</td> <td>15.4</td> <td>28.1</td> <td>30.1</td> | | (%) əsU mobnoD | 12 | 24.6 | 14.9 | 18.1 | 23.9 | 11.1 | 11.8 | 23.9 | 15.6 | 18.5 | 13.1 | 17.1 | 12.4 | 15.4 | 28.1 | 30.1 |
| Haryana NFHS 5 Urban 943 55 73, 1 73, 3 | | (%) UD/PPIUD (%) | 5.7 | 5 | 4.9 | 5 | 3.2 | 3.6 | 4 | 5.7 | 5 | 9 | 4.9 | 7.2 | 8.6 | 4 | 3.1 | 4.7 |
| Haryana NFHS 5Rural States/Districts Haryana States/Districts Haryana NFHS 5Rural 873 Ambala NFHS 5Rural 873 Ambala NFHS 5Rural 873 Ambala NFHS 5Rural 873 Britwani NFHS 5Rural 873 Britwan NFHS 5Rural 883 Hisar NHS 1007 Britiar NHS 5 Total 9 | | Planning By Currently Married | 63.7 | 73.5 | 72.9 | 73.1 | 69.5 | 72 | 69.4 | 77.5 | 75.8 | 70.3 | 74.4 | 80.2 | 79.2 | 76.5 | 79.1 | 68.4 |
| Haryana NFHS 5 Total States/Districts Haryana NFHS 5 Urban States/Districts Haryana NFHS 5 Urban 943 States/Districts Haryana NFHS 5 Urban 943 States/Districts Ambala NFHS 5 Total 873 28,3 Males/ Bhiwani NFHS 5 Total 873 28,3 1,2 member covered under a health Fartdabad NFHS 5 Total 873 28,3 28,3 28,3 28,3 Imageon NFHS 5 Total 873 28,3 28,3 28,3 28,3 Imageon NFHS 5 Total 879 28,3 28,3 28,3 28,3 Imageon NFHS 5 Total 879 28,3 28,3 28,3 28,3 Imageon NFHS 5 Total 879 28,3 28,3 29,4 29,4 Imageon NFHS 5 Total 879 28,3 27,9 29,4 29,4 Imageon NFHS 5 Total 856 23,2 29,4 20,4 20,4 20,4 20,4 20,4 20,4 20,4 | | | 19.4 | 6.6 | 13.7 | 12.5 | 6.4 | 15 | 11.8 | 15.3 | 11.7 | 20.7 | 8.9 | 7.7 | 8.7 | 11 | 6.6 | 11.7 |
| Image: Character of the state of the sta | | (%) 9pA 94-21 9teratel n9moW | NA | 85.7 | 76.7 | 79.7 | 85 | 78.8 | 83.6 | 82.3 | 71.1 | 85.4 | 7.7.7 | 88.2 | 81.3 | 70.9 | 84 | 83 |
| Image: state | | member covered under a health | 12.2 | 28.3 | 24.2 | 25.7 | 19 | 28.2 | 29.7 | 32.8 | 29.4 | 34.6 | 27.9 | 27 | 23.7 | 29.1 | 24.6 | 19.2 |
| Kurukshetra | | | 836 | 943 | 873 | 893 | 764 | 899 | 1007 | 955 | 901 | 858 | 856 | 1282 | 850 | 804 | 821 | 869 |
| | | 93ta Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| 1 | | states/Districts | Haryana | Haryana | Haryana | Haryana | Ambala | Bhiwani | Charkhi Dadri | Faridabad | Fatehabad | Gurgaon | Hisar | Jhajjar | Jind | Kaithal | Karnal | Kurukshetra |
| | | .oN.2 | - | 2 | e | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

| 17 | 17 Mahendragarh | NFHS 5 Total | 962 | 25.6 | 81.1 | 13.4 | 70.2 | 3.3 | 9.8 | 9.3 | 55.2 | 98.9 | 70.1 | 8.7 | 25.2 | 8.4 |
|----|-----------------|--------------|-----|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| 18 | Mewat | NFHS 5 Total | 891 | 11.5 | 41.9 | 28.7 | 37.8 | 2.3 | 6.1 | 19.6 | 45.9 | 74.6 | 63.5 | 13 | 44.4 | 14.2 |
| 19 | Palwal | NFHS 5 Total | 884 | 23.5 | 68.3 | 23.8 | 71.2 | 6.9 | 10.2 | 8 | 53.4 | 78.3 | 74.4 | 21.2 | 31 | 9.9 |
| 20 | Panchkula | NFHS 5 Total | 854 | 19.9 | 84.9 | 7.4 | 76.6 | 3.5 | 26.8 | 7 | 76.9 | 26 | 92.6 | 10.3 | 21.8 | 12 |
| 21 | Panipat | NFHS 5 Total | 938 | 26.5 | 83.8 | 11.9 | 70.1 | 5 | 21.9 | 7.3 | 49.2 | 97.1 | 79.4 | 10.3 | 25.1 | 9.9 |
| 22 | Rewari | NFHS 5 Total | 787 | 25.3 | 86 | 5.8 | 70.6 | 3.4 | 14.7 | 8.5 | 63.8 | 98.7 | 83.6 | 6.1 | 25.9 | 9.3 |
| 23 | Rohtak | NFHS 5 Total | 880 | 24.8 | 85.8 | 12.4 | 74.4 | 7.8 | 16 | 8.5 | 72.3 | 97.4 | 88.1 | 6 | 28.9 | 12.5 |
| 24 | Sirsa | NFHS 5 Total | 787 | 26.6 | 70.6 | 8.9 | 74 | 4 | 18 | 8.3 | 61.9 | 99.3 | NA | 9.1 | 25 | 12.6 |
| 25 | Sonipat | NFHS 5 Total | 906 | 22.4 | 87.3 | 15.5 | 78.7 | 6.7 | 18 | 4.8 | 64.1 | 99.7 | 77.4 | 5.1 | 23.6 | 9.2 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of fwo Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency) and support to the rest for a start of the start of the

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய்

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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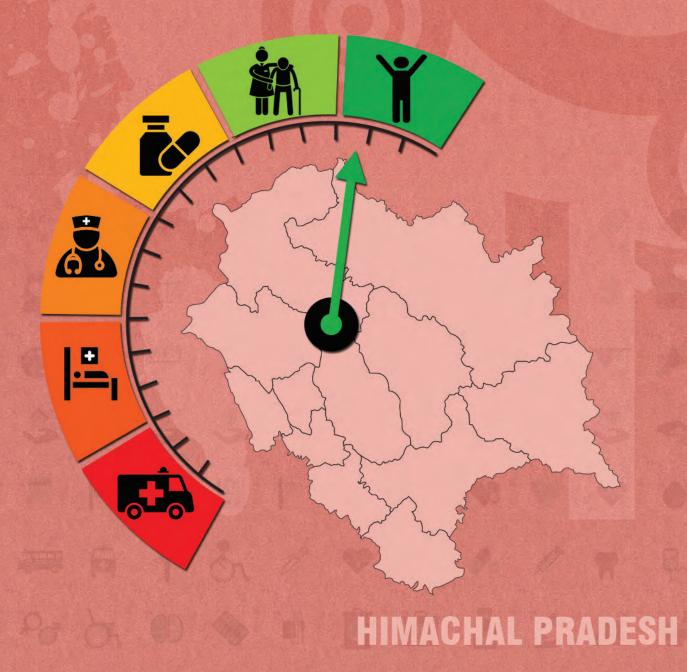


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts | s Visited |
|------------------|-----------|-----------|
| 5 th | Kinnaur | Hamirpur |
| 7 th | Kangra | Chamba |
| 9 th | Hamirpur | Sirmaur |
| 10 th | Mandi | Solan |
| 12 th | Bilaspur | Chamba |

HIMACHAL PRADESH

1. BACKGROUND

1.1 State Profile

Himachal Pradesh is positioned^a 17th in India for a geographical spread of 55,673 km². The State is divided into 12 districts and is estimated to have a population of over 0.69 crores^b. It is projected that the population would reach around 0.73 crores by 2021^c. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.17 crores (25.19%) and 0.03 crores (5.71%), respectively. In the State, 89.97% of the population reside in areas, while only rural 10% constitute the urban population. Out of the 12 districts, top three ST & SC dominant districts account for 53.54% of ST & 35.80% of SC population in the State (Annexure 1, State Profile).

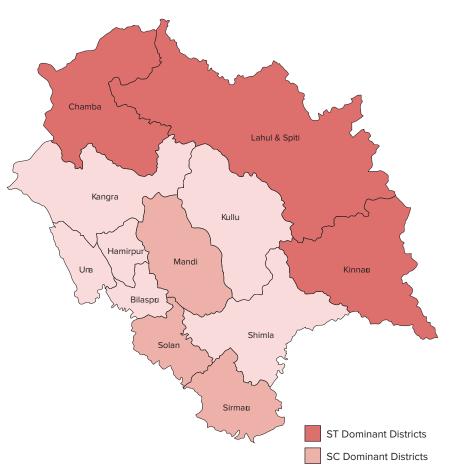


Figure 1: Top 3 ST & SC Dominant Districts

- ^a Including all States & UTs; RHS 2019
- ^b RHS 2020 & Census 2011
- ^c Census Population Projection 2019 Report

The total length of roads^d in the State is 62,812 km (1.25%^e), in which the length of the national highways is 2,643 km (2.31%^f) and state highways is 827 km (0.47%^g).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 12 districts, only 1 district has a population between 10-20 lakhs, while the remaining 11 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth (930 females for every 1000 males) is higher than the national average (899) (Annexure 1.2). It is estimated that 16% of the total population is in the age group of 10-19 years, 58% within 20 to 59 years; and 13% is 60 years and above (Figure 2). The crude birth rate has declined from 20.0 in 2005 to 15.7 in 2018, but the crude death rate has remained a constant of 6.9 (Annexure 2; figure2). The literacy rate increased from 76.5% in 2001 to 82.8% in 2011, with male & female literacy rates being 89.5% and 75.9%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^h is reported as 32.5% for higher education, 95.53% for senior secondary education, 107.08% for secondary education, 100.89%

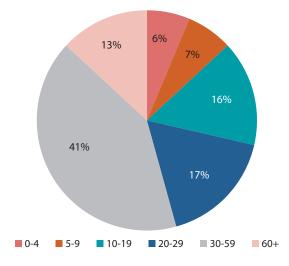


Figure 2: Himachal Pradesh - distribution of estimated population 2021 (%)

for elementary education, and 98.80% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 13% (figure 2) of the State's total population. The life expectancy at 60 years of age is 18.0 and 22.7 for males and females, respectively (2014-2018). In Himachal Pradesh, 62% of elderly females and 3% elderly males living in urban areas; 47% of elderly females and 11% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 16.1 in 2011; which is 15.5 for males, 16.6 for females, 16.7 in rural & 11.3 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 30% for men and 27% for women, which are below the national average of 31% for each (Elderly in India 2016).

d Basic Road Statistics 2019, MoRTH

Percentage of total length of roads in Himachal Pradesh

Percentage of total length of National Highways in the country

^g Percentage of total length of State Highways in the country

Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible h official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). In Himachal Pradesh, 77.7% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Bilaspur, Kinnaur, Shimla, Sirmaur and Solan districts reported comparatively better ANC coverage, ranging between 75.3% - 88.2%; while Chamba, Hamirpur, Kangra, Kullu and Lahul & Spiti districts reported poor full ANC coverage ranging between 56.3% - 65.6%. As reported in HMIS 2019-20, around 92.5% of the deliveries took place in institutions, out of which 82.9% took place in public health facilities. Total percentage of C-sections (24.1%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 47.6% is conducted at private facilities in the State. Around 97.4% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 52.7% (NFHS 4) to 53.2% (NFHS 5). Anaemia in females of reproductive age group is almost thrice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 48.6 (2005) to 19 (2018), which is exceptionally lower than the national average of 32 (Annexure 2, Figure 1). Similarly, NNMR^I and Still Birth (per 1,000 live births) rates have also significantly declined from 30 and 19 (2005) to 13 and 7 (2018), respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 70 (2006-10) to 72.9 (2014-18) which is higher than the national average of 69.4 years (Annexure 2, Figure 3). As per NHFS 5, Kinnaur, Kangra, Shimla, Mandi and Una districts reported low SRBs^m ranging from 691 to 873 and Sirmaur, Chamba, Kullu, Hamirpur and Lahul & Spiti districts reported high SRBs ranging from 925 to 1182.

Full vaccinationⁿ coverage for children between 12 – 23 months of age has improved from 85.4% (NFHS 4) to 96.4% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also increased from 67.2% (NFHS 4) to 69.9% (NFHS 5). An increase in childhood anaemia from 53.7% to 55.4% in children aged 6-59 months has been reported (Annexure 2, Figure 5). As per NFHS 5 report, Una, Shimla, Lahul & Spiti, Hamirpur and Kangra districts reported comparatively low burden of stunting ranging from 24.7 to 28.5 and Kinnaur, Solan, Kullu, Bilaspur and Chamba districts reported high burden ranging from 32.2 to 42.6. For under-5 wasting - Kinnaur, Bilaspur, Una, Hamirpur, and Chamba districts reported

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

k Iron Folic Acid Tablets

Neonatal Mortality Rate

^m Sex Ratio at Birth

ⁿ NFHS 5 State/UT Factsheet, based on information from vaccination card only

a comparatively low burden ranging from 11.3 to 15.4; while Kangra, Lahul & Spiti, Mandi, Sirmaur and Solan reported high burden ranging from 16.3 to 20.9.

2.3 Family Planning

The TFR° reduced from 2 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4). As per NHFS 5 report, the total unmet need in the State is 7.9, and unmet need for spacing is 2.8%. Una district reported the highest total unmet need (15.8%), while Solan reported the lowest (2.9%). Approximately 63.4% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance being 37.7% among females and 3.3% among males.

2.4 Communicable Diseases

The State has 12 functional IDSP units in place^p. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 20.81% of total disease burden (Annexure 1.4). Lower respiratory tract infections & neonatal preterm births are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6^q). As per QPR reports, for TB, the annual total case notification rate is 210% and NSP^r success rate is 87% as opposed to the national averages of 163% and 79%, respectively. For NLEP^s, the reported prevalence rate of 0.18 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 2 deaths due to Dengue are reported in the State, while none due to Malaria nor Kala Azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths contribute to 59% of the total disease burden in the State, while disability or morbidity accounts for 41%^t. Ischaemic heart disease and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 67.83% and injuries contribute to 11.36% of DALYs in the State^u. The State is positioned 20th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 1.7% of women and 32.30% of men used any kind of tobacco, while 0.6% of women and 31.90% of men consumed alcohol. Overall, smoking, high systolic blood pressure and high fasting plasma glucose are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 1,33,303 crores. The State is positioned 14th out of 32 states in terms of per capita^v of ₹ 1,83,108. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 3,177, which is more than the national average of ₹ 1,753. On the other hand, the OOPE^w as a share of Total Health Expenditure is 49.2%, which is more than

[°] Total Fertility Rate

^p QPR NHM Reports (Status as on 01.03.2020)

^q https://vizhub.healthdata.org/gbd-compare/india

New Smear Positive

^s National Leprosy Eradication Programme

t India: Health of the Nation's States: The India State-Level Disease Burden Initiative

^u https://vizhub.healthdata.org/gbd-compare/india

Directorate of Economics & Statistics

Out of Pocket Expenditure

the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 14,874 in public facilities, ₹ 45,971 in private facilities; whereas for urban areas, it is ₹ 12,415 in public facilities and ₹ 31,457 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,893 in public facilities and ₹ 27,058 in private facilities; whereas in urban areas – it is around ₹ 6,700 in public facilities and ₹ 25,914 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 47% and 53% whereas for diagnostics, it is around 17% and 19% in rural and urban areas, respectively (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). The State has adequate public health facilities in place (Annexure 2, Figure 9). Currently, there are 2,092 SCs, 564 PHCs and 85 CHCs are in place against the required 1,375 SCs, 226 PHCs and 56 CHCs. Similarly, in urban settings there are 24 PHCs in place against the required 15 accounting to an excess of 60%. The State has 9 DHs, 83 SDHs and 6 government medical colleges. In the State 12 DHs, 5 SDHs and only 1 CHC serve as functional FRUs. In tribal catchments, there are 105 SCs, 47 PHCs and 8 CHCs in place against the required 133 SCs, 20 PHCs and 5 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centers (AB-HWCs) 1131 HWCs (17 UPHC-HWC, 512 HWC-PHC, and 602 HWC-SHC) are operationalized in the State as of 30th September 2020^x.

In the State, all the 12 districts are equipped with MMUs under the NRHM. The State has 98.20% of required ASHAs in position under the NRHM and 97.06% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 9 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population.

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 2119.77 availed (events) OPD services and 97.57 availed (events) IPD services. As per NSS data (2017-18), 67% of all OPD cases in rural and 73% in urban areas; and 78% of all IPD cases in rural areas & 74% in urban areas utilized public health facilities. The public health facility utilization in the State is more than the national averages for both (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^y

| Indicator | Himachal Pradesh 2011 ¹ | India | |
|--|------------------------------------|----------------------------------|--|
| Total Population (In Crore) | 0.69 | 121.08 | |
| Rural (%) | 89.97 | 68.85 | |
| Urban (%) | 10.03 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.17 (25.19%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.03 (5.71%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 82.8 | 72.99 | |
| Male Literacy Rate (%) | 89.5 | 80.89 | |
| Female Literacy Rate (%) | 75.9 | 64.64 | |
| Number of Districts in the Himachal Pradesh ² | 12 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 11 | |
| Number of districts per lakh population in Himachal Pradesh (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 1 | |
| | ≥20 Lakhs - <30 lakhs | 0 | |
| | ≥30 Lakhs | 0 | |

| ST SC Dominant (Top 3) Districts of Himachal Pradesh ¹ | | |
|---|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | |
| Lahul & Spiti - 81.44% | Sirmaur - 30.33% | |
| Kinnaur - 57.94% | Mandi - 29.38% | |
| Chamba - 26.10% | Solan - 28.35% | |
| Top 3 ST dominant district accounts for - 53.54% | Top 3 SC dominant district accounts for - 35.80% | |

1.2 Key Health Status & Impact Indicators

| Indicators | Himachal Pradesh | India |
|--|---------------------|-------|
| Infant Mortality Rate (IMR) ³ | 19 | 30 |
| Crude Death Rate (CDR) ³ | 6.9 | 6 |
| Crude Birth Rate (CBR) ³ | 15.4 | 19.7 |

^y Sources are mentioned at the end of Annexure 1

| NA | 113 |
|------|------------------------------|
| 13 | 23 |
| 23 | 36 |
| 7 | 4 |
| 1.6 | 2.2 |
| 72.9 | 69.4 |
| 930 | 899 |
| | 13 23 7 1.6 72.9 |

1.3 Key Health Infrastructure Indicators^z

| Indicators | | | | Numbers (Total) | |
|--|---|---------------------|------------------------|-------------------|-------------------|
| Number of District Hospitals ² | | | | 9 | |
| Number of Sub District Hospital ² | | | | | 83 |
| Number of Government (Central + State) Medic | al College ⁶ | | | | 6 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | | 1 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status Target Target (Total) FY (2020-21) FY (2021-22) | | Target FY (2022-23) | | |
| SHC-HWC | 602 | 399 | | 964 | 1341 |
| PHC-HWC | 512 | 576 | | 576 | 576 |
| UPHC-HWC | 17 | 8 | | 8 | 8 |
| Total-HWC | 1131 | 983 | | 1548 | 1925 |
| Rural ² | Require | ed (R) In place (P) | | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 56 | | 85 | | -51.79 |
| Number of Primary Health Centres (PHC) | 226 | | | 564 | -149.56 |
| Number of Sub Centres (SC) | 1,375 2,0 | | 2,092 | -52.15 | |
| Number of functional First Referral Units | DH | | | SDH | СНС |
| (FRUs) | 12 | | | 5 | 1 |
| Urban ² | Required (R) | | In | n place (P) | Shortfall (S) (%) |
| Number of PHC | 15 | 15 | | 24 | -60.00 |
| Tribal ² | Required (R) | | In | n place (P) | Shortfall (S)% |
| Number of CHC | 5 | | 5 8 | | -60.00 |
| Number of PHC | 20 | | 47 | | -135.00 |
| Number of SC | 133 | | | 105 | 21.05 |

^z Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Himachal Pradesh | India |
|---|------------------|--------|
| IPD per 1000 population | 97.57 | 62.6 |
| OPD per 1000 population | 2119.77 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 52.08 | 36.4 |

| 1.4 Major Health Indicator ^{aa} | | |
|--|---------------------|-------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Himachal Pradesh | India |
| % DALY ^{bb} accountable for CMNNDs ^{cc} | 20.81 | 27.46 |
| % DALY accountable for NCDs | 67.83 | 61.43 |
| % DALY accountable for Injuries | 11.36 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Himachal Pradesh | India |
| Level of Birth Registration (%) | 82.5 | 92.7 |
| Level of Death Registration (%) | 86.4 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 13 | 20.7 |

| RMNCHA+N | | | |
|--|---------------------|----------|--|
| Maternal Health ⁹ | Himachal Pradesh | India | |
| % 1st Trimester registration to Total ANC Registrations | 87.5 | 71.9 | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 77.7 | 79.4 | |
| Total Reported Deliveries | 88701 | 21410780 | |
| % Institutional deliveries to Total Reported Deliveries | 92.5 | 94.5 | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 82.9 | 67.9 | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 17.1 | 32.1 | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 24.1 | 20.5 | |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 19.2 | 14.1 | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 47.6 | 34.2 | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 97.4 | 53.4 | |

Denominator for computation is not available
 Sources are mentioned at the end of Annexure 1
 Disability Adjusted Life Years

| Neonatal ⁹ | Himachal Pradesh | India |
|--|---------------------------------|-------------------|
| % live birth to Reported Birth | 99.7 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 13.6 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 92.5 | 89.9 |
| New Born Care Units Established ¹¹ | Himachal Pradesh | India |
| Sick New Born Care Unit (SNCU) | 15 | 895 |
| New Born Stabilization Unit (NBSU) | 6 | 2418 |
| New Born Care Corner (NBCC) | 124 | 20337 |
| Child Health & Nutrition ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.7 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 73.7 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 25.5 | 32.1 |
| Child Immunization ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 96.4 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 98.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 95.9 | 87.9 |
| Family Planning ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Himachal Pradesh | India |
| Number of districts with functional IDSP unit | 12 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Himachal Pradesh | India |
| Annualized total case notification rate (%) | 210 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 87 | 79 |

| National Leprosy Eradication Programme (NLEP) ¹¹ | Himachal Pradesh | India |
|---|---------------------------------|-------------------|
| Prevalence Rate/10,000 population | 0.18 | 0.61 |
| Number of new cases detected | 141 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Himachal Pradesh | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 2 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 36.2 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 40.8 | 30.7 |
| Non-Communicable Disease | | |
| Diabeties and Hypertension ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.90 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.50 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.40 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.80 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Himachal Pradesh (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 1.70 | 8.9 |
| Men who use any kind of tobacco (%) | 32.30 | 38 |
| Women who consume alcohol (%) | 0.60 | 1.3 |
| Men who consume alcohol (%) | 31.90 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Himachal Pradesh | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 20 | N/A |
| | | |

| Severity (Road accident deaths per 100 accidents) of Road Accidents | 39.9 | 33.7 |
|---|------|--------|
| Number of persons killed in Road Accidents | 1146 | 115113 |

1.5 Access to Care^{dd}

| Health Systems Strengthening | | | |
|------------------------------|--|--|--|
| Himachal Pradesh | India | | |
| 12 | 506 | | |
| 0 | 31 | | |
| Himachal Pradesh | India | | |
| 125 | 9955 | | |
| 0 | 605 | | |
| 204 | 10993 | | |
| 0 | 5129 | | |
| 200 | 11070 | | |
| | Himachal Pradesh 12 0 Himachal Pradesh 125 0 125 0 204 0 0 | | |

| Key Domain Indicators | | | | | | |
|---|------------------|--------|--|--|--|--|
| ASHA ¹³ | Himachal Pradesh | India | | | | |
| Total number of ASHA targeted under NRHM | 7930 | 946563 | | | | |
| Total number of ASHA in position under NRHM | 7787 | 904211 | | | | |
| % of ASHA in position under NRHM | 98.20 | 96 | | | | |
| Total number of ASHA targeted under NUHM | 34 | 75597 | | | | |
| Total number of ASHA in position under NUHM | 33 | 64272 | | | | |
| % of ASHA in position under NUHM | 97.06 | 85 | | | | |
| Community Process ¹¹ | Himachal Pradesh | India | | | | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | 7831 | 554847 | | | | |
| Number of Mahila Arogya Samitis (MAS) formed | 12 | 81134 | | | | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | Himachal Pradesh | India | | | | |
| DH | 12 | 796 | | | | |
| СНС | 92 | 6036 | | | | |
| РНС | 588 | 20273 | | | | |
| UCHC | 0 | 126 | | | | |
| UPHC | 2 | 3229 | | | | |

 $^{^{\}mbox{\tiny dd}}$ Sources are mentioned at the end of Annexure 1

| Human Resource for Health ¹⁴ | | | | | |
|--|---|------------------|--------------|--|--|
| HRH Governance | | Himachal Pradesh | | | |
| Specialist Cadre Availab | le in the state (Y/N) | N | 0 | | |
| HR Policy available (Y/N |) | N | 0 | | |
| Implementation of HRIS | (Y/N) | Ye | es | | |
| HR Integration initiated | (Y/N) | N | 0 | | |
| Public Health Cadre ava | ilable (Y/N) | N | 0 | | |
| | Specialists + MO MBBS (%) | 58 | | | |
| | Dentists (%) | 22 | | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 20 | | | |
| (Regular + contractual) | LT (%) | 73 | | | |
| | ANM (%) | 42 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:1 | 1:1 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 13 per 10,000 | 9 per 10,000 | | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 12:1 | 10:1 | | |

Ranking: Human Resource Index of Himachal Pradesh¹⁵

| | Total (Regular + NHM) | | | | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | | |
| MPW ^{ee} | 5058 | 4405 | 2265 | 2140 | 2793 | | | | | |
| Staff Nurse | 6557 | 3823 | 2828 | 995 | 3729 | | | | | |
| Lab Technician | 1596 | 1081 | 421 | 660 | 1175 | 55.93 | | | | |
| Pharmacists | 994 | 1223 | 876 | 347 | 118 | 55.95 | | | | |
| MO MBBS ^{ff} | 2077 | 2115 | 2139 | -24 | 0 | | | | | |
| Specialist ⁹⁹ | 1717 | 517 | 478 | 39 | 1239 | | | | | |

1.6 Healthcare Financing^{hh}

| National Health Accounts (NHA) (2017-18) | Himachal Pradesh | India |
|---|---------------------|-------|
| Per Capita Government Health Expenditure (in ₹) | 3177 | 1753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1.6 | 1.35 |

ee MPW – Multi Purpose Health Worker (Female + Male)

 ^{ff} MO MBBS (Full Time)
 ^{gg} Specialist (All Specialist)

^{hh} Sources are mentioned at the end of Annexure 1

| Government Health Expenditure as % of General Government Expenditure (GGE) | 7 | 7.2 | | 12 | |
|--|--------|---------------|-----------|-----------------|--|
| OOPE as a Share of Total Health Expenditure (THE) % | 49 | 9.2 | 48.8 | | |
| National Sample Survey Office (NSSO) (2017-2018) | | achal desh | India | | |
| | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 67 | 73 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 78 | 74 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 1195 | 575 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 723 | 414 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 14,874 | 12,415 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 45,971 | 31,457 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 17 | 19 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 47 | 53 | 53 | 43 | |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,893 | 6,700 | 2,402 | 3,091 | |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 27,058 | 25,914 | 20,692 | 26,701 | |
| State Health Expenditure | | achal desh | All India | Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5 | .8 | Ľ | 5 ¹¹ | |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal
- ⁱⁱ Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)
- * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] Reimbursement
- ** RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

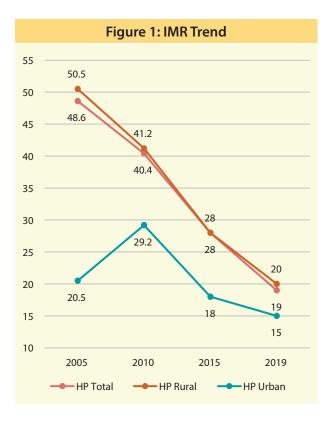
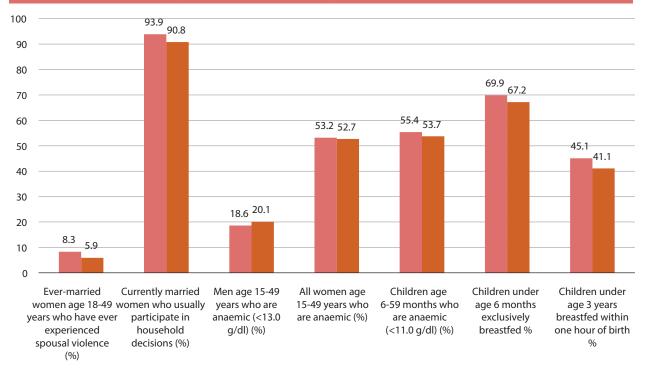








Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Himachal Pradesh Both sexes, All ages, DALYs per 1 | .00,000 2019 rank |
|-----------------------------|--|-----------------------------|
| 1 Diarrheal diseases | | 1 Ischemic heart disease |
| 2 Lower respiratory infect | | 2 COPD |
| 3 Drug-susceptible TB | in the second se | 3 Falls |
| 4 Ischemic heart disease | the second second | 4 Lower respiratory infect |
| 5 COPD | | 5 Neonatal preterm birth |
| 6 Neonatal preterm birth | 133 | 6 Other musculoskeletal |
| 7 Neonatal encephalopathy | | 7 Diabetes type 2 |
| 8 Other neonatal | 1 | 8 Drug-susceptible TB |
| 9 Measles | 14. / //* | 9 Diarrheal diseases |
| 10 Self-harm other means | 1 × 1 | 10 Dietary iron deficiency |
| 11 Dietary iron deficiency | the last | 11 Low back pain |
| 12 Falls | 1 age | 12 Migraine |
| 13 Typhoid fever | At- | 13 Age-related hearing loss |
| 14 Asthma | XIXX | 14 Self-harm other means |
| 15 Low back pain | The states | 15 Major depression |
| 16 Intracerebral hem | As IX | 16 Other neonatal |
| 17 Tetanus | I have the second | 17 Intracerebral hem |
| 18 Migraine | | 18 Neonatal encephalopathy |
| 19 Rheumatic heart disease | J / ^2 | 19 Asthma |
| 20 Peptic ulcer disease | -1/1/ | 20 Motor vehicle road inj |
| 22 Major depression | 11 | 26 Rheumatic heart disease |
| 23 Other musculoskeletal | | 37 Peptic ulcer disease |
| 24 Motor vehicle road inj | | 53 Typhoid fever |
| 26 Age related heating loss | | 184 Tetanus |
| 33 Diabetes type 2 | | 190 Measles |
| Ref. HME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable disease Injuries | 5 |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Himachal Pradesh Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 Smoking |
| 2 Short gestation | 2 High systolic blood pressure |
| 3 Unsafe water source | 3 High fasting plasma glucose |
| 4 Household air pollution from solid fuels | 4 Ambient particulate matter pollution |
| 5 Child wasting | 5 Low birth weight |
| 6 Unsafe sanitation | 6 High body-mass index |
| 7 Smoking | 7 Short gestation |
| 8 High systolic blood pressure | 8 High LDL cholesterol |
| 9 No access to handwashing facility | 9 Alcohol use |
| 10 Child underweight | 10 Household air pollution from solid fuels |
| 11 Child stunting | 11 Kidney dysfunction |
| 12 Non-exclusive breastfeeding | 12 Low temperature |
| 13 Ambient particulate matter pollution | 13 Iron deficiency |
| 14 High LDL cholesterol | 14 Diet low in whole grains |
| 15 High fasting plasma glucose | 15 Occupational particulate matter, gases, and fumes |
| 16 Iron deficiency | 16 Diet low in fruits |
| 17 Low temperature | 17 Secondhand smoke |
| 18 Alcohol use | 18 Unsafe water source |
| 19 Kidney dysfunction | 19 Ambient ozone pollution |
| 20 Secondhand smoke | 24 Child wasting |
| 22 High body-mass index | 32 Unsafe sanitation |
| 24 Diet low in whole grains | 34 No access to handwashing facility |
| 25 Diet low in fruits | 37 Child underweight |
| 26 Occupational particulate matter, gases, and fumes | 46 Non-exclusive breastfeeding |
| 33 Ambient ozone pollution | 47 Child stunting |
| | Metabolic risks Environmental/occupational |

risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

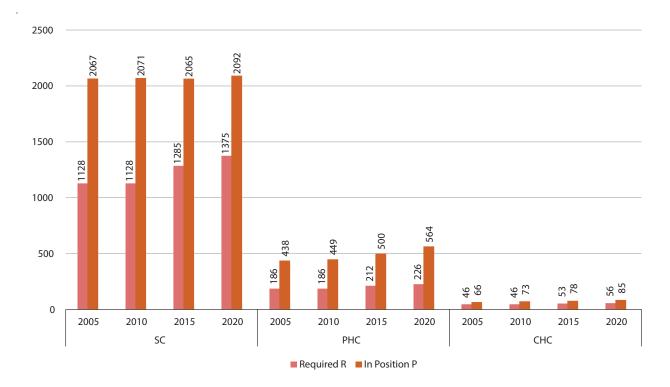


Figure 9: Year Wise Health Infrastructure Shortfall (%)

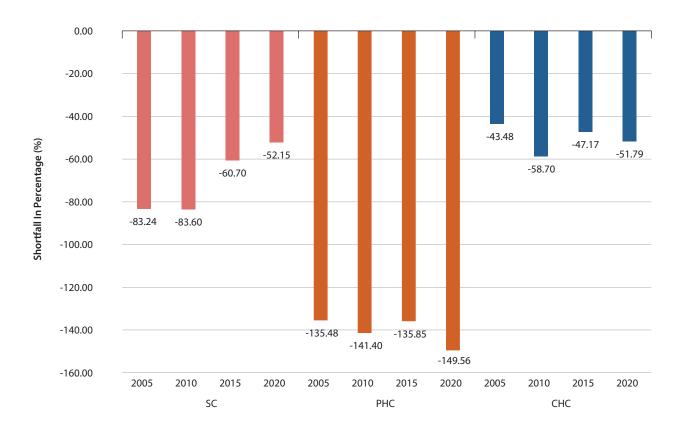
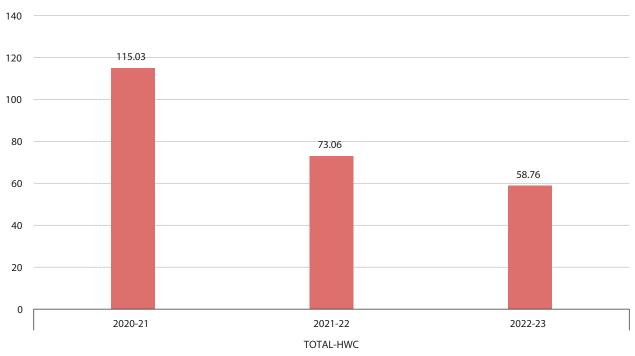


Figure 10: Percentage HWCs progress against target - FY wise (%)



Himachal Pradesh (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

Health Dossier 2021: Reflections on Key Health Indicators – Himachal Pradesh | 17

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| mance) ailable) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 13.7 | 16.2 | 17.6 | 4 | | 15.4 | 14.9 | 19.4 | с. | L. | 16.3 | 19.9 | 15.5 | 18.5 |
|---|---|------------------|------------------|------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|--------------|--------------|--------------|
| oor Perfor ats Not Av | (%) (96A 104 | | 16 | | 17.4 | 12 | | | 19 | 11.3 | 16.1 | | | | |
| Red – Pr Jrban St | Children Under 5 Years - Stunted ^A (Height | 26.3 | 27 | 31.3 | 30.8 | 40.1 | 42.6 | 27.3 | 28 | 32.2 | 35.9 | 28.5 | 31.3 | 27.1 | 28.6 |
| ormance, se Rural L | Total Children Age 6-23 Months Receiving Adequate Diet*, # (%) | 10.9 | 14.4 | 19.7 | 19 | 10.6 | 19.9 | 31.8 | 18.6 | 6.8 | 28.7 | 19.7 | 24.4 | 18.3 | 6.9 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 85.4 | 100 | 95.8 | 96.4 | 100 | 100 | 100 | 92 | 91.7 | 95 | 100 | 98 | 98.2 | 93.7 |
| (Greer | (%) zıtrı8 lenoitutitznl | 76.4 | 93.1 | 87.6 | 88.2 | 91.7 | 72 | 97.6 | 90.2 | 82.7 | 87 | 86.4 | 86.6 | 92.2 | 87.4 |
| | Mother Who Had At Least 4 Antenatal Care Visits (%) | 69.1 | 77.3 | 69.3 | 70.3 | 81.4 | 62.7 | 59.4 | 56.3 | 75.3 | 60 | 65.6 | 70.3 | 85.3 | 85.2 |
| - | Total Unmet Need (%) | 15.7 | 9.3 | 7.7 | 7.9 | 7.2 | 6.2 | 12.6 | 11.8 | 4.1 | 5 | 5.7 | 7.1 | 3.8 | 3.1 |
| - | (%) 9sU mobnoD | 12.7 | 31.9 | 17.3 | 19.2 | 12.4 | 19.3 | 12.4 | 16.4 | 21 | 20.9 | 18.1 | 17.6 | 31.2 | 25.8 |
| - | (%) UUD/PPIUD (%) | 0.9 | 0.9 | 1.2 | 1.1 | 0.4 | 0.2 | 1.3 | 1.3 | 8.8 | 6.0 | 4.4 | 0.6 | 1.3 | 1.3 |
| - | Pany Method Used For Family Planning By Currently Married Women Age 75-79 years (%) | 57 | 75.2 | 74.1 | 74.2 | 80.8 | 81.8 | 57.7 | 59.1 | 83.4 | 78.3 | 78.5 | 81.4 | 89.1 | 86.9 |
| - | 9101-05 Pears Married Before 18 (%) | 8.6 | 7.2 | 5.1 | 5.4 | 10 | 3.8 | 3.5 | 1.5 | 27.9 | 8.7 | 11.2 | 6.3 | 6.1 | ŝ |
| | (%) əpA 94-21 ətfərəti nəmoW | N/A | 95 | 91.2 | 91.7 | 91.2 | 84.1 | 94.8 | 94.4 | 89.1 | 87.4 | 86.2 | 94 | 93.4 | 84.9 |
| | Households with any usual member covered under a health insurance/ financing scheme (%) | 25.8 | 37.1 | 34.1 | 34.5 | 35.4 | 26.8 | 32 | 36.4 | 35.9 | 26.8 | 31.2 | 41.3 | 37.1 | 26.2 |
| - | (səlaM 0001\zəlamə1) dfild fA oifaA xə2 | 937 | 843 | 880 | 875 | 875 | 1001 | 1073 | 795 | 691 | 1017 | 1182 | 840 | 808 | 925 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Himachal Pradesh | Himachal Pradesh | Himachal Pradesh | Himachal Pradesh | Bilaspur | Chamba | Hamirpur | Kangra | Kinnaur | Kullu | Lahul and Spiti | Mandi | Shimla | Sirmaur |
| | .oN .2 | - | 2 | m | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 10 | 14 |

| 20.9 | 13.1 |
|--------------|--------------|
| 32.3 | 24.7 |
| 19 | 8.8 |
| 100 | 93.8 |
| 90.2 | 89.7 |
| 88.2 | 71.7 |
| 2.9 | 15.8 |
| 19 | 14.6 |
| 0.6 | 2.4 |
| 84.6 | 53.3 |
| 13.3 | 1.6 |
| 91 | 92.5 |
| 41.9 | 22.6 |
| 882 | 873 |
| NFHS 5 Total | NFHS 5 Total |
| Solan | Una |
| | |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall & vaccination card only - 'vaccination card only indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Freeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants and solid or semi-solid food at least twice a day for breastfed infants and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from group from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red – Worst five performing districts within the districts for a particular indicator сi

j

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day a minimum meal frequency) and frequency, non-breastfed children fed with a minimum meal frequency and a least twice a day of the initiant needing Practices (fed with other milk products at least twice a day a minimum meal frequency) and in the initiant needing frequency frequency and a least twice a day for breastfed children 9-22 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group). ய் ш.

> Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



JAMMU & KASHMIR AND LADAKH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | | |
|------------------|---|------|--|--|--|--|
| 1 st | Udhampur, Jammu, Samba, Anantnag & Baramula | | | | | |
| 3 rd | Phulwama, Kupwara, Baramulla & Jammu | | | | | |
| 7 th | Kathua Kupwara | | | | | |
| 10 th | Anantnag Ramban | | | | | |
| 12 th | Kupwara | Doda | | | | |

JAMMU & KASHMIR AND LADAKH

1. BACKGROUND

1.1 State Profile

Jammu and Kashmir (inclusive of Ladakh) has a geographical spread of 2,22,236.00 km² (RHS 2019). The state of Jammu & Kashmir has been reorganized as the new Union Territory of Jammu and Kashmir and the new Union Territory of Ladakh on 31st October 2019^a. Jammu & Kashmir is divided into 20 districts and Ladakh is divided into 2 districts^b. As per Census 2011, total population of Jammu & Kashmir and Ladakh is 1.25 crores, and is estimated to reach around 1.3 crores by 2021^c. In Jammu & Kashmir and Ladakh, 72.62% of the population reside in rural areas. The Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.09 crores (7.38%) and 0.14% (11.91%), respectively. Top five ST and SC dominant districts account for 47.91% of ST and 86.81% of SC population (Annexure 1.1; fig 1). The total length of

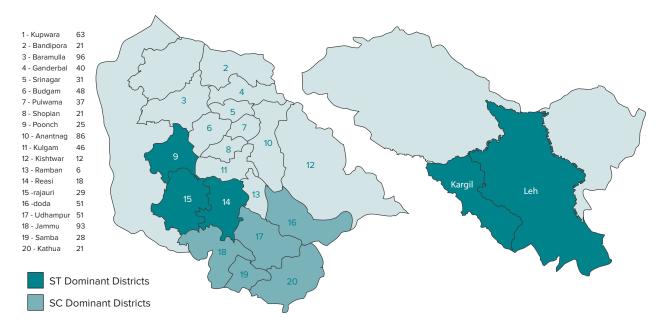


Figure 1: Top 5 ST & SC Dominant Districts

^a https://pib.gov.in/PressReleasePage.aspx?PRID=1590112

^b RHS 2020

Census Population Projection 2019 Report

roads^d in the UT is 63,386 km (1.26%^e), the length of the national highways is 2,601 km (2.3%^f) and state highways is 130 km.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography^g

Out of the 22 districts, 1 district has a population between 15-20 lakhs, 3 districts have a population between 10-15 lakhs, and 6 districts have a population between 5-10 lakhs and 12 districts have a population less than 5 lakhs (Annexure 1.1 State profile). The UT's Sex ratio at birth of 927 females for every 1000 males is more than the national average of 899 (Annexure 1.2). The crude birth rate and the crude death rate have declined from 18.9 & 5.5 in 2005 to 14.9 & 4.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 55.5% in 2001 to 67.2% in 2011 with male & female literacy rates being 76.8% and 56.4%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^h is 24.8% for higher education, 58.60% for senior secondary education, 66.81% for secondary education, 80.09% for elementary education, and 85.98% for primary education.

1.3 Elderlyⁱ

Population ageing has profound social, economic, and political implications. The life expectancy at 60 years of age is 20.3 and 23.6 for males and females, respectively (2014-2018). In the UT^j, 79% of elderly females and 17% elderly males living in rural areas and 85.0% of elderly females and 22% elderly males are economically fully dependent on others. In Jammu & Kashmir and Ladakh, the old age dependency ratio is 12.5 in 2011; which are 12.4 for males and 12.7 for females, 12.7 in rural & 12.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 35% for men and women as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health^k

The UT has been able to provide RMNCHA+N¹ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^m, institutional deliveries, C sections, distribution of IFAⁿ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has

^k Jammu & Kashmir and Ladakh

^m Antenatal Check up

^d Basic Road Statistics 2019, MoRTH

^e Percentage of total length of roads in Jammu & Kashmir

^f Percentage of total length of National Highways in the country

⁹ Jammu & Kashmir and Ladakh

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

Jammu & Kashmir and Ladakh

^j Inclusive of Ladakh

Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Iron Folic Acid Tablets

significantly declined from 160° (SRS MMR Bulletin 2007-09) to 85° (SRS MMR Bulletin 2016-18). In Jammu & Kashmir and Ladakh, 79.3% of women received 4 ANC check-ups (Annexure 1.4) ^q. As per NFHS 5 report- Jammu, Kulgam, Kupwara, Pulwama and Samba reported good ANC coverage, ranging from 89.2% to 96.2%; and Badgam, Kathua, Rajouri, Udhampur and Leh (Ladakh) reported low ANC coverage ranging from 31.6% to 71.9%. As reported in HMIS 2019-20', around 94.6% of the deliveries took place in institutions, out of which 91.2% took place in public health facilities. Total percentage of C-sections (43.5%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 89.4% was conducted at private facilities in the UT. Around 65.6% of women were tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). In Jammu & Kashmir, prevalence of anaemia in women aged 15-49 years increased from 48.9% (NFHS 4) to 65.9% (NFHS 5) and in Ladakh, prevalence increased from 78.4% (NFHS 4) to 92.8% (NFHS 5). Anaemia in females of reproductive age group is more than in men of similar age group (Annexure 2, figures 5,6).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 50 (2005) to 20 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1)^s. Similarly, NNMR^t and Still Birth (per 1,000 live births) rates have also significantly decreased from 31.5 and 7.6 (2005) to 17 and 1 (2018) respectively (Annexure 2, figure 4)^u. Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 70.1 (2006-10) to 74 (2014-18) and is more than the national average of 69.4 years (Annexure 2, Figure 3)^v. As per NFHS 5, Badgam, Ganderbal, Jammu, Pulwama and Samba reported low SRBs^w ranging between 816 – 892; and Anantnag, Kathua, Punch, Shupiyan and Kargil reported high SRBs ranging between 1100 – 1336.

Full vaccination^x coverage for children between 12–23 months of age increased from 84.4% (NFHS 4) to 96.5% (NFHS 5) in Jammu & Kashmir but improved in Ladakh from 92.5% (NFHS 4) to 100% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 65.4% (NFHS 4) to 62.0% (NFHS 5) in Jammu & Kashmir but improved in Ladakh from 64.1% (NFHS 4) to 70.9% (NFHS 5). In Jammu & Kashmir and Ladakh, an increase in childhood anaemia from 53.8% and 91.4% to 72.7% and 92.5% (respectively) in children aged 6-59 months has been (Annexure 2, Figures 5,6). As per NFHS 5 report, Ganderbal, Kathua, Pulwama, Reasi, and Shupiyan reported relatively low stunting rates ranging from 17.7 to 22.4; and Doda, Rajouri, Srinagar, Udhampur and Kargil reported high stunting rates ranging from 30.3 to 37.3. For under-5 wasting – Bandipore, Doda, Kulgam, Pulwama and Reasi reported relatively low burden ranging from 9.5 to 15.3; and Badgam, Ganderbal, Kishtwar, Kupwara and Shupiyan reported high burden ranging from 22.8 to 32.8.

[°] Other smaller states & UTs, inclusive of Jammu & Kashmir

^p Other smaller states & UTs, inclusive of Jammu & Kashmir

q Jammu & Kashmir and Ladakh

^r Jammu & Kashmir and Ladakh

^s Jammu & Kashmir and Ladakh

t Neonatal Mortality Rate

^u Jammu & Kashmir and Ladakh

Jammu & Kashmir and Ladakh

Sex Ratio at Birth

NFHS 5 Jammu & Kashmir Factsheet, based on information from vaccination card only

2.3 Family Planning

The TFR^y reduced from 2.4 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4)². As per NFHS 5 report, the total unmet need in the Jammu & Kashmir and Ladakh is 7.8% and 7.9%, and unmet need for spacing is 3.9% and 4.0%, respectively. Baramula reported the highest total unmet need (15.7%) and Kathua reported the lowest (4.2%) in the UTs. In Jammu & Kashmir and Ladakh, approximately 52.5% and 48% of married women reported to avail any modern method of family planning in the UT (NFHS 5); with sterilization acceptance being 21.1 and 16.7% among females; 0.4% and 0.3% among males.

2.4 Communicable Diseases^{aa}

The UT has 22 functional IDSP units in place^{ab}. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 23.14% of total disease burden (Annexure 1.4). Lower respiratory tract infection, neonatal preterm birth, dietary iron deficiency, diarrheal diseases and other neonatal conditions are the leading causes of deaths due to CMNND in the UT (Annexure 2, Figure 7^{ac}). As per QPR report, for TB, the annualized total case notification rate is 137% and NSP^{ad} success rate is 83% as opposed to the national averages of 163% and 79%, respectively. For NLEP^{ae}, the reported prevalence rate is 0 as opposed to the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar were reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries^{af}

It is reported that 59.2% of total burden of disease is from premature deaths and 40.8% is from disability or morbidity. Ischaemic heart diseases, COPD, other musculoskeletal conditions and Diabetes type 2 the major NCD causes of DALYs in the UT (Annexure 2, Figure 7). NCDs contribute to 63.78% of DALYs; and injuries contribute to 13.08% of DALYs in the UT^{ag}. Jammu & Kashmir and Ladakh is positioned 21st in the country for the total number of fatal road accidents with respect to other States. It was found in the recent NFHS 5 report that 3.6% of women and 38.8% of men in Jammu & Kashmir; and 3.2% of women and 35.7% of men in Ladakh used any kind of tobacco. Whereas 0.2% of women and 8.8% of men in Jammu & Kashmir and 3.8% of men and 23.6% of women in Ladakh consumed alcohol (Annexure 1.4). Overall, smoking, high systolic blood pressure, ambient particulate matter pollution, high fasting plasma glucose and high body mass index are the major risk factors for all DALYs and YLLs (Annexure 2, figure 8).

2.6 Health Care Financing

The UT's Net State Domestic Product (NSDP) for FY 2018-19 was ₹ 1,29,877 crores. The UT is positioned 25th out of 32 states in terms of per capita^{ah} of ₹ 92,347. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 6,451 in public facilities, ₹ 50,142 in private facilities; whereas for urban areas, it is around ₹ 11,306 in public facilities and ₹ 42,672 in private facilities.

- ^z Jammu & Kashmir and Ladakh
- aa Jammu & Kashmir and Ladakh
- ^{ab} QPR NHM MIS Report (Status as on 01.03.2020)
- ^{ac} https://vizhub.healthdata.org/gbd-compare/india
- ^{ad} New Smear Positive
- ^{ae} National Leprosy Eradication Programme
- ^{af} Jammu & Kashmir and Ladakh
- ^{ag} http://vizhub.healthdata.org/gbd-compare/india
- ^{ah} Directorate of Economics & Statistics

^y Total Fertility Rate

For childbirth in rural areas, OOPE is estimated to be around ₹ 5,138 in public facilities & ₹ 22,794 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 5,220 in public facilities and ₹ 31,459 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 58% in rural and 40% in urban areas; whereas for diagnostics, it is 21% in rural and 17% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 9). There are 2,470 SCs, 923 PHCs and 77 CHCs in place against the required 2,042 SCs, 333 PHCs and 83 CHCs. In J& K, there are 49 PHCs in urban areas against the required 80 PHCs; and in Ladakh - there are none in urban areas. In Jammu & Kashmir, there are 227 SCs, 35 PHCs and 4 CHCs in tribal areas against the required 427 SCs, 64 PHCs and 16 CHCs. In Ladakh, there are 238 SCs, 32 PHCs and 7 CHCs in tribal areas against the required 70 SCs, 10 PHCs and 2 CHCs. In total, there are 23 DHs and 6 government medical colleges in the UTs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 1476 HWCs in Jammu & Kashmir and 108 HWCs in Ladakh are operationalized as of 22nd December 2021^{ai} (Annexure 1.3).

In the Jammu & Kashmir, 10 districts are equipped with MMUs under the NRHM. The UT has 93.54% of required ASHAs in position under the NRHM and 63.04% under the NUHM. The doctor to staff nurse ratio in place is 1:1 with 6 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 2219.37 availed (events) OPD services and 94.35 availed (events) IPD services. As per NSS (2017-18), 77% of all OPD cases in rural and 51% in urban areas; and 96% of all IPD cases in rural & 78% in urban areas utilized public facilities. The public health facility utilization in the UT is above the national averages for both (Annexure 1.6).

ai AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profileⁱⁱ

| Indicator | Jammu & Kashmir and Ladakh 2011 ¹ | India | | | | |
|--|---|----------------------------------|--|--|--|--|
| Total Population (In Crore) | 1.25 | 121.08 | | | | |
| Rural (%) | 72.62 | 68.85 | | | | |
| Urban (%) | 27.37 | 31.14 | | | | |
| Scheduled Caste population (SC) (in crore) | 0.092 (7.38%) | 20.14 (16.63%) | | | | |
| Scheduled Tribe population (ST) (in crore) | 0.14 (11.91%) | 10.45 (8.63%) | | | | |
| Total Literacy Rate (%) | 67.2 | 72.99 | | | | |
| Male Literacy Rate (%) | 76.8 | 80.89 | | | | |
| Female Literacy Rate (%) | 56.4 | 64.64 | | | | |
| Number of Districts in the Jammu & Kashmir and | Jammu & Kashmir | Ladakh | | | | |
| Ladakh ² | 20 | 2 | | | | |
| | Population ¹ | Districts ¹ (Numbers) | | | | |
| | <5 Lakhs | 12 | | | | |
| Number of districts per lakh population in Jammu & Kashmir and Ladakh (Census 2011) | ≥ 5 Lakhs - <10 Lakhs | 6 | | | | |
| | ≥10 Lakhs - <15 lakhs | 3 | | | | |
| | ≥15 Lakhs - <20 lakhs | 1 | | | | |
| ST SC Dominant (Top 5) Districts of Jammu & Kashmir and Ladakh ¹ | | | | | | |
| ST Dominant Districts (%) | SC Dominant | Districts (%) | | | | |

| ST Dominant Districts (%) | SC Dominant Districts (%) |
|--|--|
| Kargil (86.88%) | Samba (28.79%) |
| Leh (Ladakh) (71.80%) | Udhampur (24.96%) |
| Punch (36.93%) | Jammu (24.70%) |
| Rajouri (36.24%) | Kathua (22.90%) |
| Reasi (28.08%) | Doda (13.02%) |
| Top 5 ST dominant district accounts for - 47.91% | Top 5 SC dominant district accounts for - 86.81% |

| 1.2 Key Health Status & Impact Indicators | | |
|---|-------------------------------|-------|
| Indicators | Jammu & Kashmir and Ladakh | India |
| Infant Mortality Rate (IMR) ³ | 20 | 30 |

^{jj} Sources are mentioned at the end of Annexure 1

| Crude Death Rate (CDR) ³ | 4.6 | 6 |
|--|------|------|
| Crude Birth Rate (CBR) ³ | 14.9 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 17 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 23 | 36 |
| Still Birth Rate ⁴ | 1 | 4 |
| Total Fertility Rate (TFR)⁴ | 1.6 | 2.2 |
| Life expectancy at birth⁵ | 74 | 69.4 |
| Sex Ratio at Birth⁴ | 927 | 899 |
| | | |

| 1.3 Key Health Infrastructure Indicators^{kk} | | |
|---|--------------------|-----------------|
| Indicators | Jammu & Kashmir | Ladakh |
| Number of District Hospitals ² | 21 | 2 |
| Number of Sub District Hospital ² | 0 | 0 |
| Number of Covernment (Control - State) Medical College | Jammu & Kas | hmir and Ladakh |
| Number of Government (Central + State) Medical College ⁶ | | 6 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | | 1 |

| Number of AB-HWCs functional as of 22 nd | Jammu and Kashmir | | | |
|--|----------------------|--------------------------------------|---|----------------------------|
| December 2021 ¹⁶ | Status (Total) | Target FY (2020-21) | Target FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 1059 | 806 | 1057 | 1770 |
| PHC-HWC | 398 | 434 | 923 | 923 |
| UPHC-HWC | 19 | 49 | 49 | 49 |
| Total-HWC | 1476 | 1289 | 2029 | 2742 |
| | Ladakh | | | |
| Number of AD UNICs for stignal as of 22nd | | L | .adakh | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | l Target FY (2020-21) | .adakh Target FY (2021-22) | Target FY (2022-23) |
| | | Target | Target | - |
| December 2021 ¹⁶ | (Total) | Target FY (2020-21) | Target FY (2021-22) | FY (2022-23) |
| December 2021 ¹⁶ SHC-HWC | (Total) 76 | Target FY (2020-21) 104 | Target FY (2021-22) 150 | FY (2022-23) 221 |

 $^{^{\}rm kk}$ $\,$ Sources are mentioned at the end of Annexure 1 $\,$

| Denne 12 | Jammu & Kashmir | | | | |
|---|--------------------|-------------------------------|-------------------|--|--|
| Rural ² | Required (R) | In place (P) | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 83 | 77 | 7.23 | | |
| Number of Primary Health Centres (PHC) | 333 | 923 | -177.18 | | |
| Number of Sub Centres (SC) | 2,042 | 2,470 | -20.96 | | |
| | Jammu | Jammu & Kashmir and Ladakh | | | |
| Number of functional First Referral Units (FRUs) | DH | SDH | СНС | | |
| | 21 | 0 | 71 | | |
| | L | ammu & Kashmir | | | |
| Urban ² | Required (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 80 | 49 | 38.75 | | |
| | | Ladakh | | | |
| Urban ² | Required (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 2 | 0 | 100.00 | | |
| T.: 1 17 | L | ammu & Kashmir | | | |
| Tribal ² | Required (R) | In place (P) | Shortfall (S)% | | |
| Number of CHC | 16 | 4 | 75.00 | | |
| Number of PHC | 64 | 35 | 45.31 | | |
| Number of SC | 427 | 227 | 46.84 | | |
| Tribal ² | | Ladakh | | | |
| Tribar | Required (R) | In place (P) | Shortfall (S)% | | |
| Number of CHC | 2 | 7 | -250.00 | | |
| Number of PHC | 10 | 32 | -220.00 | | |
| Number of SC | 70 | 238 | -240.00 | | |
| Patient Service ⁹ | | Jammu & Kashmir and Ladakh | India | | |
| IPD per 1000 population | | 94.35 | 62.6 | | |
| OPD per 1000 population | | 2219.37 | 1337.1 | | |
| Operation (surgeries) major (General and Spina 10000 population | l Anaesthesia) per | 96.34 | 36.4 | | |

1.4 Major Health Indicator^{aa}

| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Jammu & Kashmir and Ladakh | India |
|--|-------------------------------|-------|
| % DALY ^{bb} accountable for CMNNDs ^{cc} | 23.14 | 27.46 |

Sources are mentioned at the end of Annexure 1

 $^{\rm mm}$ Disability Adjusted Life Years

nn Communicable, Maternal, Neonatal, and Nutritional Diseases

| % DALY accountable for NCDs | 63.78 | 61.43 |
|--|----------------------------------|----------|
| % DALY accountable for Injuries | 13.08 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Jammu & Kashmir and Ladakh | India |
| Level of Birth Registration (%) | 74.6 | 92.7 |
| Level of Death Registration (%) | 66.7 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | N/A | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Jammu & Kashmir and Ladakh | India |
| % 1st Trimester registration to Total ANC Registrations | 67.1 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 79.3 | 79.4 |
| Total Reported Deliveries | 193368 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 94.6 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 91.2 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 8.8 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 43.5 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 39 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 89.4 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 65.6 | 53.4 |
| Neonatal ⁹ | Jammu & Kashmir and Ladakh | India |
| % live birth to Reported Birth | 98.2 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 5.5 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 93.4 | 89.9 |
| New Born Care Units Established ¹¹ | Jammu & Kashmir and Ladakh | India |
| Sick New Born Care Unit (SNCU) | 32 | 895 |
| New Born Stabilization Unit (NBSU) | 69 | 2418 |
| New Born Care Corner (NBCC) | 282 | 20337 |

| Child Health & Nutrition ¹⁰ | Jammu & Kashmir (NFHS 5 | Ladakh (NFHS 5) | India (NFHS 5) | |
|--|-----------------------------|---------------------------|-------------------|--|
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.6 | 8.5 | 7.3 | |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 80.8 | 78.3 | 60.6 | |
| Children under 5 years who are underweight (weight-for- age) (%) | 21 | 13.4 | 32.1 | |
| Child Immunization ¹⁰ | Jammu & Kashmir (NFHS 5) | Ladakh (NFHS 5) | India (NFHS 5) | |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 96.5 | 100 | 83.8 | |
| Children age 12-23 months who have received BCG (%) | 95.1 | 99.1 | 95.2 | |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 91.7 | 92.9 | 87.9 | |
| Family Planning ¹⁰ | Jammu & Kashmir (NFHS 5) | Ladakh (NFHS 5) | India (NFHS 5) | |
| Unmet need for spacing (%) | 3.9 | 4 | 4 | |
| Communicable Diseases ⁰⁰ | | | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | | Jammu & Kashmir | India | |
| Number of districts with functional IDSP unit | | 22 | 720 | |
| Revised National Tuberculosis Control Programme (RNT | 'CP) ¹¹ | Jammu & Kashmir | India | |
| Annualized total case notification rate (%) | | 137 | 163 | |
| New Smear Positive (NSP) Success rate (in %) | | 83 | 79 | |
| National Leprosy Eradication Programme (NLEP) ¹¹ | | Jammu & Kashmir | India | |
| Prevalence Rate/10,000 population | | 0 | 0.61 | |
| | | | | |
| Number of new cases detected | | 111 | 1,14,359 | |
| Number of new cases detected Malaria, Kala Azar, Dengue ¹¹ | | 111 Jammu & Kashmir | 1,14,359 India | |
| | | Jammu & | | |
| Malaria, Kala Azar, Dengue ¹¹ | | Jammu & Kashmir | India | |
| Malaria, Kala Azar, Dengue ¹¹ Deaths due to Malaria ¹¹ | | Jammu & Kashmir 0 | India 79 | |

^{oo} Sources are mentioned at the end of Annexure 1

| HIV ¹⁰ | Jammu & Kashmir (NFHS 5) | Ladakh (NFHS 5) | India (NFHS 5) |
|---|-----------------------------|-------------------------------|-------------------|
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/ Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 15.8 | 24.3 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 33.6 | 29.6 | 30.7 |
| Non-Communicab | le Disease ^{pp} | | |
| Diabeties and Hypertension ¹⁰ | Jammu & Kashmir (NFHS 5) | Ladakh (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.7 | 10.4 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.3 | 11.2 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 4.2 | 3.9 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 4.3 | 4.4 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Jammu & Kashmir (NFHS 5) | Ladakh (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 3.6 | 3.2 | 8.9 |
| Men who use any kind of tobacco (%) | 38.3 | 35.7 | 38 |
| Women who consume alcohol (%) | 0.2 | 3.8 | 1.3 |
| Men who consume alcohol (%) | 8.8 | 23.6 | 18.8 |
| Injurie | s | | |
| Road Traffic Accident ¹² | | Jammu & Kashmir and Ladakh | India |

| Road Traffic Accident ¹² | and Ladakh | India |
|--|------------|----------|
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 21 | N/A |
| Total number of fatal Road Accidents | 762 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 17.2 | 33.7 |
| Number of persons killed in Road Accidents | 996 | 115113 |

1.5 Access to Care^{qq}

| Health Systems Strengthening | | | | |
|--|--------------------|--------|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Jammu & Kashmir | Ladakh | India | |
| Number of Districts equipped with MMU under NRHM | 10 | 0 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 0 | 31 | |

 $^{\mbox{\tiny PP}}$ Sources are mentioned at the end of Annexure 1

 $^{\rm qq}$ Sources are mentioned at the end of Annexure 1

| Number of ERS vehicles operational in the States/ UTs Under NHM | Jammu & Kashmir | Ladakh | India |
|--|--------------------|--------|-------|
| 102 Туре | 286 | 14 | 9955 |
| 104 Туре | 0 | 0 | 605 |
| 108 Туре | 140 | 4 | 10993 |
| Others | 0 | 0 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 611 | 81 | 11070 |

| Key Doma | | | | |
|--|-------------------------------|--------|--------|--|
| ASHA ¹³ | Jammu & Kashmir and Ladakh | India | | |
| Total number of ASHA targeted under NRHM | 13116 | 946563 | | |
| Total number of ASHA in position under NRHM | 12270 | 904211 | | |
| % of ASHA in position under NRHM | 93.54 | 96 | | |
| Total number of ASHA targeted under NUHM | 138 | 75597 | | |
| Total number of ASHA in position under NUHM | 87 | 64272 | | |
| % of ASHA in position under NUHM | | 63.04 | 85 | |
| Community Process ¹¹ | Jammu & Kashmir | Ladakh | India | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | 6494 | 247 | 554847 | |
| Number of Mahila Arogya Samitis (MAS) formed 220 | | 0 | 81134 | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | Jammu & Kashmir | Ladakh | India | |
| DH | 21 | 4 | 796 | |
| СНС | 79 | 7 | 6036 | |
| РНС | 373 | 32 | 20273 | |
| UCHC | 0 | 0 | 126 | |
| UPHC | 48 | 0 | 3229 | |

Human Resource for Health¹⁴

| HRH Governance | Jammu & Kashmir and Ladakh |
|---|----------------------------|
| Specialist Cadre Available in the state (Y/N) | Yes |
| HR Policy available (Y/N) | No |
| Implementation of HRIS (Y/N) | No |
| HR Integration initiated (Y/N) | No |
| Public Health Cadre available (Y/N) | No |

| Overall Vacancies (Regular + contractual) | Specialists (%) | 39 | 9 | |
|--|---|--------------|--------------|--|
| | Dentists (%) | 17 | | |
| | MO MBBS (%) | 36 | | |
| | Nurse (%) | 49 | | |
| | LT (%) | 19 | | |
| | ANM (%) | 32 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:1 | 1:1 | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 9 per 10,000 | 6 per 10,000 | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 1:1 | 2:1 | |

Ranking: Human Resource Index of Jammu & Kashmir and Ladakh¹⁵

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|----------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{rr} | 6755 | 6444 | 5942 | 502 | 813 | |
| Staff Nurse | 6787 | 3447 | 2459 | 988 | 4328 | |
| Lab Technician | 1326 | 1245 | 1083 | 162 | 243 | 75.24 |
| Pharmacists | 769 | 2816 | 2403 | 413 | 0 | 75.34 |
| MO MBBS ^{ss} | 1477 | 3648 | 2924 | 724 | 0 | |
| Specialist ^{tt} | 1575 | 1162 | 745 | 417 | 830 | |

1.6 Healthcare Financing^{uu}

| National Health Accounts (NHA) (2017-18) | Jammu & Kashmir and Ladakh | India |
|---|----------------------------------|-------|
| Per Capita Government Health Expenditure (in ₹) | 1,679 | 1753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1.6 | 1.35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 4.3 | 5.12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 42.8 | 48.8 |

rr MPW – Multi Purpose Health Worker (Female + Male)

^{ss} MO MBBS (Full Time)

^{tt} Specialist (All Specialist)

^{uu} Sources are mentioned at the end of Annexure 1

| National Sample Survey Office (NSSO) (2017-2018) | | Jammu & Kashmir and Ladakh | | India | |
|--|---------------------------------|-------------------------------|---------------------|--------|--|
| | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 77 | 51 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 96 | 78 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 461 | 395 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 678 | 451 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 6,451 | 11,306 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 50,142 | 42,672 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 21 | 17 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 58 | 40 | 53 | 43 | |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 5,138 | 5,220 | 2,402 | 3,091 | |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 22,794 | 31,459 | 20,692 | 26,701 | |
| State Health Expenditure | ealth Expenditure Jammu & Kashm | | · All India Average | | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.6 | | 5** | | |

Sources used for Annexure 1

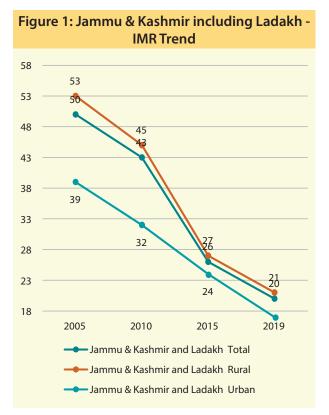
- Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

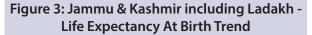
^{vv} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2





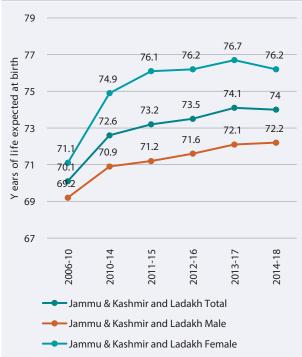
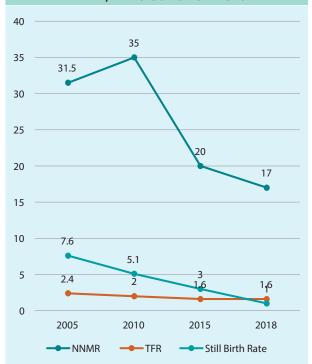
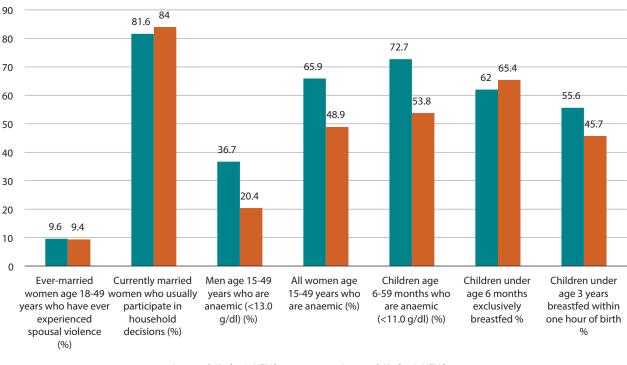




Figure 4: Jammu & Kashmir including Ladakh -NNMR, TFR & Still Birth Trend







Jammu & Kashmir NFHS 5

Jammu & Kashmir NFHS 4

Figure 6: Ladakh - Comparison of Key NFHS 5 & 4 Indicators

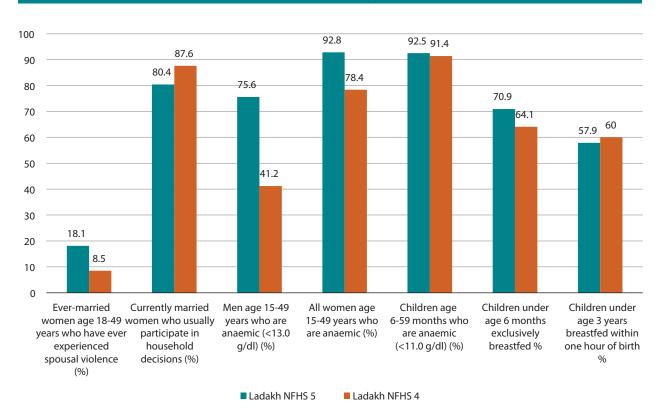


Figure 7: Top 15 causes of DALYs, 1990-2019 Jammu & Kashmir and Ladakh

| ower respiratory infect | 1 Ischemic heart disease | |
|-------------------------------|--|--|
| iarrheal diseases | 2 COPD | |
| Neonatal preterm birth | 3 Lower respiratory infect | |
| Drug-susceptible TB | 4 Neonatal preterm birth | |
| i Ischemic heart disease | 5 Other musculoskeletal | |
| COPD | 6 Dietary iron deficiency | |
| Other neonatal | 7 Diabetes type 2 | |
| Neonatal encephalopathy | 8 Diarrheal diseases | |
| Measles | 9 Other neonatal | |
| 10 Dietary iron deficiency | 10 Migraine | |
| 1 Acute hepatitis A | 11 Falls | |
| 2 Neonatal hemolytic | 12 Drug-susceptible TB | |
| 3 Neonatal sepsis | 13 Low back pain | |
| 14 Pedestrian road inj | 14 Intracerebral hem | |
| 5 Protein-energy malnutrition | 15 Pedestrian road inj | |
| 6 Conflict & terror | 16 Age-related hearing loss | |
| 7 Low back pain | 17 Motor vehicle road inj | |
| 18 Falls | 18 Major depression | |
| 20 Motor vehicle road inj | 20 Neonatal encephalopathy | |
| 22 Migraine | 25 Neonatal sepsis | |
| 23 Intracerebral hem | 26 Conflict & terror | |
| 27 Major depression | 36 Neonatal hemolytic | |
| 0 Other musculoskeletal | 73 Protein-energy malnutrition | |
| 32 Age-related hearing loss | 86 Acute hepatitis A | |
| 39 Diabetes type 2 | 182 Measies | |
| No THME | Communicable, maternal, neonatal, and nutritional diseases | |

Non-communicable diseases

Injuries

Figure 8: Top 15 risk of DALYs, 1990-2019

Jammu & Kashmir and Ladakh Both sexes, All ages, DALYs per 100,000

| w birth weight | 1 Smoking | |
|---|--|---------------|
| ort gestation | 2 High systolic blood pressure | |
| alld wasting | 3 Ambient particulate matter p | ollution |
| ousehold air pollution from solid fuels | 4 Low birth weight | |
| nsafe water source | 5 High fasting plasma glucose | |
| nsafe sanitation | 6 Short gestation | |
| noking | 7 High body-mass index | |
| nild underweight | 8 High LDL cholesterol | |
| access to handwashing facility | 9 Kidney dysfunction | |
| ligh systolic blood pressure | 10 Household air pollution from | n solid fuels |
| mbient particulate matter pollution | 11 Low temperature | |
| Child stunting | 12 Iron deficiency | |
| ow temperature | 13 Secondhand smoke | |
| ron deficiency | 14 Alcohol use | |
| iecondhand smoke | 15 Diet low in whole grains | |
| Ion-exclusive breastfeeding | 16 Diet high in sodium | |
| igh LDL cholesterol | 17 Diet low in fruits | |
| ligh fasting plasma glucose | 18 Child wasting | |
| Gidney dysfunction | 19 Unsafe water source | |
| Ncohol use | 20 Diet low in legumes | |
| ligh body-mass index | 24 Unsafe sanitation | |
| Diet low in whole grains | 31 No access to handwashing f | facility |
| Diet high in sodium | 34 Child underweight | |
| liet low in truits | 40 Non-exclusive breastfeeding | 9 |
| let low in legumes | 41 Child stunting | |
| | Metabolic risks Environmental/occupational risks | |

Behavioral risks



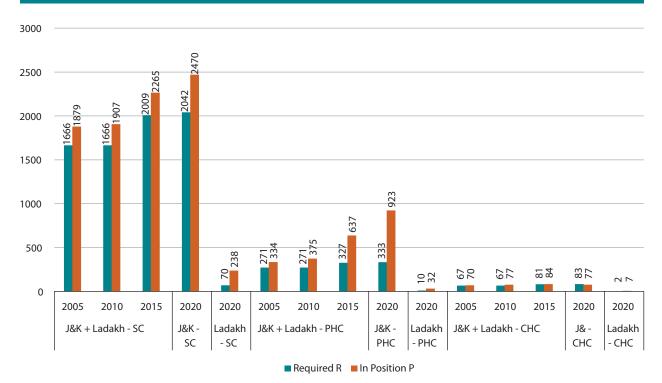
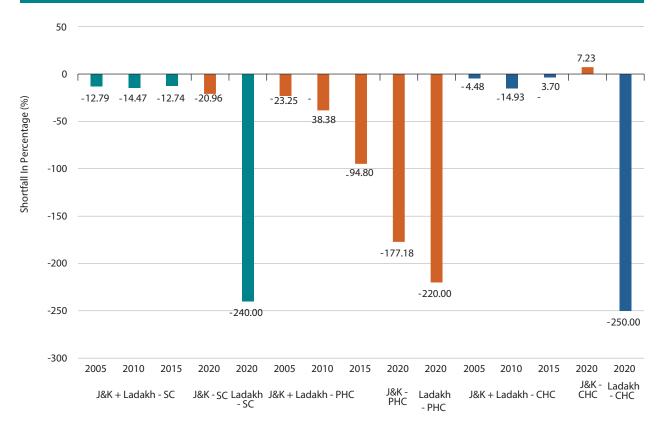


Figure 10: Jammu & Kashmir and Ladakh - Year Wise Health Infrastructure Shortfall (%)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| formance) : Available) | Children Under 5 Years - Wasted^ (%) (%) (%) (%) | 12.2 | 17.6 | 19.4 | 19 | 9.3 | 14.8 | 18.2 | 17.5 | 12.2 | 17.6 | 19.4 | 19 | 24.9 | 18.9 | 14 |
|---|--|--------------------|--------------------|--------------------|--------------------|--------------|--------------|--------------|--------------|--------------------|--------------------|--------------------|--------------------|--------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (%) (%) | 27.4 | 30.1 | 25.9 | 26.9 | 30.9 | 28.2 | 31.1 | 30.5 | 27.4 | 30.1 | 25.9 | 26.9 | 28.2 | 26.8 | 25.2 |
| rmance, Re e Rural Urb | rotal Children Age 6-23 Months, # (%) # ,**19i0 95eup9bA privi978 | 23.5 | 12.3 | 14 | 13.6 | 23.9 | 25.3 | 23.6 | 24 | 23.5 | 12.3 | 14 | 13.6 | 14.8 | 14.2 | 21.7 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Ylu7 srhnoM SS-S1 90A norblir) Naccinated Based On Information From Vaccinated Based Only* (%) | 84.4 | 99.8 | 95.6 | 96.5 | 92.5 | | 100 | 100 | 84.4 | 99.8 | 95.6 | 96.5 | 100 | 95.5 | 92.1 |
| (Green | (%) sıtrığ lanoitutitarl | 85.5 | 98.6 | 90.5 | 92.4 | 90.8 | 99.1 | 94 | 95.1 | 85.5 | 98.6 | 90.5 | 92.4 | 90.5 | 96.5 | 92.8 |
| | A theast 4 be Hod Wrother 4 Least 4 (%) Antenatal Care Visits (%) | 81.2 | 83.1 | 80.2 | 80.9 | 87.5 | 78.2 | 78.5 | 78.4 | 81.2 | 83.1 | 80.2 | 80.9 | 80.9 | 66.5 | 82.6 |
| | (%) beet Veed (%) | 12.4 | 6.1 | 8.4 | 7.8 | 9.6 | 11.5 | 7 | 7.9 | 12.4 | 6.1 | 8.4 | 7.8 | 7.8 | 4.2 | 13.8 |
| | (%) əsU mobnoD | 11.3 | 11.6 | 11.7 | 11.7 | 7.4 | 8.2 | 9.1 | 6 | 11.3 | 11.6 | 11.7 | 11.7 | 20.2 | 12.5 | 6.3 |
| | (%) UUD/PPIUD (%) | 2.4 | 7.2 | 5.4 | 5.9 | 30.1 | 8.1 | 7.9 | 7.9 | 2.4 | 7.2 | 5.4 | 5.9 | 4.8 | 7.4 | 1.7 |
| | ylims7 rot Dsed Used For Family Parried By Currently Married (%) Years (%) | 57.1 | 59.2 | 60 | 59.8 | 66.6 | 50.6 | 51.5 | 51.3 | 57.1 | 59.2 | 60 | 59.8 | 58.3 | 59.9 | 41.4 |
| | Women Age 20-24 Years Married Before 18 (%) | 8.7 | 5 | 5.3 | 4.5 | 4.9 | 0 | 3.1 | 2.5 | 8.7 | 2 | 5.3 | 4.5 | 2.5 | 1.5 | 1.8 |
| | (%) əpA 84-21 ətərətil nəmoW | N/A | 84.3 | 74.7 | 77.3 | N/A | 7.77 | 76.6 | 76.8 | | 84.3 | 74.7 | 77.3 | 74.7 | 74.1 | 66.6 |
| | lsusu yns driw sbloderou difead a rabnu barevor admam (%) amadrz gnionsnihaonsni | 4.3 | 19.2 | 10.2 | 12.7 | 2.3 | 26.7 | 12.1 | 14.9 | 4.3 | 19.2 | 10.2 | 12.7 | 7.3 | 5.2 | 9.1 |
| | Sex Ratio At Birth (Females/1000 Males) | 923 | 978 | 976 | 976 | 823 | 897 | 1193 | 1125 | 923 | 678 | 976 | 976 | 1177 | 843 | 1000 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | staitsiQ\səfat2 | Jammu & Kashmir | Jammu & Kashmir | Jammu & Kashmir | Jammu & Kashmir | Ladakh | Ladakh | Ladakh | Ladakh | Jammu & Kashmir | Jammu & Kashmir | Jammu & Kashmir | Jammu & Kashmir | Anantnag | Badgam | Bandipore |
| | Serial No. | | 5. | m. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. |

| 10 dota0 He5 Totad9 Je7 Je0 He31 He30 He31 He3 <th< th=""><th>16.</th><th>Baramula</th><th>NFHS 5 Total</th><th>952</th><th>6.5</th><th>67.9</th><th>3.8</th><th>31.1</th><th>2.1</th><th>4.5</th><th>15.7</th><th>75.2</th><th>96.2</th><th>98.2</th><th>19.9</th><th>23.2</th><th>18.2</th></th<> | 16. | Baramula | NFHS 5 Total | 952 | 6.5 | 67.9 | 3.8 | 31.1 | 2.1 | 4.5 | 15.7 | 75.2 | 96.2 | 98.2 | 19.9 | 23.2 | 18.2 |
|--|-----|--------------|--------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| GamediameMey FordiameMeyBitsMeyBitsMeyBits< | 17. | | NFHS 5 Total | 959 | 7.6 | 69.2 | F | 69.5 | 3.7 | 11.2 | 7.2 | 74.3 | 73.5 | 75.3 | 12.9 | 32.7 | 9.5 |
| ImmuteImmut | 18. | Ganderbal | NFHS 5 Total | 816 | 8.3 | 64 | 5.3 | 34.4 | 0.8 | 6.5 | 14.1 | 80.4 | 98 | 88.1 | 13.1 | 18.5 | 25.9 |
| Kettura(Hr55 ficial)(100)(7)(87)(14)(74)(74)(74)(76 | 19. | | NFHS 5 Total | 892 | 23.3 | 91.5 | 5.3 | 67.9 | 6.9 | 17.3 | 6.7 | 95.4 | 96.5 | 100 | 12.9 | 27 | 18 |
| (kithware)(HeS forial)(102)(103)(113)(123)(131)(1 | 20. | | NFHS 5 Total | 1100 | 7 | 87.7 | 1.4 | 74.9 | Ę | 25.9 | 4.2 | 31.6 | 97.1 | 100 | 24.6 | 21.8 | 22.5 |
| WeigationIFFF Strate1094.270970.7086.611.16.268.268.268.268.268.468.4WeipwareWFHS Strate94010.476767676666876767676777087097077097097070WeipwareWFHS Strate94010470571081070571081070710 <t< td=""><td>21.</td><td></td><td>NFHS 5 Total</td><td>1024</td><td>16.4</td><td>71.3</td><td>7.2</td><td>52.5</td><td>5.1</td><td>6.7</td><td>9.6</td><td>76.4</td><td>91.6</td><td>100</td><td>6.6</td><td></td><td>22.8</td></t<> | 21. | | NFHS 5 Total | 1024 | 16.4 | 71.3 | 7.2 | 52.5 | 5.1 | 6.7 | 9.6 | 76.4 | 91.6 | 100 | 6.6 | | 22.8 |
| KupwaraNHS Fridial9401047631645645648649649649649649649641640641640641640641640641644645644644644644644645643< | 22. | Kulgam | NFHS 5 Total | 1097 | 4.2 | 70.9 | 3.7 | 70.8 | 6.6 | 11.1 | 5 | 92.2 | 98.9 | 98 | 2.3 | 28.4 | 11.3 |
| HukmadeHertStotal 889 191766 6.1 6.183.110.1 6.11 9.789.44 2.44 PunchHHSTotal 117 1117935.45.88 8.2 10.186.4 86.7 9.69.62.597.5PunchHHSTotal 117 1137935.45.88 8.21 5.8 8.218.649.61 9.677.599.637.59RajourNHSTotal9.029.2 6.53 5.507.8 8.13 7.92 8.93 9.737.397.37.3RaputNHSTotal1029.2 6.22 5.505.507.88.107.928.947.39.37.3RambanNHSTotal100011.2 6.22 5.507.88.107.928.947.39.737.37.3RambanNHSTotal100011.2 6.225.57.88.19.18.9 7.3 8.95 7.37.37.3RambanNHSTotal100011.2 6.225.57.88.19.1 | 23. | Kupwara | NFHS 5 Total | 940 | 10.4 | 76 | 3.1 | 64.5 | 6.8 | 9.4 | 5.9 | 89.2 | 97.1 | 100 | 17 | 24.9 | 25.1 |
| PurchNHS5 fotal11511379354358354310386486496173953533RapburiNHS5 fotal96816479471265976537565371888931733303RambaruNHS5 fotal10292362355555555575875375986473733733RambaruNHS5 fotal100211268296296578813735866732733733SambaruNHS5 fotal100211268296296378733733733733733733SambaruNHS5 fotal114284863636437373733733733733733SambaruNHS5 fotal1142848636373643736373733733733SubyaruNHS5 fotal11428488437364374743743743743743SubyaruNHS5 fotal943743743743743743743743743743743SubyaruNHS5 fotal943743743743743743743743743743743SubyaruNHS5 fotal943743743743743743743743743743 | 24. | Pulwama | NFHS 5 Total | 889 | 6.6 | 76.6 | 0.5 | 61.8 | 3.2 | 10.4 | 11.1 | 96.2 | 97.8 | 94 | 8.4 | 22.4 | 15.3 |
| RajouriNHS 5 Total96816479412265976.35.771988898.17.730.3RambanNHS 5 Total10229226225555557.88.110.379280.493.718.625.7ReabanNHS 5 Total102011.268.29.656.94.812.37.569.386.617.27.77.7ReabanNHS 5 Total100011.268.29.656.94.812.37.595.386.617.27.7SambaNHS 5 Total8881984.86.36.27.86.414.19.57.997.87.97.47.7SambaNHS 5 Total114284.86.36.26.36.414.19.57.997.87.97.47.7SingaruNHS 5 Total912114284.810.56.36.414.19.595.310.010.67.27.4SingaruNHS 5 Total91217.97.86.15.15.15.15.15.17.37.37.37.3SingaruNHS 5 Total9121057.37.87.97.97.37.37.37.3SingaruNHS 5 Total9127.97.37.37.37.37.37.37.37.3UdumUurNHS 5 Total91910.37. | 25. | | NFHS 5 Total | 1175 | 11.1 | 79.3 | 5.4 | 58.8 | 8.2 | 10.1 | 8.4 | 86.4 | 86 | 92.1 | 9.6 | 25.9 | 15.6 |
| RambainNFHS fotal10229226225555657.88110.379.280.493.718.625.7ReasiNFHS fotal100011.268.296.656.94.812.37.57.56.986.617.217.7ReasiNFHS fotal100011.268.296.656.94.812.37.57.996.67.77.7SimbainNFHS fotal8981989.86.36.36.248.87.186.87.97.97.45SimbainNFHS fotal8198198106136.36.247.88.87.186.87.97.97.45SimbainNFHS fotal914114281.981.97.186.87.186.87.97.97.457.45UdhampurNFHS fotal91417.97.87.15.15.15.16.16.16.16.16.16.16.16.16.16.16.16.16.16.16.16.16.17.37.37.37.37.37.3UdhampurNFHS fotal9161367.17.27.37.47.3< | 26. | Rajouri | NFHS 5 Total | 968 | 16.4 | 79.4 | 12.2 | 65.9 | 7 | 6.3 | 5.7 | 71.9 | 88.8 | 98.1 | 7.7 | 30.3 | 22.5 |
| ReasiIndex | 27. | | NFHS 5 Total | 1022 | 9.2 | 62.2 | 5.5 | 56.5 | 7.8 | 8.1 | 10.3 | 79.2 | 80.4 | 93.7 | 18.6 | 25.7 | 15.6 |
| SambaNHS 5 Total8481984.86.36.2.86.414.19.596.297.997.87.924.524.5ShupiyanNHS 5 Total11428.480.82.160.84.58.87.186.898.310016622SrinagarNHS 5 Total92417.978.417.556.511.25.14.785.199.210010.933UdhampurNHS 5 Total99716.877.361.75.511.25.15.199.210010.933UdhampurNHS 5 Total99716.877.35.15.15.16.369.887.27.337.3UdhampurNHS 5 Total13613677.225.546.95.78.68.893.710018.536.5UdhatkhNHS 5 Total94916.276.425.546.95.78.68.893.710018.536.5UdhatkhNHS 5 Total94916.276.425.555.6109.37018.57.324.324.5UdhatkhNHS 5 Total94916.276.425.555.610.556.686.490.77.37.37.37.3UdhatkhNHS 5 Total94916.276.425.555.610.556.57.17.97.37.37.37.37.37.37 | 28. | Reasi | NFHS 5 Total | 1000 | 11.2 | 68.2 | 9.6 | 56.9 | 4.8 | 12.3 | 7.5 | 75.9 | 69.3 | 86.6 | 17.2 | 17.7 | 13 |
| Shupiyan NHS STotal 1142 84.8 2.1 6.0.8 4.5 8.8 7.1 86.8 98.3 100 16.6 22 Sinagar NFHS STotal 924 17.9 78.4 17.5 56.5 11.2 5.1 4.7 85.1 99.2 100 10.9 33 Udhampur NFHS STotal 997 16.8 7.3 61.7 7.8 10.5 69.8 87.2 97.7 7.3 37.3 Udhampur NFHS STotal 997 16.8 7.8 10.5 69.8 87.7 97.7 7.3 37.3 Kagil NFHS STotal 1336 77.2 25.5 46.9 5.7 8.6 8.8 93.7 7.3 35.5 Kagil NHS STotal 949 16.2 76.4 5.5 6.1 9.3 7.1 69.6 7.3 36.5 36.5 36.5 36.5 36.5 36.5 36.5 36.5 36.5 36.5 36.5 <td>29.</td> <td></td> <td>NFHS 5 Total</td> <td>888</td> <td>19</td> <td>84.8</td> <td>6.3</td> <td>62.8</td> <td>6.4</td> <td>14.1</td> <td>9.5</td> <td>96.2</td> <td>97.9</td> <td>97.8</td> <td>7.9</td> <td>24.5</td> <td>20.4</td> | 29. | | NFHS 5 Total | 888 | 19 | 84.8 | 6.3 | 62.8 | 6.4 | 14.1 | 9.5 | 96.2 | 97.9 | 97.8 | 7.9 | 24.5 | 20.4 |
| Stinagat NFHS 5 Total 924 17.9 78.4 1.7 56.5 11.2 5.1 4.7 85.1 99.2 100 10.9 33 Udhampur NFHS 5 Total 997 16.8 77.3 6.1 69.7 7.8 10.5 6.3 69.8 87.2 97.7 7.3 37.3 7.3 37.3 10.5 10.5 10.5 6.3 69.8 87.2 97.7 7.3 37.3 10 10.5 | 30. | Shupiyan | NFHS 5 Total | 1142 | 8.4 | 80.8 | 2.1 | 60.8 | 4.5 | 8.8 | 7.1 | 86.8 | 98.3 | 100 | 16.6 | 22 | 32.8 |
| Udhampur NFHS Total 997 16.8 7.3 6.1 69.7 7.8 10.5 6.3 69.8 87.2 97.7 7.3 37.3 Kargit NFHS Total 13.6 7.2 2.5 46.9 5.7 8.6 8.8 837 100 18.5 36.5 Leh (Ladakh) NFHS STotal 949 16.2 76.4 2.5 55.6 10 9.3 7.1 00 18.5 36.5 | 31. | | NFHS 5 Total | 924 | 17.9 | 78.4 | 1.7 | 56.5 | 11.2 | 5.1 | 4.7 | 85.1 | 99.2 | 100 | 10.9 | 33 | 18.6 |
| Kargi NFHS 5 Total 1336 77.2 2.5 46.9 5.7 8.6 8.8 83.7 100 18.5 36.5 Leh (Ladakh) NFHS 5 Total 949 16.2 76.4 2.5 55.6 10 9.3 7.1 69.6 96.4 100 18.5 36.5 | 32. | Udhampur | NFHS 5 Total | 697 | 16.8 | 77.3 | 6.1 | 69.7 | 7.8 | 10.5 | 6.3 | 69.8 | 87.2 | 5.76 | 7.3 | 37.3 | 19.8 |
| Leh (Ladakh) NFHS 5 Total 949 16.2 76.4 2.5 55.6 10 9.3 7.1 69.6 96.4 100 29.2 24.3 | 33. | Kargil | NFHS 5 Total | 1336 | 13.6 | 77.2 | 2.5 | 46.9 | 5.7 | 8.6 | 8.8 | 88 | 93.7 | 100 | 18.5 | 36.5 | 17.7 |
| | 34. | Leh (Ladakh) | NFHS 5 Total | 949 | 16.2 | 76.4 | 2.5 | 55.6 | 10 | 9.3 | 7.1 | 69.6 | 96.4 | 100 | 29.2 | 24.3 | 17.2 |

* NFHS5 replaced 'Immunized (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from at least four food groups not including the milk or milk products from groups from at least four food groups of groups at least twice at least four food groups of groups from at least four food groups from at least four food groups from g

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ä æ

Red – Worst five performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

j

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal and Young Child Feeding Practices (fed with other milk orducts at least twice a day, a minimum meal frequency, non-breastfed children Se months and at least twice at least twice a day to restrice the set and set in the products at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group). ய்

> Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш.

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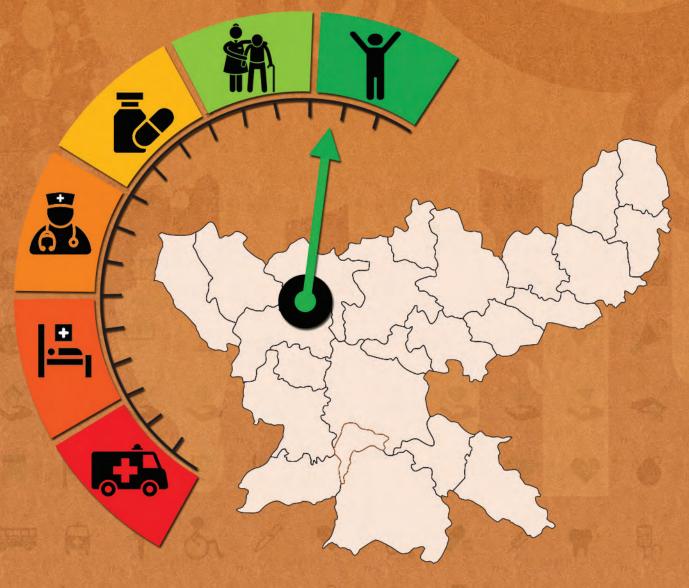


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



JHARKHAND

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

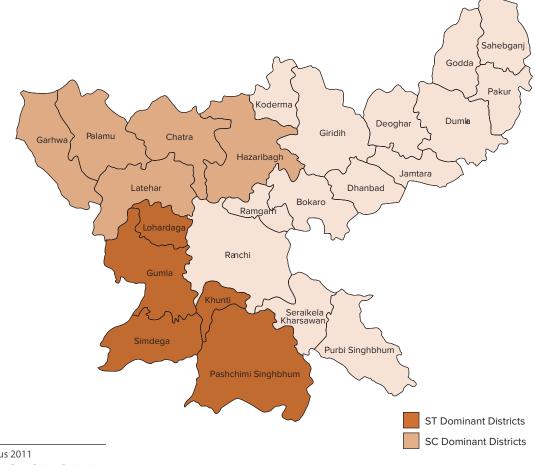
| CRM | Districts Visited | | | |
|------------------|-------------------------------|-------------------------------|--|--|
| 2 nd | Hazaribagh, West Singhbhum, C | haibasa, Jorapokhar (Dhanbad) | | |
| 4 th | Gumla | Palamu | | |
| 5 th | Deoghar | Giridh | | |
| 7 th | Bokaro | Sahibganj | | |
| 9 th | Lohardaga | Dhanbad | | |
| 10 th | Lohardaga | Dhanbad | | |
| 11 th | Pakur | East (Purni) Singhbhum | | |
| 12 th | Ranchi | Bokaro | | |
| 13 th | Gumla | West Singhbhum | | |

JHARKHAND

1. BACKGROUND

1.1 Jharkhand Profile

Jharkhand is the 16th largest state in India for a geographical spread of 79,714 km² with an estimated population of 3.2 crore^a. The State is divided into 24 districts, with a projected population increase to 3.8 Crores by 2021^b. As per census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.39 crores (12.08%) and 0.86 crores (26.21%), respectively. Out of the 24 districts, top five ST & SC





^a Census 2011

^b Census Population Projection 2019

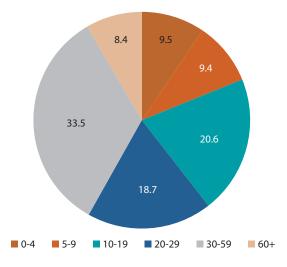
dominant districts account for 32.33% of ST & 41.53% of SC population in the State (Annexure 1, State Profile). As per Census 2011, 75.95% reside in rural areas, while the rest constitute the urban population. The total length of roads^c in the State is 69,871 km (1.39%^d), in which the national highways constitute 2,654 km (2.3%^e) and state highways constitute 1,339 km (0.76%^f).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

In Jharkhand, out of the 24 districts, 5 districts have a population of 20-30 lakhs, 11 districts have a population between 10-20 lakhs and 8 districts have a population less than 10 lakhs (Annexure 1.1, State Profile). The State's sex ratio at birth (923 females for every 1000 males) is higher than the national average (899 females for every 1000 males) (Annexure 1.2). Around 20.6% of the total population is in 10-19 years' age group, 54.2% between 20 to 59 years; and 8.4% above 60 years of age (Figure 2). The crude birth and death rates have declined from 26.8 and 7.9 in 2005 to 22.3 and 5.3 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 53.6% in 2001 to 66.4% in 2011, with male and female literacy rates being 76.8% and 55.4%, respectively (Annexure 1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^g is 15.5% for higher education, 48.32% for senior secondary education, 73.65% for secondary education, 107.08%





for elementary education, and 109.22% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years constitute 8.4% of the State's total population. The life expectancy at 60 years of age is 18.1 years for males, and 16.8 years for females (2014-2018)^h. The old age dependency ratio is 12.7 in 2011; 12.3 for males, 13.0 for females; 13.4 in rural and 10.5 in urban areas. As per NSS report, 71.0% of elderly females and 23% of elderly males in rural areas; 66.0% of elderly females and 28.0% of elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among elderly men and women is 12% & 8% respectively, which is lower than the national average of 31% for each (Elderly in India 2016).

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in State

^e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

⁹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^h SRS Based Life Abridged Tables

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care, have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined¹ from 261 (2007-09) to 71 (2016-18). In Jharkhand, 78.4% women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Chatra, Deoghar, Garhwa, Pakur, and Palamu districts reported poor ANC coverage ranging from 26.833.8% to 49.5%; whereas, Bokaro, Dhanbad, Gumla, Koderma and Saraikela-Kharsawan districts reported relatively better full ANC coverage ranging from 44.6% to 54.4%. As reported, around 96% of the deliveries took place in institutions, out of which 73.9% took place in public health facilities. Total percentage of C-sections (8.3%) is slightly above the recommended range by the WHO (10-15%); out of which 19.5% is conducted at private facilities in the State. It is reported that around 50.3% (NFHS 5). Anaemia in women aged 15-49 years marginally increased from 65.2% (NFHS 4) to 65.3% (NFHS 5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 50 (2005) to 27 (2019); as opposed to the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). Though NNMR^m significantly declined from 25.9 (2005) to 21 (2018), there is a rising trend of Still Birth (per 1,000 live births) rate from 1 (2005) to 2.5 (2018). (Annexure 2, Figure 4). In general, improvement in key indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCsⁿ. The life expectancy at birth has also improved from 66.6 (2006-10) to 69.1 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, Chatra, Garhwa, Jamtara, Khunti and Purbi Singhbhum districts reported low SRB^o ranging from 709 to 837; whereas, Gumla, Latehar, Lohardaga, Palamu and Sahibganj districts reported high SRB ranging from 967 to 1098.

Full immunization coverage for children between 12 – 23 months improved from 72.7% (NFHS 4) to 79.2% (NFHS 5). The proportion of under 6-months children exclusively breastfed improved from 64.8% (NFHS 4) to 76.1% (NFHS 5). Prevalence of childhood anaemia has shown a decline from 69.9% to 67.5% (Annexure 2, Figure 5). As per NFHS 5, Dhanbad, Giridih, Kodarma, Ramgarh and Ranchi districts reported comparatively low burden of stunting, ranging from 27% to 35.3%; whereas Garhwa, Pakur, Palamu, Pashchimi Singhbhum and Sahibganj districts reported high burden of stunting, ranging from

- " QPR Reports
- Sex Ratio at Birth

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

k Iron Folic Acid Tablets

SRS MMR Bulletin

Meonatal Mortality Rate

43.7% to 60.6%. For under-5 wasting, Chatra, Deoghar, Dhanbad, Hazaribagh and Kodarma districts reported relatively low burden, ranging from 17.2% to 18%; whereas Khunti, Pashchimi Singhbhum, Purbi Singhbhum, Ranchi and Saraikela-Kharsawan districts reported high burden ranging from 29.4% to 32.9%.

2.3 Family Planning

The TFR^p reduced from 3.5 in 2005 to 2.5 in 2018, which is still higher than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 11.5%, while unmet need for spacing is 4.8% (NFHS 5). Simdega reported highest unmet need (15.8%), while Saraikela-Kharsawan reported the lowest (7.2%) in the State. Around 49.5% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 37.4% among females and 0.3% among males.

2.4 Communicable Diseases

The State has 24 functional IDSP units in place. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 37.2% of total disease burden (GBD 2019) with diarrheal diseases, neonatal preterm birth, lower respiratory tract infection, dietary iron deficiency, neonatal conditions, malaria & drug-susceptible TB being the major causes of DALY in the State (Annexure 2, Figure 6)^q. For TB, the annualized total case notification rate is 131% and NSP^r success rate is 80% as opposed to the national averages of 163% and 79%, respectively. For NLEP^s, the reported prevalence rate of 1 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 3 due to malaria, and none due to JE^t, Dengue & Kala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths account for 67.9% of the total disease burden, while disability or morbidity account for 32.1%. Ischaemic heart disease, COPD & Diabetes Mellitus Type 2 remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute 53.52% of total DALYs, while injuries contribute to 9.28% of total DALYs. The State ranks 17th in the country for the total number of fatal road accidents (Annexure 1.4). It is reported that 5.8% of women and 48.6% of men used any kind of tobacco, while 4.1% of women and 39.3% of men consumed alcohol. In general, low birth weight, short gestation period, high systolic blood pressure, household air pollution from solid fuels, high fasting plasma glucose, and unsafe water source are the major risk factors for all DALYs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 2,71,990 crores. The State is positioned 30th out of 32 States in terms of per capita^u expenditure of ₹ 73,155^v. According to NHA (2017-18), the per capita Government Health Expenditure in the State is estimated as ₹ 801, which is less than the

P Total Fertility Rate

^q https://vizhub.healthdata.org/gbd-compare/india

^r New Smear Positive

^s National Leprosy Eradication Programme

t Japanese Encephalitis

^u Directorate of Economics & Statistics

v Directorate of Economics and Statistics of State Government

national average of ₹ 1,753. On the other hand, the OOPE^w as a share of Total Health Expenditure is estimated as 68%, which is higher than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated as ₹ 29,103 in private hospitals and ₹ 5,736 in public hospitals, while the same in urban areas is around ₹ 31,441 in private hospitals and ₹ 16,764 in public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 2,087 in rural areas & ₹ 3,081 in urban areas, whereas in private health facilities, it is ₹ 14,813 in rural areas and ₹ 19,405 in urban areas. In public health facilities, the share of expenditure on drugs is estimated as 59% and 45% for inpatient care; and 12% and 10% for diagnostics in rural and urban areas respectively (Annexure 1.6, Healthcare Financing).

1.7 Health Infrastructure

As per the RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figures 8). Though public health facilities have been increasing over time, a shortfall in the required infrastructure still remain (Annexure 2, Figures 9). Currently, there are 3,848 SCs, 291 PHCs & 17 CHCs in place, against the required 6,848 SCs, 1,091 PHCs and 272 CHCs in rural areas, thereby amounting to shortfall of 43.81% SCs, 73.33% PHCs and 37.13% CHC. However, in urban settings there are 60 PHCs in place against the required 196 which accounts to a shortfall of 69.39%. Jharkhand has 23 DHs, 13 SDHs and 7 Government medical colleges. In the State, 23 DHs, 11 SDH & 39 CHCs serve as functional FRUs. In tribal catchments, there are 2,462 SCs, 175 PHCs, and 103 CHCs in place against the required 2,963 SCs, 444 PHCs and 111 CHCs, thereby amounting to shortfall of 16.91% SCs, 60.59% PHCs and 7.21% CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 1,645 HWCs (54 SHCs, 178 PHCs & 1413 UPHCs) are operationalized in the State as of 22nd December 2021^x.

In Jharkhand, 24 districts are equipped with MMUs under NHRM, while none under the NUHM. The State has 97.56% of ASHAs in position under the NRHM & 100% under the NUHM. In the State, doctors to staff nurse ratio is 1:1.5, with 3 public healthcare providers available for every 10,000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 436 availed (events) OPD services and 20.4 availed (events) IPD services. However, as per the NSSO data (2017-18), 31% of all OPD cases in rural and 15% in urban; 43% of all IPD cases in rural and 37% in urban utilized public health facilities. Public health facilities utilization in the State is less than the national average (Annexure 1.6).

* Out of Pocket Expenditure

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^y

| Indicator | Jharkhand 2011 ¹ | India |
|---|-----------------------------|----------------------------------|
| Total Population (In Crore) | 3.29 | 121.08 |
| Rural (%) | 75.95 | 68.85 |
| Urban (%) | 24.04 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0.39 (12.08%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.86 (26.21%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 66.4 | 72.99 |
| Male Literacy Rate (%) | 76.8 | 80.89 |
| Female Literacy Rate (%) | 55.4 | 64.64 |
| Number of Districts in the Jharkhand ² | 24 | ł |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 8 |
| Number of districts per lakh population in Jharkhand (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 11 |
| | ≥20 Lakhs - <30 lakhs | 5 |
| | ≥30 Lakhs | 0 |

| ST SC Dominant (Top | ST SC Dominant (Top 5) Districts of Jharkhand ¹ | | | | | |
|--|--|--|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | | | | |
| Khunti - 73.25% | Chatra - 32.65% | | | | | |
| Simdega - 70.78% | Palamu - 27.65% | | | | | |
| Gumla - 68.93% | Garhwa - 24.18% | | | | | |
| Paschimi Singhbhum - 67.31% | Latehar - 21.30% | | | | | |
| Lohardaga - 56.89% | Hazaribagh - 17.49% | | | | | |
| Top 5 ST dominant district accounts for 32.33% | Top 5 SC dominant district accounts for 41.53% | | | | | |

| 1.2 Key Health Status & Impact Indicators^z | | |
|--|-----------|-------|
| Indicators | Jharkhand | India |
| Infant Mortality Rate (IMR) ³ | 27 | 30 |
| Crude Death Rate (CDR) ³ | 5.3 | 6 |

^y Sources are mentioned at the end of Annexure 1

^z Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 22.3 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 71 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 21 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 34 | 36 |
| Still Birth Rate ⁴ | 1 | 4 |
| Total Fertility Rate (TFR)⁴ | 2.5 | 2.2 |
| Life expectancy at birth⁵ | 69.1 | 69.4 |
| Sex Ratio at Birth⁴ | 923 | 899 |

1.3 Key Health Infrastructure Indicators^{aa}

| Indicators | | | | Numbers (Total) | | |
|--|-------------------------|-----------------------|-----------------------|------------------------|--|--|
| Number of District Hospitals ² | | | | 23 | | |
| Number of Sub District Hospital ² | | | | 13 | | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 7 | | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 0 | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-27 | Target) FY (2021-22) | Target FY (2022-23) | | |
| SHC-HWC | 1413 | 1479 | 2534 | 3237 | | |
| PHC-HWC | 178 | 298 | 298 | 298 | | |
| UPHC-HWC | 54 | 59 | 59 | 59 | | |
| Total-HWC | 1645 | 1836 | 2891 | 3594 | | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 272 | | 171 | 37.13 | | |
| Number of Primary Health Centres (PHC) | 1,091 | | 291 | 73.33 | | |
| Number of Sub Centres (SC) | 6,848 | | 3,848 | 43.81 | | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | | |
| Number of functional First Releffal Onits (FROS) | 23 | | 11 | 39 | | |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 196 | 5 | 60 | 69.39 | | |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% | | |
| Number of CHC | 111 | | 103 | 7.21 | | |
| Number of PHC | 444 | 1 | 175 | 60.59 | | |
| Number of SC | 2,96 | 3 | 2,462 | 16.91 | | |

^{aa} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Jharkhand | India |
|---|-----------|--------|
| IPD per 1000 population | 20.4 | 62.6 |
| OPD per 1000 population | 436.0 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 22.8 | 36.4 |

| 1.4 Major Health Indicator ^{bb} | | |
|--|-----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Jharkhand | India |
| % DALY ^{cc} accountable for CMNNDs ^{dd} | 37.2 | 27.46 |
| % DALY accountable for NCDs | 53.52 | 61.43 |
| % DALY accountable for Injuries | 9.28 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Jharkhand | India |
| Level of Birth Registration (%) | 84.3 | 92.7 |
| Level of Death Registration (%) | 58.8 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 5.8 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Jharkhand | India |
| % 1st Trimester registration to Total ANC Registrations | 66.6 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 78.4 | 79.4 |
| Total Reported Deliveries | 7,33,372 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 96 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 73.9 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 26.1 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 8.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 4.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 19.5 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 50.3 | 53.4 |
| Neonatal ⁹ | Jharkhand | India |
| % live birth to Reported Birth | 98.8 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 7 | 12.4 |
| | | |

^{bb} Sources are mentioned at the end of Annexure 1
 ^{cc} Disability Adjusted Life Years
 ^{dd} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Jharkhand | India |
|---|-----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 19 | 895 |
| New Born Stabilization Unit (NBSU) | 42 | 2418 |
| New Born Care Corner (NBCC) | 594 | 20337 |
| Child Health & Nutrition ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 7.2 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 55.6 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 39.4 | 32.1 |
| Child Immunization ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 79.2 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 86.7 | 87.9 |
| Family Planning ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Jharkhand | India |
| Number of districts with functional IDSP unit | 24 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Jharkhand | India |
| Annualized total case notification rate (%) | 131 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 80 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Jharkhand | India |
| Prevalence Rate/10,000 population | 1 | 0.61 |
| Number of new cases detected | 6,094 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Jharkhand | India |
| Deaths due to Malaria ¹¹ | 3 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 669 | 3,706 |
| HIV ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 13.8 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 31.2 | 30.7 |

| Non-Communicable Disease | | |
|---|-----------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.1 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 15.1 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.4 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.9 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Jharkhand (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 5.8 | 8.9 |
| Men who use any kind of tobacco (%) | 48.6 | 38 |
| Women who consume alcohol (%) | 4.1 | 1.3 |
| Men who consume alcohol (%) | 39.3 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Jharkhand | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 17 | N/A |
| Total number of fatal Road Accidents | 10,182 | 137,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 72.9 | 33.7 |
| Number of persons killed in Road Accidents | 3801 | 115113 |

1.5 Access to Care^{ee}

| Health Systems Strengthen | ing | |
|--|-----------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Jharkhand | India |
| Number of Districts equipped with MMU under NRHM | 24 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | Jharkhand | India |
| 102 Туре | 0 | 9955 |
| 104 Туре | 0 | 605 |
| 108 Туре | 337 | 10993 |
| Others | 1803 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 2140 | 11070 |

ee Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | · | |
|--|---|------------------|--------------|
| ASHA ¹³ | | Jharkhand | India |
| Total number of ASHA ta | argeted under NRHM | 40964 | 946563 |
| Total number of ASHA ir | n position under NRHM | 39964 | 904211 |
| % of ASHA in position u | nder NRHM | 97.56 | 96 |
| Total number of ASHA ta | argeted under NUHM | 1165 | 75597 |
| Total number of ASHA ir | n position under NUHM | 1165 | 64272 |
| % of ASHA in position u | nder NUHM | 100 | 85 |
| Community Process ¹¹ | | Jharkhand | India |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 30012 | 554847 |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 918 | 81134 |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Jharkhand | India |
| DH | | 24 | 796 |
| СНС | | 188 | 6036 |
| РНС | | 330 | 20273 |
| UCHC | | 0 | 126 |
| UPHC | | 4 | 3229 |
| | Human Resource for Heal | th ¹⁴ | |
| HRH Governance | | Jhark | khand |
| Specialist Cadre Availab | le in the state (Y/N) | Y | es |
| HR Policy available (Y/N |) | In Pr | ocess |
| Implementation of HRIS | (Y/N) | N | lo |
| HR Integration initiated | (Y/N) | N | lo |
| Public Health Cadre ava | ilable (Y/N) | N | lo |
| | Specialists (%) | 7 | 9 |
| | Dentists (%) | 8 | 5 |
| Overall Vacancies | MO MBBS (%) | 4 | 2 |
| (Regular + contractual) | Nurse (%) | 5 | 9 |
| | LT (%) | 6 | 0 |
| | ANM (%) | 3 | 6 |
| HRH Distribution | | Sanctioned | In Place |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:1/2 | 1:1/2 |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 6 per 10,000 | 3 per 10,000 |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 1:1 | 1:1 |
| | | | |

| | | | Total (Regu | lar + NHM) | | |
|--------------------------|-----------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ff} | 14440 | 13949 | 9723 | 4226 | 4717 | |
| Staff Nurse | 8456 | 2439 | 1062 | 1377 | 7394 | |
| Lab Technician | 1690 | 1300 | 719 | 581 | 971 | 40.07 |
| Pharmacists | 870 | 854 | 367 | 487 | 503 | 48.87 |
| MO MBBS ^{gg} | 2055 | 2277 | 2027 | 250 | 28 | |
| Specialist ^{hh} | 1996 | 1372 | 444 | 928 | 1552 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | |
|--|--------|--------|--------|--------|
| National Health Accounts (NHA) (2017-18) | Jhark | hand | In | dia |
| Per Capita Government Health Expenditure (in ₹) | 80 | 01 | 17 | '53 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .1 | 1. | 35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 4 | .7 | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 6 | 8 | 48 | 3.8 |
| National Sample Survey Office (NISSO) (2017-2018) | Jhark | hand | In | dia |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 31 | 15 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 43 | 37 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 431 | 788 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1156 | 1364 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 5,736 | 16,764 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 29,103 | 31,441 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 12 | 10 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 59 | 45 | 53 | 43 |

^{ff} MPW – Multi Purpose Health Worker (Female + Male)

⁹⁹ MO MBBS (Full Time)

hh Specialist (All Specialist)

ⁱⁱ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,087 | 3,081 | 2,402 | 3,091 |
|--|--------|--------|-----------|------------------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 14,813 | 19,405 | 20,692 | 26,701 |
| State Health Expenditure | Jhark | hand | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .2 | 5 | 5 ^{jij} |

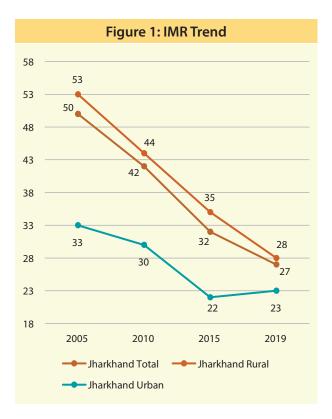
Sources used for Annexure 1

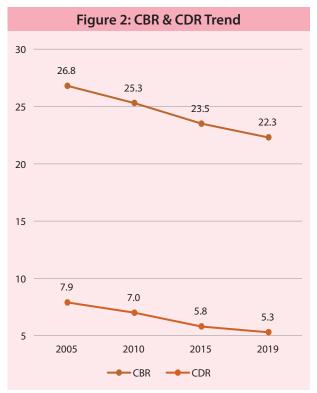
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

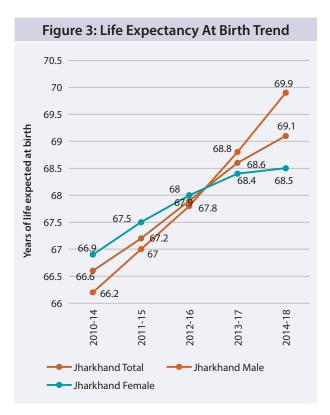
^{jj} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

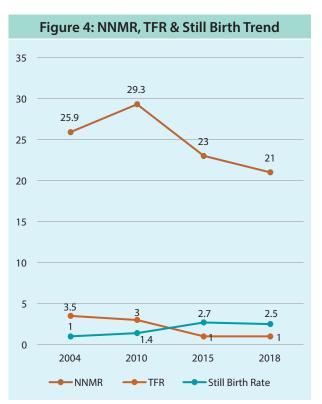
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









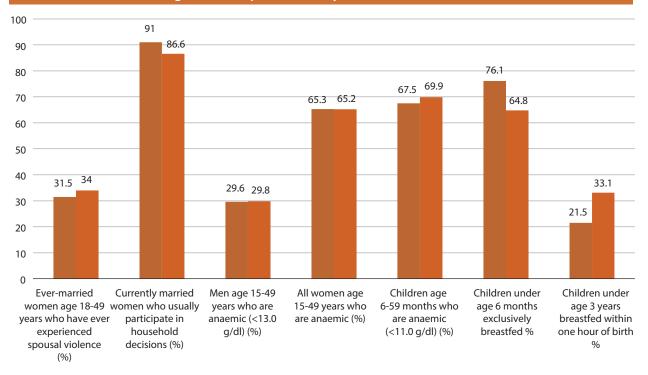


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Jharkhand Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|--|
| 1 Diarrheal diseases | 1 Diarrheal diseases |
| 2 Lower respiratory infect | 2 Ischemic heart disease |
| 3 Drug-susceptible TB | 3 Neonatal preterm birth |
| 4 Neonatal preterm birth | 4 Lower respiratory infect |
| 5 Malaria | 5 COPD |
| 6 Other neonatal | 6 Dietary iron deficiency |
| 7 Protein-energy malnutrition | 7 Other neonatal |
| 8 Neonatal encephalopathy | 8 Malaria |
| 9 Measles | 9 Drug-susceptible TB |
| 10 lschemic heart disease | 10 Neonatal encephalopathy |
| 11 Tetanus | 11 Diabetes type 2 |
| 12 Drowning | 12 Other musculoskeletal |
| 13 COPD | 13 Migraine |
| 14 Dietary iron deficiency | 14 Falls |
| 15 Whooping cough | 15 Low back pain |
| 16 Encephalitis | 16 Age-related hearing loss |
| 17 Acute hepatitis A | 17 Major depression |
| 24 Falls | 25 Protein-energy malnutrition |
| 26 Low back pain | 31 Drowning |
| 32 Migraine | 37 Encephalitis |
| 35 Diabetes type 2 | 75 Acute hepatitis A |
| 39 Major depression | 80 Whooping cough |
| 40 Other musculoskeletal | 137 Tetanus |
| 41 Age-related heating loss | 152 Measles |
| | Communicable, maternal, neonatal, and nutritional |

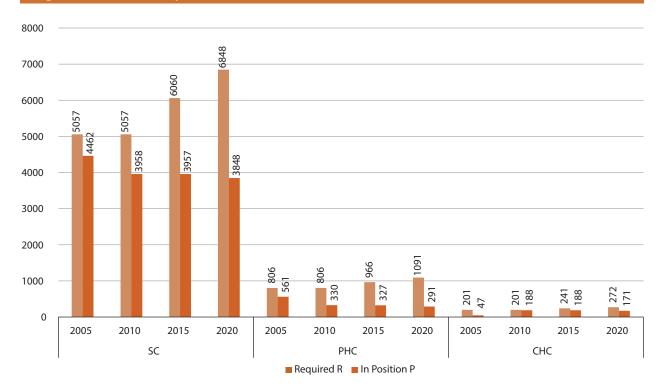
neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Jharkhand Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| 1 Low birth weight | 1 Low birth weight |
| 2 Child wasting | 2 Short gestation |
| 3 Short gestation | 3 High systolic blood pressure |
| 4 Household air pollution from solid fuels | 4 Household air pollution from solid fuels |
| 5 Unsafe water source | 5 High fasting plasma glucose |
| 6 Child underweight | 6 Unsafe water source |
| 7 Unsafe sanitation | 7 Ambient particulate matter pollution |
| 8 No access to handwashing facility | 8 Iron deficiency |
| 9 Child stunting | 9 Unsafe sanitation |
| 10 High systolic blood pressure | 10 Child wasting |
| 11 Ambient particulate matter pollution | 11 High body-mass index |
| 12 Iron deficiency | 12 Alcohol use |
| 13 Smoking | 13 Kidney dysfunction |
| 14 High fasting plasma glucose | 14 No access to handwashing facility |
| 15 Alcohol use | 15 Smoking |
| 16 Non-exclusive breastfeeding | 16 High LDL cholesterol |
| 17 Kidney dysfunction | 17 Child underweight |
| 18 Vitamin A deficiency | 18 Lead exposure |
| 19 Occupational injuries | 19 Occupational injuries |
| 20 High LDL cholesterol | 20 Diet low in whole grains |
| 21 High temperature | 21 Diet low in fruits |
| 22 Lead exposure | 27 High temperature |
| 24 Diet low in fruits | 34 Child stunting |
| 25 Diet low in whole grains | 37 Non-exclusive breastfeeding |
| 26 High body-mass index | 47 Vitamin A deficiency |
| Not Head and IHME | Metabolic risks Environmental/occupational risks |

Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)





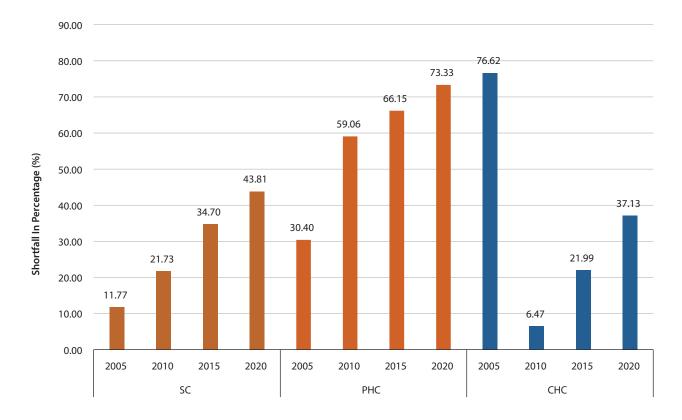
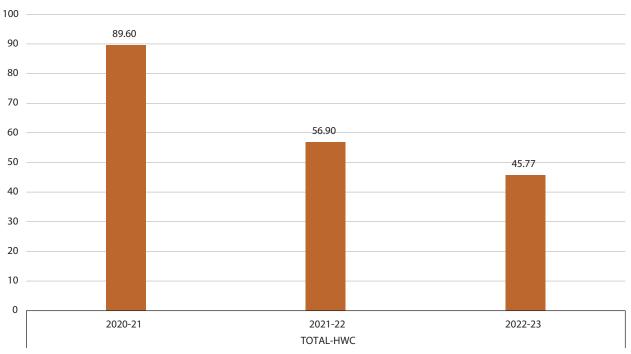


Figure 10: Percentage HWCs progress against target - FY wise (%)



Jharkhand (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| erformance) ot Available) | Children Under 5 Years - Wasted∧ (%) (1/0 Hor 5 Years) (%) | 29 | 23 | 22.3 | 22.4 | 19.7 | 17.2 | 17.7 | 14 | 27.8 | 18.9 | 27.8 | 24.5 | 20.1 | 16.2 | 23 | 32.1 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (Height For Age) (%) | 45.3 | 26.8 | 42.3 | 39.6 | 36.2 | 42.2 | 41.7 | 27 | 38.2 | 47.7 | 31.9 | 39.4 | 40.2 | 37.8 | 41.9 | 38.5 |
| rmance, F e Rural Ur | shtnoM 56-8 96A ndrba for 15 and 16 and 1 Sectiving Adequate Diete X and 16 and 1 | 7.2 | 10.3 | 10.5 | 10.5 | 18.1 | 6.1 | 7.2 | 4.7 | 7.8 | 6.4 | 10.7 | 7.6 | 10.7 | 16.9 | 15.9 | 10.5 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | ViluF antro M 22.21 bgA nevhid Viscriated Based On Information From Vacrination Card Only* (%) | 72.7 | 74.6 | 80.1 | 79.2 | 72.9 | 82.4 | 54.7 | 72.5 | 76.6 | 82.9 | 83.6 | 71 | 86.2 | 80.5 | 82.9 | 79.6 |
| (Gree | (%) sıtıta lenoitutitenl | 61.9 | 89.1 | 73.1 | 75.8 | 80.9 | 71.5 | 61.3 | 78.8 | 60.3 | 84 | 70.7 | 70.2 | 83.8 | 82 | 75.4 | 73.8 |
| | 4 teast 14 beH orlW notfom (%) stisiV sial CafenotinA | 30.3 | 48.5 | 36.4 | 38.6 | 48.7 | 32.4 | 30.7 | 44.6 | 39.3 | 29.8 | 42.1 | 39.2 | 49.3 | 36.4 | 36 | 37.4 |
| | (%) beet Need (%) | 18.4 | 11.2 | 11.6 | 11.5 | 9.5 | 10.1 | 11.1 | 9.7 | 13.1 | 12.3 | 12 | 11.3 | 14.9 | 11.5 | 9.9 | 11.8 |
| | (%) əsU mobnoD | 2.2 | 9 | 3.5 | 4.1 | 6.4 | 0.6 | 2.6 | 5.2 | 5.1 | 6.0 | 3.6 | 3.4 | 4 | 3.4 | 4.1 | ъ |
| | (%) (MD/PPIUD (%) | 1 | 2.1 | 1.6 | 1.7 | 1.4 | 1 | 1 | 1 | 1.6 | 0.8 | 0.7 | 2.2 | 2.1 | 0.8 | 1.3 | 3.2 |
| | ylims4 To7 bəsU bodt9M ynA Paining By Currently Married (%) Years (%) | 40.4 | 66 | 60.4 | 61.7 | 68.5 | 59.5 | 65.4 | 67.3 | 60 | 58.3 | 63.7 | 65 | 52.7 | 60.8 | 69.3 | 58.4 |
| | bəirris Xfears Married Before 18 (%) | 37.9 | 19.4 | 36.1 | 32.2 | 26.3 | 31.7 | 49.2 | 28.3 | 43.1 | 31.3 | 45.6 | 48.5 | 20.9 | 38.6 | 50.5 | 21.7 |
| | (%) 9pA 94-21 9fsr9fil n9moW | NA | 80.1 | 55.6 | 61.7 | 69.2 | 57.7 | 50.7 | 69.7 | 51.8 | 59.6 | 53.4 | 46.6 | 63.7 | 67.2 | 53.5 | 55.3 |
| | wan ya ka | 13.3 | 41.6 | 53.1 | 50.3 | 44.7 | 46.5 | 53.8 | 45.7 | 45.4 | 55.3 | 52.4 | 45.9 | 51.7 | 55 | 62.9 | 58.2 |
| | 0001/291km31, fFind feas/2000 Males) | 919 | 781 | 926 | 899 | 899 | 764 | 929 | 869 | 946 | 829 | 852 | 881 | 1028 | 856 | 825 | 709 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | stəfəts/Districts | Jharkhand | Jharkhand | Jharkhand | Jharkhand | Bokaro | Chatra | Deoghar | Dhanbad | Dumka | Garhwa | Giridih | Godda | Gumla | Hazaribagh | Jamtara | Khunti |
| | .oN .S | 1 | 2 | з | 4 | 5 | 9 | 7 | œ | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

| 16LetelerMrHS Total 97 51254921256611213 134 4117037457540119217NeHS Total 101589 652219566 47 35 3784185.2 740726620PakurNrHS Total 101589 652219566 47 36 13284185.2 740721PakurNrHS Total 103 55863.4 63.463.463.463.6843246256 21PakurNrHS Total 109 55863.4 63.664.663.68133.6 24622PakurNrHS Total 879679767684.774984.784.784.7 23PakurNrHS Total 87967976025676767676266 24 789789749749749749749749749749 24 841871872789749874740760760760760760 25PakurNrHS Total 849849749140407949171804191559294 26PakurNrHS Total 849840121140140 | 17 | Kodarma | NFHS 5 Total | 872 | 56.8 | 63.6 | 42.5 | 63.6 | 0.5 | 1.7 | 12 | 47.6 | 91.3 | 87.4 | 10.8 | 34.6 | 18 |
|---|----|-------------------------|--------------|------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| LobardagaNeHS Stotal 10158.9 51.221.956.6 13.9 37.7 84.188.27 40.7PakurNFHS Stotal225 31.453.453.453.453.453.453.664.669.581.113.3 PakurNFHS Stotal209225.8 21.460.753.754.754.754.754.7 PalahuuNFHS Stotal 69253.854.754.854.754.954.754.9 ParbihuuNFHS Stotal 50.745.745.854.854.954.954.954.954.9 ParbihuuNFHS Stotal 50.745.745.954.854.954.954.954.9 ParbihuuNFHS Stotal 50.773.854.954.951.955.954.9 ParbihuuNFHS Stotal 54.954.954.951.956.956.956.956.9 ParbibuhuNFHS Stotal 54.954.956.95 | 18 | Latehar | NFHS 5 Total | 967 | 52.2 | 54.9 | 32.2 | 56.6 | 1.1 | 2.3 | 13.4 | 43.1 | 70.3 | 74.5 | 7.5 | 40.1 | 19.2 |
| BekurIMES Total225414434544072926664669581613PalanuNHS STotal10985586.535460105171383387981573437PalanuNHS STotal10985586.535460105171383387981573437PakthiniuNHS STotal876754677829732973297324353437Putoi SinghbiumNHS STotal8773737323242542624253253Putoi SinghbiumNHS STotal9034977125.124252534097926353Putoi SinghbiumNHS STotal9034977125.1267324272627253Putoi SinghbiumNHS STotal9034977125.126732627262525.3Putoi SinghbiumNHS STotal91443970612267326272627262726Putoi SinghbiumNHS STotal914439702620973736127326272627Putoi SinghbiumNHS STotal9196317364970737373737373< | 19 | Lohardaga | NFHS 5 Total | 1011 | 58.9 | 65.2 | 21.9 | 56.6 | 4.7 | 3.6 | 13.9 | 37.7 | 84.1 | 88.2 | 7 | 40.7 | 26.6 |
| PalaturuNHS 5 Total 1096 5 S.86 2.55 A 6 1.713.83.3.8 7 4.9B 15.5 6.4.4.3.7 PashchimiNHS 5 Total872457 4.7.85.9.95.9.95.9.96.7.98.9.911.76.0.9 PashchimiNHS 5 Total872457 4.185.9.95.9.95.9.95.9.95.9.96.1.96.9.96.9.96.1.96.0.9 Publi SinghbumNHS 5 Total 8.7.96.9.77.8.99.9.97.8.9.9.911.76.0.97.9.8.9.911.15.9.9 RangathNHS 5 Total 9.9.97.9.97.9.2.8.97.9.2.9.96.9.97.9.8.7.98.7.98.7.911.13.5.9.9 RangathNHS 5 Total874 43.97.9.6.9.97.9.8.7.98.7.98.7.98.7.98.7.98.7.9 Satiskela-NHS 5 Total919 6.9.96.9.95.9.911.812.98.7.98.7.98.7.98.7.94.9.1 Satiskela-NHS 5 Total919 6.9.96.9 | 20 | Pakur | NFHS 5 Total | 925 | 52.5 | 41.4 | 43.4 | 55.4 | 0.7 | 2.9 | 12 | 26.6 | 64.6 | 69.5 | 8.1 | 51.3 | 23.6 |
| Packtrini IndexindWHS Total87467 478 244 5595.97.6 12.534.9 67989 11.7 606 Indexind IndexindWHS Total 87 50.7 7.89.86 .1 7.86.96.789 11.1 5.96.0 Purbising IndexindWHS Total 87 50.7 7.810.86.12.81.41.10.79.411.13.5 MandarhWHS Total 903 49.7 7.125.16.21.13.57.340.97.98.91.13.5 MandarhWHS Total 87443.97.020.961.55.18.11.13.5 <td< td=""><td>21</td><td>Palamu</td><td>NFHS 5 Total</td><td>1098</td><td>55.8</td><td>62.5</td><td>35.4</td><td>60.1</td><td>0.5</td><td>1.7</td><td>13.8</td><td>33.8</td><td>74.9</td><td>81.5</td><td>5.4</td><td>43.7</td><td>18.4</td></td<> | 21 | Palamu | NFHS 5 Total | 1098 | 55.8 | 62.5 | 35.4 | 60.1 | 0.5 | 1.7 | 13.8 | 33.8 | 74.9 | 81.5 | 5.4 | 43.7 | 18.4 |
| PurbisinghburNHS 5 TotalB3750.773.819.661284.411.440.7948711.135.9RangarhNHS 5 Total90349.77125.168.213.57.340.97989.212.535.3RangarhNHS 5 Total87.443.97020.961.55641235.287.385.419.728.3RanchiNHS 5 Total9434.848.839.950.411.813.256.264.772.682.328.3SahbganjNHS 5 Total91963.16419.264.913.254.419.728.3Sarakela-NHS 5 Total91963.164.919.264.913.254.419.728.3Sarakela-NHS 5 Total91963.164.919.964.919.964.919.964.919.919.913.813.813.813.813.813.813.813.813.813.813.813.813.813.813.813.813.913.813.913.913.913.913.813.913.813.913.813.9 <td< td=""><td>22</td><td>Pashchimi Singhbhum</td><td>NFHS 5 Total</td><td>872</td><td>46.7</td><td>47.8</td><td>24.4</td><td>55.9</td><td>2.9</td><td>7.6</td><td>12.5</td><td>34.9</td><td>67.9</td><td>89</td><td>11.7</td><td>60.6</td><td>30.5</td></td<> | 22 | Pashchimi Singhbhum | NFHS 5 Total | 872 | 46.7 | 47.8 | 24.4 | 55.9 | 2.9 | 7.6 | 12.5 | 34.9 | 67.9 | 89 | 11.7 | 60.6 | 30.5 |
| Ramgarth NFHS 5 Total 903 49.7 71 25.1 68.2 1 3.5 7.3 40.9 79 89.2 12.5 35.3 Ranchi NFHS 5 Total 874 3.9 70 615 5 6.4 12 35.2 87.3 85.4 10.7 28.3 Sahibgari NFHS 5 Total 984 38.9 50.4 1 1.8 13.2 36.2 87.3 85.4 10.7 28.3 Sahibgari NFHS 5 Total 984 38.9 50.4 11 1.8 13.2 54.4 10.7 28.3 40.1 Sarikela- NFHS 5 Total 919 61.9 50.9 28.9 28.9 28.4 51.9 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 50.4 | 23 | Purbi Singhbhum | NFHS 5 Total | 837 | 50.7 | 73.8 | 19.8 | 61 | 2.8 | 4.4 | 11.4 | 40.7 | 94 | 87 | 11.1 | 35.9 | 29.4 |
| Ranchi NHS 5 Total 874 332 6.4 12 35.2 87.3 85.4 19.7 28.3 Sahibgari NHS 5 Total 94 34.8 39.9 50.4 1 1.8 13.2 56.7 7.0 28.3 29.1 28.3 Sahibgari NHS 5 Total 94 38.8 39.9 50.4 1 1.8 13.2 56.7 7.0 8.2 49.1 Saraikela- NHS 5 Total 919 63.1 64.9 50.4 1.8 51.7 54.4 81.8 55.3 49.1 Simedean NHS 5 Total 907 60.6 15.9 45.9 17 15.8 54.4 10.1 10.8 40.1 | 24 | Ramgarh | NFHS 5 Total | 903 | 49.7 | 71 | 25.1 | 68.2 | 1 | 3.5 | 7.3 | 40.9 | 79 | 89.2 | 12.5 | 35.3 | 23.5 |
| Sahibgari NFHS 5 Total 984 38.9 50.4 1 1.8 13.2 56.2 64.7 72.6 83 49.1 Saraikela- NFHS 5 Total 919 63.1 64.9 72.6 82 49.1 Saraikela- NFHS 5 Total 919 63.1 64.9 72.6 81.8 85.3 73.9 49.1 Simdega NFHS 5 Total 907 60.6 48.5 17 4.1 15.8 81.1 10.8 42.2 | 25 | Ranchi | NFHS 5 Total | 874 | 43.9 | 76 | 20.9 | 61.5 | 5 | 6.4 | 12 | 35.2 | 87.3 | 85.4 | 19.7 | 28.3 | 32.7 |
| Saraikela- NFHS 5 Total 919 63.1 19.2 66.9 2.8 8.3 7.2 54.4 81.8 85.3 13.8 40 Kharsawan NFHS 5 Total 907 60.6 15.9 41.1 15.8 34.4 75.7 81.1 10.8 42.2 | 26 | Sahibganj | NFHS 5 Total | 984 | 34.8 | 48.8 | 39.9 | 50.4 | 1 | 1.8 | 13.2 | 36.2 | 64.7 | 72.6 | 8.2 | 49.1 | 19.7 |
| Simdega NFHS 5 Total 907 60.6 66.4 15.9 48.5 1.7 4.1 15.8 34.4 75.7 81.1 10.8 42.2 | | Saraikela- Kharsawan | NFHS 5 Total | 919 | 63.1 | 64 | 19.2 | 66.9 | 2.8 | 8.3 | 7.2 | 54.4 | 81.8 | 85.3 | 13.8 | 40 | 32.9 |
| | 28 | Simdega | NFHS 5 Total | 907 | 60.6 | 66.4 | 15.9 | 48.5 | 1.7 | 4.1 | 15.8 | 34.4 | 75.7 | 81.1 | 10.8 | 42.2 | 21.1 |

* NFHS5 replaced 'Immunized (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency practice) and so in a minimum meal frequency and so in a minimum meal frequency and a minimum meal frequency and an and the set for a day and so in a minimum meal frequency and a minimum meal frequency meal frequency meal and a minimum meal frequency meal and a minimum meal frequency meal frequency and so in a minimum meal frequency meal frequency and so in a minimum meal frequency meal frequency meal mean a minimum meal frequency mean and a frequency meal frequency mean and a minimum meal frequency meal frequency mean and a minimum meal frequency mean and a more mean and a minimum and a minimum mean and a minimum mean and mean frequency mean and a minimum and a minimum mean and a minimum and a minimum and a minimum mean and a minimum and

> Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய்

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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NOTES

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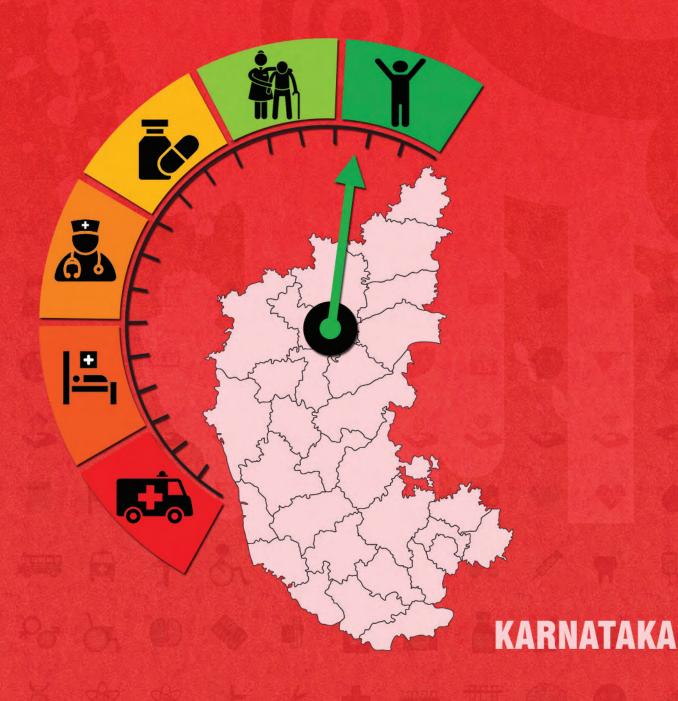


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | |
|------------------|-------------------|------------------|
| 2 nd | Tumkur | Raichur |
| 5 th | Bijapur | Chamarajanagar |
| 7 th | Gulbarga | Haveri |
| 9 th | Koppal | Dakshina Kannada |
| 11 th | Raichur | Chitradurga |
| 12 th | Chikmagalur | Udupi |
| 14 th | Yadgir | Davangere |

KARNATAKA

1. BACKGROUND

1.1 Karnataka Profile

Karnataka is positioned^a 7th in India for a geographical spread of 1,91,791.00 km² (RHS 2019). It is divided into 30 districts and estimated to have a population of over 6.10 crores^b, which accounts for approximately 5.05 percent of India's total population (RHS 2019). It is projected that the population would reach around 6.68 crores by 2021(Census Population Projection 2019). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.04 crores (17.15%) and 0.42 crores (6.95%), respectively. Out of the 30 districts, top five ST & SC dominant districts account for 35.39% of ST & 19.92% of SC population in Karnataka (Figure 1 & Annexure 1, Karnataka Profile). Around 61.33% of the population reside in rural areas, while the rest constitute the urban population.

At present, 80 cities^c are covered under National Urban Health Mission, with a catchment of around 44.76 lakh urban population.

The total length of roads^d in Karnataka is $3,61,041 \text{ km} (7.22\%^{e})$, in which, the length

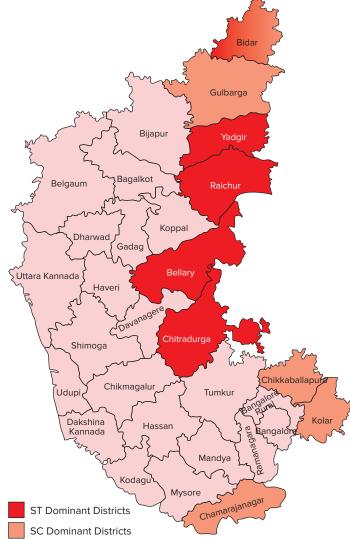


Figure 1: Top 5 ST & SC Dominant Districts

a Including all States & UTs

^b Census 2011

^c QPR NHM MIS Report as on 31 Dec 2020

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in Karnataka

of the national highways is 6,762 km (5.9%^f) and state highways is 19,556 km (11.17%⁹). About 45.6% of the main worker population are self -employed in the State, followed by casual laborers and wage earners (27.2%)^h.

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

Out of the 30 districts, 3 districts have a population of 30 lakhs and above, 5 districts have a population between 20-30 lakhs, 20 districts have a population between 10-20 lakhs, and 2 districts have a population less than 10 lakhs (Annexure 1.1 Karnataka profile). Karnataka's Sex ratio at birth (924 females for every 1000 males) is higher than the national average of 899 (Annexure 1.2). It is estimated that 15.6% of the total population are in the age group of 10-19 years, 58.4% within 20 to 59 years; while 11.5% are 60 years and above^[1] (Figure 2). The crude birth rate and the crude death rate have declined from 20.6 & 7.1 in 2005 to 16.9 & 6.2 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 66.6% in 2001 to 75.4% in 2011, with male & female literacy rates being 82.5% and 68.1%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)ⁱ is

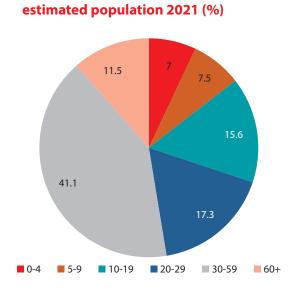


Figure 2: Karnataka - distribution of

26.1% for higher education, 39.86% for senior secondary education, 83.22% for secondary education, 99.38% for elementary education, and 102.98% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 11.5% of the Karnataka's total population. The life expectancy at 60 years of age is 16.6 and 18.1 for males and females, respectively (2014-2018). In Karnataka, 59% of elderly females and 22% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 71% of elderly females and 24% elderly males are economically fully dependent on others. The old age dependency ratio is 14.8 in 2011; which is 13.8 for males and 15.8 for females; 16.7 in rural & 12.0 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 33% for men and 29% for women. The latter is less and the former is more than the national average of 31% for both men and women (Elderly in India 2016 report).

^f Percentage of total length of National Highways in the country

^g Percentage of total length of State Highways in the country

^h Directorate of Economics and Statistics; https://mahades.maharashtra.gov.in/esm.do?type=R

Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Karnataka has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 178 (SRS MMR Bulletin 2007-09) to 92 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Karnataka, 97.2% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Bangalore rural, Chikkaballapura, Kolar, Mandya and Ramanagara districts reported good ANC coverage ranging between 88.7% - 90.9%; and Bellary, Bidar, Bijapur, Gulbarga and Koppal districts reported poor ANC coverage ranging between 50.7% - 56.4%. As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 61.2% took place in public health facilities. Total percentage of C-sections (32.2%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 41.7% is conducted at private facilities in Karnataka. Around 90.5% of women are tracked for their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 44.8% (NFHS-4) to 47.8% (NFHS-5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Karnataka has shown a significant decline in IMR from 50 (2005) to 21 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^m and Still Birth (per 1,000 live births) rates have also significantly decreased from 28.3 and 13 (2005) to 16 and 5 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 67.2 (2006-10) to 69.4 (2014-18), which is on par with the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5, the low SRBsⁿ ranging between 724-849 are reported in Chikmagalur, Davanagere, Haveri, Ramanagara and Uttara Kannada districts, while the high SRBs ones, ranging between 1123–1190 are reported in Bangalore, Bangalore rural, Kodagu, Mysore and Tumkur districts.

Full vaccination^o coverage for children between 12 – 23 months of age has improved from 72.7% (NFHS 4) to 88.3% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also increased from 54.2% (NFHS 4) to 61.0% (NFHS 5). An increase in childhood anaemia from 60.9% (NFHS 4) to 65.5% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per NFHS 5 report, Dakshina Kannada, Hassan, Mandya, Ramanagara, and Udupi districts reported low burden of

j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Antenatal Check up

Iron Folic Acid Tablets

Meonatal Mortality Rate

Sex Ratio at Birth

[°] NFHS 5 Karnataka Factsheet, based on information from vaccination card only

stunting which ranged from 15.6% to 27.1% and Bagalkot, Bijapur, Dharwad, Gadag and Koppal districts reported considerably high burden which ranged from 45.2% to 56.7%. For under-5 wasting –Bijapur, Hassan, Kolar, Mandya, and Tumkur districts reported a low burden, which ranged from 10.9% to 15.5%; and Belgaum, Chikmagalur, Dakshina Kannada, Gulbarga, Raichur and Shimoga districts reported a high burden which ranged from 23.2% to 30.5%.

2.3 Family Planning

The TFR^p has reduced from 2.2 in 2005 to 1.7 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in Karnataka is reported as 6.5%, while the unmet need for spacing is 3.8% (NFHS 5). Gulbarga district reported the highest total unmet need of 12.6% while Chamarajanagar reported the lowest (3.4%). Approximately 68.2% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance among females being 57.4% and nil among males.

2.4 Communicable Diseases

Karnataka has 30 districts having functional IDSP units^q. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 20.95% of total disease burden (Annexure 1.4). Neonatal preterm birth, diarrheal diseases, intracerebral hemorrhage and drug susceptible TB are the leading causes of deaths due to CMNND in Karnataka (Annexure 2, Figure 6^r). As per QPR report, for TB, the annual total case notification rate is 131% and NSP^s success rate is 163% as opposed to the national averages of 163% and 79%, respectively. For NLEP^t, the reported prevalence rate of 0.3 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 13 deaths due to Dengue, and none due to Malaria, and Kala Azar are reported in Karnataka.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 65.9% deaths are premature in the State, while disability or morbidity accounts for 34.1%. Ischaemic heart diseases, COPD, Self-harm means, & Diabetes Mellitus Type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 65.42% of DALYs, whereas, injuries contribute to 13.63% of DALYs in the State. Karnataka is positioned 4th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). As per NFHS 5 data, it is reported that 8.5% of women and 27.1% of men used any kind of tobacco, while 0.9% of women and 16.5% of men consumed alcohol. Overall, high systolic blood pressure, high fasting blood sugar, smoking, high body mass index and ambient particulate matter pollution are the top five major risk factors for all DALYs (Annexure 2, figure 7).

2.6 Health Care Financing

Karnataka's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 14,09,126 crores. The State is positioned 7th out of 32 states in terms of per capita of ₹ 2,12,477. According to NHA 2017-18, the per

P Total Fertility Rate

q QPR NHM MIS Report, status as on 01.03.2020

r https://vizhub.healthdata.org/gbd-compare/india

^s New Smear Positive

t National Leprosy Eradication Programme

capita Government Health Expenditure in the Karnataka is ₹ 1,476 which is below the national average of ₹ 1,753. On the other hand, the OOPE^u as a share of Total Health Expenditure is 34.2%, which is less than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 4,719 in public facilities, ₹ 18,120 in private facilities; whereas for urban areas, it is around ₹ 5,451 in public facilities and ₹ 27,560 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,588 in public facilities & ₹ 19,977 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,944 in public facilities and ₹ 26,260 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 49% in rural and 51% in urban areas; whereas for diagnostics, it is 18% in rural and 20% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Except for CHCs, there is no shortfall in the required SCs, & PHCs (Annexure 2, Figure 9). Currently, there are 9188 SCs, 2176 PHCs, and 189 CHCs in place, against the required 8024 SCs, 1318 PHCs and 329 CHCs in rural areas. In urban settings, there are 358 PHCs in place against the required 575, amounting to a shortfall of 38%. The State has 26 DHs, 150 SDHs and 19 government medical colleges. In tribal catchments, there are 291 SCs, 65 PHCs and 7 CHCs in place, against the required 1153 SCs, 173 PHCs and 43 CHCs. This accounts to a shortfall of 74.76% of the required SCs, 62.43% of the required PHCs and 83.72% of the required CHCs in the tribal areas. There are 26 DHs, 150 SDHs and 19 government medical colleges in the state.

Under Government of India flagship program of Ayushman Bharat, a total of 5,829 (3,298 SHCs, 2,166 PHCs & 365 UPHCs) primary care facilities have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Karnataka, 62 MMUs under the NRHM and 3 under the NUHM districts are functional. Karnataka has 98% of required ASHAs in position under the NRHM and 90% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1734.5 availed (events) OPD services and 124.3 availed (events) IPD services. As per the NSSO data (2017-18), 29% of all OPD cases in rural areas and 14% in urban areas; and 32% of all IPD cases in rural areas & 17% in urban areas utilized public health facilities. The public health facility utilization in Karnataka is below the national averages for both (Annexure 1.6).

Out of Pocket Expenditure

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^v

| Indicator | Karnataka 2011 ¹ | India |
|--|-----------------------------|----------------------------------|
| Total Population (In Crore) | 6.1 | 121.08 |
| Rural (%) | 61.33 | 68.85 |
| Urban (%) | 38.67 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 1.04 (17.15) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.42 (6.95%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 75.4 | 72.99 |
| Male Literacy Rate (%) | 82.5 | 80.89 |
| Female Literacy Rate (%) | 68.1 | 64.64 |
| Number of Districts in the Karnataka ² | 30 |) |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 2 |
| Number of districts per lakh population in Karnataka (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 20 |
| | ≥20 Lakhs - <30 lakhs | 5 |
| | ≥30 Lakhs | 3 |

| ST SC Dominant (Top 5) Districts of Karnataka ¹ | | | | | |
|--|--|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | | | |
| Raichur - 19.03% | Kollar - 30.32% | | | | |
| Bellary - 18.40% | Chamarajanagar - 25.41% | | | | |
| Chitradurga - 18.23% | Gulbarga - 25.28% | | | | |
| Bidar - 13.84% | Chikkaballapura - 24.90% | | | | |
| Yadgir - 12.50% Bidar - 23.47% | | | | | |
| Top 5 ST dominant district accounts for - 35.39% | Top 5 SC dominant district accounts for - 19.92% | | | | |

| 1.2 Key Health Status & Impact Indicators ^w | | | | |
|---|-----------|-------|--|--|
| Indicators | Karnataka | India | | |
| Infant Mortality Rate (IMR) ³ | 21 | 30 | | |
| Crude Death Rate (CDR) ³ | 6.2 | 6 | | |

^v Sources are mentioned at the end of Annexure 1

Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 16.9 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 92 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 16 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 28 | 36 |
| Still Birth Rate ⁴ | 5 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.7 | 2.2 |
| Life expectancy at birth⁵ | 69.4 | 69.4 |
| Sex Ratio at Birth⁴ | 924 | 899 |

1.3 Key Health Infrastructure Indicators^x

| Indicators | Numbers (Total) | | | |
|--|-------------------------|-----------------------|-----------------------|------------------------|
| Number of District Hospitals ² | | | | 26 |
| Number of Sub District Hospital ² | | | | 150 |
| Number of Government (Central + State) Medic | al College ⁶ | | | 19 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 41 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 3298 | 1886 | 4534 | 6299 |
| PHC-HWC | 2166 | 2359 | 2359 | 2359 |
| UPHC-HWC | 365 | 365 364 | | 364 |
| Total-HWC | 5829 4609 7257 | | | 9022 |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 329 | | 189 | 42.55 |
| Number of Primary Health Centres (PHC) | 1,318 | | 2,176 | -65.10 |
| Number of Sub Centres (SC) | 8,02 | 4 | 9,188 | -14.51 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС |
| | 15 | 15 136 | | 22 |
| Urban ² | Require | Required (R) | | Shortfall (S) (%) |
| Number of PHC | 574 | | 358 | 37.63 |
| Tribal ² | Required (R) In p | | In place (P) | Shortfall (S)% |
| Number of CHC | 43 | | 7 | 83.72 |
| Number of PHC | 173 | 3 | 65 | 62.43 |
| Number of SC | 1,15 | 3 | 291 | 74.76 |

^x Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Karnataka | India |
|---|-----------|--------|
| IPD per 1000 population | 124.3 | 62.6 |
| OPD per 1000 population | 1734.5 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 75.7 | 36.4 |

| 1.4 Major Health Indicator ^y | | |
|--|-----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Karnataka | India |
| % DALY ^z accountable for CMNNDs ^{aa} | 20.95 | 27.46 |
| % DALY accountable for NCDs | 65.42 | 61.43 |
| % DALY accountable for Injuries | 13.63 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Karnataka | India |
| Level of Birth Registration (%) | 92.3 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 30.4 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Karnataka | India |
| % 1st Trimester registration to Total ANC Registrations | 78.8 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 97.2 | 79.4 |
| Total Reported Deliveries | 9,00,933 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 61.2 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 38.8 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 32.2 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 26.2 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 41.7 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 90.5 | 53.4 |
| Neonatal ⁹ | Karnataka | India |
| % live birth to Reported Birth | 99 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 10.8 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 92.3 | 89.9 |
| | | |

^y Sources are mentioned at the end of Annexure 1

² Disability Adjusted Life Years
 ^{aa} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Karnataka | India |
|---|-----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 42 | 895 |
| New Born Stabilization Unit (NBSU) | 165 | 2418 |
| New Born Care Corner (NBCC) | 1070 | 20337 |
| Child Health & Nutrition ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.3 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 71.3 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 32.9 | 32.1 |
| Child Immunization ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 88.3 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 97.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 91.2 | 87.9 |
| Family Planning ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Karnataka | India |
| Number of districts with functional IDSP unit | 30 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Karnataka | India |
| Annualized total case notification rate (%) | 131 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 79 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Karnataka | India |
| Prevalence Rate/10,000 population | 0.3 | 0.61 |
| Number of new cases detected | 2,728 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Karnataka | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 13 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 24.5 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 26.6 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|-----------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.8 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 17.2 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.7 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.6 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Karnataka (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 8.5 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 27.1 | 38 | | | |
| Women who consume alcohol (%) | 0.9 | 1.3 | | | |
| Men who consume alcohol (%) | 16.5 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Karnataka | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 4 | N/A | | | |
| Total number of fatal Road Accidents | 10,060 | 137,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 27 | 33.7 | | | |
| Number of persons killed in Road Accidents | 10,958 | 115113 | | | |

1.5 Access to Care^{bb}

| Health Systems Strengthening | | | | |
|--|-----------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Karnataka | India | | |
| Number of Districts equipped with MMU under NRHM | 62 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 3 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Karnataka | India | | |
| 102 Туре | 0 | 9955 | | |
| 104 Туре | 0 | 605 | | |
| 108 Туре | 711 | 10993 | | |
| Others | 200 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 812 | 11070 | | |

 $^{^{\}mbox{\tiny bb}}$ Sources are mentioned at the end of Annexure 1

| Key Domain Indicators | | | | | |
|--|--|------------------|--------------|--|--|
| ASHA ¹³ | | Karnataka | India | | |
| Total number of ASHA ta | argeted under NRHM | 39195 | 946563 | | |
| Total number of ASHA ir | n position under NRHM | 38427 | 904211 | | |
| % of ASHA in position u | nder NRHM | 98.04 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 3329 | 75597 | | |
| Total number of ASHA ir | n position under NUHM | 3007 | 64272 | | |
| % of ASHA in position u | nder NUHM | 90.33 | 85 | | |
| Community Process ¹¹ | | Karnataka | India | | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 26087 | 554847 | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 3833 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Karnataka | India | | |
| DH | 35 | 796 | | | |
| СНС | | 208 | 6036 | | |
| РНС | | 2538 | 20273 | | |
| UCHC | | 9 | 126 | | |
| UPHC | | 365 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Karn | ataka | | |
| Specialist Cadre Availabl | le in the state (Y/N) | Y | es | | |
| HR Policy available (Y/N) | | N | lo | | |
| Implementation of HRIS | (Y/N) | N | lo | | |
| HR Integration initiated | (Y/N) | N | lo | | |
| Public Health Cadre avai | lable (Y/N) | N | lo | | |
| | Specialists (%) | 3 | 8 | | |
| | Dentists (%) | 2 | 22 | | |
| Overall Vacancies | MO MBBS (%) | 1 | 0 | | |
| (Regular + contractual) | Nurse (%) | 1 | 1 | | |
| | LT (%) | 13 | | | |
| | ANM (%) | 3 | 80 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ 5 per 10,000 5 per 10,000 | | | 5 per 10,000 | | |

Regular to contractual service delivery staff ratio¹⁴

3:1

5:1

| Ranking: Human Resource Index of Karnataka ¹⁵ | | | | | | |
|--|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| | Total (Regular + NHM) | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{cc} | 23450 | 13454 | 10045 | 3409 | 13405 | |
| Staff Nurse | 31127 | 15146 | 12785 | 2361 | 18342 | |
| Lab Technician | 6022 | 4245 | 3530 | 715 | 2492 | F2 26 |
| Pharmacists | 4128 | 3887 | 2783 | 1104 | 1345 | 53.26 |
| MO MBBS ^{dd} | 6497 | 3969 | 3281 | 688 | 3216 | |
| Specialist ^{ee} | 5091 | 4305 | 2971 | 1334 | 2120 | |

| 1.6 Healthcare Financing [#] | | | | |
|--|--------|---------|--------|--------|
| National Health Accounts (NHA) (2017-18) | Karn | ataka | In | dia |
| Per Capita Government Health Expenditure (in ₹) | 1,4 | 176 | 17 | 753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | 0.7 1.3 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5 | .5 | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 34 | 1.2 | 48 | 3.8 |
| National Comple Company Office (NSCO) (2017-2018) | Karn | ataka | In | dia |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 29 | 14 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 32 | 17 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 524 | 451 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 732 | 815 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 4,719 | 5,451 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 18,120 | 27,560 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 18 | 20 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 49 | 51 | 53 | 43 |

^{cc} MPW – Multi Purpose Health Worker (Female + Male)

^{dd} MO MBBS (Full Time)

ee Specialist (All Specialist)

Sources are mentioned at the end of Annexure 1
 Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,588 | 3,944 | 2,402 | 3,091 |
|--|--------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 19,977 | 26,260 | 20,692 | 26,701 |
| State Health Expenditure | Karn | ataka | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .4 | 5 | 99 |

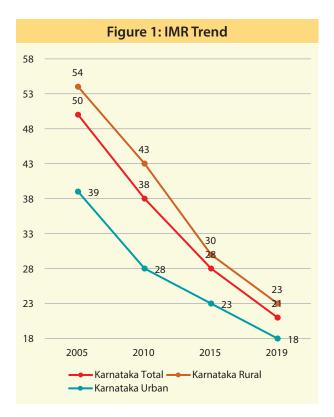
Sources used for Annexure 1

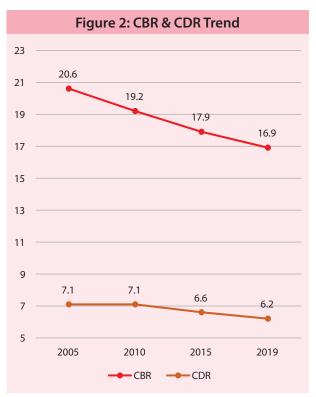
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

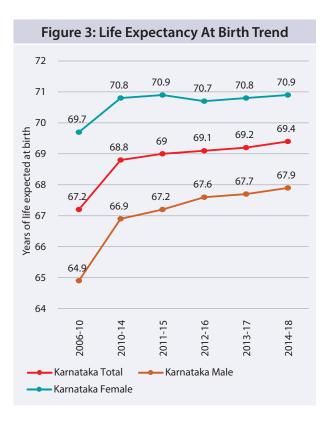
^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

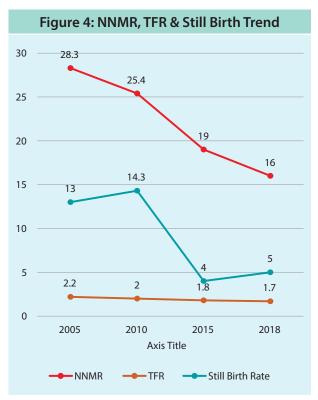
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









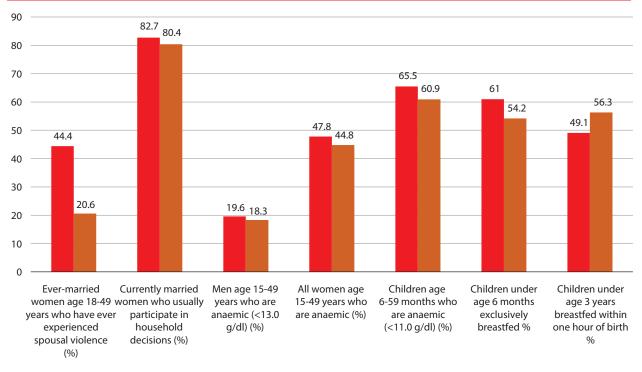


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

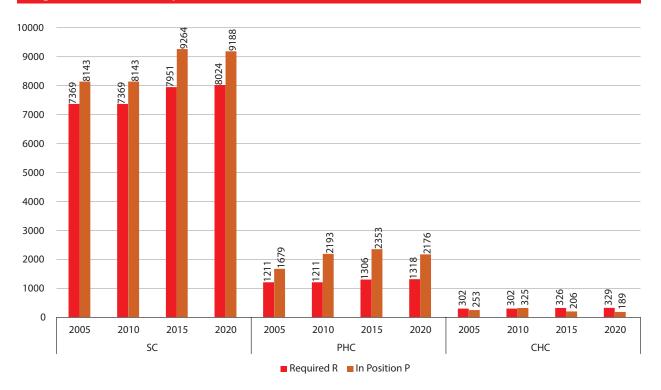
| 1990 rank | Karnataka Both sexes, All ages, DALY's per 100,000 2019 rank |
|--------------------------------|---|
| 1 Diarrheal diseases | 1 Ischemic heart disease |
| 2 Neonatal preterm birth | 2 COPD |
| 3 Lower respiratory infect | 3 Self-harm other means |
| 4 Malaria | 4 Diabetes type 2 |
| 5 Ischemic heart disease | 5 Neonatal preterm birth |
| 6 Drug-susceptible TB | 6 Diarrheal diseases |
| 7 Self-harm other means | 7 Intracerebral hem |
| 8 Other neonatal | 8 Falls |
| 9 Neonatal encephalopathy | 9 Drug-susceptible TB |
| 10 Measles | 10 Other musculoskeletal |
| 11 COPD | 11 Dietary iron deficiency |
| 12 Dietary iron deficiency | 12 Lower respiratory infect |
| 13 Protein-energy malnutrition | 13 Low back pain |
| 14 Drowning | 14 Migraine |
| 15 Intracerebral hem | 15 Age-related hearing loss |
| 16 Falls | 16 Ischemic stroke |
| 17 Congenital heart | 17 Asthma |
| 18 Low back pain | 18 Major depression |
| 20 Asthma | 19 Other neonatal |
| 23 Diabetes type 2 | 21 Neonatal encephalopathy |
| 24 Migraine | 25 Congenital heart |
| 26 Other musculoskeletal | 26 Drowning |
| 28 Major depression | 51 Protein-energy malnutrition |
| 29 Age-related hearing loss | 115 Malaria |
| 35 Ischemic stroke | 174 Measles |
| IHME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Karnataka Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 High systolic blood pressure |
| 2 Short gestation | 2 High fasting plasma glucose |
| 3 Household air pollution from solid fuels | 3 Smoking |
| 4 Child wasting | 4 High body-mass index |
| 5 Unsafe water source | 5 Low birth weight |
| 6 Unsafe sanitation | 6 Ambient particulate matter pollution |
| 7 Child underweight | 7 High LDL cholesterol |
| 8 High systolic blood pressure | 8 Short gestation |
| 9 Smoking | 9 Household air pollution from solid fuels |
| 10 No access to handwashing facility | 10 Alcohol use |
| 11 High fasting plasma glucose | 11 Kidney dysfunction |
| 12 High LDL cholesterol | 12 Unsafe water source |
| 13 Child stunting | 13 Diet low in fruits |
| 14 Iron deficiency | 14 Iron deficiency |
| 15 Alcohol use | 15 Lead exposure |
| 16 Kidney dysfunction | 16 Diet low in legumes |
| 17 Occupational injuries | 17 Secondhand smoke |
| 18 Secondhand smoke | 18 Unsafe sanitation |
| 19 Lead exposure | 19 Diet high in sodium |
| 20 Ambient particulate matter pollution | 20 Unsafe sex |
| 21 Diet low in fruits | 23 Child wasting |
| 22 High body-mass index | 28 Occupational injuries |
| 23 Diet low in legumes | 33 No access to handwashing facility |
| 28 Diet high in sødlum | 35 Child underweight |
| 35 Unsafe sex | 48 Child stunting |
| M IHME | Metabolic risks Environmental/occupational risks |

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Behavioral risks





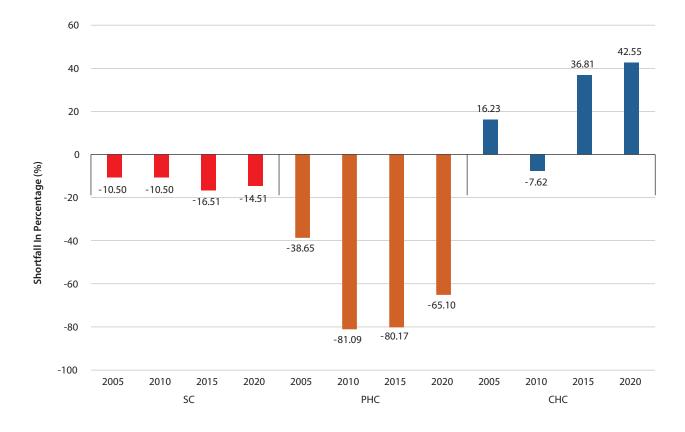
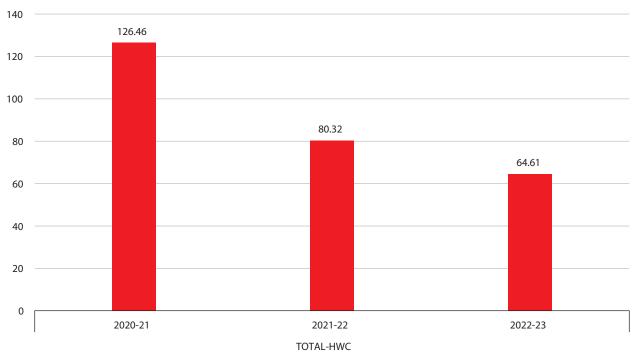


Figure 10: Percentage HWCs progress against target - FY wise (%)



Karnataka (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| ormance) wailable) | ∆hatzew Jnder 5 Years - Wasted^ (%) (1/diaH For Height) (%) | 26.1 | 18.5 | 20.1 | 19.5 | 16.9 | 19.2 | 16.2 | 23.6 | 22.9 | 22.1 | 15 | 18 | 16.1 | 24.9 | 17.9 | 30.5 | 18.8 |
|--|---|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|--------------|--------------|--------------|--------------|----------------|-----------------|--------------|--------------|------------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (Height For Age) (%) | 36.2 | 32.2 | 37.2 | 35.4 | 48.3 | 31.3 | 36.6 | 32.8 | 36.1 | 36.8 | 45.9 | 32.2 | 31.3 | 27.3 | 36 | 25.1 | 38.4 |
| mance, Ret Rural Urba | cntnoM SC-ð sgA nshblid) lotoT (%) # ,**fsiO sfaupsbA gnivis>8 | 8.2 | 11.4 | 13.7 | 12.8 | 6.1 | 7.4 | 17.6 | 8.8 | 9.7 | 13.8 | 14.6 | 17.8 | 18.1 | 15.4 | 27.2 | 5.3 | 16.8 |
| | Vilu7 srhom S2-12 bgA norbid Vaccinated Based On Informortion From Vaccination Card Only* (%) | 72.7 | 88.3 | 88.3 | 88.3 | 79.5 | 88.4 | 92.5 | 86.5 | 79.2 | 7.77 | 73.2 | 90.8 | 79.5 | 93.4 | 97.2 | 93.9 | 83.5 |
| (Green | (%) sritil lenoitutitsnl | 94 | 98.3 | 96.2 | 97 | 95.2 | 99.3 | 100 | 97.5 | 95.7 | 66 | 91.8 | 100 | 66 | 98.4 | 98.3 | 100 | 98.3 |
| | Mother Who Had At Least 4 Antenatal Care Visits (%) | 70.1 | 71.2 | 70.6 | 70.9 | 76.2 | 74.6 | 90.9 | 63.7 | 56.4 | 55.3 | 56.4 | 84.1 | 90.5 | 74.3 | 79.3 | 82 | 63.1 |
| | (%) beed 19mnU lstoT | 10.4 | 7.3 | 5.9 | 6.5 | 5.8 | 4.7 | 5.9 | 5.5 | 5.6 | 8.1 | 7 | 3.4 | 3.8 | 3.8 | 5 | 9.5 | 11.5 |
| | (%) əsU mobnoD | 1.3 | 9 | 2.9 | 4.1 | 1.2 | 9.1 | 3.5 | 1.9 | 2.6 | 5.4 | 2.5 | 4.5 | 1.8 | 6.1 | 4.3 | 7.5 | 2.3 |
| | (%) (%) (%) | 0.8 | 3.4 | 2.5 | 2.9 | 2.2 | 3.4 | 3.2 | 1.9 | 1.7 | 2 | 1.3 | 2.9 | 3.4 | 5.3 | 3.7 | 3 | 1.5 |
| | ylims7 For Jos U bod Yen yn PeineM ylfnenu y B peinel (%) Yeare Ye Ye Ye y Yeare (%) | 51.8 | 69.69 | 68.2 | 68.7 | 65.3 | 73.2 | 77.5 | 70.8 | 62.7 | 69.1 | 63.1 | 79.8 | 77.8 | 7.9.7 | 72.8 | 61.9 | 47.1 |
| | barried X6220-24 Years Married Before 18 (%) | 21.4 | 16.1 | 24.7 | 21.3 | 38.7 | 14.5 | 14.1 | 32.8 | 22.2 | 19.2 | 39.2 | 19.3 | 27.1 | 19.5 | 20.7 | 4.9 | 19.1 |
| | (%) əpA 94-21 ətsrətil nəmoW | N/A | 85.1 | 71 | 76.7 | 69.7 | 87.3 | 83.8 | 74 | 64.4 | 73.8 | 66.6 | 72.4 | 76.3 | 82.9 | 75.6 | 92.7 | 76 |
| | housu γns ditiw sblodesuoH halaer covered under a health (%) emehoz porionenît/eonesusni | 28.1 | 28.2 | 28 | 28.1 | 22.3 | 28.8 | 34.9 | 20.7 | 25.7 | 21.4 | 21.2 | 34.4 | 26.1 | 30 | 35.3 | 36.3 | 25.2 |
| | 0001/səlɛmə1 (Feməles/1000 Məles) | 910 | 1063 | 931 | 978 | 879 | 1 163 | 1177 | 892 | 1072 | 898 | 885 | 953 | 1110 | 849 | 1050 | 1038 | 797 |
| | Source San Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Karnataka | Karnataka | Karnataka | Karnataka | Bagalkot | Bangalore | Bangalore Rural | Belgaum | Bellary | Bidar | Bijapur | Chamarajanagar | Chikkaballapura | Chikmagalur | Chitradurga | Dakshina Kannada | Davanagere |
| | .oN .2 | - | 2 | m | 4 | 5 | 9 | 7 | ø | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

| 18 | Dharwad | NFHS 5 Total | 1110 | 24.5 | 81.8 | 17.8 | 67.1 | 2.1 | 1.8 | 6.3 | 85.2 | 66.7 | 93.6 | 15.3 | 45.2 | 16.5 |
|----|----------------|--------------|------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| 19 | Gadag | NFHS 5 Total | 911 | 28.3 | 70.7 | 27.7 | 58.3 | 2.5 | 2.7 | 7 | 68.7 | 96.2 | 81.4 | 9.5 | 45.2 | 18.2 |
| 20 | Gulbarga | NFHS 5 Total | 976 | 17.4 | 68.2 | 29.8 | 53 | 0.7 | 5.4 | 12.6 | 53.6 | 88.7 | 86.3 | 15.4 | 34.5 | 25 |
| 21 | Hassan | NFHS 5 Total | 872 | 36.9 | 82 | 16.2 | 78.1 | 6.3 | 3.3 | 5.2 | 75.8 | 100 | 94.3 | 29.1 | 27.1 | 15.2 |
| 22 | Haveri | NFHS 5 Total | 805 | 28.8 | 71.5 | 16.5 | 44.6 | 0.7 | 1 | 8.4 | 58.7 | 97.2 | 93.4 | 7.4 | 29.9 | 17.7 |
| 23 | Kodagu | NFHS 5 Total | 1190 | 45.6 | 88.5 | 12.8 | 73 | 6.3 | 5.6 | 5.6 | 74.4 | 98.4 | 96.5 | 9.1 | 30.4 | 21.7 |
| 24 | Kolar | NFHS 5 Total | 919 | 33.9 | 78.3 | 26.7 | 72.7 | 4.2 | 0.8 | 5.1 | 90.9 | 9.66 | 86.3 | 21.7 | 31.1 | 15.5 |
| 25 | Koppal | NFHS 5 Total | 952 | 20.6 | 59.8 | 27.1 | 63.4 | 1.9 | 1.2 | 9.7 | 50.7 | 90.7 | 93.4 | 12.2 | 49.1 | 23.1 |
| 26 | Mandya | NFHS 5 Total | 1041 | 39.9 | 78.3 | 13.1 | 80 | 3.6 | 3.6 | 3.8 | 90.1 | 99.5 | 96.9 | 12.4 | 24.3 | 11.8 |
| 27 | Mysore | NFHS 5 Total | 1123 | 26.2 | 78.9 | 17.5 | 79.5 | 2.4 | 4.2 | 5.6 | 85.7 | 100 | 92.6 | 13.4 | 27.5 | 15.6 |
| 28 | Raichur | NFHS 5 Total | 907 | 17.8 | 54.3 | 21.9 | 50.1 | 0.7 | 1.8 | 10 | 67.5 | 88.9 | 89.6 | 13 | 39.8 | 23.2 |
| 29 | Ramanagara | NFHS 5 Total | 781 | 35.7 | 82.7 | 11.8 | 78.1 | 2.8 | 2.4 | 5.1 | 88.7 | 100 | 92.6 | 16.6 | 15.6 | 20 |
| 30 | Shimoga | NFHS 5 Total | 1111 | 26.5 | 79.8 | 11.1 | 76.4 | 3.4 | 2.4 | 5.3 | 79.4 | 99.7 | 97.9 | 18.5 | 29 | 23.2 |
| 31 | Tumkur | NFHS 5 Total | 1133 | 31 | 81.9 | 24.8 | 77 | 5.1 | 4.4 | 5.3 | 80.4 | 100 | 93.5 | 15.5 | 40.3 | 10.9 |
| 32 | Udupi | NFHS 5 Total | 1093 | 50.9 | 90.3 | 4.4 | 72 | 6.4 | 8.9 | 7.1 | 59.4 | 98.9 | 87.8 | 10.3 | 23.1 | 17.6 |
| 33 | Uttara Kannada | NFHS 5 Total | 724 | 32 | 84.3 | 11.6 | 69.3 | 4.8 | 2.8 | 7.4 | 57.9 | 99.3 | 96.8 | 14.7 | 29.6 | 21.9 |
| 34 | Yadgir | NFHS 5 Total | 922 | 16.7 | 48.1 | 33.2 | 64 | 1.7 | 11 | 7.5 | 63.6 | 93.3 | 84.6 | 13.4 | 57.6 | 17.7 |
| | | | | | | | | | | | | | | | | |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group)

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red – Worst five performing districts within the districts for a particular indicator ы * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days ن

** Based on the youngest child living with the mother Ū.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய் ш

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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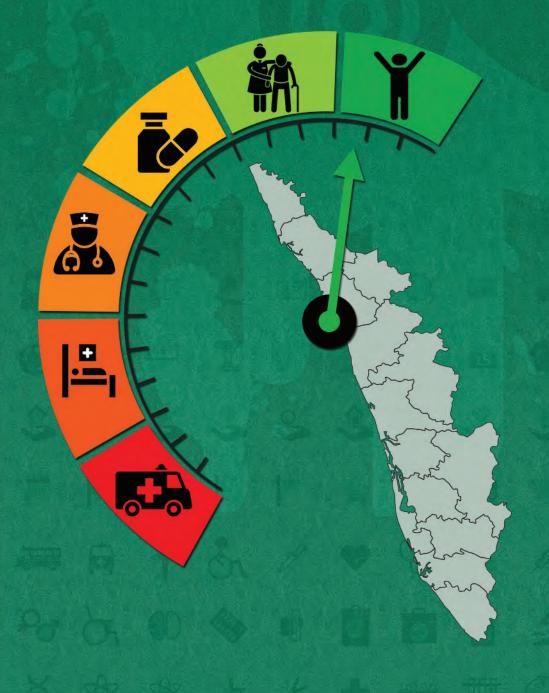
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





KERALA

HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts | s Visited |
|------------------|-----------------------------|-------------------------------|
| 2 nd | Thiruvananthapuram & Direct | orate of Health Services etc. |
| 4 th | Kozhikode | Kottayam |
| 6 th | Malappuram | Alappuzha |
| 8 th | Palakkad | Ernakulum |
| 10 th | Idukki | Kollam |

KERALA

1. BACKGROUND

1.1 State Profile

Kerala is positioned^a 22nd in India for a geographical spread of 38,863 km² (RHS 2019). The State is divided into 14 districts and is estimated to have a population of over 3.34 crores^b, which accounts for approximately 2.75% of India's total population (RHS 2019). It is projected that the population would reach around 3.54 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 3.04 crores (9.10%) and 0.5 crores (1.45%), respectively. Out of the 14 districts, top five ST dominant districts account for 71.46% of ST population, and top five SC dominant districts account for 46.55% of SC population in the State (Annexure 1.1; fig 1). In the State, 52.3% of the population reside in rural areas, while 47.70% constitute the urban population.

The total length of roads^c in the State is 2,40,562 km (4.81%^d), in which, the length of the national highways is 1,811 km (1.6%^e) and state highways is 4,342 km (2.48%^f). In terms of agriculture^g, about half of the main worker population workers in the State participate in agricultural activities.

- ^b Census 2011
- Basic Road Statistics 2019, MoRTH
- ^d Percentage of total length of roads in Kerala
- e Percentage of total length of National Highways in the country
- ^f Percentage of total length of State Highways in the country
- ^g https://indiawris.gov.in/wiki/doku.php?id=kerala

Figure 1: Top 5 ST & SC Dominant Districts



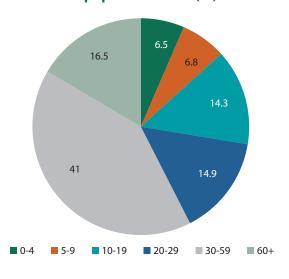
a Including all States & UTs

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

Out of the 14 districts, 5 districts have population of 30 lakhs and above, 4 districts have a population between 20-30 lakhs, 4 districts have a population between 10-20 lakhs, and 1 district has a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 957 females for every 1000 males is higher than the national average of 899 (Annexure 1.2). It is estimated that there are 14.3% of the total population in the age group of 10-19 years, 55.9% within 20 to 59 years; while 16.5% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 15 & 6.4 in 2005 to 13.5 & 7.1 in 2019, respectively (Annexure 2; figure2). The literacy rate increased from 90.9% in 2001 to 94.0% in 2011, with male & female literacy rates being 96.1% and 92.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^h is

Figure 2: Kerala - distribution of estimated population 2021 (%)



30.8% for higher education, 77.56% for senior secondary education, 102.44% for secondary education, 95.42% for elementary education, and 95.44% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 16.5% of the State's total population. The life expectancy at 60 years of age is 17.9 and 21.9 for males and females, respectively (2014-2018). In Kerala, 61.0% of elderly females and 25.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 50.0% of elderly females and 20.0% elderly males are economically fully dependent on others. The old age dependency ratio is 19.6 in 2011; which is 18.6 for males and 20.6 for females, 19.8 in rural & 19.5 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 57% for men and 60% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections,

^j Antenatal Check up

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 81 (SRS MMR Bulletin 2007-09) to 43 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Kerala, 99.1% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Kasaragod, Kozhikode, Malappuram, Pathanamthita and Wayanad districts reported high ANC coverage, ranging between 83.9% - 94.2%. Whereas, Alappuzha, Idukki, Kottayam, Palakkad and Thiruvananthapuram districts reported low ANC coverage, ranging between 55.37% - 74.3%. As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 31.8% took place in public health facilities. Total percentage of C-sections (40.8%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 41.7% is conducted at private facilities in the State. Around 113.7% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anemia in women aged 15-49 years increased from 34.3% (NFHS-4) to 36.3% (NFHS-5). Anemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 14 (2005) to 6 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^I and Still Birth (per 1,000 live births) rates have also significantly decreased from 10.9 and 8.8 (2005) to 5 and 5 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 74.2 (2006-10) to 75.3 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per the NFHS 5, the lowest SRBs^m ranging between 763 - 880 are reported in Thrissur, Malappuram, Idukki, Kottayam and Kannur districts; while the highest ones, ranging between 1003-1485 are reported in Wayanad, Palakkad, Ernakulam, Kollam and Alappuzha districts.

Full vaccinationⁿ coverage for children between 12 – 23 months of age has improved from 88.3% (NFHS 4) to 85.2% (NFHS 5). The proportion of under 6-months children exclusively breastfed has also increased from 53.3% (NFHS 4) to 55.5% (NFHS 5). An increase in childhood anemia from 35.7% to 39.4% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, relatively low stunting rates, ranging from 15.5 to 21.3, are reported from Alappuzha, Kannur, Kollam, Kozhikode & Thiruvananthapuram districts. While relatively higher stunting rates, ranging from 24.3 to 31.3, are reported from Idukki, Kasaragod, Malappuram, Palakkad & Wayanad districts. For under-5 wasting – Kannur, Kasaragod, Kottayam, Pathanamthitta & Thrissur districts reported a low burden, which ranged from 8.4% to 14%; while Ernakulum, Kollam, Malappuram, Palakkad & Thiruvananthapuram districts reported a relatively higher burden, which ranged from 17.1% to 21.7%.

k Iron Folic Acid Tablets

Neonatal Mortality Rate

^m Sex Ratio at Birth

ⁿ NFHS 5 Kerala Factsheet, based on information from vaccination card only

2.3 Family Planning

The TFR° of Kerala is constant (1.7) since 2005 with minor increase in 2010 & 2015 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in the State is reported as 12.5%, while the unmet need for spacing is 7.0% (NFHS 5). Thiruvanathapuram district reported the highest total unmet need of 19.3%, while Wayanad reported the lowest (5.6%). Approximately 52.8% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance among females being 46.6% and 0.1% among males.

2.4 Communicable Diseases

The State has 14 functional IDSP units in place^p. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 11.83% of total disease burden (Annexure 1.4). Diarrheal diseases, Neonatal preterm birth, lower respiratory infection & drug susceptible TB are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR, for TB, the annualized total case notification rate is 74% and NSP^q success rate is 83% as opposed to the national averages of 163 and 79, respectively. For NLEP^r, the reported prevalence rate of 0.23 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 17 deaths due to Dengue are reported in the State.

2.5 Non-Communicable Diseases (NCDs)

It is reported that as high as 54.8% of all deaths are premature in the State, while disability or morbidity accounts for 45.2%. Ischemic heart disease, COPD, Diabetes type 2, other musculoskeletal are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute^s to 76.92% of DALYs; whereas, injuries contribute to 11.25% of DALYs in the State. The State is positioned 16th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 2.2% of women and 16.9% of men used any kind of tobacco, while 0.2% of women and 19.9% of men consumed alcohol. Overall, metabolic factors (high systolic blood pressure, high fasting plasms glucose, high body mass index, high LDL cholesterol) and behaviour (smoking) are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 7,07,542 crores. The State is positioned 9th out of 32 states in terms of per capita^t of ₹ 2,04,105. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 2,272, which is above the national average of ₹ 1,753. On the other hand, the OOPE^u as a share of Total Health Expenditure was 68.7%, which is also above the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,827 in public facilities, ₹ 25,812 in private facilities; whereas for urban areas, it is around ₹ 5,295 in public facilities and ₹ 30,370 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 7,650 in public facilities & ₹ 30,441 in private facilities; whereas in

[°] Total Fertility Rate

^p QPR NHM MIS Report (status as on 01.03.2020)

^q New Smear Positive

r National Leprosy Eradication Programme

^s https://vizhub.healthdata.org/gbd-compare/india

t Directorate of Economics & Statistics

Out of Pocket Expenditure

urban areas - OOPE is estimated to be around ₹ 7,552 in public facilities and ₹ 31,096 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 44% in rural and 43% in urban areas; whereas for diagnostics, it is 25% in rural and 27% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time with no shortfall in public health facilities in rural areas (Annexure 2, Figure 9). Currently, there are 5410 SCs, 784 PHCs and 211 CHCs are in place, against the required 2191 SCs, 363 PHCs and 90 CHCs. Similarly, in urban settings, there are 148 PHCs in place against the required 492, which accounts to a shortfall of 70%. The State has 48 DHs, 86 SDHs and 10 government medical colleges. In the State, 77.08% of DHs (37), and 50% of SDHs (43) serve as functional FRUs. In tribal catchments, there are 272 SCs, 150 PHCs and 35 CHCs in place, against the required 89 SCs, 13 PHCs and 3 CHCs, accounting for an excess of the required SCs, PHCs and CHCs in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2451 HWCs (1517 SHCs, 840 PHCs & 94 UPHCs) are operationalized in the State as of 22nd December 2021^v.

In the State, 12 districts are equipped with MMUs under the NRHM, and none under the NUHM. The State has 84% of required ASHAs in position under the NRHM and 100% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 101.64 availed (events) IPD services and 3910.05 availed (events) OPD services. As per the NSSO data (2017-18), 52% of all OPD cases in rural areas and 42% in urban areas; and 40% of all IPD cases in rural areas & 36% in urban areas utilized public health facilities. The public health facility utilization in the State is below the national averages for both (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^w

| Indicator | Kerala 2011 ¹ | India | |
|---|--------------------------|----------------------------------|--|
| Total Population (In Crore) | 3.34 | 121.08 | |
| Rural (%) | 52.30 | 68.85 | |
| Urban (%) | 47.70 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 3.04 (9.10%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.5 (1.45%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 94 | 72.99 | |
| Male Literacy Rate (%) | 96.1 | 80.89 | |
| Female Literacy Rate (%) | 92.1 | 64.64 | |
| Number of Districts in the Kerala ² | 14 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 1 | |
| Number of districts per lakh population in Kerala (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 4 | |
| | ≥20 Lakhs - <30 lakhs | 4 | |
| | ≥30 Lakhs | 5 | |

| ST SC Dominant (Top 5) Districts of Kerala ¹ | | | | | |
|---|--|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | | | |
| Wayanad - 18.53% | Palakkad - 14.37% | | | | |
| ldukki - 5.03% | Pathanamthitta - 13.74% | | | | |
| Palakkad - 1.74% Idukki - 13.12% | | | | | |
| Kasaragod - 3.74% | Kollam - 12.46% | | | | |
| Kannur - 1.64% | Thiruvananthapuram - 11.3% | | | | |
| Top 5 ST dominant district accounts for - 71.46% | Top 5 SC dominant district accounts for - 46.55% | | | | |

| 1.2 Key Health Status & Impact Indicators | | |
|---|--------|-------|
| Indicators | Kerala | India |
| Infant Mortality Rate (IMR) ³ | 6 | 30 |
| Crude Death Rate (CDR) ³ | 7.1 | 6 |

Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 13.5 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 43 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 5 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 10 | 36 |
| Still Birth Rate ⁴ | 5 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.7 | 2.2 |
| Life expectancy at birth⁵ | 75.3 | 69.4 |
| Sex Ratio at Birth⁴ | 957 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^x

| Indicators | | | | Numbers (Total) |
|--|-------------------------|-----------------------|--------------------------|------------------------|
| Number of District Hospitals ² | | | 48 | |
| Number of Sub District Hospital ² | | | 86 | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 10 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 21 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 1517 | 1636 | 3111 | 4094 |
| PHC-HWC | 840 | 849 | 849 | 849 |
| UPHC-HWC | 94 | 83 | 83 | 83 |
| Total-HWC | 2451 | 2568 | 4043 | 5026 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 90 | | 211 | -134.44 |
| Number of Primary Health Centres (PHC) | 363 | 3 | 784 | -115.98 |
| Number of Sub Centres (SC) | 2,19 | 1 | 5,410 | -146.92 |
| Number of functional First Referral Units (FRUs) | DH | I | SDH | СНС |
| | 37 | | 43 | 0 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 492 | 2 | 148 | 69.92 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | 3 | | 35 | -1066.67 |
| Number of PHC | 13 | | 150 | -1053.85 |
| Number of SC | 89 | | 272 | -205.62 |

^x Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Kerala | India |
|--|---------|--------|
| IPD per 1000 population | 101.64 | 62.6 |
| OPD per 1000 population | 3910.05 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 95.43 | 36.4 |

| 1.4 Major Health Indicator ^y | | |
|--|----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Kerala | India |
| % DALY ^z accountable for CMNNDs ^{aa} | 11.83 | 27.46 |
| % DALY accountable for NCDs | 76.92 | 61.43 |
| % DALY accountable for Injuries | 11.25 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Kerala | India |
| Level of Birth Registration (%) | 98.2 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 11.6 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Kerala | India |
| % 1st Trimester registration to Total ANC Registrations | 83 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 99.1 | 79.4 |
| Total Reported Deliveries | 4,60,850 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 31.8 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 68.2 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 40.8 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 38.9 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 41.7 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 113.7 | 53.4 |
| Neonatal ⁹ | Kerala | India |
| % live birth to Reported Birth | 99.6 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 11.3 | 12.4 |
| | | |

^y Sources are mentioned at the end of Annexure 1

² Disability Adjusted Life Years
 ^{aa} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Kerala | India |
|---|--------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 17 | 895 |
| New Born Stabilization Unit (NBSU) | 68 | 2418 |
| New Born Care Corner (NBCC) | 101 | 20337 |
| Child Health & Nutrition ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.3 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 61.1 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 19.7 | 32.1 |
| Child Immunization ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 85.2 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 97.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 88.3 | 87.9 |
| Family Planning ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 7 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Kerala | India |
| Number of districts with functional IDSP unit | 14 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Kerala | India |
| Annualized total case notification rate (%) | 74 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 83 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Kerala | India |
| Prevalence Rate/10,000 population | 0.23 | 0.61 |
| Number of new cases detected | 675 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Kerala | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 17 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 34.8 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 45.4 | 30.7 |

| Non-Communicable Disease | | |
|---|--------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 15.5 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 19.2 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.3 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 9.8 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Kerala (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 2.2 | 8.9 |
| Men who use any kind of tobacco (%) | 16.9 | 38 |
| Women who consume alcohol (%) | 0.2 | 1.3 |
| Men who consume alcohol (%) | 19.9 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Kerala | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 16 | N/A |
| Total number of fatal Road Accidents | 4,183 | 137,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 10.8 | 33.7 |
| Number of persons killed in Road Accidents | 4440 | 115113 |

1.5 Access to Carebb

| Health Systems Strengthening | | |
|--|--------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Kerala | India |
| Number of Districts equipped with MMU under NRHM | 12 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | Kerala | India |
| 102 Туре | 0 | 9955 |
| 104 Туре | 0 | 605 |
| 108 Туре | 43 | 10993 |
| Others | 0 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 447 | 11070 |

^{bb} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | |
|--|--|------------------|--------------|--|
| ASHA ¹³ | | Kerala | India | |
| Total number of ASHA targeted under NRHM | | 30927 | 946563 | |
| Total number of ASHA in position under NRHM | | 26057 | 904211 | |
| % of ASHA in position under NRHM | | 84.25 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 1927 | 75597 | |
| Total number of ASHA in | position under NUHM | 1927 | 64272 | |
| % of ASHA in position ur | nder NUHM | 100 | 85 | |
| Community Process ¹¹ | | Kerala | India | |
| Number of Village Healtl (VHSNCs) constituted | n Sanitation and Nutrition Committees | 19692 | 554847 | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 1048 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Kerala | India | |
| DH | | 53 | 796 | |
| СНС | | 227 | 6036 | |
| РНС | | 848 | 20273 | |
| UCHC | | 0 | 126 | |
| UPHC | | 76 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Kei | rala | |
| Specialist Cadre Availabl | e in the state (Y/N) | Ye | es | |
| HR Policy available (Y/N) | | No | | |
| mplementation of HRIS | (Y/N) | Yes | | |
| HR Integration initiated | (Y/N) | Yes | | |
| Public Health Cadre avai | lable (Y/N) | No | | |
| | Specialists (%) | 79 | | |
| | Dentists (%) | 22 | | |
| Overall Vacancies MO MBBS (%) 23 | | 23 | | |
| (Regular + contractual) Nurse (%) | | 3 | 39 | |
| | LT (%) | 38 | | |
| | ANM (%) | 7 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system ¹⁴ | 6 per 10,000 | 4 per 10,000 | |
| | ervice delivery staff ratio ¹⁴ | 5:1 | 5:1 | |

| Ranking: Human Reso | ource Index of | Kerala ¹⁵ | | | | |
|--------------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | Total (Regular + NHM) | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{cc} | 12358 | 6141 | 5722 | 419 | 6636 | |
| Staff Nurse | 16805 | 9125 | 8579 | 546 | 8226 | |
| Lab Technician | 3511 | 1882 | 1768 | 114 | 1743 | |
| Pharmacists | 2051 | 1989 | 1903 | 86 | 148 | 67.16 |
| MO MBBS ^{dd} | 4434 | 4437 | 4307 | 130 | 127 | |
| Specialist ^{ee} | 3808 | 2347 | 2219 | 128 | 1589 | |

| 1.6 Healthcare Financing [#] | | | | | |
|--|----------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Ke | rala | In | dia | |
| Per Capita Government Health Expenditure (in ₹) | 2,2 | 272 | 17 | 753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .1 | 1. | 35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 7.3 5.12 | | 12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 68 | 3.7 | 48 | 3.8 | |
| | | Kerala | | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 52 | 42 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 40 | 36 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 252 | 367 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 843 | 743 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 5,827 | 5,295 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 25,812 | 30,370 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 25 | 27 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 44 | 43 | 53 | 43 | |

cc MPW – Multi Purpose Health Worker (Female + Male)

^{dd} MO MBBS (Full Time)

ee Specialist (All Specialist)

^{ff} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 7650 | 7552 | 2,402 | 3,091 |
|--|-------|-------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 30441 | 31096 | 20,692 | 26,701 |
| State Health Expenditure | Kei | ala | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5 | .5 | 5 | gg |

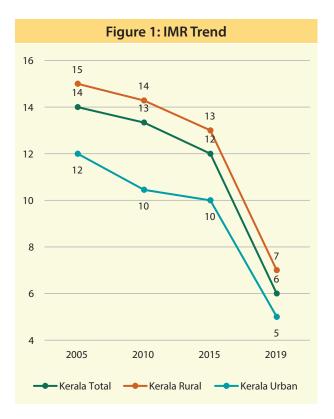
Sources used for Annexure 1

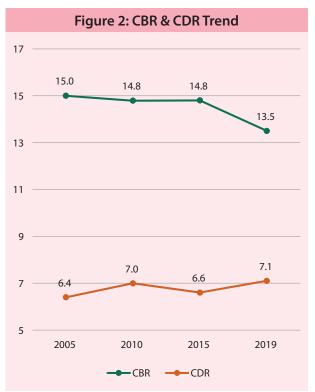
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

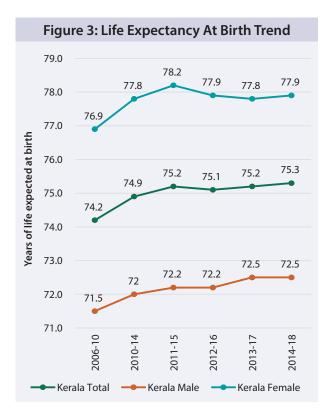
^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

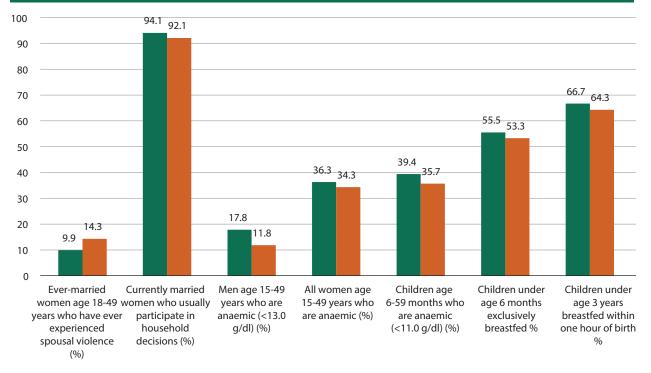












NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

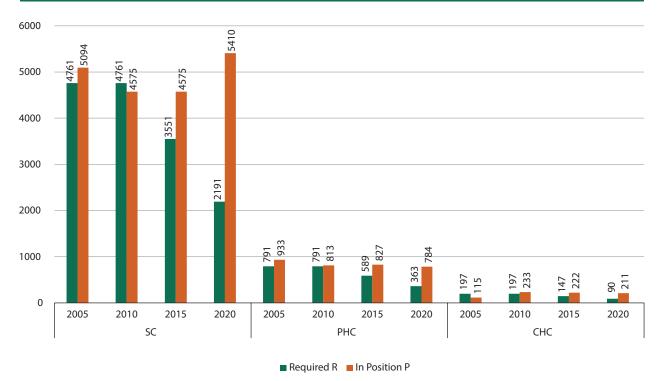
| 1990 rank | Kerala Both sexes, All ages, DALYs per 100,000 2019 rank |
|-----------------------------|---|
| 1 Ischemic heart disease | 1 Ischemic heart disease |
| 2 Self-harm other means | 2 COPD |
| 3 Neonatal preterm birth | 3 Diabetes type 2 |
| 4 COPD | 4 Other musculoskeletal |
| 5 Diarrheal diseases | 5 Falls |
| 6 Lower respiratory infect | 6 Self-harm other means |
| 7 Drug-susceptible TB | 7 Ischemic stroke |
| 8 Congenital heart | 8 Low back pain |
| 9 Intracerebral hem | 9 Intracerebral hem |
| 10 Low back pain | 10 Age-related hearing loss |
| 11 Dietary iron deficiency | 11 Migraine |
| 12 Falls | 12 Major depression |
| 13 Neonatal encephalopathy | 13 Dietary iron deficiency |
| 14 Diabetes type 2 | 14 Diarrheal diseases |
| 15 Measles | 15 Neonatal preterm birth |
| 16 Ischemic stroke | 16 Anxiety disorders |
| 17 Migraine | 17 Lower respiratory infect |
| 18 Drowning | 18 Lung cancer |
| 19 Other musculoskeletal | 19 Asthma |
| 20 Major depression | 20 Motorcyclist road inj |
| 22 Asthma | 26 Drug-susceptible TB |
| 23 Age-related hearing loss | 27 Congenital heart |
| 25 Anxiety disorders | 39 Neonatal encephalopathy |
| 30 Motorcyclistypad inj | 45 Drowning |
| 37 Lung cancer | 215 Measles |
| Man HME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Kerala Both sexes, All ages, DALYs per 100,000 2019 rank |
|---|---|
| High systolic blood pressure | 1 High systolic blood pressure |
| Phousehold air pollution from solid fuels | 2 High fasting plasma glucose |
| B Low birth weight | 3 High body-mass index |
| Smoking | 4 High LDL cholesterol |
| 6 High fasting plasma glucose | 5 Smoking |
| Short gestation | 6 Ambient particulate matter pollution |
| High LDL cholesterol | 7 Kidney dysfunction |
| 3 Kidney dysfunction | 8 Alcohol use |
| Child wasting | 9 Household air pollution from solid fuels |
| LO Unsafe water source | 10 Low birth weight |
| 1 Alcohol use | 11 Short gestation |
| 2 Iron deficiency | 12 Diet low in fruits |
| 3 High body-mass index | 13 Diet low in legumes |
| 4 Ambient particulate matter pollution | 14 Diet low in nuts and seeds |
| 15 Diet low in fruits | 15 Iron deficiency |
| 6 Unsafe sanitation | 16 Secondhand smoke |
| 17 Child underweight | 17 Diet high in sodium |
| 8 Secondhand smoke | 18 Lead exposure |
| 9 Diet low in legumes | 19 Low bone mineral density |
| 20 Lead exposure | 20 Diet low in whole grains |
| 22 Diet high in sodium | 23 Unsafe water source |
| 3 Diet low in nuts and seeds | 31 Child wasting |
| 28 Diet low in whole grains | 36 Unsafe sanitation |
| 30 Low bone more al density | 37 Child underweight |

Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)



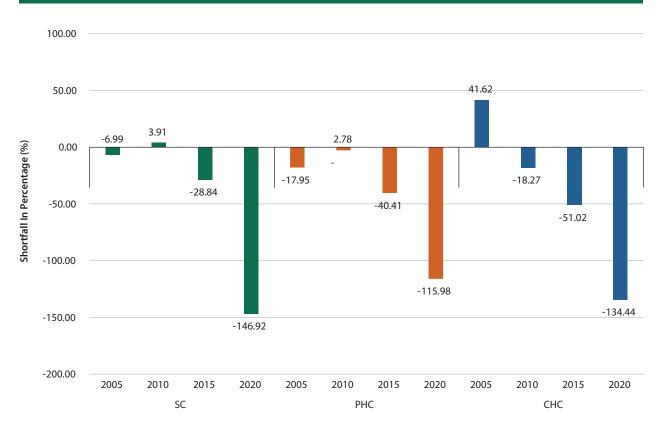
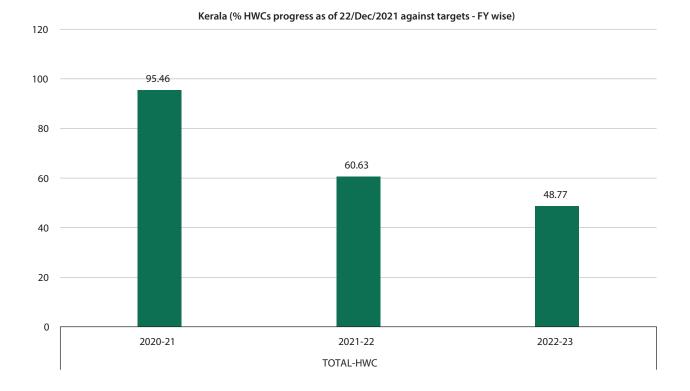


Figure 9: Year Wise Health Infrastructure Shortfall (%)

Figure 10: Percentage HWCs progress against target - FY wise (%)



Health Dossier 2021: Reflections on Key Health Indicators – Kerala | 17

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| e e | | | | | | | | | | | | | | | | |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|
| erforman ot Availab | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 15.7 | 16 | 15.5 | 15.8 | 14.4 | 17.1 | 14.5 | 14 | 12.6 | 21.4 | 8.4 | 14.1 | 18.2 | 2112 | 11.4 |
| ed – Poor Pe oan Stats No | Children Under 5 Years - Stunted^ (Height For Age) (%) | 19.7 | 20.1 | 26.4 | 23.4 | 20.1 | 22 | 24.3 | 19.4 | 25.3 | 15.5 | 23.4 | 21.3 | 29.4 | 29.7 | 22.7 |
| rmance, R e Rural Urb | shinoM SS-3 9gA nəhələlər (%) # (***, # Osequate Dietex, # (%) | 21.4 | 21.5 | 25.4 | 23.5 | 17.9 | 11.3 | 36.5 | 38.4 | 12.2 | 17.3 | 19 | 25.1 | 26.1 | 23.7 | 50.1 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 88.3 | 83.3 | 1.78 | 85.2 | ΥN | 96.9 | 9'68 | 88.4 | 86 | NA | NA | 92.3 | 82.6 | 73.2 | NA |
| (Gree | (%) sıtıtığ lanoitutitzırl | 99.8 | 7.99 | 8.66 | 99.8 | 99.4 | 99.1 | 100 | 100 | 100 | 100 | 98.7 | 100 | 100 | 100 | 1.99 |
| | latenətnd 4 teast 4 had Nicenstal Care Visits (%) | 90.1 | 79.3 | 78 | 78.6 | 65.7 | 82.2 | 74.3 | 78.3 | 91.2 | 79.3 | 55.1 | 91.8 | 90.4 | 68.4 | 83.9 |
| | (%) Total Unmet Need (%) | 13.7 | 13 | 12 | 12.5 | 12.3 | 10.7 | 9.4 | 12.7 | 12.5 | 11.9 | 16.1 | 9'6 | 13.8 | 10.8 | 12.3 |
| | (%) əsU mobnoD | 2.6 | 4 | 2.9 | 3.4 | 4.3 | 6.1 | 5.2 | 4.3 | 3.5 | 1.7 | 3.6 | 3.4 | 1.9 | 1.9 | 3.4 |
| | (%) IUD/PPIUD (%) | 1.6 | 1.6 | 1.5 | 1.5 | 1.3 | 1.5 | 2.1 | 1.3 | 2.4 | 0.6 | 1.9 | 1.4 | 0.8 | 1.7 | 2.6 |
| £ | pninnsly Viethod Used For Family Planning By Currently Married Women Age 15-49 years (%) | 53.1 | 61.4 | 60.1 | 60.7 | 61.5 | 69.7 | 72.3 | 61.9 | 56.4 | 62.9 | 44.7 | 67.7 | 58.6 | 58.9 | 59.3 |
| | bairia Maarijed X0-24 Years Married Before 18 (%) | 7.6 | 4.1 | 8.2 | 6.3 | 3.8 | 2.9 | ۲.٦ | 5.4 | 4.7 | 1.8 | 1.6 | 4.2 | 15.3 | 14.1 | 0 |
| | (%) 9gA 9 4 -21 9terətil nəmoW | NA | 99.1 | 97.5 | 98.3 | 99.7 | 99.3 | 94.4 | 99.1 | 95.9 | 98.2 | 99.7 | 99.1 | 99.2 | 94.4 | 99.7 |
| | eunaerholds with any usual member (%) covered under a health insurance/ financing scheme (%) | 47.7 | 47.2 | 55.4 | 51.5 | 60.4 | 46.2 | 58.1 | 47.9 | 44 | 56 | 53.2 | 61.1 | 42.8 | 53.8 | 50.1 |
| | Sex Ratio At Birth (Females/1000 Males) | 1047 | 983 | 922 | 951 | 1485 | 1034 | 829 | 880 | 984 | 1135 | 865 | 1000 | 807 | 1012 | 916 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | statricts | Kerala | Kerala | Kerala | Kerala | Alappuzha | Ernakulam | Idukki | Kannur | Kasaragod | Kollam | Kottayam | Kozhikode | Malappuram | Palakkad | Pathanamthitta |
| | .oN .2 | - | 2 | £ | 4 | 5 | 9 | 7 | œ | 6 | 10 | ;- | 12 | 13 | 14 | 15 |

| 17.4 | 9.6 | 16.1 |
|--------------------|--------------|--------------|
| 19.5 | 22 | 31.3 |
| 32.3 | 14.3 | 14.1 |
| NA | NA | 88.4 |
| 5.99 | 100 | 100 |
| 55.3 | 82.4 | 94.2 |
| 19.3 | 10.9 | 5.6 |
| 3.4 | 4.6 | 1.1 |
| 1.2 | 2.9 | 2.7 |
| 41.3 | 69.7 | 78.9 |
| 6.2 | ٦ | 8.4 |
| 98.5 | 99.4 | 93.7 |
| 48.7 | 48.7 | 64.8 |
| 1000 | 763 | 1 0 0 3 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| Thiruvananthapuram | Thrissur | Wayanad |
| 16 | ~ | 18 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency) for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food sfrom at least four food groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least toxice a day, a minimum meal frequency from at least toxice a day and a minimum meal frequency and a minimum meal frequency and a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least from food groups and a minimum meal frequency and at least from food groups at least twice a day in the milk ordinated and groups and a frequency and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups and an intermeding the milk ordination and a groups and a groups and a frequency and a groups and a groups and a group at least four food groups and a group at least four food groups and a group at least four food groups and a group group and groups and a group group at least four food groups at least food groups at least four food groups at least four food groups at least four food groups at least food groups at le ய்

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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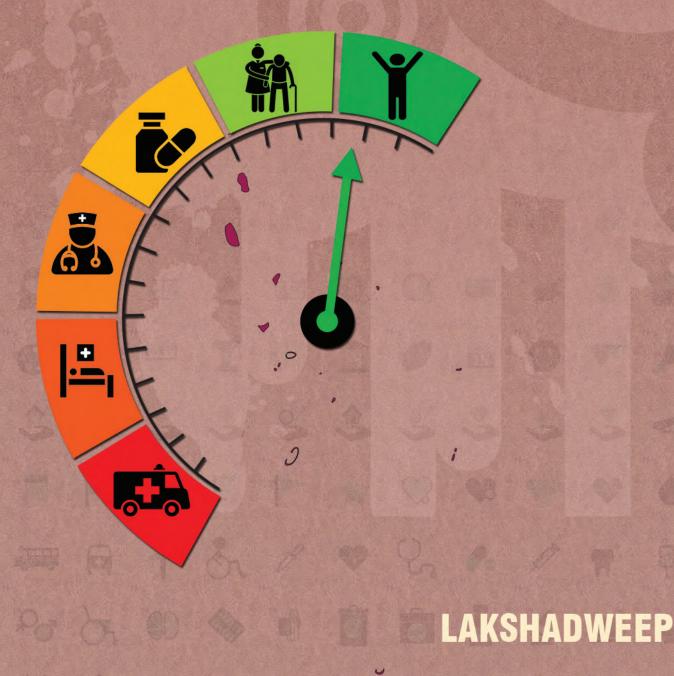


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



No COMMON REVIEW MISSION visits have been made till date in Lakshadweep

LAKSHADWEEP

1. BACKGROUND

1.1 State Profile

Lakshadweep has a geographical spread^a of 30 km². The UT is estimated to have a population of over 0.0064 crores^b and is projected to reach around 0.0068 crores by 2021^c. As per Census 2011, the Scheduled Tribe (SC) population is 0.61 lakh (94.80%). In the UT, only 21.93% of the population reside in rural areas, while 78.07% constitute the urban population. The total length of roads^d in the UT is 212 km (0.06%^e).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

The UT's Sex ratio at birth is 1,051 females for every 1000 males (NFHS 5). The crude birth rate and the crude death rate have declined from 19.1 & 6.3 in 2005 to 14.8 & 5.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 86.7% in 2001 to 91.8% in 2011, with male & female literacy rates being 95.6% and 87.9%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrolment Rate (GER)^f is 7.1% for higher education, 98.16% for senior secondary education, 103.66% for secondary education, 77.48% for elementary education, and 73.80% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Lakshadweep, 89% of elderly females and 22% elderly males living in rural areas and 99% of elderly females and 19% elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 45% for men and 60% for women as opposed to the national average of 31% for both.

^a RHS 2020

^b Census 2011

^c Census Population Projection 2019

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in Lakshadweep

^f Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The UT has been able to provide RMNCHA+N⁹ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^h, institutional deliveries, C sections, distribution of IFAⁱ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined^j from 160 (2007-09) to 85 (2016-18). In Lakshadweep, 90% of women received 4 ANC check-ups (Annexure 1.4). As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 100.0% took place in public health facilities. Total percentage of C-sections (39.4%) is higher than the WHO's standard (10-15%). Around 72.1% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 46% (NFHS-4) to 25.8% (NFHS-5). Anaemia in females of reproductive age group is almost four times more than in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 22 (2005) to 8 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Full vaccination^k coverage for children between 12 – 23 months of age declined from 93.2% (NFHS 4) to 91.7% (NFHS 5). A decrease in childhood anaemia from 53.6% to 43.1% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 3). The proportion of exclusively breastfed children under 6 months improved from 54.8% (NFHS 4) to 67% (NFHS 5). The burden of under-5 years stunting increased from 26.8% (NFHS 4) to 32.0% (NFHS 5). For under-5 years wasting, the burden increased from 13.7% (NFHS 4) to 17.4% (NFHS 5).

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the UT is 12.3% and unmet need for spacing is 8.0%. Approximately 30.1% of married women reported to avail any modern method of family planning in the UT; with sterilization acceptance among females being 20.7% and nil among males (NFHS 5).

2.4 Communicable Diseases

The UT has 1 functional IDSP unit in place¹. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.67%^m of total disease burden (Annexure 1.4). as per QPR reports, for TB, the annual total case notification rate is 18% and NSPⁿ success rate is 83% as opposed

^g Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^h Antenatal Check up

ⁱ Iron Folic Acid Tablets

^j SRS MMR Bulletin

^k NFHS 5 State/UT Factsheet, based on information from vaccination card only

¹ QPR NHM MIS Report (status as on 01.03.2020)

^m Includes all UTs except Delhi

ⁿ New Smear Positive

to the national averages of 163% and 79%, respectively. For NLEP°, the reported prevalence rate of 0.29 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar are reported in the UT.

2.5 Non-Communicable Diseases (NCDs) and Injuries

NCDs contribute to 67.90% of DALYs and injuries contribute to 12.42% of DALYs in the UT^p. The UT is positioned last in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 17.5% of women and 28.5% of men used any kind of tobacco, while 0.3% of women and 0.4% of men consumed alcohol.

2.6 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 4). Currently there are 11 SCs, 4 PHCs and 3 CHC in rural areas; and 11 SCs, 4 PHCs and 3 CHCs in tribal areas. The UT has 1 DH and 2 SDHs. Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 3 HWCs (3 PHCs) are operationalized in Lakshadweep as of 22nd December 2021^q.

The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5). The UT has 94.54% of ASHA in position under NRHM. Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 7986.40 availed (events) OPD services and 112.54 availed (events) IPD services.

National Leprosy Eradication Programme

P Includes all UTs except Delhi

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^r

| Indicator | Lakshadweep 2011 ¹ | India |
|---|-------------------------------|----------------------------------|
| Total Population (In Crore) | 0.0064 | 121.08 |
| Rural (%) | 21.93 | 68.85 |
| Urban (%) | 78.07 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0 | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.0061 (94.80%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 91.8 | 72.99 |
| Male Literacy Rate (%) | 95.6 | 80.89 |
| Female Literacy Rate (%) | 87.9 | 64.64 |
| Number of Districts in the Lakshadweep ² | 1 | |
| Number of districts per lakh population in | Population ¹ | Districts ¹ (Numbers) |
| Lakshadweep (Census 2011) | <1 Lakhs | 1 |

| 1.2 Key Health Status & Impact Indicators | | |
|--|-------------|-------|
| Indicators | Lakshadweep | India |
| Infant Mortality Rate (IMR) ³ | 8 | 30 |
| Crude Death Rate (CDR) ³ | 5.6 | 6 |
| Crude Birth Rate (CBR) ³ | 14.8 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | N/A | 23 |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 |
| Still Birth Rate⁴ | N/A | 4 |
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth ⁴ | N/A | 899 |

^r Sources are mentioned at the end of Annexure 1.

1.3 Key Health Infrastructure Indicators

| Indicators | Numbers (Total) |
|---|-----------------|
| Number of District Hospitals ² | 1 |
| Number of Sub District Hospital ² | 2 |
| Number of Government (Central + State) Medical College ⁶ | 0 |
| Number of Private (Society + Trust) Medical Colleges ⁶ | 0 |

| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) | |
|---|-------------------|----------------------|---------------------------|------------------------|--|
| SHC-HWC | 0 | 0 | 0 | 0 | |
| PHC-HWC | 3 3 | | 6 | 6 | |
| UPHC-HWC | 0 | 0 | 0 | 0 | |
| Total-HWC | 3 3 | | 6 | 6 | |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) | |
| Number of Community Health Centres (CHC) | 0 | | 3 | -3 | |
| Number of Primary Health Centres (PHC) | 0 | | 4 | -4 | |
| Number of Sub Centres (SC) | 0 | | 11 | -11 | |
| Number of functional First Deferred Units (FDUs) | DH | | SDH | СНС | |
| Number of functional First Referral Units (FRUs) | 1 | | 1 | 0 | |
| Urban ² | Required (R) | | In place (P) | Shortfall (S) | |
| Number of PHC | 1 | | 0 | 1 | |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S) | |
| Number of CHC ^s | 0 | | 3 | -3 | |
| Number of PHC | 0 | 4 | | -4 | |
| Number of SC | 0 | | 11 | -11 | |
| Patient Service ⁹ | | | Lakshadweep | India | |
| IPD per 1000 population | | | 112.54 | 62.6 | |
| OPD per 1000 population | | | 7986.40 | 1337.1 | |
| Operation (surgeries) major (General and Spina 10000 population | l Anaesthesia |) per | 86.32 | 36.4 | |

^s Total population is less than the norm (CHC) of 80,000

| 1.4 Major Health Indicator ^t | | |
|--|-------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Lakshadweep | India |
| % DALY ^v accountable for CMNNDs ^w | 19.67 | 27.46 |
| % DALY accountable for NCDs | 67.9 | 61.43 |
| % DALY accountable for Injuries | 12.42 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Lakshadweep | India |
| Level of Birth Registration (%) | 91 | 92.7 |
| Level of Death Registration (%) | 88.2 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 95.8 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Lakshadweep | India |
| % 1st Trimester registration to Total ANC Registrations | 83.8 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 90 | 79.4 |
| Total Reported Deliveries | 870 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 100 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 0 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 39.4 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 39.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 0 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 72.1 | 53.4 |
| Neonatal ⁹ | Lakshadweep | India |
| % live birth to Reported Birth | 99.4 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 9.6 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 102.7 | 89.9 |

t Sources are mentioned at the end of Annexure 1

Represents all UTs including Lakshadweep
 Disability Adjusted Life Years

Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ^{11y} | Lakshadweep | India |
|--|-------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 2 | 895 |
| New Born Stabilization Unit (NBSU) | 0 | 2418 |
| New Born Care Corner (NBCC) | 5 | 20337 |
| Child Health & Nutrition ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 2.3 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | N/A | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 25.8 | 32.1 |
| Child Immunization ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 91.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 94.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 91 | 87.9 |
| Family Planning ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Lakshadweep | India |
| Number of districts with functional IDSP unit | 1 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Lakshadweep | India |
| Annualized total case notification rate (%) | 18 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 83 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Lakshadweep | India |
| Prevalence Rate/10,000 population | 0.29 | 0.61 |
| Number of new cases detected | 2 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Lakshadweep | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |

| HIV ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
|--|-------------------------|-------------------|
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 46.9 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 65.5 | 30.7 |
| Non-Communicable Disease | | |
| Diabeties and Hypertension ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.9 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.6 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.4 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 10.2 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Lakshadweep (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 17.5 | 8.9 |
| Men who use any kind of tobacco (%) | 28.5 | 38 |
| Women who consume alcohol (%) | 0.3 | 1.3 |
| Men who consume alcohol (%) | 0.4 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Lakshadweep | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 36 | N/A |
| Total number of fatal Road Accidents | 0 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 0 | 33.7 |
| Number of persons killed in Road Accidents | 0 | 115113 |

1.5 Access to Care

| Health Systems Strengthening | | | | | |
|---|---|-----|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ Lakshadweep India | | | | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | |

| Number of ERS vehicles operational in the States/UTs Under NHM | Lakshadweep | India | |
|--|------------------|--------|--|
| 102 Туре | 0 | 9955 | |
| 104 Туре | 0 | 605 | |
| 108 Type | 0 | 10993 | |
| Others | 0 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | |
| Key Domain Indicators ^a | a | | |
| ASHA ¹³ | Lakshadweep | India | |
| Total number of ASHA targeted under NRHM | 110 | 946563 | |
| Total number of ASHA in position under NRHM | 104 | 904211 | |
| % of ASHA in position under NRHM | 94.54 | 96 | |
| Total number of ASHA targeted under NUHM | 0 | 75597 | |
| Total number of ASHA in position under NUHM | 0 | 64272 | |
| % of ASHA in position under NUHM | 0 | 85 | |
| Community Process ¹¹ | Lakshadweep | India | |
| Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted | 9 | 554847 | |
| Number of Mahila Arogya Samitis (MAS) formed | 0 | 81134 | |
| Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹ | Lakshadweep | India | |
| DH | 1 | 796 | |
| СНС | 3 | 6036 | |
| РНС | 4 | 20273 | |
| UCHC | 0 | 126 | |
| UPHC | 0 | 3229 | |
| Human Resource for Healt | th ¹⁴ | | |
| | Lakshadweep | | |
| HRH Governance | Laksha | dweep | |
| HRH Governance Specialist Cadre Available in the state (Y/N) | Laksha Ye | - | |
| | | 25 | |
| Specialist Cadre Available in the state (Y/N) | Ye | 0 | |
| Specialist Cadre Available in the state (Y/N) HR Policy available (Y/N) | Ye | 0 0 | |

| Overall Vacancies (Regular + contractual) | Specialists + MO MBBS (%) | 7 | 0 | | |
|--|---------------------------|---------------|---------------|--|--|
| | Dentists (%) | 100 | | | |
| | MO MBBS (%) | 4 | | | |
| | Nurse (%) | 16 | | | |
| | LT (%) | 8 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:1 | 1:1 | | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 24 per 10,000 | 21 per 10,000 | | |
| Regular to contractual service delivery staff ratio ¹⁴ | | 1:1 | 1:1 | | |

Ranking: Human Resource Index of Lakshadweep¹⁵

| | Total (Regular + NHM) | | | | | | |
|-------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | |
| MPW [×] | 35 | 77 | 77 | 0 | 0 | | |
| Staff Nurse | 228 | 71 | 71 | 0 | 157 | | |
| Lab Technician | 38 | 24 | 24 | 0 | 14 | 62.21 | |
| Pharmacists | 21 | 25 | 25 | 0 | 0 | 62.21 | |
| MO MBBS ^y | 47 | 39 | 39 | 0 | 8 | | |
| Specialist ^z | 68 | 15 | 5 | 10 | 63 | | |

1.6 Healthcare Financing

| , and the second s | | |
|--|-------------|-------|
| National Health Accounts (NHA) (2017-18) | Lakshadweep | India |
| Per Capita Government Health Expenditure (in ₹) | N/A | 1753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N/A | 1.35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N/A | 5.12 |
| OOPE as a Share of Total Health Expenditure (THE) % | N/A | 48.8 |

- MO MBBS (Full Time)
- ^z Specialist (All Specialist)

MPW – Multi Purpose Health Worker (Female + Male)

| National Sample Survey Office (NSSO) (2017-2018) | | dweep | India | |
|--|-------|-------|-----------|---------|
| | | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | N/A | | 33 | 26 |
| IPD - % of hospitalized cases using public facility | N | /A | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | N | /A | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | N | /A | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | N | /A | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | N/A | | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | N/A | | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | N/A | | 53 | 43 |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | N/A | | 2,402 | 3,091 |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | N/A | | 20,692 | 26,701 |
| State Health Expenditure | | dweep | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | N | /A | 5 | aa |

Sources used for Annexure 1

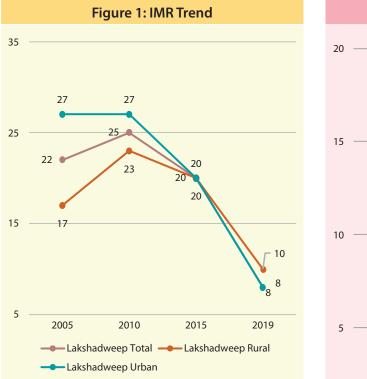
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{aa} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2



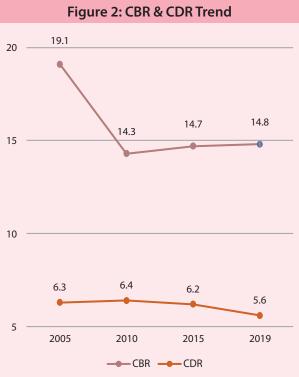
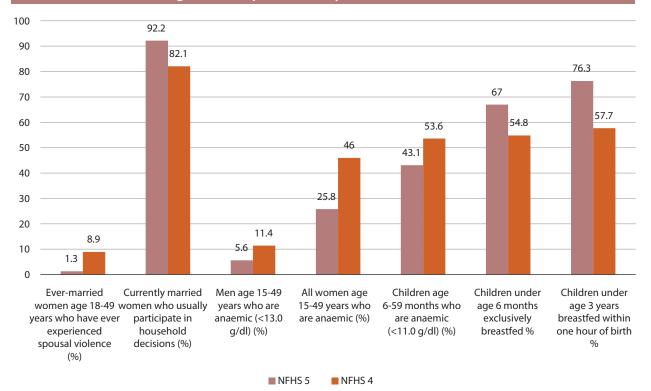


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



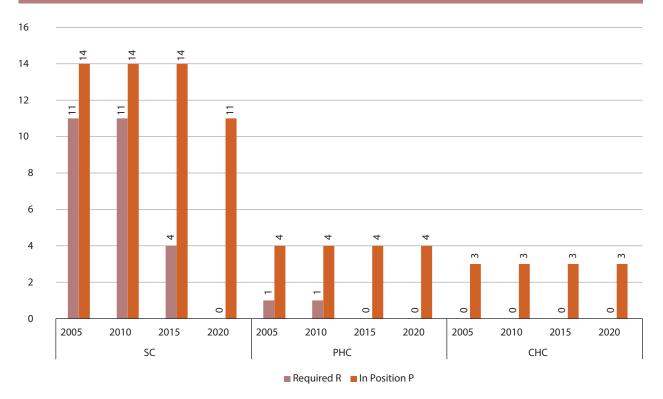
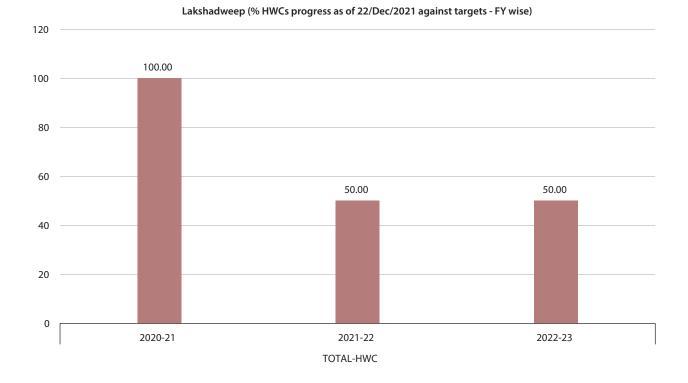


Figure 4: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 5: Percentage HWCs progress against target - FY wise (%)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT **KEY NFHS 5 INDICATORS** TO

| ormance) \vailable) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 13.7 | 18.5 | 14.2 | 17.4 | |
|---|--|--------------|--------------|--------------|--------------|--------|
| Poor Perfo tats Not / | Children Under 5 Years - Stunted^ (%) (%) (%) | 26.8 | 30.7 | 35.6 | 32 | |
| nce, Red – I ral Urban S | Total Children Age 6-23 Months Receiving Adequate Diet ^{e**} , # (%) | 15.9 | 21.8 | N/A | 19 | |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | yllu7 arfnoM SLS-SP 9A narbirD Vaccinated Based On Information From Vaccination Card Only* (%) | 93.2 | 93 | W/A | 91.7 | |
| (Green – Go (Di | (%) sıtria lsnoitutitsnl | 99.3 | 5.66 | 100 | 9.66 | - - |
| | A theast Ab Had At Least 4 Mother Who Had At Least 4 (%) | 82.3 | 86.2 | 94.2 | 88.3 | - |
| | (%) bəət NəmnU lstoT | 16.9 | 13.6 | 7.6 | 12.3 | |
| | (%) əsU mobnoD | 4.1 | 4.7 | 2.2 | 4.1 | - |
| | IUD/PPIUD (%) | 0.7 | 1.3 | 0 | - | |
| | ylims7 no7 bezU bot79M ynA beirneM ylrrendy Derried (%) sysey 84-81 9gA nomoW | 29.7 | 51.8 | 55.4 | 52.6 | |
| | bairneM zhear 20-24 Years Married Before 18 (%) | 1.9 | 1.9 | 0 | 1.3 | - |
| | (%) 9pA 84-21 9fs19f1 n9moW | N/A | 96.4 | 96.8 | 96.5 | |
| | Households with any usual member covered under a health insurance/ financing scheme (%) | 2.9 | 58.4 | 66.7 | 60.1 | |
| | 0001\zəlsmə7) htiß tA oitsR xə2 Malez) | 905 | 964 | 1361 | 1051 | |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | |
| | states/Districts | Lakshadweep | Lakshadweep | Lakshadweep | Lakshadweep | |
| | .oN .2 | - | 2 | 3 | 4 | |
| | | | | | | |

NFH55 replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall & vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children where second provide the recall bias, among children was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MM8/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group.

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days ¥.

** Based on the youngest child living with the mother ä

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency in the strate of the state of the strate of the J

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard Ū.

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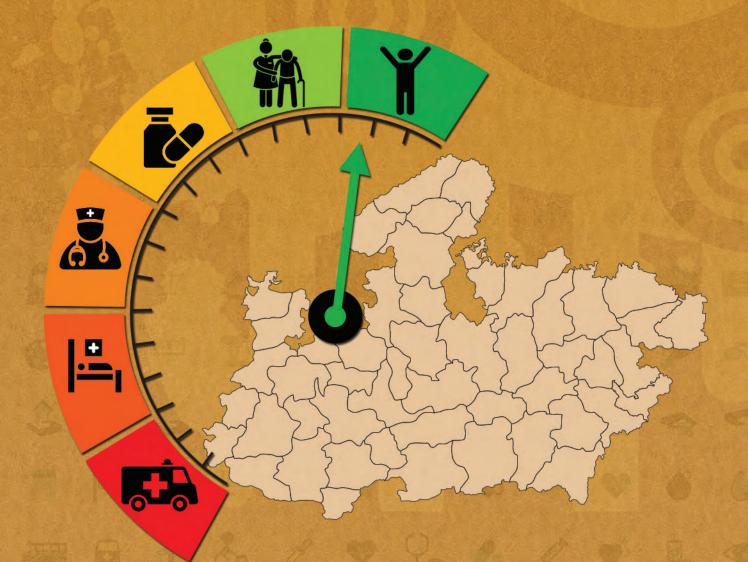


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



MADHYA PRADESH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | |
|------------------|-------------------|-------------|--|
| 1 st | Jabalpur | Barwani | |
| 2 nd | Khargone | Dhar | |
| 3 rd | Chhindwara | Guna | |
| 4 th | Khargone | Damoh | |
| 6 th | Gwalior | Hoshangabad | |
| 8 th | Panna | Katni | |
| 9 th | Dewas | Shahdol | |
| 10 th | Dindori | Ratlam | |
| 12 th | Betul | Rajgarh | |
| 13 th | Chhindwara | Khandwa | |

MADHYA PRADESH

1. BACKGROUND

1.1 State Profile

Madhya Pradesh is the 2nd largest state in Indiafor a geographical spread of 3,08,245 km², and with a population of over 7.26 crore^a. The state has expanded from 45 districts in 2001 to 52 districts^bas of 2020 with a projected increase in population to 8.45 crores by 2021^c. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.13 crores (15.62%) and 1.53 crores (21.09%), respectively.

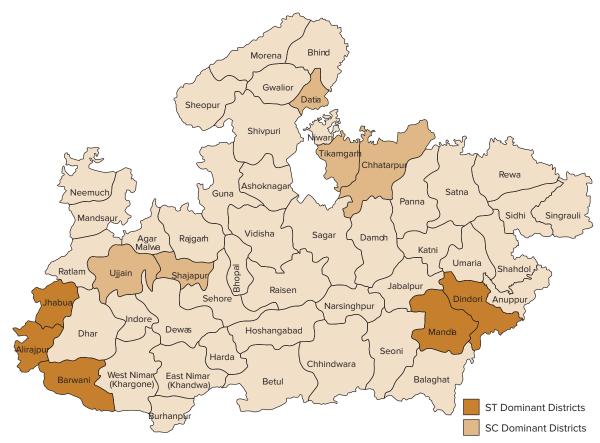


Figure 1: Top 5 ST & SC Dominant Districts

^a RHS 2020

Available from: https://agarmalwa.nic.in/en/history/&https://niwari.nic.in/en/about-district/

^c Census Population Projection 2019 Report

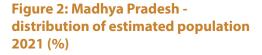
Around 72.37% of the population reside in rural areas, while the remaining 27.63% reside in urban areas. Out of the 52 districts, top five ST & SC dominant districts account for 23.30% of ST &16.27% of SC population in the State (Figure 1 and Annexure 1, State Profile).

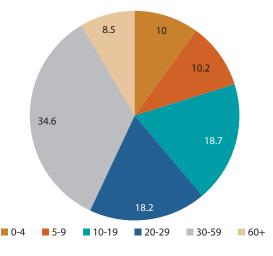
As of 2020-21 Quarterly Progress Report, 66 cities are covered under National Urban Health Mission at present. There are no Metro cities in the state; four cities i.e. Indore, Bhopal, Jabalpur and Gwalior come under the classification of Million plus cities. The total length of roads^d in the State is 3,42,654 km (6.85%^e), with national highways constituting 7,854 km (6.9%^f) and state highways constituting 11,839 km (6.76%^g). Agriculture remains the mainstay of the state's economy with 72.36%^h.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Among the 52 districts, 1 district has a population of over 30 lakhs, 8 districts have a population between 20-30 lakhs, 31 districts have a population between 10-20 lakhs and 10 districts have a population less than 10 lakhs (Annexure 1.1, State Profile). The State's sex ratio at birth (925 females for every 1000 males) is more than the national average (899 females for every 1000 males) (Annexure 1.2). Around 18.7% of the total population is in 10-19 years' age group, 52.8% between 20 to 59 years; and 8.5% above 60 years of age(Figure 2). The crude birth and death rates have declined from 29.4 and 9.0 in 2005 to 24.5 and 6.6 in 2019, respectively (Annexure 2, Figure 2). The literacy rate increased from 63.74% in 2001 to 69.3% in 2011, with male and female literacy being 78.7% and 59.2%, respectively(Annexure 1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)ⁱis 19.6% for higher education, 45.25% for senior secondary





education, 80.49% for secondary, 94.31% for elementary education and 94.47% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years constitute 8.5% of the State's total population. The life expectancy at 60 years of age is 10.5 for males, and 11.4 for females (2014-2018)^j. 67% of elderly females and 23% elderly males in rural areas, and 64% of elderly females and 16.0% elderly males in urban areas are economically fully dependent on

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in State

^f Percentage of total length of National Highways in the country

^g Percentage of total length of State Highways in the country

h Available from: https://knowindia.gov.in/states-uts/madhya-pradesh.php

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

j SRS Based Abridged Life Tables

others. The old age dependency ratio is 13.4 in 2011; which are 12.5 for males, 14.5 for females, 14.1 in rural areas and 11.9 in urban areas. The illness (any deviation from the state of physical and mental wellbeing) perception among the elderly men and women is 24%& 22% respectively, which is lower than the national average of 31% for each.

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^k services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)^I, institutional deliveries, C sections, distribution of IFA^m tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care, have shown substantial improvement since 2005 (NFHS 4 & %). The maternal mortality ratio has significantly declined (SRS MMR Bulletin) from 269 (2007-09)to 173 (2016-18). In Madhya Pradesh, 79.1% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Hoshangabad, Panna, and Rewa reported low full ANC coverage ranging from 30.9% to 33%. As reported, around 95.7% of the deliveries took place in institutions, out of which 89.3% took place in public health facilities. Total percentage of C-sections (10.9%) is within the WHO's standard (10-15%); where 43.8% conducted at private facilities in the State. It is reported that around 11.1% women are given their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia in women aged 15-49 years increased from 52.5% (NFHS 4) to 54.7% (NFHS 5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 76 (2005) to 46 (2019), yet is still more than the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). Additionally, NNMRⁿ and Still Birth (per 1,000 live births) Rates have also significantly declined from 50.7 and 8.1 (2005) to 35 and 5 (2018), respectively (Annexure 2, Figure 4). The life expectancy at birth has also improved from 62.4 in 2006-10 to 66.5 in 2014-18, yet is less than the national average of 69.4 (Annexure 1.2 Figure 3). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs^o. As per NFHS 5, Damoh, Datia, and Satna reported low SRB^p ranging from 658 to 751; Agar Malwa, Khandwa (East Nimar) and Seoni reported high SRB ranging from 1212 to 1272.

Full immunization coverage for children between 12 – 23 months improved from 76.3% (NFHS 4) to 83.3% (NFHS 5). The percentage of under 6-months children exclusively breastfed also significantly increased from 58.2% (NFHS 4) to 74.0% (NFHS 5). An increase in childhood anaemia from 68.9% (NFHS 4) to 72.7% (NFHS 5) in children aged 6-59 months is reported (Annexure 2, Figure 5). For under-5 stunting, Jhabua, Katni, and Satna reported high burden ranging from 49.3% to 49.5%; Bhopal, Jabalpur

^k Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Antenatal Check up

^m Iron Folic Acid Tablets

n Neonatal Mortality Rate

OPR NHM Reports

P Sex Ratio at Birth

and Score reported comparatively low burden ranging from 18% to 21.9%. For under-5 wasting, Dhar, Harda, and Ujjain reported high burden ranging from 28% to 29.8%; Bhind, Guna and Gwalior reported comparatively low burden ranging from 10.1% to 12.4%.

2.3 Family Planning

The TFR^q reduced from 3.6 in 2005 to 2.7 in 2018, yet is still higher than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 7.7%, while unmet need for spacing is 3.9% (NFHS 5). Hoshangabad reported the highest total unmet (17.7%) and Jabalpur reported the lowest (2.9%). Around 65.5% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 51.9% among females, and 0.7% among males.

2.4 Communicable Diseases

The State has 51 functional IDSP units in place^r. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 36.55% of the total disease burden (GBD 2019). Lower respiratory tract infection, diarrhoeal diseases, & drug-susceptible TB are reported as the major causes of DALY in the State (Annexure 2, Figure 6)^s. As per QPR reports, the annualized total case notification rate for TB is 202% and NSP^t success rate is 81%, as opposed to the national average of 163% & 79%, respectively. For NLEP^u, the reported prevalence rate of 0.82 per 10,000 population is more than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 3 from malaria, 1 death from JE^v, 2 from dengue, while none from Kala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature death accounts for 69.9% and disability or morbidity account for 30.1% of the total disease burden in the State. NCDs contribute to 51.71% of DALYs, while injuries contribute to 11.75% of DALYs in the State. Ischaemic heart disease, COPD, Intracerebral hemorrhage & Diabetes Mellitus Type 2 remain the major causes for DALYs (Annexure 2, Figure 6). Madhya Pradesh ranks 3rd for the total number of fatal road accidents reported in the country (Annexure 1.4). Recent report reveals that 10.2% of women and 46.5% of men used any kind of tobacco, while 1.0% of women and 17.1% of men consumed alcohol. In general, low birth weight, short gestation period, household air pollution from solid fuels, high systolic blood pressure, & ambient particulate matter pollution are the major risk factors for all DALYs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 7,37,156 crores. The State is positioned 26^h out of 32 states/UTs in terms of per capita expenditure of ₹ 90,165^w. According to NHA (2017-18), the per capita Government Health Expenditure in the State is estimated as ₹ 980, which is less than

^q Total Fertility Rate

r QPR NHM MIS Report (Status as on 01.03.2020)

^s https://vizhub.healthdata.org/gbd-compare/india

t New Smear Positive

^u National Leprosy Eradication Programme

Japanese Encephalitis

Directorate of Economics and Statistics of State Government

the national average of ₹ 1,753. On the other hand, the OOPE[×] as a share of Total Health Expenditure is estimated as 56.3%, which is more than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated as ₹ 26,041 in private hospitals and ₹ 2,987 in public hospitals, while the same in urban areas is estimated as ₹ 24,022 in private hospitals and ₹ 2,115 in public hospitals. For childbirth, OOPE in public facilities is estimated as ₹ 1,436 in rural areas & ₹ 1,668 in urban areas, whereas in private health facilities, it is estimated as ₹ 19,551 in rural areas and ₹ 23,242 in urban areas. In public health facilities, the share of expenditure on drugs is estimated as 62% and 50% for inpatient care; whereas for diagnostics, it is estimated as 14% and 15% in rural and urban areas, respectively (Annexure 1.6, Healthcare Financing).

2.7 Health Infrastructure

As per the RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, 27.51% shortfall in SCs, 46.95% shortfall in PHCs and 45.31% shortfall in CHCs still remain in the State (Annexure 2, Figure 9). Currently, there are 10,226 SCs, 1,199 PHCs, 309 CHCs in place, against the required 14,106 SCs, 2,260 PHCs and 565 CHCs. Similarly, in urban settings, there are 277 PHCs in place against the required 481, hence, a shortfall of 42.41% exists. The State has 51 DHs, 84 SDH and 14 Government medical colleges. In the State, 51 DHs, 52 SDH&45CHCs serve as functional FRUs. In tribal catchments, there are 2,999 SCs, 320 PHCs and 86 CHCs in place against the required 5,407 SCs, 811 PHCs and 202 CHCs, respectively.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 6,164 HWCs (4873 SHCs, 1140 PHCs& 151 UPHCs) are operationalized in the State as of 22nd December 2021^y.

In the State, 44 districts are equipped with MMUs under the NHRM, while none under the NUHM. The State has 98% of ASHAs in position under NRHM and 79% in place under NUHM. The doctors to staff nurse ratio in place is 1:2, with 4 public healthcare providers available for every 10,000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, around 802 availed (events) OPD services and 64 availed (events) IPD services. However, as per the NSSO data (2017-18), 34% of all OPD cases in rural and 23% in urban used public facilities, which are less than the national averages - 33% and 26%, respectively. Similarly, 48% of all IPD cases in rural and 47% of all IPD cases in urban utilized public health facilities, which are more the national averages – 46% and 35%, respectively.

Out of Pocket Expenditure

y AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^z

| Indicator | Madhya Pradesh 2011 ¹ | India |
|--|----------------------------------|----------------------------------|
| Total Population (In Crore) | 7.26 | 121.08 |
| Rural (%) | 72.37 | 68.85 |
| Urban (%) | 27.63 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 1.13 (15.62%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 1.53 (21.09%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 63.7 | 72.99 |
| Male Literacy Rate (%) | 78.7 | 80.89 |
| Female Literacy Rate (%) | 59.2 | 64.64 |
| Number of Districts in the Madhya Pradesh ² | 52 | 2 |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 10 |
| Number of districts per lakh population in Madhya Pradesh (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 31 |
| | ≥20 Lakhs - <30 lakhs | 8 |
| | ≥30 Lakhs | 1 |

| ST SC Dominant (Top 5) Districts of Madhya Pradesh ¹ | | | |
|---|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | |
| Alirajpur - 88.97% | Ujjain - 26.36% | | |
| Jhabua - 87% | Datia - 25.45% | | |
| Barwani - 69.42% | Tikamgarh - 25.02% | | |
| Dindori - 64.69% | Shajapur - 23.39% | | |
| Mandla - 57.87% | Chatarpur - 22.99% | | |
| Top 5 ST dominant district accounts for - 23.30% | Top 5 SC dominant district accounts for - 16.27% | | |

| 1.2 Key Health Status & Impact Indicators | | | | |
|---|----------------|-------|--|--|
| Indicators | Madhya Pradesh | India | | |
| Infant Mortality Rate (IMR) ³ | 46 | 30 | | |
| Crude Death Rate (CDR) ³ | 6.6 | 6 | | |

^z Sources used are mentioned at Annexure 5

| Crude Birth Rate (CBR) ³ | 24.5 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 173 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 35 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 56 | 36 |
| Still Birth Rate ⁴ | 5 | 4 |
| Total Fertility Rate (TFR) ^₄ | 2.7 | 2.2 |
| Life expectancy at birth⁵ | 66.5 | 69.4 |
| Sex Ratio at Birth⁴ | 925 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^{aa}

| Indicators | | | | | |
|---|--|---|--|-----|-----|
| Number of District Hospitals ² | | | | | |
| Number of Sub District Hospital ² | | | | | |
| Number of Government (Central + State) Medical College ⁶ | | | | | |
| leges ⁶ | 9 | | | | |
| Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) | | |
| 4873 | 3952 | 7044 | 9105 | | |
| 1140 | 1171 | 1171 | 1171 | | |
| 151 | 259 | 259 | 259 | | |
| 6164 | 5382 | 8474 | 10535 | | |
| Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| 565 | 5 | 309 | 45.31 | | |
| 2,26 | 0 | 1,199 | 46.95 | | |
| 14,10 | 06 | 10,226 | 27.51 | | |
| DH 51 | | (FRUs) | | SDH | СНС |
| | | 52 | 45 | | |
| Required (R) In place (P) | | In place (P) | Shortfall (S) (%) | | |
| 481 | | 81 277 | | | |
| Required (R) | | Required (R) In place (P) | | | |
| 202 | | 202 86 | | | |
| 811 | | 11 320 | | | |
| 5,407 | | 2,999 | 44.53 | | |
| | leges ⁶ Status (Total) 4873 1140 151 6164 Require 565 2,26 14,10 151 CH | Status Target Status FY (2020-2 4873 3952 1140 1171 1151 259 6164 5382 6164 5382 76164 5382 76164 5382 6164 5382 76164 5382 76164 5382 76164 5382 76164 5382 76163 1 76164 5382 76163 1 76164 5382 76163 1 76163 1 76164 53 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 1 76163 < | Auges Target FY (2022) Target FY (2021-22) 4873 3952 7044 4873 3952 7044 1140 1171 1171 151 259 259 6164 5382 8474 6164 5382 8474 7004 5382 8474 6164 5382 8474 7005 10259 309 6164 5382 10226 6165 210 10226 6164 51 309 6164 51 10226 6164 51 52 6164 277 277 6165 202 86 617 81 320 | | |

^{cc} Sources used are mentioned at Annexure 5

| Patient Service ⁹ | Madhya Pradesh | India |
|---|----------------|--------|
| IPD per 1000 population | 63.67 | 62.6 |
| OPD per 1000 population | 801.52 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 16.16 | 36.4 |

| 1.4 Major Health Indicator ^{bb} | | | | | |
|---|------------------------|----------------------|--|--|--|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Madhya Pradesh | India | | | |
| % DALY ^{cc} accountable for CMNNDs ^{dd} | 36.55 | 27.46 | | | |
| % DALY accountable for NCDs | 51.71 | 61.43 | | | |
| % DALY accountable for Injuries | 11.75 | 11.11 | | | |
| | | | | | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Madhya Pradesh | India | | | |
| | Madhya Pradesh 78.8 | India 92.7 | | | |
| Indicator ⁸ | | | | | |
| Indicator ⁸ Level of Birth Registration (%) | 78.8 | 92.7 | | | |

| Maternal Health ⁹ | Madhya Pradesh | India |
|--|----------------|------------|
| % 1st Trimester registration to Total ANC Registrations | 69.6 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 79.1 | 79.4 |
| Total Reported Deliveries | 1,412,758 | 21,410,780 |
| % Institutional deliveries to Total Reported Deliveries | 95.7 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 89.3 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 10.7 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 10.9 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 7 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 43.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 11.1 | 53.4 |
| Neonatal ⁹ | Madhya Pradesh | India |
| % live birth to Reported Birth | 98.4 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 15.6 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 92.8 | 89.9 |
| | | |

 $^{\rm bb}$ Sources used are mentioned at Annexure 5

^{cc} Disability Adjusted Life Years
 ^{dd} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established"Medhya PracessMediageSick New Born Care Unit (SNCU)954957New Born Stabilization Unit (NBSU)13032037Childreath A Nutrition"13032037Prevalence of diarrhoea (reported) in the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and the last 2 weeks who received or alrehydration and and the last 2 weeks who received and the last 2 weeks | | | | | | | | | |
|--|--|----------------|---------|--|--|--|--|--|--|
| New Born Stabilization Unit (NBSU)622418New Born Care Corner (NBCC)130320337Child Health & Nutrition ''oMadhya Pradesh (NFHS S)India (NFHS S)Prevalence of diarnhoea (reported) in the last 2 weeks preceding the survey(%)6.47.3Children with diarnhoea in the last 2 weeks who received oral rehydration salts (SGS) (%)65.260.6Children under 5 years who are underweight (weight-for-age) (%)3332.1Children under 5 years who are underweight Meight-for-age) (%)3332.1Children age 12-23 months fully vaccinated based on information form vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)33.94Yaccine (%)88.383.887.9Tempily Planning ''Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet eed for spacing (%)3.94Vaccine (%)3.94Number of districts with functional IDSP unitMadhya PradeshIndia (NEHS 5)Number of districts with functional IDSP unit10.010.1Annualized total case notification rate (%)8.179National Leprosy Eradication Programme (NLEP)''Madhya PradeshIndia (NEHS 5)Number of new cases detected8.03211.3Number of new cases detected8.03211.3Deaths due to Malaria''370 <th>New Born Care Units Established¹¹</th> <th>Madhya Pradesh</th> <th>India</th> | New Born Care Units Established ¹¹ | Madhya Pradesh | India | | | | | | |
| New Born Care Corner (NBCC)130320337Child Health & Nutrition''Madhya Pradesh (NFHS S)India (NFHS S)Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey(%)6.47.3Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)65.260.6Children under 5 years who are underweight (weight-for-age) (%)3.332.1Children under 5 years who are underweight (weight-for-age) (%)Madhya Pradesh (NFHS S)India (NFHS S)Children age 12-23 months fully vaccination date of only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)88.387.9Tamily Planning''Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet eff or spacing (%)3.94Communicable DiseaseIndia (NFHS 5)Unmet of districts with functional IDSP unitMadhya PradeshIndia (NEHS 5)Number of districts with functional IDSP unit202163Annualized total case notification rate (%)81.070National Leprosy Eradication Programme (NLEP)''Madhya PradeshIndia (NEHS 5)Number of new cases detected0.820.61Number of new cases detected0.820.61Number of new cases detected3.914.39Deaths due to Malaria''37Deaths due to Kala azar reported''0 <td< td=""><td>Sick New Born Care Unit (SNCU)</td><td>54</td><td>895</td></td<> | Sick New Born Care Unit (SNCU) | 54 | 895 | | | | | | |
| Child Health & Nutrition*Mada (NFHS 5)River and (NFHS 5)Prevalence of diarrhoea (reported) in the last 2 weeks preceding the surve(%)6.47.3Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)6.5.260.6Children under 5 years who are underweight (weight-for-age) (%)3.332.1Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months fully vaccinated Based on information from vaccine (%)95.495.2Children age 12-23 months who have received BCG (%)9.887.9Children age 12-23 months who have received BCG (%)88.387.9Children age 12-23 months who have received BCG (%)9.5.495.2Children age 12-23 months who have received BCG (%)3.94Children age 12-23 months who have received BCG (%)88.387.9Unmet edfor spacing (%)3.947.0Unmet edfor spacing (%)3.91.01.0Unmet edfor spacing (%)3.91.07.0Number of districts with functional IDSP uit7007.07.0Revised National Tuberculosis Control Programme (NTCP)**Madhya Pradesh1.0Number of districts with functional IDSP uit3.01.07.0Number of districts with functional IDSP uit9.01.01.0Number of new cases detected8.039.01.01.0Number of new cases detected8.039.01.01.0Number of kala Azar Case | New Born Stabilization Unit (NBSU) | 62 | 2418 | | | | | | |
| Child Health & Nutrition"(NFHS 5)(NFHS 5)Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)6.47.3Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)6.5.260.6Children under 5 years who are underweight (weight-for-age) (%)3.332.1Child Immunization*Madhya Pradesh (NFHS 5)India (NFHS 5)Children age 12-23 months fully vaccinated based on information from vaccinel (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)8887.9Children age 12-23 months who have received first dose of measles containin vaccinel (%)8887.9Tomet need for spacing (%)3.94Unmet need for spacing (%)1.01a (NFHS 5)1.01a (NFHS 5)Unmet of districts with functional IDSP unitMadhya Pradesh (NFHS 5)1.01a (NFHS 5)Number of districts with functional IDSP unit2020163New Smear Positive (NSP) Success rate (in %)8.10a7.90Number of new cases detected8.0321.01a (NFH 5)Number of new cases detected0.001.01a (NFH 5)Number of new cases detected3.01.01a (NFH 5)Number of new cases detected3.031.01a (NFH 5)Number of new case detected3.031.01a (NFH 5)Number of new case detected******************************** | New Born Care Corner (NBCC) | 1303 | 20337 | | | | | | |
| Children with diarthoea in the last 2 weeks who received oral rehydration salts (ORS) (%)65.260.6Children under 5 years who are underweight (weight-for-age) (%)3332.1Child Immunization''Madhya Pradesh (NFHS 5)India (NFHS 5)Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Family Planning''Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)3.94Churden de for spacing (%)3.94Number of districts with functional IDSP unitMadhya Pradesh (NFHS 5)India (NFHS 5)Number of districts with functional IDSP unit202163Number of districts with functional IDSP unit202163Number of pacing (%)203114.30Number of districts with functional ref (%)8.1079National Leprosy Eradication Programme (INEP)''Madhya Pradesh (National 10.80114.30Prevalence Rate/10,000 population0.820.61Number of new cases detected8.032114.30Malaria, Kala Azar, Dengue''00Deaths due to Malaria''379Deaths due to Malaria''379Deaths due to Engue reported''00Number of Kala Azar Cases reported''03,706HU'o'Madhya | Child Health & Nutrition ¹⁰ | - | | | | | | | |
| (ORS) (%)65.260.6Children under 5 years who are underweight (weight-for-age) (%)3332.1Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Temily Planning''Madhya Pradesh (NFHS S)India (NFHS S)Unmet need for spacing (%)3.94Tegrated Disease Surveillance Programme (IDSP)''Madhya Pradesh (NFHS S)Number of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)''Madhya Pradesh (NTC)161Number of districts with functional IDSP unit202163Number of district (NSP) Success rate (in %)8.032114.30Number of new cases detected8.032114.30Number of new cases detected8.032114.30Number of new cases detected3.03114.30Deaths due to Malaria''33114.30Deaths due to Malaria''33114.30Number of kala Azar Cases reported''333Number of Kala Azar Cases reported''333Number of Kala Azar Cases reported''333 <td>Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)</td> <td>6.4</td> <td>7.3</td> | Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 6.4 | 7.3 | | | | | | |
| Child Immunization**India (NFHS 5)India (NFHS 5)Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Family Planning**Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)3.94Communicable DiseasesIndia (NFHS 5)1010Number of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (INDSP)**Madhya Pradesh India Annualized total case notification rate (%)81179National Leprosy Eradication Programme (NLEP)**Madhya Pradesh India 114.359India 14.359Number of new cases detected8,032114.359Malaria, Kala Azar, Dengue**000Deaths due to Malaria**000Deaths due to Kala azar reported**000Number of Kala Azar Cases reported**03,7063,706HIV**Madhya PradeshIndia (NFHS 5)1.616Number of Kala Azar Cases reported**03,706Number of kala Azar Cases reported**0 <td></td> <td>65.2</td> <td>60.6</td> | | 65.2 | 60.6 | | | | | | |
| Child immunization."(NFHS 5)Children age 12-23 months fully vaccinated based on information from vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Family Planning*oMadhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)3.94Children age 12-23 months who have received first dose of measles containing vaccine (%)10.010.0Family Planning*oMadhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)410.010.0Number of districts with functional IDSP unitMadhya Pradesh (NFH 5)10.0Number of districts with functional IDSP unit20.2163Number of districts with functional IDSP unit20.2163New Smear Positive (NSP) Success rate (In %)81.079National Leprosy Eradication Programme (NLEP)*1Madhya Pradesh (NEM10.0Number of new cases detected0.00.0Number of new cases detected0.00.0Number of new cases detected0.00Number of Kala Azar Cases reported**0.03.70Peaths due to Malaria**10.03.70Deaths due to Dengue reported**0.03.70Number of Kala Azar Cases reported**0.03.70Number of Kala Azar Cases reported**0.03.70Number of Kala Azar Cases reported**0.0 | Children under 5 years who are underweight (weight-for-age) (%) | 33 | 32.1 | | | | | | |
| vaccination card only (%)88.383.8Children age 12-23 months who have received BCG (%)95.495.2Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Family Planning''Madhya Pradesh (NFHS 5)India Communicable DiseasesIndia Communicable DiseasesUnmet need for spacing (%)3.94Communicable DiseasesMadhya Pradesh (NFHS 5)India Communicable DiseasesNumber of districts with functional IDSP unitMadhya Pradesh (NFHS 5)1720Revised National Tuberculosis Control Programme (RNTCP)''Madhya Pradesh (NGH)1613Annualized total case notification rate (%)2021633National Leprosy Eradication Programme (NLEP)''Madhya Pradesh (NGH)10143Prevalence Rate/10,000 population0.820.611Number of new cases detected0.832114,359Madaria, Kala Azar, Dengue''39Deaths due to Malaria''39Deaths due to Kala azar reported''00Deaths due to Case are ported''03,706Huv''103,7063,706Huv''Madhya Pradesh (NFHS 5)1636Vomen (age 15-49 years) who have comprehensive knowledge of Human (INFHS 5)1637Yomen (age 15-49 years) who have comprehensive knowledge of Human (INFHS 5)21.6 | Child Immunization ¹⁰ | - | | | | | | | |
| Children age 12-23 months who have received first dose of measles containing vaccine (%)8887.9Family Planning1°Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)3.94Madhya PradeshIndiaIntegrated Disease Surveillance Programme (IDSP)''Madhya PradeshIndiaNumber of districts with functional IDSP unitMadhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)''Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected80.32114.359Deaths due to Malaria''379Deaths due to Kala azar reported''03.708InvorMadhya PradeshIndiaNumber of Kala Azar Cases reported''03.708Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)'''18.721.6 | | 88.3 | 83.8 | | | | | | |
| vaccine (%)8887.9Family Planning**Madhya Pradesh (NFHS 5)India (NFHS 5)Unmet need for spacing (%)3.94Communicable DiseasesIntegrated Disease Surveillance Programme (IDSP)**Madhya PradeshIndiaNumber of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)**Madhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)**Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8.032114,359Malaria, Kala Azar, Dengue**379Deaths due to Malaria**00Deaths due to Kala azar reported**00Deaths due to Kala azar reported**03,704Number of Kala Azar Cases reported**03,704Number of Kala Azar Cases reported**03,705HIV**Women (age 15-49 years) who have comprehensive knowledge of Human [MEFS to]IndiaWomen (age 15-49 years) who have comprehensive knowledge of Human [MEFS to]21.6 | Children age 12-23 months who have received BCG (%) | 95.4 | 95.2 | | | | | | |
| Parning "(NFHS 5)(NFHS 5)Unmet need for spacing (%)3.94Communicable DiseasesIntegrated Disease Surveillance Programme (IDSP)"Madhya PradeshIndiaNumber of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)"Madhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)81179National Leprosy Eradication Programme (NLEP)"Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue''379Deaths due to Malaria''379Deaths due to Kala azar reported''00Deaths due to Cases reported''03,706Number of Kala Azar Cases reported''03,706Number of Kala Azar Cases reported''1683,706Number of Kala Azar Cases reported''1683,706Number of Kala Azar Cases reported''03,706Number of Kala Azar Cases reported''1683,706Number of Kala Azar Cases reported''18,7018,716Nomen (age 15-49 years) who have comprehensive knowledge of Human (MAINS)18,7Numonodeficiency Virus (HIV)/Ac | | 88 | 87.9 | | | | | | |
| Communicable DiseasesIntegrated Disease Surveillance Programme (IDSP)''Madhya PradeshIndiaNumber of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)''Madhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)''Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue''Madhya PradeshIndiaDeaths due to Malaria''379Deaths due to Kala azar reported'''00Deaths due to Dengue reported'''03,706HIV''oMadhya PradeshIndiaWomen (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)''o18.721.6 | Family Planning ¹⁰ | | | | | | | | |
| Integrated Disease Surveillance Programme (IDSP)''Madhya PradessIndiaNumber of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)''Madhya PradessIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)''Madhya PradessIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8.032114.359Deaths due to Malaria''379Deaths due to Malaria''00Deaths due to Dengue reported''03,706Number of Kala Azar, Cases reported''03,706Number of Kala Azar Cases reported''12Normen (age 15-49 years) who have comprehensive knowledge of Human unoudeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)18,70 | Unmet need for spacing (%) | 3.9 | 4 | | | | | | |
| Number of districts with functional IDSP unit51720Revised National Tuberculosis Control Programme (RNTCP)'1Madhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)'1Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue'1Madhya PradeshIndiaDeaths due to Malaria'1379Deaths due to Cala azar reported'100Deaths due to Dengue reported'12168Number of Kala Azar Cases reported'103,706HIV'0Madhya PradeshIndiaWomen (age 15-49 years) who have comprehensive knowledge of Human munodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)***18.7 | Communicable Diseases | | | | | | | | |
| Revised National Tuberculosis Control Programme (RNTCP)''Madhya PradeshIndiaAnnualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)''Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue''Madhya PradeshIndiaDeaths due to Malaria''379Deaths due to Kala azar reported''00Deaths due to Dengue reported''2168Number of Kala Azar Cases reported''03,706HIV'oMadhya PradeshIndiaWomen (age 15-49 years) who have comprehensive knowledge of Human munodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)''18.721.6 | Integrated Disease Surveillance Programme (IDSP) ¹¹ | Madhya Pradesh | India | | | | | | |
| Annualized total case notification rate (%)202163New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP) ¹¹ Madhya PradessIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue ¹¹ Madhya PradessIndiaDeaths due to Malaria ¹¹ 379Deaths due to Kala azar reported ¹¹ 00Deaths due to Dengue reported ¹¹ 2168Number of Kala Azar Cases reported ¹¹ 03,706HIV ¹⁰ Madhya Pradesh (NFHS s)India (NFHS s)Women (age 15-49 years) who have comprehensive knowledge of Human mmunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ 18.7 | Number of districts with functional IDSP unit | 51 | 720 | | | | | | |
| New Smear Positive (NSP) Success rate (in %)8179National Leprosy Eradication Programme (NLEP)**Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue**Madhya PradeshIndiaDeaths due to Malaria**379Deaths due to Kala azar reported**00Deaths due to Dengue reported**2168Number of Kala Azar Cases reported**03,706HIV**Madhya PradeshIndia (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human munodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)**18.7 | Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Madhya Pradesh | India | | | | | | |
| National Leprosy Eradication Programme (NLEP)11Madhya PradeshIndiaPrevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue11Madhya PradeshIndiaDeaths due to Malaria11379Deaths due to Kala azar reported11100Deaths due to Dengue reported11100Number of Kala Azar Cases reported11103,706HIV10Madhya PradeshIndiaWomen (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)1018.7 | Annualized total case notification rate (%) | 202 | 163 | | | | | | |
| Prevalence Rate/10,000 population0.820.61Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue ¹¹ Madhya PradeshIndiaDeaths due to Malaria ¹¹ 379Deaths due to Kala azar reported ¹¹ 00Deaths due to Dengue reported ¹¹ 0168Number of Kala Azar Cases reported ¹¹ 03,706HIV ¹⁰ Madhya PradeshIndiaWomen (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ 18.721.6 | New Smear Positive (NSP) Success rate (in %) | 81 | 79 | | | | | | |
| Number of new cases detected8,032114,359Malaria, Kala Azar, Dengue ¹¹ Madhya PradeshIndiaDeaths due to Malaria ¹¹ 379Deaths due to Kala azar reported ¹¹ 00Deaths due to Cala azar reported ¹¹ 00Deaths due to Dengue reported ¹¹ 2168Number of Kala Azar Cases reported ¹¹ 03,706HIV10Madhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human mmunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)1018.7 | National Leprosy Eradication Programme (NLEP) ¹¹ | Madhya Pradesh | India | | | | | | |
| Malaria, Kala Azar, Dengue¹¹Madhya PradeshIndiaDeaths due to Malaria¹¹379Deaths due to Kala azar reported¹¹00Deaths due to Dengue reported¹¹2168Number of Kala Azar Cases reported¹¹03,706HIV¹ºMadhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)¹18.7 | Prevalence Rate/10,000 population | 0.82 | 0.61 | | | | | | |
| Deaths due to Malaria ¹¹ 379Deaths due to Kala azar reported ¹¹ 00Deaths due to Dengue reported ¹¹ 2168Number of Kala Azar Cases reported ¹¹ 03,706HIV ¹⁰ Madhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human (munodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ 18.721.6 | Number of new cases detected | 8,032 | 114,359 | | | | | | |
| Deaths due to Kala azar reported¹¹00Deaths due to Dengue reported¹¹2168Number of Kala Azar Cases reported¹¹03,706HIV¹ºMadhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)¹º18.7 | Malaria, Kala Azar, Dengue ¹¹ | Madhya Pradesh | India | | | | | | |
| Deaths due to Dengue reported112168Number of Kala Azar Cases reported1103,706HIV10Madhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)1018.721.6 | Deaths due to Malaria ¹¹ | 3 | 79 | | | | | | |
| Number of Kala Azar Cases reported ¹¹ 0 3,706 HIV ¹⁰ Madhya Pradesh (NFHS 5) India (NFHS 5) Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ 18.7 21.6 | Deaths due to Kala azar reported ¹¹ | 0 | 0 | | | | | | |
| HIV10Madhya Pradesh (NFHS 5)India (NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)1018.721.6 | Deaths due to Dengue reported ¹¹ | 2 | 168 | | | | | | |
| HIV 10(NFHS 5)(NFHS 5)Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)1018.721.6 | Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 | | | | | | |
| Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ 18.7 21.6 | HIV ¹⁰ | - | | | | | | | |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ 26.3 30.7 | | 18.7 | 21.6 | | | | | | |
| | Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 26.3 | 30.7 | | | | | | |

| Non-Communicable Disease | | | | | | | | | | |
|--|----------------------------|-------------------|--|--|--|--|--|--|--|--|
| Diabeties and Hypertension ¹⁰ | Madhya Pradesh (NFHS 5) | India (NFHS 5) | | | | | | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.2 | 12.4 | | | | | | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16 | 15.7 | | | | | | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.3 | 6.1 | | | | | | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.6 | 7.3 | | | | | | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Madhya Pradesh (NFHS 5) | India (NFHS 5) | | | | | | | | |
| Women who use any kind of tobacco (%) | 10.2 | 8.9 | | | | | | | | |
| Men who use any kind of tobacco (%) | 46.5 | 38 | | | | | | | | |
| Women who consume alcohol (%) | 1 | 1.3 | | | | | | | | |
| Men who consume alcohol (%) | 17.1 | 18.8 | | | | | | | | |
| Injuries | | | | | | | | | | |
| Road Traffic Accident ¹² | Madhya Pradesh | India | | | | | | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 3 | NA | | | | | | | | |
| Total number of fatal Road Accidents | 10,182 | 137,689 | | | | | | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 22.2 | 33.7 | | | | | | | | |
| Number of persons killed in Road Accidents | 11249 | 115113 | | | | | | | | |

1.5 Access to Care^{ee}

| Health Systems Strengthen | ing | |
|--|----------------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Madhya Pradesh | India |
| Number of Districts equipped with MMU under NRHM | 44 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | Madhya Pradesh | India |
| 102 Туре | 796 | 9955 |
| 104 Type | 15 | 605 |
| 108 Туре | 596 | 10993 |
| Others | 0 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 |

ee Sources used are mentioned at Annexure 5

| | Key Domain Indicators | ; | | | | | | | |
|--|---|---------------------|--------------|--|--|--|--|--|--|
| ASHA ¹³ | | Madhya Pradesh | India | | | | | | |
| Total number of ASHA ta | argeted under NRHM | 63687 | 946563 | | | | | | |
| Total number of ASHA ir | position under NRHM | 62511 | 904211 | | | | | | |
| % of ASHA in position ur | nder NRHM | 98 | 96 | | | | | | |
| Total number of ASHA ta | argeted under NUHM | 5100 | 75597 | | | | | | |
| Total number of ASHA ir | position under NUHM | 4025 | 64272 | | | | | | |
| % of ASHA in position ur | nder NUHM | 79 | 85 | | | | | | |
| Community Process ¹¹ | | Madhya Pradesh | India | | | | | | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 49567 | 554847 | | | | | | |
| Number of Mahila Arogya Samitis (MAS) formed382581134 | | | | | | | | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Madhya Pradesh | India | | | | | | |
| DH | | 51 | 796 | | | | | | |
| СНС | | 329 | 6036 | | | | | | |
| РНС | | 1199 | 20273 | | | | | | |
| UCHC | | 0 | 126 | | | | | | |
| UPHC | | 0 | 3229 | | | | | | |
| | Human Resource for Heal | th ¹⁴ | | | | | | | |
| HRH Governance | | Madhya | Pradesh | | | | | | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | 0 | | | | | | |
| HR Policy available (Y/N) | | Ye | 25 | | | | | | |
| mplementation of HRIS | (Y/N) | N | 0 | | | | | | |
| HR Integration initiated | (Y/N) | Yes | | | | | | | |
| Public Health Cadre avai | lable (Y/N) | N | 0 | | | | | | |
| | Specialists (%) | 7 | 0 | | | | | | |
| | Dentists (%) | 38 | | | | | | | |
| Overall Vacancies | MO MBBS (%) | 31 | | | | | | | |
| (Regular + contractual) | Nurse (%) | 27 | | | | | | | |
| | LT (%) | 19 | | | | | | | |
| | ANM (%) | 13 | | | | | | | |
| HRH Distribution | | Sanctioned In Place | | | | | | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 1:2 | | | | | | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 5 per 10,000 | 4 per 10,000 | | | | | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 2:1 | 2:1 | | | | | | |
| | | | | | | | | | |

| Ranking: Human Reso | urce Index of | Madhya Prade | esh ¹⁵ | | | |
|--------------------------|-----------------|-------------------|-------------------|----------------|-------------------------|-----------------------------|
| | | | Total (Regu | ılar + NHM) | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ff} | 30654 | 28855 | 20097 | 8758 | 10557 | |
| Staff Nurse | 23746 | 19062 | 12925 | 6137 | 10821 | |
| Lab Technician | 4434 | 3286 | 2198 | 1088 | 2236 | (2.21 |
| Pharmacists | 2508 | 3701 | 2698 | 1003 | 0 | 63.21 |
| MO MBBS ⁹⁹ | 4888 | 6931 | 5162 | 1769 | 0 | |
| Specialist ^{hh} | 4985 | 4251 | 691 | 3560 | 4294 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | | | | |
|--|---|---------|--------|--------|--|--|--|
| National Health Accounts (NHA) (2017-18) | Madhya | Pradesh | In | dia | | | |
| Per Capita Government Health Expenditure (in ₹) | 98 | 80 | 17 | 753 | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | ure as % of Gross Domestic Product (GSDP) 1.1 | | | | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 4 | .9 | 5. | 12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 56 | 5.3 | 48 | 3.8 | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Madhya | Pradesh | In | dia | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | | |
| OPD - % of non-hospitalized cases using public facility | 34 | 23 | 33 | 26 | | | |
| IPD - % of hospitalized cases using public facility | 48 | 47 | 46 | 35 | | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 483 | 317 | 472 | 486 | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1086 | 1083 | 845 | 915 | | | |
| IPD - Per hospitalized case (in INR) - Public | 2987 | 2115 | 5,729 | 5,939 | | | |
| IPD - Per hospitalized case (in INR) - Private | 26041 | 24022 | 28,816 | 34,122 | | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 14 | 15 | 18 | 17 | | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 62 | 50 | 53 | 43 | | | |

^{ff} MPW – Multi Purpose Health Worker (Female + Male)

⁹⁹ MO MBBS (Full Time)

^{hh} Specialist (All Specialist)
 ⁱⁱ Sources used are mentioned at Annexure 5

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 1436 | 1668 | 2,402 | 3,091 | | |
|--|--------|---------|-------------------|-----------------|--|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 19551 | 23242 | 20,692 | 26,701 | | |
| State Health Expenditure | Madhya | Pradesh | All India Average | | | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .4 | 5 | 5 ^{jj} | | |

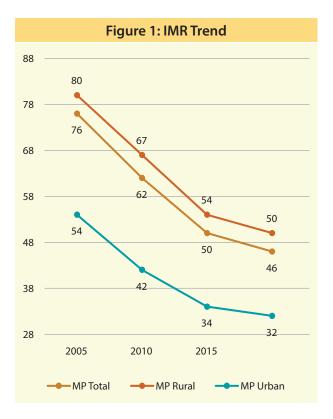
Sources used for Annexure 1

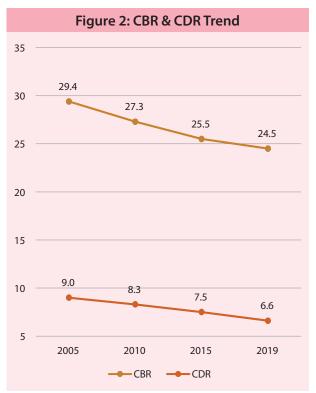
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{jj} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2







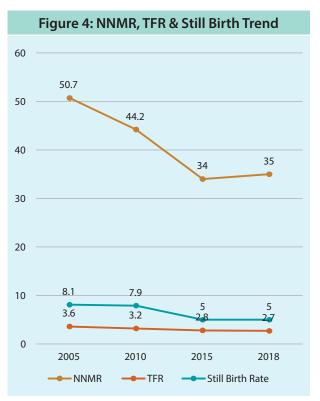
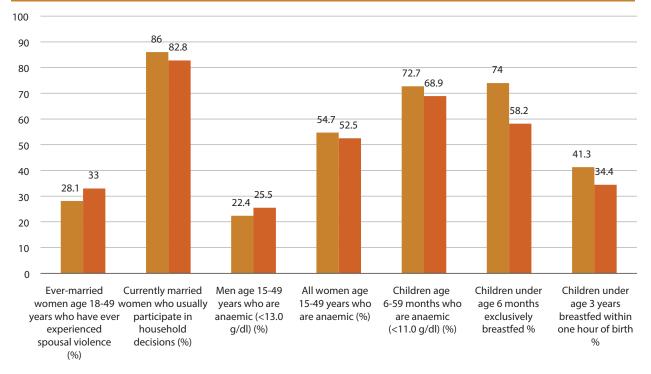


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Madhya Pradesh Both sexes, All ages, DALYs per 1 | 00,000 2019 rank |
|-------------------------------|--|--------------------------------|
| 1 Lower respiratory infect | | 1 Ischemic heart disease |
| 2 Diarrheal diseases | | 2 Lower respiratory infect |
| 3 Neonatal preterm birth | | 3 Neonatal preterm birth |
| 4 Protein-energy malnutrition | | 4 Diarrheal diseases |
| 5 Drug-susceptible TB | | 5 COPD |
| 6 Other neonatal | the first for th | 6 Other neonatal |
| 7 Malaria | N The | 7 Dietary iron deficiency |
| 8 Measles | 1. 17. | 8 Drug-susceptible TB |
| 9 Ischemic heart disease | | 9 Intracerebral hem |
| 10 Neonatal encephalopathy | | 10 Diabetes type 2 |
| 11 Typhoid fever | -35. | 11 Self-harm other means |
| 12 COPD | | 12 Other musculoskeletal |
| 13 Dietary iron deficiency | Star V/// | 13 Falls |
| 14 Meningitis | STA I | 14 Migraine |
| 15 Drowning | K. K. K. | 15 Low back pain |
| 16 Whooping cough | A SALAT | 16 Typhoid fever |
| 17 Tetanus | H. A.M. | 17 Age-related hearing loss |
| 18 Self-harm other means | A A A A A A A A A A A A A A A A A A A | 18 Neonatal encephalopathy |
| 19 Intracerebral hem | 1. A | 24 Drowning |
| 22 Falls | 11- 1-35 | 27 Protein-energy malnutrition |
| 26 Low back pain | 11 1. 82 | 32 Meningitis |
| 30 Migraine | | 50 Whooping cough |
| 33 Other musculoskeletal | | 57 Malaria |
| 35 Age-related hearing loss | | 131 Measles |
| 41 Diabetes type 2 | | 176 Tetanus |
| IM THME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable disease: | 5 |

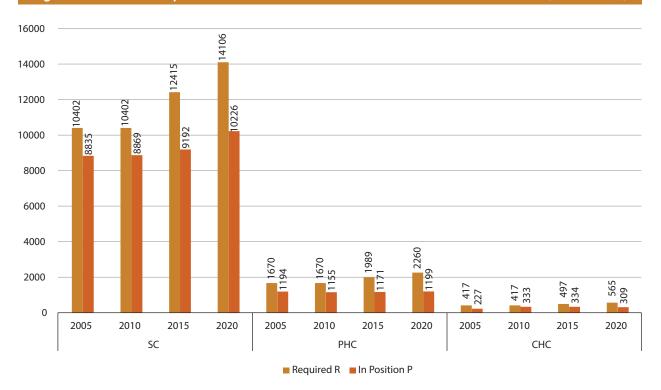
Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Madhya Pradesh Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Child wasting | 1 Low birth weight |
| 2 Low birth weight | 2 Short gestation |
| 3 Short gestation | 3 Household air pollution from solid fuels |
| 4 Household air pollution from solid fuels | 4 High systolic blood pressure |
| 5 Child underweight | 5 Ambient particulate matter pollution |
| 6 Unsafe water source | 6 Smoking |
| 7 Unsafe sanitation | 7 High fasting plasma glucose |
| 8 No access to handwashing facility | 8 Unsafe water source |
| 9 Child stunting | 9 Child wasting |
| 10 Smoking | 10 Iron deficiency |
| 11 High systolic blood pressure | 11 High body-mass index |
| 12 Ambient particulate matter pollution | 12 High LDL cholesterol |
| 13 Secondhand smoke | 13 Alcohol use |
| 14 Iron deficiency | 14 Unsafe sanitation |
| 15 High fasting plasma glucose | 15 Kidney dysfunction |
| 16 Non-exclusive breastfeeding | 16 Secondhand smoke |
| 17 High temperature | 17 Child underweight |
| 18 Alcohol use | 18 Lead exposure |
| 19 High LDL cholesterol | 19 Diet low in fruits |
| 20 Occupational injuries | 20 Diet low in whole grains |
| 22 Kidney dysfunction | 21 No access to handwashing facility |
| 23 Lead exposure | 23 Occupational injuries |
| 24 Diet low in fruits | 25 High temperature |
| 25 High body-mass index | 34 Child stunting |
| 26 Diet low in whole grains | 38 Non-exclusive breastfeeding |
| HME | Metabolic risks Environmental/occupational |

risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)



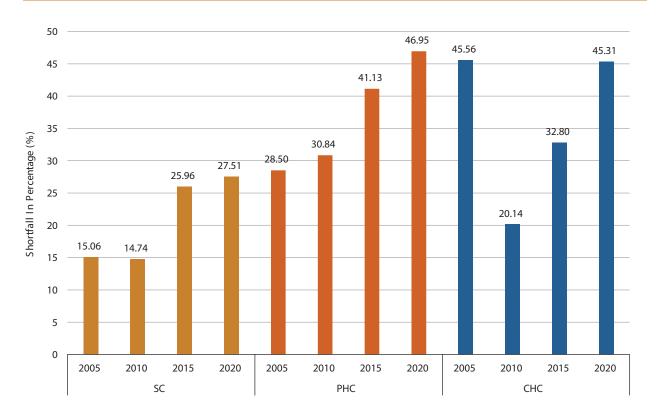
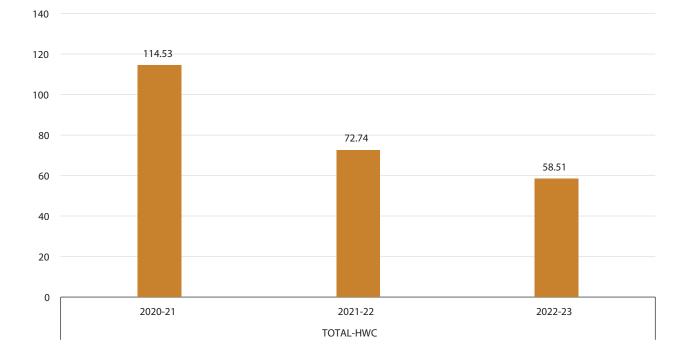


Figure 9: Year Wise Health Infrastructure Shortfall (%)

Figure 10: Percentage HWCs progress against target - FY wise (%)

Madhya Pradesh (% HWCs progress as of 22/Dec/2021 against targets- FY wise)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 25.8 | 19.9 | 18.7 | 19 | 18.7 | 15.4 | 18.4 | 19.7 | 20.5 | 18.9 | 21.7 | 12.4 | 20.6 | 27.9 | 17.5 | 18.1 | 16.2 | 16.4 | 20.4 | 29.5 | 15.8 | 10.1 | 12.4 | 28 | 19.5 | 21.2 | 26.4 | 17.9 |
|---|---|----------------|----------------|----------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Children Under 5 Years - Children Vnder 5 Years - (%) (90 Aor 70 Abright For Age) | 42 | 30.1 | 37.3 | 35.7 | 40.3 | 34.6 | 24 | 32.6 | 41.9 | 45.8 | 30.8 | 32.2 | 19.9 | 38.7 | 45.1 | 23.9 | 40.3 | 36.8 | 36.8 | 28.8 | 38.9 | 31.9 | 40.1 | 38.8 | 34.8 | 28.7 | 18 | 49.3 |
| | Total Children Age 6-23 Months Receiving Adequate Diet ^{**} , # (%) | 6.6 | 10.6 | 8.7 | 9.2 | 0 | 6.6 | 6.3 | 3.1 | 9.7 | 11.1 | 9.9 | 13.6 | 14.4 | 16.8 | 6.8 | 5.8 | 12.7 | 2.8 | 13.1 | 4.6 | 12.9 | 9.9 | 11.6 | 9.9 | 11.2 | 9.8 | NA | 15.7 |
| | Children Age 1 2-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 76.3 | 83.5 | 83.2 | 83.3 | NA | 82.7 | 90.1 | 82 | 82 | 78.3 | 83.6 | 77.8 | NA | 92.6 | 80.4 | 75.7 | 76.9 | 80.6 | 95 | 82.3 | 81.7 | 81.7 | 86.6 | 93.8 | 90.3 | 90.3 | NA | 92.2 |
| | (%) sıtrığ lenoitutitenl | 80.8 | 95.8 | 89.2 | 90.7 | 98.9 | 83.2 | 84.8 | 91.3 | 95.1 | 85.1 | 87.6 | 93.5 | 98.3 | 90.7 | 85.2 | 92.2 | 85 | 89.4 | 92.2 | 95.5 | 77.6 | 98 | 94.8 | 88.4 | 91.8 | 96.5 | 94.7 | 92.9 |
| | 4 teast A beH orW rented (%) Stice Visits (%) | 35.7 | 63.3 | 55.6 | 57.5 | 76.5 | 54.7 | 63.6 | 57.9 | 69.1 | 64.2 | 74 | 63.1 | 64.6 | 63.1 | 36.9 | 67 | 46.4 | 54.2 | 49.1 | 76.5 | 56.5 | 68.3 | 68.9 | 71.9 | 31.5 | 74.6 | 60.4 | 63.6 |
| ance) e) | (%) bəəV təmnU lətoT | 12.1 | 8.4 | 7.4 | 7.7 | 3.4 | 6.8 | 8.2 | 6.5 | 6.5 | 6.6 | 4.6 | 17.2 | 9.6 | 6.8 | 6.4 | 3.6 | 6.4 | 7.4 | 7.7 | 4.8 | 3.5 | 8.5 | 13.4 | 5.2 | 17.7 | 4 | 2.9 | 5.8 |
| r Perform t Available | (%) əsU mobnoD | 4.9 | 15.8 | 5.3 | 8.1 | 5.8 | 6.1 | 1.2 | 7.6 | 1.6 | 7.9 | 5.7 | 5.7 | 17.3 | 10.8 | 8.9 | 4.6 | 4.6 | 5.9 | 9.8 | 6.1 | 2.2 | ∞ | 10.9 | 10.9 | 4.9 | 22 | 1.9 | 5.4 |
| Red – Poo Stats No | (%) UND/PPIUD | 0.5 | 1.4 | 0.9 | 1.1 | 0.6 | 1.1 | 0.7 | 0.5 | 0.3 | 0.9 | 0.8 | 1.2 | 2.9 | 0.9 | 0.3 | 2.1 | 1.2 | 0.2 | 0.9 | 2.4 | 1.8 | 0.6 | 0.5 | 0.4 | 0.4 | 2.3 | 0.5 | 1 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | ylimsər vəd bəd Dadı bothəM yınd Painısı By Currently Mərried (%) ərsəy 94-21 əpəd nəmoW | 51.4 | 71.4 | 71.9 | 71.7 | 78.2 | 75.9 | 65.5 | 76.6 | 75.2 | 76.1 | 77.2 | 58.7 | 78.7 | 75.7 | 72.9 | 80.2 | 72.9 | 73.1 | 63.6 | 77.7 | 78.1 | 73 | 9.09 | 78 | 28.6 | 83.4 | 83 | 76 |
| en – Good (District W | Women Age 20-24 Years Married Before 18 (%) | 32.4 | 13 | 26.6 | 23.1 | 35.6 | 30.7 | 18.6 | 29.7 | 4.4 | 29.6 | 11.2 | 25.1 | 11.3 | 17.8 | 39.2 | 11.6 | 28.6 | 27.7 | 28.1 | 26.5 | 21.1 | 28.1 | 11.8 | 10 | 16.7 | 21.7 | 7.2 | 36.5 |
| (Gre | (%) 9pA 94-21 9terətil nəmoW | NA | 81.5 | 59.2 | 65.4 | 55.5 | 40.8 | 72.1 | 57 | 77.4 | 49.3 | 72.7 | 70.2 | 80 | 64.7 | 60.5 | 72.7 | 61.6 | 67.2 | 64.2 | 55.6 | 63.7 | 53.2 | 76 | 71.4 | 67.6 | 80.3 | 68.2 | 37.1 |
| | Households with any usual (%) member covered under a health insurancehhenen) | 17.7 | 41.4 | 36.8 | 38.1 | 58.9 | 42.5 | 52.8 | 34.2 | 68.4 | 29.2 | 51.3 | 31 | 50.7 | 42.2 | 17.1 | 48.5 | 21.6 | 30.9 | 35.1 | 30.3 | 47.2 | 43.1 | 40.6 | 33.3 | 28.6 | 40.3 | 61.2 | 43.7 |
| | 000 l\2918 Sith (Females/) Males) | 927 | 948 | 959 | 956 | 1212 | 942 | 970 | 915 | 979 | 896 | 1049 | 968 | NA | 816 | 925 | 1078 | 751 | 658 | 885 | 1056 | 603 | 825 | 753 | 891 | 950 | 966 | NA | 1156 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | States/Districts | Madhya Pradesh | Madhya Pradesh | Madhya Pradesh | Madhya Pradesh | Agar Malwa | Alirajpur | Anuppur | Ashoknagar | Balaghat | Barwani | Betul | Bhind | Bhopal | Burhanpur | Chhatarpur | Chhindwara | Damoh | Datia | Dewas | Dhar | Dindori | Guna | Gwalior | Harda | Hoshangabad | Indore | Jabalpur | Jhabua |
| | .oN .2 | - | 2 | £ | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |

| 29 | Katni | NFHS 5 Total | 958 | 18.1 | 67.2 | 17.2 | 72.4 | - | 6.3 | 9 | 52.9 | 91.8 | 77.9 | 8.2 | 49.5 | 21.8 |
|----|--------------------------|--------------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| | Khandwa (East Nimar) | NFHS 5 Total | 1272 | 38.1 | 65.8 | 10.8 | 72.9 | 0 | 3.6 | 8.5 | 62.2 | 93.2 | 94 | 3.5 | 38.4 | 20.7 |
| | Khargone (West Nimar) | NFHS 5 Total | 1043 | 43.7 | 59.5 | 13.3 | 77.8 | 0.0 | 9.1 | 5.5 | 61.3 | 92.8 | 76.9 | 6.6 | 31.4 | 27.4 |
| | Mandla | NFHS 5 Total | 1130 | 42.6 | 66.5 | 15 | 79.1 | 2 | 3.4 | 3.6 | 54.4 | 87.6 | 94.6 | 7.3 | 32.1 | 15.9 |
| | Mandsaur | NFHS 5 Total | 1021 | 48.4 | 64.8 | 34.8 | 72.6 | 0.5 | 11.8 | 8.7 | 60.8 | 99.4 | 85.2 | 1.2 | 30.9 | 13.1 |
| | Morena | NFHS 5 Total | 1087 | 36.3 | 65.5 | 27.8 | 58.9 | 0.4 | 5.2 | 15 | 64.9 | 94.8 | 69.3 | 8.2 | 40 | 10.1 |
| _ | Narsimhapur | NFHS 5 Total | 947 | 49.4 | 69.2 | 19.6 | 78.9 | 0.8 | 4.3 | 3.5 | 74.2 | 91.4 | 81.3 | 18.1 | 32 | 19.6 |
| | Neemuch | NFHS 5 Total | 993 | 43.3 | 67.3 | 29.3 | 73.4 | 0.5 | 11.1 | 7.6 | 60.6 | 97.5 | 87.9 | 3.3 | 33 | 13.1 |
| | Panna | NFHS 5 Total | 889 | 12.6 | 55.7 | 22.8 | 67.6 | 0.7 | 7 | 9.4 | 30.9 | 84 | 76.2 | 9.4 | 45.1 | 23.2 |
| | Raisen | NFHS 5 Total | 754 | 41 | 75.2 | 12.6 | 76.3 | • | 16.3 | 5.3 | 56.6 | 96 | NA | 19 | 30.4 | 21.1 |
| | Rajgarh | NFHS 5 Total | 971 | 27.1 | 52.1 | 46 | 69.2 | 1.1 | 11.7 | 8.7 | 55.2 | 91.7 | 83.8 | 5.2 | 27.6 | 22.4 |
| | Ratlam | NFHS 5 Total | 1067 | 37.9 | 62.4 | 31.3 | 72.6 | 0.5 | 12.4 | 7 | 65.1 | 95.2 | 95.5 | 16.7 | 29 | 16.2 |
| | Rewa | NFHS 5 Total | 954 | 29.4 | 62.3 | 28.2 | 70.7 | 1.3 | 6.4 | 8.8 | 33 | 80.4 | 7.77 | 10.1 | 37 | 18.7 |
| | Sagar | NFHS 5 Total | 939 | 27.5 | 69.4 | 21.4 | 68.5 | 0.7 | 8.1 | 8 | 35.9 | 86.9 | 77 | 8.5 | 42.7 | 15.2 |
| | Satna | NFHS 5 Total | 658 | 22 | 69.1 | 12.9 | 71.6 | 0.7 | 3.8 | 9.1 | 51.5 | 85.5 | 79.5 | 7 | 49.4 | 16.8 |
| | Sehore | NFHS 5 Total | 824 | 33.2 | 64.3 | 21.7 | 53.4 | 0.7 | 11.3 | 14.7 | 45 | 94.7 | 82.7 | 5.5 | 21.9 | 20.3 |
| | Seoni | NFHS 5 Total | 1212 | 44.6 | 71.6 | 11.2 | 78 | 1.3 | 4.7 | 4.4 | 64.5 | 94.8 | 96.1 | 12.1 | 23.5 | 21.1 |
| | Shahdol | NFHS 5 Total | 1032 | 58.4 | 68.5 | 27.5 | 64.5 | 1.7 | 3.2 | 9.2 | 57.4 | 85.6 | 87.4 | 6.2 | 44 | 20.4 |
| | Shajapur | NFHS 5 Total | 1012 | 34.3 | 58 | 24.4 | 78.2 | 1.8 | 10.9 | 6.1 | 64.7 | 98.1 | 89.2 | 8.2 | 27.8 | 23.4 |
| | Sheopur | NFHS 5 Total | 974 | 27.1 | 49.8 | 39.5 | 67.7 | 0.7 | 7.2 | 6 | 41 | 84.2 | 78.3 | 4.4 | 45.8 | 16.2 |
| | Shivpuri | NFHS 5 Total | 963 | 38.9 | 56.7 | 32.5 | 64.3 | 0.3 | 5.2 | 12.7 | 52.7 | 94.5 | 67.8 | 7.2 | 39.2 | 18.4 |
| | Sidhi | NFHS 5 Total | 763 | 26.1 | 64.4 | 23 | 71.7 | 2.5 | 6.6 | 6.4 | 39.4 | 83.8 | 77.5 | 13.2 | 39.1 | 16.6 |
| | Singrauli | NFHS 5 Total | 884 | 58.5 | 60.7 | 24.7 | 58.1 | 1.8 | 1.2 | 12.5 | 58.1 | 6.9 | 78.3 | 6.4 | 37.3 | 25.2 |
| | Tikamgarh | NFHS 5 Total | 1105 | 40.5 | 67.7 | 32.6 | 76.2 | 0.2 | 3.7 | 4.1 | 64.2 | 89.8 | 79.9 | 8.8 | 27.5 | 19.7 |
| | Ujjain | NFHS 5 Total | 958 | 35.7 | 64.3 | 33.4 | 75.4 | 0.9 | 11.8 | 6.4 | 60.3 | 97.1 | 96.4 | 11.2 | 34.7 | 29.8 |
| | Umaria | NFHS 5 Total | 906 | 19.9 | 63 | 21.2 | 71.2 | 0.8 | 5.3 | 5.7 | 48.9 | 92.2 | 91.9 | 9.8 | 45.3 | 15.5 |
| | Vidisha | NFHS 5 Total | 960 | 48.2 | 64.8 | 22.8 | 75.1 | 1.4 | 13.8 | 5.9 | 54.4 | 90.6 | 88.2 | 3.9 | 36.5 | 16.6 |
| | | | | | | | | | | | | | | | | |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of fwo Indicators with 'either vaccination card on wother's recall' & vaccination card only - vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine whose vaccination card on y - vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card on y - vaccination card only - vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency, that is receiving solid food at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency, that is receiving solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red – Worst five performing districts within the districts for a particular indicator æ

J

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother ப்

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency into the state of the state at least twice a day a minimum meal frequency into the state at twice a day in thinkum meal frequency at least twice a day for breastfed children tection a solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for including the milk or milk products at least twice a day for presented manis of at least twice at a solid food at least twice a day for including the milk or milk products food groups and at least twice at the state at the

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш.

NOTES

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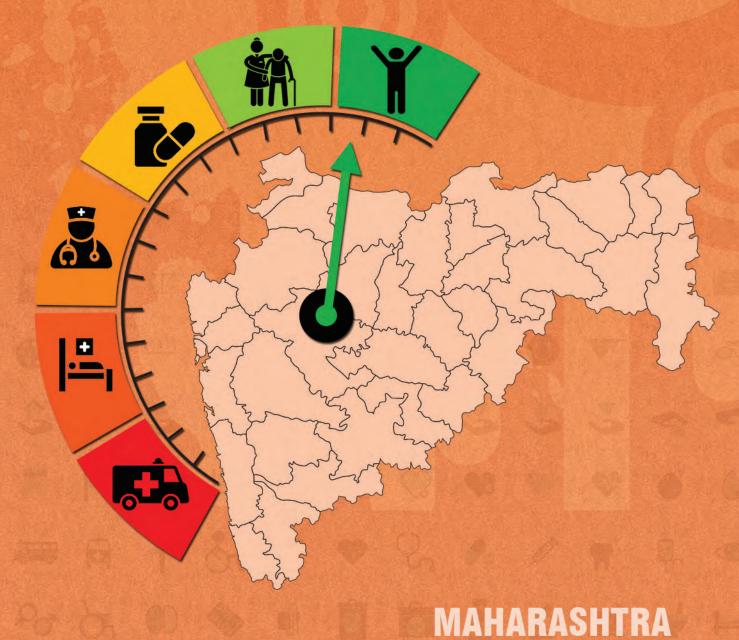


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

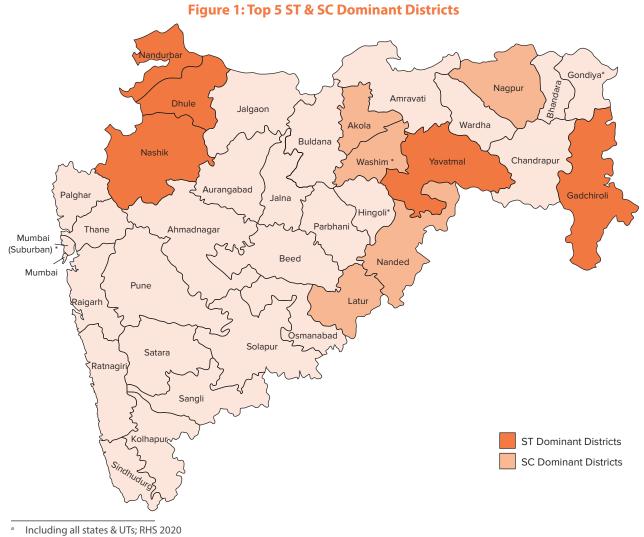
| CRM | Districts Visited | |
|------------------|-------------------|------------|
| 2 nd | Pune | Nashik |
| 4 th | Kolhapur | Gondia |
| 7 th | Ratnagiri | Nandurbar |
| 9 th | Bhandara | Osmanabad |
| 10 th | Nashik | Nagpur |
| 11 th | Wardha | Parbhani |
| 12 th | Satara | Gadchiroli |

MAHARASHTRA

1. BACKGROUND

1.1 State Profile

Maharashtra is the 3rd largest state^ain India with a geographical spread of 3,07,713 km². The State is divided into 36 districts. It is the second most populous State in the country with a population of over 11.23 crores, accounting for 9.28% of the total population^b of India, with a projection to increase over



^b Census 2011

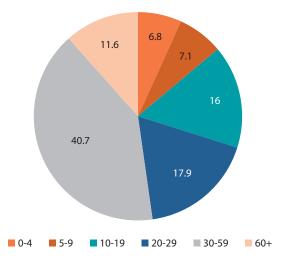
12.4 crores by 2021^c. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.32 crores (11.81%) and 1.05 crores (9.35%), respectively. Out of the 36 districts, top five ST & SC dominant districts account for 40.75% of ST & 19.45% of SC population in the State(Annexure 1, State Profile). In Maharashtra 54.77% of the population reside in rural areas, while the remaining 45.22% reside in urban areas. There are 3 metro cities and 6 Million plus cities in the State. At present, 95 cities^d are covered under the National Urban Health Mission. The total length of roads in the State is 6,23,972 km (12.48%^e), with national highways constituting 15,437 km (13.52%^f) and state highways constituting 39,000 km (22.28%^g). Agriculture is the mainstay of the state of Maharashtra. Nearly 65% of the total workers in the State depend on agriculture and allied activities^h.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

In Maharashtra, out of the 36 districts -13 districts have a population of over 30 lakhs, 9 districts have a population between 20-30 lakhs, 12 districts have a population between 10-20 lakhs and only 1 district has a population less than 10 lakhs (Annexure 1.1, State Profile). The State's sex ratio at birth (880 females for every 1000 males) is lower than the national average (899 females for every 1000 males) (Annexure 1.2). It is estimated that 16% of the total population is in 10-19 years age group, 58.6% between 20 to 59 years age group; and 11.6% is 60 years and above(Figure 2). The crude birth and death rates have declined from 19 and 6.7 in 2005 to 15.3 and 5.4 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 76.88% in 2001 to 82.33% in 2011, with male & female literacy rates being 88.38% and 75.87% respectively (Annexure 1). As per ESAG 2018 report, the





Gross Enrollment Rate (GER)ⁱis 29.9% for higher education, 67.81% for senior secondary education, 89.95% for secondary education, 98.3% for elementary education, and 97.74% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years constitute 11.6% of the State's total population. The life expectancy at 60 years of age is 18.8 years for males, and 19.7 years for females (2014-2018)^j. 79% of elderly females and 31% elderly males

Census Population Projection 2019

^d QPR NHM MIS Report as on 31 Dec 2020

e Percentage of total length of roads in Maharashtra

^f Percentage of total length of National Highways in the country

⁹ Percentage of total length of State Highways in the country

^h Maharashtra - State Agricultural Portal; https://agricoop.nic.in/sites/default/files/Maharashtra-SAP_V1.3-2.pdf

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^j SRS Based Life Abridged Tables

in urban areas, and 61% of elderly females and 26% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 15.7 in 2011; which are 14.2 for males, 17.2 for females, 18.8 in rural and 12.2 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 35% each, which is higher than the national average of 31% for both.

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^k services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)^I, institutional deliveries, C sections, distribution of IFA^m tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care, have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declinedⁿ from 104 (2007-09)to 46 (2016-18). In Maharashtra, 94.7% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Parbhani, Nanded, Bid/Beed, Aurangabad & Nandurbar districts reported poor full ANC coverage(mother who has at least 4 ANC) ranging from 47.4% to 58.2%. As reported, around 99.4% of total reported deliveries took place in institutions, out of which 49% took place in public institutions. Total percentage of C-sections, 26.4% is conducted at private facilities in the State. Around 61.1% of women are tracked for their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia aged 15-49 years increased in women from 49.7% (NFHS 4) to 57.2% (NFHS 5). Anaemia in females of reproductive age group is more than twicethan in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 36 (2005) to 17 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Additionally, NNMR° and Still Birth (per 1,000 live births) Rates have also significantly declined from 25.1 and 11.9 (2005) to 13 and 5 (2018), respectively (Annexure 2, Figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs. The life expectancy at birth has also improved from 69.9 (2006-10) to 72.5 (2014-18), which is higher than the national average of 69.4(Annexure 2, Figure 3). As per NFHS 5, Mumbai Suburban, Palghar, Nashik, Hingoli & Bid/Beed districts reported low SRBs^p ranging from 703 to 843; whereas Latur, Wardha, Gadchiroli, Amravati, Gondiya & Osmanabad districts reported high SRB, ranging from 1265 to 1050.

- ° Neonatal Mortality Rate
- P Sex Ratio at Birth

^k Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Antenatal Check up

^m Iron Folic Acid Tablets

n SRS MMR Bulletin

Full vaccination^q coverage for children between 12 – 23 months improved from 78.4% (NFHS 4) to 81.7% (NFHS 5). The percentage of under 6-months children exclusively breastfed also improved from 56.6% (NFHS 4) to 71% (NFHS 5). An increase in childhood anaemia from 53.8% to 68.9% in children aged 6-59 months is reported (Annexure 2, Figure 5). For under-5 years stunting - Satara, Mumbai, Nagpur, Wardha & Amravati districts reported comparatively low burden ranging from 20.2% to 29%, while Nandurbar, Buldhana, Latur, Nashik, Thane & Bid/Beed districts reported high burden ranging from 40.8% to 45.8%. For under 5 years stunting - Osmanabad, Thane, Latur, Mumbai Suburban and Sangli districts reported comparatively low burden 16.1% - 18.6%; whereas Dhule, Chandrapur, Nagpur, Buldhana and Washim districts reported high burden ranging from 31.7% to 38.9%,

2.3 Family Planning

The TFR^r reduced from 2.2 in 2005 to 1.7 in 2018, which is lower than the national average of 2.2 (Annexure 2Figure 4). The total unmet need in the State is reported as 9.6%, while unmet need for spacing is 3.9% (NFHS 5). Parbhani district reported the highest total unmet need (18.5%) and Nagpur reported the lowest (4.2%) (NFHS 5). Around 63.8% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 49.1% among females and 0.4% among males.

2.4 Communicable Diseases

The State has 36 functional IDSP units in place^s. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 22.27% of total disease burden (GBD 2019) with diarrheal diseases, lower respiratory infections & drug-susceptible TB being the major causes of death in the State(Annexure 2, Figure 6)^t. As per QPR reports, the annualized total case notification rate for TB is 161% and NSP^u success rate is 74% as opposed to the national average of 163% and 79%, respectively. For NLEP^v, the reported prevalence rate of 1.19 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 8 due to malaria, 29 due to dengue, while none due toKala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 63.7% of total disease burden in the State is due to premature deaths, while disability or morbidity accounts for 36.3%. Ischaemic heart disease, COPD & Diabetes Mellitus Type 2 remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute to 66% of DALYs, while injuries contribute to 11.72% of DALYs in the State (GBD 2019). The State ranks second in the country for the total number of fatal road accidents with respect to other states (Annexure 1.4). The recent NFHS5 report revealed that 10.9% of women and 33.8% of men used any kind of tobacco, while 0.4% of women and 13.9% of men consumed alcohol. High systolic blood pressure, high fasting plasma glucose, ambient particulate matter pollution and smoking are the major risk factors for all DALYs (Annexure 2, Figure 7).

^q NFHS 5 Maharashtra Factsheet, based on information from vaccination card only

^r Total Fertility Rate

^s QPR NHM MIS Report (Status as on 01.03.2020)

t https://vizhub.healthdata.org/gbd-compare/india

^u New Smear Positive

National Leprosy Eradication Programme

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 23,32,992 crores. The State is positioned 13th out of 32 States in terms of per capita^w of ₹ 1,91,736. According to NHA (2017-18), the per capita Government Health Expenditure in the State is ₹ 1,356, which is less than the national average of ₹ 1753. On the other hand, the OOPE^x as a share of Total Health Expenditure is 49.1%, which is more than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated as ₹ 25,843 in private hospitals and ₹ 6,844 in public hospitals, while the same in urban areas is estimated as ₹ 37,057 in private hospitals and ₹ 8,369 in public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 2,104 in rural areas and ₹ 2,984 in urban areas, whereas in private health facilities, it is estimated as ₹ 15,801 in rural areas and ₹ 23,229 in urban areas. In public health facilities, the share of expenditure on medicines for in-patient care is estimated as 41% and 36% for rural and urban areas, respectively; whereas for diagnostics, it is around 22% and 11% in rural and urban areas, respectively (Annexure 1.6, Healthcare Financing).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, 24.86% shortfall in HWC-SCs, 20.79% shortfall in PHCs and 51.82% shortfall in CHCs still remain in the State (Annexure 2, Figure 9). Currently, there are 10,647 SCs, 1,829 PHCs, 278 CHCs in place against the required 14,170 SCs, 2,309 PHCs and 577 CHCs. Similarly, in urban settings, there are 846 PHCs in place against the required 1,182;thereby accounting to a shortfall of 28.43%. The State has 49 DHs, 100 SDH and 26 Government medical colleges. In the State, 84% of DHs (41), 89% of SDH (89) and only 42.8% of CHCs (119) serve as functional FRUs. In tribal catchments, there are 2,568 SCs, 397 PHCs and 64 CHCs in place against the required 3,148, 472 and 118 respectively; thereby amounting to a shortfall of 18.61%, 15.89% and 45.76% respectively.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 8,864 HWCs (6,573 SHCs, 1,828 PHCs& 463 UPHCs) are operationalized in the State as of 22nd December 2021^y.

In the State, 33 districts are equipped with MMUs under NHRM, and 10 under NUHM. The State has 99% of ASHAs in position under NRHM and 87% under NUHM, which are higher than the national average of 96% and 85%, respectively. The doctors to staff nurse ratio in place is 1:1, with 3 public healthcare providers available for every 10,000 populations (Annexure 1, Table 1.5)

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 906.41 availed (events) OPD services and 49.15 availed (events) IPD services. However, as per the NSSO data (2017-18), only 29% of all OPD cases in rural and 22% in urban used public facilities, respectively. Similarly, 26% of all IPD cases in rural and 18% in urban utilized public facilities. Utilization of public health facilities in the State is lower than the national average.

Directorate of Economics and Statistics of Maharashtra State Government

^{*} Out of Pocket Expenditure

^y AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^z

| Indicator | Maharashtra 2011 ¹ | India |
|---|-------------------------------|----------------------------------|
| Total Population (In Crore) | 11.23 | 121.08 |
| Rural (%) | 54.77 | 68.85 |
| Urban (%) | 45.22 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 1.32 (11.81%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 1.05 (9.35%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 82.3 | 74.04 |
| Male Literacy Rate (%) | 88.4 | 82.14 |
| Female Literacy Rate (%) | 75.9 | 65.46 |
| Number of Districts in the Maharashtra ² | 36 | aa |
| | Population ¹ | Districts ¹ (Numbers) |
| | <10 Lakhs | 1 |
| Number of districts per lakh population in Maharashtra (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 12 |
| | ≥20 Lakhs - <30 lakhs | 9 |
| | ≥30 Lakhs | 13 |

| ST SC Dominant (Top 5) Districts of Maharashtra ¹ | | | |
|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | |
| Nandurbar - 69.27% | Akola - 20.07% | | |
| Gadchiroli - 38.70% | Latur - 19.57% | | |
| Dhule - 31.56% | Washim - 19.16% | | |
| Nashik - 25.61% | Nanded - 19.05% | | |
| Yavatmal - 18.54% Nagpur - 18.64% | | | |
| Top 5 ST dominant district accounts for - 40.75% | Top 5 SC dominant district accounts for - 19.45% | | |

1.2 Key Health Status & Impact Indicators^{bb}

| Indicators | Maharashtra | India |
|--|-------------|-------|
| Infant Mortality Rate (IMR) ³ | 17 | 30 |
| Crude Death Rate (CDR) ³ | 5.4 | 6 |

^z Sources used are mentioned at Annexure 5

^{aa} Palghar district is added in 2014

^{bb} Sources used are mentioned at Annexure 5

| Crude Birth Rate (CBR) ³ | 15.3 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 46 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 13 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 22 | 36 |
| Still Birth Rate ⁴ | 5 | 4 |
| Total Fertility Rate (TFR)⁴ | 1.7 | 2.2 |
| Life expectancy at birth⁵ | 72.5 | 69.4 |
| Sex Ratio at Birth⁴ | 880 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators

| Indicators | | | | |
|---|--|---|--|--|
| Number of District Hospitals ² | | | | |
| Number of Sub District Hospital ² | | | | |
| Number of Government (Central + State) Medical College ⁶ | | | 26 | |
| leges ⁶ | | | 31 | |
| Status (Total) | | | Target FY (2022-23) | |
| 6573 | 2849 | 5888 | 7915 | |
| 1828 | 1823 | 1823 | 1823 | |
| 463 | 618 | 618 | 618 | |
| 8864 | 5290 | 8329 | 10356 | |
| Require | ed (R) | In place (P) | Shortfall (S) (%) | |
| 577 | 7 | 278 | 51.82 | |
| 2,30 | 9 | 1,829 | 20.79 | |
| 14,12 | 70 | 10,647 | 24.86 | |
| DH | | SDH | СНС | |
| 41 | | 89 | 119 | |
| Require | ed (R) | In place (P) | Shortfall (S) (%) | |
| 1,18 | 2 | 846 | 28.43 | |
| Require | ed (R) | In place (P) | Shortfall (S)% | |
| 118 | 3 | 64 | 45.76 | |
| 472 | 2 | 397 | 15.89 | |
| 3,14 | 8 | 2,562 | 18.61 | |
| | al College ⁶ leges ⁶ Status (Total) 6573 1828 463 8864 Require 577 2,30 14,12 DH 41 Require 1,18 Require 1,18 Require 472 | al College ⁶ Beges ⁶ Status Targe FY (2020-2 Status 1 Status 1 | a College ⁶ Target FY (2020 - U and FY (2021-22) Status 7463 2849 5888 1828 1823 5888 1828 1823 1823 1823 1828 1823 1823 1823 1828 61 3 1823 1823 1828 61 3 1823 1823 1828 61 3 1823 1823 1829 58864 529U 5838 1829 58864 529U 5838 1829 58864 529U 5838 1829 5886 529U 5838 1829 5888 529U 5888 529U 5888 529U 5888 1829 5888 529U 589U 589U 589U 589U 589U 589U 589U 58 | |

| Patient Service ⁹ | Maharashtra | India |
|---|-------------|--------|
| IPD per 1000 population | 49.15 | 62.6 |
| OPD per 1000 population | 906.41 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 26.54 | 36.4 |

| 1.4 Major Health Indicator ^{cc} | | |
|--|-------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Maharashtra | India |
| % DALY ^{dd} accountable for CMNNDs ^{ee} | 22.27 | 27.46 |
| % DALY accountable for NCDs | 66 | 61.43 |
| % DALY accountable for Injuries | 11.72 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Maharashtra | India |
| Level of Birth Registration (%) | 91.4 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 38.2 | 20.7 |
| RMNCHA+N | 1 | |
| Maternal Health ⁹ | Maharashtra | India |
| % 1st Trimester registration to Total ANC Registrations | 85.7 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 94.7 | 79.4 |
| Total Reported Deliveries | 1798428 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.4 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 49 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 51 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 23.9 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 21.2 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 26.4 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 61.1 | 53.4 |
| Neonatal ⁹ | Maharashtra | India |
| % live birth to Reported Birth | 99.2 | 98.8 |
| | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 12.1 | 12.4 |

^{cc} Sources used are mentioned at Annexure 5
 ^{dd} Disability Adjusted Life Years
 ^{ee} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Maharashtra | India |
|--|-------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 51 | 895 |
| New Born Stabilization Unit (NBSU) | 180 | 2418 |
| New Born Care Corner (NBCC) | 1511 | 20337 |
| Child Health & Nutrition ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 8.9 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 59.5 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 36.1 | 32.1 |
| Child Immunization ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 81.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 93.8 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 84.7 | 87.9 |
| Family Planning ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.9 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Maharashtra | India |
| Number of districts with functional IDSP unit | 36 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Maharashtra | India |
| Annualized total case notification rate (%) | 161 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 74 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Maharashtra | India |
| Prevalence Rate/10,000 population | 1.19 | 0.61 |
| Number of new cases detected | 16,531 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Maharashtra | India |
| Deaths due to Malaria ¹¹ | 8 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 29 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human | 34.4 | 21.6 |
| Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | | |

| Non-Communicable Disease | | |
|---|-------------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.7 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.7 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.5 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Maharashtra (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 10.9 | 8.9 |
| Men who use any kind of tobacco (%) | 33.8 | 38 |
| Women who consume alcohol (%) | 0.4 | 1.3 |
| Men who consume alcohol (%) | 13.9 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Maharashtra | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 2 | NA |
| Total number of fatal Road Accidents | 11,787 | 137,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 38.8 | 33.7 |
| Number of persons killed in Road Accidents | 12788 | 115113 |

1.5 Access to Care^{ff}

| Health Systems Strengthening | | | |
|--|-------------|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Maharashtra | India | |
| Number of Districts equipped with MMU under NRHM | 33 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | 10 | 31 | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Maharashtra | India | |
| 102 Туре | 2674 | 9955 | |
| 104 Туре | 0 | 605 | |
| 108 Туре | 937 | 10993 | |
| Others | 0 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 3293 | 11070 | |

^{ff} Sources used are mentioned at Annexure 5

| | Key Domain Indicators | | | |
|---|---|------------------|--------------|--|
| ASHA ¹³ | | Maharashtra | India | |
| Total number of ASHA ta | argeted under NRHM | 61260 | 946563 | |
| Total number of ASHA ir | position under NRHM | 60816 | 904211 | |
| % of ASHA in position u | nder NRHM | 99 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 9845 | 75597 | |
| Total number of ASHA ir | position under NUHM | 8562 | 64272 | |
| % of ASHA in position u | nder NUHM | 87 | 85 | |
| Community Process ¹¹ | | Maharashtra | India | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 39770 | 554847 | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 5557 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Maharashtra | India | |
| DH | | 24 | 796 | |
| СНС | | 469 | 6036 | |
| РНС | | 1835 | 20273 | |
| UCHC | | 31 | 126 | |
| UPHC | | 347 | 3229 | |
| | Human Resource for Healt | th ¹⁴ | | |
| HRH Governance | | Mahar | ashtra | |
| Specialist Cadre Availabl | e in the state (Y/N) | Yes | | |
| HR Policy available (Y/N) | | No | | |
| Implementation of HRIS | (Y/N) | N | 0 | |
| HR Integration initiated | (Y/N) | Ye | es | |
| Public Health Cadre avai | lable (Y/N) | Ye | es | |
| | Specialists (%) | 4 | 8 | |
| | Dentists (%) | 12 | | |
| Overall Vacancies | MO MBBS (%) | 2 | 26 | |
| (Regular + contractual) | Nurse (%) | 2 | 6 | |
| | LT (%) | 32 | | |
| | ANM (%) | 14 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 4 per 10,000 | 3 per 10,000 | |
| Regular to contractual service delivery staff ratio ¹⁴ | | 2:1 | 1:1 | |

| Ranking: Human Reso | urce Index of | ^{Maharashtra¹} | 5 | | | |
|--------------------------|-----------------|------------------------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | | Total (Regu | ılar + NHM) | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{gg} | 35891 | 40192 | 27265 | 12927 | 8626 | |
| Staff Nurse | 24551 | 16123 | 11451 | 4672 | 13100 | |
| Lab Technician | 6496 | 4513 | 2875 | 1638 | 3621 | 71.41 |
| Pharmacists | 3588 | 4210 | 3585 | 625 | 3 | 71.41 |
| MO MBBS ^{hh} | 6015 | 6258 | 5886 | 372 | 129 | |
| Specialist ⁱⁱ | 4502 | 4126 | 2662 | 1464 | 1840 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | | | | | | |
|--|--------|--------|--------|--------|--|--|--|--|--|
| National Health Accounts (NHA) (2017-18) | Mahai | ashtra | In | dia | | | | | |
| Per Capita Government Health Expenditure (in ₹) | 13 | 56 | 17 | /53 | | | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .7 | 1. | 35 | | | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 6 | .1 | 5. | 12 | | | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 49 | 9.1 | 48 | 3.8 | | | | | |
| National Comple Contract Office (NISSO) (2017-2019) | Mahai | ashtra | In | dia | | | | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | | | | |
| OPD - % of non-hospitalized cases using public facility | 29 | 22 | 33 | 26 | | | | | |
| IPD - % of hospitalized cases using public facility | 26 | 18 | 46 | 35 | | | | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 194 | 287 | 472 | 486 | | | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 689 | 734 | 845 | 915 | | | | | |
| IPD - Per hospitalized case (in INR) - Public | 6,844 | 8,369 | 5,729 | 5,939 | | | | | |
| IPD - Per hospitalized case (in INR) - Private | 25,843 | 37,057 | 28,816 | 34,122 | | | | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 22 | 11 | 18 | 17 | | | | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 41 | 36 | 53 | 43 | | | | | |

^{gg} MPW – Multi Purpose Health Worker (Female + Male)

^{hh} MO MBBS (Full Time)

ii Specialist (All Specialist)

Sources used are mentioned at Annexure 5
 Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,104 | 2,984 | 2,402 | 3,091 | |
|--|---------------------------|--------|-----------|---------|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 15,801 | 23,229 | 20,692 | 26,701 | |
| State Health Expenditure | Mahar | ashtra | All India | Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | total expenditure (%) 4.3 | | | | |

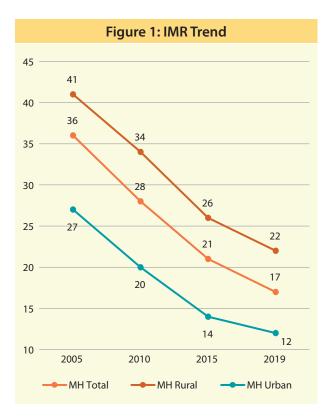
Sources used for Annexure 1

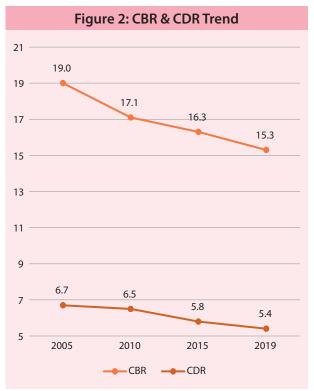
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{kk} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2







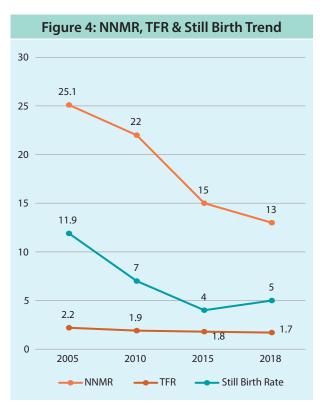
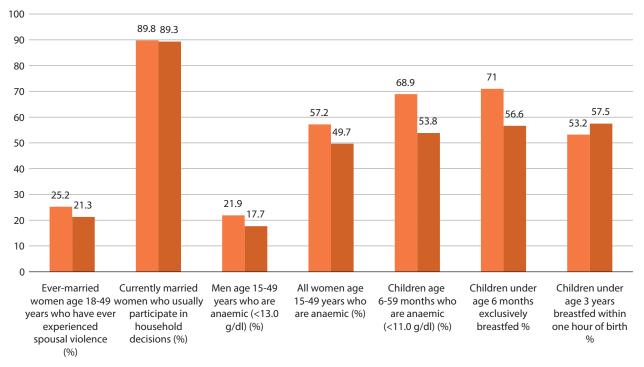


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Maharashtra Both sexes, All ages, DAL | |
|-------------------------------|--|--------------------------------|
| 1 Diarrheal diseases | | 1 Ischemic heart disease |
| 2 Lower respiratory infect | and the second se | 2 COPD |
| 3 Neonatal preterm birth | | 3 Diarrheal diseases |
| 4 Drug-susceptible TB | the standard | 4 Lower respiratory infect |
| 5 Other neonatal | the stand | 5 Neonatal preterm birth |
| 6 Protein-energy malnutrition | | 6 Drug-susceptible TB |
| 7 Ischemic heart disease | ×. / | 7 Diabetes type 2 |
| 8 Neonatal encephalopathy | | 8 Other neonatal |
| 9 Measles | | 9 Dietary iron deficiency |
| 10 Malaria | | 10 Self-harm other means |
| 11 COPD | | 11 Other musculoskeletal |
| 12 Tetanus | in the second se | 12 Intracerebral hem |
| 13 Dietary iron deficiency | | 13 Falls |
| 14 Self-harm other means | | 14 Neonatal encephalopathy |
| 15 Typhoid fever | - · · · | 15 Migraine |
| 16 Meningitis | | 16 Low back pain |
| 17 Intracerebral hem | AS AS | 17 Age-related hearing loss |
| 18 Drowning | | 18 Major depression |
| 21 Falls | A starting | 27 Typhoid fever |
| 24 Low back pain | | 31 Drowning |
| 28 Migraine | | 36 Protein-energy malnutrition |
| 30 Major depression | 1 | 45 Malaria |
| 31 Other musculoskeletal | | 46 Meningitis |
| 34 Diabetes (ype)2 | | 142 Tetanus |
| 36 Age-related hearing loss | | 150 Measles |
| IHME | Communicable, ma neonatal, and nutril diseases Non-communicable Injuries | tional |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Maharashtra Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| 1 Low birth weight | 1 Low birth weight |
| 2 Child wasting | 2 High systolic blood pressure |
| 3 Short gestation | 3 Short gestation |
| 4 Household air pollution from solid fuels | 4 High fasting plasma glucose |
| 5 Unsafe water source | 5 Ambient particulate matter pollution |
| 5 Child underweight | 6 Smoking |
| 7 Unsafe sanitation | 7 High body-mass index |
| B No access to handwashing facility | B Household air pollution from solid fuels |
| 9 Smoking | 9 High LDL cholesterol |
| 10 Child stunting | 10 Unsafe water source |
| 11 High systolic blood pressure | 11 Alcohol use |
| 2 Ambient particulate matter pollution | 12 Kidney dysfunction |
| 13 Iron deficiency | 13 Iron deficiency |
| 14 High fasting plasma glucose | 14 Child wasting |
| 15 High LDL cholesterol | 15 Unsafe sanitation |
| 6 Secondhand smoke | 16 Diet low in fruits |
| 17 Non-exclusive breastfeeding | 17 Secondhand smoke |
| L8 Alcohol use | 18 Diet low in whole grains |
| 19 Kidney dysfunction | 19 Lead exposure |
| 20 Occupational injuries | 20 No access to handwashing facility |
| 23 Lead exposure | 24 Child underweight |
| 24 Diet low in fruits | 25 Occupational injuries |
| 25 High body-mass index | 37 Child stunting |
| 26 Diet low in whole grains | 41 Non-exclusive breastfeeding |
| A HME | Metabolic risks Environmental/occupational risks |

Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

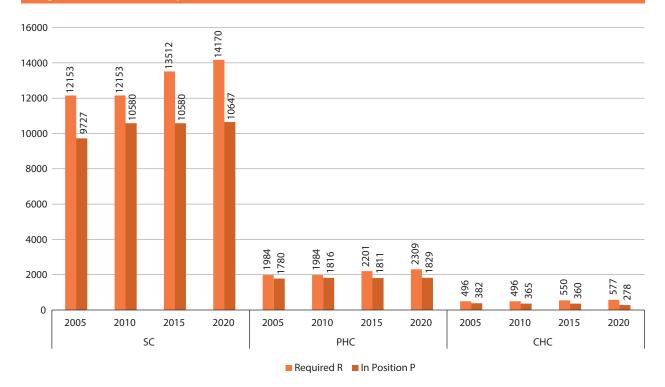


Figure 9: Year Wise Health Infrastructure Shortfall (%)

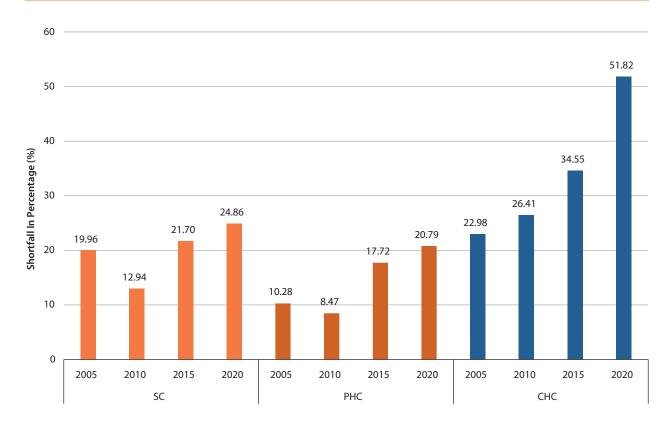
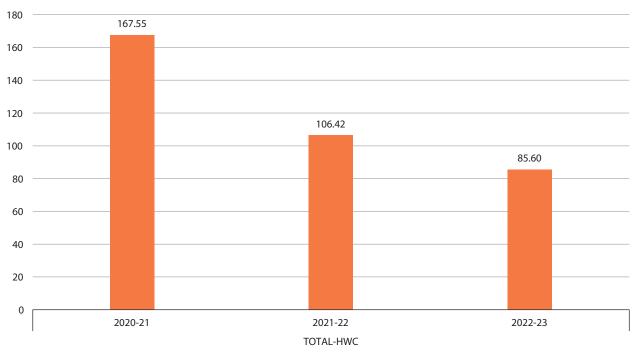


Figure 10: Percentage HWCs progress against target - FY wise (%)



Maharashtra (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| | (%) (%) (%) (%) (%) (%) | 9 | | ŝ | 9 | 6 | 4 | 2 | 4 | 4 | 4 | 2 | 5 | 6 | | ~ | | 2 | 5 | 6 | |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Children Under 5 Years - Wasted^ | 25.6 | 23 | 27.3 | 25.6 | 24.9 | 29.4 | 26.2 | 26.4 | 28.4 | 28.4 | 31.7 | 38.5 | 38.9 | 30 | 23.7 | 25.8 | 30.5 | 22.2 | 18.9 | 18 |
| | Children Under 5 Years - Stunted^ (%) (%) (%) | 34.4 | 34.9 | 35.5 | 35.2 | 31.7 | 31.8 | 29 | 34.2 | 31.3 | 40.8 | 45 | 37.3 | 37.6 | 35.7 | 36.9 | 37.4 | 36.3 | 38 | 33.6 | 43.2 |
| | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 6.5 | 9.2 | 6 | 6 | 9.8 | 4 | 13.4 | 11.7 | 8.4 | 3.2 | 4.1 | 6.8 | 11.4 | 4.5 | 7.2 | 11.5 | 15.6 | 5.2 | 15.1 | 14 |
| | yllu7 srfnoM SS-ST 9PA nerblid) Notisem nof no besed bested i oriyon From Vacrinite (%) | 78.4 | 81.6 | 81.7 | 81.7 | 88.3 | 66.1 | 92.5 | 81.7 | 91.9 | 79.1 | 78.5 | 87.6 | 69.1 | 95.6 | 90.4 | 79.4 | 79.9 | 68.9 | 78 | 77.9 |
| | (%) sıtrığ lenoitutitzıl | 90.3 | 96.7 | 93.1 | 94.7 | 97.9 | 97.7 | 91.3 | 94.8 | 100 | 94 | 93.9 | 9.66 | 77.2 | 97.3 | 99.1 | 94 | 86.5 | 92.8 | 99.2 | 94.7 |
| | 4 teest Ab beH orW rothom (%) sticiV sites (%) | 72.2 | 72.2 | 68.7 | 70.3 | 76.6 | 76.3 | 71.7 | 57.2 | 79 | 56.8 | 72.7 | 68.5 | 63.2 | 86.8 | 66.2 | 66.6 | 58.4 | 58.4 | 81.8 | 72.6 |
| ance) e) | (%) bəəV təmnU lətoT | 9.7 | 6.6 | 9.3 | 9.6 | 8.3 | 6.8 | 4.6 | 17.1 | 6.1 | 13.9 | 4.4 | 4.5 | 13.1 | 5.6 | 7.8 | 10.4 | 14.9 | 13.1 | 8.1 | 4.6 |
| r Perform : Available | (%) əsU mobnoD | 7.1 | 14.1 | 7.1 | 10.2 | 8 | 16.3 | 14.4 | 11.7 | 6.7 | 8.4 | 14.7 | 11.9 | 6.7 | 10.1 | 6.6 | 8.8 | 5.6 | 9.6 | 6.6 | 9.5 |
| Red – Poo Stats Not | (%) DUI99/DUI | 1.6 | 2.2 | 1.6 | 1.9 | 1.7 | 2.9 | 1.3 | 2.4 | 1.1 | m | 2.9 | 3.1 | 1 | 0.6 | 6.0 | 1.3 | 1.8 | 1.6 | 0.4 | 0.9 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | ylims7 Tor For For Family Parried By Currently Married (%) sısəy 94-21 9pA nəmoW | 64.8 | 65.8 | 66.5 | 66.2 | 69.5 | 77 | 79.2 | 48.1 | 77.5 | 58.1 | 81.1 | 80.1 | 51.9 | 76.5 | 78.3 | 73.1 | 44 | 49.7 | 71.4 | 78.2 |
| en – Good (District V | Women Age 20-24 Years Married Before 18 (%) | 26.3 | 15.7 | 27.6 | 21.9 | 26.9 | 13.5 | 9.8 | 35.8 | 1.5 | 43.7 | 24.1 | 6 | 40.5 | 10.1 | 6.5 | 37.1 | 28 | 35 | 21 | 31 |
| (Gre | (%) 9pA 94-21 951911 n9moW | N/A | 90.2 | 79.5 | 84.6 | 86.2 | 87.5 | 87.8 | 83.1 | 89.1 | 76.3 | 79.9 | 87.8 | 68.8 | 79.4 | 87.5 | 76.5 | 76.5 | 71.8 | 90.7 | 83.3 |
| | lsuvu yns dfiw sblodesuoH dfilsad s robuu borovo rodmom (%) omodos pnionsnihoonsuri | 15 | 20.1 | 19.9 | 20 | 12 | 40.1 | 31.9 | 12.4 | 30 | 9.3 | 37.9 | 28.9 | 19.8 | 33.3 | 30.6 | 14.7 | 11.9 | 9.7 | 16.5 | 33.6 |
| | 000 l\səlamə7) (Trifi JA oitan kə2 Malas) | 924 | 878 | 941 | 913 | 845 | 896 | 1090 | 875 | 897 | 843 | 1036 | 1025 | 919 | 1098 | 1050 | 838 | 857 | 867 | 937 | 1265 |
| | Saurce Saurce | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | states/Districts | Maharashtra | Maharashtra | Maharashtra | Maharashtra | Ahmednagar | Akola | Amravati | Aurangabad | Bhandara | Bid | Buldana | Chandrapur | Dhule | Gadchiroli | Gondiya | Hingoli | Jalgaon | Jalna | Kolhapur | Latur |
| | .oN .S | - | 2 | ĸ | 4 | ъ | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

| 21 | Mumbai | NFHS 5 Total | 1019 | 30.7 | 94.3 | 4.5 | 74.3 | 4.1 | 18.1 | 4.9 | 87.1 | 99.5 | N/A | 14.1 | 26.6 | 25.3 |
|----|-----------------|--------------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| 22 | Mumbai Suburban | NFHS 5 Total | 703 | 20.2 | 91.6 | 10 | 64.6 | 2.2 | 18 | 10.4 | 72.2 | 98.1 | N/A | 17.8 | 37.2 | 18.6 |
| 23 | Nagpur | NFHS 5 Total | 926 | 25.6 | 94.6 | 7.1 | 84.1 | 3.5 | 14 | 4.2 | 71.4 | 100 | 87.4 | 4.6 | 27.6 | 34 |
| 24 | Nanded | NFHS 5 Total | 888 | 15.7 | 71.9 | 32.2 | 68.1 | 1.5 | 5.3 | 9.2 | 53.5 | 94.8 | 84.9 | 3.8 | 36 | 19 |
| 25 | Nandurbar | NFHS 5 Total | 885 | 15.3 | 57.7 | 24 | 62.6 | 1.2 | 3.6 | 9.7 | 58.2 | 76.3 | 9.77 | 9.6 | 45.8 | 30.7 |
| 26 | Nashik | NFHS 5 Total | 816 | 14.7 | 80 | 29.6 | 55 | 1.5 | 8.8 | 12 | 66.4 | 90.5 | 82.8 | 13.5 | 42.2 | 27.2 |
| 27 | Osmanabad | NFHS 5 Total | 1050 | 14.8 | 83.7 | 36.6 | 78.9 | 1.7 | 9.7 | 6.4 | 89.2 | 98.1 | 85.3 | 12.8 | 37.2 | 16.1 |
| 28 | Palghar | NFHS 5 Total | 747 | 18.8 | 77.6 | 14.6 | 71.8 | 1.2 | 12.4 | 8.2 | 86.3 | 94.2 | 90.8 | 5.2 | 33 | 23.9 |
| 29 | Parbhani | NFHS 5 Total | 983 | 10.5 | 73.4 | 48 | 42 | 1.3 | 5.4 | 18.5 | 47.4 | 85.6 | 75.4 | 1.9 | 37.6 | 22.8 |
| 30 | Pune | NFHS 5 Total | 873 | 14.4 | 89 | 24 | 57.8 | 2.3 | 7.6 | 13.7 | 68.6 | 98 | 79.2 | 9.6 | 30.7 | 31.4 |
| 31 | Raigarh | NFHS 5 Total | 871 | 26.3 | 79.2 | 16 | 73.6 | 1.5 | 11.6 | 6.1 | 83.1 | 9.96 | 88.3 | 5.9 | 35.8 | 19.1 |
| 32 | Ratnagiri | NFHS 5 Total | 948 | 16.6 | 87.2 | 4.4 | 62.3 | 1.6 | 7.6 | 10.4 | 78.6 | 97.8 | 95.2 | 8.6 | 31.7 | 23.7 |
| 33 | Sangli | NFHS 5 Total | 1012 | 12.3 | 90.3 | 27 | 67.1 | 1.1 | 5.7 | 10.4 | 80.1 | 98 | 83.3 | 5.3 | 35 | 18.6 |
| 34 | Satara | NFHS 5 Total | 958 | 11.4 | 87.2 | 18.1 | 74.7 | 2.4 | 7.4 | 6.2 | 81.7 | 97.1 | 76.3 | 15.9 | 20.2 | 20.5 |
| 35 | Sindhudurg | NFHS 5 Total | 874 | 13.2 | 92.1 | 5 | 58.7 | 1.2 | 8.5 | 12.1 | 73.4 | 100 | 76.3 | 2.6 | 30.8 | 27.7 |
| 36 | Solapur | NFHS 5 Total | 960 | 20.5 | 76.4 | 40.3 | 75.7 | 1.7 | 3.7 | 5.6 | 81.9 | 96.2 | 86.3 | 7.9 | 36.3 | 23.2 |
| 37 | Thane | NFHS 5 Total | 1029 | 22.7 | 90.5 | 18.4 | 61.6 | 1.7 | 16.1 | 10.3 | 70.2 | 93.6 | 86.8 | 4.6 | 40.8 | 17.8 |
| 38 | Wardha | NFHS 5 Total | 1173 | 27.1 | 93 | 6 | 79.2 | 1.5 | 8.6 | 6.6 | 70.4 | 98.8 | 87.4 | 7.3 | 27.7 | 28.1 |
| 39 | Washim | NFHS 5 Total | 991 | 24.1 | 78 | 27.7 | 71.3 | 1.3 | 10.7 | 8 | 60 | 92.9 | 75.5 | 3.3 | 35.3 | 31.7 |
| 40 | Yavatmal | NFHS 5 Total | 1012 | 29 | 80.8 | 11.7 | 78.3 | 1.7 | 7.5 | 5.5 | 60.9 | 96.3 | 77.6 | 2.6 | 36.6 | 27.5 |
| | | | | | | | | | | | | | | | | |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card on wother's recall' & vaccination card only - vaccination card only indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with ordher milk products at least twice a day, a minimum meal frequency process and a minimum meal frequency more from at least twice a day, a minimum meal frequency and so and a minimum meal frequency and a minimum meal frequency and a minimum meal frequency meal frequency meal frequency meal and a solut or the milk or milk products at least twice a day or more frequency and solut or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid food from at least frour food groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator

Red – Worst five performing districts within the districts for a particular indicator
 * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants and solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food groups ய்

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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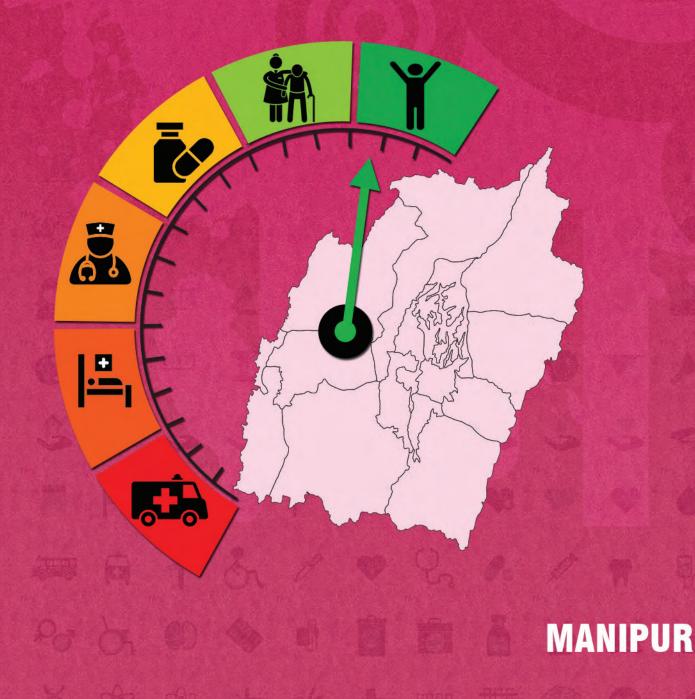


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | |
|------------------|-------------------|---------------|
| 6 th | Ukhrul | Churachandpur |
| 9 th | Senapati | Thoubal |
| 11 th | Imphal West | Tamenglong |
| 13 th | Bishnupur | Chandel |

MANIPUR

1. BACKGROUND

1.1 State Profile

Manipur is positioned^a 24th in India for a geographical spread of 22,327 km². The State is divided into 9 districts and is estimated to have a population of over 28 lakhs^b. It is projected that the State's population would increase to 31.65 lakhs by 2021^c. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.97 lakh (3.41%) and 11 lakhs (40.8%), respectively. Around 70.79% of the population reside in rural areas, while the rest constitute the urban population. Out of the total 9 districts, top five ST & SC dominant districts account for 95.12% of ST & 98.24% of SC population in the State (Figure 1 & Annexure 1, State Profile). Agriculture contributes a major share to the State Domestic Product where around 52.81 % of the workers in Manipur are engaged as cultivators and Agricultural Laborers^d.

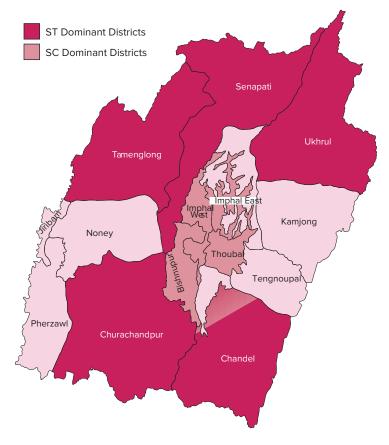


Figure 1: Top 5 ST & SC Dominant Districts

The total length of roads^e in Manipur is 27,612 km (0.55%^f), in which, the length of the national highways is 1,745 km (1.5%^g) and state highways is 715 km (0.40%^h).

- Basic Road Statistics 2019, MoRTH
- ^f Percentage of total length of roads in State
- ^g Percentage of total length of National Highways in the country
- ^h Percentage of total length of State Highways in the country

^a RHS 2020

^b Census 2011

^c Census Population Projection 2019

^d Economic Survey Manipur FY 2020-21; http://desmanipur.gov.in/files/NewsFiles/15Feb2021011944Economic%20Survey%20Manipur,%20 2020-21.pdf

A detailed report on the key indicators has been attached as Annexure 1

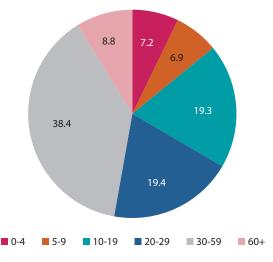
1.2 Demography

In North-Eastern States (excluding Assam)ⁱ, 19.3% of the total population is in 10-19 years age group, 57.8% between 20 to 59 years; and 8.8% is 60 years and above. The literacy rate increased from 70.5% in 2001 to 76.9% in 2011 with male & female literacy rates being 83.6% and 70.3% respectively. As per ESAG 2018 report, the Gross Enrollment Rateⁱ is 34.2% for higher education, 67.95% for senior secondary education, 93.07% for secondary, 130.55% for elementary education and 130.85% for primary education.

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged (60 and above) constitute 8.8% of the state's total population. In Manipur, 48% of elderly females and 14% elderly males





living in urban areas; 26% of elderly females and 24% elderly males in rural areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 6% & 9%, respectively which is lower than the national average of 31% for each (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Manipur has been able to provide RMNCHA+N^k services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^I, institutional deliveries, C sections, distribution of IFA^m tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). In Manipur, 55.2% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Imphal West, Thoubal & Imphal East districts reported comparatively better ANC coverage ranging between 93.4% - 87.1%; and Ukhrul, Tamenglong and Churachandpur districts reported poor 4 ANC coverage ranging between 38.8% - 61.3%. As reported in HMIS 2019-20, around 84.5% of the deliveries took place in institutions, out of which 78% took place in public health facilities. Total percentage of C-sections (33.2%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 55.1% is conducted at private

Antenatal Check up

ⁱ Population projection 2021 for Manipur is not available

^j Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^k Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Iron Folic Acid Tablets

facilities in Manipur. Around 43.3% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 26.4% (NFHS 4) to 29.4% (NFHS 5). Anaemia in females of reproductive age group is more than five times than that in men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Manipur has shown a significant decline in IMR from 13 (2005) to 10 (2019), which is lower than the national average of 30. Yet, a rising trend in the IMR from 2015 is reported (Annexure 2, Figure 1). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). As per NFHS 5, Thoubal, Tamenglong & Imphal East districts reported low SRBⁿ ranging between 909 – 936, while Churachandpur, Imphal West & Chandel districts reported high SRB, ranging between 1057 - 1008.

Full vaccination^o coverage for children between 12 – 23 months of age declined from 78% (NFHS 4) to 75.7% (NFHS 5). Proportion of under 6-months children exclusively breastfed has also declined from 73.6% (NFHS 4) to 70.7% (NFHS 5). An increase in childhood anaemia from 23.9% (NFHS 4) to 42.8% in children aged 6-59 months is reported (Annexure 2, Figure 3). As per NFHS 5 report, Bishnupur, Imphal West & Imphal East districts reported comparatively low burden of stunting ranging from 15.5% to 18.4%; whereas Chandel, Thoubal & Senapati districts reported high stunting rates ranging from 34% to 27.3%. For under-5 wasting – Bishnupur, Thoubal & Chandel districts reported a comparatively low burden ranging from 7.9% to 8.3%; while Churachandpur, Imphal East & Ukhrul districts reported a high burden ranging from 12.1% to 11.6%.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Manipur is 12.2% and the unmet need for spacing is 4.7%. Bishnupur district reported the highest total unmet need (20%) and Thoubal reported the least (6%). Approximately 18.2% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 3.7% among females and nil among males.

2.4 Communicable Diseases

Manipur has 16 IDSP units functional^p. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 27.36% of total disease burden (Annexure 1.4). Diarrheal diseases, Lower respiratory infection & Drug Susceptible TB are the leading causes of deaths in Manipur (Annexure 2, Figure 4^q). As per QPR reports, the annualized total case notification rate for TB is 61% and NSP^r success rate is 70% as opposed to the national averages of 163% and 79%, respectively. For NLEP^s, the reported prevalence rate of 0.08 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths are reported due to Dengue, Malaria, Kala Azar.

ⁿ Sex Ratio at Birth

 $^{^\}circ$ $\,$ NFHS 5 State Factsheet, based on information from vaccination card only

P QPR NHM MIS Reports (status as on 01.03.2020)

https://vizhub.healthdata.org/gbd-compare/india

New Smear Positive

^s National Leprosy Eradication Programme

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that 64.5% of the total disease burden is due to premature deaths and 35.5% due to disability or morbidity. Ischemic heart diseases, Diabetes Mellitus Type 2 & COPD are the major causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 61.61% of DALYs, whereas injuries contribute to 11.03% of DALYs^t. Manipur is positioned 26th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is reported that as high as 43.1% of women and 58.1% of men (roughly half of the population) used any kind of tobacco, while 0.9% of women and 37.5% of men consumed alcohol. Overall, high fasting blood sugar, high systolic blood pressure, smoking, low birth weight, and short gestation period are the five major risk factors for all DALYs (Annexure 2, figure 5).

2.6 Health Care Financing

Manipur's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 25,322 crores. The State is positioned 29th out of 32 states in terms of per capita^u of ₹ 75,226. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 8,506 in public facilities, ₹ 63,889 in private facilities; whereas for urban areas, it is around ₹ 12,111 in public facilities and ₹ 45,722 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 8,802 in public facilities and ₹ 29,479 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 9,728 in public facilities and ₹ 9,728 in public facilities and ₹ 33,443 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 69% in rural and 71% in urban areas; whereas for diagnostics, it is 19% in rural and 18% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). Except for PHCs, there is a shortfall of 22.59% SCs and 19.05% CHCs (Annexure 2, Figure 7). Currently, there are 418 SCs, 85 PHCs, and 17 CHCs in place against the required 540 SCs, 85 PHCs and 21 CHCs in rural areas. Whereas, in urban settings there are 8 PHCs in place against the required 20 amounting to a shortfall of 60%. The State has 7 DHs, 1 SDHs and 2 government medical colleges. In tribal catchments, there are 232 SCs, 44 PHCs and 6 CHCs in place against the required 279 SCs, 41 PHCs and 10 CHCs. This accounts to a shortfall of 16.85% of the required SCs and 40% of the required CHCs in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 211 HWCs (154 SHCs, 55 PHCs and 2 UPHCs) are operationalized in the State as of 22nd December 2021^v.

In Manipur, 9 districts are equipped with MMUs under the NRHM while none under the NUHM. Manipur has 100% of the required ASHAs in position under both NRHM & NUHM. The doctor to staff nurse ratio in place is 1:1 with 11 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

t https://vizhub.healthdata.org/gbd-compare/india

^u Directorate of Economics & Statistics

AB-HWC Portal

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities 644 availed (events) OPD services and 45 availed (events) IPD services. As per the NSSO data (2017-18), 82% of all OPD cases in rural area and 83% in urban areas; and 84% of all IPD cases in rural & 72% in urban areas utilized public health facilities. The public health facility utilization in Manipur is above the national averages for both (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^w

| Indicator | Manipur 2011 ¹ | India | |
|---|---------------------------|----------------------------------|--|
| Total Population (In Crore) | 0.28 | 121.08 | |
| Rural (%) | 70.79 | 68.85 | |
| Urban (%) | 29.21 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.0097 (3.41%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.11 (40.88%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 76.9 | 72.99 | |
| Male Literacy Rate (%) | 83.6 | 80.89 | |
| Female Literacy Rate (%) | 70.3 | 64.64 | |
| Number of Districts in the Manipur ² | 9 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <1 Lakhs | 0 | |
| Number of districts per lakh population in Manipur (Census 2011) | ≥ 1 Lakhs - <5 Lakhs | 8 | |
| | ≥5 Lakhs - <10 lakhs | 1 | |
| | ≥10 Lakhs | 0 | |

| ST SC Dominant (Top 5) Districts of Manipur ¹ | | | |
|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | |
| Tamenglong - 95.71% | Thoubal - 9.61% | | |
| Ukhrul - 94.35% | Bishnupur - 9.31% | | |
| Churachandpur - 92.93 | Imphal East - 3.47% | | |
| Chandel - 88.97% | Imphal West - 3.19% | | |
| Senapati - 87.49% | Chandel - 0.37% | | |
| Top 5 ST dominant district accounts for -95.12% | Top 5 SC dominant district accounts for - 98.24% | | |

| 1.2 Key Health Status & Impact Indicators | | | |
|---|---------|-------|--|
| Indicators | Manipur | India | |
| Infant Mortality Rate (IMR) ³ | 10 | 30 | |
| Crude Death Rate (CDR) ³ | 4.3 | 6 | |

Sources are mentioned at the end of Annexure 1

| 13.6 | 19.7 |
|------|---------------------------------------|
| 85 | 113 |
| N/A | 23 |
| N/A | 36 |
| N/A | 4 |
| N/A | 2.2 |
| N/A | 69.4 |
| N/A | 899 |
| | 85 N/A N/A N/A N/A N/A |

1.3 Key Health Infrastructure Indicators^x

| Indicators | Numbers (Total) | | | |
|---|---------------------------|-----------------------|-----------------------|------------------------|
| Number of District Hospitals ² | 7 | | | |
| Number of Sub District Hospital ² | | | | 1 |
| Number of Government (Central + State) Medic | 2 | | | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 0 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 154 | 106 | 224 | 303 |
| PHC-HWC | 55 | 91 | 91 | 91 |
| UPHC-HWC | 2 | 9 | 9 | 9 |
| Total-HWC | 403 | | | |
| Rural ² | Required (R) In place (P) | | | Shortfall (S) (%) |

| nulai | Required (R) | In place (P) | Shortian (5) (70) |
|--|--------------------|-------------------|--------------------------------|
| Number of Community Health Centres (CHC) | 21 | 17 | 19.05 |
| Number of Primary Health Centres (PHC) | 85 | 85 | 0.00 |
| Number of Sub Centres (SC) | 540 | 418 | 22.59 |
| Number of functional First Deferral Units (FDUs) | DH | SDH | СНС |
| Number of functional First Referral Units (FRUs) | 4 | 0 | 0 |
| | | | |
| Urban ² | Required (R) | In place (P) | Shortfall (S) (%) |
| Urban ² Number of PHC | Required (R) | In place (P) 8 | Shortfall (S) (%) 60 |
| | • | | |
| Number of PHC | 20 | 8 | 60 |
| Number of PHC Tribal ² | 20 Required (R) | 8 In place (P) | 60 Shortfall (S)% |

^x Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Manipur | India |
|---|---------|--------|
| IPD per 1000 population | 44.99 | 62.6 |
| OPD per 1000 population | 643.67 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 64.23 | 36.4 |

| 1.4 Major Health Indicator ^y | | |
|--|---------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Manipur | India |
| % DALY ^z accountable for CMNNDs ^{aa} | 27.36 | 27.46 |
| % DALY accountable for NCDs | 61.61 | 61.43 |
| % DALY accountable for Injuries | 11.03 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Manipur | India |
| Level of Birth Registration (%) | 67.7 | 92.7 |
| Level of Death Registration (%) | 21.4 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 67.3 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Manipur | India |
| % 1st Trimester registration to Total ANC Registrations | 58.7 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 55.2 | 79.4 |
| Total Reported Deliveries | 39373 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 84.5 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 78 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 22 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 33.2 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 27 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 55.1 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 43.3 | 53.4 |
| Neonatal ⁹ | Manipur | India |
| % live birth to Reported Birth | 99.6 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 4 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 88.9 | 89.9 |

^y Sources are mentioned at the end of Annexure 1

^z Disability Adjusted Life Years
 ^{aa} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Manipur | India |
|--|---------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 5 | 895 |
| New Born Stabilization Unit (NBSU) | 4 | 2418 |
| New Born Care Corner (NBCC) | 78 | 20337 |
| Child Health & Nutrition ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.6 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 69.8 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 13.3 | 32.1 |
| Child Immunization ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 75.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95.4 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 76.6 | 87.9 |
| Family Planning ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.7 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Manipur | India |
| Number of districts with functional IDSP unit | 16 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Manipur | India |
| Annualized total case notification rate (%) | 61 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 70 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Manipur | India |
| Prevalence Rate/10,000 population | 0.08 | 0.61 |
| Number of new cases detected | 21 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Manipur | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human | 50.6 | 21.6 |
| Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | | |

| Non-Communicable Disease | | | | |
|---|---------------------|-------------------|--|--|
| Diabeties and Hypertension ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.6 | 12.4 | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 20.8 | 15.7 | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.2 | 6.1 | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 7 | 7.3 | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Manipur (NFHS 5) | India (NFHS 5) | | |
| Women who use any kind of tobacco (%) | 43.1 | 8.9 | | |
| Men who use any kind of tobacco (%) | 58.1 | 38 | | |
| Women who consume alcohol (%) | 0.9 | 1.3 | | |
| Men who consume alcohol (%) | 37.5 | 18.8 | | |
| Injuries | | | | |
| Road Traffic Accident ¹² | Manipur | India | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 26 | NA | | |
| Total number of fatal Road Accidents | 146 | 1,37,689 | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 23.2 | 33.7 | | |
| Number of persons killed in Road Accidents | 156 | 115113 | | |

1.5 Access to Carebb

| Health Systems Strengthening | | | |
|--|---------|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Manipur | India | |
| Number of Districts equipped with MMU under NRHM | 9 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Manipur | India | |
| 102 Туре | 43 | 9955 | |
| 104 Туре | 0 | 605 | |
| 108 Туре | 0 | 10993 | |
| Others | 0 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 24 | 11070 | |

^{bb} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | 5 | | | |
|--|--|------------------|---------------|--|--|
| ASHA ¹³ | | Manipur | India | | |
| Total number of ASHA ta | argeted under NRHM | 3928 | 946563 | | |
| Total number of ASHA ir | position under NRHM | 3928 | 904211 | | |
| % of ASHA in position ur | nder NRHM | 100 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 81 | 75597 | | |
| Total number of ASHA ir | position under NUHM | 81 | 64272 | | |
| % of ASHA in position ur | nder NUHM | 100 | 85 | | |
| Community Process ¹¹ | | Manipur | India | | |
| Number of Village Healtl (VHSNCs) constituted | n Sanitation and Nutrition Committees | 3878 | 554847 | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 409 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Manipur | India | | |
| DH | | 8 | 796 | | |
| СНС | | 23 | 6036 | | |
| РНС | | 91 | 20273 | | |
| UCHC | | 0 126 | | | |
| UPHC | | 9 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Man | ipur | | |
| Specialist Cadre Availabl | e in the state (Y/N) | Yes | | | |
| HR Policy available (Y/N) | | No | | | |
| mplementation of HRIS | (Y/N) | N | No | | |
| HR Integration initiated | (Y/N) | N | 0 | | |
| Public Health Cadre avai | lable (Y/N) | N | 0 | | |
| | Specialists (%) | 6 | 9 | | |
| | Dentists (%) | 1 | 5 | | |
| Overall Vacancies | MO MBBS (%) | 4 | 4 | | |
| (Regular + contractual) | Nurse (%) | | 4 | | |
| | LT (%) | | 5 | | |
| | ANM (%) | 8 | 3 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1/2 | 1:1 | | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system ¹⁴ | 16 per 10,000 | 11 per 10,000 | | |
| | ervice delivery staff ratio ¹⁴ | 3:1 | 2:1 | | |

| Ranking: Human Resource Index of Manipur ¹⁵ | | | | | | | | | |
|--|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|
| | | Total (Regular + NHM) | | | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | |
| MPW ^{cc} | 1127 | 1571 | 1435 | 136 | 0 | | | | |
| Staff Nurse | 1412 | 679 | 562 | 117 | 850 | | | | |
| Lab Technician | 289 | 119 | 115 | 4 | 174 | 60.60 | | | |
| Pharmacists | 162 | 375 | 346 | 29 | 0 | 69.69 | | | |
| MO MBBS ^{dd} | 403 | 1385 | 918 | 467 | 0 | | | | |
| Specialist ^{ee} | 351 | 271 | 136 | 135 | 215 | | | | |

| 1.6 Healthcare Financing [#] | | | | | | | |
|--|--------|--------|--------|--------|--|--|--|
| National Health Accounts (NHA) (2017-18) | Man | nipur | India | | | | |
| Per Capita Government Health Expenditure (in ₹) | N | IA | 17 | 753 | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | IA | 1. | 35 | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | NA | | | 12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | N | 48 | 3.8 | | | | |
| | Man | nipur | India | | | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Urban | Rural | Urban | | | |
| OPD - % of non-hospitalized cases using public facility | 82 | 83 | 33 | 26 | | | |
| IPD - % of hospitalized cases using public facility | 84 | 72 | 46 | 35 | | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 1999 | 1775 | 472 | 486 | | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1303 | 1395 | 845 | 915 | | | |
| IPD - Per hospitalized case (in INR) - Public | 8,506 | 12,111 | 5,729 | 5,939 | | | |
| IPD - Per hospitalized case (in INR) - Private | 63,889 | 45,722 | 28,816 | 34,122 | | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 19 | 18 | 18 | 17 | | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 69 | 71 | 53 | 43 | | | |

^{cc} MPW – Multi Purpose Health Worker (Female + Male)

^{dd} MO MBBS (Full Time)

ee Specialist (All Specialist)

^{ff} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 8,802 | 9,728 | 2,402 | 3,091 |
|--|--------|--------|-----------|------------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 29,479 | 33,443 | 20,692 | 26,701 |
| State Health Expenditure | Man | ipur | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.2 | | 5 | <u>g</u> g |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

120

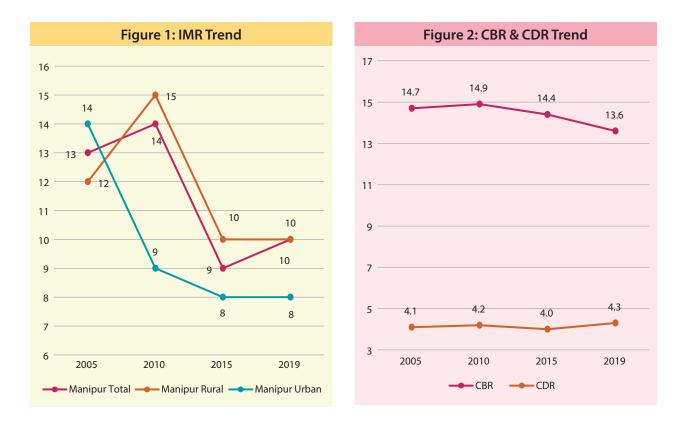
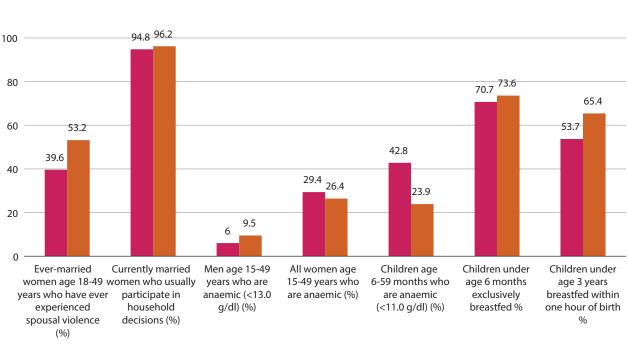


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Manipur Both sexes, All ages, DALYs per 1 | 00,000 2019 rank |
|-----------------------------|--|-----------------------------|
| 1 Diarrheal diseases | | 1 Ischemic heart disease |
| 2 Lower respiratory infect | | 2 Diabetes type 2 |
| 3 Drug-susceptible TB | //- | 3 Diarrheal diseases |
| 4 Neonatal preterm birth | | 4 Lower respiratory infect |
| 5 Other neonatal | | 5 Drug-susceptible TB |
| 5 Ischemic heart disease | | 6 COPD |
| 7 Typhoid fever | | 7 Intracerebral hem |
| 3 Measles | | 8 Neonatal preterm birth |
| 9 Neonatal encephalopathy | | 9 HIV/AIDS other |
| 10 Drowning | | 10 Other musculoskeletal |
| 11 Intracerebral hem | | 11 Major depression |
| 12 COPD | | 12 Migraine |
| 13 Whooping cough | | 13 Low back pain |
| 14 Self-harm other means | and the second of the second s | 14 Other neonatal |
| 15 Meningitis | | 15 Cirrhosis hepatitis B |
| L6 Low back pain | A MA / | 16 ischemic stroke |
| 17 Major depression | | 17 Age-related hearing loss |
| 18 Pedestrian road inj | | 18 Self-harm other means |
| 19 Migraine | A XXXXX | 19 Pedestrian road inj |
| 20 Diabetes type 2 | | 21 Neonatal encephalopathy |
| 21 Cirrhosis hepatitis B | | 31 Typhoid fever |
| 23 Other musculoskeletal | 1/ 335 | 32 Drowning |
| 29 Ischemic stroke | | 71 Whooping cough |
| 31 Age-related hearing loss | | 82 Meningitis |
| 223 HIV/AIDS other | No. | 157 Measles |
| nin (mainan) IHME | Communicable, maternal, neonatal, and nutritional | |

neonatal, and nutritional diseases Non-communicable diseases

Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Manipur Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 High fasting plasma glucose |
| 2 Child wasting | 2 High systolic blood pressure |
| 3 Household air pollution from solid fuels | 3 Smoking |
| 4 Short gestation | |
| 5 Unsafe water source | 5 Short gestation |
| 6 Unsafe sanitation | 6 Alcohol use |
| 7 Smoking | 7 Ambient particulate matter pollution |
| 8 High systolic blood pressure | 8 High body-mass index |
| 9 No access to handwashing facility | 9 Household air pollution from solid fuels |
| 10 High fasting plasma glucose | 10 Kidney dysfunction |
| 11 Alcohol use | 11 Unsafe sex |
| 12 Child underweight | 12 High LDL cholesterol |
| 13 Child stunting | 13 Unsafe water source |
| 14 Ambient particulate matter pollution | 14 Drug use |
| 15 Secondhand smoke | 15 Diet low in fruits |
| 16 Kidney dysfunction | 16 Child wasting |
| 17 High LDL cholesterol | 17 Secondhand smoke |
| 18 Non-exclusive breastfeeding | 18 Unsafe sanitation |
| 19 Iron deficiency | 19 Lead exposure |
| 20 High body-mass index | 20 Diet low in whole grains |
| 22 Drug use | 21 Iron deficiency |
| 23 Lead exposure | 24 No access to handwashing facility |
| 24 Diet low in fruits | 34 Child underweight |
| 26 Diet low in whole grains | 40 Child stunting |
| 37 Unsafe sex | 45 Non-exclusive breastfeeding |

Environmental/occ risks Behavioral risks

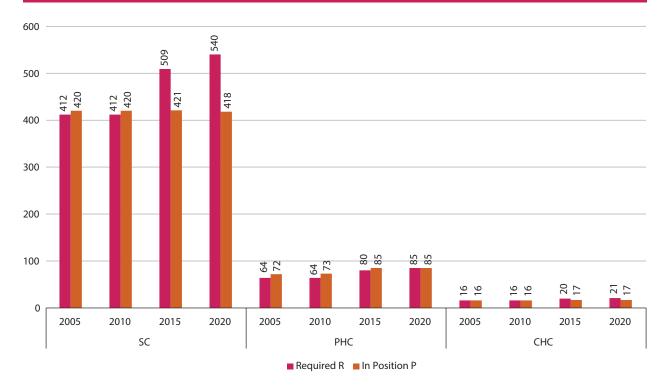


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

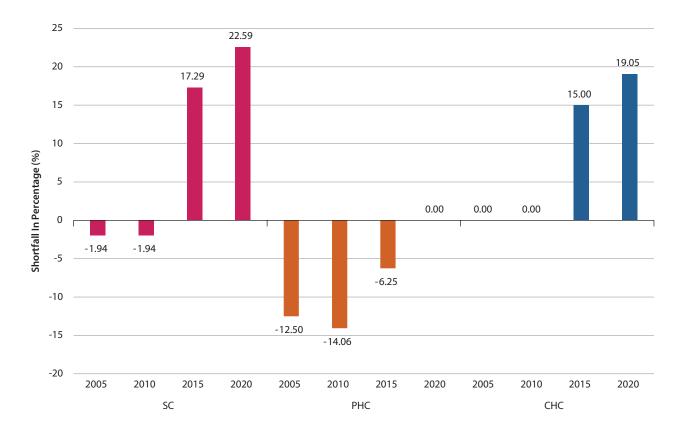
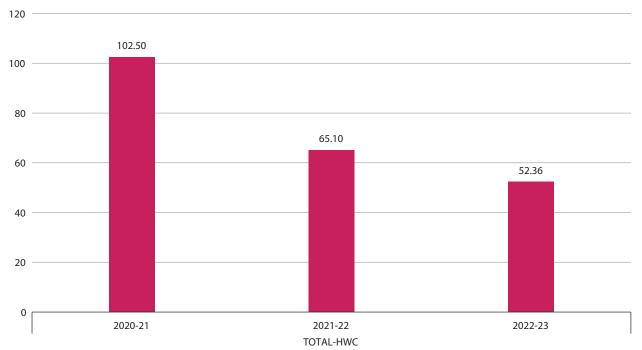


Figure 8: Percentage HWCs progress against target - FY wise (%)



Manipur (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 6.8 | 9.8 | 10 | 9.9 | 7.9 | 8.3 | 12.1 | 11.7 | 9.3 | 10.7 | 9.6 | 8.3 | 11.6 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Red – Poor l rban Stats N | Children Under 5 Years - Stunted^ (Height For Age) (%) | 28.9 | 20.1 | 25.1 | 23.4 | 15.5 | 34 | 25.1 | 18.4 | 15.6 | 27.3 | 27.1 | 31.5 | 27.1 |
| ormance, F se Rural Ui | soff Children Age 6-23 Months (%) # (%) # (%) # (%) # (%) | 18.8 | 20 | 19.4 | 19.6 | 21.1 | 14.2 | 23.6 | 19.2 | 13 | 21.9 | 26.5 | 22.9 | 15.3 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 78 | 79.6 | 73.9 | 75.7 | 76.7 | 6.93 | 78.9 | 72.5 | 83.6 | 79.9 | 78.1 | 79.9 | 45 |
| (Gree | (%) srhrið lenoitutitenl | 69.1 | 92.5 | 73.9 | 79.9 | 89.5 | 55.5 | 72.9 | 91.7 | 95.7 | 45.8 | 57.7 | 87.8 | 44.6 |
| | latan9ther Who Had At Least 4 Antenatal Care Visits (%) | 69 | 88.8 | 74.5 | 79.4 | 77.4 | 66.6 | 61.3 | 87.1 | 93.4 | 64.9 | 56.4 | 89.9 | 38.8 |
| | (%) beed there (%) | 30.1 | 12.7 | 12 | 12.2 | 20 | 11 | 8.7 | 16.7 | 12.5 | 8.5 | 8.4 | و | 12.7 |
| | (%) əsU mobnoD | 1.3 | 6.1 | 4 | 4.8 | 3.7 | 4.9 | 5.5 | 5.4 | 5.2 | 3.2 | 4.4 | 4.8 | 2.9 |
| | (%) UND/PPIUD | 3.7 | 5.5 | 4.5 | 4.9 | 3.9 | 6 | 6.3 | 3.1 | 4.5 | 4.3 | 12.3 | 5.5 | 3.8 |
| | prinnafi yimsi Toz For Family Planning By Currently Married Women Age 15- 49 years (%) | 23.6 | 61.5 | 61.2 | 61.3 | 46.3 | 56.6 | 61.8 | 50.1 | 6.9 | 65.2 | 65.2 | 72.2 | 56.9 |
| | beirre Married (%) Before 18 (%) | 13.7 | 14.2 | 17.6 | 16.3 | 20.9 | 22.3 | 10.5 | 15.2 | 15.3 | 15.5 | 19.9 | 17.5 | 11.1 |
| | (%) 9pA 94-21 9ferstil nomoW | N/A | 92.1 | 84.8 | 87.6 | 88.4 | 80.2 | 84.2 | 06 | 92.5 | 81.9 | 76.8 | 85.4 | 86.9 |
| | rədməm ləusu yns difi w sblodəsuoH covered under a health insurance/ (%) | 3.6 | 12.3 | 15.3 | 14.2 | 9.3 | 16.1 | 18.2 | 7 | 15.7 | 15.4 | 16.8 | 19.1 | 17 |
| | Sex Ratio At Birth (Females/1000 Males) | 962 | 1010 | 947 | 967 | 945 | 1008 | 1057 | 936 | 1039 | 938 | 932 | 606 | 966 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | States / Districts | Manipur | Manipur | Manipur | Manipur | Bishnupur | Chandel | Churachandpur | lmphal East | Imphal West | Senapati | Tamenglong | Thoubal | Ukhrul |
| | .oN .2 | - | 2 | m | 4 | Ŋ | 9 | ~ | œ | 6 | 10 | 11 | 12 | 13 |

NHHS5 replaced 'Immunized' (word) from NHHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card on mother's recall & vaccination card only - vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card only - vaccination polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid to semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food groups.

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

- A. Green Color Best three performing districts within the districts for a particular indicator
 - B. Red Worst three performing districts within the districts for a particular indicator
- C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days
 - D. ** Based on the youngest child living with the mother
- # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய்
 - F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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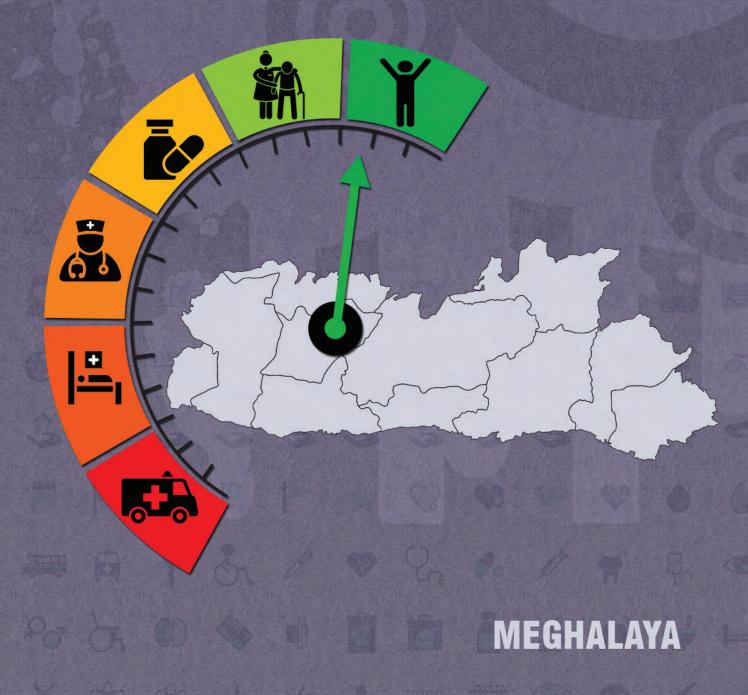


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | | |
|------------------|---|--|--|--|--|--|
| 3 rd | East Khasi Hills (Shillong), Jaintia Hills & West Khasi Hills | | | | | |
| 7 th | Ri Bhoi West Garo Hills | | | | | |
| 9 th | West Jaintia Hills South West Garo Hills | | | | | |
| 11 th | East Khasi Hills South Garo Hills | | | | | |
| 13 th | West Garo Hills Ri Bhoi | | | | | |

MEGHALAYA

1. BACKGROUND

1.1 State Profile

Meghalaya is positioned^a 23rd in India for a geographical spread of 22,429 km² (RHS 2019). The State is divided into 11 districts and estimated to have a population of over 0.3 crores^b, which accounts for approximately 0.24% of India's total population^c. It is projected that the population would reach around 0.32 crores by 2021 (Census Population Projection 2019). As per Census 2011, the Scheduled Tribe (ST) population is 0.26 crores (86.15%). In the State, 79.9 % of the population reside in rural areas, while 20.1% constitute the urban population. The total length of roads^d in the State is 22,939 km (0.45%^e), in which, the length of the national highways is 1203 km (1.1%^f) and state highways is 772 km (0.44%^g).

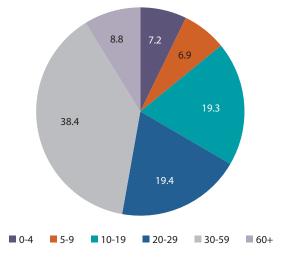
A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

It is estimated that there are 19.3% of the total population in the age group of 10-19 years, 57.8% within 20 to 59 years; while 8.8% are 60 years and above in North-Eastern states (excluding Assam; Figure 2). The crude birth rate and the crude death rate have declined from 25.1 & 7.5 in 2005 to 23.2 & 5.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 62.6% in 2001 to 74.4% in 2011, with male & female literacy rates being 76.0% and 72.9%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^h is

- ^d Basic Road Statistics 2019, MoRTH
- e Percentage of total length of roads in Meghalaya
- ^f Percentage of total length of National Highways in the country
- ⁹ Percentage of total length of State Highways in the country





^a Including all States & UTs

Census 2011

c RHS 2019

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

24.1% for higher education, 43.35% for senior secondary education, 87.27% for secondary education, 139.39% for elementary education, and 140.90% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Meghalaya, 81.0% of elderly females and 33.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 53% of elderly females and 18% elderly males are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 16% for men and 19% for women, which are below the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). In **Meghalaya**, 49.0% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Ribhoi, South West Khasi Hills and West Khasi Hills reported high ANC coverage, ranging between 61 to 64. Whereas, East Garo Hills, North Garo Hills and South West Garo hills reported low ANC coverage, ranging between 24.3 to 28.5. As reported in HMIS 2019-20, around 59.7% of the deliveries took place in institutions, out of which 76.4% took place in public health facilities. Total percentage of C-sections (15.7%) is on par with the WHO's standard (10-15%); and out of the total reported C-sections, about 43.1% are conducted at private facilities in the State. Around 43.5% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 56.2% (NFHS-4) to 53.8% (NFHS-5). Anaemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

As per NFHS 5, Meghalaya's sex ratio at birth is 989 females per 1,000 males. The lowest SRBs¹ ranging between 851 - 894 are reported in East Khasi Hills, North Garo Hills, and Ribhoi districts; while the highest ones, ranging between 1036 - 1427 are reported in East Garo hills, South West Garo Hills, West Garo hills and West Jaintia hills.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 81.3% (NFHS 4) to 80.0% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 35.8% to 42.7%. A decrease in childhood anaemia from 48.0% to 45.1% in children

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

k Iron Folic Acid Tablets

Sex Ratio at Birth

^m NFHS 5 Meghalaya Factsheet, based on information from vaccination card only

aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, relatively low stunting rates, ranging from 29.8% to 35.6% are reported from North Garo Hills, South Garo Hills and South West Garo hills. While relatively higher stunting rates, ranging from 49.8% to 59% are reported from East Jaintia Hills, South West Khasi Hills and West Khasi Hills. For under-5 wasting-East Jaintia Hills, West Jaintia Hills and West Khasi Hills districts reported a low burden, ranging from 8% to 9.7%; while East Garo Hills, South Garo Hills and South West Garo Hills reported a relatively higher burden, ranging from 18.3% to 20.1%.

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in the State is reported as 26.9%, while the unmet need for spacing is 18.3% (NFHS 5). East Khasi Hills reported the highest total unmet need (33%), while West Garo Hills reported the lowest (19.7%). Approximately 22.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 5.6%, while nil in males.

2.4 Communicable Diseases

The State has 8 functional IDSP units in placeⁿ. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 36.25% of total disease burden (Annexure 1.4). Lower respiratory tract infection, malaria, neonatal preterm birth, diarrheal diseases and drug susceptible TB are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annual total case notification rate is 129% and NSP^o success rate is 73% as opposed to the national averages of 163% and 79%, respectively. For NLEP^p, the reported prevalence rate of 0.04 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 4 deaths due to Malaria are reported, while none by Dengue or Kala Azar.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 64.1% of all deaths are premature in the State, while disability or morbidity accounts for 35.9%. Ischaemic heart diseases and Asthma and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 56.36% of DALYs; whereas, injuries contribute to 7.40% of DALYs in the State^q. The State is positioned 25th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 28.2% of women and 57.7% of men used any kind of tobacco, while 1.5% of women and 32.4% of men consumed alcohol. Overall, behavioural factors (smoking, alcohol use), metabolic factors (high systolic blood pressure, high fasting plasma glucose) and air pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

ⁿ QPR NHM MIS Report (status as on 01.03.2020)

New Smear Positive

P National Leprosy Eradication Programme

^q https://vizhub.healthdata.org/gbd-compare/india

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is 29,544 crores. The State is positioned 27th out of 32 states in terms of per capita^r of ₹ 84,725. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 2,201 in public facilities & ₹ 15,591 in private facilities; whereas for urban areas, it is around ₹ 8,219 in public facilities and ₹ 29,618 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,332 in public facilities & ₹ 12,457 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 2,971 in public facilities and ₹ 2,971 in public facilities and ₹ 17,540 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 62% in rural and 55% in urban areas; whereas for diagnostics, it is 10% in rural and 11% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time with no shortfall in the required facilities (Annexure 2, Figure 9). Currently, there are 440 SCs, 119 PHCs and 28 CHCs in place, against the required 830 SCs, 125 PHCs and 38 CHCs. Similarly, in urban settings, there are 24 PHCs in place against the required 13. The State has 11 DHs and 1 government medical college. In the State, 73% of DHs serve as functional FRUs. In tribal catchments, there are 444 SCs, 111 PHCs and 26 CHCs in place, against the required 778 SCs, 116 PHCs and 29 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 301 HWCs (203 SHCs, 79 PHCs & 19 UPHCs) are operationalized in the State as of 22nd December 2021^s.

The State has 100% of required ASHAs in position under both NRHM and 85% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 14 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 89.97 availed (events) IPD services and 1358.02 availed (events) OPD services. As per the NSSO data (2017-18), 55% of all OPD cases in rural areas and 20% in urban areas; and 93% of all IPD cases in rural areas & 44% in urban areas utilized public health facilities. The public health facility utilization in rural areas is above the national utilization averages of rural and urban areas (Annexure 1.6).

Directorate of Economics & Statistics

S AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^t

| Indicator | Meghalaya 2011 ¹ | India | | |
|---|-----------------------------|----------------------------------|--|--|
| Total Population (In Crore) | 0.30 | 121.08 | | |
| Rural (%) | 79.93 | 68.85 | | |
| Urban (%) | 20.07 | 31.14 | | |
| Scheduled Caste population (SC) (in crore) | 0.002 (0.58%) | 20.14 (16.63%) | | |
| Scheduled Tribe population (ST) (in crore) | 0.26 (86.15%) | 10.45 (8.63%) | | |
| Total Literacy Rate (%) | 72.9 | 72.99 | | |
| Male Literacy Rate (%) | 76 | 80.89 | | |
| Female Literacy Rate (%) | 74.4 | 64.64 | | |
| Number of Districts in the Meghalaya ² | 11 | | | |
| | Population ¹ | Districts ¹ (Numbers) | | |
| | <10 Lakhs | 7 | | |
| Number of districts per lakh population in Meghalaya (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 0 | | |
| | ≥20 Lakhs - <30 lakhs | 0 | | |
| | ≥30 Lakhs | 0 | | |

| ST SC Dominant (Top 5) Districts of Meghalaya ¹ | | | | | |
|--|--|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | | | |
| West Khasi Hills - 97.82% | West Garo Hills - 1.37% | | | | |
| East Garo Hills - 95.99% | East Khasi Hills - 0.68% | | | | |
| Jaintia Hills - 95.19% | Jaintia Hills - 0.33% | | | | |
| South Garo Hills - 94.31% | Ribhoi - 0.23% | | | | |
| Ribhoi - 88.89% South Garo Hills - 0.22% | | | | | |
| Top 5 ST dominant district accounts for - 55.59% | Top 5 SC dominant district accounts for - 96.10% | | | | |

| 1.2 Key Health Status & Impact Indicators | | | | | | | |
|---|-----------|-------|--|--|--|--|--|
| Indicators | Meghalaya | India | | | | | |
| Infant Mortality Rate (IMR) ³ | 33 | 30 | | | | | |
| Crude Death Rate (CDR) ³ | 5.6 | 6 | | | | | |

t Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 23.2 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | NA | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | NA | 23 |
| Under Five Mortality Rate (U5MR)⁴ | NA | 36 |
| Still Birth Rate ⁴ | NA | 4 |
| Total Fertility Rate (TFR)⁴ | NA | 2.2 |
| Life expectancy at birth⁵ | NA | 69.4 |
| Sex Ratio at Birth⁴ | NA | 899 |
| | | |

1.3 Key Health Infrastructure Indicators"

| | | | _ | | |
|---|-------------------|-----------------------|--------------------------|------------------------|-------|
| Indicators | | | Numbers (Total) | | |
| Number of District Hospitals ² | | | | 11 | |
| Number of Sub District Hospital ² | 0 | | | | |
| Number of Government (Central + State) Medic | 1 | | | | |
| Number of Private (Society + Trust) Medical Col | 0 | | | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) | |
| SHC-HWC | 203 | 90 | 215 | 298 | |
| PHC-HWC | 79 | 108 | 108 | 108 | |
| UPHC-HWC | 19 | 19 | 19 | 19 | |
| Total-HWC | 301 | 217 | 342 | 425 | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 31 | | 28 | 9.68 | |
| Number of Primary Health Centres (PHC) | 125 | | 119 | 4.80 | |
| Number of Sub Centres (SC) | 830 | | 440 | 46.99 | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | |
| | 8 | | 0 | 0 | |
| Urban ² | Required (R) | | In place (P) | Shortfall (S) (%) | |
| Number of PHC | 13 | | 24 | -84.62 | |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% | |
| Number of CHC | 29 | | 29 26 | | 10.34 |
| Number of PHC | 116 | | 116 111 | | 4.31 |
| Number of SC | 778 | | 778 444 | | |

^u Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Meghalaya | India |
|---|-----------|--------|
| IPD per 1000 population | 89.97 | 62.6 |
| OPD per 1000 population | 1358.02 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 44.74 | 36.4 |

| 1.4 Major Health Indicator ^v | | | | |
|--|-----------|----------|--|--|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Meghalaya | India | | |
| % DALY ^w accountable for CMNNDs ^x | 36.25 | 27.46 | | |
| % DALY accountable for NCDs | 56.36 | 61.43 | | |
| % DALY accountable for Injuries | 7.4 | 11.11 | | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Meghalaya | India | | |
| Level of Birth Registration (%) | 100 | 92.7 | | |
| Level of Death Registration (%) | 97.6 | 92 | | |
| Percentage of medically certified deaths to total registered deaths (%) | 32.9 | 20.7 | | |
| RMNCHA+N | | | | |
| Maternal Health ⁹ | Meghalaya | India | | |
| % 1st Trimester registration to Total ANC Registrations | 34.8 | 71.9 | | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 49 | 79.4 | | |
| Total Reported Deliveries | 90,491 | 21410780 | | |
| % Institutional deliveries to Total Reported Deliveries | 59.7 | 94.5 | | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 76.4 | 67.9 | | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 23.6 | 32.1 | | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 15.7 | 20.5 | | |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 7.2 | 14.1 | | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 43.1 | 34.2 | | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 43.5 | 53.4 | | |
| Neonatal ⁹ | Meghalaya | India | | |
| % live birth to Reported Birth | 97.8 | 98.8 | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 7.9 | 12.4 | | |
| % Newborns breast fed within 1 hour of birth to Total live birth | 90.1 | 89.9 | | |

^v Sources are mentioned at the end of Annexure 1

Disability Adjusted Life Years

* Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Meghalaya | India |
|---|-----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 5 | 895 |
| New Born Stabilization Unit (NBSU) | 17 | 2418 |
| New Born Care Corner (NBCC) | 130 | 20337 |
| Child Health & Nutrition ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 10.4 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 73.2 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 26.6 | 32.1 |
| Child Immunization ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 80 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 89.3 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 72.5 | 87.9 |
| Family Planning ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 18.3 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Meghalaya | India |
| Number of districts with functional IDSP unit | 8 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Meghalaya | India |
| Annualized total case notification rate (%) | 129 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 73 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Meghalaya | India |
| Prevalence Rate/10,000 population | 0.04 | 0.61 |
| Number of new cases detected | 17 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Meghalaya | India |
| Deaths due to Malaria ¹¹ | 4 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 14.5 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 15.9 | 30.7 |

| Non-Communicable Disease | | |
|---|-----------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 10 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.2 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 8.6 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Meghalaya (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 28.2 | 8.9 |
| Men who use any kind of tobacco (%) | 57.7 | 38 |
| Women who consume alcohol (%) | 1.5 | 1.3 |
| Men who consume alcohol (%) | 32.4 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Meghalaya | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 25 | NA |
| Total number of fatal Road Accidents | 169 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 37.1 | 33.7 |
| Number of persons killed in Road Accidents | 179 | 115113 |

1.5 Access to Care^y

| Health Systems Strengthen | ing | |
|--|-----------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Meghalaya | India |
| Number of Districts equipped with MMU under NRHM | 4 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | Meghalaya | India |
| 102 Туре | 0 | 9955 |
| 104 Type | 0 | 605 |
| 108 Туре | 43 | 10993 |
| Others | 0 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 16 | 11070 |

^y Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | | |
|--|---|------------------|---------------|--|--|
| ASHA ¹³ | | Meghalaya | India | | |
| Total number of ASHA ta | argeted under NRHM | 6519 | 946563 | | |
| Total number of ASHA ir | n position under NRHM | 6519 | 904211 | | |
| % of ASHA in position u | nder NRHM | 100 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 210 | 75597 | | |
| Total number of ASHA ir | n position under NUHM | 179 642 | | | |
| % of ASHA in position u | osition under NUHM 85.24 | | 85 | | |
| Community Process ¹¹ | | Meghalaya | India | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 6249 554847 | | | |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 89 81134 | | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Meghalaya India | | | |
| DH | 11 | 796 | | | |
| СНС | | 28 6036 | | | |
| РНС | | 111 | 20273 | | |
| ICHC | | 0 | 126 | | |
| UPHC | | 0 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Megh | alaya | | |
| Specialist Cadre Availab | le in the state (Y/N) | N | lo | | |
| HR Policy available (Y/N |) | Y | 25 | | |
| Implementation of HRIS | (Y/N) | N | lo | | |
| HR Integration initiated | (Y/N) | N | o | | |
| Public Health Cadre avai | ilable (Y/N) | N | о | | |
| | Specialists (%) | 6 | 1 | | |
| | Dentists (%) | 2 | 0 | | |
| Overall Vacancies | MO MBBS (%) | 2 | 8 | | |
| (Regular + contractual) | Nurse (%) | 3 | 6 | | |
| | LT (%) | 1 | 2 | | |
| | ANM (%) | | 4 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system14 | 14 per 10,000 | 14 per 10,000 | | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 3:1 | 5:1 | | |

| | | | Total (Regu | lar + NHM) | | |
|--------------------------|-----------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^z | 1898 | 1419 | 1310 | 109 | 588 | |
| Staff Nurse | 2148 | 1512 | 1169 | 343 | 979 | |
| Lab Technician | 420 | 282 | 255 | 27 | 165 | 60.02 |
| Pharmacists | 229 | 235 | 234 | 1 | 0 | 69.03 |
| MO MBBS ^{aa} | 431 | 717 | 526 | 191 | 0 | |
| Specialist ^{bb} | 443 | 337 | 142 | 195 | 301 | |

| 1.6 Healthcare Financing ^{cc} | | | | | |
|--|-----------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Megh | nalaya | In | dia | |
| Per Capita Government Health Expenditure (in ₹) | Ν | IA | 17 | 1753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | Ν | IA | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | NA | | 5.12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | NA | | 48.8 | | |
| National Comple Summer Office (NSSO) (2017-2018) | Meghalaya | | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 55 | 20 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 93 | 44 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 1073 | 0 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 647 | 2275 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 2201 | 8219 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 15591 | 29618 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 10 | 11 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 62 | 55 | 53 | 43 | |

^z MPW – Multi Purpose Health Worker (Female + Male)

^{aa} MO MBBS (Full Time)

^{bb} Specialist (All Specialist)

^{cc} Sources are mentioned at the end of Annexure 1

^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2332 | 2971 | 2,402 | 3,091 |
|--|-------|-------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 12457 | 17540 | 20,692 | 26,701 |
| State Health Expenditure | Megh | alaya | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 7 | .2 | 5 | dd |

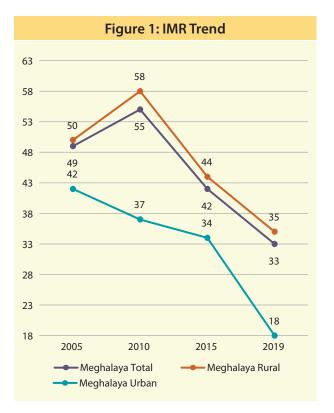
Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{dd} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2



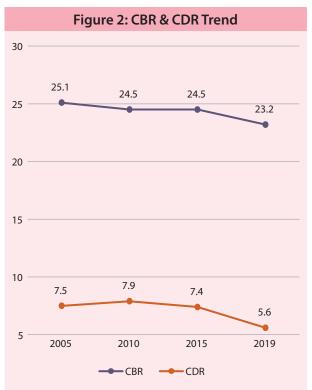
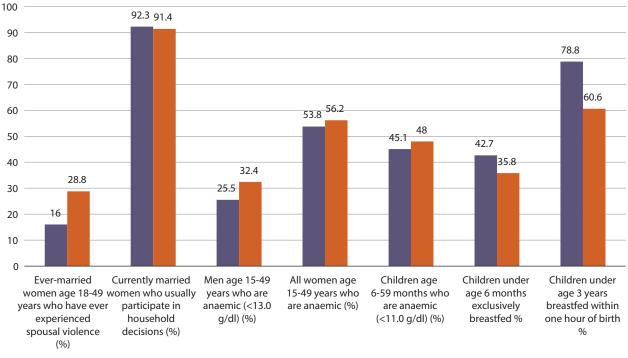


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



■ NFHS 5 ■ NFHS 4

Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Meghalaya Both sexes, All ages, DALYs per | 100,000 2019 rank |
|--------------------------------|--|--------------------------------|
| 1 Lower respiratory infect | | 1 Lower respiratory infect |
| 2 Diarrheal diseases | | 2 Malaria |
| 3 Drug-susceptible TB | the second second | 3 Neonatal preterm birth |
| 4 Malaria | | 4 Diarrheal diseases |
| 5 Neonatal preterm birth | | 5 Drug-susceptible TB |
| 6 Neonatal encephalopathy | | 6 Neonatal encephalopathy |
| 7 Measles | | 7 Ischemic heart disease |
| 8 Typhoid fever | | 8 Asthma |
| 9 Other neonatal | | 9 Dietary iron deficiency |
| 10 Meningitis | | 10 COPD |
| 11 Whooping cough | | 11 Other musculoskeletal |
| 12 Dietary iron deficiency | 1.1.1.1.1.1 | 12 Esophageal cancer |
| 13 Neonatal sepsis | | 13 Migraine |
| 14 Protein-energy malnutrition | The second second | 14 Other neonatal |
| 15 Peptic ulcer disease | | 15 Major depression |
| 16 Ischemic heart disease | THE XH/ | 16 Diabetes type 2 |
| 17 COPD | | 17 Low back pain |
| 18 Asthma | - And - | 18 Intracerebral hem |
| 22 Low back pain | | 21 Peptic ulcer disease |
| 23 Esophageal cancer | | 22 Typhoid fever |
| 24 Major depression | A XX | 24 Neonatal sepsis |
| 25 Intracerebral hem | | 42 Meningitis |
| 27 Migraine | | 48 Protein-energy malnutrition |
| 31 Other musculoskeletal | | 55 Whooping cough |
| 42 Diabetes type 2 | Y | 141 Measles |
| | Communicable, maternal, | |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Meghalaya Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Child wasting | 1 Low birth weight |
| 2 Low birth weight | 2 Short gestation |
| 3 Short gestation | 3 Smoking |
| 4 Household air pollution from solid fuels | 4 Alcohol use |
| 5 Unsafe water source | 5 High systolic blood pressure |
| 6 Unsafe sanitation | 6 Household air pollution from solid fuels |
| 7 Child underweight | 7 High fasting plasma glucose |
| 8 Child stunting | 8 Child wasting |
| 9 Smoking | 9 Ambient particulate matter pollution |
| 10 No access to handwashing facility | 10 Iron deficiency |
| 11 Non-exclusive breastfeeding | 11 High body-mass index |
| 12 Secondhand smoke | 12 Unsafe water source |
| 13 High systolic blood pressure | 13 Kidney dysfunction |
| 14 Alcohol use | 14 Unsafe sanitation |
| 15 Iron deficiency | 15 Secondhand smoke |
| 16 Ambient particulate matter pollution | 16 Diet low in fruits |
| 17 High fasting plasma glucose | 17 High LDL cholesterol |
| 18 Occupational injuries | 18 Occupational injuries |
| 19 Vitamin A deficiency | 19 Drug use |
| 20 Kidney dysfunction | 20 No access to handwashing facility |
| 21 Diet low in fruits | 21 Lead exposure |
| 22 Lead exposure | 22 Child underweight |
| 24 High LDL cholesterol | 27 Non-exclusive breastfeeding |
| 25 High body-mass index | 28 Child stunting |
| 26 Drug use | 48 Vitamin A deficiency |

Environmental/occupat risks Behavioral risks

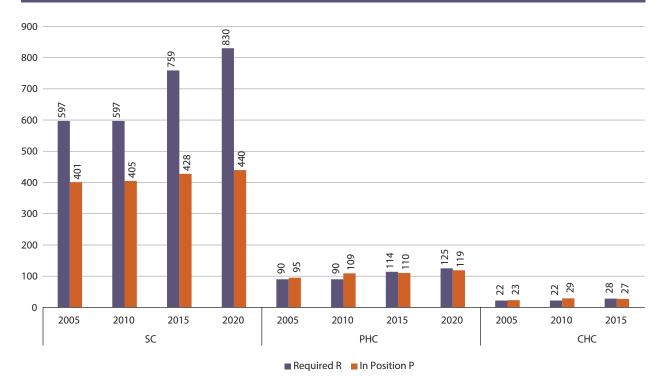


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

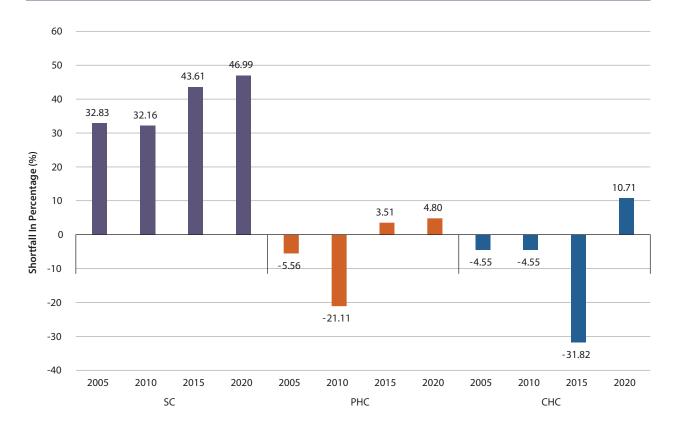
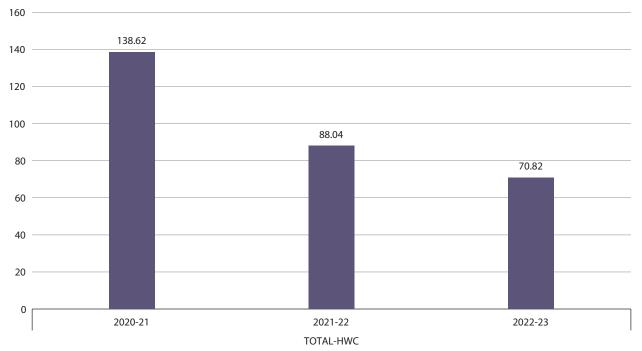


Figure 8: Percentage HWCs progress against target - FY wise (%)



Meghalaya (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| (e) | (61) | | | | | | | | | | | | | |
|---|--|--------------|--------------|--------------|--------------|-----------------|--------------------|------------------|------------------|--------------|------------------|--------------------------|---------------------------|-----------------|
| erformanc ot Availabl | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 15.3 | 13 | 12 | 12.1 | 20.1 | 8.5 | 11.2 | 11.7 | 17.9 | 18.3 | 19.9 | 10.4 | 14.9 |
| ed – Poor F oan Stats N | Children Under 5 Years - Ctunted^ (Height For Age) (%) | 43.8 | 35.1 | 48.2 | 46.5 | 39.7 | 49.8 | 44.6 | 35.6 | 42.5 | 29.8 | 32.2 | 51.4 | 39.5 |
| ormance, R se Rural Url | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 23.5 | 39.5 | 28.4 | 29.8 | 43.9 | 25.5 | 34.8 | 13.2 | 37.3 | 23 | 30 | 31.2 | 17.2 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 81.3 | 76 | 80.5 | 80 | 94.5 | 82.4 | 69.4 | | 86.7 | 89.1 | 90.1 | 86.3 | 78.6 |
| (Gree | (%) sıtrığ lenoitutitzırl | 51.4 | 82.7 | 54.3 | 58.1 | 73.8 | 48.4 | 63.4 | 61.5 | 56.9 | 88.3 | 83.7 | 41.7 | 89.6 |
| | 4 teast f bsH orWhorMother Least 4 (%) Abb District (%) | 50 | 67.5 | 49.6 | 52.2 | 25.5 | 58.6 | 57.5 | 24.3 | 61 | 33.3 | 28.5 | 63.4 | 48 |
| | (%) bəəV təmuU lstoT | 21.2 | 21.9 | 28.2 | 26.9 | 21 | 26 | 33 | 25.2 | 27 | 25.3 | 30.4 | 26.2 | 19.7 |
| | (%) əsU mobnoD | 1.3 | 3.9 | 2.4 | 2.7 | 4.9 | 2 | 1.6 | 3.2 | 4.4 | 2.8 | 6.2 | 1.2 | 4.1 |
| | (%) ania/dni | 2.1 | 2.9 | 4.7 | 4.4 | 4.7 | 1.9 | 2.4 | 3.4 | 4.9 | 6 | 5.5 | 1.2 | 9.5 |
| | ylimsf nof DseU botteM ynA PainsM ytrornu y B gninnsf (%) stsey 84-21 opA nomoW | 24.3 | 25.9 | 27.8 | 27.4 | 37 | 33.6 | 12.1 | 19.2 | 33.1 | 37.6 | 36.7 | 26.5 | 44.1 |
| | bəinəM sısə2 42-02 ge nəmoW Before 18 (%) | 16.9 | 9.1 | 19.1 | 16.9 | 13.7 | 25.3 | 14.6 | 13.2 | 20.3 | 10.2 | 15.3 | 21.6 | 10.4 |
| - | (%) əpA 94-21 əfterəte NomoW | N/A | 97.1 | 85.5 | 88.2 | 86.7 | 76 | 93.7 | 86.1 | 89.5 | 88.6 | 82.6 | 85.9 | 89 |
| - | leuzu yns rtiw sblodesuoH hflsed s robou borovo rodmom (%) omodoz gorionanityoonaniusni | 34.6 | 52.8 | 66.5 | 63.5 | 71.9 | 74.1 | 47.1 | 60.8 | 66.8 | 79.5 | 75.1 | 72.3 | 9.77 |
| | Sex Ratio At Birth (Females/1000 Males) | 1009 | 915 | 1001 | 989 | 1427 | 1015 | 851 | 894 | 871 | 1011 | 1036 | 1032 | 1396 |
| - | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| - | stəitricVəfafð | Meghalaya | Meghalaya | Meghalaya | Meghalaya | East Garo Hills | East Jaintia Hills | East Khasi Hills | North Garo Hills | Ribhoi | South Garo Hills | South West Garo Hills | South West Khasi Hills | West Garo Hills |
| | .o.N .2 | - | 2 | m | 4 | 2 | 9 | ~ | ø | 6 | 10 | 11 | 12 | 13 |

| 9.7 | 8 |
|--------------------|------------------|
| 48.7 | 59 |
| 24.5 | 27.5 |
| 84.1 | 77.4 |
| 42.2 | 41.7 |
| 43.1 | 64 |
| 29.3 | 25.8 |
| 1 | 0.5 |
| 2.5 | 1.6 |
| 19.3 | 26.3 |
| 19.9 | 30.3 |
| 80 | 87.4 |
| 65.6 | 60.1 |
| 1036 | 984 |
| NFHS 5 Total | NFHS 5 Total |
| West Jaintia Hills | West Khasi Hills |
| 14 | 15 |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency) for the static receiving 4 or more food groups and a minimum meal frequency from at least twice a day of provident at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day of providents from at least twice a day of providing the milk or milk for directory of properties of the provident of the provident of provident of providents food groups of the provident of the provident of the provident of provident of provident of the prov

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best four performing districts within the districts for a particular indicator

Red – Worst four performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency into the state of the set of the state of the milk products of store). ய்

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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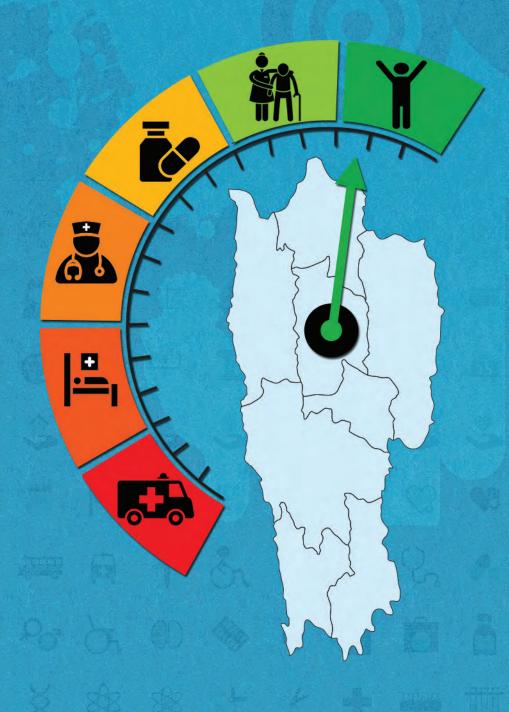
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





MIZORAM

HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | |
|------------------|-------------------|----------|--|
| 2 nd | Kolasib | Serchhip | |
| 8 th | Aizwal | Lunglei | |
| 13 th | East Aizwal | Mamit | |
| 14 th | Mamit Lawngtlai | | |

MIZORAM

1. BACKGROUND

1.1 State Profile

Mizoram is the fifth largest^a North-Eastern State in India with a population of over 10.97 lakh. The state is divided into 9 districts as of 2021^b with an expected increase in population to 12.16 lakh by 2021^c. The literacy rate has increased from 88.8% in 2001 to 91.3% in 2011 with male & female literacy rates being 93.3% and 89.3% respectively. As per census 2011, the Scheduled Caste population is 0.012 lakh (0.11%) and the Scheduled Tribe (ST) population is 10 lakh (94.43%). Around 47.89% of the population reside in rural areas, while the rest constitute the urban population. Every district in the State has over 87% of its population constituted by the Scheduled Tribes (Figure 1 & Annexure 1, State Profile). Agriculture and allied sector are the major contributors to the State Gross Domestic Product. Around 65% of the workers in Mizoram are engaged as cultivators and agricultural laborers^d.

At present, two cities^e are covered under National Urban Health Mission with no metro & no million plus city in the state. The total length of roads^f in Mizoram is 11,012 km (0.22%⁹), in which, the length of the national highways is 1382 km (1.2%^h) and state highways is 170 km (0.10%ⁱ).

A detail report on the key indicators has been attached as Annexure 1.

^h Percentage of total length of National Highways in the country

^a Census 2011; RHS 2020; and among North-East States

^b RHS 2020

^c Census Population Projection Report 2019

^d Economic Survey 2019-20; https://planning.mizoram.gov.in/uploads/attachments/4d6a424cb421f1fafef5c29cb0068b83/economic-survey-2019-20.pdf

e QPR NHM MIS Report as on 31 Dec 2020

^f Basic Road Statistics 2019, MoRTH

^g Percentage of total length of roads in State

ⁱ Percentage of total length of State Highways in the country

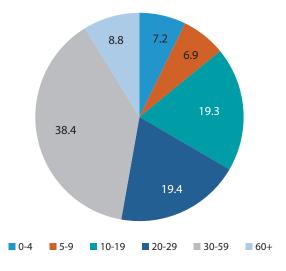
1.2 Demography

Overall^j, in North-Eastern States (excluding Assam), 19.3% of the total population is in 10-19 years' age group. 57.8% of the total population is between 20 to 59 years; while 8.8% are above 60 years of age. As per ESAG 2018 report, the Gross Enrollment Rate^k (GER) is 24.1% for higher education, 55.68% for senior secondary education (XI-XII), 109.02% for secondary education (IX-X), 126.56% for elementary education (I-VIII); and 122.99% for primary education (I-V).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged (60+) share 8.8% of the states' total population. In Mizoram, 49.0% of the elderly females and 16.0% elderly males living in rural areas are economically fully dependent on others, while

Figure 1: North-East States (Excluding Assam) Distribution of estimated Population 2021 (%)



43% of the elderly females & 29% elderly males are economically totally dependent on others in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 11% each, which is much below the national average of 31% for both men and women (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Mizoram has been able to provide RMNCHA+N^I services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^m, institutional deliveries, C sections, distribution of IFAⁿ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown improvement since 2005 (NFHS 4 & 5). In Mizoram, 57.1% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 (Annexure 3) Lawngtlai, Saiha and Mamit districts reported the least ANC coverage, ranging between 33% - 52.5%. Whereas Champhai, Kolasib and Aizwal districts reported relatively better ANC coverage ranging between 66% - 68.5%. As reported in HMIS 2019-20, around 89.2% of the deliveries took place in institutions, out of which 79.8% took place in public health facilities. Total percentage of C-sections is (18.6%) is only slightly higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 34.3% is reported to be conducted at the private facilities in the State. Around 15.5% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anemia in women aged 15-49 years increased from

^j Population projection 2021 for Manipur is not available

^k Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

¹ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^m Antenatal Check up

Iron Folic Acid Tablets

24.8% (NFHS 4) to 34.8% (NFHS 5). Anemia in females of reproductive age group is twice than men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Since the inception of NHM in 2005, Mizoram has shown a significant decline in IMR from 20 (2005) to 3 (2019) (Annexure 2, Figure 1). As per the NFHS 5, the lowest SRB^o ranging between 726 to 860 are reported in Champhai, Mamit and Kolasib districts, while the highest ones, ranging between 1084 to 1131 are reported in Serchhip, Lawngtlai and Saiha districts.

Full vaccination^p coverage for children between 12 – 23 months of age has improved from 71.3% (NFHS 4) to 83.7% (NFHS 5). The percentage of under 6-months children exclusively breastfed has increased from 61.1% (NFHS 4) to 67.9% (NFHS 5). An increase in childhood anemia from 19.3% (NFHS 4) to 46.4% in children aged 6-59 months is reported in NFHS 5 (Annexure 2, Figure 3). As per the NFHS 5 report, low stunting rates which ranged from 25.3% to 26.5% are reported from Aizwal, Mamit and Lunglei districts. While higher stunting rates which ranged from 31.8% to 43.8% are reported from Sercchip, Lawngtlai and Saiha districts. For under-5 wasting –Aizwal, Mamit and Saiha districts reported a low burden, which ranged from 7.3% to 7.7%; while Kolasib, Champhai and Lawngtlai districts reported a relatively higher burden, which ranged from 11.3% to 16.2%.

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in Mizoram is reported as 18.9%, while the unmet need for spacing is 12.8%. Champhai district reported the lowest total unmet need of 11.2%, while Saiha reported the highest (22.5%). Approximately 30.8% of married women reported to avail any modern method of family planning in the State (NFHS 5). The sterilization acceptance among females is 13%, while none of the males are opting for sterilization.

2.4 Communicable Diseases

Mizoram has 9 IDSP units functional^q. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 34.18% of total disease burden (Annexure 1.4). Lower respiratory tract infections, HIV/AIDS, Other neonatal conditions and Neonatal Preterm birth are the leading causes of DALYs in Mizoram (Annexure 2, Figure 4). As per QPR reports, for TB, the annual total case notification rate is 201 and NSP^r success rate is 61; while the former is above the national average of 163, the latter is below the national average of 79. For NLEP^s, the reported prevalence rate of 0.04 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 8 deaths due to Malaria, while none due to Dengue, or Kala Azar are reported.

[°] Sex Ratio at Birth

^p NFHS 5 State Factsheet, based on information from vaccination card only

QPR NHM MIS Report (status as on 01.03.2020)

New Smear Positive

^s National Leprosy Eradication Programme

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 64.6% deaths are premature, while disability or morbidity accounts for 35.4%. COPD, other musculoskeletal conditions, lung cancer, stomach cancer and diabetes type 2 are the major causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 57.37% of DALYs; while injuries contribute to 8.45% of DALYs^t. Mizoram is positioned 32nd in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). In NFHS 5, it is reported that as high as 61.6% of women and 72.9% of men used any kind of tobacco, while 0.9% of women and 23.8% of men consumed alcohol. Overall, smoking, ambient particulate matter pollution, high fasting plasma glucose, high systolic pressure, and high body mass index are the top five risk factors for all DALYs (Annexure 2, figure 5).

2.6 Health Care Financing

Mizoram's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 17,506 crores. The State is positioned 17th out of 32 states in terms of per capita^u of ₹ 1,47,602. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,506 in public facilities, ₹ 13,096 in private facilities; whereas for urban areas, it is around ₹ 5,772 in public facilities and ₹ 14,422 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,019 in public facilities & ₹ 1,800 in private facilities; whereas in urban areas – OOPE is estimated to be around ₹ 2,503 in public facilities and ₹ 6,464 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 46% in rural and 65% in urban areas; whereas for diagnostics, it is 10% in rural and 15% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). There is no shortfall in SCs, PHCs or CHCs (Annexure 2, Figure 7). Currently, there are 311 SCs, 57 PHCs, and 9 CHCs in place, against the required 180 SCs, 27 PHCs and 6 CHCs in rural areas. The State has 9 DHs, 2 SDHs and 1 government medical college. In tribal catchments, there are 368 SCs, 65 PHCs and 9 CHCs in place, against the required 177 SCs, 26 PHCs and 6 CHCs.

Under Government of India flagship program of Ayushman Bharat, a total of 222 primary care facilities (159 SHCs, 55 PHC & 8 UPHC) have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Mizoram, 9 districts are equipped with MMUs under the NRHM, while none under the NUHM. Mizoram has 100% of required ASHAs in position under both NRHM & NUHM. The doctor to staff nurse ratio in place is 1:2, with 16 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1362.9 availed (events) OPD services and 76 availed (events) IPD services. As per the NSSO data (2017-18), 86% of all OPD cases in rural areas and 53% in urban areas; and 90% of all IPD cases in rural areas & 69% in urban areas utilized public health facilities. The public health facility utilization in Mizoram is above the national average for rural & urban areas (Annexure 1.6).

t https://vizhub.healthdata.org/gbd-compare/india

^u Directorate of Economics & Statistics

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^v

| Indicator | Mizoram 2011 ¹ | India |
|--|---------------------------|----------------------------------|
| Total Population (In crore) | 0.1 | 121.08 |
| Rural (%) | 47.89 | 68.85 |
| Urban (%) | 52.11 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0.00012 (0.11%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.10 (94.43%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 91.3 | 72.99 |
| Male Literacy Rate (%) | 93.3 | 80.89 |
| Female Literacy Rate (%) | 89.3 | 64.64 |
| Number of Districts in the Mizoram ² | 9 | |
| | Population ¹ | Districts ¹ (Numbers) |
| | <1 Lakhs | 4 |
| Number of districts per lakh population in Mizoram (Census 2011) | ≥ 1 Lakhs - <2 Lakhs | 3 |
| | ≥2 Lakhs - <5 lakhs | 1 |
| | ≥5 Lakhs | 0 |
| ST % s | hare of the districts | |
| Ch | amphai - 98.18% | |
| Se | erchhip - 96.84% | |
| (| Saiha - 96.58% | |
| Lav | wngtlai - 95.30% | |
| L | unglei - 95.10% | |
| Λ | Mamit - 95.03% | |
| A | Aizawl - 93.31% | |
| К | olasib - 87.67% | |
| | | |

| 1.2 Key Health Status & Impact Indicators | | | |
|---|---------|-------|--|
| Indicators | Mizoram | India | |
| Infant Mortality Rate (IMR) ³ | 3 | 30 | |
| Crude Death Rate (CDR) ³ | 4 | 6 | |

Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 14.5 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ (for other states including Mizoram) | 85 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | N/A | 23 |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 |
| Still Birth Rate ⁴ | N/A | 4 |
| Total Fertility Rate (TFR) ⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^w

| Indicators | | | | Numbers (Total) |
|---|-------------------------|----------------------|--------------------------|------------------------|
| Number of District Hospitals ² | | | | 9 |
| Number of Sub District Hospital ² | | | | 2 |
| Number of Government (Central + State) Medic | al College ⁶ | | | 1 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 0 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 159 | 113 | 215 | 283 |
| PHC-HWC | 55 | 57 | 57 | 57 |
| UPHC-HWC | 8 | 8 | 8 | 8 |
| Total-HWC | 222 | 178 280 | | 348 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 6 | | 9 | -50.00 |
| Number of Primary Health Centres (PHC) | 27 | | 57 | -111.11 |
| Number of Sub Centres (SC) | 180 | | 311 | -72.78 |
| Number of functional First Referral Units (FRUs) | DH | 1 | SDH | СНС |
| | 8 | | 1 | 5 |
| Urban ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of PHC | 13 | | 8 | 38.46 |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% |
| Number of CHC | 6 | | 9 | -50.00 |
| Number of PHC | 26 | | 65 | -150.00 |
| Number of SC | 177 | 7 | 368 | -107.91 |

Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Mizoram | India |
|---|---------|--------|
| IPD per 1000 population | 76.0 | 62.6 |
| OPD per 1000 population | 1362.9 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 119.0 | 36.4 |

| 1.4 Major Health Indicator ^x | | |
|--|---------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Mizoram | India |
| % DALY ^y accountable for CMNNDs ^z | 34.18 | 27.46 |
| % DALY accountable for NCDs | 57.37 | 61.43 |
| % DALY accountable for Injuries | 8.45 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Mizoram | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 51.9 | 20.7 |
| RMNCHA+N | | -n |
| Maternal Health ⁹ | Mizoram | India |
| % 1st Trimester registration to Total ANC Registrations | 75.2 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 57.1 | 79.4 |
| Total Reported Deliveries | 20728 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 89.2 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 79.8 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 20.2 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 18.6 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 14.7 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 34.3 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 15.5 | 53.4 |
| Neonatal ⁹ | Mizoram | India |
| % live birth to Reported Birth | 99.2 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 5.1 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 95.7 | 89.9 |

^x Sources are mentioned at the end of Annexure 1

^y Disability Adjusted Life Years

^z Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Mizoram | India |
|---|---------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 5 | 895 |
| New Born Stabilization Unit (NBSU) | 1 | 2418 |
| New Born Care Corner (NBCC) | 124 | 20337 |
| Child Health & Nutrition ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.3 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 71.4 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 12.7 | 32.1 |
| Child Immunization ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 83.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 83.4 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 80.9 | 87.9 |
| Family Planning ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 12.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Mizoram | India |
| Number of districts with functional IDSP unit | 9 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Mizoram | India |
| Annualized total case notification rate (%) | 201 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 61 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Mizoram | India |
| Prevalence Rate/10,000 population | 0.04 | 0.61 |
| Number of new cases detected | 5 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Mizoram | India |
| Deaths due to Malaria ¹¹ | 8 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 64.1 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 65.6 | 30.7 |

| Non-Communicable Disease | | | |
|---|---------------------|-------------------|--|
| Diabeties and Hypertension ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 10.7 | 12.4 | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.2 | 15.7 | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.9 | 6.1 | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 7.8 | 7.3 | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Mizoram (NFHS 5) | India (NFHS 5) | |
| Women who use any kind of tobacco (%) | 61.6 | 8.9 | |
| Men who use any kind of tobacco (%) | 72.9 | 38 | |
| Women who consume alcohol (%) | 0.9 | 1.3 | |
| Men who consume alcohol (%) | 23.8 | 18.8 | |
| Injuries | | | |
| Road Traffic Accident ¹² | Mizoram | India | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 32 | NA | |
| Total number of fatal Road Accidents | 46 | 1,37,689 | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 77.4 | 33.7 | |
| Number of persons killed in Road Accidents | 48 | 115113 | |

1.5 Access to Careaa

| Health Systems Strengthening | | | |
|--|---------|-------|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Mizoram | India | |
| Number of Districts equipped with MMU under NRHM | 9 | 506 | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Mizoram | India | |
| 102 Туре | 62 | 9955 | |
| 104 Type | 0 | 605 | |
| 108 Туре | 0 | 10993 | |
| Others | 3 | 5129 | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 9 | 11070 | |

⁹⁹ Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | |
|---|---|----------------------------|----------|--|
| ASHA ¹³ | | Mizoram | India | |
| Total number of ASHA ta | argeted under NRHM | 1091 | 946563 | |
| Total number of ASHA ir | position under NRHM | 1091 | 904211 | |
| % of ASHA in position ur | nder NRHM | 100 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 79 | 75597 | |
| Total number of ASHA ir | position under NUHM | 79 | 64272 | |
| % of ASHA in position ur | nder NUHM | 100 | 85 | |
| Community Process ¹¹ | | Mizoram | India | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 830 | 554847 | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 50 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Mizoram | India | |
| DH | | 9 796 | | |
| СНС | | 9 | 6036 | |
| РНС | | 57 | 20273 | |
| UCHC | | 0 | 126 | |
| UPHC | | 8 | 3229 | |
| | Human Resource for Healt | th ¹⁴ | | |
| HRH Governance | | Mizo | oram | |
| Specialist Cadre Availabl | e in the state (Y/N) | No | | |
| HR Policy available (Y/N) | | No | | |
| Implementation of HRIS (Y/N) | | N | lo | |
| HR Integration initiated (Y/N) | | N | lo | |
| Public Health Cadre available (Y/N) | | N | о | |
| | Specialists (%) | 29 | | |
| | Dentists (%) | 4 | | |
| Overall Vacancies | MO MBBS (%) | 1 | 13 | |
| (Regular + contractual) | Nurse (%) 22 | | 2 | |
| | LT (%) | 29 | | |
| | ANM (%) | 20 | | |
| HRH Distribution | RH Distribution Sanctioned | | In Place | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:2 | 1:2 | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 20 per 10,000 16 per 10,00 | | |
| Regular to contractual service delivery staff ratio ¹⁴ | | 1:1 | 2:1 | |

Ranking: Human Resource Index of Mizoram¹⁵

| | Total (Regular + NHM) | | | | | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|--|--|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | | | |
| MPW ^{bb} | 848 | 1142 | 942 | 200 | 0 | | | | | | |
| Staff Nurse | 1177 | 877 | 722 | 155 | 455 | | | | | | |
| Lab Technician | 230 | 199 | 163 | 36 | 67 | 75.33 | | | | | |
| Pharmacists | 140 | 169 | 92 | 77 | 48 | /5.33 | | | | | |
| MO MBBS ^{cc} | 227 | 238 | 213 | 25 | 14 | | | | | | |
| Specialist ^{dd} | 320 | 191 | 190 | 1 | 130 | | | | | | |

| 1.6 Healthcare Financing ^{ee} | | | | | |
|--|--------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Mizo | oram | India | | |
| Per Capita Government Health Expenditure (in ₹) | N | IA | 1,753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | IA | 1. | 35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | NA 5. | | | .12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | NA | | | 48.8 | |
| National Sample Survey Office (NISSO) (2017-2018) | Mizo | oram | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 86 | 53 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 90 | 69 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 782 | 1082 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 956 | 1473 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 5,506 | 5,772 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 13,096 | 14,422 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 10 | 15 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 46 | 65 | 53 | 43 | |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

^{dd} Specialist (All Specialist)

^{ee} Sources are mentioned at the end of Annexure 1
 * Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,019 | 2,503 | 2,402 | 3,091 | |
|--|-------|-------|-----------------|---------|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 1,800 | 6,464 | 20,692 | 26,701 | |
| State Health Expenditure | Mizo | oram | All India | Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | | 5 | 5 ^{ff} | | |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{ff} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

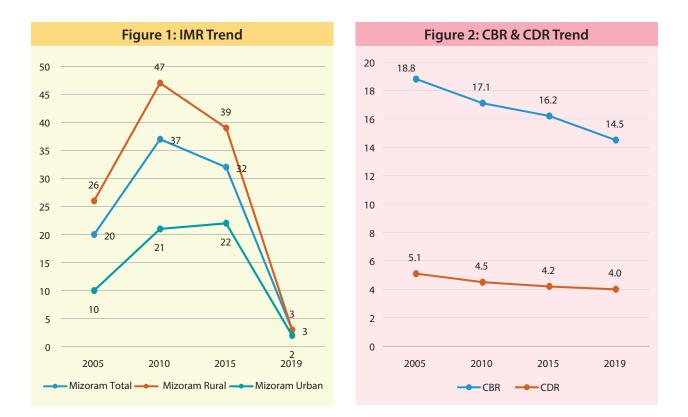


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

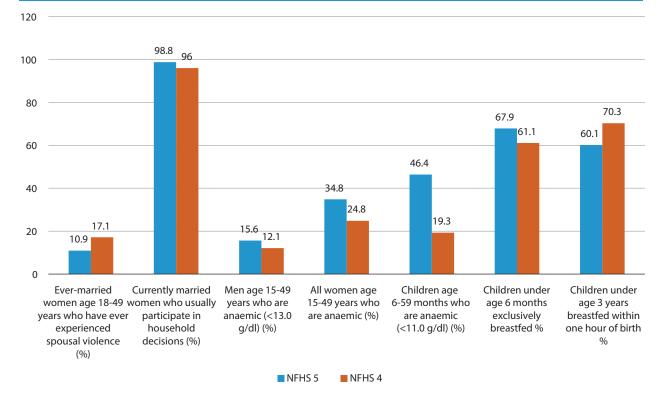


Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Mizoram Both sexes, All ages, DALYs per 100 | ,000 2019 rank |
|-----------------------------|--|--------------------------|
| 1 Lower respiratory infect | 1 | Lower respiratory infect |
| 2 Diarrheal diseases | 2 | COPD |
| 3 Malaria | 3 | HIV/AIDS other |
| 4 Drug-susceptible TB | 4 | Other neonatal |
| 5 Typhoid fever | 5 | Neonatal preterm birth |
| 6 COPD | 6 | Other musculoskeletal |
| 7 Other neonatal | The second secon | Lung cancer |
| 8 Neonatal preterm birth | 8 | Diamheal diseases |
| 9 Neonatal sepsis | | Stomach cancer |
| 10 Neonatal encephalopathy | 1 · · · · · · · · · · · · · · · · · · · | Diabetes type 2 |
| 11 Measles | 1. 1. M. MI | L Malaria |
| 12 Stomach cancer | HANN AL YOU | 2 Migraine |
| 13 Low back pain | -3-3-3-4 14 | B Drug-susceptible TB |
| 14 Dietary iron deficiency | · · / / / · · · · 1 | Low back pain |
| 15 Migraine | | 5 Falls |
| 16 Meningitis | | 5 Ischemic heart disease |
| 17 Asthma | | Typhoid fever |
| 18 Peptic ulcer disease | | Age-related hearing loss |
| 19 Other musculoskeletal | | Neonatal sepsis |
| 20 Falls | 2 | Neonatal encephalopathy |
| 22 Ischemic heart disease | 2 | 3 Asthma |
| 26 Age-related hearing loss | 1 | Dietary iron deficiency |
| 28 Lung cancer | 21 | 3 Peptic ulcer disease |
| 30 Diabetes (ype)2 | 3 | 3 Meningitis |
| 259 HIV/AIDS other | 11 | 18 Measles |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Mizoram Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| 1 Low birth weight | 1 Smoking |
| 2 Child wasting | 2 Low birth weight |
| 3 Short gestation | 3 Short gestation |
| 4 Household air pollution from solid fuels | 4 Ambient particulate matter pollution |
| 5 Smoking | 5 High fasting plasma glucose |
| 6 Unsafe water source | 6 Unsafe sex |
| 7 Unsafe sanitation | 7 Alcohal use |
| 8 No access to handwashing facility | 8 High systolic blood pressure |
| 9 Child stunting | 9 High body-mass index |
| 10 Alcohol use | 10 Child wasting |
| 11 Secondhand smoke | 11 Household air pollution from solid fuels |
| 12 High systolic blood pressure | 12 Secondhand smoke |
| 13 Child underweight | 13 Kidney dysfunction |
| 14 Ambient particulate matter pollution | 14 Drug use |
| 15 High fasting plasma glucose | 15 Unsafe water source |
| 16 Iron deficiency | 16 Iron deficiency |
| 17 Non-exclusive breastfeeding | 17 Occupational injuries |
| 18 Occupational injuries | 18 Diet low in fruits |
| 19 Kidney dysfunction | 19 No access to handwashing facility |
| 20 Drug use | 20 High LDL cholesterol |
| 21 High body-mass index | 21 Occupational particulate matter, gases, and fumes |
| 24 Occupational particulate matter, gases, and fumes | 23 Unsafe sanitation |
| 26 Diet low in fruits | 26 Child underweight |
| 27 High LDL Cholesterol | 32 Non-exclusive breastfeeding |
| 29 Unsafe sex | 33 Child stunting |

Environmental/occupational risks Behavioral risks

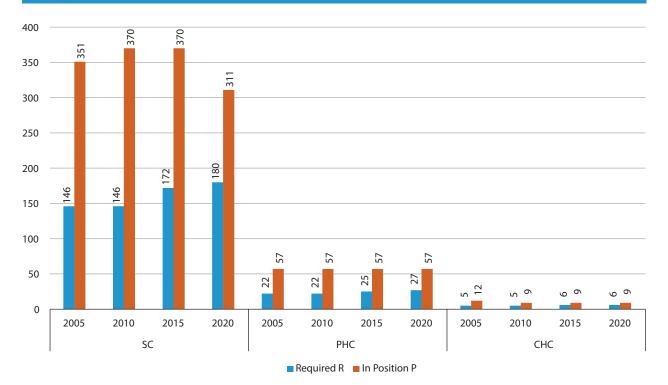


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

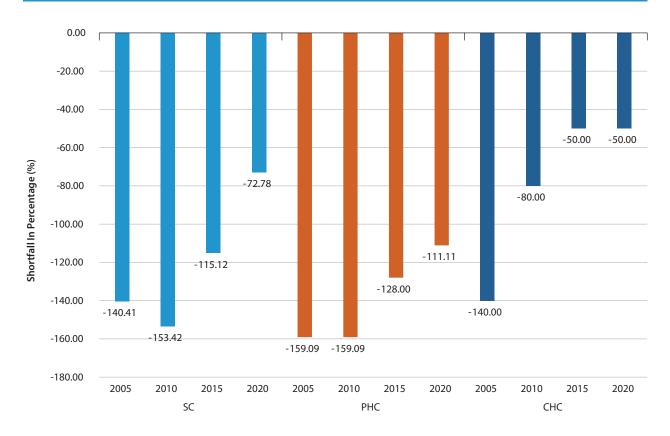
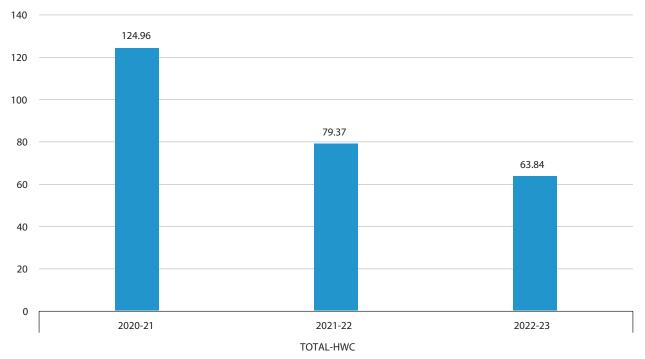


Figure 8: Percentage HWCs progress against target - FY wise (%)



Mizoram (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted^ (%) (%) (%) | 6.1 | 8.3 | 11.2 | 9.8 | 7.3 | 12.1 | 11.3 | 16.2 | 9.5 | 7.4 | 7.7 | 8.4 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Children Under 5 Years - (%) (90 For Age) (%) (%) | 28.1 | 25.5 | 31.9 | 28.9 | 25.3 | 27.2 | 30.4 | 32.7 | 26.5 | 26.4 | 43.8 | 31.8 |
| irmance, f e Rural Ui | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 14.5 | 15.9 | 10.8 | 13.4 | 17.9 | 5.6 | 23.2 | 9.2 | 9.4 | 6.8 | 7.9 | 12.1 |
| n – Good Perfo (District Wis | Vilu7 arthroM SL2-SP and rothro Vaccinated Based On Information (%) *VINO ard Only* (%) | 71.3 | 82.2 | 85.1 | 83.7 | 76.3 | 87 | 91.4 | 91.7 | 84.1 | 85.7 | 84.8 | 93 |
| (Greel | (%) sıtıtığ lenoitutitenl | 79.7 | 98.8 | 72.5 | 85.8 | 97.4 | 96.7 | 91.4 | 53.7 | 82.7 | 75 | 73.8 | 96.2 |
| | 4 teest 44 beH oHW 19410M (%) stisiV sis CletenstnA | 61.4 | 70.3 | 45 | 58 | 68.5 | 63.4 | 66 | 33 | 56.7 | 52.5 | 35.5 | 60.3 |
| | Total Unmet Need (%) | 20 | 21.4 | 16.1 | 18.9 | 24 | 11.2 | 15.6 | 17.3 | 15.4 | 17 | 22.5 | 15.9 |
| | (%) əsU mobnoD | 1.3 | 1.5 | 2.3 | 1.9 | 1.6 | 2.5 | 1.6 | 2.8 | 2.3 | 0.2 | 2.5 | 1.8 |
| | (%) UD/PPIUD (%) | 3.4 | 2.4 | 3.2 | 2.8 | 2.8 | 4.2 | 2.2 | 1.6 | 1.7 | 4 | 4.3 | 2.6 |
| | ylima7 Por For For Family Parried By Currently Married (%) steay 94-21 92A namoW | 35.3 | 29.1 | 33.5 | 31.2 | 21.6 | 50 | 38.1 | 29.7 | 33 | 41.6 | 22.6 | 40 |
| | bəirisM 2162 Years Married Before 18 (%) | 10.9 | 3.2 | 14 | 8 | 3.2 | 11 | 13.7 | 16 | 4.8 | 16.8 | 11.8 | 7.2 |
| | (%) 9pA 94-21 9terate1 n9moW | N/A | 99.1 | 87.7 | 94.4 | 98.9 | 97.7 | 96.9 | 76 | 91.6 | 89.6 | 95.1 | 99.7 |
| | lsusu yns driw sblodesuoH drifead a rabnu baravc vamem (%) amadrs prionenñ-aonsuri | 45.8 | 41.2 | 52.8 | 46.4 | 37.5 | 64.9 | 61.1 | 31.3 | 46.5 | 61.7 | 44.2 | 58.8 |
| | 000 l\səlsməf) Afril Birth (Females/1 000 Males) | 949 | 207 | 1038 | 696 | 1042 | 726 | 860 | 1131 | 876 | 794 | 1171 | 1084 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | states/Districts | Mizoram | Mizoram | Mizoram | Mizoram | Aizawl | Champhai | Kolasib | Lawngtlai | Lunglei | Mamit | Saiha | Serchhip |
| | .oN .2 | ~ | 2 | ح « | 4 | 5 | 9 | 7 4 | 8 | - 6 | 10 | 11 S | 12 5 |
| | | | | | | | | | | | | | |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum media frequency that is receiving solid or sem-solid food at least twice a day for breastfed children 9-23 months, and solid or sem-solid food at least twice a day for breastfed children food proups not including the milk or milk products food groups).

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best three performing districts within the districts for a particular indicator Ř

Red – Worst three performing districts within the districts for a particular indicator cci

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* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving a only or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for or products at least twice and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products at least twice a day for presented infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products at least twice a day for presented infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least to a food groups of the milk or milk products at least twice at a solid broad at least twice at least to a food groups of the milk or milk products at least twice at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a food groups of the milk or milk products at least to a fo ய் ш

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT **TO KEY NFHS 5 INDICATORS**

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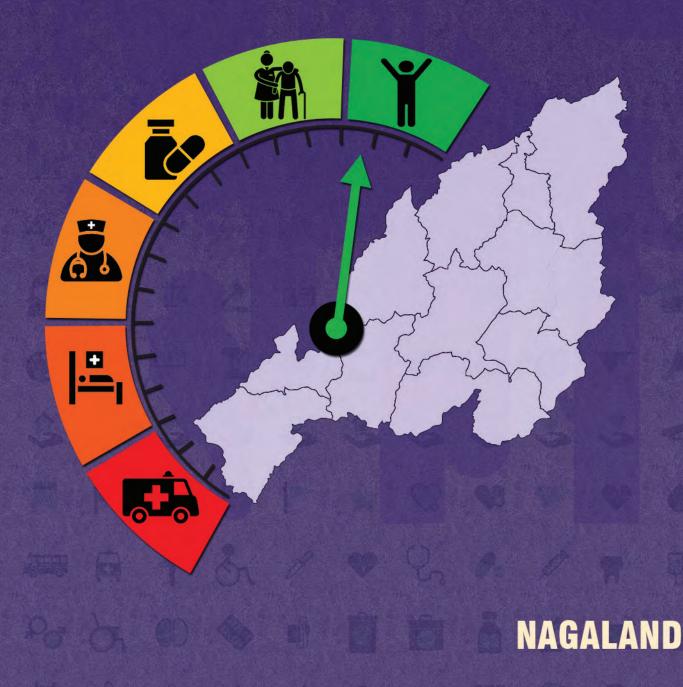


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | |
|------------------|-------------------------------|----------|--|
| 4 th | Zunheboto, Mokokchung & Wokha | | |
| 7 th | Dimapur | Peren | |
| 10 th | Mon | Tuensang | |
| 11 th | Kiphire | Wokha | |
| 13 th | Phek | Kiphire | |

NAGALAND

1. BACKGROUND

1.1 Nagaland Profile

Nagaland is positioned^a 26th in India for a geographical spread of 16,579 km² (RHS 2019). The State is divided into 11 districts^b having population of over 0.19 crores, which accounts for approximately 0.16% of India's total population^c. It is projected that the population would reach around 0.21 crores by 2021 (Census Population Projection 2019). As per Census 2011, the Scheduled Tribe (ST) population is 0.17 crores (86.48%). Out of the 11 districts, top five ST dominant districts account for 35.34% of ST population in the State (Annexure 1.1; fig 1). In the State, 71.1% of the population reside in rural areas, while 28.9% constitute the urban population. The total length of roads^d in the State is 36,239 km (0.72%^e), in

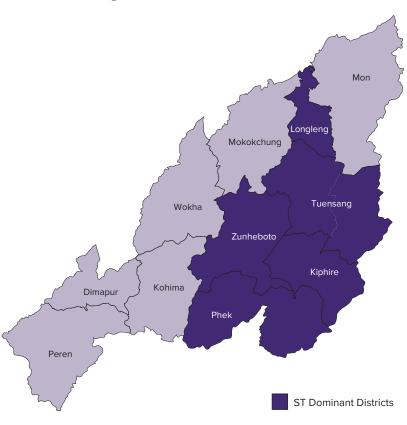


Figure 1: ST Dominant Districts

which, the length of the national highways is 1,173 km (1.0%^f) and state highways is 722 km (0.41%^g).

A detail report on the key indicators has been attached as Annexure 1

- c Census 2011
- ^d Basic Road Statistics 2019, MoRTH
- ^e Percentage of total length of roads in Nagaland
- ^f Percentage of total length of National Highways in the country

^a Including all States & UTs

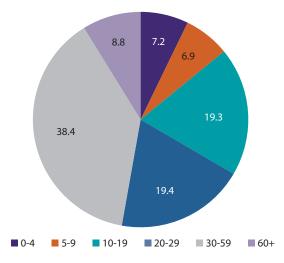
^b RHS 2019

⁹ Percentage of total length of State Highways in the country

1.2 Demography

In Nagaland, out of the 11 districts, only 1 district has a population over 3 lakhs, 2 districts have a population between 2-3 lakhs, 5 districts have a population between 1-2 lakhs, and 3 districts have a population less than 1 lakhs (Annexure 1.1 State profile). It is estimated that there are 19.4% of the total population in the age group of 10-19 years, 57.8% within 20 to 59 years; while 8.8% are 60 years and above (Figure 2) in the north eastern states (excluding Assam). The crude birth rate and the crude death rate have declined from 16.4 & 3.8 in 2005 to 12.7 & 3.5 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 66.6% in 2001 to 79.6% in 2011, with male & female literacy rates being 82.8% and 76.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^h is 14.9% for higher education, 36.43% for senior secondary education, 71.62% for secondary education, 100.37% for elementary education, and 99.50% for primary education.





1.2 Elderly

Population ageing has profound social, economic, and political implications. In Nagaland, 35.0% of elderly females and 4% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 69% of elderly females and 38% elderly males are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 25% for men and 12% for women, which are below the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). In Nagaland, 22.9% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Dimapur, Kohima and Wokha

^j Antenatal Check up

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Iron Folic Acid Tablets

districts reported relatively better ANC coverage, ranging between 28.3% to 50.1%. Whereas, Kiphire, Phek and Tuensang districts reported poor ANC coverage, ranging between 4.4% to 9.5%. As reported in HMIS 2019-20, around 82.4% of the deliveries took place in institutions, out of which 76.9% took place in public health facilities. Total percentage of C-sections is (18.7%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 39.4% is conducted at private facilities in the State. Around 39.8% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 27.9% (NFHS-4) to 28.9% (NFHS-5). Anaemia in females of reproductive age group is almost twice than men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

The NFHS 5 reported Nagaland's sex ratio at birth to be 945 females per 1,000 males. The lowest SRBs¹ ranging between 775 to 880 are reported in Kiphire, Mon and Phek districts; while the highest ones, ranging between 1075 to 1245 are reported in Kohima, Mokokchung, Wokha and Zunheboto districts.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 61.9% (NFHS 4) to 71.3% (NFHS 5). The proportion of under 6-months children exclusively breastfed has slightly declined from 44.3 to 43.2 (NFHS 5). An increase in childhood anaemia from 26.4% to 42.7% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, low stunting rates, ranging from 26.3 to 28.3, are reported from Dimapur, Kohima, Phek and Wokha districts. While relatively higher stunting rates, ranging from 36.9 to 44 are reported from Kiphire, Tuensang, and Zunheboto districts. For under-5 wasting – Dimapur, Kohima and Zunheboto districts reported a high burden, ranging from 25 to 26.9, while Kiphire, Mon and Peren districts reported a relatively lower burden, ranging from 7.8 to 11.

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in the State is reported as 9.1%, while the unmet need for spacing is 4.5% (NFHS 5). Kiphire district reported the highest total unmet need (17.3%), while Zunheboto reported the lowest (2.8%). Approximately 45.3% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 14.4%, while nil in males.

2.4 Communicable Diseases

The State has 11 functional IDSP units in placeⁿ. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 34.51% of total disease burden (Annexure 1.4). HIV/AIDS, lower respiratory tract infection, neonatal preterm birth and drug susceptible TB are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annualized total case notification rate is 180 and NSP^o success rate is 76 as opposed to the national averages of

Sex Ratio at Birth

^m NFHS 5 State/UT Factsheet, based on information from vaccination card only

ⁿ QPR NHM MIS Report (status as on 01.03.2020)

New Smear Positive

163% and 79%, respectively. For NLEP^p, the reported prevalence rate of 0.16 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Malaria, Dengue or Kala Azar were reported.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 61.0% of all deaths are premature in the State, while disability or morbidity accounts for 39.0%. Ischaemic heart disease, other musculoskeletal, intracerebral hemorrhage, and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 56.60% of DALYs; whereas, injuries contribute to 8.90% of DALYs in the State^q. The State is positioned 33rd in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 13.7% of women and 48.4% of men used any kind of tobacco, while 0.9% of women and 24.0% of men consumed alcohol. Overall, behavioral factors (low birth weight, short gestation, smoking, alcohol use) and metabolic (high systolic blood pressure and high fasting blood pressure) are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is 24,534 crores. The State is positioned 19th out of 32 states in terms of per capita^r of ₹ 1,16,882. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 6,905 in public facilities & ₹ 17,073 in private facilities; whereas for urban areas, it is around ₹ 7,332 in public facilities and ₹ 23,306 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 4,157 in public facilities & ₹ 16,548 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 4,842 in public facilities and ₹ 15,939 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 34% in rural and 42% in urban areas; whereas for diagnostics, it is 11% in rural and 12% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time, with a shortfall of only 3.19% of the required sub health centers (Annexure 2, Figure 9). Currently, there are 395 SCs, 130 PHCs and 21 CHCs in place, against the required 408 SCs, 61 PHCs and 15 CHCs. Similarly, in urban settings, there are 7 PHCs in place against the required 18, which accounts to a shortfall of 62%. The State has 11 DHs, but no SDHs nor government medical college. In the State, 100% of DHs (11) and 21% of CHCs (5) serve as functional FRUs. In tribal catchments, there are 415 SCs, 137 PHCs and 21 CHCs in place, against the required 390 SCs, 58 PHCs and 14 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 232 HWCs (177 SHCs, 48 PHCs & 7 UPHCs) are operationalized in the State as of 22nd December 2021^s.

P National Leprosy Eradication Programme

https://vizhub.healthdata.org/gbd-compare/india

^r Directorate of Economics & Statistics

s AB-HWC Portal

The State has 100% of required ASHAs in position under the NRHM and 83.33% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 7 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1139.68 availed (events) OPD services and 92.86 availed (events) IPD services. As per the NSSO data (2017-18), 85% of all OPD cases in rural areas and 25% in urban areas; and 84% of all IPD cases in rural areas & 52% in urban areas utilized public facilities. The public facility utilization in the state is above the national utilization averages of both rural and urban areas (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^t

| Indicator | Nagaland 2011 ¹ | India | |
|--|---|----------------------------------|--|
| Total Population (In Crore) | 0.19 | 121.08 | |
| Rural (%) | 71.14 | 68.85 | |
| Urban (%) | 28.86 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.00 | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.17 (86.48%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 76.10 | 72.99 | |
| Male Literacy Rate (%) | 82.80 | 80.89 | |
| Female Literacy Rate (%) | 79.6 | 64.64 | |
| Number of Districts in the Nagaland ² | 11 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <1 Lakhs | 3 | |
| Number of districts per lakh population in Nagaland (Census 2011) | ≥ 1 Lakhs - <2 Lakhs | 5 | |
| | ≥2 Lakhs - <3 Lakhs | 2 | |
| | ≥3 Lakhs | 1 | |
| ST Dominant (Top | o 5) Districts of Nagaland ¹ | | |
| Tuen | sang - 97.11% | | |
| Zunhe | eboto - 97.02% | | |
| Kipl | nire - 96.52% | | |
| Long | leng - 96.30% | | |
| Dh | ek - 96 16% | | |

Phek - 96.16%

Top 5 ST dominant district accounts for - 35.34%

| 1.2 Key Health Status & Impact Indicators ^u | | | | | |
|--|----------|-------|--|--|--|
| Indicators | Nagaland | India | | | |
| Infant Mortality Rate (IMR) ³ | 3 | 30 | | | |
| Crude Death Rate (CDR) ³ | 3.5 | 6 | | | |

t Sources are mentioned at the end of Annexure 1

^u Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 12.7 | 19.7 |
|---|------|------|
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR)⁴ | N/A | 23 |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 |
| Still Birth Rate⁴ | N/A | 4 |
| Total Fertility Rate (TFR) ⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |
| | | |

1.3 Key Health Infrastructure Indicators Indicators Numbers (Total) Number of District Hospitals² 11 Number of Sub District Hospital² 0 Number of Government (Central + State) Medical College⁶ 0 Number of Private (Society + Trust) Medical Colleges⁶ 0 Number of AB-HWCs functional as of Status Target Target Target **22nd December 2021**¹⁶ (Total) FY (2020-21) FY (2021-22) FY (2022-23) SHC-HWC 177 57 165 238 PHC-HWC 48 126 126 126 UPHC-HWC 7 6 6 6 Total-HWC 232 189 297 370 **Rural**² **Required** (R) In place (P) Shortfall (S) (%) Number of Community Health Centres (CHC) 15 21 -40.00 Number of Primary Health Centres (PHC) 61 130 -113.11 Number of Sub Centres (SC) 408 395 3.19 DH SDH CHC Number of functional First Referral Units (FRUs) 0 5 11 Urban² **Required** (R) Shortfall (S) (%) In place (P) Number of PHC 7 18 61.11 **Tribal**² **Required** (R) In place (P) Shortfall (S)% Number of CHC 14 21 -50.00 Number of PHC 58 137 -136.21

390

Number of SC

415

-6.41

| Patient Service ⁹ | Nagaland | India |
|---|----------|--------|
| IPD per 1000 population | 92.86 | 62.6 |
| OPD per 1000 population | 1139.68 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 99.18 | 36.4 |

| 1.4 Major Health Indicator ^v | | |
|--|----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Nagaland | India |
| % DALY ^w accountable for CMNNDs ^x | 34.51 | 27.46 |
| % DALY accountable for NCDs | 56.6 | 61.43 |
| % DALY accountable for Injuries | 8.9 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Nagaland | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 30 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 12 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Nagaland | India |
| % 1st Trimester registration to Total ANC Registrations | 27.3 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 22.9 | 79.4 |
| Total Reported Deliveries | 20,774 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 82.4 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 76.9 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 23.1 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 18.7 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 12.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 39.4 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 39.8 | 53.4 |
| Neonatal ⁹ | Nagaland | India |
| % live birth to Reported Birth | 98.5 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 4.4 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 81.2 | 89.9 |

^v Sources are mentioned at the end of Annexure 1

Disability Adjusted Life Years
 Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Nagaland | India |
|---|----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 3 | 895 |
| New Born Stabilization Unit (NBSU) | 16 | 2418 |
| New Born Care Corner (NBCC) | 131 | 20337 |
| Child Health & Nutrition ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 3.4 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 54.5 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 26.9 | 32.1 |
| Child Immunization ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 71.3 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 85.5 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 73.8 | 87.9 |
| Family Planning ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.5 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Nagaland | India |
| Number of districts with functional IDSP unit | 11 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Nagaland | India |
| Annualized total case notification rate (%) | 180 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 76 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Nagaland | India |
| Prevalence Rate/10,000 population | 0.16 | 0.61 |
| Number of new cases detected | 36 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Nagaland | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 25.6 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 40.1 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|----------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.8 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 19.1 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.2 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.6 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Nagaland (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 13.7 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 48.4 | 38 | | | |
| Women who consume alcohol (%) | 0.9 | 1.3 | | | |
| Men who consume alcohol (%) | 24 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Nagaland | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 33 | N/A | | | |
| Total number of fatal Road Accidents | 24 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 7.3 | 33.7 | | | |
| Number of persons killed in Road Accidents | 26 | 115113 | | | |

1.5 Access to Care^y

| Health Systems Strengthening | | | | | |
|--|----------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Nagaland | India | | | |
| Number of Districts equipped with MMU under NRHM | 11 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Nagaland | India | | | |
| 102 Туре | 80 | 9955 | | | |
| 104 Туре | 0 | 605 | | | |
| 108 Туре | 0 | 10993 | | | |
| Others | 0 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 12 | 11070 | | | |

^y Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | | |
|--|--|------------------|--------------|--|--|
| ASHA ¹³ | | Nagaland | India | | |
| Total number of ASHA targeted under NRHM191794656 | | | | | |
| Total number of ASHA in | position under NRHM | 1917 | 904211 | | |
| % of ASHA in position ur | nder NRHM | 100 | 96 | | |
| Total number of ASHA ta | rgeted under NUHM | 90 | 75597 | | |
| Total number of ASHA in | position under NUHM | 75 | 64272 | | |
| % of ASHA in position ur | nder NUHM | 83.33 | 85 | | |
| Community Process ¹¹ | | Nagaland | India | | |
| Number of Village Health (VHSNCs) constituted | n Sanitation and Nutrition Committees | 1346 | 554847 | | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 96 | 81134 | | |
| Number of Rogi Kalyaı | n Samitis (RKS) registered (Total) ¹¹ | Nagaland | India | | |
| DH 11 796 | | | | | |
| СНС | | 21 | 6036 | | |
| РНС | | 126 | 20273 | | |
| UCHC | | 0 126 | | | |
| UPHC | | 7 3229 | | | |
| | Human Resource for Healt | th ¹⁴ | | | |
| HRH Governance | | Odi | Odisha | | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | 0 | | |
| HR Policy available (Y/N) | | N | 0 | | |
| Implementation of HRIS | (Y/N) | N | 0 | | |
| HR Integration initiated (| (Y/N) | N | 0 | | |
| Public Health Cadre avai | lable (Y/N) | N | 0 | | |
| | Specialists (%) | 2 | 7 | | |
| | Dentists (%) | | 1 | | |
| Overall Vacancies | MO MBBS (%) | | 3 | | |
| (Regular + contractual) | Nurse (%) | | 7 | | |
| | LT (%) | 2 | 25 | | |
| | ANM (%) | 37 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system14 | 9 per 10,000 | 7 per 10,000 | | |
| | ervice delivery staff ratio ¹⁴ | 2:1 | 2:1 | | |

| Ranking: Human Resource Index of Nagaland ¹⁵ | | | | | | | |
|---|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|
| | Total (Regular + NHM) | | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | |
| MPW ^z | 1109 | 1171 | 1172 | -1 | 0 | | |
| Staff Nurse | 1554 | 811 | 781 | 30 | 773 | | |
| Lab Technician | 354 | 159 | 160 | -1 | 194 | 62.74 | |
| Pharmacists | 228 | 192 | 192 | 0 | 36 | 62.74 | |
| MO MBBS ^{aa} | 355 | 273 | 250 | 23 | 105 | | |
| Specialist ^{bb} | 388 | 160 | 130 | 30 | 258 | | |

| 1.6 Healthcare Financing ^{cc} | | | | | |
|--|----------|----------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Nagaland | | India | | |
| Per Capita Government Health Expenditure (in ₹) | N | /A | 17 | 1753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | /A | 1. | 1.35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | N | N/A | | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | N | /A | 48.8 | | |
| | | Nagaland | | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 85 | 26 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 84 | 52 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 2302 | 770 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 640 | 1387 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 6905 | 7332 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 17073 | 23306 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 11 | 12 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 34 | 42 | 53 | 43 | |

^z MPW – Multi Purpose Health Worker (Female + Male)

^{aa} MO MBBS (Full Time)

^{bb} Specialist (All Specialist)

^{cc} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 4157 | 4842 | 2,402 | 3,091 |
|--|---------------------|-------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 16548 | 15939 | 20,692 | 26,701 |
| State Health Expenditure | Naga | aland | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.1 5 ^{dd} | | dd | |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{dd} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

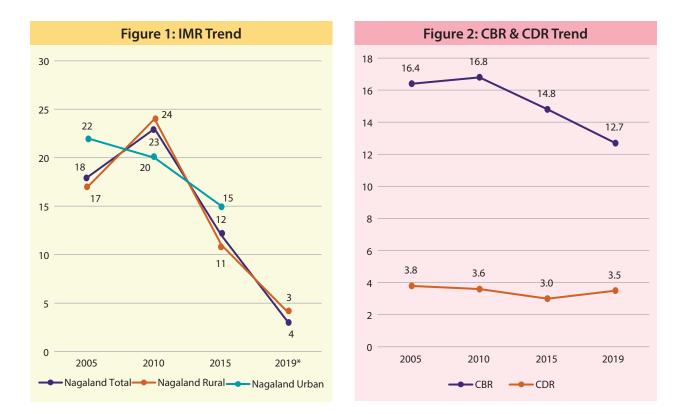
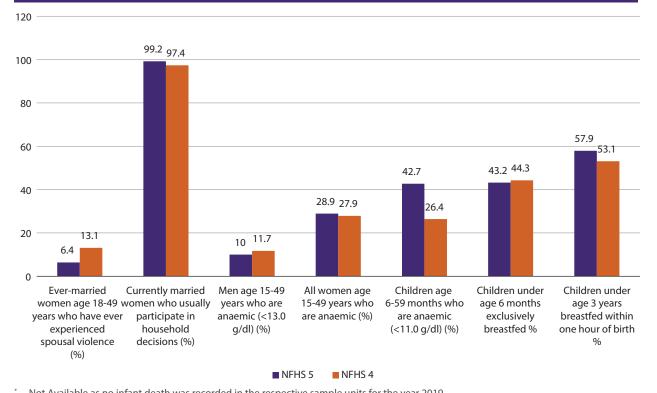


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



Not Available as no infant death was recorded in the respective sample units for the year 2019

Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Nagaland Both sexes, All ages, DALYs pe | 2019 rank |
|----------------------------|--|----------------------------|
| 1 Lower respiratory infect | | 1 HIV/AIDS other |
| 2 Drug-susceptible TB | | 2 Lower respiratory infect |
| 3 Diarrheal diseases | | 3 Ischemic heart disease |
| 4 Neonatal preterm birth | | 4 Neonatal preterm birth |
| 5 Malaria | | 5 Drug-susceptible TB |
| 6 Typhoid fever | | 6 Other musculoskeletal |
| 7 Acute hepatitis A | | 7 Intracerebral hem |
| 8 Ischemic heart disease | KA FX | 8 COPD |
| 9 Neonatal encephalopathy | | 9 Diarrheal diseases |
| 10 Tetanus | | 10 Diabetes type 2 |
| 11 Measles | | 11 Migraine |
| 12 Neonatal hemolytic | | 12 Falls |
| 13 Neonatal sepsis | - A.M.A. | 13 Low back pain |
| 14 Intracerebral hem | | 14 Ischemic stroke |
| 15 Whooping cough | - ANDAN | 15 Neonatal encephalopathy |
| 16 Drowning | A AND | 16 Major depression |
| 17 COPD | AN STA | 20 Typhoid fever |
| 19 Low back pain | A Providence | 22 Neonatal sepsis |
| 21 Migraine | | 28 Drowning |
| 23 Falls | AN SAL | 31 Neonatal hemolytic |
| 24 Major depression | | 35 Malaria |
| 25 Other musculoskeletal | | 39 Whooping cough |
| 36 lschemic stroke | | 41 Acute hepatitis A |
| 46 Diabetes type 2 | | 121 Tetanus |
| 147 HIV/AIDS other | Y | 128 Measles |
| NUT TRANSPORT | Communicable, matern neonatal, and nutritiona diseases | |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases

Non-communicable disea

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Nagaland Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 Low birth weight |
| 2 Short gestation | 2 High systolic blood pressure |
| 3 Household air pollution from solid fuels | 3 Short gestation |
| 4 Child wasting | 4 High fasting plasma glucose |
| 5 High systolic blood pressure | 5 Smoking |
| 6 Smoking | 6 Alcohol use |
| 7 Unsafe water source | 7 Ambient particulate matter pollution |
| 8 Child underweight | 8 Unsafe sex |
| 9 Unsafe sanitation | 9 Household air pollution from solid fuels |
| 10 Alcohol use | 10 Child wasting |
| 11 No access to handwashing facility | 11 High body-mass index |
| 12 Ambient particulate matter pollution | 12 Kidney dysfunction |
| 13 Child stunting | 13 High LDL cholesterol |
| 14 High fasting plasma glucose | 14 Drug use |
| 15 Secondhand smoke | 15 Unsafe water source |
| 16 Non-exclusive breastfeeding | 16 Diet low in fruits |
| 17 Iron deficiency | 17 Iron deficiency |
| 18 Kidney dysfunction | 18 Secondhand smoke |
| 19 High LDL cholesterol | 19 Diet low in whole grains |
| 22 High body-mass index | 21 Unsafe sanitation |
| 23 Drug use | 23 Child underweight |
| 24 Diet low in fruits | 24 No access to handwashing facility |
| 26 Diet low in whole grains | 30 Child stunting |
| 34 Unsafe sex MR | 33 Non-exclusive breastfeeding |
| IHME | Metabolic risks Environmental/occupational risks Behavioral risks |

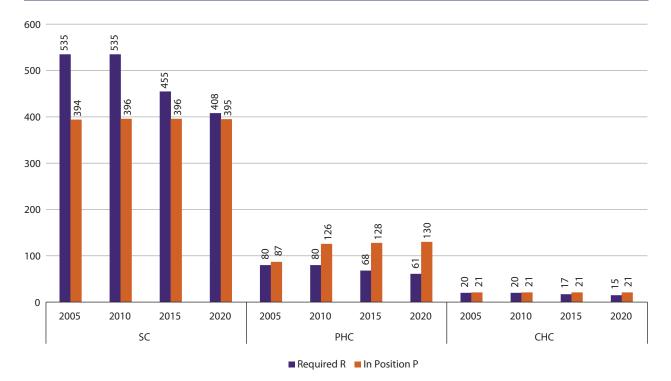


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

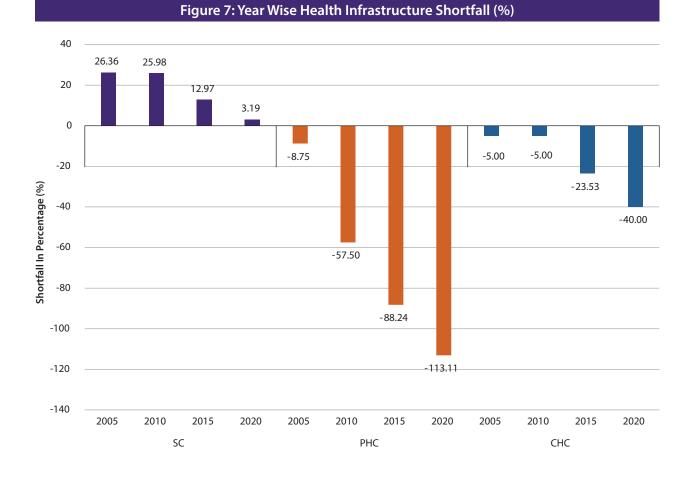
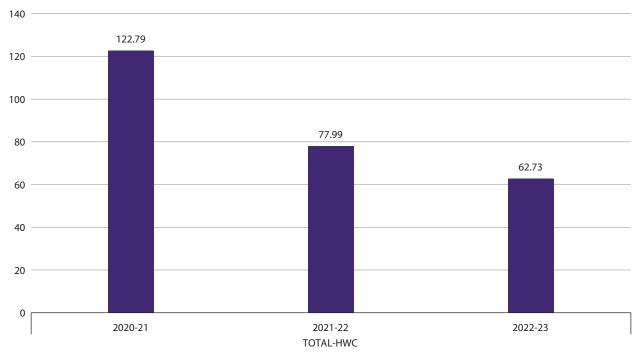


Figure 8: Percentage HWCs progress against target - FY wise (%)



Nagaland (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Image: constrained in the state of | | | | | | | | | | | | | | |
|---|--|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Negaland NHHS States/Districts NH Negaland NHHS 133 233 <td>²erformance) lot Available)</td> <td></td> <td>11.3</td> <td>21.7</td> <td>18.2</td> <td>19.1</td> <td>25</td> <td>11</td> <td>26.9</td> <td>19.8</td> <td>11.7</td> <td>7.8</td> <td>9.1</td> <td>12.9</td> | ² erformance) lot Available) | | 11.3 | 21.7 | 18.2 | 19.1 | 25 | 11 | 26.9 | 19.8 | 11.7 | 7.8 | 9.1 | 12.9 |
| Negaland NHHS States/Districts NH Negaland NHHS 133 233 <td>Red – Poor F rban Stats N</td> <td></td> <td>28.6</td> <td>27.1</td> <td>34.7</td> <td>32.7</td> <td>28.3</td> <td>36.9</td> <td>28.3</td> <td>34.1</td> <td>31.4</td> <td>35.5</td> <td>34.9</td> <td>28</td> | Red – Poor F rban Stats N | | 28.6 | 27.1 | 34.7 | 32.7 | 28.3 | 36.9 | 28.3 | 34.1 | 31.4 | 35.5 | 34.9 | 28 |
| Negaland NHHS States/Districts NH Negaland NHHS 133 233 <td>ormance, l se Rural U</td> <td></td> <td>18.8</td> <td>15.8</td> <td>14.1</td> <td>14.5</td> <td>17.3</td> <td>12</td> <td>18</td> <td>20.1</td> <td>6.9</td> <td>5.8</td> <td>11</td> <td>14.5</td> | ormance, l se Rural U | | 18.8 | 15.8 | 14.1 | 14.5 | 17.3 | 12 | 18 | 20.1 | 6.9 | 5.8 | 11 | 14.5 |
| Negaland NHHS States/Districts NH Negaland NHHS 133 233 <td>en – Good Perfi (District Wi</td> <td>Vaccinated Based On Information</td> <td>61.9</td> <td>77</td> <td>68.8</td> <td>71.3</td> <td>63.8</td> <td>73.5</td> <td>90.2</td> <td>64.8</td> <td>95.6</td> <td>69.4</td> <td>76.4</td> <td>71.2</td> | en – Good Perfi (District Wi | Vaccinated Based On Information | 61.9 | 77 | 68.8 | 71.3 | 63.8 | 73.5 | 90.2 | 64.8 | 95.6 | 69.4 | 76.4 | 71.2 |
| Neugland Nertis Studie States/Districts Vegaland Nertis Studie Nertis Studie States/Districts Vegaland Nertis Studie Nertis Studie States/Districts Vegaland Nertis Studie States/Districts States/Districts Dinapur Nertis Studie States/Districts States/Districts Vegaland Nertis Studie States/Districts States/Districts Dinapur Nertis Studie States/Districts States/Districts Vegaland Nertis Studie States/Districts States/Districts Vegaland Nertis States States/Districts States/Districts Vegaland Nertis States | (Gree | (%) zıtrığ lanoitutitzul | 32.8 | 65 | 38.8 | 45.7 | 73.7 | 34.8 | 60.9 | 38.7 | 51.5 | 21.4 | 43.5 | 32.2 |
| Magaland NHIS STOTAT States/Districts Nagaland NHIS Stotal 935 6.1 Households with any usual insuance/minationing by Currently Married Nagaland NHIS Stotal 935 6.1 Household States/Districts Nagaland NHIS Stotal 949 15 915 23 Nagaland NHIS Stotal 943 15 915 24 26.5 Nagaland NHIS Stotal 943 15 915 24 20.5 26.5 Nagaland NHIS Stotal 943 15 915 24 20.5 26.5 Plouenod Used For Family Momen Literate 15-49 Age (%) Nagaland NHIS Stotal 943 15 20.5 | | | 15 | 39.9 | 13.1 | 20.7 | 50.1 | 5.8 | 28.3 | 15.4 | 18.2 | 9.7 | 14.5 | 9.5 |
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| Mogaland NHS 510tal 945 53.1 31.5 32.4 Nogaland NHS 510tal 943 23.1 31.5 94.6 Nagaland NHS 510tal 943 23.1 31.5 94.6 Nagaland NHS 510tal 943 23.1 31.5 94.6 Nagaland NHS 510tal 943 23.1 31.5 94.6 Nonoleng NHS 510tal 943 23.1 31.5 31.4 Nonoleng NHS 510tal 94.7 32.3 31.7 31.4 Monoleng NHS 510tal 94.7 32.3 31.7 31.4 Monokokchung NHS 510tal 94.7 32.3 31.7 31.4 Monokokchung NHS 510tal 92.7 31.5 31.7 31.4 Monokokchung NHS 510tal 92.3 32.4 31.7 31.4 Monokokchung NHS 510tal 92.3 32.4 31.7 31.4 Monokokchung NHS 510tal 92.3 32.4 44.4 45.6 Monokokchung NHS 510tal 92.3 32.3 32.4 45.6 Monokokchung NHS 510tal 92.3 32.3 34.4 46.5 Monokokokhun | | (%) IND/PPIUD (%) | 6.7 | 20.1 | 19.7 | 19.8 | 9.6 | 20.2 | 19 | 32.2 | 25.8 | 31.8 | 19 | 21.7 |
| Mon Mon Mithes Mon Mithes Mon | | Planning By Currently Married | 26.5 | 61 | 55.7 | 57.4 | 46.9 | 42.5 | 60.7 | 66.5 | 66.7 | 68.7 | 58.6 | 56.3 |
| Model Magaland NHS 5 Total 949 5tates/Districts Nagaland Negaland NFHS 5 Total 949 5tates/Districts Nagaland NFHS 5 Total 949 953 5cx Ratio At Birth (Females/1000) Non NFHS 5 Total 949 953 5cx Ratio At Birth (Females/1000) Nenser NFHS 5 Total 949 953 32.3.1.1 949 Non NFHS 5 Total 949 953 33.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3 | | | 13.4 | 2.4 | 7.3 | 5.6 | 4.4 | 22.5 | 1 | 11 | 9 | £ | 9.1 | 6.5 |
| Magaland NHS 5 Total 949 5.1 Nagaland NHS 5 Total 949 5.3 Nagaland NHS 5 Total 949 5.3 Nagaland NHS 5 Total 949 5.3 Non NHS 5 Total 943 2.3.1 Non NHS 5 Total 943 2.3.3 Non NHS 5 Total 92 2.4.3 Non NHS 5 Total 92 2.3.3 NHS 5 Total 92 2.3.3 3.3.3 NHS 5 Total 92 2.3 2.3.3 NHS 5 Total 92 2.3 2.3.3 NHS 5 Total 92 3.3.3 3.3.3 NHS 5 Total 92 2.4.3 2.4.3< | | (%) 9pA 94-21 9161911 n9moW | | | 82.7 | 85.8 | 86.6 | 73.7 | 95.2 | 82 | 94 | 78.2 | 77.6 | 85.8 |
| Mode Negaland States/Districts Nagaland NHS 5 Total States/Districts Nagaland NHS 5 Total NHS 5 Total Nagaland NHS 5 Total NHS 5 Total Non NHS 5 Total NHS 5 Total | | member covered under a health | 6.1 | 15 | 23.1 | 20.5 | 5.7 | 8.8 | 26.7 | 38.3 | 22.3 | 39.3 | 5.4 | 24.9 |
| Phek Phek Phek Phek Phek | | | 953 | 949 | 943 | 945 | 911 | 871 | 1075 | 922 | 1075 | 775 | 896 | 880 |
| | | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| .0N.2 - V W 4 V 0 V 8 0 0 1 1 2 | | stətricts | Nagaland | Nagaland | Nagaland | Nagaland | Dimapur | Kiphire | Kohima | Longleng | Mokokchung | Mon | Peren | Phek |
| | | .oN .2 | - | 2 | ε | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 |

| 24.6 | 23.5 | 26.9 |
|--------------|--------------|--------------|
| 37.1 | 26.3 | 44 |
| 13 | 28.8 | 20.8 |
| 58.8 | 57.1 | 75.1 |
| 34.8 | 43.6 | 35 |
| 4.4 | 34.7 | 11.2 |
| 12.9 | 3.2 | 2.8 |
| 3.2 | 4.7 | 6.1 |
| 15.6 | 22 | 28.2 |
| 52.6 | 64.6 | 68.8 |
| 10.4 | 3.2 | 4 |
| 77.8 | 91.6 | 87.1 |
| 22 | 20.6 | 18.1 |
| 902 | 1245 | 1207 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| Tuensang | Wokha | Zunheboto |
| 13 | 14 | 15 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency process and a minimum meal frequency mean transfered minimum and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least twice or groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

- A. Green Color Best performing districts within the districts for a particular indicator
- B. Red Worst performing districts within the districts for a particular indicator
- * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid ($ext{T}$) injection and iron folic acid tablets or syrup taken for 100 or more days
 - D. ** Based on the youngest child living with the mother

j

- # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal frequency mon-breastfed children fed with a minimum meal frequency and a frequency mon-breastfed children fed with a minimum meal frequency months, and solid or semi-solid food at least twice a day for presented children fed with a minimum meal frequency mean experiment with products at the milk or wilk products of groups with a minimum mean matimum of a milk product and the milk or wilk products of groups with a minimum mean experiment of the milk or wilk products of groups with a minimum mean experiment of the milk or wilk products of groups with a minimum mean experiment of the milk or wilk products of groups with a minimum mean experiment of the milk or wilk products of groups with a mean experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a mean experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a mean experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a minimum experiment of the milk or wilk products of groups with a minimum experiment of groups with a ய்
- A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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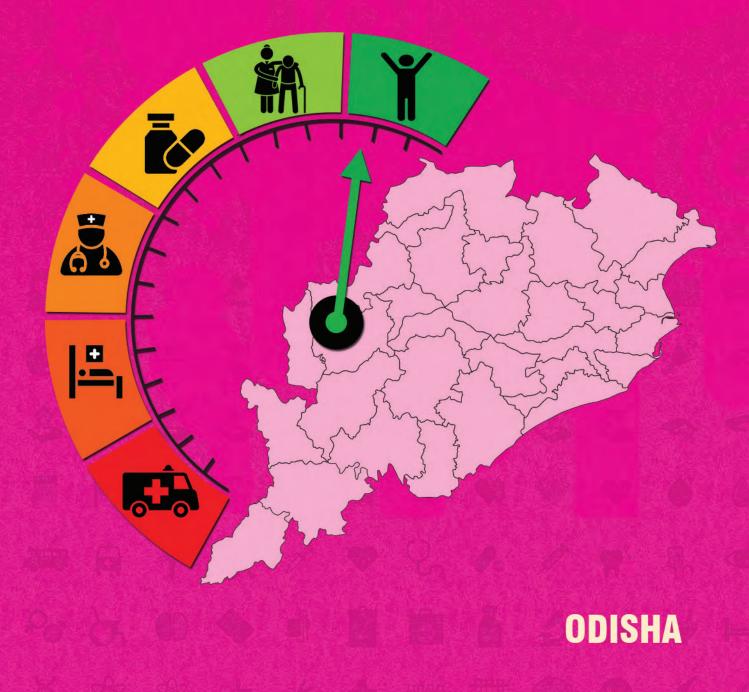


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | |
|------------------|-------------------|-------------|--|--|--|
| 1 st | Sundargarh | Balangir | | | |
| 2 nd | Dhenkanal | Subarnapur | | | |
| 3 rd | Balasore | Kandhamal | | | |
| 4 th | Gajapati | Nuapada | | | |
| 5 th | Bargarh | Rayagada | | | |
| 6 th | Balangir | Kendrapara | | | |
| 7 th | Jajapur | Koraput | | | |
| 8 th | Kalahandi | Ganjam | | | |
| 9 th | Bhadrak | Nabarangpur | | | |
| 11 th | Keonjhar | Malkangiri | | | |
| 13 th | Mayurbhanj | Kandhamal | | | |
| 14 th | Rayagda | Sundargarh | | | |

ODISHA

1. BACKGROUND

1.1 Odisha Profile

Odisha, located on the eastern coast of India, is the 9th largest state^a with a geographical spread of 1,55,707 km² (RHS 2019). The state is divided into 30 districts, with an estimated population of over 4.20 crores, accounting for about 3.47% of the country's total population^b. It is projected that the population

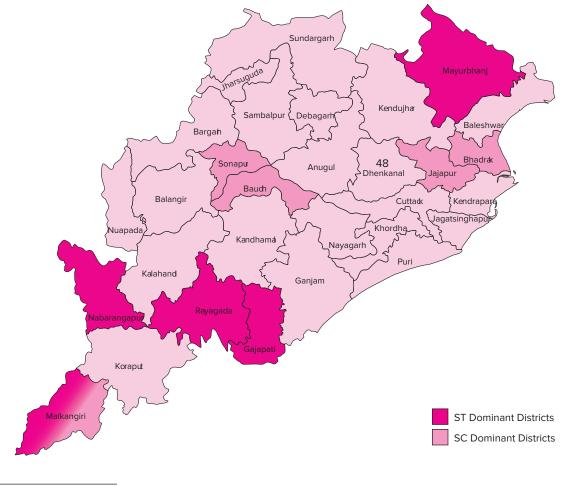


Figure 1: Top 5 ST & SC Dominant Districts

^a Including all states & UTs

^b Census 2011

would be around 4.4 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.71 crores (17.13%) and 0.95 crores (22.85%), respectively. Out of the 30 districts, top five ST & SC dominant districts account for 35.15% of ST & 16.24% of SC population in the State (Annexure 1.1, Odisha Profile). In the State, 83.31% of the population reside in rural areas, while 16.69% reside in urban areas. There are no metro cities & Million plus cities in Odisha whereas around 47 cities are covered under NUHM till year 2020-21.

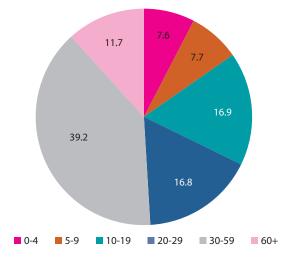
The total length of roads^c in the State is 3,03,669 km (6.07%^d), with national highways constitute 4,838 km (4.2%^e) and state highways^f constitute 4,139 km (2.36%^g). Industrial development sector currently leads the developmental change of Odisha, constituting 36% of States' GVA^h relative to 26% at the All India level as per 2020-21(AE). The Annual Average growth rate of the Industry sector during the last 9 years has been 5.36% as against 3.77% at National levelⁱ.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Among the 30 districts, only 1 district has a population of over 30 lakhs, 5 districts have a population between 20-30 lakhs, 14 districts have a population between 10-20 lakhs and 10 districts have a population less than 10 lakhs (Annexure 1.1, Odisha Profile). The State's sex ratio at birth of 933 females for every 1000 males is higher than the national average of 899 females for every 1000 males (Annexure 1.2). 16.9% of the total population in 10-19 years' age group, 56% between 20 to 59 years; and 11.7% above 60 years of age (Figure 2). The crude birth and death rates have declined from 22.3 and 9.5 in 2005 to 18 and 7 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 63.1% in 2001 to 72.9% in 2011, with male & female literacy rates being 81.6% and 64% respectively (Annexure 1). As per the ESAG 2018 report the Gross Enrollment Rate (GER)^j for higher education^k is 19.6% in total, 79.61% for secondary, 100.2% for elementary education, and 103.73% for primary.





^h Gross Value Added

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Odisha

^e Percentage of total length of National Highways in the country

f Including surfaced length

^g Percentage of total length of State Highways in the country

ⁱ Economic Survey 2020-21; https://finance.odisha.gov.in/sites/default/files/2021-02/Economic_Survey.pdf

^j Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^k In Odisha, senior secondary is a part of higher education

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years and above constitute 11.7% of the State's total population. The life expectancy¹ at 60 years of age is 18.1 years for males, and 19.8 years for females (2014-2018). 71% of the elderly females and 28% elderly males in urban areas, and 69% of the elderly females and 26% elderly males in rural areas are fully economically dependent on others. The old age dependency ratio is 15.4 in 2011; which are 15.4 for males, 15.5 for females, 16.3 in rural areas and 11.6 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 17%, which is higher than the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The Odisha has been able to provide RMNCHA+N^m services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)ⁿ, institutional deliveries, C sections, distribution of IFA^o tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care, have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 258 (SRS MMR Bulletin 2007-09) to 150 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Odisha, 81.8% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Balangir, Jharsuguda, Khordha, Navagarh and Puri districts reported relatively good full ANC coverage, ranging from 90.3% to 95.4%. Whereas, Baleshwar, Bargarh, Kendujhar, Mayurbhanj and Nuapada districts reported relatively poor full ANC coverage, ranging from 52.9% to 71.7%. As reported, around 97.3% of the deliveries took place in institutions, out of which 81.9% took place in public health facilities. Total percentage of C-sections (23.2%) is higher than that of the WHO's standard (10-15%); 60.6% is conducted at private facilities in the State. Around 95.8% of the women received their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia aged 15-49 years increased in women from 51% (NFHS 4) to 64.3% (NFHS 5). Anaemia amongst females of reproductive age group is twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Odisha has shown a significant decline in IMR from 75 (2005) to 38 (2019), which is higher than the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). In addition, NNMR^p and Still Birth (per 1,000 live births) Rates have also significantly decreased from 48.6 and 15.3 (2004) to 31 and 10 (2018) respectively (Annexure 2, Figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 63 (2006-10) to 69.3 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, low SRB^q

P Neonatal Mortality Rate

¹ SRS Based Abridged Life Tables

^m Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

n Antenatal Check up

[°] Iron Folic Acid Tablets

^q Sex Ratio at Birth

ranging from 745-810 are reported from Cuttack, Jharsuguda, Khordha, Puri and Sundargarh districts; whereas Gajapati, Koraput, Nabarangapur, Nuapada and Sambalpur districts reported relatively high SRB, ranging from 999 to 1061.

Full immunization coverage for children between 12 – 23 months improved from 89.8% (NFHS 4) to 90.7% (NFHS 5). The percentage of under 6-months children exclusively breastfed also increased from 65.6% (NFHS 4) to 72.9% (NFHS 5). An increase in childhood anaemia from 44.6% (NFHS 4) to 64.2% (NFHS 5) in children aged 6-59 months is also reported (Annexure 2, Figure 5). As per NFHS 5, Debagarh, Jagatsinghapur, Khordha, Navagarh and Puri districts reported relatively low burden of stunting with respect to other districts, ranging from 13.2% to 20.4%; whereas Gajapati, Koraput, Malkangiri, Nabarangapur, and Nuapada and Ravagada districts reported relatively high burden of stunting, ranging from 43.1% to 44.3%. Similarly, Ganjam, Jagatsinghapur, Kendrapara, Navagarh and Puri districts reported relatively low burden of wasting with respect to other districts, ranging from 7.9% to 10.7%; whereas Balangir, Debagarh, Mayurbhanj, Sambalpur, and Subarnapur reported relatively high burden of wasting, ranging from 25.5% to 28.5%.

2.3 Family Planning

The TFR^r reduced from 2.7 in 2004 to 1.9 in 2018, which is lower than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 7.2%, while unmet need for spacing is 2.5% (NFHS 5). Cuttack reported high total unmet need (3.7%) while Subarnapur reported the lowest (2.4%) (NFHS 5) in the State. Around 48.8% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 28.0% among females and 28.0% among males.

2.4 Communicable Diseases

The State has 30 functional IDSP units in place^s. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 34.77% of total disease burden (GBD 2019). Diarrheal diseases, malaria & drug-susceptible TB are reported as the major causes of DALY^t in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annualized total case notification rate is 114% and NSP^u success rate is 86% as opposed to the national averages of 163% and 79%. For NLEP^v, the reported prevalence rate of 1.45 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 9 from malaria, 1 death from JE^w, 4 from dengue, while none from Kala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 69.0% deaths are premature in the State, while disability or morbidity accounts for 31.0%. Ischaemic heart disease, Diabetes Mellitus Type 2 & COPD remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute to 54.26% of total DALYs, whereas Injuries contribute to 10.97% of total DALYs. The State is positioned 12th in the country for the total number of fatal road accidents with respect to other states/UTs (Annexure 1.4). As reported in NFHS 5, 26% of women and

Total Fertility Rate

^s QPR NHM MIS Report (Status as on 01.03.2020)

t https://vizhub.healthdata.org/gbd-compare/india

[&]quot; New Smear Positive

National Leprosy Eradication Programme

[»] Japanese Encephalitis

51.6 % of men used any kind of tobacco, while 4.3% of women and 28.8% of men consumed alcohol. In general, low birth weight, high systolic blood pressure, short gestation period, high fasting plasma glucose and unsafe water source are the major risk factors for all DALYs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 4,32,455 crores. The State is positioned 23rd out of 32 States in terms of per capita[×] of ₹ 99,196. According to NHA (2017-18), the per capita Government Health Expenditure in the State is ₹ 1,207, which is less than the national average of ₹ 1,753. On the other hand, the OOPE[×] as a share of Total Health Expenditure is 55.9%, which is more than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 32,227 in private hospitals and ₹ 6,810 in public hospitals, whereas for urban areas it is around ₹ 34,604 in private hospitals and ₹ 8,295 in public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 3,640 in rural areas & ₹ 4,527 in urban areas, whereas in private health facilities, it is estimated to be around ₹ 25,061 in rural areas and ₹ 18,782 in urban areas. In public health facilities, the share of expenditure on medicines is 68% and 44% for inpatient care in rural and urban areas, respectively; whereas for diagnostics, it is 19% and 17% in rural and urban areas, respectively (Annexure 1.6, Healthcare Financing).

2.7 Health Infrastructure

As per RHS (2019-20), the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, a shortfall in 23.10% of SCs, 7.74% of PHCs still remain in the State (Annexure 2, Figure 9). Currently, there are 6,688 SCs, 1,288 PHCs, 377 CHCs in place, against the required 8,697 SCs, 1,396 PHCs and 349 CHCs. Similarly, in urban settings, there are 89 PHCs in place against the required 167, thereby amounting to a shortfall of 46.71%. The State has 32 DHs, 33 SDHs and 8 Government medical colleges. In the State, 100% of DHs (32), 84.84% of SDH (28) and only 9% of CHCs (34) serve as functional FRUs. In tribal catchments, there are 2,701 SCs, 444 PHCs and 134 CHCs in place against the required 3,182, 477 and 119 facilities, respectively.

Under the Government of India flagship Ayushman Bharat Yojana, 1,701 (374 SHCs, 1234 PHCs & 93 UPHCs) primary care facilities in the State have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In the State, none of the districts are equipped with MMUs under the NHRM whereas 9 districts are equipped MMU/Health Units under the NUHM. The State has 99% of ASHAs in position under NRHM and 98% under NUHM. The doctors to staff nurse ratio in place is 1:1, with 4 public healthcare providers available for every 10,000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1,663.6 availed (events) OPD services and 88.3 availed (events) IPD services. However, as per the NSSO data (2017-18), 55% of all OPD cases in rural and 62% in urban used public facilities. Similarly, 75% of all IPD cases in rural and 56% of all IPD cases in urban utilized public facilities, Public facilities utilization for OPD and IPD services is higher than the national averages for the same.

[×] Directorate of Economics and Statistics

^y Out of Pocket Expenditure

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^z

| Indicator | Odisha 2011 ¹ | India | |
|--|--------------------------|----------------------------------|--|
| Total Population (In Crore) | 4.20 | 121.08 | |
| Rural (%) | 83.31 | 68.85 | |
| Urban (%) | 16.69 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.71 (17.13%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.95 (22.85%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 72.9 | 72.99 | |
| Male Literacy Rate (%) | 81.6 | 80.89 | |
| Female Literacy Rate (%) | 64 | 64.64 | |
| Number of Districts in the Odisha ² | 30 |) | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 10 | |
| Number of districts per lakh population in Odisha (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 14 | |
| | ≥20 Lakhs - <30 lakhs | 5 | |
| | ≥30 Lakhs | 1 | |

| ST SC Dominant (Top 5) Districts of Odisha ¹ | | | | | |
|---|--|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | | | |
| Mayrubhanj - 58.71% | Subarnapur - 25.60% | | | | |
| Malkangiri - 57.83 | Baudh - 23.78% | | | | |
| Rayagada - 55.98% | Jajapur - 23.71% | | | | |
| Nabarangpur - 55.79% | Malkangiri - 22.55% | | | | |
| Gajapati - 54.29% | Bhadrak - 22.23% | | | | |
| Top 5 ST dominant district accounts for - 35.15% | Top 5 SC dominant district accounts for - 16.24% | | | | |

| 1.2 Key Health Status & Impact Indicators | | | | | | |
|---|--------|-------|--|--|--|--|
| Indicators | Odisha | India | | | | |
| Infant Mortality Rate (IMR) ³ | 38 | 30 | | | | |
| Crude Death Rate (CDR) ³ | 7.1 | 6 | | | | |

^z Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 18 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 150 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 31 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 44 | 36 |
| Still Birth Rate ⁴ | 10 | 4 |
| Total Fertility Rate (TFR)⁴ | 1.9 | 2.2 |
| Life expectancy at birth⁵ | 69.3 | 69.4 |
| Sex Ratio at Birth⁴ | 933 | 899 |

1.3 Key Health Infrastructure Indicators^{aa}

| Indicators | | | | Numbers (Total) |
|---|-------------------------|-----------------------|-----------------------|------------------------|
| Number of District Hospitals ² | | | | 32 |
| Number of Sub District Hospital ² | | | | 33 |
| Number of Government (Central + State) Medic | al College ⁶ | | | 8 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 4 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-27 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 374 | 1804 | 3636 | 4857 |
| PHC-HWC | 1234 1288 | | 1288 | 1288 |
| UPHC-HWC | 93 97 | | 97 | 97 |
| Total-HWC | 1701 3189 | | 5021 | 6242 |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 349 |) | 377 | -8.02 |
| Number of Primary Health Centres (PHC) | 1,39 | 6 | 1,288 | 7.74 |
| Number of Sub Centres (SC) | 8,69 | 7 | 6,688 | 23.10 |
| Number of functional First Referral Units (FRUs) | DH | I | SDH | СНС |
| | 32 | 2 28 | | 34 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 167 | | 89 | 46.71 |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% |
| Number of CHC | 119 | | 134 | -12.61 |
| Number of PHC | 477 | | 444 | 6.92 |
| Number of SC | 3,18 | 2 | 2,701 | 15.12 |

^{aa} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Odisha | India |
|---|--------|--------|
| IPD per 1000 population | 88.3 | 62.6 |
| OPD per 1000 population | 1663.6 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 34.6 | 36.4 |

| 1.4 Major Health Indicator ^{bb} | | | |
|--|---------|----------|--|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Odisha | India | |
| % DALY ^{cc} accountable for CMNNDs ^{dd} | 34.77 | 27.46 | |
| % DALY accountable for NCDs | 54.26 | 61.43 | |
| % DALY accountable for Injuries | 10.97 | 11.11 | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Odisha | India | |
| Level of Birth Registration (%) | 82.2 | 92.7 | |
| Level of Death Registration (%) | 100 | 92 | |
| Percentage of medically certified deaths to total registered deaths (%) | 12.6 | 20.7 | |
| RMNCHA+N | | | |
| Maternal Health ⁹ | Odisha | India | |
| % 1st Trimester registration to Total ANC Registrations | 87.2 | 71.9 | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 81.8 | 79.4 | |
| Total Reported Deliveries | 641,324 | 21410780 | |
| % Institutional deliveries to Total Reported Deliveries | 97.3 | 94.5 | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 81.9 | 67.9 | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 18.1 | 32.1 | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 23.2 | 20.5 | |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 14.9 | 14.1 | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 60.6 | 34.2 | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 95.8 | 53.4 | |
| Neonatal ⁹ | Odisha | India | |
| % live birth to Reported Birth | 97.8 | 98.8 | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 18.7 | 12.4 | |
| % Newborns breast fed within 1 hour of birth to Total live birth | 94.6 | 89.9 | |

^{bb} Sources are mentioned at the end of Annexure 1

^{cc} Disability Adjusted Life Years
 ^{dd} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Odisha | India |
|---|--------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 40 | 895 |
| New Born Stabilization Unit (NBSU) | 45 | 2418 |
| New Born Care Corner (NBCC) | 730 | 20337 |
| Child Health & Nutrition ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 9.7 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 65.7 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 29.7 | 32.1 |
| Child Immunization ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 90.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 97.3 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 95.9 | 87.9 |
| Family Planning ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.5 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Odisha | India |
| Number of districts with functional IDSP unit | 30 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Odisha | India |
| Annualized total case notification rate (%) | 114 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 86 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Odisha | India |
| Prevalence Rate/10,000 population | 1.45 | 0.61 |
| Number of new cases detected | 10,077 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Odisha | India |
| Deaths due to Malaria ¹¹ | 9 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 4 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 21.4 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 24.6 | 30.7 |

| Non-Communicable Disease | | | | | | | |
|---|--------------------|-------------------|--|--|--|--|--|
| Diabeties and Hypertension ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) | | | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.9 | 12.4 | | | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 16.8 | 15.7 | | | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.5 | 6.1 | | | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 7.3 | 7.3 | | | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Odisha (NFHS 5) | India (NFHS 5) | | | | | |
| Women who use any kind of tobacco (%) | 26 | 8.9 | | | | | |
| Men who use any kind of tobacco (%) | 51.6 | 38 | | | | | |
| Women who consume alcohol (%) | 4.3 | 1.3 | | | | | |
| Men who consume alcohol (%) | 28.8 | 18.8 | | | | | |
| Injuries | | | | | | | |
| Road Traffic Accident ¹² | Odisha | India | | | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 12 | N/A | | | | | |
| Total number of fatal Road Accidents | 4,844 | 137,689 | | | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 48.2 | 33.7 | | | | | |
| Number of persons killed in Road Accidents | 5333 | 115113 | | | | | |

1.5 Access to Care^{ee}

| Health Systems Strengthening | | | | | | | |
|--|--------|-------|--|--|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Odisha | India | | | | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 9 | 31 | | | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Odisha | India | | | | | |
| 102 Туре | 500 | 9955 | | | | | |
| 104 Туре | 1 | 605 | | | | | |
| 108 Туре | 596 | 10993 | | | | | |
| Others | 0 | 5129 | | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 277 | 11070 | | | | | |

ee Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | | | |
|--|---|------------------|--------------|--|--|--|
| ASHA ¹³ | | Odisha | India | | | |
| Total number of ASHA ta | argeted under NRHM | 45601 | 946563 | | | |
| Total number of ASHA ir | n position under NRHM | 45105 | 904211 | | | |
| % of ASHA in position u | nder NRHM | 99 | 96 | | | |
| Total number of ASHA ta | argeted under NUHM | 1546 | 75597 | | | |
| Total number of ASHA ir | n position under NUHM | 1522 | 64272 | | | |
| % of ASHA in position u | nder NUHM | 98 | 85 | | | |
| Community Process ¹¹ | | Odisha | India | | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 46102 | 554847 | | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 3132 | 81134 | | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Odisha | India | | | |
| DH | | 32 | 796 | | | |
| СНС | | 377 | 6036 | | | |
| РНС | | 1255 | 20273 | | | |
| UCHC | | 7 | 126 | | | |
| UPHC | | 87 | 3229 | | | |
| | Human Resource for Heal | th ¹⁴ | | | | |
| HRH Governance | | Odi | isha | | | |
| Specialist Cadre Availabl | le in the state (Y/N) | In pro | In progress | | | |
| HR Policy available (Y/N) |) | Yes | | | | |
| Implementation of HRIS | (Y/N) | In progress | | | | |
| HR Integration initiated | (Y/N) | Yes | | | | |
| Public Health Cadre avai | lable (Y/N) | Yes | | | | |
| | Specialists (%) | 58 | | | | |
| | Dentists (%) | 65 | | | | |
| Overall Vacancies | MO MBBS (%) | 4 | 3 | | | |
| (Regular + contractual) | Nurse (%) | 5 | 9 | | | |
| | LT (%) | 6 | 6 | | | |
| | ANM (%) | 2 | 1 | | | |
| HRH Distribution | | Sanctioned | In Place | | | |
| Doctors (MO & specialist | ts) to staff nurse ¹⁴ | 1:1 | 1:1 | | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 6 per 10,000 | 4 per 10,000 | | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 4:1 | 4:1 | | | |

| Ranking: Human Reso | urce Index of | Odisha ¹⁵ | | | | | | | | |
|--------------------------|-----------------|-----------------------------|-----------------|----------------|-------------------------|-----------------------------|--|--|--|--|
| | | | Total (Regu | ılar + NHM) | | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | | | | |
| MPW ^{ff} | 18996 | 14568 | 11753 | 2815 | 7243 | | | | | |
| Staff Nurse | 15778 | 11187 | 6783 | 4404 | 8995 | | | | | |
| Lab Technician | 3745 | 2104 | 661 | 1443 | 3084 | 40 71 | | | | |
| Pharmacists | 3605 | 2863 | 2242 | 621 | 1363 | 48.71 | | | | |
| MO MBBS ^{ag} | 4823 | 5632 | 3394 | 2238 | 1429 | | | | | |
| Specialist ^{hh} | 3755 | 2811 | 1301 | 1510 | 2454 | | | | | |

| 1.6 Healthcare Financing ⁱⁱ | | | | | | |
|--|--------|-----------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | Od | isha | In | dia | | |
| Per Capita Government Health Expenditure (in ₹) | 12 | 207 | 17 | 53 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .2 | 1. | 35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5 | .7 | 5. | 12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 55 | 55.9 48.8 | | | | |
| | Odi | isha | In | dia | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 55 | 62 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 75 | 56 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 649 | 507 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 741 | 799 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 6,810 | 8,295 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 32,227 | 34,604 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 19 | 17 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 68 | 44 | 53 | 43 | | |

" MPW – Multi Purpose Health Worker (Female + Male)

⁹⁹ MO MBBS (Full Time)

hh Specialist (All Specialist)

[®] Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3,640 | 4,527 | 2,402 | 3,091 | |
|--|--------|--------|-----------|-------------------|--|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 25,061 | 18,782 | 20,692 | 26,701 | |
| State Health Expenditure | Odi | isha | All India | All India Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5 | .1 | 5 | jij | |

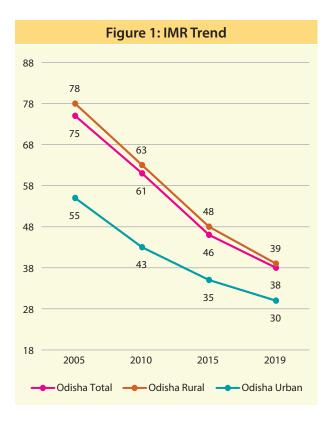
Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{jj} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









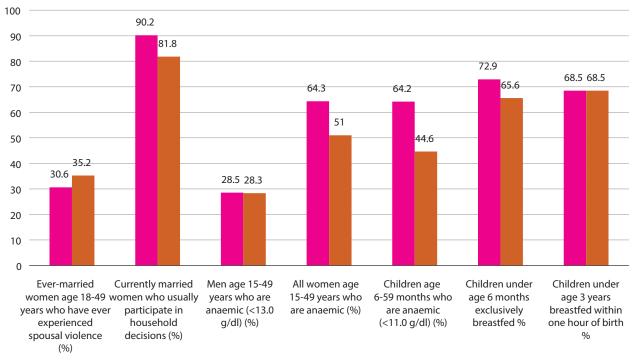


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Odisha Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|--|
| 1 Diarrheal diseases | 1 Diarrheal diseases |
| 2 Lower respiratory infect | 2 Malaria |
| 3 Drug-susceptible TB | 3 Drug-susceptible TB |
| 4 Neonatal preterm birth | 4 Lower respiratory infect |
| 5 Malaria | 5 Ischemic heart disease |
| 6 Protein-energy malnutrition | 6 Intracerebral hem |
| 7 Neonatal encephalopathy | 7 Neonatal preterm birth |
| 8 Other neonatal | 8 Other neonatal |
| 9 Measles | 9 Diabetes type 2 |
| 10 Intracerebral hem | 10 Dietary iron deficiency |
| 11 Meningitis | 11 Falls |
| 12 lschemic heart disease | 12 Neonatal encephalopathy |
| 13 Encephalitis | 13 COPD |
| 14 Peptic ulcer disease | 14 Other musculoskeletal |
| 15 Typhoid fever | 15 Major depression |
| 16 Self-harm other means | 16 Self-harm other means |
| 17 Tetanus | 17 Ischemic stroke |
| 18 Dietary iron deficiency | 18 Low back pain |
| 22 Falls | 21 Peptic ulcer disease |
| 23 COPD | 33 Typhoid fever |
| 26 Low back pain | 37 Encephalitis |
| 27 Major depression | 49 Protein-energy malnutrition |
| 35 Other musculoskeletal | 67 Meningitis |
| 36 Ischemic Stroke | 175 Tetanus |
| 39 Diabetes type 2 | 182 Measles |
| THE REPORT OF THE | Communicable, maternal, neonatal, and nutritional diseases |

Non-communicable diseases

Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| Low birth weight | | |
|--|---|--|
| | | 1 Low birth weight |
| 2 Child wasting | | 2 High systolic blood pressure |
| 3 Short gestation | · · · · · · · · · · · · · · · · · · · | 3 Short gestation |
| 4 Unsafe water source | -in- | 4 High fasting plasma glucose |
| 5 Household air pollution from solid fuels | | 5 Unsafe water source |
| 5 Unsafe sanitation | - · · · · · · · · · · · · · · · · · · · | 6 Household air pollution from solid fuels |
| 7 Child underweight | | 7 Ambient particulate matter pollution |
| 3 No access to handwashing facility | | 8 Alcohol use |
| High systolic blood pressure | A. Ist | 9 High body-mass index |
| 10 Child stunting | | 10 Unsafe sanitation |
| 11 Smoking | | 11 Smoking |
| 12 Non-exclusive breastfeeding | | 12 Kidney dysfunction |
| 13 Iron deficiency | | 13 iron deficiency |
| 14 High fasting plasma glucose | - ANA | 14 Child wasting |
| 15 Alcohol use | | 15 No access to handwashing facility |
| 16 Ambient particulate matter pollution | | 16 High LDL cholesterol |
| 17 Kidney dysfunction | | 17 Diet low in fruits |
| 18 Secondhand smoke | | 18 Lead exposure |
| 19 Occupational injuries | The first | - 19 Secondhand smoke |
| 20 Lead exposure | | 20 Low bone mineral density |
| 21 Vitamin A deficiency | | - 21 Occupational injuries |
| 22 High LDL cholesterol | | 23 Child underweight |
| 23 Diet low in fruits | | 37 Child stunting |
| 25 High body-mass index | | 42 Non-exclusive breastfeeding |
| 29 Low bone mineral density | | 52 Vitamin A deficiency |

Metabolic risks Environmental/occupational risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

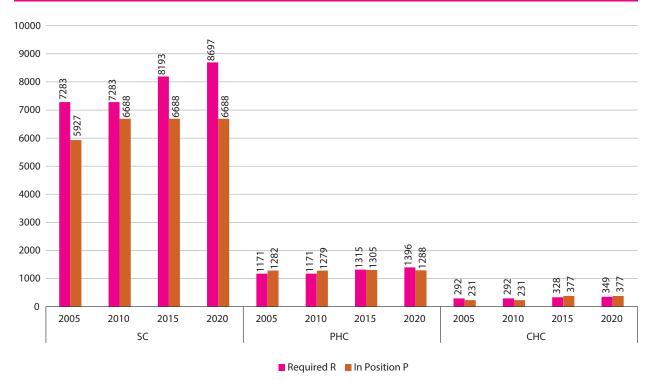
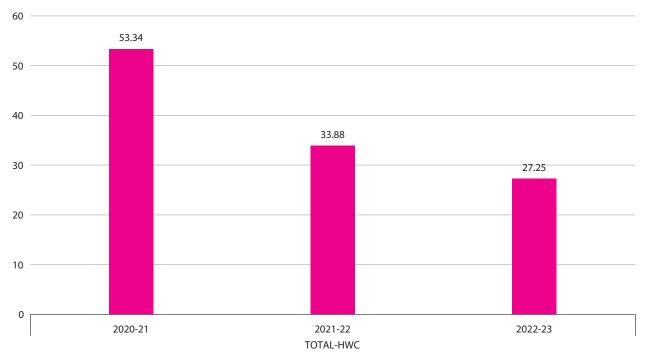


Figure 9: Year Wise Health Infrastructure Shortfall (%)



Figure 10: Percentage HWCs progress against target - FY wise (%)



Odisha (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| (e) | | | | | | | | | | | | | | | | | | |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|--------------|
| ⁹ erforman Jot Availab | Children Under 5 Years - Wasted^ (%) (%) (%) | 20.4 | 14.9 | 18.6 | 18.1 | 25.1 | 25.5 | 15 | 18 | 20.1 | 15.8 | 14.2 | 27.3 | 22.7 | 16.1 | 10.2 | 10.7 | 15.9 |
| ed – Poor l ban Stats N | Children Under 5 Years - Stunted^ (Height For Age) (%) | 34.1 | 24.9 | 32 | 31 | 28.1 | 32.7 | 24.4 | 38.9 | 37 | 32.3 | 20.4 | 28.4 | 33.3 | 43.4 | 23.9 | 13.2 | 25.5 |
| ormance, R se Rural Url | rotal Children Age 6-23 Months, # (%) (%) # (***, # Diete Dieter, # (%) | 8.5 | 14.7 | 21.4 | 20.4 | 18.7 | 29.6 | 21.7 | 17.1 | 19.6 | 23.1 | 21.3 | 13 | 25.6 | 18.8 | 22.3 | 31.2 | 13.9 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | VIIu7 srtnoM SS-ST 9gA norbid Naccinated Based On Information From Vaccination Card Only* (%) | 89.8 | 93.4 | 90.2 | 90.7 | 86.5 | 97.9 | 85 | 97.9 | 92.8 | 88.7 | 67 | 97.1 | 86 | 7.79 | 92.3 | 92.9 | 70.5 |
| (Gree | (%) sıtıtığ İsnoitutitzul | 85.3 | 97.5 | 91.3 | 92.2 | 85.7 | 97.9 | 97.6 | 9.66 | 93.4 | 96.1 | 98.9 | 91.2 | 94.8 | 76.4 | 93 | 98.3 | 93.8 |
| | lstenstnA 4 tesst 4 beH ofW notfor Care Visits (%) | 61.9 | 82 | 77.4 | 78.1 | 83.7 | 95.4 | 56.6 | 70.1 | 79 | 74.9 | 84.2 | 77.5 | 75.8 | 83 | 82.7 | 82.6 | 73.8 |
| | (%) bəət təmnU lətoT | 13.6 | 6.6 | 7.3 | 7.2 | 2.9 | 3.4 | 9.3 | 5.1 | 5.2 | 11.8 | 3.7 | 6.8 | 8.1 | 5.4 | 16.9 | 11.5 | 6 |
| | (%) əsU mobnoD | 3.4 | 8.8 | 4.9 | 5.5 | 6.6 | 3.6 | 7.1 | 9 | 5.4 | 3.9 | 8.5 | 3.8 | 3.4 | 0.8 | 6.4 | 7.3 | 7.2 |
| | (%) PPIUD (%) | 1.1 | 2.3 | 2.6 | 2.6 | 2.8 | 2.9 | 2 | 3.3 | 1.8 | r.t | 2.8 | 4.1 | 1.4 | 2 | 1.1 | 2.1 | 1.9 |
| | ylims7 ro7 bəsU bort9M ynA PəirisM yltnərid yğ pninns19 (%) sısay 64-21 92A nəmoW | 57.3 | 76.9 | 73.6 | 74.1 | 85.8 | 77.8 | 68.3 | 75.4 | 70.7 | 72 | 84.4 | 74.1 | 75.9 | 76.2 | 59.2 | 71.9 | 76.2 |
| | bəirisM zisəY ¥2-02 əpA nəmoW 8fore 18 (%) | 21.3 | 14.5 | 21.7 | 20.5 | 25 | 14 | 26.4 | 8.6 | 25.3 | 10.4 | 14.2 | 19.2 | 23.7 | 28.1 | 22.3 | 12 | 11.4 |
| | (%) 9pA 94-21 9ferəfi I nəmoW | NA | 81.9 | 66.7 | 69.5 | 72.4 | 68.1 | 73.8 | 71.6 | 68.8 | 80.1 | 80.1 | 66.7 | 74.1 | 47.6 | 69.5 | 84.8 | 75.8 |
| - | radmam luusu yna hait wy bonsi manaer covered under a hailth insurance/ Mananchi (%) | 47.7 | 29.5 | 51.7 | 47.9 | 63.1 | 44 | 40.6 | 45.5 | 44.7 | 44.9 | 42.3 | 57.5 | 55.2 | 39.6 | 51.9 | 56.8 | 53.9 |
| | 0001/selsmə7) dfrið fénales/ Males) | 932 | 950 | 885 | 894 | 868 | 919 | 866 | 950 | 844 | 980 | 745 | 822 | 895 | 666 | 855 | 843 | 898 |
| _ | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Odisha | Odisha | Odisha | Odisha | Anugul | Balangir | Baleshwar | Bargarh | Baudh | Bhadrak | Cuttack | Debagarh | Dhenkanal | Gajapati | Ganjam | Jagatsinghapur | Jajapur |
| | .oN .S | | 2 | m | 4 | 5 | 9 | 7 | œ | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

| ļ | | | | | | | | | | | | | | | | |
|----|--------------|--------------|------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| 18 | Jharsuguda | NFHS 5 Total | 793 | 37.7 | 79.1 | 8.5 | 81.4 | 3.3 | 8.4 | 3.7 | 94.1 | 98.6 | 97.6 | 26.7 | 27.1 | 16.9 |
| 19 | Kalahandi | NFHS 5 Total | 603 | 48.6 | 61.8 | 16.3 | 75.9 | 1.8 | 4.4 | 4 | 82.9 | 92.8 | 91.3 | 16.4 | 33 | 17.2 |
| 20 | Kandhamal | NFHS 5 Total | 985 | 54.5 | 68.5 | 20 | 76.7 | 6.3 | 5.8 | 4.5 | 81.1 | 93.9 | 94 | 22.1 | 34.2 | 23.3 |
| 21 | Kendrapara | NFHS 5 Total | 860 | 50 | 84.4 | 9.4 | 64.7 | 1.1 | 4.5 | 12.3 | 77.1 | 96.7 | 93.5 | 23.3 | 28.6 | 7.9 |
| 22 | Kendujhar | NFHS 5 Total | 984 | 43.3 | 64.6 | 29 | 77.6 | 3.7 | 5.4 | 3.8 | 57.1 | 80.4 | 81.4 | 15.1 | 36.2 | 23.8 |
| 23 | Khordha | NFHS 5 Total | 810 | 43.2 | 84.9 | 17.1 | 74.7 | 2 | 8.4 | 7.4 | 91 | 97.8 | 87.6 | 13.8 | 17.1 | 13.2 |
| 24 | Koraput | NFHS 5 Total | 1014 | 54.6 | 40.6 | 35.5 | 65.4 | 3.6 | 3.3 | 6.6 | 79.2 | 82.1 | 98 | 17.2 | 43.1 | 15.9 |
| 25 | Malkangiri | NFHS 5 Total | 981 | 47 | 39 | 32.4 | 74.1 | 4.2 | 2.4 | 4.4 | 82.8 | 90.7 | 97.2 | 19.8 | 44.3 | 19.3 |
| 26 | Mayurbhanj | NFHS 5 Total | 837 | 46.5 | 58.6 | 31.3 | 76.3 | 2.9 | 5.4 | 5.9 | 52.9 | 91.7 | 85.4 | 23.7 | 36.7 | 28.5 |
| 27 | Nabarangapur | NFHS 5 Total | 1045 | 48.4 | 38.5 | 39.4 | 77.1 | 2.5 | 2.3 | 3.4 | 87.7 | 87.6 | 96.1 | 16.8 | 44.1 | 25.2 |
| 28 | Nayagarh | NFHS 5 Total | 845 | 49.3 | 80.4 | 35.7 | 78.2 | 1.7 | 5.5 | 4.6 | 90.3 | 98.3 | 96.1 | 20.3 | 20 | 10.5 |
| 29 | Nuapada | NFHS 5 Total | 1025 | 45.3 | 53.5 | 15.6 | 71.4 | 4.4 | 3.6 | 7.3 | 71.7 | 89.8 | 95.9 | 25.3 | 43.1 | 18.1 |
| 30 | Puri | NFHS 5 Total | 782 | 61.5 | 86.4 | 10.2 | 74.4 | 2.7 | 5.8 | 7.3 | 94.9 | 97.7 | 96.5 | 20.6 | 13.8 | 8.9 |
| 31 | Rayagada | NFHS 5 Total | 951 | 45.5 | 42 | 33.2 | 72.7 | 2.2 | 1.9 | 6.1 | 85.3 | 68.9 | 92.7 | 24.7 | 43.6 | 16.1 |
| 32 | Sambalpur | NFHS 5 Total | 1061 | 49.3 | 71.1 | 7.4 | 77.1 | 2.5 | 5.5 | 9.1 | 89 | 99.5 | 97.9 | 17.4 | 40.7 | 25.5 |
| 33 | Subarnapur | NFHS 5 Total | 924 | 45.8 | 76.1 | 16.9 | 77.4 | 4.4 | 3.6 | 5.8 | 87.8 | 96.1 | 98 | 22.5 | 29.6 | 26 |
| 34 | Sundargarh | NFHS 5 Total | 809 | 39.3 | 70.8 | 12.9 | 79.7 | 4.6 | 5.5 | 2.4 | 73.1 | 91.3 | 81.5 | 14.7 | 32.9 | 21.1 |
| | | | | | | | | | | | | | | | | |

* NFHS5 replaced 'Immunized '(word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed children fed with a dy for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk products food groups on the set four food groups not including the milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ä

Red – Worst five performing districts within the districts for a particular indicator ä

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother ப்

ن

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency, non-breastfed children fed with a minimum meal frequency and a minimum meal frequency and a minimum meal frequency and a frequency an ш.

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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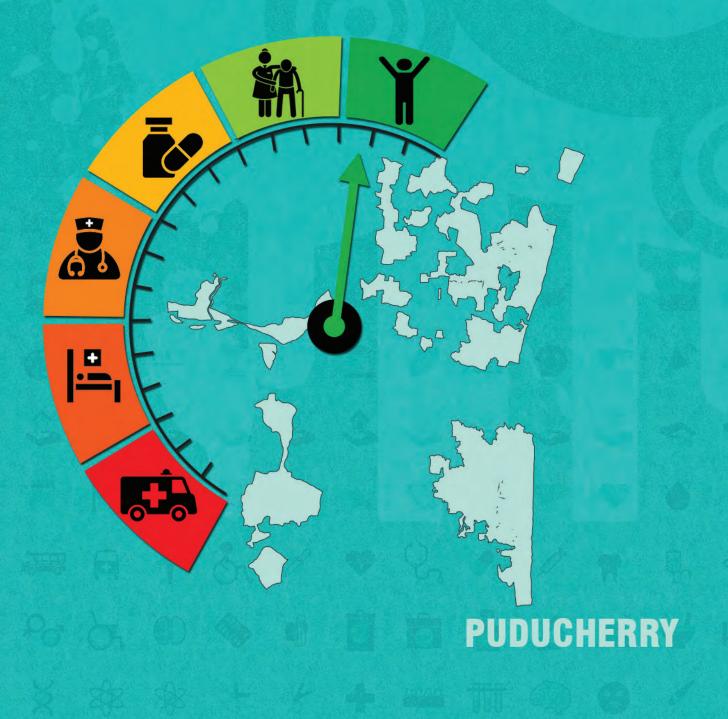


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

Puducherry

Karaikal

PUDUCHERRY

1. BACKGROUND

1.1 Union Territory Profile

Puducherry is positioned^a 33rd Union territory in India by area, with a population of over 0.12 crore^b. The UT is divided into 4 districts as of 2021^c with an expected increase in population to 0.16 lakh by 2021^d. As per census 2011, the UT's Scheduled Caste population is 0.019 (15.73%). Around 31.66% of the population reside in rural areas, while the rest constitute the urban population. At present, no cities^e are covered under National Urban Health Mission. The total length of roads^f in Puducherry is 3,242 km (0.064%⁹), in which, the length of the national highways is 64 km (0.1%^h).

A detail report on the key indicators is attached as Annexure 1

1.2 Demography

Puducherry's sex ratio at birth (823 females per 1000 males) is less than the national average of 899 females per 1000 males. The crude birth rate and the crude death rate in the UT has shown decline from 16.2 and 7.1 to 13.3 and 6.8, respectively (Annexure 2). The UT's literacy rate has improved from 81.2% (2001) to 85.8% (2011) with male & female literacy rates being 91.3% and 80.7% respectively. According to ESAG 2018 report, the Gross Enrollment Rateⁱ (GER) is 43.2% for higher education, 74.80% for senior secondary education (XI-XII), 88.95% for secondary education (IX-X), 85.64% for elementary education (I-VIII); and 84.79% for primary education (I-V).

1.3 Elderly

Population aging has profound social, economic, and political implications. In Puducherry, 1% of the elderly females living in rural areas, 13% of elderly females and 11.0% of elderly males in urban areas are

- d Census Population Projection 2019 Report
- QPR NHM MIS Report as on 31 Dec 2020
- ^f Basic Road Statistics 2019, MoRTH
- ^g Percentage of total length of roads in State/UT
- ^h Percentage of total length of National Highways in the country

^a Among North-East UTs

^b Census 2011

c RHS 2020

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among elderly men and women is 57% & 70% respectively, which are more than the national average of 31% for each (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Puducherry has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown improvement since 2005 (NFHS 4 & 5). In Puducherry, 44% of women received 4 ANC check-ups (Annexure 1.4).

As per the NFHS 5 (Annexure 3) Karaikal reported good ANC coverage (88.3%), whereas, Yanam reported relatively poor ANC coverage of (79.8%). As reported in HMIS 2019-20, almost all deliveries took place in institutions, out of which 77% took place in public health facilities. Total percentage of C-sections is (31.9%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 48.9% are conducted at private facilities in the UT. Around 28.9% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia in women aged 15-49 years has increased from 52.4% (NFHS 4) to 55.1% (NFHS 5). Anaemia in females of reproductive age group is almost thrice when compared with men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Puducherry has shown a significant decline in IMR from 28 (2005) to 9 (2019). As per the NHFS 5, the lowest SRB (884) in the UT is reported in Karaikal, while the highest (1202) is reported in Mahe.

Full vaccination^m coverage for children between 12-23 months of age has shown a decline from 92.8% (NFHS 4) to 89.7% (NFHS 5). The nutritional status within the UT has wide variation. For under 5- stunting, Mahe reported a high burden (48.2) and Puducherry reported a low burden (17) in the UT; whereas for under -5 wasting, Karaikal reported a high burden (15.3) and Mahe reported a low burden (7.3). In the UT, exclusive breastfeeding of children under 6 months has shown an improvement from 45.5% (NFHS 4) to 64.8% (NFHS 5).

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in Puducherry is reported as 10.5%, while the unmet need for spacing is 3.2%. Yanam district reported the lowest total unmet need (1.2%), while Puducherry reported the highest (11.4%) in the UT. Approximately 62.1% of married women reported to avail any modern method of family planning in the UT (NFHS 5), with sterilization acceptance being 53.8% among females and 0.3% among males.

^j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Antenatal Check up

Iron Folic Acid Tablets

^m NFHS 5 State/UT Factsheet based on information from vaccination card only

2.4 Communicable Diseases

Puducherry has 4 IDSP units functionalⁿ. As per QPR reports, for TB, the annualized total case notification rate is 292% and NSP^o success rate is 83% as opposed to the national average of 163% and 79%, respectively. For NLEP^p, the reported prevalence rate of 0.22 per 10,000 population is less than the national average of 0.61. In FY 2019-20, with 3 deaths from Dengue, while none due to Malaria or Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) and Injuries

In NFHS 5, it is reported that as high as 2.6% of women and 14.8% of men used any kind of tobacco, while 0.3% of women and 27.7% of men consumed alcohol. Puducherry is positioned 27th in the country for the total number of fatal road accidents with respect to other States and UTs (Annexure 1.4).

2.6 Health Care Financing

Puducherry's Net UT Domestic Product (NSDP) for FY 2018-19 is ₹ 33,598 crores. The UT is positioned 6th out of 32 States/UTs in terms of per capita^q of ₹ 2,20,461.

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have increased since 2005 (Annexure 2, Figure 6). Currently, there are 53 SCs, 24 PHCs, and 4 CHCs in place, against the required 93 SCs, 15 PHCs and 3 CHCs in rural areas. There are 15 UPHCs in place against the required 22 UPHCs. In addition to that, Puducherry has 5 DHs, 3 SDHs and 2 government medical colleges.

Under the Government of India flagship Ayushman Bharat Program, a total of 126 primary healthcare facilities (82 SHCs, 43 PHC & 1 UPHC) have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Puducherry, 4 districts are equipped with MMUs under the NRHM, while none under the NUHM. Puducherry has 57% of required ASHAs in position under the NUHM. The doctor to staff nurse ratio in place is 1:3, with 11 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population. Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 5478.4 availed (events) OPD services, while 119.2 availed (events) IPD services.

ⁿ QPR NHM MIS Report (Status as on 01.03.2020)

New Smear Positive

P National Leprosy Eradication Programme

^q Directorate of Economics & Statistics

ANNEXURE 1: KEY INDICATORS

1.1 UT Profile^r

| Indicator | Puducherry 2011 ¹ | India | | |
|---|------------------------------|----------------------------------|--|--|
| Total Population (In Crore) | 0.12 | 121.08 | | |
| Rural (%) | 31.66 | 68.85 | | |
| Urban (%) | 68.33 | 31.14 | | |
| Scheduled Caste population (SC) (in crore) | 0.019 (15.83%) | 20.14 (16.63%) | | |
| Scheduled Tribe population (ST) (in crore) | 0 | 10.45 (8.63%) | | |
| Total Literacy Rate (%) | 85.85 | 72.99 | | |
| Male Literacy Rate (%) | 91.26 | 80.89 | | |
| Female Literacy Rate (%) | 80.67 | 64.64 | | |
| Number of Districts in the Puducherry2 ² | 4 | | | |
| | Population ¹ | Districts ¹ (Numbers) | | |
| Number of districts per lakh population in | <1 Lakhs | 2 | | |
| Puducherry (Census 2011) | ≥ 1 Lakhs - <2 Lakhs | 1 | | |
| | <10 lakhs | 1 | | |
| SC D | Districts (%) | | | |
| Karai | kal - 17.65% | | | |
| Puducherry - 16.03% | | | | |
| Yana | ım - 15.14% | | | |
| Ma | he - 0.34% | | | |
| | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Puducherry | India |
|---|------------|-------|
| Infant Mortality Rate (IMR) ³ | 9 | 30 |
| Crude Death Rate (CDR) ³ | 6.8 | 6 |
| Crude Birth Rate (CBR) ³ | 13.3 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ | N/A | 113 |
| Neo Natal Mortality Rate (NNMR)⁴ | N/A | 23 |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 |

^r Sources are mentioned at the end of Annexure 1

| Still Birth Rate⁴ | N/A | 4 |
|-----------------------------|-----|------|
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | 823 | 899 |

1.3 Key Health Infrastructure Indicators^s

| Indicators | | | | Numbers (Total) | | |
|---|-------------------|----------------------|---------------------------|------------------------|----|----|
| Number of District Hospitals ² | 5 | | | | | |
| Number of Sub District Hospital ² | 3 | | | | | |
| Number of Government Medical College ⁶ | | | | 2 | | |
| Number of Private Medical Colleges ⁶ | | | | 7 | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) | | |
| SHC-HWC | 82 | 8 | 15 | 25 | | |
| PHC-HWC | 43 | 24 | 24 | 24 | | |
| UPHC-HWC | 1 | 5 | 5 | 5 | | |
| Total-HWC | 126 | 37 | 44 | 54 | | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 3 | | 3 | 0.00 | | |
| Number of Primary Health Centres (PHC) | 15 | | 24 | -60.00 | | |
| Number of Sub Centres (SC) | 93 | | 53 | 43.01 | | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | | |
| | 4 | | 0 | 0 | | |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 22 | | 15 | 31.82 | | |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% | | |
| Number of CHC | NA NA | | NA | NA | | |
| Number of PHC | NA NA | | NA | NA | | |
| Number of SC | NA | | NA NA | | NA | NA |
| Patient Service ⁹ | | | Puducherry | India | | |
| IPD per 1000 population | | | 119.2 | 62.6 | | |
| OPD per 1000 population | | | 5478.4 | 1337.1 | | |
| Operation (surgeries) major (General and Spina 10000 population | l Anaesthesia |) per | 113.5 | 36.4 | | |

^s Sources are mentioned at the end of Annexure 1

| 1.4 Major Health Indicator ^t | | |
|--|------------|-------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Puducherry | India |
| % DALY ^u accountable for CMNNDs ^v | NA | 27.46 |
| % DALY accountable for NCDs | NA | 61.43 |
| % DALY accountable for Injuries | NA | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Puducherry | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 71.3 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Puducherry | India |
| % 1st Trimester registration to Total ANC Registrations | 27.5 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 44 | 79.4 |
| Total Reported Deliveries | 43,178 | 2,14,10,780 |
| % Institutional deliveries to Total Reported Deliveries | 100 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 77 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 23 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 31.9 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 26.8 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 48.9 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 28.9 | 53.4 |
| Neonatal ⁹ | Puducherry | India |
| % live birth to Reported Birth | 99 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 17.5 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 72.6 | 89.9 |
| New Born Care Units Established ¹¹ | Puducherry | India |
| Sick New Born Care Unit (SNCU) | 4 | 895 |
| New Born Stabilization Unit (NBSU) | 4 | 2418 |
| New Born Care Corner (NBCC) | 10 | 20337 |

t Sources are mentioned at the end of Annexure 1

u

Disability Adjusted Life Years Communicable, Maternal, Neonatal, and Nutritional Diseases v

| Child Health & Nutrition ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) |
|--|------------------------|-------------------|
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 3.7 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | N/A | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 15.3 | 32.1 |
| Child Immunization ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 89.7 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 96.4 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 95.6 | 87.9 |
| Family Planning ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.2 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Puducherry | India |
| Number of districts with functional IDSP unit | 4 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Puducherry | India |
| Annualized total case notification rate (%) | 292 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 83 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Puducherry | India |
| Prevalence Rate/10,000 population | 0.22 | 0.61 |
| Number of new cases detected | 49 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Puducherry | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 3 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 30.2 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/ AIDS (%) ¹⁰ | 32.5 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|------------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) | | | |
| Women - Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.1 | 12.4 | | | |
| Men - Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 19.1 | 15.7 | | | |
| Women - Blood sugar level - high (>140 mg/dl) (%) | 7.2 | 6.1 | | | |
| Men - Blood sugar level - high (>140 mg/dl) (%) | 7 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Puducherry (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 2.6 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 14.8 | 38 | | | |
| Women who consume alcohol (%) | 0.3 | 1.3 | | | |
| Men who consume alcohol (%) | 27.7 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Puducherry | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 27 | NA | | | |
| Total number of fatal Road Accidents | 143 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 10.6 | 33.7 | | | |
| Number of persons killed in Road Accidents | 147 | 115113 | | | |

1.5 Access to Care^w

| Health Systems Strengthening | | | | |
|--|------------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Puducherry | India | | |
| Number of Districts equipped with MMU under NRHM | 4 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Puducherry | India | | |
| 102 Туре | 0 | 9955 | | |
| 104 Туре | 0 | 605 | | |
| 108 Туре | 11 | 10993 | | |
| Others | 0 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 43 | 11070 | | |

Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | |
|--|--|------------------|---------------|
| ASHA ¹³ | | Puducherry | India |
| Total number of ASHA ta | argeted under NRHM | 0 | 946563 |
| Total number of ASHA ir | n position under NRHM | 0 | 904211 |
| % of ASHA in position u | nder NRHM | 0 | 96 |
| Total number of ASHA ta | argeted under NUHM | 341 | 75597 |
| Total number of ASHA ir | n position under NUHM | 193 | 64272 |
| % of ASHA in position u | nder NUHM | 56.60 | 85 |
| Community Process ¹¹ | | Puducherry | India |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 100 | 554847 |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 25 | 81134 |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Puducherry | India |
| DH | | 5 | 796 |
| СНС | | 4 | 6036 |
| РНС | | 39 | 20273 |
| UCHC | | 0 126 | |
| UPHC | | 0 3229 | |
| | Human Resource for Heal | th ¹⁴ | |
| HRH Governance | | Puduo | herry |
| Specialist Cadre Availab | le in the state (Y/N) | Ye | es |
| HR Policy available (Y/N |) | N | 0 |
| Implementation of HRIS (Y/N) | | N | 0 |
| HR Integration initiated (Y/N) | | N | 0 |
| Public Health Cadre ava | ilable (Y/N) | N | 0 |
| | Specialists (%) | 4 | 1 |
| | Dentists (%) | 1 | 4 |
| Overall Vacancies | MO MBBS (%) | 14 | |
| (Regular + contractual) | Nurse (%) | 3 | |
| | LT (%) | 35 | |
| | ANM (%) 12 | | |
| HRH Distribution | | Sanctioned | In Place |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:2 | 1:3 |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 12 per 10,000 | 11 per 10,000 |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 6:1 | 9:1 |

Ranking: Human Resource Index of Puducherry¹⁵

| | | Total (Regular + NHM) | | | | |
|-------------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW [×] | 324 | 338 | 272 | 66 | 52 | |
| Staff Nurse | 1553 | 1269 | 1221 | 48 | 332 | |
| Lab Technician | 222 | 124 | 97 | 27 | 125 | 72.50 |
| Pharmacists | 115 | 171 | 149 | 22 | 0 | 72.59 |
| MO MBBS ^y | 286 | 399 | 389 | 10 | 0 | |
| Specialist ^z | 319 | 160 | 106 | 54 | 213 | |

| 1.6 Healthcare Financing ^{aa} | | | | | |
|--|----------------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Puducherry Inc | | dia | | |
| Per Capita Government Health Expenditure (in ₹) | Ν | IA | 1,7 | 1,753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | Ν | IA | 1. | 1.35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | Ν | IA | 5.12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | Ν | IA | 48 | 48.8 | |
| National Comple Contract Office (NISSO) (2017-2018) | Pudu | cherry | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | NA | NA | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | NA | NA | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | NA | NA | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | NA | NA | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | NA | NA | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | NA | NA | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | NA | NA | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | NA | NA | 53 | 43 | |

* MPW – Multi Purpose Health Worker (Female + Male)

^y MO MBBS (Full Time)

^z Specialist (All Specialist)

^{aa} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | NA | NA | 2,402 | 3,091 |
|--|--------------------------|----|---------|--------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | NA | NA | 20,692 | 26,701 |
| State Health Expenditure | Puducherry All India Ave | | Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 7.4 | | 5 | bb |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{bb} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

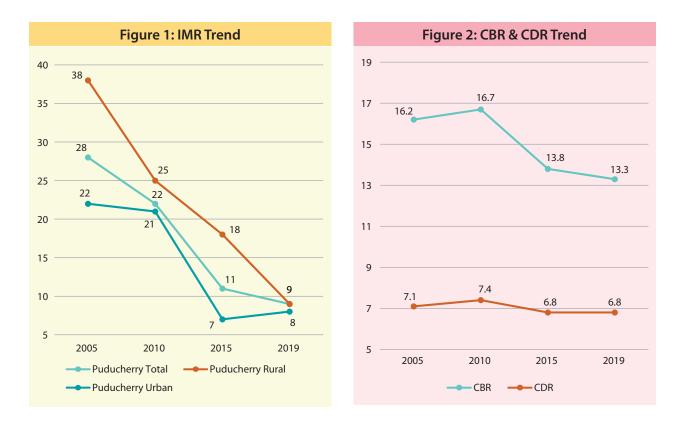
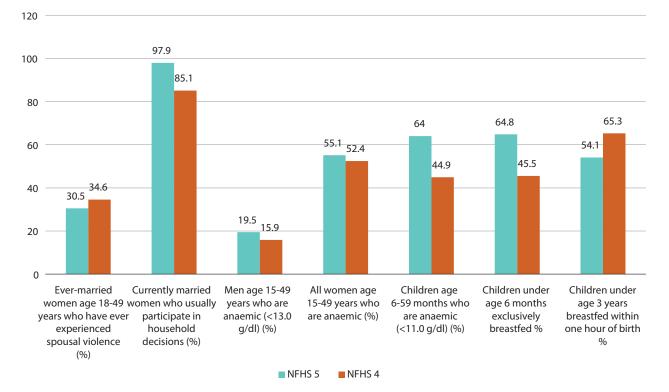


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



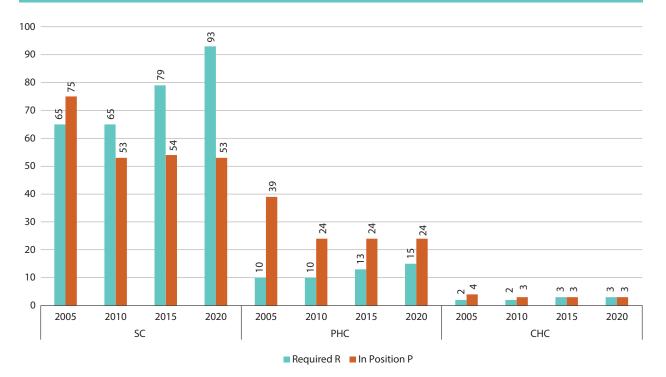


Figure 4: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 5: Year Wise Health Infrastructure Shortfall (%)

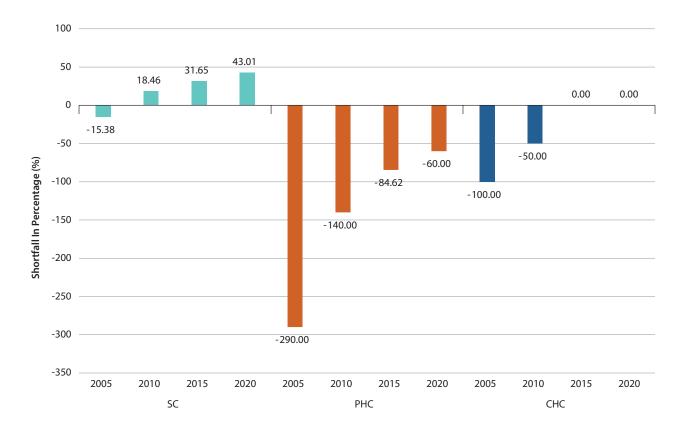
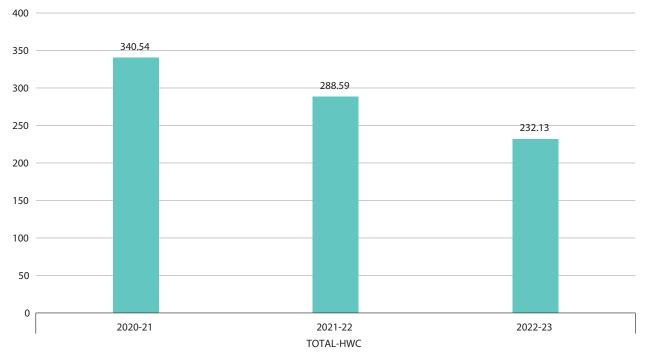


Figure 6: Percentage HWCs progress against target - FY wise (%)



Puducherry (% HWCs progress as of 22/Dec/2021 against targets- FY wise)

Health Dossier 2021: Reflections on Key Health Indicators – Puducherry | 15

| Children Under 5 Years - Wasted^ (Weight For Height) (%) | 23.6 | 12.1 | 12.9 | 12.4 | 15.3 | 7.3 | 11.6 | 12.4 |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Abətnut2 - Years - Stunten Vhətnut (%) (90 For Age) (%) | 23.7 | 21.7 | 15.6 | 20 | 25.5 | 48.2 | 17 | 25 |
| Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 31.1 | 20.6 | 31.9 | 22.9 | 17.9 | 38.5 | 25.5 | 1.3 |
| yllufa zdrona SCS 9 and arbid Nationa no based baseicion (%) *ylnO bisC noistionsor (mort | 92.8 | 90.2 | NA | 89.7 | 96.6 | 95.3 | 87.6 | 92.4 |
| (%) sıfriß Isnoitutitznl | 6.99 | 99.5 | 99.7 | 9.66 | 9.66 | 100 | 99.5 | 100 |
| lsten9tnA 4 t2851 tA b6H oHV h9t0M Care Visits (%) | 87.7 | 06 | 78.9 | 86.9 | 88.3 | 85 | 87 | 79.8 |
| (%) beet Need (%) | 8.3 | 10.7 | 10.2 | 10.5 | 10.2 | 6.8 | 11.4 | 1.2 |
| (%) əsU mobnoD | 0.8 | 5.8 | 3.1 | 2 | 3.9 | 6 | 5.2 | 2.9 |
| (%) IUD/PPIUD (%) | 2.6 | 2.1 | 1.3 | 1.9 | 1.8 | 1.6 | 1.9 | 6.0 |
| ylims7 rot besU bort9M ynA Parried Warried Warried (%) Years (%) years (%) | 61.9 | 65.8 | 66.4 | 66 | 59.7 | 73.6 | 66.5 | 79.6 |
| beirisM zizeY Years Married Before 18 (%) | 10.7 | 8.6 | - | 6.5 | 7.2 | 2.8 | 5.7 | 15.9 |
| (%) 9pA 84-21 9tst9tiJ n9moW | NA | 90.7 | 87.4 | 89.7 | 88.8 | 9.66 | 90.1 | 82.2 |
| vadməm lusu yna hiti witan dev covered under a həlishi rusurance/ (%) | 32.8 | 30 | 30.5 | 30.1 | 26.9 | 23.6 | 31.3 | 29.2 |
| 000 l/zəlemə1) dfitd fermələz) Məles) | 843 | 857 | 1268 | 959 | 884 | 1202 | 963 | 1154 |
| 93102 bjag | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| states/Districts | Puducherry | Puducherry | Puducherry | Puducherry | Karaikal | Mahe | Puducherry | Yanam |
| .oN.2 | - | 5 | m | 4 | 2 | 9 | ~ | ~ |

NFH55 replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall & vaccination card only - vaccination card only indicator was used to reduce the recall bias, among ct whose vaccination card only -exectination card polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MMR/Measles, and 3 doses each of polic (excluding polic vaccinated vaccinated with BCG, measles-containing vaccine (MCV/MR/MMR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MMR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/Measles, and 3 doses each of polic (excluding polic vaccinated with BCG, measles-containing vaccine (MCV/MR/Measles, and 3 doses each of polic vaccinated with BCG, measles-containing vaccine (MCV/MR/Measles, and 3 doses each of polic vaccinated with BCG, measles-containing vaccine (MCV/MR/Measles, and 3 doses each of polic vaccinated vaccinated with BCG, measles-containing vaccine (MCV/MEasles, and 3 doses each of polic vaccinated vaccine given active vaccinated vaccina ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum including tequency that is receiving solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed children products food groups) and an including the milk or milk products food groups).

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color - Best performing districts within the districts for a particular indicator Ř

Red – Worst performing districts within the districts for a particular indicator mi

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother J

Ū. ய்

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group) \wedge Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ц.

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT KEY NFHS 5 INDICATORS TO

NOTES

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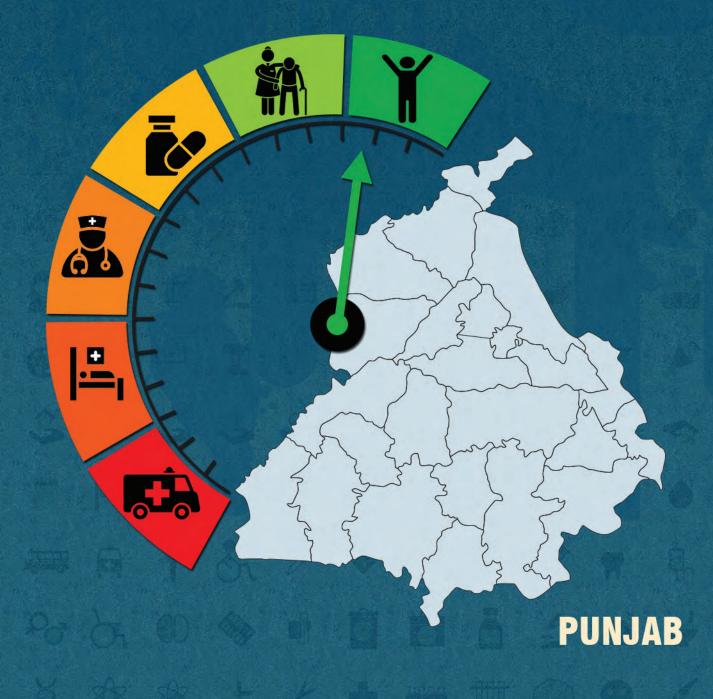


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | |
|------------------|-------------------|------------|--|--|--|
| 4 th | Jalandhar | Muktsar | | | |
| 6 th | Patiala | Moga | | | |
| 8 th | Sangrur | SBS Nagar | | | |
| 9 th | Mansa | Hoshiarpur | | | |
| 11 th | Ludhiana | Kapurthala | | | |
| 12 th | Gurdaspur | Moga | | | |



1. BACKGROUND

1.1 Punjab Profile

b

Punjab is positioned^a 19th in India for a geographical spread of 50,362 km² (RHS 2020). The State is divided into 22 districts (RHS 2020) and estimated to have a population of over 2.77 crores^b, which accounts for approximately 2.29% of India's total population. It is projected that the population would

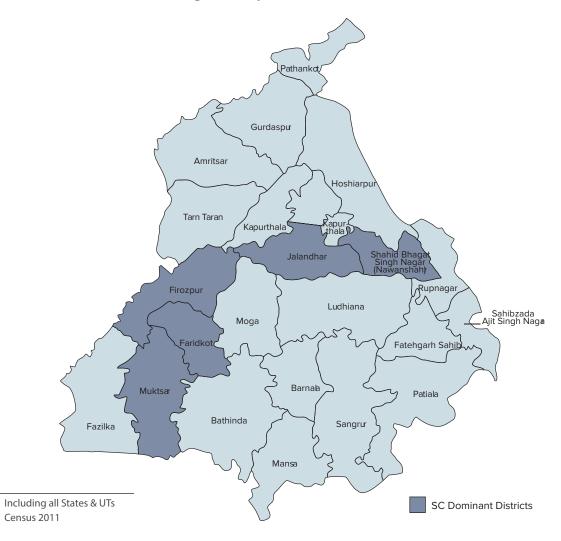


Figure 1: Top 5 SC Dominant Districts

reach around 3.03 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) population is 0.89 crores (31.94%). In the State, 62.5% of the population reside in rural areas, while 37.5% constitute the urban population. Out of the 22 districts, top five SC dominant districts account for 29.26% of SC population in the State (Annexure 1.1; figure 1).

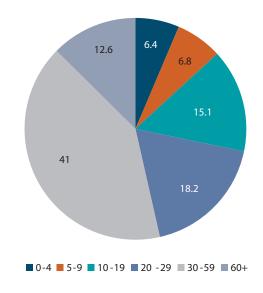
The total length of roads^c in the State is 1,39,492 km (2.79%^d), in which, the length of the national highways is 2,769 km (2.4%^e) and state highways is 1103 km (0.63%^f). About 42%% of the main worker population workers in the State participate in agricultural activities^g.

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 22 districts, 1 district has population of 30 lakhs and above, 4 districts have a population between 20-30 lakhs, 5 districts have a population between 10-20 lakhs, and 10 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 890 females for every 1000 males is lower than the national average of 899 (Annexure 1.2). It is estimated that there are 15.1% of the total population in the age group of 10-19 years, 59.2% within 20 to 59 years; while 12.6% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 18.1 & 6.7 in 2005 to 14.5 & 6.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 69.7% in 2001 to 75.8% in 2011, with male & female literacy rates being 80.4% and 70.7%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^h is 27.0% for higher education, 70.19% for senior secondary education, 87.06% for secondary education, 100.44% for elementary education, and 101.70% for primary education.

Figure 2: Punjab - distribution of estimated population 2021 (%)



1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 12.6% of the State's total population. The life expectancy at 60 years of age is 20.2 for both males and females, respectively (2014-2018). In Punjab, 80% of elderly females and 34.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 80.0% of elderly females and 27.0% elderly males are economically fully dependent on others. The old

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Punjab

^e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

^g Economic Survey 2020-21

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

age dependency ratio is 16.1 in 2011; which was 15.6 for males and 16.8 for females, 18.1 in rural & 13.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 31% for men and 40% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has declined from 145 (SRS MMR Bulletin 2007-09) to 129 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Punjab, 81.7% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Bathinda, Fazilka, Firozpur, Mansa and Sangrur districts reported relatively low ANC coverage, ranging between 36.5% - 49.4%. Whereas, Fatehgarh Sahib, Jalandhar, Ludhiana, Patiala, Rupnagar and Sahibzada Ajit Singh Nagar districts reported high ANC coverage, ranging between 65.2% - 76%. As reported in HMIS 2019-20, around 98.6% of the deliveries took place in institutions, out of which 50.0% took place in public health facilities. Total percentage of C-sections is (39.3%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 50.3% are conducted at private facilities in the State. Around 88.6% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 53.5% (NFHS-4) to 58.7% (NFHS-5). Anaemia in females of reproductive age group is more than twice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 44 (2005) to 19 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^I and Still Birth (per 1,000 live births) rates have also significantly decreased from 29.9 and 13.8 (2005) to 13 and 5 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 69.3 (2006-10) to 72.7 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per the NFHS 5, the lowest SRBs^m ranging between 746 - 820 are reported in Barnala, Bathinda, Gurdaspur, Pathankot, and Sangrur districts; while the highest ones, ranging between 964 – 1037 are reported in Amritsar, Hoshiarpur, Ludhiana, Moga and Rupnagar districts.

Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

^k Iron Folic Acid Tablets

Neonatal Mortality Rate

m Sex Ratio at Birth

Full vaccinationⁿ coverage for children between 12 – 23 months of age declined from 93.4% (NFHS 4) to 85.2% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 53.0% (NFHS 4) to 55.5% (NFHS 5). An increase in childhood anaemia from 56.6% to 71.1% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, low stunting rates, ranging from 15.1 to 20.3 are reported from Amritsar, Hoshiarpur, Patiala, Rupnagar and Shahid Bhagat districts. While relatively higher stunting rates, ranging from 30 to 36.6 are reported by Barnala, Fatehgarh Sahib, Fazilka, Firozpur, Mansa and Muktsar districts. For under-5 wasting – Barnala, Fatehgarh Sahib, Fazilka, Gurdaspur, Ludhiana and Rupnagar districts reported a low burden, which ranged from 5.9 to 9.5; while Bathinda, Firozpur, Kapurthala, Mansa, and Muktsar districts reported a relatively higher burden, which ranged from 12.1 to 15.4

2.3 Family Planning

The TFR^o reduced from 2.1 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in the State is reported as 9.9%, while the unmet need for spacing is 3.7% (NFHS 5). Bathinda district reported the highest total unmet need (17.7%), while Sahibzada Ajit Singh Nagar reported the lowest (4.7%). Approximately 50.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 22.8% times and 0.5% in males.

2.4 Communicable Diseases

The State has 22 functional IDSP units in place^p. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.25% of total disease burden (Annexure 1.4). Diarrheal diseases, lower respiratory tract infections, neonatal preterm birth, drug susceptible TB and dietary iron deficiency are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR reports, for TB, the annualized total case notification rate is 188% and NSP^q success rate is 78% as opposed to the national averages of 163% and 79%, respectively. For NLEP^r, the reported prevalence rate of 0.17 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 14 deaths due to Dengue are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 64.9% of all deaths are premature in the State, while disability or morbidity accounts for 35.1%. Ischaemic heart diseases, diabetes type 2, COPD, and other musculoskeletal disorders are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 68.86% of DALYs; whereas, injuries contribute to 11.89% of DALYs in the State⁵. The State is positioned 15th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 0.4% of women and 12.9% of men used any kind of tobacco, while 0.3% of women and 22.8% of men consumed alcohol. Overall, metabolic factors (high systolic blood pressure, high fasting plasma glucose, high body mass index, high LDL cholesterol) and ambient particulate matter pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

r National Leprosy Eradication Programme

ⁿ NFHS 5 State/UT Factsheet, based on information from vaccination card only

[°] Total Fertility Rate

P QPR NHM MIS Report (Status as on 01.03.2020)

^q New Smear Positive

^s https://vizhub.healthdata.org/gbd-compare/india

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 4,72,506 crores. The State is positioned 15th out of 32 states in terms of per capita^t of ₹ 1,54,313. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 1,086, which is below the national average of ₹ 1,753. On the other hand, the OOPE^u as a share of Total Health Expenditure is 69.4% which is higher than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 11,747 in public facilities, ₹ 40,579 in private facilities; whereas for urban areas, it is around ₹ 11,237 in public facilities and ₹ 33,822 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,187 in public facilities & ₹ 3,943 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 20,134 in public facilities and ₹ 23,289 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 37% in rural and 27% in urban areas; whereas for diagnostics, it is 19% in rural and 15% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, there remains a shortfall of 17.34% SCs, 28.11% PHCs and 3.38% CHCs (Annexure 2, Figure 9). Currently, there are 2950 SCs, 427 PHCs and 143 CHCs are in place, against the required 3569 SCs, 594 PHCs and 148 CHCs in rural areas. Similarly, in urban settings, there are 100 PHCs in place against the required 247, which accounts to a shortfall of 59%. The State has 22 DHs, 41 SDHs and 4 government medical colleges. In the State, 100% of DHs (22), 95% of SDHs (39), and 81.08 % of CHCs (120) serve as functional FRUs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2780 HWCs (2354 SHCs, 332 PHCs & 94 UPHCs) are operationalized in the State as of 22nd December 2021^v.

In the State, 22 districts are equipped with MMUs under the NRHM, while none under the NUHM. The State has 98.76% of required ASHAs in position under the NRHM and 94.15% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 805.51 availed (events) OPD services and 30.21 availed (events) IPD services. As per the NSSO data (2017-18),13% of all OPD cases in rural areas and 17% in urban areas; and 29% of all IPD cases in rural and urban areas utilized public health facilities. The public health facility utilization in the State is below the national averages for both (Annexure 1.6).

t Directorate of Economics & Statistics

Out of Pocket Expenditure

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^w

| Indicator | Punjab 2011 ¹ | India | |
|--|---|----------------------------------|--|
| Total Population (In Crore) | 2.77 | 121.08 | |
| Rural (%) | 62.52 | 68.85 | |
| Urban (%) | 37.48 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.89 (31.94%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0 | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 75.8 | 72.99 | |
| Male Literacy Rate (%) | 80.4 | 80.89 | |
| Female Literacy Rate (%) | 70.7 | 64.64 | |
| Number of Districts in the Punjab ² | 22 | 2 | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 10 | |
| Number of districts per lakh population in Punjab (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 5 | |
| | ≥20 Lakhs - <30 lakhs | 4 | |
| | ≥30 Lakhs | 1 | |
| SC Dominant (1 | Top 5) Districts of Punjab ¹ | | |
| Shahid Bhaga | at Singh Nagar - 42.51% | | |
| Mu | ktsar - 42.31% | | |
| Firo | zpur - 42.17 % | | |
| Jalai | ndhar - 38.95% | | |
| Fari | idkot - 38.92% | | |
| Top 5 SC dominant | district accounts for - 29.26% | | |
| | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Punjab | | | | |
|--|--------|------|--|--|--|
| Infant Mortality Rate (IMR) ³ | 19 | 30 | | | |
| Crude Death Rate (CDR) ³ | 6.6 | 6 | | | |
| Crude Birth Rate (CBR) ³ | 14.5 | 19.7 | | | |

Sources are mentioned at the end of Annexure 1

| Maternal Mortality Ratio (MMR) ³ | 129 | 113 |
|--|------|------|
| Neo Natal Mortality Rate (NNMR) ⁴ | 13 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 23 | 36 |
| Still Birth Rate⁴ | 5 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.6 | 2.2 |
| Life expectancy at birth⁵ | 72.7 | 69.4 |
| Sex Ratio at Birth⁴ | 890 | 899 |
| | | |

1.3 Key Health Infrastructure Indicators^x

| Indicators | Numbers (Total) | | | |
|---|-------------------------|-----------------------|--------------------------|------------------------|
| Number of District Hospitals ² | 22 | | | |
| Number of Sub District Hospital ² | | 41 | | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 4 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 6 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 2354 | 899 | 1724 | 2274 |
| PHC-HWC | 332 | 432 | 432 | 432 |
| UPHC-HWC | 94 | 104 | 104 | 104 |
| Total-HWC | 2780 | 1435 2260 | | 2810 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 148 | | 143 | 3.38 |
| Number of Primary Health Centres (PHC) | 594 | | 427 | 28.11 |
| Number of Sub Centres (SC) | 3,56 | 9 | 2,950 | 17.34 |
| Number of functional First Referral Units (FRUs) | DH | I | SDH | СНС |
| | 22 | | 39 | 120 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 247 | | 100 | 59.51 |
| Tribal ^{2y} | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | N/A | | N/A | N/A |
| Number of PHC | N/A | A | N/A | N/A |
| Number of SC | N/A | A | N/A | N/A |

Sources are mentioned at the end of Annexure 1
 Punjab has no separate tribal area/population

| Patient Service ⁹ | Punjab | India |
|---|--------|--------|
| IPD per 1000 population | 30.21 | 62.6 |
| OPD per 1000 population | 805.51 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 30.22 | 36.4 |

| 1.4 Major Health Indicator ^z | | |
|--|-------------|--------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Punjab | India |
| % DALY ^{aa} accountable for CMNNDs ^{bb} | 19.25 | 27.46 |
| % DALY accountable for NCDs | 68.86 | 61.43 |
| % DALY accountable for Injuries | 11.89 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Punjab | India |
| Level of Birth Registration (%) | 88.3 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 17.5 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Punjab | India |
| % 1st Trimester registration to Total ANC Registrations | 79.9 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 81.7 | 79.4 |
| Total Reported Deliveries | 3,79,150 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 98.6 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 50 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 50 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 39.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 28.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 50.3 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 88.6 | 53.4 |
| Neonatal ⁹ | Punjab | India |
| Neonatar | | |
| % live birth to Reported Birth | 98.7 | 98.8 |
| | 98.7 7.7 | 98.8 12.4 |

^z Sources are mentioned at the end of Annexure 1

^{aa} Disability Adjusted Life Years
 ^{bb} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Punjab | India |
|---|--------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 24 | 895 |
| New Born Stabilization Unit (NBSU) | 56 | 2418 |
| New Born Care Corner (NBCC) | 208 | 20337 |
| Child Health & Nutrition ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.9 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 60.7 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 16.9 | 32.1 |
| Child Immunization ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 85.2 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95.3 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 88.1 | 87.9 |
| Family Planning ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.7 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Punjab | India |
| Number of districts with functional IDSP unit | 22 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Punjab | India |
| Annualized total case notification rate (%) | 188 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 78 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Punjab | India |
| Prevalence Rate/10,000 population | 0.17 | 0.61 |
| Number of new cases detected | 531 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Punjab | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 14 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 20.6 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 37.6 | 30.7 |

| Non-Communicable Disease | | |
|---|--------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 18.5 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 24.5 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.8 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.3 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Punjab (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 0.4 | 8.9 |
| Men who use any kind of tobacco (%) | 12.9 | 38 |
| Women who consume alcohol (%) | 0.3 | 1.3 |
| Men who consume alcohol (%) | 22.8 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Punjab | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 15 | NA |
| Total number of fatal Road Accidents | 4,190 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 71.3 | 33.7 |
| Number of persons killed in Road Accidents | 4525 | 115113 |

1.5 Access to Care^{cc}

| Health Systems Strengthening | | | | | | |
|--|--------|-------|--|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Punjab | India | | | | |
| Number of Districts equipped with MMU under NRHM | 22 | 506 | | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Punjab | India | | | | |
| 102 Туре | 0 | 9955 | | | | |
| 104 Type | 0 | 605 | | | | |
| 108 Туре | 242 | 10993 | | | | |
| Others | 0 | 5129 | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 496 | 11070 | | | | |

^{cc} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | |
|--|--|------------------|--------------|--|
| ASHA ¹³ | | Punjab | India | |
| Total number of ASHA ta | rgeted under NRHM | 17360 | 946563 | |
| Total number of ASHA in | position under NRHM | 17144 | 904211 | |
| % of ASHA in position ur | nder NRHM | 98.76 | 96 | |
| Total number of ASHA ta | rgeted under NUHM | 2600 | 75597 | |
| Total number of ASHA in | position under NUHM | 2448 | 64272 | |
| % of ASHA in position ur | nder NUHM | 94.15 85 | | |
| Community Process ¹¹ | | Punjab | India | |
| Number of Village Health (VHSNCs) constituted | n Sanitation and Nutrition Committees | 12982 | 554847 | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 7473 | 81134 | |
| Number of Rogi Kalyaı | n Samitis (RKS) registered (Total) ¹¹ | Punjab | India | |
| DH | | 22 | 796 | |
| СНС | | 142 | 6036 | |
| РНС | | 363 | 20273 | |
| UCHC | | 11 | 126 | |
| UPHC | | 100 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Pur | njab | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | lo | |
| HR Policy available (Y/N) | | N | lo | |
| Implementation of HRIS | (Y/N) | Y | es | |
| HR Integration initiated (| (Y/N) | N | lo | |
| Public Health Cadre avai | lable (Y/N) | N | lo | |
| | Specialists (%) | 3 | 7 | |
| | Dentists (%) | 1 | 8 | |
| Overall Vacancies | MO MBBS (%) | 1 | 8 | |
| (Regular + contractual) | Nurse (%) | 3 | 4 | |
| | LT (%) | 2 | 22 | |
| | ANM (%) | 26 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴ | | 5 per 10,000 | 4 per 10,000 | |
| | ervice delivery staff ratio ¹⁴ | 3: 1 | 2:1 | |

| Ranking: Human Reso | urce Index of | Punjab ¹⁵ | | | | |
|-------------------------|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | Total (Regular + NHM) | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{dd} | 9121 | 8723 | 6982 | 1741 | 2139 | |
| Staff Nurse | 8113 | 6010 | 4022 | 1988 | 4091 | |
| Lab Technician | 1823 | 1554 | 1205 | 349 | 618 | 24.44 |
| Pharmacists | 987 | 1765 | 1907 | -142 | 0 | 24.44 |
| MO MBBS ^{ee} | 2199 | 2612 | 2450 | 162 | 0 | |
| Specialist [#] | 2259 | 1978 | 1324 | 654 | 935 | |

| 1.6 Healthcare Financing ⁹⁹ | | | | | |
|--|--------------|-------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Punjab India | | dia | | |
| Per Capita Government Health Expenditure (in ₹) | 1,0 |)86 | 17 | 53 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .7 | 1. | 35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | | 5 | 5. | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | 69 | 9.4 | 48 | 3.8 | |
| | Pur | njab | In | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 13 | 17 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 29 | 29 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 875 | 307 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 662 | 818 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 11747 | 11237 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 40579 | 33822 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 19 | 15 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 37 | 27 | 53 | 43 | |

dd MPW – Multi Purpose Health Worker (Female + Male)

ee MO MBBS (Full Time)

ff Specialist (All Specialist)

⁹⁹ Sources are mentioned at the end of Annexure 1
 ⁸¹ Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3187 | 3943 | 2,402 | 3,091 |
|--|---------------------|-------|--------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 20134 | 23289 | 20,692 | 26,701 |
| State Health Expenditure | Punjab All India Av | | | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 3 | .8 | 5 | hh |

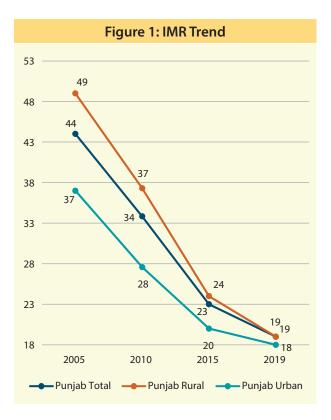
Sources used for Annexure 1

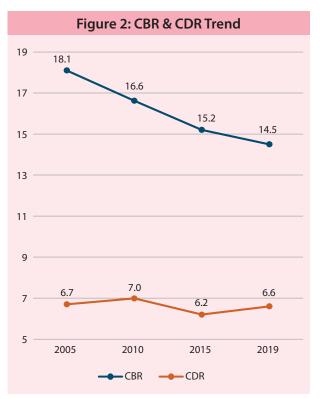
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{hh} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

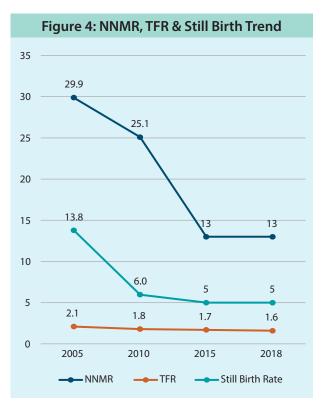
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









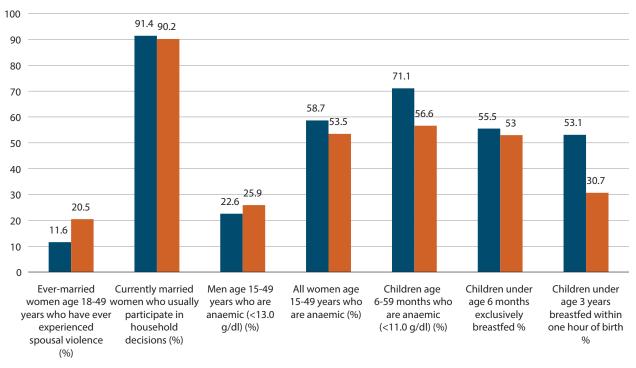


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

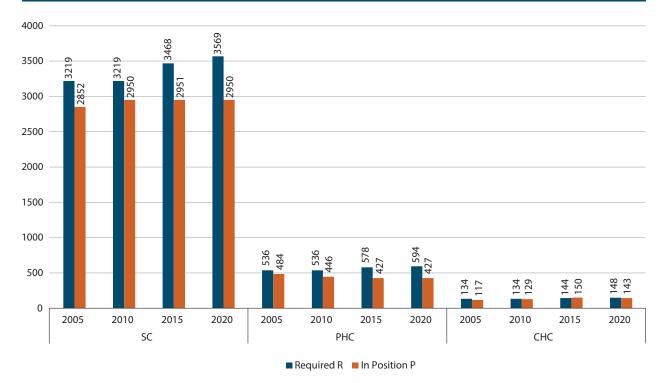
| 1990 rank | Punjab Both sexes, All ages, DALYs per 100,000 2019 rank |
|-----------------------------|--|
| 1 Diarrheal diseases | 1 Ischemic heart disease |
| 2 Ischemic heart disease | 2 Diabetes type 2 |
| 3 Lower respiratory infect | 3 COPD |
| 4 Drug-susceptible TB | 4 Other musculoskeletal |
| 5 Neonatal preterm birth | 5 Diarrheal diseases |
| 6 Neonatal encephalopathy | 6 Lower respiratory infect |
| 7 Other neonatal | 7- 7 Neonatal preterm birth |
| 8 Dietary iron deficiency | 8 Falls |
| 9 Typhoid fever | 9 Drug-susceptible TB |
| 10 Conflict & terror | 10 Dietary iron deficiency |
| 11 COPD | 11 Motorcyclist road inj |
| 12 Measles | 12 Low back pain |
| 13 Meningitis | 13 Intracerebral hem |
| 14 Low back pain | 14 Migraine |
| 15 Intracerebral hem | 15 Age-related hearing loss |
| 16 Neonatal sepsis | 16 Other neonatal |
| 17 Diabetes type 2 | 17 Major depression |
| 18 Falls | 18 Self-harm other means |
| 21 Self-harm other means | 21 Neonatal encephalopathy |
| 22 Migraine | 31 Typhoid fever |
| 24 Other musculoskeletal | 36 Neonatal sepsis |
| 25 Motorcyclist road inj | 76 Meningitis |
| 27 Age-related hearing loss | 134 Conflict & terror |
| 29 Major depression | 216 Measles |
| Net Transmission IHME | Communicable, matemal, neonatal, and nutritional diseases Non-communicable diseases Injuries |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Punjab Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| Low birth weight | 1 High systolic blood pressure |
| Short gestation | 2 High fasting plasma glucose |
| Unsafe water source | 3 High body-mass index |
| Child wasting | 4 Ambient particulate matter pollution |
| Household air pollution from solid fuels | 5 High LDL cholesterol |
| High systolic blood pressure | 6 Low birth weight |
| Unsafe sanitation | 7 Kidney dysfunction |
| Ambient particulate matter pollution | B Short gestation |
| High fasting plasma glucose | 9 Diet low in whole grains |
| 0 Child underweight | 10 Alcohol use |
| 1 High LDL cholesterol | 11 Smoking |
| 2 No access to handwashing facility | 12 Diet low in fruits |
| 3 Iron deficiency | 13 Household air pollution from solid fuels |
| 4 Smoking | 14 Diet low in legumes |
| 5 High body-mass index | 15 Iron deficiency |
| 6 Kidney dysfunction | 16 Unsafe water source |
| 7 Child stunting | 17 Diet high in sodium |
| 8 Alcohol use | 18 Secondhand smoke |
| 9 Non-exclusive breastfeeding | 19 Diet high in trans fatty acids |
| 0 Diet low in whole grains | 24 Child wasting |
| 1 Diet low in fruits | 29 Unsafe sanitation |
| 2 Diet low in legumes | 35 No access to handwashing facility |
| 3 Secondhand smoke | 36 Child underweight |
| 5 Diet high in trans fatty acids | 45 Non-exclusive breastfeeding |
| 9 Diet high in sodium | 47 Child stunting |
| | Metabolic risks Environmental/occupational risks |

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Behavioral risks



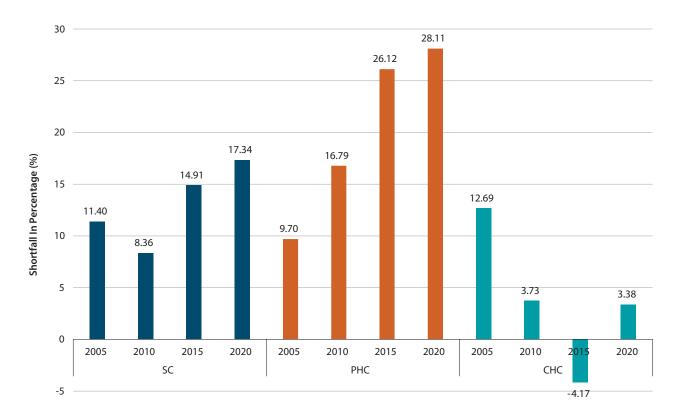


Figure 9: Year Wise Health Infrastructure Shortfall (%)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Image: state | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Ammistant Manual and and an analysis Manual analysis Manual and an analysis Manual and an analysis Manuanus and an analysis Manual analysis </td <td>erformance) ot Available)</td> <td></td> <td>15.6</td> <td>11.7</td> <td>10</td> <td>10.6</td> <td>11.9</td> <td>9.4</td> <td>15.4</td> <td>10.3</td> <td>7.1</td> <td>9.5</td> <td>12.9</td> <td>9.5</td> <td>11.5</td> <td>10.3</td> <td>12.8</td> <td>5.9</td> | erformance) ot Available) | | 15.6 | 11.7 | 10 | 10.6 | 11.9 | 9.4 | 15.4 | 10.3 | 7.1 | 9.5 | 12.9 | 9.5 | 11.5 | 10.3 | 12.8 | 5.9 |
| Ammistant Manual and and an analysis Manual analysis Manual and an analysis Manual and an analysis Manuanus and an analysis Manual analysis </td <td>Red – Poor Pe ban Stats Nc</td> <td></td> <td>25.7</td> <td>25.7</td> <td>23.9</td> <td>24.5</td> <td>19.4</td> <td>33.8</td> <td>23</td> <td>28.1</td> <td>30</td> <td>35.9</td> <td>30</td> <td>25.1</td> <td>19.3</td> <td>24.8</td> <td>24.6</td> <td>22.1</td> | Red – Poor Pe ban Stats Nc | | 25.7 | 25.7 | 23.9 | 24.5 | 19.4 | 33.8 | 23 | 28.1 | 30 | 35.9 | 30 | 25.1 | 19.3 | 24.8 | 24.6 | 22.1 |
| Ammistant Manual and and an analysis Manual analysis Manual and an analysis Manual and an analysis Manuanus and an analysis Manual analysis </td <td>ormance, F ise Rural Ur</td> <td></td> <td>5.9</td> <td>12.2</td> <td>11.8</td> <td>11.9</td> <td>8.2</td> <td>20.5</td> <td>16.2</td> <td>16.9</td> <td>13</td> <td>13</td> <td>6.4</td> <td>14.6</td> <td>12.6</td> <td>12.9</td> <td>14</td> <td>14.1</td> | ormance, F ise Rural Ur | | 5.9 | 12.2 | 11.8 | 11.9 | 8.2 | 20.5 | 16.2 | 16.9 | 13 | 13 | 6.4 | 14.6 | 12.6 | 12.9 | 14 | 14.1 |
| Punjab States/Districts States/Districts States/Districts States/Districts Punjab NHH5 States/Districts B80 23 | en – Good Perf (District Wi | Vaccinated Based On Information | 93.4 | 81.7 | 87.1 | 85.2 | 74.3 | 86.7 | 74.5 | 81.5 | 95.9 | 72.6 | 86.5 | 90.2 | 97.6 | 95.6 | 83.4 | 79.8 |
| Image: Section of the sectio | (Gree | (%) sıtral Isnoitutitzırl | 90.5 | 92 | 95.5 | 94.3 | 95.9 | 96.7 | 93.1 | 94.3 | 96.6 | 91.7 | 95.5 | 92.4 | 98.3 | 92.3 | 95 | 90.1 |
| Image: Section of the sectio | | | 68.5 | 60.8 | 58.4 | 59.3 | 56.5 | 63.8 | 48.2 | 53.4 | 76 | 36.5 | 48.4 | 61.1 | 59.7 | 72.8 | 51.4 | 65.2 |
| Punjab States/Districts Punjab NHHS Total 860 21.2 NA 268 6.8 Punjab NHHS Total 860 21.2 NA 7.6 88 2.8 Punjab NHHS Total 860 21.2 NA 7.6 88 2.8 Punjab NHHS Total 860 21.2 NA 7.6 88 2.8 Punjab NHHS Total 860 21.2 NA 7.6 88 2.8 Punjab NHHS Total 860 21.2 81.7 6.6 31.2 Annitar NHHS Total 90.4 13.2 7.6 8.8 7.6 8.8 Punjab NHHS Total 90.4 13.2 7.8 8.9 6.6 31.1 Bathinda NHHS Total 90.4 13.2 7.8 8.9 6.8 3.2 Bathinda NHHS Total 90.4 10.9 7.6 8.9 6.8 3.2 Bathi | | (%) bəəV təmnU lstoT | 6.2 | 8.8 | 10.5 | 6.6 | 6.7 | 9.4 | 17.7 | 15.7 | 7.7 | 7.1 | 5.4 | 15.4 | 11.9 | 8.8 | 13.4 | 8.3 |
| Result Sex Rates/Districts Punjab NFHS Stuat Punjab NF | | (%) əsU mobnoD | 18.9 | 26.6 | 19.7 | 22.2 | 26.3 | 20.7 | 13.2 | 17.1 | 23.6 | 20.1 | 23.3 | 20.8 | 22.6 | 21 | 20.5 | 26.6 |
| Punjab NHS 5 Total States/Districts Momen Literate 15-49 Age (%) Punjab NHS 5 Total 931 23.3 83.8 37.5 Punjab NHS 5 Total 931 23.3 83.8 83.7 58.8 66.6 Punjab NHS 5 Total 90.4 25.2 79.4 88.8 87.7 66.6 Punjab NHS 5 Total 90.4 25.2 79.4 88.8 87.7 66.6 Punjab NHS 5 Total 90.4 25.2 79.4 88.7 66.6 66.5 Barhinda NHS 5 Total 90.4 25.2 79.4 87.7 66.6 66.5 Barhinda NHS 5 Total 90.4 25.2 79.4 89.7 66.6 66.5 <t< td=""><td></td><td>(%) DUI99/DUI</td><td>6.8</td><td>2.8</td><td>3.2</td><td>3.1</td><td>2.7</td><td>3.2</td><td>6.2</td><td>Μ</td><td>7</td><td>4.3</td><td>6.9</td><td>3.3</td><td>1.2</td><td>2</td><td>1.6</td><td>1.8</td></t<> | | (%) DUI99/DUI | 6.8 | 2.8 | 3.2 | 3.1 | 2.7 | 3.2 | 6.2 | Μ | 7 | 4.3 | 6.9 | 3.3 | 1.2 | 2 | 1.6 | 1.8 |
| Result States/Districts Nomen Literate 15-49 Age (%) Punjab NHHS Stural 860 21.2 NA 7,1 Punjab NHHS Stural 860 21.2 NA 7,1 Punjab NHHS Stural 860 21.2 NA 7,1 Punjab NHHS Stural 860 21.2 78 8.3 7,3 Punjab NHHS Stural 860 21.2 79.4 8.3 7,3 Barnala NHHS Stotal 93.1 23.5 7,3 81.6 8.3 7,3 Barnala NHHS Stotal 93.1 23.5 78 8.16 7,3 Fazilka NHS Stotal 93.1 23.5 8.3 8.3 3.3 Fatehgarh Sahib NHHS Stotal 86.0 21.2 79.4 8.3 3.3 Fazilka NHS Stotal 8.44 35.1 8.4 32 4.4 Fazilka NHS Stotal 9.5 20.1 77.9 9.3 7.5 | | Planning By Currently Married | 75.8 | 68.4 | 65.4 | 66.6 | 68.9 | 69.3 | 45.3 | 56.3 | 71.6 | 68 | 77.3 | 58.5 | 65.6 | 66.6 | 61 | 69.8 |
| Image: Constant of the state of th | | | 7.6 | 8.8 | 8.7 | 8.7 | 9.2 | 12.8 | 14.2 | 11.9 | 7.3 | 12.4 | 10.5 | 6.5 | 4.7 | 7.4 | 6.9 | 6.5 |
| Image: Constant of the state of the stat | | (%) 9pA 94-21 9terate 1%) | NA | 81.6 | 78 | 79.4 | 80.2 | 9.77 | 69.2 | 72.6 | 86.9 | 69.4 | 75.4 | 82 | 91.3 | 86.8 | 84.1 | 82.4 |
| Image: States/Districts Punjab States/Districts Punjab Punjab NFHS 5 Urban 8 Punjab NFHS 5 Urban 8 8 Punjab NFHS 5 Total 8 8 Punjab NFHS 5 Total 9 9 Punjab NFHS 5 Total 9 9 Punjab NFHS 5 Total 8 8 Punjab NFHS 5 Total 9 9 Faridkot NFHS 5 Total 9 9 Faridkot NFHS 5 Total 9 9 Indaspur NFHS 5 Total 9 9 Indaspurthala NFHS 5 Total 9 9 Indaspurthala NFHS 5 Total 9 9 Indhiana NFHS 5 Total 9 9 | | member covered under a health | 21.2 | 27.5 | 23.6 | 25.2 | 26.2 | 20.7 | 20.1 | 20.4 | 35.1 | 20.6 | 21 | 23.5 | 27.7 | 25.9 | 20.7 | 25.2 |
| Image: state | | | 860 | 858 | 931 | 904 | 1037 | 755 | 820 | 914 | 844 | 951 | 892 | 746 | 026 | 936 | 922 | 964 |
| | | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | | states/Districts | Punjab | Punjab | Punjab | Punjab | Amritsar | Barnala | Bathinda | Faridkot | Fatehgarh Sahib | Fazilka | Firozpur | Gurdaspur | Hoshiarpur | Jalandhar | Kapurthala | Ludhiana |
| | | .oN .S | - | 2 | m | 4 | Ŋ | و | 7 | œ | 6 | 10 | 1 | 12 | 13 | 14 | 15 | 16 |

| 17 | Mansa | NFHS 5 Total | 871 | 18.4 | 67.4 | 11.5 | 67.6 | 7.3 | 15.7 | 7.2 | 49.4 | 88.8 | 88.8 | 11.7 | 36.6 | 12.1 |
|----|-------------------------------|--------------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| 18 | Moga | NFHS 5 Total | 1014 | 23.7 | 74.7 | 13.1 | 75 | 3.2 | 28.2 | 8 | 58.4 | 93 | 83.7 | 2.8 | 22 | 12 |
| 19 | Muktsar | NFHS 5 Total | 877 | 23.9 | 71.1 | 8.6 | 72 | 3 | 22.6 | 6.2 | 57.9 | 96.4 | 71.4 | 11.7 | 35 | 13.6 |
| 20 | Pathankot | NFHS 5 Total | 756 | 27 | 88.7 | 4.6 | 62.6 | 1.7 | 22.2 | 10.5 | 52.4 | 94.8 | 74.5 | 8.7 | 22.1 | 10.3 |
| 21 | Patiala | NFHS 5 Total | 954 | 33.8 | 76.6 | 7.8 | 71.7 | 2.8 | 21.1 | 7.5 | 72 | 97.3 | 93.1 | 12.6 | 20.3 | 9.9 |
| 22 | Rupnagar | NFHS 5 Total | 1022 | 37.8 | 86.6 | 2.4 | 71.8 | 1.8 | 20.5 | 10.8 | 65.2 | 97.8 | 82 | 8.3 | 15.1 | 9.1 |
| 23 | Sahibzada Ajit Singh Nagar | NFHS 5 Total | 855 | 31 | 83.5 | 10.6 | 76.5 | 2.4 | 29.7 | 4.7 | 69 | 97.4 | 78.6 | 18 | 26.2 | 10.7 |
| 24 | Sangrur | NFHS 5 Total | 798 | 18.7 | 78.3 | 80 | 57 | 4.3 | 17.9 | 12.3 | 47.7 | 94.7 | 92.6 | 7.8 | 23.4 | 10.4 |
| 25 | Shahid Bhagat Singh Nagar | NFHS 5 Total | 833 | 23.3 | 88.1 | 6.4 | 66.1 | З | 25 | 10.8 | 60.5 | 99.3 | 97.4 | 7.7 | 17.9 | 12 |
| 26 | Tarn Taran | NFHS 5 Total | 890 | 25 | 66 | 10.7 | 73.7 | 2.3 | 23.7 | 8 | 60.3 | 96 | 87.6 | 5.6 | 23.8 | 11.3 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 4 and solid or semi-solid food at least twice a day for breastfed infants a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

Red – Worst five performing districts within the districts for a particular indicator

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

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Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed children fed with set of the semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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NOTES

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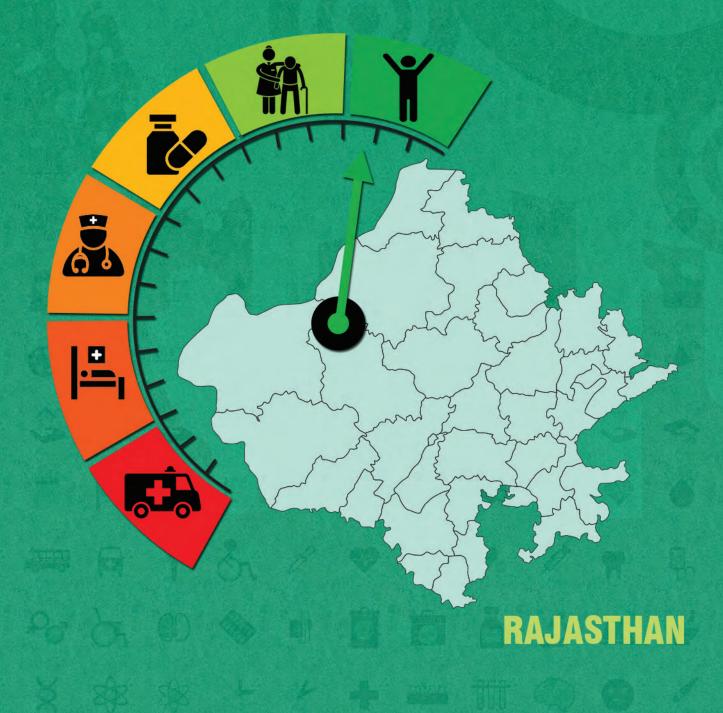


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | | |
|------------------|-------------------|-----------------|--|--|--|--|
| 1 st | Alwar | Churu | | | | |
| 2 nd | Jaipur | Dungarpur | | | | |
| 3 rd | Alwar | Bhilwara | | | | |
| 4 th | Pali | Ajmer | | | | |
| 5 th | Barmer | Chittaurgarh | | | | |
| 6 th | Sawai Madhopur | Udaipur | | | | |
| 8 th | Rajsamand | Sri Ganga Nagar | | | | |
| 9 th | Dholpur | Bikaner | | | | |
| 12 th | Jodhpur | Baran | | | | |
| 13 th | Churu | Sirohi | | | | |
| 14 th | Karauli | Jalore | | | | |

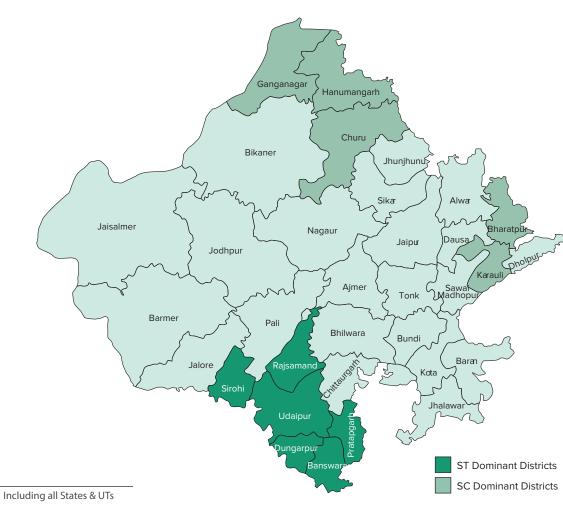
RAJASTHAN

1. BACKGROUND

1.1 Rajasthan Profile

Rajasthan is the largest state^a in India with a geographical spread of 3,42,239 km² (RHS 2019). It is divided into 34 districts and is estimated to have a population of over 6.85 crores^b, which accounts for approximately 5.66% of India's total population^c. It is projected that the population would reach around

Figure 1: Top 5 ST & SC Dominant Districts



^b Census 2011

RHS 2019

7.9 crores by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.2 crores (17.83%) and 0.92 crores (13.48%), respectively. Around 75.13% of the population reside in rural areas, while the rest constitute the urban population. Out of the 34 districts, top five ST & SC dominant districts account for 51.14% of ST & 21.09% of SC population in Rajasthan (Figure 1 & Annexure 1, Rajasthan Profile).

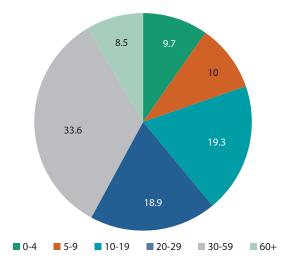
At present, 61 cities^e are covered under National Urban Health Mission. There are no metropolitan cities but has 3 Million plus cities in the State. The total length of roads^f in Rajasthan is 2,65,599 km (5.31%^g), in which, the length of the national highways is 7,906 km (6.9%^h) and state highways is 15,019 km (8.58%ⁱ). About 74.0% of the main worker population are self -employed in the State, followed by casual laborers and wage earners (26%)^j.

A detail report on the key indicators has been attached as Annexure 1.

1.2 Demography

Out of the 34 districts, 5 districts have a population of 30 lakhs and above, 9 districts have a population between 20-30 lakhs, 17 districts have a population between 10-20 lakhs, and 2 districts have a population less than 10 lakhs (Annexure 1.1 Rajasthan profile). Rajasthan's Sex ratio at birth (871 females for every 1000 males) is less than the national average of 899 (Annexure 1.2). It is estimated that 19.3% of the total population are in the age group of 10-19 years, 52.5% within 20 to 59 years; while 8.5% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 28.6 & 7.0 in 2005 to 23.7 & 5.7 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 60.4% in 2001 to 66.1% in 2011, with male & female literacy rates being 79.2% and 52.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^kis 20.2% for higher education, 59.31% for senior secondary education, 76.06% for secondary education, 97.24% for elementary education, and 100.43% for primary education.





^g Percentage of total length of roads in Rajasthan

d Census Population Projection Report 2019

e QPR NHM MIS Report as on 31 Dec 2020

^f Basic Road Statistics 2019, MoRTH

^h Percentage of total length of National Highways in the country

ⁱ Percentage of total length of State Highways in the country

^j AnnualReportPLFS2018-19;http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

^k Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 8.5% of the Rajasthan's total population. The life expectancy at 60 years of age is 17.0 and 20.1 for males and females, respectively (2014-2018). In Rajasthan, 68% of the elderly females and 31% elderly males living in rural areas; 72% of the elderly females and 21% elderly males in urban areas are economically fully dependent on others. The old age dependency ratio is 13 in 2011; which is 11.9 for males and 14.1 for females; 13.7 in rural & 11.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 19% for men and 16% for women, both of which are below the national average of 31% (Elderly in India).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Rajasthan has been able to provide RMNCHA+N^I services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^m, institutional deliveries, C sections, distribution of IFAⁿ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 318 (SRS MMR Bulletin 2007-09) to 164 (SRS MMR Bulletin 2016-18)per 1,00,000 live births. In Rajasthan, 60.7% of pregnant women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5(Annexure 3), Baran, Bundi, Chittaurgarh, Jhalawar and Kota districts reported better ANC coverage ranging between 72.3%-81.3%. Whereas Alwar, Bharatpur, Churu, Dhaulpur and Karauli districts reported poor ANC coverage ranging between 30%-45%. As reported in HMIS 2019-20, around 98.3% of the deliveries took place in institutions, out of which 76% took place in public health facilities. Total percentage of C-sections is (12.3%) are on par with the WHO's standard (10-15%); and out of the total reported C-sections, about 19.8% are conducted at private facilities in Rajasthan. Around 9.2% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 46.8% (NFHS 4) to 54.4% (NFHS 5). Anaemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Rajasthan has shown a significant decline in IMR from 68 (2005) to 35 (2019)) (Annexure 2, Figure 1). Similarly, NNMR° and Still Birth (per 1,000 live births) rates have also significantly decreased from 42.7 and 11.4 (2005) to 26 and 6 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 66.5 (2006-10) to 68.7 (2014-18) (Annexure 2, Figure 3). As per NHFS 5, the low SRB^p ranging from 769- 802are reported in Bhilwara, Bundi, Jalor, Rajsamand and Sikar districts, while the high ones, ranging from 998– 1127 are reported in Alwar, Baran, Hanumangarh, Pali and Sirohi districts.

Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Mathematic Antenatal Check up

Iron Folic Acid Tablets

[°] Neonatal Mortality Rate

P Sex Ratio at Birth

Full vaccination^q coverage for children between 12 – 23 months of age has shown an improvement from 69.7% (NFHS 4) to 85.3% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also improved from 58.2% (NFHS 4) to 70.4 (NFHS 5). The prevalence of childhood anaemia has increased from 60.36% (NFHS 4) to 71.5% (NFHS 5) (Annexure 2, Figure 5). As per NFHS 5report, comparatively less burden of stunting in the state, ranging from 20.9% to 23.1% are reported from Ajmer, Bhilwara, Bikaner, Jhunjhunun and Sikar districts. While considerably higher stunting rates, ranging from 40.3% to 46%, are reported from Banswara, Baran, Bharatpur, Dhaulpur and Jalor districts. For under-5 wasting – Barmer, Bharatpur, Jalor, Sikar and Udaipur districts reported a low burden, ranging from 8.6% to 12.8%; while Bikaner, Ganganagar, Jaisalmer, Jhalawar and Karauli districts reported a relatively higher burden, ranging from 24.9% to 29%.

2.3 Family Planning

The TFR^r reduced from 3.7 in 2005 to 2.5 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in Rajasthan is reported as 7.6%, while the unmet need for spacing is 3.7%. Jalor district reported the highest total unmet need of 14.8% while Baran reported the lowest (4%). Approximately 62.1% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 42.4% among females, and 0.2% among males.

2.4 Communicable Diseases

Rajasthan has 33 districts having functional IDSP units⁵. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 37.27% of total disease burden (Annexure 1.4). Lower respiratory infection, neonatal preterm birth, drug susceptible TB, diarrheal diseases & other neonatal conditions are the leading causes of deaths due to CMNND in Rajasthan(Annexure 2, Figure 6). As per QPR reports, for TB, the annualized total case notification rate is 194% and NSP^t success rate is 76% as opposed to the national averages of 163% and 79%. For NLEP^u, the reported prevalence rate of 0.14 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 17 deaths due to Dengue and 1 death due to Malaria are reported in Rajasthan.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 69.7% deaths are premature in the State, while disability or morbidity accounts for 30.3%. COPD, Ischaemic heart diseases, Asthma, and Self-harm means are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 51.35% of DALYs, whereas, injuries contribute to 11.38% of DALYs in the State^v. Rajasthan is positioned 6th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). As per NFHS 5, it is reported that 6.9% of women and 42% of men used any kind of tobacco, while 0.3% of women and 11% of men consumed alcohol. Overall, smoking, ambient particulate matter pollution, household air pollution from solid fuels, high systolic blood pressure, and high fasting plasma glucose are the top five major risk factors for all DALYs (Annexure 2, figure 7).

^q NFHS 5 Rajasthan Factsheet, based on information from vaccination card only

r Total Fertility Rate

^s QPR NHM MIS Report (Status as on 01.03.2020)

t New Smear Positive

^u National Leprosy Eradication Programme

v https://vizhub.healthdata.org/gbd-compare/india

2.6 Health Care Financing

Rajasthan's Net State Domestic Product (NSDP) for FY 2018-19 is 8,45,247 crores. The State is positioned 21stout of 32 states in terms of per capita^w of ₹ 1,10,606. According to NHA 2017-18, the per capita Government Health Expenditure in the Rajasthan is ₹ 1,369 which is less than the national average of ₹ 1,753. On the other hand, the OOPE[×] as a share of Total Health Expenditure is 49.6%, which is slightly higher than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 9,685 in public facilities, ₹ 27,760 in private facilities; whereas for urban areas, it is around ₹ 7,773 in public facilities and ₹ 30,435 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,528 in public facilities and ₹ 14,773 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 2,028 in public facilities and ₹ 18,588 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 14% in rural and urban areas; whereas for diagnostics, it is 61% in rural and 39% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). There is no shortfall in the required SCs, & PHCs (Annexure 2, Figure 9). Currently, there are 13,480 SCs, 2,094 PHCs, and 548 CHCs in place, against the required 12,902 SCs, 2,095 PHCs and 523 CHCs. Whereas, in urban settings, there are 383 PHCs in place against the required 412, amounting to a shortfall of 7%. The State has 27 DHs, 20 SDHs and 15 government medical colleges. In tribal catchments, there are 2,970 SCs, 197 PHCs and 65 CHCs in place, against the required 3,262 SCs, 489 PHCs and 122 CHCs. This accounts to a shortfall of 8.95% of the required SCs, 59.71% of the required PHCs and 46.72% of the required CHCs in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2,457 HWCs (191 SHCs,1,975 PHCs & 291 UPHCs) are operationalized in the State to deliver Comprehensive Primary Healthcare, as of 22nd December 2021^y.

In Rajasthan, 34 districts are equipped with MMUs under the NRHM, and 4 under the NUHM. Rajasthan has 94% of required ASHAs in position under the NRHM and 78% under the NUHM. The doctor to staff nurse ratio in place is 1:3, with 6 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1832.0 availed (events) OPD services and 78.6 availed (events) IPD services. As per the NSSO data (2017-18), 43% of all OPD cases in rural areas and 32% in urban areas; and 51% of all IPD cases in rural areas & 50% in urban areas utilized public health facilities. The public health facility utilization in Rajasthan is better than the national averages for both (Annexure 1.6).

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Out of Pocket Expenditure

^y AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile

| Indicator | Rajasthan 2011 ¹ | India | |
|---|-----------------------------|----------------------------------|--|
| Total Population (In Crore) | 6.85 | 121.08 | |
| Rural (%) | 75.13 | 68.85 | |
| Urban (%) | 24.87 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 1.2 (17.83%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.92 (13.48%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 66.1 | 72.99 | |
| Male Literacy Rate (%) | 79.2 | 80.89 | |
| Female Literacy Rate (%) | 52.1 | 64.64 | |
| Number of Districts in the Rajasthan ² | 34 | | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 2 | |
| Number of districts per lakh population in Rajasthan (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 17 | |
| | ≥20 Lakhs - <30 lakhs | 9 | |
| | ≥30 Lakhs | 5 | |

| ST SC Dominant (Top 5) Districts of Rajasthan ¹ | | | | | | |
|--|--|--|--|--|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) | | | | | |
| Banswara - 76.38% | Ganganagar - 36.58% | | | | | |
| Dungarpur - 70.82% | Hanumangarh - 27.84% | | | | | |
| Pratapgarh - 63.42% | Karauli - 24.30% | | | | | |
| Udaipur - 49.70% | Churu - 22.14% | | | | | |
| Sirohi - 28.22% | Bharatpur - 21.86% | | | | | |
| Top 5 ST dominant district accounts for - 51.14% | Top 5 SC dominant district accounts for - 21.09% | | | | | |

| 1.2 Key Health Status & Impact Indicators | | |
|---|-----------|-------|
| Indicators | Rajasthan | India |
| Infant Mortality Rate (IMR) ³ | 35 | 30 |
| Crude Death Rate (CDR) ³ | 5.7 | 6 |
| Crude Birth Rate (CBR) ³ | 23.7 | 19.7 |

^z Sources are mentioned at the end of Annexure 1

| Maternal Mortality Ratio (MMR)³Neo Natal Mortality Rate (NNMR)⁴Under Five Mortality Rate (U5MR)⁴Still Birth Rate⁴Total Fertility Rate (TFR)⁴Life expectancy at birth⁵ | | |
|---|------|------|
| Under Five Mortality Rate (U5MR) ⁴ Still Birth Rate ⁴ Total Fertility Rate (TFR) ⁴ | 164 | 113 |
| Still Birth Rate ⁴ Total Fertility Rate (TFR) ⁴ | 26 | 23 |
| Total Fertility Rate (TFR) ⁴ | 40 | 36 |
| | 6 | 4 |
| Life expectancy at birth⁵ | 2.5 | 2.2 |
| | 68.7 | 69.4 |
| Sex Ratio at Birth⁴ | 871 | 899 |

1.3 Key Health Infrastructure Indicators^{aa}

| Indicators | | | | Numbers (Total) |
|---|--------------------|----------------------|---------------------------|------------------------|
| Number of District Hospitals ² | | | | 27 |
| Number of Sub District Hospital ² | 20 | | | |
| Number of Government (Central + State) Medic | 15 | | | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 8 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | Target 1) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 191 | 4563 | 8518 | 11155 |
| PHC-HWC | 1975 | 2078 | 2078 | 2078 |
| UPHC-HWC | 291 | 245 | 245 | 245 |
| Total-HWC | 2,457 | 6,886 | 10,841 | 13,478 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 523 | 3 | 548 | -4.78 |
| Number of Primary Health Centres (PHC) | 2,095 | | 2,094 | 0.05 |
| Number of Sub Centres (SC) | 12,902 | | 13,480 | -4.48 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС |
| Number of functional First Referral Units (FRUS) | 27 | | 17 | 108 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 412 | 2 | 383 | 7.04 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | 122 | 2 | 65 | 46.72 |
| Number of PHC | 489 |) | 197 | 59.71 |
| Number of SC | 3,26 | 2 | 2,970 | 8.95 |

^{aa} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Rajasthan | India |
|---|-----------|--------|
| IPD per 1000 population | 78.6 | 62.6 |
| OPD per 1000 population | 1832.0 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 35.4 | 36.4 |

| 1.4 Major Health Indicator ^{bb} | | |
|--|-----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Rajasthan | India |
| % DALY ^{cc} accountable for CMNNDs ^{dd} | 37.27 | 27.46 |
| % DALY accountable for NCDs | 51.35 | 61.43 |
| % DALY accountable for Injuries | 11.38 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Rajasthan | India |
| Level of Birth Registration (%) | 96.4 | 92.7 |
| Level of Death Registration (%) | 98.6 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 13.9 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Rajasthan | India |
| % 1st Trimester registration to Total ANC Registrations | 70 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 60.7 | 79.4 |
| Total Reported Deliveries | 13,76,805 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 98.3 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 76 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 24 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 12.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 10 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 19.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 9.2 | 53.4 |
| Neonatal ⁹ | Rajasthan | India |
| % live birth to Reported Birth | 98.2 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 14.5 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 87.6 | 89.9 |

 ^{bb} Sources are mentioned at the end of Annexure 1
 ^{cc} Disability Adjusted Life Years
 ^{dd} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Rajasthan | India |
|---|-----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 60 | 895 |
| New Born Stabilization Unit (NBSU) | 287 | 2418 |
| New Born Care Corner (NBCC) | 2065 | 20337 |
| Child Health & Nutrition ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 6.1 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 64.3 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 27.6 | 32.1 |
| Child Immunization ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 85.3 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 91.2 | 87.9 |
| Family Planning ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.7 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Rajasthan | India |
| Number of districts with functional IDSP unit | 33 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Rajasthan | India |
| Annualized total case notification rate (%) | 194 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 76 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Rajasthan | India |
| Prevalence Rate/10,000 population | 0.14 | 0.61 |
| Number of new cases detected | 1,124 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Rajasthan | India |
| Deaths due to Malaria ¹¹ | 1 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 17 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 26.8 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 36 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|-----------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 9.8 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 12.7 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 3.9 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 5 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Rajasthan (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 6.9 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 42 | 38 | | | |
| Women who consume alcohol (%) | 0.3 | 1.3 | | | |
| Men who consume alcohol (%) | 11 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Rajasthan | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 6 | N/A | | | |
| Total number of fatal Road Accidents | 9,471 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 45 | 33.7 | | | |
| Number of persons killed in Road Accidents | 10563 | 115113 | | | |

1.5 Access to Care^{ee}

| Health Systems Strengthening | | | | | |
|--|-----------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Rajasthan | India | | | |
| Number of Districts equipped with MMU under NRHM | 34 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 4 | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Rajasthan | India | | | |
| 102 Туре | 0 | 9955 | | | |
| 104 Туре | 587 | 605 | | | |
| 108 Туре | 735 | 10993 | | | |
| Others | 0 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 1322 | 11070 | | | |

ee Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | |
|---|---|-------------------------------|----------|--|
| ASHA ¹³ | | Rajasthan | India | |
| Total number of ASHA ta | argeted under NRHM | 50331 94656 | | |
| Total number of ASHA ir | n position under NRHM | 47430 | 904211 | |
| % of ASHA in position u | nder NRHM | 94.24 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 5485 | 75597 | |
| Total number of ASHA ir | n position under NUHM | 4269 | 64272 | |
| % of ASHA in position u | nder NUHM | 77.83 | 85 | |
| Community Process ¹¹ | | Rajasthan | India | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 43440 | 554847 | |
| Number of Mahila Arogy | /a Samitis (MAS) formed | 4708 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Rajasthan | India | |
| DH | | 29 | 796 | |
| СНС | | 651 | 6036 | |
| РНС | | 2128 | 20273 | |
| UCHC | | 9 | 126 | |
| UPHC | | 291 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Rajasthan | | |
| Specialist Cadre Availabl | le in the state (Y/N) | N | 0 | |
| HR Policy available (Y/N) |) | N | 0 | |
| Implementation of HRIS | (Y/N) | N | 0 | |
| HR Integration initiated | (Y/N) | N | 0 | |
| Public Health Cadre avai | lable (Y/N) | N | 0 | |
| | Specialists (%) | 40 | | |
| | Dentists (%) | 2 | 4 | |
| Overall Vacancies | MO MBBS (%) | 2 | 8 | |
| (Regular + contractual) | Nurse (%) | 4 | 1 | |
| | LT (%) | 59 | | |
| | ANM (%) | 21 | | |
| HRH Distribution | RH Distribution | | In Place | |
| Doctors (MO & specialists) to staff nurse ¹⁴ | | 1:4 | 1:3 | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | off 9 per 10,000 6 per 10,000 | | |
| | | | | |

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{ff} | 31868 | 26937 | 23990 | 2947 | 7878 | |
| Staff Nurse | 26925 | 25007 | 22913 | 2094 | 4012 | |
| Lab Technician | 5108 | 6026 | 3031 | 2995 | 2077 | 62.44 |
| Pharmacists | 3254 | 4824 | 2500 | 2324 | 754 | 63.44 |
| MO MBBS ⁹⁹ | 7165 | 5998 | 4274 | 1724 | 2891 | |
| Specialist ^{hh} | 5217 | 2956 | 1834 | 1122 | 3383 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | | | |
|--|-----------|-----------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | Rajasthan | | India | | | |
| Per Capita Government Health Expenditure (in ₹) | 1,369 | | 1,753 | | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1.2 | | 1.35 | | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 6.3 | | 5.12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 49.6 | | 48.8 | | | |
| | | Rajasthan | | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 43 | 32 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 51 | 50 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 572 | 427 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1566 | 1173 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 9,685 | 7,773 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 27,760 | 30,435 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 14 | 14 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 61 | 39 | 53 | 43 | | |

" MPW – Multi Purpose Health Worker (Female + Male)

^{gg} MO MBBS (Full Time)

hh Specialist (All Specialist)

ⁱⁱ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,528 | 2,028 | 2,402 | 3,091 |
|--|---------------------|--------|-------------------|--------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 14,773 | 18,588 | 20,692 | 26,701 |
| State Health Expenditure | Rajas | sthan | All India Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5.6 5 ^{jj} | | 5 ^{jj} | |

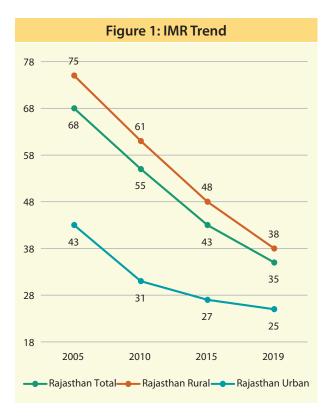
Sources used for Annexure 1

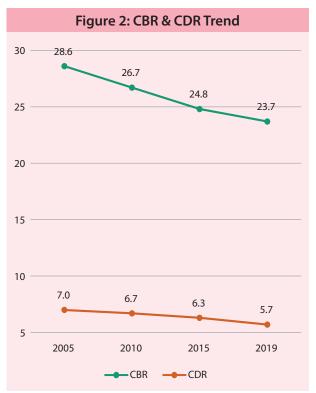
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

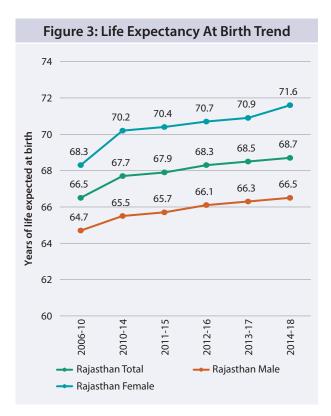
^{jj} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

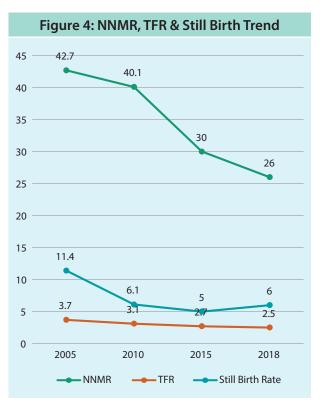
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









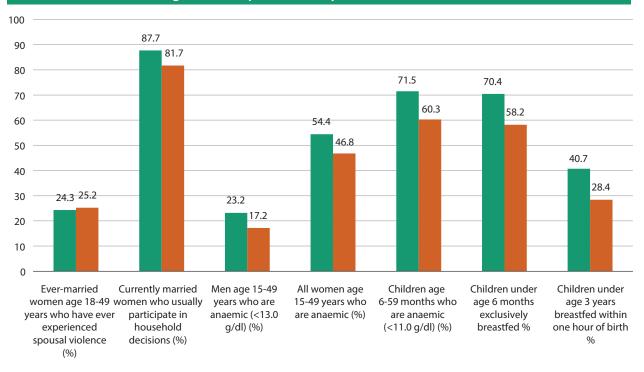


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Rajasthan Both sexes, All ages, DALYs per 100,000 2019 rank | |
|-------------------------------|---|--|
| 1 Lower respiratory infect | 1 Lower respiratory infect | |
| 2 Diarrheal diseases | 2 COPD | |
| 3 Drug-susceptible TB | 3 Ischemic heart disease | |
| 4 Neonatal preterm birth | 4 Neonatal preterm birth | |
| 5 Other neonatal | 5 Drug-susceptible TB | |
| 6 Measles | 6 Diarrheal diseases | |
| 7 Protein-energy malnutrition | 7 Other neonatal | |
| 8 COPD | 8 Dietary iron deficiency | |
| 9 Typhoid fever | 9 Asthma | |
| 10 Neonatal encephalopathy | 10 Self-harm other means | |
| 11 Ischemic heart disease | 11 Other musculoskeletal | |
| 12 Dietary iron deficiency | 12 Typhoid fever | |
| 13 Meningitis | 13 Migraine | |
| 14 Neonatal sepsis | 14 Neonatal encephalopathy | |
| 15 Whooping cough | 15 Motorcyclist road inj | |
| 16 Tetanus | 16 Falls | |
| 17 Drowning | 17 Diabetes type 2 | |
| 19 Asthma | 22 Neonatal sepsis | |
| 22 Falls | 27 Drowning | |
| 23 Self-harm other means | 36 Protein-energy malnutrition | |
| 24 Migraine | 39 Meningitis | |
| 30 Other musculoskeletal | 49 Whooping cough | |
| 38 Motorcyclist road inj | 128 Measles | |
| 46 Diabetes (VPG)2 | 149 Tetanus | |
| | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries | |

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Rajasthan Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 Low birth weight |
| 2 Child wasting | 2 Short gestation |
| 3 Short gestation | 3 Smoking |
| 4 Household air pollution from solid fuels | 4 Ambient particulate matter pollution |
| 5 Unsafe water source | 5 Household air pollution from solid fuels |
| 6 Child underweight | 6 High systolic blood pressure |
| 7 Unsafe sanitation | 7 High fasting plasma glucose |
| 8 Child stunting | 8 Child wasting |
| 9 No access to handwashing facility | 9 High LDL cholesterol |
| 10 Smoking | 10 Iron deficiency |
| 11 Ambient particulate matter pollution | 11 High body-mass index |
| 12 Secondhand smoke | 12 Unsafe water source |
| 13 Iron deficiency | 13 Alcohol use |
| 14 High systolic blood pressure | 14 Secondhand smoke |
| 15 Non-exclusive breastfeeding | 15 Unsafe sanitation |
| 16 High temperature | 16 Kidney dysfunction |
| 17 Vitamin A deficiency | 17 High temperature |
| 18 Occupational injuries | 18 Diet low in whole grains |
| 19 High fasting plasma glucose | 19 Occupational particulate matter, gases, and fumes |
| 20 High LDL cholesterol | 20 Child underweight |
| 21 Alcohol use | 23 Occupational injuries |
| 23 Kidney dysfunction | 25 No access to handwashing facility |
| 25 Occupational particulate matter, gases, and fumes | 31 Child stunting |
| 26 Diet low in whole grains | 36 Non-exclusive breastfeeding |
| 27 High body-mass index | 49 Vitamin A deficiency |

Metabolic risks Environmental/occupational risks Behavioral risks

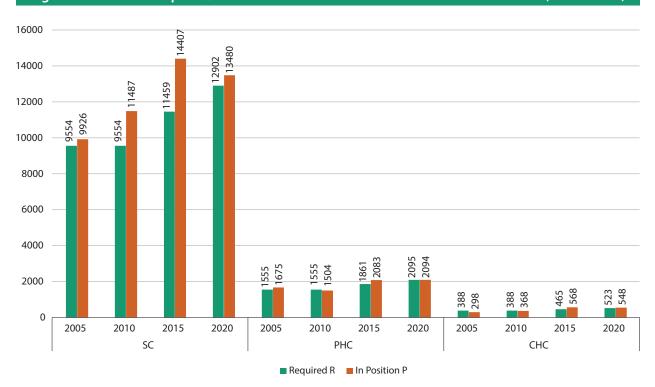


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

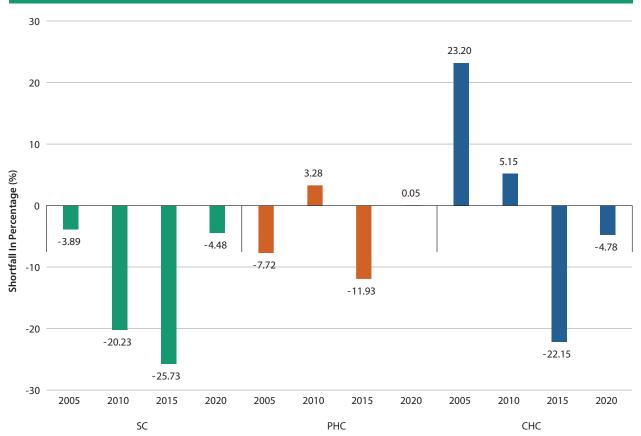
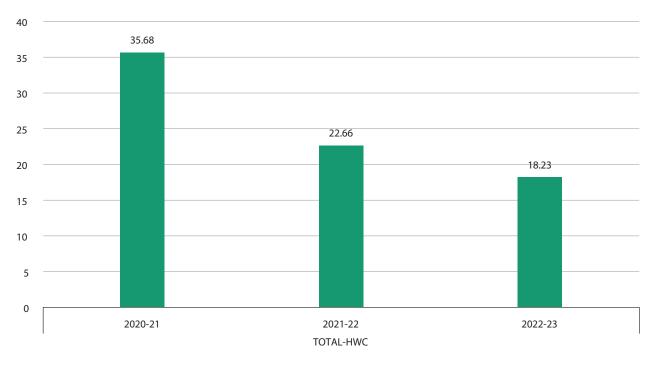


Figure 9: Year Wise Health Infrastructure Shortfall (%)

Figure 10: Percentage HWCs progress against target - FY wise (%)



Rajasthan (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 23 | 18.3 | 16.4 | 16.8 | 20 | 15.6 | 17.3 | 21.3 | 11.5 | 12.2 | 17.4 | 25.6 | 19.6 | 14.6 | 16.5 | 20.7 | 13.7 | 15.6 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| ed – Poor P an Stats N | ∧bəinuitc - Stears - Stenu nərbind (%) (≫Arbind (%) | 39.1 | 28.3 | 32.6 | 31.8 | 22.3 | 33.9 | 44.6 | 46 | 39.1 | 40.3 | 22.6 | 22.8 | 30 | 31.4 | 27.1 | 37.7 | 45.7 | 31.4 |
| ormance, Re se Rural Urb | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 3.4 | 9.7 | 8 | 8.3 | 5.1 | 11.2 | 9.7 | 11.1 | 6 | 11.8 | 5.8 | 10.2 | 10.8 | 5.2 | 11.2 | 5.8 | 5.8 | 4.7 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only [*] (%) | 69.7 | 88.3 | 84.5 | 85.3 | 92.3 | 72.1 | 88.3 | 93.4 | 92.8 | 67.2 | 87.8 | 81.3 | 81.4 | 89.9 | 82.4 | 87.4 | 79.8 | 89.2 |
| (Gree | (%) sıttıla lenoitutitsul | 84 | 97.5 | 94.2 | 94.9 | 95.1 | 91.3 | 7.79 | 97.3 | 93.3 | 92.1 | 95 | 90 | 95.3 | 96.8 | 87.8 | 98.2 | 94.4 | 94.1 |
| | lstenstn4 4 tesst Lest Mother Whe Care Visits (%) | 38.5 | 60.6 | 53.9 | 55.3 | 52.8 | 30 | 6.69 | 79.3 | 64.9 | 33.2 | 64.7 | 50.5 | 74 | 75 | 45 | 53.6 | 42.4 | 50.6 |
| | (%) beet Need (%) | 12.3 | 6.9 | 7.8 | 7.6 | 11.9 | 12 | 8.1 | 4 | 5.1 | 11.3 | 7.2 | 4.6 | 7.1 | 8.1 | 7.6 | 5.2 | 10.9 | 5.9 |
| | (%) əsU mobnoD | 8.7 | 21.3 | 11.4 | 13.7 | 12 | 8.5 | 8.5 | 13 | 13.5 | 8.5 | 12.2 | 19.9 | 14.2 | 9.6 | 15.8 | 10.2 | 11.5 | 12.2 |
| | IUD/PPIUD (%) | 1.2 | 1.9 | 1.3 | 1.4 | 0.5 | 2.2 | 0.6 | 1 | 0.5 | 0.7 | 2.2 | 1.7 | 0.3 | 1.6 | 0.9 | 1.2 | 1.3 | 2.9 |
| | gninnel9 vlime7 For Family Planing By Currenty Married Women Age 15- 49 years (%) | 59.7 | 74.2 | 71.7 | 72.3 | 60.6 | 54.6 | 70.4 | 78.9 | 9.77 | 61.2 | 71.1 | 79.5 | 75.8 | 66.9 | 76.7 | 80 | 67.9 | 70.7 |
| | bairnaM stage 20-24 Years Married Before 18 (%) | 35.4 | 15.1 | 28.3 | 25.4 | 20.2 | 32.2 | 25 | 26.8 | 20.2 | 33.5 | 41.8 | 33.3 | 34.1 | 42.6 | 27.9 | 26.3 | 29.6 | 16.9 |
| | (%) 9pA 94-21 9ferate 100W | NA | 80.1 | 59.9 | 64.7 | 68.4 | 63.2 | 53.1 | 57.9 | 66.3 | 61.1 | 56.4 | 62.5 | 56.9 | 56.1 | 63.9 | 60.3 | 57.7 | 66 |
| | Pouseholds with any usual member (%) covered under a health insurance/ financing scheme (%) | 18.7 | 80 | 90.4 | 87.8 | 88.7 | 80.8 | 84.2 | 89.5 | 97.8 | 84.8 | 89.1 | 87.4 | 87.7 | 90.6 | 81.9 | 91.2 | 89 | 97.5 |
| | 0001/səlsmə1) ritid 14 oits9 xə2 Məles) | 887 | 940 | 879 | 891 | 848 | 1127 | 835 | 1077 | 877 | 845 | 802 | 202 | 803 | 861 | 944 | 863 | 929 | 843 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total |
| | stətətQ\səfst2 | Rajasthan | Rajasthan | Rajasthan | Rajasthan | Ajmer | Alwar | Banswara | Baran | Barmer | Bharatpur | Bhilwara | Bikaner | Bundi | Chittaurgarh | Churu | Dausa | Dhaulpur | Dungarpur |
| | .oN .2 | - | 2 | m | 4 | ŝ | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |

| 12.3 24.5 24.9 | 7.1 24.2 19.8 | 5.8 25 14.6 | 6.1 25.5 25 | 5 44.3 12.1 | 5.8 34 29 | 10.7 20.9 13.9 | 12.5 32.6 13.3 | 63 376 26.6 | 2 | 29.5 | 29.5 31.5 | 29.5 29.5 31.5 35.9 | 29.5 29.5 31.5 35.9 29 | 29.5 29.5 31.5 35.9 29 30.3 | 29.5 29.5 31.5 35.9 35.9 30.3 29 20.3 | 295 295 315 359 29 29 29 29 203 269 23.1 | 2000 295 315 359 359 29 303 269 269 269 2331 | 29.5 29.5 31.5 35.9 20 20 26.9 23.1 26.9 23.1 33.1 |
|-----------------------|---------------|--------------|--------------------|--------------|--------------|-----------------------|-----------------------|--------------------|----|--------------|------------------------------|--|--|--|--|--|---|---|
| 90.4 | 86.6 | 96.8 | 74.7 | 82.4 | 92 | 88 | 77 | 93.1 | | | | | | | | | | |
| 97.7 | 94.9 | 97.3 | 90 | 95.5 | 98.3 | 97.1 | 60 | 97.6 | | 97.9 | 9.79 | 97.9 97 98.8 | 97.9 97 98.8 96.4 | 97.9 97 98.8 96.4 95.1 | 97.9 97 98.8 96.4 95.1 | 97.9 97 98.8 98.8 96.4 95.1 95.1 | 97.9 97 97 97 98.8 98.4 95.1 95.1 95.3 95.7 | 97.9 97 97 96.4 96.4 96.4 97.4 95.8 95.8 95.7 97.4 97.4 |
| 58.7 | 53.1 | 53.5 | 47.6 | 71.2 | 72.3 | 49.2 | 56.7 | 42 | | 81.3 | 81.3 46.2 | 81.3 46.2 45 | 81.3 46.2 45 52.9 | 81.3 46.2 45 52.9 60.7 | 81.3 46.2 52.9 60.7 47.3 | 81.3 46.2 52.9 60.7 47.3 50.4 | 81.3 46.2 52.9 60.7 60.7 47.3 50.4 69.5 | 81.3 46.2 52.9 60.7 47.3 50.4 69.5 66.2 |
| 5.1 | 6.1 | 5.4 | 5.6 | 14.8 | 6.8 | 7.1 | 5.7 | 6.9 | | 4.6 | 4.6 | 4.6 4.4 12.9 | 4.6 12.9 6 | 4.6 4.4 12.9 6 14.7 | 4.6 4.4 12.9 6 14.7 11.5 | 4.6 4.4 12.9 6 14.7 14.7 11.5 10.3 | 4.6 4.4 12.9 6 6 14.7 11.5 11.5 11.5 8.9 | 4.6 4.4 12.9 6 6 7 14.7 11.5 11.5 10.3 8.9 8.9 |
| 17.7 | 13.2 | 16.9 | 12.5 | 8.7 | 13.8 | 14.4 | 18 | 7.5 | | 22.7 | 22.7 19.4 | 22.7 19.4 9.1 | 22.7 19.4 9.1 | 22.7 19.4 9.1 11.9 11.9 | 22.7 19.4 9.1 11.9 11.9 10 9.4 | 22.7 19.4 9.1 11.9 10 9.4 9.4 | 22.7 19.4 9.1 11.9 11.9 10.3 | 22.7 19.4 9.1 11.9 11.9 11.9 9.4 9.4 |
| 2 | 1.1 | 1.7 | 1.5 | 0.5 | 0.4 | 0.5 | 1.6 | - | | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 1.4 1.1 1 1 | 2.1 1.4 1.1 1.1 1.1 0.3 | 2.1 1.4 1.1 1.1 1.1 2.2 | 2.1 1.4 1.1 1.1 1.1 1.1 2.3 2.5 2.5 | 21 14 11 11 11 11 13 22 25 25 |
| 81.1 | 80.2 | 76.9 | 83 | 54.2 | 74.4 | 77.8 | 78.9 | 72.7 | Í | 77.2 | 77.2 83.4 | 77.2 83.4 57.8 | 77.2 83.4 57.8 72 | 77.2 83.4 57.8 72 56.6 | 77.2 83.4 57.8 72 56.6 | 77.2 83.4 57.8 72 56.6 58.7 58.7 75.2 | 77.2 83.4 57.8 72 56.6 56.6 58.7 75.2 67.9 | 77.2 83.4 57.8 72 56.6 56.6 58.7 75.2 75.2 67.9 |
| 13.6 | 18.6 | 23.1 | 28.9 | 23.3 | 37.8 | 18.1 | 28.1 | 33.5 | | 13.2 | 13.2 28.2 | 13.2 28.2 11.8 | 13.2 28.2 11.8 30.9 | 13.2 28.2 28.2 30.9 30.5 27.5 | 13.2 28.2 28.2 30.9 27.5 35.4 | 13.2 28.2 28.2 30.9 30.9 27.5 35.4 18 | 13.2 28.2 28.2 11.8 30.9 27.5 35.4 18 18 | 13.2 28.2 28.2 11.8 30.9 27.5 35.4 18 18 37.2 |
| 69.3 | 68.2 | 72.4 | 62.2 | 60.4 | 54.3 | 74.4 | 67.4 | 53.3 | | 76.5 | 76.5 67.2 | 76.5 67.2 74.4 | 76.5 67.2 74.4 53.5 | 76.5 67.2 74.4 53.5 67.7 | 76.5 67.2 74.4 53.5 67.7 55.7 | 76.5 67.2 74.4 53.5 67.7 55.7 71.8 | 76.5 67.2 74.4 53.5 67.7 55.7 55.7 71.8 | 76.5 67.2 74.4 53.5 67.7 55.7 71.8 60.6 60.6 |
| 85.3 | 89 | 81.5 | 93.7 | 96.6 | 93.6 | 86.1 | 87.5 | 86.4 | | 80.9 | 80.9 | 80.9 90 96.2 | 80.9 90 96.2 84.5 | 80.9 90 96.2 84.5 93.2 | 80.9 90 96.2 84.5 93.2 93.2 | 80.9 90 96.2 84.5 93.2 93.2 80.5 82.4 | 80.9 96.2 96.2 93.2 93.2 93.2 80.5 82.4 | 80.9 96.2 96.2 93.2 93.2 80.5 82.4 82.4 82.4 82.5 82.5 82.5 82.5 82.5 82.5 82.5 82.5 |
| 906 | 1117 | 915 | 818 | 769 | 905 | 946 | 872 | 863 | | 870 | 870 817 | 870 817 998 | 870 817 998 | 870 817 998 919 800 | 870 817 998 919 800 849 | 870 817 998 919 800 849 849 | 870 817 998 919 919 800 849 849 849 770 | 870 817 998 919 849 849 849 770 770 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | | NFHS 5 Total | NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total | NFHS 5 Total NFHS 5 Total |
| Ganganagar | Hanumangarh | Jaipur | Jaisalmer | Jalor | Jhalawar | Jhunjhunun | Jodhpur | Karauli | | Kota | Kota Nagaur | Kota Nagaur Pali | Kota Nagaur Pali Pratapgarh | Kota Nagaur Pali Pratapgarh Rajsamand | Kota Nagaur Pali Pratapgarh Rajsamand Sawai Madhopur | Kota Nagaur Pali Pratapgarh Rajsamand Sawai Madhopur Sikar | Kota Nagaur Pali Pratapgarh Rajsamand Sawai Madhopur Sikar Sirohi | Kota Nagaur Pali Pratapgarh Rajsamand Sawai Madhopur Sikar Sirohi Tonk |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | 29 | 30 39 | 30 29 31 30 | 29 30 31 32 | 29 30 31 32 33 33 | 33 33 32 33 33 33 33 33 33 33 33 33 33 3 | 29 33 33 33 33 33 33 33 33 33 33 33 33 33 | 29 29 33 33 33 33 35 35 35 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk for milk products food groups)

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ä

Red – Worst five performing districts within the districts for a particular indicator ю

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother ் ய

j

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш.

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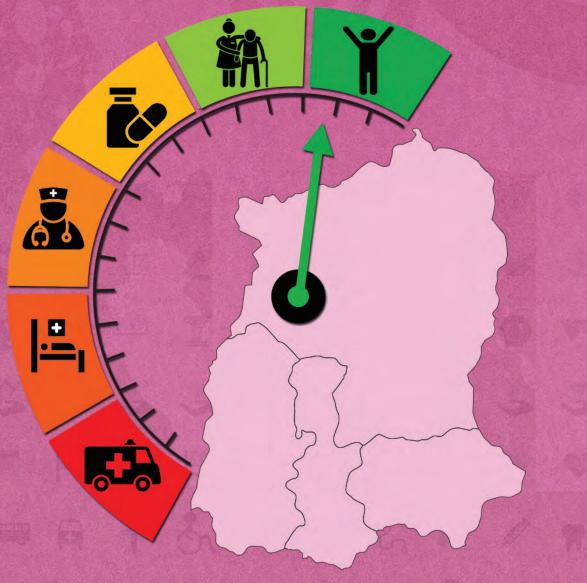


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators





DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | | |
|------------------|-------------------|----------------|--|--|--|--|
| 3 rd | West District | South District | | | | |
| 5 th | North District | East District | | | | |
| 14 th | West Sikkim | North Sikkim | | | | |

SIKKIM

1. BACKGROUND

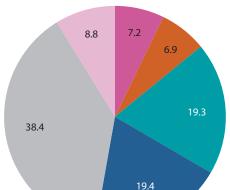
1.2 State Profile

Sikkim is the smallest^a North-Eastern State in India with a population of about 6.10 lakh. The state is divided into 4 districts as of 2020^b with an expected increase in population to 6.77 lakhs by 2021^c. As per census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.28 lakh (4.63%) and 2 lakh (33.80%), respectively. Around 74.85% of the population reside in rural areas, while the rest constitute the urban population. Agriculture is a major contributor to the State Domestic Product in Sikkim, where around 40% of the workers are engaged as cultivators and agricultural laborers^d. At present, one city^e is covered under National Urban Health Mission with no metro & no million plus city in the state. The total length of roads^f in Sikkim is 11,386 km (0.23%^g), in which the length of the national highways is 463 km (0.4%^h) and state highways is 663 km (0.38%ⁱ).

A detailed report on the key indicators is presented in Annexure 1

1.2 Demography

Overall^j in North-East States (excluding Assam) 19.3% are in the age group of 10-19 years, 57.8% within 20 to 59 years; while 8.8% are 60 years of age and above (Figure 1). The literacy rate has improved from 68.8% in 2001 to 81.4% in 2011 with male & female literacy rates being 86.6% and 75.6% respectively. As per ESAG 2018 report the Gross



■ 0-4 ■ 5-9 ■ 10-19 ■ 20 -29 ■ 30-59 ■ 60+

Figure 1: North-East States (Excluding Assam) Distribution of estimated Population 2021 (%)

- Among North-East States; RHS 2019
- ^b RHS 2020
- ^c Census Population Projection 2019 Report
- ^d https://www.nabard.org/demo/auth/writereaddata/tender/2410160250PLP-2016-17%20West%20Sikkim.split-and-merged.pdf
- ^e QPR NHM MIS Report as on 31 Dec 2020
- ^f Basic Road Statistics 2019, MoRTH
- ^g Percentage of total length of roads in State
- ^h Percentage of total length of National Highways in the country
- ⁱ Percentage of total length of State Highways in the country
- ^j Population projection 2021 for Sikkim is not available

Enrollment Rate^k (GER) is 37.6% for higher education, 68.23% for senior secondary (XI-XII) education, 119.78% for secondary (IX-X) education, 118.78% for elementary education (VI-VIII) and 102.87% % for primary education (I-VIII).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged (60+) share 8.8% of the NE states' total population. In Sikkim, 39% of elderly females and 40% of elderly males living in rural areas are economically fully dependent on others. However, in urban areas, 84% of elderly females and 45% elderly males are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 18% & 21% respectively, which are lower than the national average of 31% for both men and women (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Sikkim has been able to provide RMNCHA+N¹ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^m, institutional deliveries, C sections, distribution of IFAⁿ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). In Sikkim, 67.4% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3) East district reported the least ANC coverage (43.8%) while West District reported the highest (84.5%). As reported in HMIS 2019-20, around 99.4% of the deliveries took place in institutions, out of which 73.9% took place in public health facilities. Total percentage of C-sections (41.6%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 56.3% are conducted at private facilities in Sikkim. Around 82% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 34.9% (NFHS 4) to 42.1% (NFHS-5). Anaemia in women of reproductive age group is more than twice when compared with men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Sikkim has shown a significant decline in IMR from 30 (2005) to 5 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). As per

^m Antenatal Check up

^k Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Iron Folic Acid Tablets

NFHS 5, the low SRB° (685) is reported in West District, while the highest (1353) is reported in South District.

Full vaccination^p coverage for children between 12 – 23 months of age has declined from 94.2% (NFHS 4) to 87.6% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also declined from 54.6% (NFHS 4) to 28.3% (NFHS 5). An increase in childhood anaemia from 55.1% (NFHS 4) to 56.4% in children aged 6-59 months has been reported (Annexure 2, Figure 3). As per NFHS 5 report, low stunting rate (17.8%) is reported by East District, while high stunting rate (31.8%) is reported by North District. For under-5 wasting, North District reported a low burden (4.5%), while West District reported a high burden (21.1%) in the State.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Sikkim is reported as 11.9%, while the unmet need for spacing is 4.9% (NFHS 5). West District reported the lowest total unmet need (4.3%), while East District reported the highest (17.7%). Approximately 54.9% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 14.5% among females, and 1.7% among males.

2.4 Communicable Diseases

Sikkim has 4 functional IDSP units^q. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 21.39% of total disease burden (Annexure 1.4). Lower respiratory infection, Drug Susceptible TB & Diarrheal diseases are the leading causes of DALYs in Sikkim (Annexure 2, Figure 4^r). As per QPR reports, for TB, the annualized total case notification rate is 232% and NSP^s success rate is 87%, as opposed to the national averages of 163% and 69% respectively. For NLEP^t, the reported prevalence rate of 0.22 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths from Dengue, Malaria, Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that premature deaths contribute to 60.2% of total disease burden, while disability or morbidity account for 39.8%. Ischemic heart diseases, COPD, Diabetes Mellitus Type 2 & Other musculoskeletal conditions are the major causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 68.22% of DALYs, whereas injuries contribute to 10.39% of DALYs^u. Sikkim is positioned 30th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found that as high as 11.7% of women and 41.3% of men used any kind of tobacco, while 16.2% of women and 39.8% of men consumed alcohol. Overall, high systolic blood pressure, high fasting plasma glucose, smoking, high body mass index and ambient particulate matter pollution are the top five major risk factors for all DALYs (Annexure 2, figure 5).

t National Leprosy Eradication Programme

[°] Sex Ratio at Birth

^p NFHS 5 State Factsheet, based on information from vaccination card only

^q QPR NHM MIS Report (status as on 01.03.2020)

^r https://vizhub.healthdata.org/gbd-compare/india

^s New Smear Positive

^u https://vizhub.healthdata.org/gbd-compare/india

2.6 Health Care Financing

Sikkim's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 25,141 crores. The State is positioned 2nd out of the 32 states in terms of per capita^v of ₹ 3,80,926. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,691 in public facilities, ₹ 25,624 in private facilities, whereas for urban areas, it is around ₹ 4,158 in public facilities and ₹ 21,827 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 6,399 in public facilities & ₹ 19,929 in private facilities, whereas in urban areas - OOPE is estimated to be around ₹ 3,487 in public facilities and ₹ 21,056 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 51% in rural and 74% in urban areas, whereas for diagnostics, it is 17% in rural and 11% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). Except for CHCs, there is no shortfall in the required SCs and PHCs (Annexure 2, Figure 7). Currently, there are 147 SCs, 24 PHCs, and 2 CHCs in place, against the required 94 SCs, 14 PHCs and 3 CHCs in rural areas. Whereas, in urban settings, there is only 1 PHC in place against the required 6, amounting to a shortfall of 83.33%. The State has 4 DHs and 1 SDH. In tribal catchments, there are 58 SCs, 12 PHCs and no CHC in place, against the required 46 SCs, 6 PHCs and 1 CHC.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 116 HWCs (96 SHCs, 18 PHCs & 2 UPHCs) are operationalized in the State as of 22nd December 2021^w.

In Sikkim, no districts are equipped with MMUs both under the NRHM and the NUHM. Sikkim has 100% of required ASHAs in position under both NRHM & NUHM. The doctor to staff nurse ratio in place is 1:1, with 14 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1394.92 availed (events) OPD services and 41.33 availed (events) IPD services. As per the NSSO data (2017-18), 56% of all OPD cases in rural areas and 45% in urban areas; and 82% of all IPD cases in rural areas & 70% in urban areas utilized public health facilities. The public health facility utilization in Sikkim is above the national averages for both OPD & IPD services (Annexure 1.6).

Directorate of Economics & Statistics

w AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^x

| Indicator | Sikkim 2011 ¹ | India | | | | | | |
|--|--------------------------|----------------------------------|--|--|--|--|--|--|
| Total Population (In Crore) | 0.06 | 121.08 | | | | | | |
| Rural (%) | 74.85 | 68.85 | | | | | | |
| Urban (%) | 25.15 | 31.14 | | | | | | |
| Scheduled Caste population (SC) (in crore) | 0.0028 (4.63%) | 20.14 (16.63%) | | | | | | |
| Scheduled Tribe population (ST) (in crore) | 0.02 (33.80%) | 10.45 (8.63%) | | | | | | |
| Total Literacy Rate (%) | 81.4 | 72.99 | | | | | | |
| Male Literacy Rate (%) | 86.6 | 80.89 | | | | | | |
| Female Literacy Rate (%) | 75.6 | 64.64 | | | | | | |
| Number of Districts in the Sikkim ² | 4 | | | | | | | |
| | Population ¹ | Districts ¹ (Numbers) | | | | | | |
| | <1 Lakhs | 1 | | | | | | |
| Number of districts per lakh population in Sikkim (Census 2011) | ≥ 1 Lakhs - <2 Lakhs | 2 | | | | | | |
| | ≥2 Lakhs - <3 lakhs | 1 | | | | | | |
| | ≥3 Lakhs | 0 | | | | | | |
| % ST sha | re of each districts | | | | | | | |
| East D | District - 27.65% | | | | | | | |
| West [| District - 42.37% | | | | | | | |
| South District - 28.18% | | | | | | | | |
| North District - 65.69% | | | | | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Sikkim | India |
|---|--------|-------|
| Infant Mortality Rate (IMR) ³ | 5 | 30 |
| Crude Death Rate (CDR) ³ | 4.2 | 6 |
| Crude Birth Rate (CBR) ³ | 16.5 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ (For other states including Sikkim) | 85 | 113 |
| Neo Natal Mortality Rate (NNMR)⁴ | N/A | 23 |

^x Sources are mentioned at the end of Annexure 1

| Under Five Mortality Rate (U5MR) ⁴ | N/A | 36 |
|---|-----|------|
| Still Birth Rate⁴ | N/A | 4 |
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

1.3 Key Health Infrastructure Indicators^y

| 1.0 Key meanin minastructure mu | | | | |
|---|-------------------------------------|--------|---------------------------|------------------------|
| Indicators | | | | Numbers (Total) |
| Number of District Hospitals ² | 4 | | | |
| Number of Sub District Hospital ² | 1 | | | |
| Number of Government (Central + State) Medic | 0 | | | |
| Number of Private (Society + Trust) Medical Col | 1 | | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status Target (Total) FY (2020-2 | | Target 1) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 96 | 42 | 83 | 111 |
| PHC-HWC | 18 | 24 | 24 | 24 |
| UPHC-HWC | 2 6 | | 6 | 6 |
| Total-HWC | 116 | 72 | 113 | 141 |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 3 | | 2 | 33.33 |
| Number of Primary Health Centres (PHC) | 14 | | 24 | -71.43 |
| Number of Sub Centres (SC) | 94 | | 147 | -56.38 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС |
| | 3 | | 0 | 0 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | б | | 1 | 83.33 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | 1 | | 0 | 100.00 |
| Number of PHC | 6 | | 12 | -100.00 |
| Number of SC | 46 | | 58 | -26.09 |
| Patient Service ⁹ | | | Sikkim | India |
| IPD per 1000 population | | | 41.33 | 62.6 |
| OPD per 1000 population | | | 1394.92 | 1337.1 |
| Operation (surgeries) major (General and Spina 10000 population | l Anaesthesia |) per | 9.62 | 36.4 |
| | | | | |

^y Sources are mentioned at the end of Annexure 1

| 1.4 Major Health Indicator ^z | | |
|--|--------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Sikkim | India |
| % DALY ^{aa} accountable for CMNNDs ^{bb} | 21.39 | 27.46 |
| % DALY accountable for NCDs | 68.22 | 61.43 |
| % DALY accountable for Injuries | 10.39 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Sikkim | India |
| Level of Birth Registration (%) | 61.2 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 45.6 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Sikkim | India |
| % 1st Trimester registration to Total ANC Registrations | 76.9 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 67.4 | 79.4 |
| Total Reported Deliveries | 7111 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.4 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 73.9 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 26.1 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 41.6 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 36.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 56.3 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 82 | 53.4 |
| Neonatal ⁹ | Sikkim | India |
| % live birth to Reported Birth | 98.5 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 9.1 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 66.3 | 89.9 |
| New Born Care Units Established ¹¹ | Sikkim | India |
| Sick New Born Care Unit (SNCU) | 2 | 895 |
| New Born Stabilization Unit (NBSU) | 3 | 2418 |
| New Born Care Corner (NBCC) | 44 | 20337 |

^z Sources are mentioned at the end of Annexure 1

^{aa} Disability Adjusted Life Years
 ^{bb} Communicable, Maternal, Neonatal, and Nutritional Diseases

| Child Health & Nutrition ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
|--|--------------------|-------------------|
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.5 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 64.2 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 13.1 | 32.1 |
| Child Immunization ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 87.6 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 96.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 90.5 | 87.9 |
| Family Planning ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.9 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Sikkim | India |
| Number of districts with functional IDSP unit | 4 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Sikkim | India |
| Annualized total case notification rate (%) | 232 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 87 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Sikkim | India |
| Prevalence Rate/10,000 population | 0.22 | 0.61 |
| Number of new cases detected | 19 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Sikkim | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 23.9 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/ AIDS (%) ¹⁰ | 18.5 | 30.7 |

| Non-Communicable Disease | | |
|---|--------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 18.5 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 25 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 6.2 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 7.5 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Sikkim (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 11.7 | 8.9 |
| Men who use any kind of tobacco (%) | 41.3 | 38 |
| Women who consume alcohol (%) | 16.2 | 1.3 |
| Men who consume alcohol (%) | 39.8 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | Sikkim | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 30 | NA |
| Total number of fatal Road Accidents | 61 | 1,37,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 12 | 33.7 |
| Number of persons killed in Road Accidents | 73 | 115113 |

1.5 Access to Care^{cc}

| Health Systems Strengthening | | | | |
|--|--------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Sikkim | India | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Sikkim | India | | |
| 102 Туре | 0 | 9955 | | |
| 104 Туре | 1 | 605 | | |
| 108 Туре | 8 | 10993 | | |
| Others | 0 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 9 | 11070 | | |

^{cc} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | 5 | | |
|--|--|------------------------------|----------|--|
| ASHA ¹³ | | Sikkim | India | |
| Total number of ASHA ta | argeted under NRHM | 641 | 946563 | |
| Total number of ASHA ir | position under NRHM | 641 | 904211 | |
| % of ASHA in position ur | nder NRHM | 100 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 35 | 75597 | |
| Total number of ASHA ir | position under NUHM | 35 | 64272 | |
| % of ASHA in position ur | nder NUHM | 100 | 85 | |
| Community Process ¹¹ | | Sikkim | India | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 641 | 554847 | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 35 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Sikkim | India | |
| DH | | 4 | 796 | |
| СНС | | 2 | 6036 | |
| РНС | | 24 20273 | | |
| UCHC | | 0 126 | | |
| UPHC | | 0 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Sikkim | | |
| Specialist Cadre Availabl | e in the state (Y/N) | Yes | | |
| HR Policy available (Y/N) | | N | lo | |
| Implementation of HRIS | (Y/N) | N | lo | |
| HR Integration initiated | (Y/N) | N | lo | |
| Public Health Cadre avai | lable (Y/N) | N | lo | |
| | Specialists (%) | 7 | 0 | |
| | Dentists (%) | 4 | .1 | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 7 | 4 | |
| | LT (%) | 20 | | |
| | ANM (%) | 42 | | |
| HRH Distribution | HRH Distribution Sanctioned | | In Place | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:2 | 1:1 | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | f 31 per 10,000 14 per 10,00 | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 5:1 | 3:1 | |

Ranking: Human Resource Index of Sikkim¹⁵

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{dd} | 334 | 945 | 595 | 350 | 0 | |
| Staff Nurse | 822 | 755 | 488 | 267 | 334 | |
| Lab Technician | 141 | 96 | 81 | 15 | 60 | 50.40 |
| Pharmacists | 70 | 32 | 24 | 8 | 46 | 58.42 |
| MO MBBS ^{ee} | 149 | 249 | 97 | 152 | 52 | |
| Specialist ^{ff} | 168 | 132 | 65 | 67 | 103 | |

| 1.6 Healthcare Financing ⁹⁹ | | | | | |
|--|---------|--------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | | kim | India | | |
| Per Capita Government Health Expenditure (in ₹) | N | IA | 1,753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | N | IA | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | NA 5. | | 12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | NA 48.8 | | 3.8 | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Sikkim | | India | |
| | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 56 | 45 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 82 | 70 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 650 | 328 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 837 | 1430 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 5,691 | 4,158 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 25,624 | 21,827 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 17 | 11 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 51 | 74 | 53 | 43 | |

^{dd} MPW – Multi Purpose Health Worker (Female + Male)

^{ee} MO MBBS (Full Time)

ff Specialist (All Specialist)

⁹⁹ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| State Health Department expenditure as a share of total expenditure (%) $(2017-18)^{**}$ | 4.9 | | 5 | hh |
|--|---------------------|--------|---------|--------|
| State Health Expenditure | Sikkim All India Av | | Average | |
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 19,929 | 21,056 | 20,692 | 26,701 |
| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 6,399 | 3,487 | 2,402 | 3,091 |

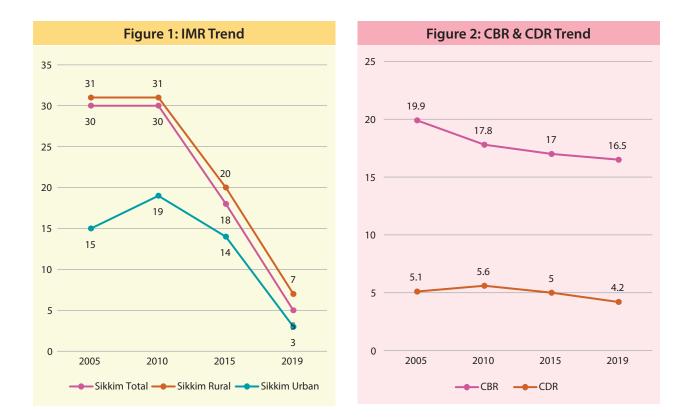
Sources used for Annexure 1

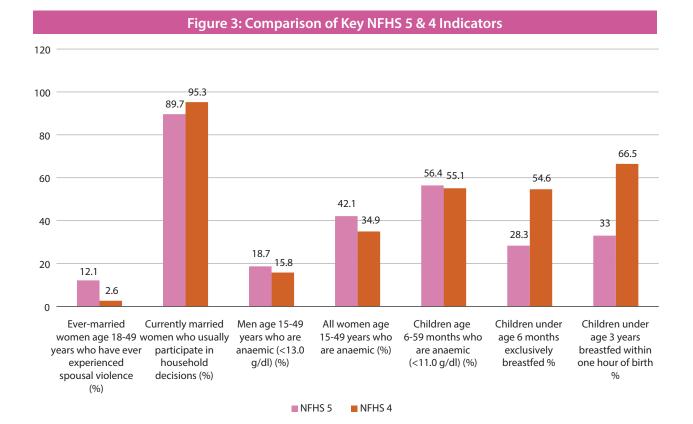
- Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2





Health Dossier 2021: Reflections on Key Health Indicators – Sikkim | 13

Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Sikkim Both sexes, All ages, DALYs pe | er 100,000 2019 rank |
|-----------------------------|--|-----------------------------|
| 1 Lower respiratory infect | | 1 Ischemic heart disease |
| 2 Diarrheal diseases | | 2 COPD |
| 3 Drug-susceptible TB | 17 | 3 Lower respiratory infect |
| 4 Neonatal preterm birth | | 4 Diabetes type 2 |
| 5 Other neonatal | | 5 Other musculoskeletal |
| 6 lschemic heart disease | K X MAR | 6 Falls |
| 7 Measles | | 7 Drug-susceptible TB |
| 8 COPD | | 8 Diarrheal diseases |
| 9 Typhoid fever | | 9 Migraine |
| 10 Neonatal encephalopathy | | 10 Low back pain |
| 11 Self-harm other means | | 11 Neonatal preterm birth |
| 12 Dietary iron deficiency | | 12 Cirrhosis hepatitis B |
| 13 Falls | | 13 Major depression |
| 14 Neonatal sepsis | 1. 1. 7 | 14 Dietary iron deficiency |
| 15 Cirrhosis hepatitis B | X M. Y. | 15 Age-related hearing loss |
| 16 Low back pain | Nex 1 | 16 Self-harm other means |
| 17 Meningitis | h. M.A.A. | 17 Intracerebral hem |
| 18 Cirrhosis other | | 18 Motor vehicle road inj |
| 19 Migraine | The X | 24 Other neonatal |
| 22 Major depression | | 25 Cirrhosis other |
| 24 Other musculoskeletal | | 26 Typhoid fever |
| 25 Intracerebral hem | | 35 Neonatal sepsis |
| 31 Age-related hearing loss | | 36 Neonatal encephalopathy |
| 35 Diabetes (ypg)2 | | 74 Meningitis |
| 39 Motor vehicle road inj | | 219 Measles |
| W. Ramonan C IHME | Communicable, materna neonatal, and nutritiona | |

neonatal, and nutrit diseases

Non-communicable diseases

Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Sikkim Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|---|
| L Low birth weight | 1 High systolic blood pressure |
| 2 Short gestation | 2 High fasting plasma glucose |
| 3 Child wasting | 3 Smoking |
| 4 Household air pollution from solid fuels | 4 High body-mass index |
| 5 Unsafe water source | 5 Ambient particulate matter pollution |
| 6 Unsafe sanitation | 6 Alcohol use |
| 7 Smoking | 7 Low birth weight |
| 8 No access to handwashing facility | 8 Short gestation |
| 9 High systolic blood pressure | 9 Kidney dysfunction |
| 10 Low temperature | 10 High LDL cholesterol |
| 11 Child stunting | 11 Household air pollution from solid fuels |
| 12 Alcohol use | 12 Low temperature |
| 13 Child underweight | 13 Iron deficiency |
| 14 Non-exclusive breastfeeding | 14 Secondhand smoke |
| 15 Iron deficiency | 15 Drug use |
| 16 Ambient particulate matter pollution | 16 Unsafe water source |
| 17 High fasting plasma glucose | 17 Diet low in fruits |
| 18 Secondhand smoke | 18 Occupational injuries |
| 19 Occupational injuries | 19 Diet low in whole grains |
| 20 High LDL cholesterol | 20 Child wasting |
| 21 Kidney dysfunction | 24 No access to handwashing facility |
| 22 Drug use | 29 Unsafe sanitation |
| 23 High body-mass index | 35 Child underweight |
| 26 Diet low in truits | 43 Non-exclusive breastfeeding |
| 27 Diet low in whole grains | 44 Child stunting |

Metabolic risks Environmental/occupational risks Behavioral risks

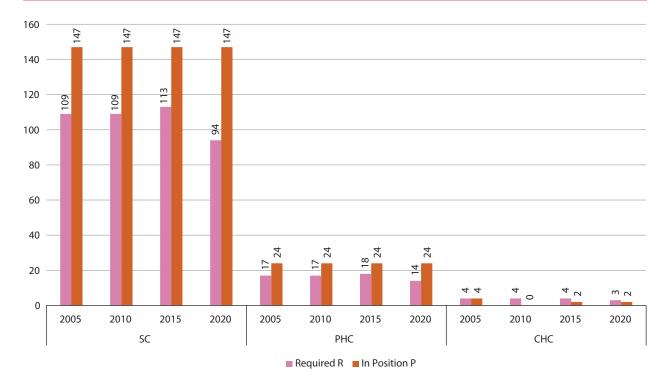


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

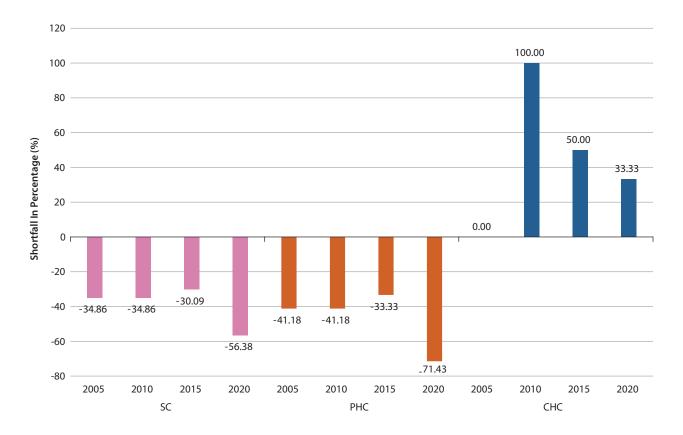
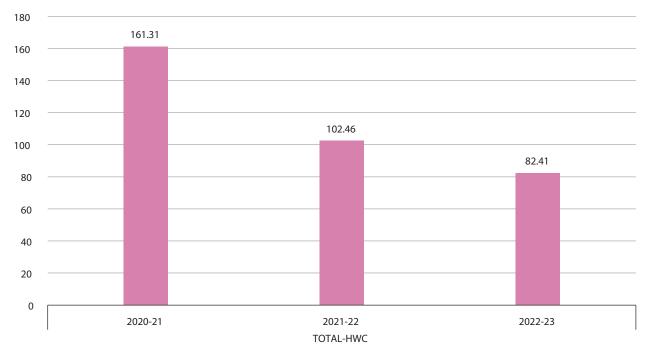


Figure 8: Percentage HWCs progress against target - FY wise (%)



Sikkim (% HWCs progress as of 22/Dec/2021 against targets - FY wise) -

Health Dossier 2021: Reflections on Key Health Indicators – Sikkim | 17

| Green - Good Performance, Red - Poor | 25.2 2 |
|---|---------------|
| Image: Cool Performance, Red - Poor P (District Wise Rural Unity (Bistrict Wise Rural Unity (%) Vaccination From Vaccination From Vaccination From Vaccination From Vaccination Card Only* (%) | |
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| ¹ Good Performant National Nationa | 28 |
| | 93.2 |
| (Gree 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | 99.3 |
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| evolae Before (%) 81 م م م م م م م م م م م م م م م م م م | 14.1 |
| (%) 9pA 94~21 9ferate Literate 7 9 8 8 9 1 | 85.7 |
| Vertical means Vertical mean | 19.9 |
| (selem 000 l/selemeit frequencies) At Birth (Females/1000 Males) | 685 |
| NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total NFHS 5 Total | NFHS 5 Total |
| A Port th Districts A Port th Districts A Port th Districts A Port th C Port th Districts A Port th C | West District |
| ‹ اِ کَ اِ لَنَّا اِ مَ اِ مَ اِ مَ اِ مَ ا | 8 |

NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall '& vaccination card only - 'vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV//MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastled children receiving 4 or more food groups and a minimum meal frequency, non-breastled children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency process and a minimum meal frequency more from at least twice a day, a minimum meal frequency at least twice a day for breastled children 9-23 months, and solid or semi-solid food at least twice a day for breastled infants 6-8 months and at least three times a day for breastled children 9-23 months, and solid or semi-solid food at least twice a day or proprint including the milk or milk products bool group).

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best performing districts within the districts for a particular indicator

Red – Worst performing districts within the districts for a particular indicator ¥.

ä

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days j

** Based on the youngest child living with the mother Ū.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT **TO KEY NFHS 5 INDICATORS**

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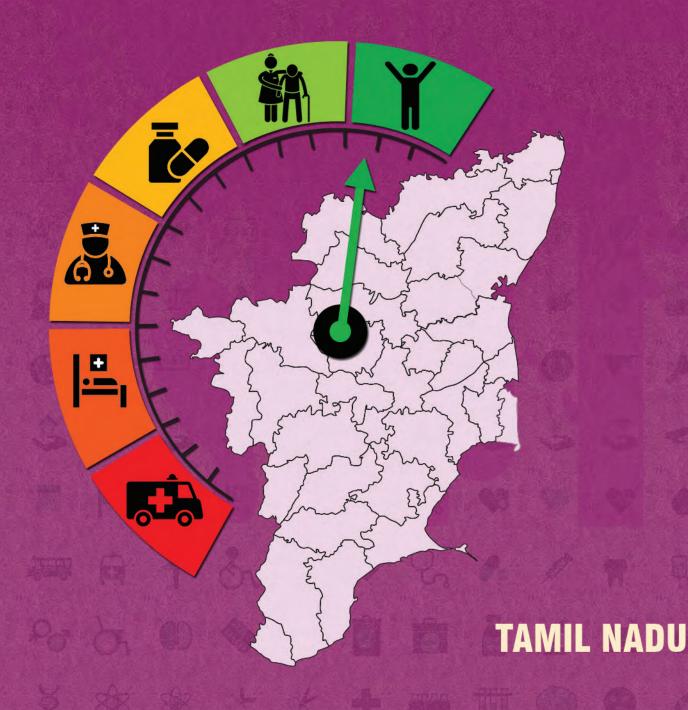


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | |
|------------------|--|----------------|
| 2 nd | Villupuram, Salem, Krishnagiri & Vellore | |
| 4 th | Virudhunagar | Tiruchirapalli |
| 6 th | Tiruppur | Cuddalore |
| 8 th | Kancheepuram | Madurai |
| 10 th | Thirunelveli | Namakkal |
| 12 th | Ramanathapuram | Preambulur |
| 13 th | Villupuram | Virudhunagar |

TAMIL NADU

1. BACKGROUND

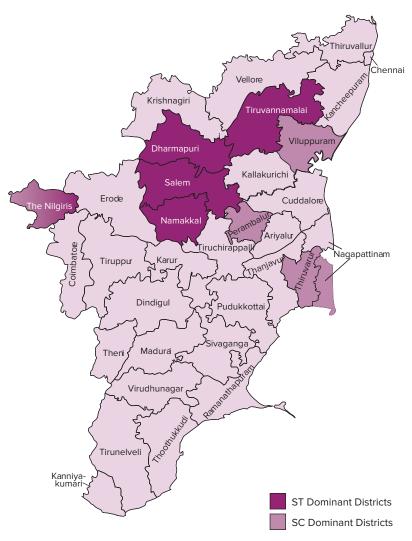
1.1 State Profile

Tamil Nadu is positioned^a 11th in India for a geographical spread of 1,30,058 km². The State is divided into 32 districts^b and estimated to have a population of over 7.21 crores^c, which accounts for approximately 5.94% of India's total population. It is projected that the population would reach around 7.6 crores by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.44 crores (20.01%) and 0.08 crores (1.10%), respectively. Out of the 32 districts, top five ST dominant districts account for 45.71% of ST population, and top five SC dominant districts account for 16.40% of SC population in the State (Annexure 1.1; fig 1).

The total length of roads^e in the Tamil Nadu is 2,61,436 km ($5.23\%^{f}$), in which the length of the national highways is 4,946 km ($4.3\%^{g}$) and

- ^a Including all States & UTs; RHS 2019
- ^b RHS 2019
- c Census 2011
- ^d Census Population Projection 2019 Report
- e Basic Road Statistics 2019, MoRTH
- ^f Percentage of total length of roads in Tamil Nadu
- ⁹ Percentage of total length of National Highways in the country

Figure 1: ST & SC Dominant Districts



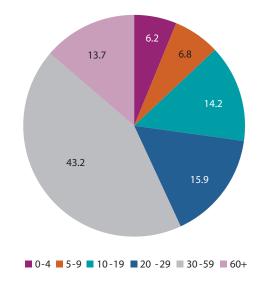
state highways is 12,095 km (6.91%^h). In the State, 51.6% of the population constitute the rural population, and 48.4% constitute the urban population^[3].

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 32 districts, 9 districts have population of 30 lakhs and above, 7 districts have a population between 20-30 lakhs, 13 districts have a population between 10-20 lakhs, and 3 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 908 females for every 1000 males is higher than the national average of 899 (Annexure 1.2). It is estimated that there are 14.2% of the total population in the age group of 10-19 years, 59.1% within 20 to 59 years; while 13.7% is 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 16.5 & 7.4 in 2005 to 14.2 & 6.1 in 2019, respectively (Annexure 2; figure2). The literacy rate increased from 73.5% in 2001 to 80.1% in 2011, with male & female literacy rates being 86.8% and 73.4%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)ⁱ is 44.3% for higher education, 82.03% for senior secondary education, 93.92% for secondary education, 99.94% for elementary education, and 103.89% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 13.7%^[2] of the Tamil Nadu's total population. The life expectancy at 60 years of age is 18.1 and 20.0 for males and females, respectively (2014-2018). In Tamil Nadu, 54.0% of elderly females and 19.0% elderly males living in urban areas and 66.0% of elderly females and 30.0% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 15.8 in 2011; which are 15.5 for males and 16.1 for females, 16.7 in rural &14.8 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 30% for men and 32% for women as opposed to the national average of 31% for both (Elderly in India 2016).

^h Percentage of total length of State Highways in the country

Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^j services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^k, institutional deliveries, C sections, distribution of IFA¹ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 97% (SRS MMR Bulletin 2007-09) to 60 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Tamil Nadu, 88.1% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 report- Dindigul, Karur, Namakkal, Theni, and Tiruvannamalai districts reported good ANC coverage, ranging between 95.7% - 98.7%. Whereas, Cuddalore, Kancheepuram, Kanniyakumari, Thoothukudi and Virudhunagar districts reported relatively low ANC coverage, ranging between 76.1% - 84.2%. As reported in HMIS 2019-20, around 100.0% of the deliveries took place in institutions, out of which 54.3% took place in public health facilities. Total percentage of C-sections (44.3%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 52.2% are conducted at private facilities in the State. Around 1.7% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years slightly decreased from 55.0% (NFHS-4) to 53.4% (NFHS-5). Anaemia in females of reproductive age group is almost thrice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 37 (2005) to 15 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^m and Still Birth (per 1,000 live births) rates have also significantly decreased from 26.2 and 11.2 (2005) to 10 and 4 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 68.9 (2006-10) to 72.1 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5, Nagapattinam, Ramanthapuram, Thoothukkudi, Vellore and Virudhunagar districts reported low SRBsⁿ ranging between 722- 799; while Dharmapuri, Namakkal, Sivaganga, The Nilgiris, and Theni districts reported high SRBs ranging between 1035- 1130.

Full vaccination^o coverage for children between 12 – 23 months of age has improved from 76.1% (NFHS 4) to 90.4% (NFHS 5). The proportion of under 6-months children exclusively breastfed has also increased from 48.3% (NFHS 4) to 55.1% (NFHS 5). An increase in childhood anaemia from 50.7% to 57.4% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per NFHS 5 report, Erode, Kanniyakumari, Sivaganga, Thiruvallur and Thiruvarur districts reported relatively low stunting rates ranging from 17.3 to 19.8, and Karur, Madurai, Nagapattinam, Pudukottai and Tiruppur districts

^j Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^k Antenatal Check up

Iron Folic Acid Tablets

Meonatal Mortality Rate

ⁿ Sex Ratio at Birth

[°] NFHS 5 Tamil Nadu Factsheet, based on information from vaccination card only

reported high stunting rates ranging from 30.6 to 33.6. For under-5 wasting - Coimbatore, Madurai, Pudukottai, Ramanathappuram, Salem and Thanjavur districts reported a low burden ranging from 7 to 10.1; and Dindigul, Erode, Karur, Sivaganga, Thiruvarur, Thoothukudi, and Tiruchirappalli reported a high burden ranging from 18.4 to 22.8.

2.3 Family Planning

The TFR^p reduced from 1.7 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in the State is reported as 7.5%, while the unmet need for spacing is 3.0%. Pudukottai district reported the highest total unmet need (12.2%) and Tiruppur reported the lowest (4.6%). Approximately 65.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance among females being 57.8% and 0.1% among males.

2.4 Communicable Diseases

The State has 32 functional IDSP units in place^[12]. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 17.31% of total disease burden (Annexure 1.4). Diarrheal diseases, dietary iron deficiency, and drug-susceptible are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6^q). For TB, the annualized total case notification rate is 124 and NSP^r success rate is 80 as opposed to the national averages of 163% and 79%, respectively^[12]. For NLEP^s, the reported prevalence rate of 0.37 per 10,000 population is less than the national average of 0.61^[12]. In FY 2019-20, 5 deaths due to Dengue, and none due to Malaria, and Kala Azar are reported in the State^[12].

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 62.0% of total disease burden in the State is from premature deaths and 38.0% is from disability or morbidity. Ischaemic heart disease, diabetes type 2, self-harm other means, falls and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 68.0% and injuries contribute to 14.69% of DALYs in the State. Tamil Nadu is positioned 5th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 4.9% of women and 20.1% of men used any kind of tobacco, while 0.4% of women and 29.2% of men consumed alcohol. Overall, metabolic factors (high fasting plasma glucose, high systolic blood pressure, high body-mass index, high LDL cholesterol) and ambient particulate matter pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 14,65,361 crores. The State is positioned 12th out of 32 states in terms of per capita^t of ₹ 1,93,964. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 1,621, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^u as a share of Total Health Expenditure is 45.9%, which is less than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural

P Total Fertility Rate

^q https://vizhub.healthdata.org/gbd-compare/india

New Smear Positive

^s National Leprosy Eradication Programme

t Directorate of Economics and Statistics (Status as on 01.03.2020)

^u Out of Pocket Expenditure

areas is estimated to be around ₹ 2,691 in public facilities, ₹ 30,480 in private facilities; whereas for urban areas, it is around ₹ 2,433 in public facilities and ₹ 37,735 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,387 in public facilities & ₹ 35,273 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,648 in public facilities and ₹ 32,468 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 27% in rural and 24% in urban areas; whereas for diagnostics, it is 32% in rural and 38% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time with no shortfall in the required SCs, PHCs and CHCs (Annexure 2, Figure 9). Currently, there are 8713 SCs, 1420 PHCs and 385 CHCs are in place, against the required 7321 SCs, 1216 PHCs and 304 CHCs. Similarly, in urban settings, there are 464 PHCs in place against the required 800, which accounts to a shortfall of 42%. Tamil Nadu has 32 DHs, 278 SDHs and 26 government medical colleges. In the State, 100% of DHs (32), 54.67% of SDHs (152), and 91.75% of CHCs (367) serve as functional FRUs. In tribal catchments, there are 543 SCs, 94 PHCs and 21 CHCs in place, against the required 213 SCs, 32 PHCs and 8 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 4285 HWCs (2444 SHCs, 1381 PHCs & 460 UPHCs) are operationalized in the State as of 22nd December 2021^v.

In the State, 31 districts are equipped with MMUs under the NRHM, and none under the NUHM. The State has 82% of required ASHAs in position under the NRHM and none under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 5 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 3613.03 availed (events) OPD services and 129.23 availed (events) IPD services. As per the NSSO data (2017-18), 63% of all OPD cases in rural areas and 41% in urban areas; and 57% of all IPD cases in rural areas & 42% in urban areas utilized public health facilities. The public health facility utilization in the State is above the national averages for both (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^w

| I.I State Profile" | | | | |
|---|---|----------------------------------|--|--|
| Indicator | Tamil Nadu 2011 ¹ | India | | |
| Total Population (In Crore) | 7.21 | 121.08 | | |
| Rural (%) | 51.60 | 68.85 | | |
| Urban (%) | 48.40 | 31.14 | | |
| Scheduled Caste population (SC) (in crore) | 1.44 (20.01%) | 20.14 (16.63%) | | |
| Scheduled Tribe population (ST) (in crore) | 0.08 (1.10%) | 10.45 (8.63%) | | |
| Total Literacy Rate (%) | 80.09 | 72.99 | | |
| Male Literacy Rate (%) | 86.8 | 80.89 | | |
| Female Literacy Rate (%) | 73.44 | 64.64 | | |
| Number of Districts in the Tamil Nadu ² | 32 | 2 | | |
| | Population ¹ | Districts ¹ (Numbers) | | |
| | <10 Lakhs | 3 | | |
| Number of districts per lakh population in Tamil Nadu (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 13 | | |
| | ≥20 Lakhs - <30 lakhs | 7 | | |
| | ≥30 Lakhs | 9 | | |
| ST SC Dominant (Top | 5) Districts of Tamil Nadu ¹ | | | |
| ST Dominant Districts (%) | SC Dominant | Districts (%) | | |
| The Nilgiris - 4.46% | Thiruvarur | - 34.08% | | |
| Dharmapuri - 4.18% | The Nilgiris | 5 - 32.08% | | |
| Tiruvannamalai - 3.69% | Nagapattina | m - 31.54% | | |
| Salem - 3.43% | Perambalur - 31.01% | | | |
| Namakkal - 3.30% | Viluppuram | ו - 29.37% | | |
| | | | | |

Top 5 ST dominant district accounts for - 45.71% Top 5 SC dominant district accounts for - 16.40%

1.2 Key Health Status & Impact Indicators

| Indicators | Tamil Nadu | India |
|--|------------|-------|
| Infant Mortality Rate (IMR) ³ | 15 | 30 |
| Crude Death Rate (CDR) ³ | 6.1 | б |
| Crude Birth Rate (CBR) ³ | 14.2 | 19.7 |

Sources are mentioned at the end of Annexure 1

| 60 | 113 |
|------|------------------------------|
| 10 | 23 |
| 17 | 36 |
| 4 | 4 |
| 1.6 | 2.2 |
| 72.1 | 69.4 |
| 908 | 899 |
| | 10 17 4 1.6 72.1 |

1.3 Key Health Infrastructure Indicators^x

| Indicators | Numbers (Total) | | | | |
|---|--|--------|---------------------------|--------------------------|----------------|
| Number of District Hospitals ² | 32 | | | | |
| Number of Sub District Hospital ² | | | | 278 | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 26 | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 24 | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | ······································ | | | Target) FY (2022-23) | |
| SHC-HWC | 2444 | 2451 | 4917 | 6560 | |
| PHC-HWC | 1381 | 1421 | 1421 | 1421 | |
| UPHC-HWC | 460 | 420 | 420 | 420 | |
| Total-HWC | 4285 4292 | | 6758 | 8401 | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 304 | | 385 | -26.64 | |
| Number of Primary Health Centres (PHC) | 1,216 | | 1,420 | -16.78 | |
| Number of Sub Centres (SC) | 7,321 | | 8,713 | -19.01 | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | |
| | 32 | | 152 | 367 | |
| Urban ² | Required (R) In place (F | | In place (P) | Shortfall (S) (%) | |
| Number of PHC | 800 |) | 464 | 42.00 | |
| Tribal ² | Required (R) | | Required (R) In place (P) | | Shortfall (S)% |
| Number of CHC | 8 | | 8 21 | | |
| Number of PHC | 32 | | 32 94 | | |
| Number of SC | 213 | 3 | 543 | -154.93 | |

^x Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Tamil Nadu | India |
|---|------------|--------|
| IPD per 1000 population | 129.23 | 62.6 |
| OPD per 1000 population | 3613.03 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 95.17 | 36.4 |

| 1.4 Major Health Indicator ^y | | |
|--|------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Tamil Nadu | India |
| % DALY ^z accountable for CMNNDs ^{aa} | 17.31 | 27.46 |
| % DALY accountable for NCDs | 68 | 61.43 |
| % DALY accountable for Injuries | 14.69 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Tamil Nadu | India |
| Level of Birth Registration (%) | 84.4 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 44 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Tamil Nadu | India |
| % 1st Trimester registration to Total ANC Registrations | 93.1 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 88.1 | 79.4 |
| Total Reported Deliveries | 9,42,869 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 100 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 54.3 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 45.7 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 44.3 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 37.8 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 52.2 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 1.7 | 53.4 |
| Neonatal ⁹ | Tamil Nadu | India |
| % live birth to Reported Birth | 99.4 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 12.8 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 76.2 | 89.9 |

^y Sources are mentioned at the end of Annexure 1
 ^z Disability Adjusted Life Years
 ^{aa} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Tamil Nadu | India |
|---|------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 73 | 895 |
| New Born Stabilization Unit (NBSU) | 147 | 2418 |
| New Born Care Corner (NBCC) | 2267 | 20337 |
| Child Health & Nutrition ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 3.7 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 53.8 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 22 | 32.1 |
| Child Immunization ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on in-formation from vaccination card only (%) | 90.4 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 97.6 | 95.2 |
| Children age 12-23 months who have received the first dose of measles- containing vaccine (MCV) (%) | 95.8 | 87.9 |
| Family Planning ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Tamil Nadu | India |
| Number of districts with functional IDSP unit | 32 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Tamil Nadu | India |
| Annualized total case notification rate (%) | 124 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 80 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Tamil Nadu | India |
| Prevalence Rate/10,000 population | 0.37 | 0.61 |
| Number of new cases detected | 4,252 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Tamil Nadu | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 5 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 23.6 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 26.6 | 30.7 |

| Non-Communicable Disease | | | | | | |
|---|------------------------|-------------------|--|--|--|--|
| Diabeties and Hypertension ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) | | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 14.3 | 12.4 | | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 19.5 | 15.7 | | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 7.5 | 6.1 | | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 8.1 | 7.3 | | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Tamil Nadu (NFHS 5) | India (NFHS 5) | | | | |
| Women who use any kind of tobacco (%) | 4.9 | 8.9 | | | | |
| Men who use any kind of tobacco (%) | 20.1 | 38 | | | | |
| Women who consume alcohol (%) | 0.3 | 1.3 | | | | |
| Men who consume alcohol (%) | 25.4 | 18.8 | | | | |
| Injuries | | | | | | |
| Road Traffic Accident ¹² | Tamil Nadu | India | | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 5 | N/A | | | | |
| Total number of fatal Road Accidents | 9,813 | 1,37,689 | | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 18.4 | 33.7 | | | | |
| Number of persons killed in Road Accidents | 10525 | 115113 | | | | |

1.5 Access to Carebb

| Health Systems Strengthening | | | | | | |
|--|------------|-------|--|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Tamil Nadu | India | | | | |
| Number of Districts equipped with MMU under NRHM | 31 | 506 | | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Tamil Nadu | India | | | | |
| 102 Туре | 0 | 9955 | | | | |
| 104 Type | 0 | 605 | | | | |
| 108 Туре | 941 | 10993 | | | | |
| Others | 0 | 5129 | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 950 | 11070 | | | | |

^{bb} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | | |
|--|---|------------------|--------------|--|--|
| ASHA ¹³ | | Tamil Nadu | India | | |
| Total number of ASHA targeted under NRHM 3242 946563 | | | | | |
| Total number of ASHA ir | position under NRHM | 2650 | 904211 | | |
| % of ASHA in position ur | nder NRHM | 81.74 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | NA | 75597 | | |
| Total number of ASHA ir | position under NUHM | NA | 64272 | | |
| % of ASHA in position ur | nder NUHM | NA | 85 | | |
| Community Process ¹¹ | | Tamil Nadu | India | | |
| Number of Village Healtl (VHSNCs) constituted | h Sanitation and Nutrition Committees | 15015 | 554847 | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 1025 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Tamil Nadu | India | | |
| DH | | 31 | 796 | | |
| СНС | | 385 | 6036 | | |
| РНС | | 1462 | 20273 | | |
| UCHC | | 11 126 | | | |
| UPHC | | 420 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Tamil | Nadu | | |
| Specialist Cadre Availabl | e in the state (Y/N) | Ye | 25 | | |
| HR Policy available (Y/N) | | N | 0 | | |
| Implementation of HRIS | (Y/N) | N | 0 | | |
| HR Integration initiated | (Y/N) | Ye | 25 | | |
| Public Health Cadre avai | lable (Y/N) | Ye | 25 | | |
| | Specialists (%) | 1 | 7 | | |
| | Dentists (%) | 2 | 3 | | |
| Overall Vacancies | MO MBBS (%) | 1 | 9 | | |
| (Regular + contractual) | Nurse (%) | 9 | | | |
| | LT (%) | 25 | | | |
| | ANM (%) | 15 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 6 per 10,000 | 5 per 10,000 | | |
| | ervice delivery staff ratio ¹⁴ | 2:1 | 2:1 | | |

| Ranking: Human Resource Index of Tamil Nadu ¹⁵ | | | | | | | |
|---|-----------------|-----------------------|-----------------|----------------|-------------------------|-----------------------------|--|
| | | Total (Regular + NHM) | | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | |
| MPW ^{cc} | 21611 | 17440 | 12180 | 5260 | 9431 | | |
| Staff Nurse | 35736 | 21714 | 21181 | 533 | 14555 | | |
| Lab Technician | 7729 | 3620 | 3376 | 244 | 4353 | 62.75 | |
| Pharmacists | 3729 | 3855 | 3516 | 339 | 213 | 63.75 | |
| MO MBBS ^{dd} | 7374 | 5729 | 5122 | 607 | 2252 | | |
| Specialist ^{ee} | 7904 | 5386 | 4671 | 715 | 3233 | | |

| 1.6 Healthcare Financing [#] | | | | | |
|--|-------|-------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Tamil | Nadu | India | | |
| Per Capita Government Health Expenditure (in ₹) | 1,6 | 521 | 17 | 1753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .8 | 1. | 35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 6 | .5 | 5. | 5.12 | |
| OOPE as a Share of Total Health Expenditure (THE) % | 45 | 5.9 | 48 | 3.8 | |
| National Sample Survey Office (NSSO) (2017-2018) | Tamil | Nadu | India | | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 63 | 41 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 57 | 42 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 172 | 303 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 1180 | 1139 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 2691 | 2443 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 30480 | 37735 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 32 | 38 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 27 | 24 | 53 | 43 | |

^{cc} MPW – Multi Purpose Health Worker (Female + Male)

^{dd} MO MBBS (Full Time)

ee Specialist (All Specialist)

Sources are mentioned at the end of Annexure 1
 Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 3387 | 3648 | 2,402 | 3,091 |
|--|--------|-----------|------------|--------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 21,005 | 31,708 | 20,692 | 26,701 |
| State Health Expenditure | Tamil | All India | ia Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .9 | 5 | gg |

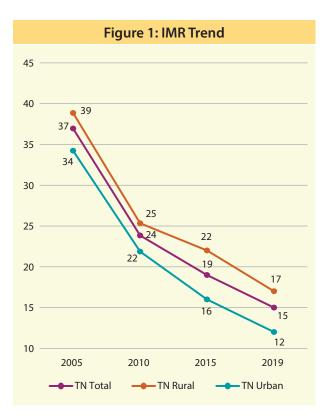
Sources used for Annexure 1

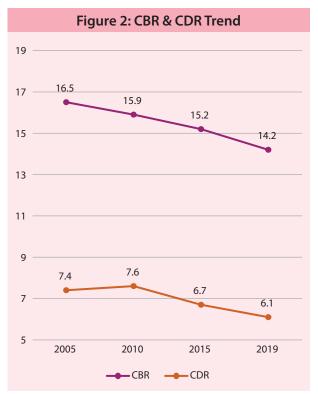
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{gg} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









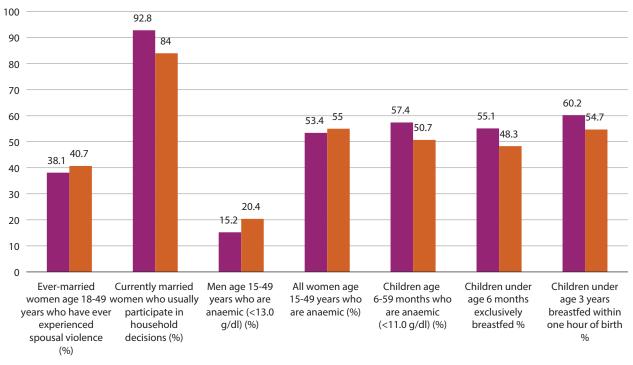


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank Bot | Tamil Nadu h sexes, All ages, DALYs per 100,000 2019 rank |
|--------------------------------|---|
| 1 lschemic heart disease | 1 lschemic heart disease |
| 2 Diarrheal diseases | 2 Diabetes type 2 |
| 3 Drug-susceptible TB | 3 Self-harm other means |
| 4 Neonatal preterm birth | 4 Falls |
| 5 Lower respiratory infect | 5 COPD |
| 6 Self-harm other means | 6 Major depression |
| 7 Neonatal encephalopathy | 7 Other musculoskeletal |
| 8 Falls | 8 Diarrheal diseases |
| 9 Dietary iron deficiency | 9 Dietary iron deficiency |
| 10 Protein-energy malnutrition | 10 Drug-susceptible TB |
| 11 COPD | 11 Neonatal preterm birth |
| 12 Intracerebral hem | 12 Lower respiratory infect |
| 13 Measles | 13 Low back pain |
| 14 Drowning | 14 Intracerebral hem |
| 15 Other neonatal | 15 Migraine |
| 16 Major depression | 16 Age-related hearing loss |
| 17 Diabetes type 2 | 17 Motorcyclist road inj |
| 18 Congenital heart | 18 Ischemic stroke |
| 20 Low back pain | 22 Neonatal encephalopathy |
| 25 Migraine | 29 Congenital heart |
| 26 Other musculoskeletal | 32 Drowning |
| 30 Age-related hearing loss | 46 Other neonatal |
| 31 Motorcyclist road inj | 52 Protein-energy malnutrition |
| 39 Ischemid stroke | 191 Measles |
| IHME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases |

Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Tamil Nadu Both sexes, All ages, DALYs per 100,000 2019 rank |
|--|--|
| 1 Low birth weight | 1 High fasting plasma glucose |
| 2 Household air pollution from solid fuels | 2 High systolic blood pressure |
| 3 Short gestation | 3 High body-mass index |
| 4 Child wasting | 4 High LDL cholesterol |
| 5 Unsafe water source | 5 Ambient particulate matter pollution |
| 6 Unsafe sanitation | 6 Kidney dysfunction |
| 7 High fasting plasma glucose | 7 Smoking |
| 8 High systolic blood pressure | 8 Low birth weight |
| 9 Smoking | 9 Alcohol use |
| 10 Child underweight | 10 Short gestation |
| 11 High LDL cholesterol | 11 Household air pollution from solid fuels |
| 12 Kidney dysfunction | 12 Diet low in fruits |
| 13 No access to handwashing facility | 13 Diet low in whole grains |
| 14 Iron deficiency | 14 Lead exposure |
| 15 Alcohol use | 15 Diet high in sodium |
| 16 High body-mass index | 16 Iron deficiency |
| 17 Lead exposure | 17 Diet low in legumes |
| 18 Diet low in fruits | 18 Secondhand smoke |
| 19 Child stunting | 19 Unsafe water source |
| 20 Ambient particulate matter pollution | 20 High temperature |
| 21 Secondhand smoke | 26 Unsafe sanitation |
| 22 Diet low in whole grains | 27 Child wasting |
| 23 Diet low in legumes | 36 Child underweight |
| 25 High temperature | 37 No access to handwashing facility |
| 26 Diet high in sodium | 51 Child stunting |

risks

Behavioral risks

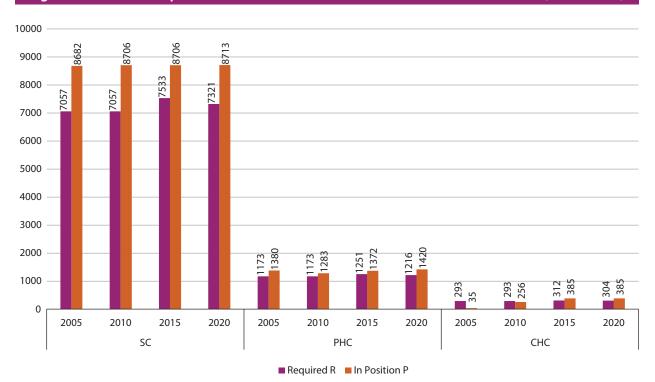


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

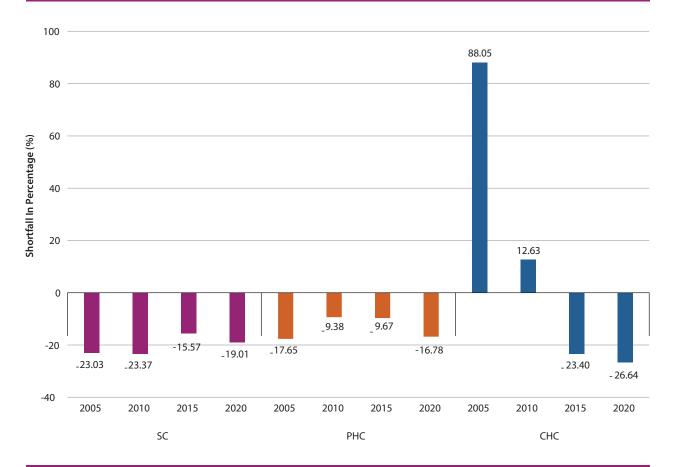
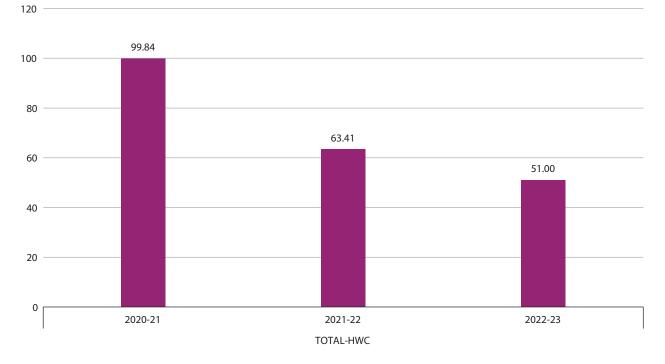


Figure 10: Percentage HWCs progress against target - FY wise (%)



Tamil Nadu (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

Health Dossier 2021: Reflections on Key Health Indicators – Tamil Nadu | 17

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted∧ (%) (%) (%) (%) | 19.7 | 13.9 | 15.2 | 14.6 | 15.1 | 18.3 | 7 | 13.9 | 16.9 | 21.1 | 20.9 | 15.7 | 11.4 | 18.4 | 10.4 | 9.5 | 12.5 | 10.3 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|
| ed – Poor P ban Stats N | Children Under 5 Years - Stunted^ (Height For Age) (%) | 27.1 | 22.2 | 27.2 | 25 | 25.3 | 20.4 | 23 | 20.2 | 28.7 | 27.1 | 19.4 | 20.6 | 17.3 | 33.6 | 29 | 32.4 | 32.3 | 25.2 |
| ormance, R se Rural Url | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 30.7 | 17.9 | 15 | 16.3 | 11.7 | 15.1 | 11.6 | 23.2 | 8.1 | 20.7 | 19.1 | 21.7 | 22.1 | 13.3 | ۲.۲ | 25 | 14.4 | 12.9 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 76.1 | 89.4 | 91.3 | 90.4 | 90.8 | 100 | 94.5 | 77.3 | 96.1 | 96.4 | 97.2 | 81.5 | 96 | 84 | 90.3 | 92.9 | 94.6 | 84.4 |
| (Gree | (%) zıtrığ lenoitutitzul | 98.9 | 99.8 | 99.4 | 9.66 | 100 | 100 | 100 | 99.2 | 9.66 | 97 | 100 | 100 | 100 | 100 | 9.66 | 100 | 99.7 | 100 |
| | lsten9tnA 4 tesst Least 4 Mntenstal Care Visits (%) | 81.1 | 88.8 | 90.8 | 89.9 | 91.4 | 89.9 | 06 | 82.2 | 94.5 | 96.2 | 93.9 | 76.1 | 84.2 | 95.7 | 93.1 | 89.5 | 93.1 | 97.8 |
| | (%) bəəH təmnU lstoT | 10.1 | 8.1 | 6.9 | 7.5 | 7 | 6.9 | 9.1 | 9.2 | 8.5 | 6.3 | 4.9 | 7.2 | 4.9 | 7.5 | 4.9 | 8.7 | 8.5 | 6.5 |
| | (%) əsU mobnoD | 0.8 | 2.6 | 1.2 | 1.8 | 0.9 | 1.7 | 3.1 | 1.8 | 0.4 | 1.1 | 1.8 | 2.3 | 1.5 | 0.9 | 0.4 | 3.1 | 1.8 | 1.9 |
| | (%) UND/PPIUD | 1.9 | 4.8 | 4.7 | 4.8 | 8.3 | 4.9 | ъ | 2.7 | 6.4 | 6.9 | 3.6 | 4.7 | 2.9 | 3.9 | و | 6.4 | 5.8 | 4.1 |
| | pninnelly lime7 ved For Family MynA By Current Mytarried Womow Age 75- 49 yesy (%) | 53.2 | 67.6 | 69.5 | 68.6 | 61.4 | 65.8 | 66.5 | 65.3 | 70 | 74.2 | 70.6 | 69.3 | 70.3 | 65.8 | 20 | 69.7 | 65.9 | 65.2 |
| | b91168 826-24 Years Married Before 18 (%) | 16.3 | 10.4 | 15.2 | 12.8 | 12.4 | 1.9 | 19.8 | 12.6 | 16.7 | 20.5 | 13.7 | 10 | 4.3 | 13.3 | 20.3 | 11.5 | 6.3 | 14.2 |
| | (%) 9pA 94-21 9feisten DamoW | NA | 88.9 | 79.6 | 84 | 74.6 | 94.8 | 89.3 | 78.3 | 62 | 78.2 | 82.4 | 82.6 | 97.7 | 78.2 | 78.6 | 83.9 | 87.8 | 87.7 |
| | Poureholds with any usual member covered under a health insurance/ financing scheme (%) | 64.1 | 61.1 | 71.4 | 66.5 | 71.1 | 58.2 | 61 | 64.4 | 75.5 | 71.9 | <i>C.11</i> | 59.7 | 64.1 | 74.6 | 73.6 | 66.3 | 70.9 | 68.8 |
| | Sex Ratio At Birth (Females/1000 Males) | 954 | 893 | 867 | 878 | 807 | 859 | 952 | 819 | 1052 | 816 | 807 | 889 | 880 | 839 | 857 | 815 | 799 | 1130 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | stətrict/sətət2 | Tamil Nadu | Tamil Nadu | Tamil Nadu | Tamil Nadu | Ariyalur | Chennai | Coimbatore | Cuddalore | Dharmapusssri | Dindigul | Erode | Kancheepuram | Kanniyakumari | Karur | Krishnagiri | Madurai | Nagapattinam | Namakkal |
| | .oN .2 | - | 2 | m | 4 | 2 | 9 | 7 | œ | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |

| 000 | 19 | Perambalur | NFHS 5 Total | 887 | 75.5 | 81.1 | 21.4 | 63.1 | 7.7 | 0.9 | 11.4 | 92.2 | 100 | 94 | 12.6 | 29.1 | 15.9 |
|--|----|-----------------|--------------|------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| MenothopurieMet Stotal79691617622626262646361696464SelentNet Stotal9026738162376944778510816236SelentiNet Stotal122617813815633435643445789310081516256StegengeNet Stotal124613814643841643843643845643845643846MendiutNet Stotal935134643843643843643846746845845745MendiutNet Stotal944945644845643846643846745846MendiutNet Stotal944945644845643846746846745845MendiutNet Stotal944945643846746846746846746746MenotukuduNet Stotal944746746746746746746746746MenotukuduNet Stotal944746746746746746746746746MenotukuduNet Stotal944746746746746746746746746MenotukuduNet Stotal949843843843843846 | 20 | Pudukkottai | NFHS 5 Total | 804 | 72.9 | 81.1 | 11.6 | 68 | 9 | | | 91.6 | 100 | 75.9 | 22.3 | 32.2 | 9.5 |
| demtMHS fordgooG/3B1.6 2.176 .0 2.166 .1 6 .1 6 .1 6 .1 6 .1 6 .1MegagaMHS ford 112 G/3G/3 4 .2G/3G/3 4 .9G/3 6 .9 1006176 .7 2 .6MegagaMHS ford 112 G/3 8 .1 6 .1MenjawMHS ford 9 .4 7 .6 8 .3 8 .1 6 .1 6 .1 6 .1 6 .7 6 .7 6 .6MenjawMHS ford 1036 .7 8 .3 6 .1 7 .9 6 .7 6 .7 6 .7 2 .6MenjawMHS ford 1031038 .1 1117 .9 126 .7 8 .7 106 .7 1 .8 6 .7MeniuluMHS ford 1091096 .7 8 .1 7 .9 1 .1 7 .9 1 .1 7 .9 1 .1 | 21 | Ramanathapuram | NFHS 5 Total | 787 | 69.7 | 84.1 | 14.7 | 72.2 | 6.5 | | | 88.2 | 9.66 | 91.1 | 19.9 | 26.4 | 17.7 |
| WendangedMerkes TotaleTUZ6778534567349673496736738156738156738156738158 | 22 | Salem | NFHS 5 Total | 006 | 67.5 | 81.6 | 23.7 | 69 | 4 | | | 85 | 100 | 81.8 | 6.7 | 23.6 | 10.1 |
| ImanyNHS frotal947068384.164.84.97.964.718.218.218.2ThenkigrisNHS frotal03374.585.111.177.9454545454545454545ThenkigrisNHS frotal03563.785.111.177.985.110.175.218.818.626.7ThenkigrisNHS frotal09157.485.316.170.585.410.785.410.720.3ThirvauluNHS frotal90157.485.391.770.585.410.785.410.720.3ThirvauluNHS frotal90152.485.391.770.585.410.785.410.720.3ThouhukudiNHS frotal9152.685.381.770.585.410.785.670.720.3ThouhukudiNHS frotal91967.785.967.667.767.720.720.320.3ThouhukudiNHS frotal91967.885.768.768.768.769.769.720.320.3ThouhukudiNHS frotal91967.985.870.786.970.070.970.970.9ThouhukudiNHS frotal91987.987.987.970.787.970.720.3ThouhukudiNHS frotal91987.987.970.787.9< | 23 | Sivaganga | NFHS 5 Total | 1127 | 67.7 | 85.3 | 4.5 | 67.3 | 4.9 | | | 90.9 | 100 | 81.5 | 16 | 27.6 | 22.8 |
| The Nely FirstingNely Firsting13584.111.171.971.916.516.117.117.316.716.716.117.316.7 <td>24</td> <td>Thanjavur</td> <td>NFHS 5 Total</td> <td>934</td> <td>70.6</td> <td>83.8</td> <td>4.1</td> <td>64.8</td> <td>4.9</td> <td></td> <td></td> <td>93.7</td> <td>100</td> <td>66.7</td> <td>18.2</td> <td>19.6</td> <td>8.3</td> | 24 | Thanjavur | NFHS 5 Total | 934 | 70.6 | 83.8 | 4.1 | 64.8 | 4.9 | | | 93.7 | 100 | 66.7 | 18.2 | 19.6 | 8.3 |
| ThenicNHS foral674857167068210987100952173202ThirwalurNHS foral991 574 8361346793878 66 95 85466856653181 ThirwaruNHS foral901 722893 917024370856 66798679186186 ThorbukudiNHS foral919 672893 61066 66909090 199 90 ThorbukudiNHS foral919678885895681 6866909090 199 90 ThurbukudiNHS foral919613856105681 689096691909090909090 ThurbukudiNHS foral919613856105681 919090909090909090909090919090909091 <t< td=""><td>25</td><td>The Nilgiris</td><td>NFHS 5 Total</td><td>1035</td><td>74.5</td><td>89.1</td><td>11.1</td><td>77.9</td><td>4.5</td><td></td><td></td><td>92.5</td><td>100</td><td>98</td><td>18.8</td><td>26.7</td><td>17.3</td></t<> | 25 | The Nilgiris | NFHS 5 Total | 1035 | 74.5 | 89.1 | 11.1 | 77.9 | 4.5 | | | 92.5 | 100 | 98 | 18.8 | 26.7 | 17.3 |
| IntrovalurNFHS 5Total991 374 83613467938381685.4 10088.656.318.1 IntrovarurNFHS 5Total901 75.299.3 9.17024.37.492.3 10097.1 18.7 138. IntrovarurNFHS 5Total 91075.289.3 81.750.24.36.6 90.590.690.710097.118.713.8 IntrohulualNFHS 5Total91967.883.681.56.81 6.85090.690.690.690.690.690.690.610019920.8 InturbuelueNFHS 5Total91967.883.610.568.1 6.85191.610019910019920.8 InturbuelueNFHS 5Total91961.987.110568.3 31.831.891.691.610191.6 <td>26</td> <td>Theni</td> <td>NFHS 5 Total</td> <td>1057</td> <td>67.4</td> <td>85.7</td> <td>16</td> <td>70.6</td> <td>8.2</td> <td></td> <td></td> <td>98.7</td> <td>100</td> <td>95.2</td> <td>17.3</td> <td>20.2</td> <td>15.5</td> | 26 | Theni | NFHS 5 Total | 1057 | 67.4 | 85.7 | 16 | 70.6 | 8.2 | | | 98.7 | 100 | 95.2 | 17.3 | 20.2 | 15.5 |
| IntruvatureNHS 5Total901 5.2.80.3 9117024.3 </td <td>27</td> <td>Thiruvallur</td> <td>NFHS 5 Total</td> <td>991</td> <td>57.4</td> <td>83.6</td> <td>13.4</td> <td>67.9</td> <td>3.8</td> <td></td> <td></td> <td>85.4</td> <td>100</td> <td>88.6</td> <td>26.3</td> <td>18.1</td> <td>17</td> | 27 | Thiruvallur | NFHS 5 Total | 991 | 57.4 | 83.6 | 13.4 | 67.9 | 3.8 | | | 85.4 | 100 | 88.6 | 26.3 | 18.1 | 17 |
| ThoothukkudiNFHS Total73457.888.58.96.766.66.66.66.06.010010019920.3TruchirappaliNFHS Total9196.7883.613.568.1 6.86.86.86.16.87.6 | 28 | Thiruvarur | NFHS 5 Total | 901 | 75.2 | 89.3 | 9.1 | 70.2 | 4.3 | | | 92.3 | 100 | 97.1 | 18.7 | 19.8 | 18.4 |
| ItuchirappalliNFHS fotal91967883613.568.1 6.86.86.86.86.096.694.612.427.6 IturneveliNFHS fotal93961.385.610.769.85 95.58.7 29.429.4IturneveliNFHS fotal93961.385.010.769.85 3.89.195.58.7 29.4IturvennamaliNFHS fotal101659.987.110.569.3 3.83.19.19.116.7 21.5IturvennamaliNFHS fotal84869.679.811.6 71.93.13.19.19.19.19.13.6 VeloreNFHS fotal 212 71.481.6 71.63.13.19.1 <td>29</td> <td>Thoothukkudi</td> <td>NFHS 5 Total</td> <td>734</td> <td>57.8</td> <td>88.5</td> <td>8.9</td> <td>67.6</td> <td>6.6</td> <td></td> <td></td> <td>80.7</td> <td>100</td> <td>100</td> <td>19.9</td> <td>20.3</td> <td>18.4</td> | 29 | Thoothukkudi | NFHS 5 Total | 734 | 57.8 | 88.5 | 8.9 | 67.6 | 6.6 | | | 80.7 | 100 | 100 | 19.9 | 20.3 | 18.4 |
| TitunelveliNFHS Total93961.385.610.769.856229.429.4TituppurNFHS Total101659.987.110.569.33.8793.510095.58.721.5TitupurNFHS Total84869.679.811.671.93.13.197.799.170.73.1621.5VelloreNFHS Total84869.679.811.671.93.13.197.799.13.630.6VelloreNFHS Total72271.481.674.965.23.19.799.597.299.230.6ViluppuramNFHS Total91677.675.41971.63.23.191.997.899.197.823.9ViluburagurNFHS Total73081.115.568.13.13.191.991.971.673.9 | 30 | Tiruchirappalli | NFHS 5 Total | 919 | 67.8 | 83.6 | 13.5 | 68.1 | 6.8 | | | 90.5 | 98.6 | | 12.4 | 27.6 | 20.9 |
| Tiruppur NFHS Total 1016 59.9 87.1 10.5 69.3 3.8 7.8 7.9 7.0 7.5 21.5 Tiruvannanalai NFHS Total 848 69.6 79.8 11.6 71.9 3.1 9.1 9.1 9.1 9.1 3.6 30.6 Velore NFHS Total 848 69.6 79.8 11.6 71.9 3.1 9.1 9.1 9.1 3.6 30.6 Velore NFHS Total 916 71.4 81.6 5.2 3.1 3.2 9.1 9.1 9.2 9.2 30.6 Viluppuram NFHS Total 916 71.6 71.6 | 31 | Tirunelveli | NFHS 5 Total | 939 | 61.3 | 85.6 | 10.7 | 69.8 | 5 | | | 85 | 100 | 95.5 | 8.7 | 29.4 | 12 |
| Tiruvannamalai NFHS 5 Total 848 69.6 79.8 11.6 71.9 31.1 3 | 32 | Tiruppur | NFHS 5 Total | 1016 | 59.9 | 87.1 | 10.5 | 69.3 | 3.8 | | | 93.5 | 100 | NA | 16.7 | 21.5 | 15.3 |
| Vellore NFHS Total 72. 71.4 81.6 14.9 65.2 3.1 95.4 99.5 97.2 99. 29.8 Viluppuram NFHS Total 916 77.6 75.4 19 71.6 3.2 9.1 94.9 99.1 19.8 23.9 Viluphuram NFHS Total 916 77.6 71.6 3.2 9.1 9.1 19.8 23.9 Virudhunagar NFHS Total 730 51.3 6 .1 3.1 3.1 3.1 9.1 18.5 29.2 | 33 | Tiruvannamalai | NFHS 5 Total | 848 | 69.6 | 79.8 | 11.6 | 71.9 | 3.1 | | | 7.76 | 99.1 | | 3.6 | 30.6 | 14.8 |
| Viluppuram NFHS Total 916 77.6 75.4 19 71.6 3.2 94.9 99.1 19.8 23.9 Virudhunagar NFHS Total 730 51.3 84.1 15.5 68.1 3.1 83.4 97.8 185 29.2 | 34 | Vellore | NFHS 5 Total | 722 | 71.4 | 81.6 | 14.9 | 65.2 | 3.1 | | | 95.4 | 99.5 | 97.2 | 9.9 | 29.8 | 13.1 |
| Virudhunagar NFHS 5 Total 730 51.3 84.1 15.5 68.1 3.1 83.4 97.8 18.5 29.2 | 35 | Viluppuram | NFHS 5 Total | 916 | 77.6 | 75.4 | 19 | 71.6 | 3.2 | | | 94.9 | 99.1 | | 19.8 | 23.9 | 12.4 |
| | 36 | Virudhunagar | NFHS 5 Total | 730 | 51.3 | 84.1 | 15.5 | 68.1 | 3.1 | | | 83.4 | 97.8 | | 18.5 | 29.2 | 14.4 |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency) for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least twice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least twice or groups not including the milk or milk products food group).

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother
 E. # Breastfed children receiving 4 or more food groups.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food groups A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш.

NOTES

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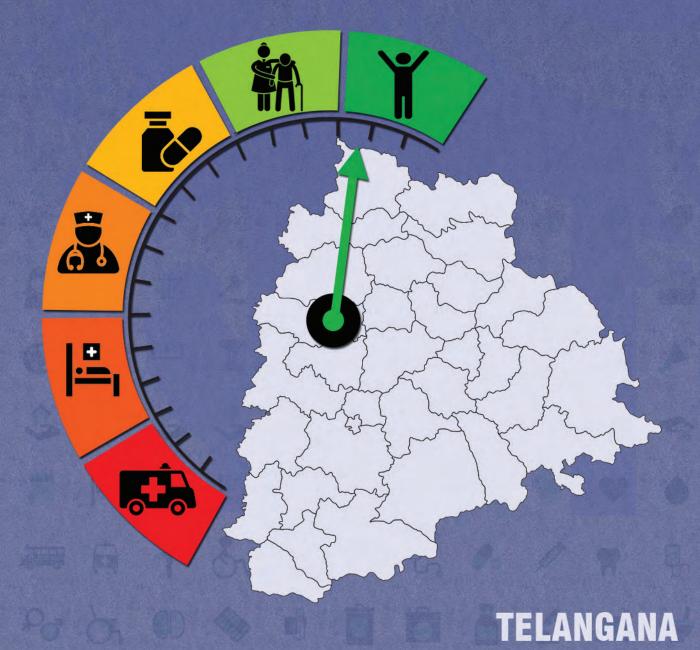


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts | s Visited |
|------------------|-------------------------|------------|
| 8 th | Adilabad | Medak |
| 11 th | Khammam | Adilabad |
| 12 th | Jayashankar Bhupalpally | Karimnagar |

TELANGANA

1. BACKGROUND

1.1 State Profile

Telangana is positioned^a 12th in India for а geographical spread of 1,14,840 km². The State is divided into 33 districts^b and estimated to have a population of over 0.35 crores^c, which accounts for approximately 2.90 % of India's total population. It is projected that the population would reach around 0.37 crores by 2021^d. As per Census 2011, the State's^e Scheduled caste (SC) population is 0.54 crores (15.62%) and Scheduled Tribe (ST) population is 0.32 crores (9%). In the State, 61.3% of the population constitute the rural population, while the rest constitute the urban population. Top 5 SC dominant districts account for 24.01% of the total SC

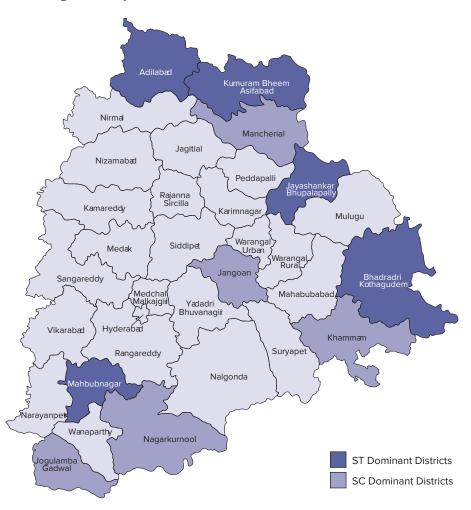


Figure 1: Top 5 ST & SC Dominant Districts

^a Including all States & UTs & RHS 2020

^b RHS 2020

c Census 2011

d Census Population Projection 2019 Report

e As provided by the State

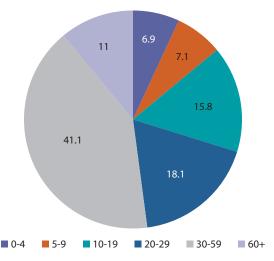
population and top 5 ST dominant districts account for 35.10% of the total ST population. 61.12% of the population reside in rural areas and 38.87% reside in urban areas (Figure 2 and Annexure 1.1). The total length of roads^f in the State is 1,26,135 km (2.52%^g), the length of the national highways is 3455 km (3.0%^h) and state highways is 2553 km (1.45%^j).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 33 districts, 1 district has a population of 30 lakhs and above, 2 districts have a population between 20-30 lakhs, 9 districts have a population between 10-20 lakhs, and 21 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 901 females for every 1000 males is higher than the national average of 899 (Annexure 12). It is estimated that 15.8% of the total population is in the age group of 10-19 years, 59.2% within 20 to 59 years; and 11% is 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 19.1 and 7.3 (2005) to 16.7 & 6.1 (2019), respectively (Annexure 2; Figure 2). As per ESAG 2018 report, the Gross Enrollment Rate (GER)^j is 36.3% for higher education, 61.32% for senior secondary education, 82.53% for secondary education, 97.79% for elementary education, and 103.02% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 11% of the Telangana's total population. The life expectancy at 60 years of age is 17.5 and 18.2 for males and females, respectively (2014-2018). In Telangana, 48% of elderly females and 14% elderly males living in rural areas; and 84% of elderly females and 43% elderly males in urban areas are economically fully dependent on others.

^f Basic Road Statistics 2019, MoRTH

⁹ Percentage of total length of roads in Telangana

^h Percentage of total length of National Highways in the country

ⁱ Percentage of total length of State Highways in the country

^j Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^k services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^I, institutional deliveries, C sections, distribution of IFA^m tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & %). The maternal mortality ratio has significantly declinedⁿ from 134° (2007-09) to 63 (2016-18). In Telangana, 84.4% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 report- Jagitial, Kamareddy, Khammam, Nizamabad and Peddapalli districts reported high ANC coverage ranging between 54.8% - 64.7%; and Mahabubnagar, Mancherial, Siddipet, Vikarabad and Wanaparthy districts reported low ANC coverage ranging between 76.3% - 81.9%. As reported in HMIS 2019-20, around 99.9% of the deliveries took place in institutions, out of which 47.6% took place in public health facilities. Total percentage of C-sections (48.9%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 53.7% is conducted at private facilities in the State. Around 29.7% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 56.6% (NFHS-4) to 57.6% (NFHS-5). Anaemia in females of reproductive age group is thrice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 57^p (2005) to 23 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^q and Still Birth (per 1,000 live births) rates have also significantly decreased from 34.8 and 10.9 (2005) to 19 and 15 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4).The life expectancy at birth is 69.6 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per NFHS 5- Adilabad, Mahabubnagar, Nagarkurnool, Vikarabad and Warangal Rural districts reported low SRBs^r ranging between 698-789; and Jangoan, Nirmal, Rajanna Sircilla, Sangareddy and Wanaparthy districts reported high SRBs ranging between 987-1138.

Full vaccination^s coverage for children between 12 – 23 months of age has improved from 79.1% (NFHS 4) to 87.4% (NFHS 5). The proportion of under 6-months children exclusively breastfed has decreased from 67.0% (NFHS 4) to 68.2% (NFHS 5). An increase in childhood anaemia from 60.7% to 70.0% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per

Sex Ratio at Birth

^k Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Antenatal Check up

^m Iron Folic Acid Tablets

SRS MMR Bulletins

[°] Inclusive of Andhra

^p Inclusive of Andhra

n Neonatal Mortality Rate

^s NFHS 5 State/UT Factsheet, based on information from vaccination card only

NFHS 5 report, Adilabad, Jogulamba Gadwal, Mahabubnagar, Wanaparthy and Yadadri Bhuvanagiri districts reported high stunting rates ranging from 38.3 to 49.7; and Khammam, Mancherial, Peddapalli, Rajanna Sircilla and Siddipet districts reported low stunting rates ranging from 22.2 to 28.1. For under-5 wasting – Karimnagar, Medchal-Malkajgiri, Ranga Reddy, Wanaparthy and Yadadri Bhuvanagiri districts reported a low burden, ranging from 10.3 to 15.1; and Adilabad, Jayashankar Bhupalapally, Kamareddy, Komaram Bheem Asifabad, Nalgonda districts and Warangal Urban reported a high burden ranging from 29.5 to 35.7.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in the State is 6.4%, and unmet need for spacing is 2.8%. Jagitial district reported the highest total unmet need (13.4%), while Nalgonda reported the lowest (2%). Approximately 66.7% of married women reported to avail any modern method of family planning in the State (NFHS 5); with sterilization acceptance among females being 61.9% and 2.0% for males.

2.4 Communicable Diseases

The State has 33 functional IDSP units in place. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 24.87% of total disease burden (Annexure 1.4). Neonatal preterm birth, diarrheal diseases and dietary iron deficiency are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). The annualized total case notification rate for TB is 201% and NSP^t success rate is 91% as opposed to the national averages of 163% and 79%, respectively. For NLEP^u, the reported prevalence rate of 0.62 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 7 deaths due to Dengue, and none due to Malaria, and Kala Azar are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 61.6% of total disease burden is from premature deaths and 38.4% is from disability or morbidity^{*}. Ischemic heart disease, COPD and diabetes type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 62.68% of DALYs; whereas, injuries contribute to 12.45% of DALYs in the State^w. State is positioned 10th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 5.6% of women and 22.3% of men used any kind of tobacco, while 6.7% of women and 43.3% of men consumed alcohol. Overall, high systolic blood pressure, high fasting plasma glucose, ambient particulate matter pollution, high body mass index and smoking are the major NCD risk factors for DALYs and YLLs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 7,82,370 crores. The State is positioned 8th out of 32 states in terms of per capita^x of ₹ 2,04,488. According to NHA 2017-18, the per capita

t New Smear Positive

^u National Leprosy Eradication Programme

^v https://www.healthdata.org/sites/default/files/files/policy_report/2017/India_Health_of_the_Nation%27s_States_Report_2017.pdf

https://vizhub.healthdata.org/gbd-compare/india

Directorate of Economics & Statistics

Government Health Expenditure in the State is estimated as ₹ 1,698, which is more than the national average of ₹ 1,753. On the other hand, the OOPE^y as a share of Total Health Expenditure is estimated as 49.7%, which is more than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 2,333 in public facilities, ₹ 25,881 in private facilities; whereas for urban areas, it is around ₹ 7,349 in public facilities and ₹ 29,505 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,309 in public facilities & ₹ 23,113 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,364 in public facilities and ₹ 31,011 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 53% in rural and 88% in urban areas; whereas for diagnostics - it is 20% in rural and 6% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8) and has no shortfall in the required SCs and PHCs (Annexure 2, Figure 9). Currently, there are 4744 SCs, 636 PHCs and 85 CHCs are in place, against the required 4450 SCs, 726 PHCs and 15 CHCs (shortfall of 53%) in rural areas. In urban settings, there are 249 PHCs in place against the required 343, which accounts to a shortfall of 27%. State has 6 DHs, 37 SDHs and 11 government medical colleges. In the State, 100% of DHs, SDHs, and CHCs serve as functional FRUs. In tribal catchments, there are 1,489 SCs, 202 PHCs and 19 CHCs in place, against the required 925 SCs, 138 PHCs and 34 CHCs. Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 2,837 HWCs are operationalized in the State- as of 27th September 2021^z (Annexure 1.3)

The State has 89% of required ASHAs in position under the NRHM and 60% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 5 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1373.15 availed (events) OPD services and 59.80 availed (events) IPD services. As per NSS data (2017-18), 24% of all OPD cases in rural areas and 16% in urban areas; and 24% of all IPD cases in rural areas & 17% in urban areas utilized public health facilities. The public health facility utilization in the State is above the national averages for both (Annexure 1.6).

^y Out of Pocket Expenditure

^z AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

| 1.1 State Profile ^{aa} | | | |
|---|---|----------------------------------|--|
| Indicator | Telangana 2011 ¹ | India | |
| Total Population (In Crore) | 3.52 | 121.08 | |
| Rural (%) | 61.12 | 68.85 | |
| Urban (%) | 38.87 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 0.54 (15.62%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.32 (9%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 66.54 | 72.99 | |
| Male Literacy Rate (%) | 75.04 | 80.89 | |
| Female Literacy Rate (%) | 57.99 | 64.64 | |
| Number of Districts in the Telangana ² | 33 | 0 | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 21 | |
| Number of districts per lakh population in Telangana (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 9 | |
| | ≥20 Lakhs - <30 lakhs | 2 | |
| | ≥30 Lakhs | 1 | |
| ST SC Dominant (| (Top 5) Districts of Telangana ¹ | | |
| ST Dominant Districts (%) | SC Dominant | Districts (%) | |
| Mahabubabad (37.80%) | Mancherial | (24.72%) | |
| | N | 1 (21 220() | |

| Bhadradri Kothagudem (36.66%) | Nagarkurnool (21.32%) | | | | |
|--|--|--|--|--|--|
| Adilabad (31.68%) | Jangaon (21.15%) | | | | |
| Kumuram Bheem (25.91%) | Khammam (19.93%) | | | | |
| Jayashankar (17.37%) | Jogulamba Gadwal (19.78%) | | | | |
| Top 5 ST dominant district accounts for - 35.10% | Top 5 SC dominant district accounts for - 24.01% | | | | |

1.2 Key Health Status & Impact Indicators

| Indicators | Telangana | India |
|--|-----------|-------|
| Infant Mortality Rate (IMR) ³ | 23 | 30 |
| Crude Death Rate (CDR) ³ | 6.1 | 6 |

^{aa} Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ Maternal Mortality Ratio (MMR) ³ Neo Natal Mortality Rate (NNMR) ⁴ | 16.7 | 19.7 |
|--|------|------|
| Neo Natal Mortality Rate (NNMR) ⁴ | | |
| · | 63 | 113 |
| | 19 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 30 | 36 |
| Still Birth Rate⁴ | 2 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.6 | 2.2 |
| Life expectancy at birth⁵ | 69.6 | 69.4 |
| Sex Ratio at Birth⁴ | 901 | 899 |

1.3 Key Health Infrastructure Indicators^{bb}

| Indicators | | | | | | |
|---|-------------------------|----------------------|---------------------------|------------------------|--|--|
| Number of District Hospitals ² | | | | Numbers (Total) | | |
| Number of Sub District Hospital ² | | | | 37 | | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 11 | | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 22 | | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-2 | Target I) FY (2021-22) | Target FY (2022-23) | | |
| SHC-HWC | 2185 | 1456 | 2803 | 3702 | | |
| PHC-HWC | 635 | 643 | 643 | 643 | | |
| UPHC-HWC | 224 | 247 | 247 | 247 | | |
| Total-HWC | 3044 | 2346 | 3693 | 4592 | | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | | |
| Number of Community Health Centres (CHC) | 181 | | 85 | 53.04 | | |
| Number of Primary Health Centres (PHC) | 726 | | 636 | 12.40 | | |
| Number of Sub Centres (SC) | 4,450 | | 4,744 | -6.61 | | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | | |
| | 6 | | 37 | 95 | | |
| Urban ² | Required (R) | | In place (P) | Shortfall (S) (%) | | |
| Number of PHC | 343 | 3 | 249 | 27.41 | | |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% | | |
| Number of CHC | 34 | | 19 | 44.12 | | |
| Number of PHC | 138 | 3 | 202 | -46.38 | | |
| Number of SC | 925 | 5 | 1,489 | -60.97 | | |

^{bb} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Telangana | India |
|---|-----------|--------|
| IPD per 1000 population | 59.80 | 62.6 |
| OPD per 1000 population | 1373.15 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 24.29 | 36.4 |

| 1.4 Major Health Indicator ^{cc} | | |
|--|-----------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Telangana | India |
| % DALY ^{dd} accountable for CMNNDs ^{ee} | 24.87 | 27.46 |
| % DALY accountable for NCDs | 62.68 | 61.43 |
| % DALY accountable for Injuries | 12.45 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Telangana | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 97.2 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 27.7 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Telangana | India |
| % 1st Trimester registration to Total ANC Registrations | 71.4 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 84.4 | 79.4 |
| Total Reported Deliveries | 621253 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 99.9 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 47.6 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 52.4 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 48.9 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 43.7 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 53.7 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 29.7 | 53.4 |
| Neonatal ⁹ | Telangana | India |
| % live birth to Reported Birth | 99.5 | 98.8 |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 7.8 | 12.4 |
| % Newborns breast fed within 1 hour of birth to Total live birth | 76.1 | 89.9 |

^{cc} Sources are mentioned at the end of Annexure 1

^{dd} Disability Adjusted Life Years
 ^{ee} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Telangana | India |
|---|-----------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 28 | 895 |
| New Born Stabilization Unit (NBSU) | 49 | 2418 |
| New Born Care Corner (NBCC) | 562 | 20337 |
| Child Health & Nutrition ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 7.4 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 56.3 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 31.8 | 32.1 |
| Child Immunization ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 87.4 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 93.5 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 90.6 | 87.9 |
| Family Planning ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Telangana | India |
| Number of districts with functional IDSP unit | 33 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Telangana | India |
| Annualized total case notification rate (%) | 201 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 91 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Telangana | India |
| Prevalence Rate/10,000 population | 0.62 | 0.61 |
| Number of new cases detected | 4,001 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Telangana | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 7 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 30.7 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 30.5 | 30.7 |

| Non-Communicable Disease | | | | |
|---|-----------------------|-------------------|--|--|
| Diabeties and Hypertension ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.6 | 12.4 | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 18.5 | 15.7 | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 5.8 | 6.1 | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 6.9 | 7.3 | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Telangana (NFHS 5) | India (NFHS 5) | | |
| Women who use any kind of tobacco (%) | 5.6 | 8.9 | | |
| Men who use any kind of tobacco (%) | 22.3 | 38 | | |
| Women who consume alcohol (%) | 6.7 | 1.3 | | |
| Men who consume alcohol (%) | 43.3 | 18.8 | | |
| Injuries | | | | |
| Road Traffic Accident ¹² | Telangana | India | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 10 | NA | | |
| Total number of fatal Road Accidents | 6,472 | 1,37,689 | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 32.3 | 33.7 | | |
| Number of persons killed in Road Accidents | 6964 | 115113 | | |

1.5 Access to Care^{ff}

| Health Systems Strengthening | | | | | |
|--|-----------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Telangana | India | | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | N/A | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Telangana | India | | | |
| 102 Туре | 299 | 9955 | | | |
| 104 Туре | 0 | 605 | | | |
| 108 Туре | 333 | 10993 | | | |
| Others | 0 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 362 | 11070 | | | |

^{ff} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | | |
|--|--|------------------|----------|--|--|
| ASHA ¹³ | | Telangana | India | | |
| Total number of ASHA ta | argeted under NRHM | 26028 | 946563 | | |
| Total number of ASHA ir | position under NRHM | 23258 | 904211 | | |
| % of ASHA in position u | nder NRHM | 89.35 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 5000 | 75597 | | |
| Total number of ASHA ir | n position under NUHM | 3019 | 64272 | | |
| % of ASHA in position u | nder NUHM | 60.38 85 | | | |
| Community Process ¹¹ | | Telangana | India | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 10426 | 554847 | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 8997 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Telangana | India | | |
| DH | | 6 | 796 | | |
| СНС | | 114 | 6036 | | |
| РНС | | 668 | 20273 | | |
| UCHC | | 13 | 126 | | |
| UPHC | | 243 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Telan | igana | | |
| Specialist Cadre Availab | le in the state (Y/N) | Ye | es | | |
| HR Policy available (Y/N) |) | N | lo | | |
| Implementation of HRIS | (Y/N) | N | lo | | |
| HR Integration initiated | (Y/N) | N | lo | | |
| Public Health Cadre avai | lable (Y/N) | N | lo | | |
| | Specialists (%) | 47 | | | |
| | Dentists (%) | 5 | | | |
| Overall Vacancies | MO MBBS (%) | 3 | 36 | | |
| (Regular + contractual) | Nurse (%) | 3 | 0 | | |
| | LT (%) | 39 | | | |
| | ANM (%) | 1 | 5 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system145 per 10,0004 per | | | | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 1:1 | 1:1 | | |

| Ranking: Human Resource | Index of Telangana ¹⁵ |
|--------------------------------|----------------------------------|
|--------------------------------|----------------------------------|

| | Total (Regular + NHM) | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{gg} | 11959 | 11466 | 9875 | 1591 | 2084 | |
| Staff Nurse | 8572 | 7301 | 4940 | 2361 | 3632 | |
| Lab Technician | 2452 | 1789 | 1289 | 500 | 1163 | 67.12 |
| Pharmacists | 1373 | 1356 | 834 | 522 | 539 | 07.12 |
| MO MBBS ^{hh} | 3239 | 2452 | 2034 | 418 | 1205 | |
| Specialist ⁱⁱ | 1836 | 4047 | 1518 | 2529 | 318 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | | |
|--|-----------|-----------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Telangana | | India | | |
| Per Capita Government Health Expenditure (in ₹) | 1,6 | 598 | 1,753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .8 | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5.7 | | 5.12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 49.7 | | 48 | 48.8 | |
| | | Telangana | | India | |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 24 | 16 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 24 | 17 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 357 | 343 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 715 | 863 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 2,722 | 8,356 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 30,202 | 33,549 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 20 | 6 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 53 | 88 | 53 | 43 | |

^{gg} MPW – Multi Purpose Health Worker (Female + Male)

^{hh} MO MBBS (Full Time)

ii Specialist (All Specialist)

ⁱⁱ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,695 | 3,825 | 2,402 | 3,091 |
|--|--------|--------|-------------------|--------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 26,972 | 35,262 | 20,692 | 26,701 |
| State Health Expenditure | Telan | igana | All India Average | |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .2 | 5 | kk |

Sources used for Annexure 1

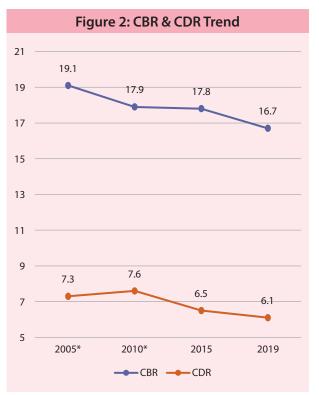
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

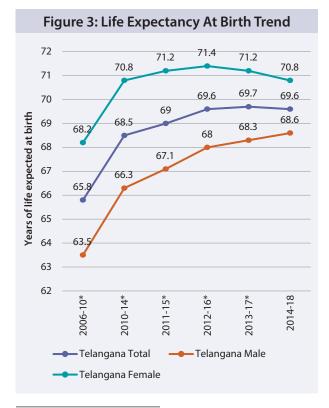
^{kk} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

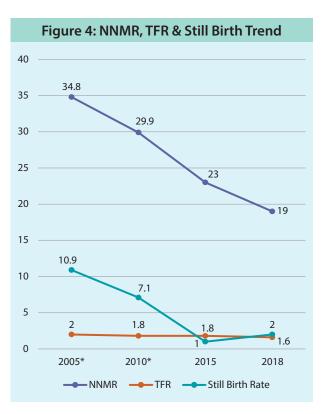
^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2



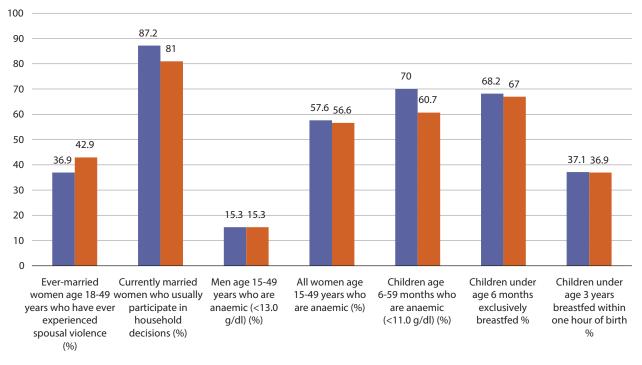






* Telangana emerged from Andhra Pradesh in 2014





NFHS 5 NFHS 4



| 1990 rank | Telangana Both sexes, All ages, DALYs per | 100,000 2019 rank |
|--------------------------------|---|--------------------------------|
| 1 Diarrheal diseases | 1 | 1 Ischemic heart disease |
| 2 Lower respiratory infect | | 2 COPD |
| 3 Neonatal preterm birth | | - 3 Neonatal preterm birth |
| 4 Ischemic heart disease | | 4 Diarrheal diseases |
| 5 Neonatal encephalopathy | | 5 Diabetes type 2 |
| 6 Drug-susceptible TB | | 6 Dietary iron deficiency |
| 7 Measles | A | 7 Self-harm other means |
| 8 Self-harm other means | | 8 Other musculoskeletal |
| 9 Other neonatal | XXX XI | 9 Falls |
| 10 COPD | | 10 Major depression |
| 11 Dietary iron deficiency | | 11 Lower respiratory infect |
| 12 Protein-energy malnutrition | | 12 Migraine |
| 13 Neonatal hemolytic | The Martin St. | 13 Low back pain |
| 14 Meningitis | The XI Life | 14 Intracerebral hem |
| 15 Intracerebral hem | · · · · · · · · · · · · · · · · · · · | 15 Neonatal encephalopathy |
| 16 Typhoid fever | | 16 Age-related hearing loss |
| 17 Falls | | 17 Drug-susceptible TB |
| 18 Encephalitis | - A think I'm | 18 Ischemic stroke |
| 22 Low back pain | THX-L | 21 Other neonatal |
| 23 Major depression | Toxa - | 36 Typhoid fever |
| 27 Migraine | | 41 Encephalitis |
| 32 Diabetes type 2 | | 46 Neonatal hemolytic |
| 33 Other musculoskeletal | | 58 Protein-energy malnutrition |
| 35 Age related hearing loss | | 63 Meningitis |
| 37 Ischemic stroke | | 178 Measles |
| Hill Junior IHME | Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseas Injuries | es |

Figure 7: Top 15 risk of DALYs, 1990-2019

| | Telangana Both sexes, All ages, DALYs per 100,000 |
|--|--|
| 1990 rank | 2019 rank |
| 1 Low birth weight | 1 High systolic blood pressure |
| 2 Short gestation | 2 High fasting plasma glucose |
| 3 Child wasting | 3 Low birth weight |
| 4 Unsafe water source | 4 Short gestation |
| 5 Household air pollution from solid fuels | 5 Ambient particulate matter pollution |
| 6 Unsafe sanitation | 6 High body-mass index |
| 7 Child underweight | 7 Smoking |
| 8 No access to handwashing facility | 8 High LDL cholesterol |
| 9 High systolic blood pressure | 9 Household air pollution from solid fuels |
| 10 Smoking | 10 Alcohol use |
| 11 Child stunting | 11 Iron deficiency |
| 12 Iron deficiency | 12 Unsafe water source |
| 13 High fasting plasma glucose | 13 Kidney dysfunction |
| 14 High LDL cholesterol | 14 Diet low in whole grains |
| 15 Non-exclusive breastfeeding | 15 Lead exposure |
| 16 Ambient particulate matter pollution | 16 Diet low in fruits |
| 17 Alcohol use | 17 Child wasting |
| 18 Kidney dysfunction | 18 Unsafe sanitation |
| 19 Occupational injuries | 19 Secondhand smoke |
| 20 Lead exposure | 20 Diet low in legumes |
| 21 Secondhand smoke | 21 Occupational injuries |
| 22 Diet low in whole grains | 30 No access to handwashing facility |
| 24 Diet low in fruits | 32 Child underweight |
| 25 High body mass index | 46 Non-exclusive breastfeeding |
| 27 Diet low in legumes | 48 Child stunting |
| um anna IHME | Metabolic risks Environmental/occupational |

risks Behavioral risks

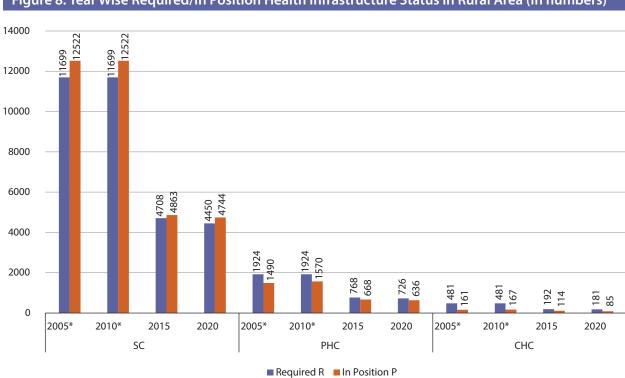


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)***

*** Telangana emerged from Andhra Pradesh in 2014



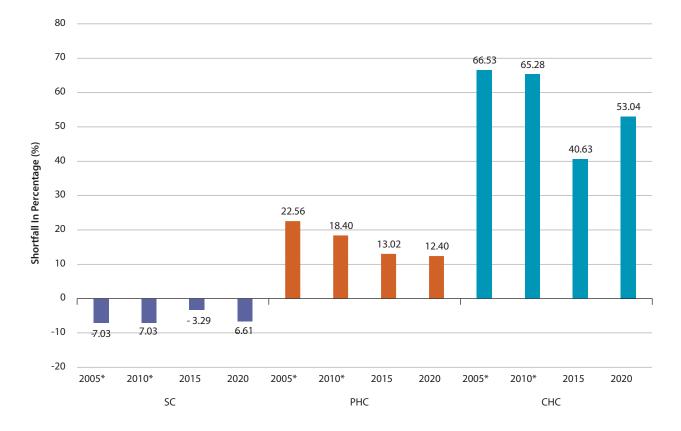
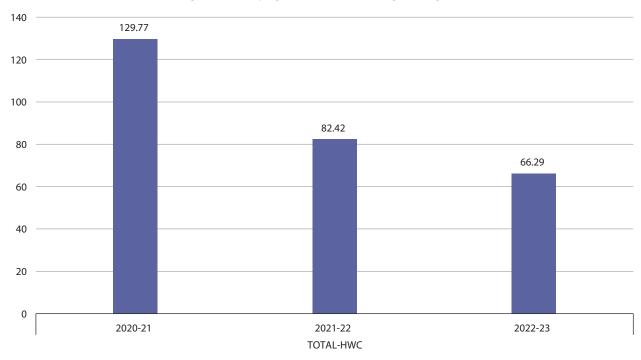


Figure 10: Percentage HWCs progress against target - FY wise (%)



Telangana (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

**** Telangana emerged from Andhra Pradesh in 2014

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| rformance) t Available) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 18.1 | 20 | 22.6 | 21.7 | 29.5 | 21.8 | 17.7 | 17.5 | 22.9 | 31.8 | 17.3 | 34.5 | 13.9 | 24.7 | 35.7 | 19.3 | 17.8 |
|---|---|--------------|--------------|--------------|--------------|--------------|-------------------------|--------------|--------------|--------------|-----------------------------|------------------|--------------|--------------|--------------|---------------------------|--------------|--------------|
| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Stunted^ (Height For Age) (%) | 28 | 28.1 | 35.7 | 33.1 | 45.7 | 28.4 | 30.4 | 29.9 | 33.4 | 32.5 | 49.7 | 33.4 | 30.3 | 22.2 | 38.1 | 33 | 42.6 |
| rmance, R e Rural Url | StfroM 652-8 Parage 6-23 Months, # (%) Receiving Adequate Diet**, # (%) | 10.1 | 8.4 | 9.7 | 9.2 | 9.6 | 12.4 | 4.8 | 13.6 | 10.7 | 12.6 | 7.2 | 11.7 | 10.3 | 8.7 | 9.4 | 3.4 | 5.4 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | ylluf srfnoM SS-21 9PA nəhlid) Vəccinsted Bəsəd On Informstein və From Vəccinətion Cərd Only* | 79.1 | 85.7 | 88.3 | 87.4 | 73.7 | 87 | 91.6 | 94 | 91.2 | 97.2 | 92.3 | 84.1 | 74.5 | 94.3 | 93.5 | 96.8 | 98.1 |
| (Gree | (%) sıtıla İsnoitutitsnl | 91.5 | 97.7 | 96.6 | 97 | 94.1 | 97.4 | 98.3 | 94.4 | 9.66 | 99.5 | 94.2 | 97.1 | 98.4 | 97.9 | 82 | 97.7 | 98.1 |
| | 4 teast Ad beH orW hother Wother Wo Mother Who Had Visits (%) | 74.9 | 71.1 | 70 | 70.4 | 74.8 | 70.1 | 6.93 | 81.9 | 65.4 | 72.7 | 72.9 | 79.5 | 69.6 | 76.3 | 68.8 | 67.7 | 62.6 |
| | (%) Deed TemnU lstoT | 7.4 | 7.1 | 6.1 | 6.4 | 10.1 | 3.8 | 6.1 | 13.4 | 4.6 | 7 | 2.6 | 9.8 | 10 | 3.3 | 6.8 | 4.7 | 2.7 |
| | (%) əsU mobnoD | 0.5 | 1.3 | 0.5 | 0.8 | 1.5 | 1.4 | 1.1 | 0.8 | 0.4 | - | 0.1 | 0.3 | 0.6 | 0.8 | 0.8 | 0.3 | 0.4 |
| | (%) IUD/PPIUD (%) | 0.4 | 1 | 0.2 | 0.5 | 0 | 0.3 | 1.8 | 0.8 | 0.3 | 0 | 0.5 | 0.3 | 0.1 | 0.2 | 0.1 | 0 | 0.3 |
| | ylims Paced For Family Paining By Currently Mainied (%) sisey 84-21 92A namoW | 57.2 | 69 | 67.6 | 68.1 | 54.3 | 75 | 71.8 | 57.4 | 71 | 64.8 | 75.5 | 56.8 | 56.8 | 78.7 | 49.4 | 75.4 | 72 |
| | bəirris Xear Years Married (%) Before 18 (%) | 26.2 | 16.7 | 27.4 | 23.5 | 21.4 | 20.8 | 10.6 | 28.4 | 20.3 | 24.9 | 34.6 | 30.8 | 11.9 | 35 | 25 | 28.3 | 23.4 |
| | (%) əpA 94-21 ətsrətil nəmoW | N/A | 81 | 58.1 | 66.6 | 64.8 | 68.7 | 83.6 | 62.4 | 65.5 | 58.9 | 45 | 58.6 | 70.3 | 66.3 | 51.7 | 58 | 59.6 |
| | ender die die die die die die die die die die | 66.4 | 52.9 | 65 | 60.8 | 63.6 | 59.4 | 48.9 | 59.2 | 2.1.7 | 71.5 | 61.8 | 66.5 | 58.6 | 60.4 | 63.6 | 69.3 | 70.3 |
| | Sex Ratio At Birth (Females/1000 Males) | 872 | 873 | 907 | 894 | 785 | 817 | 844 | 955 | 1089 | 603 | 853 | 870 | 933 | 905 | 917 | 885 | 789 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | states/Districts | Telangana | Telangana | Telangana | Telangana | Adilabad | Bhadradri Kothagudem | Hyderabad | Jagitial | Jangoan | Jayashankar Bhupalapally | Jogulamba Gadwal | Kamareddy | Karimnagar | Khammam | Komaram Bheem Asifabad | Mahabubabad | Mahabubnagar |
| | Serial No. | - | 2 | ε | 4 | 5 | 9 | 7 | ∞ | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

| 18 | Mancherial | NFHS 5 Total | 606 | 64.4 | 69.5 | 14 | 55.3 | 0.2 | 0 | 11.3 | 64.7 | 90.1 | 87.4 | 5.9 | 25.9 | 22.1 |
|----|------------------------|--------------|------|------|------|------|------|-----|-----|------|------|------|------|------|------|------|
| 19 | Medak | NFHS 5 Total | 848 | 61.2 | 57.7 | 31.8 | 57.4 | 0 | 0.7 | 7.4 | 68.5 | 98.9 | 91.1 | 12.3 | 36.4 | 21.3 |
| 20 | Medchal-Malkajgiri | NFHS 5 Total | 828 | 53.8 | 79.5 | 10.2 | 76.4 | 6.0 | 1.3 | 3.7 | 69.6 | 98.3 | 87.6 | 10.9 | 33.4 | 12 |
| 21 | Nagarkurnool | NFHS 5 Total | 177 | 68.6 | 57.1 | 32.1 | 77.3 | 0.8 | 0.6 | 3.9 | 75.1 | 98 | 98.3 | 5.4 | 35.1 | 27.3 |
| 22 | Nalgonda | NFHS 5 Total | 883 | 64.8 | 62.6 | 28.2 | 78.5 | 0.4 | 0.7 | 7 | 65.7 | 98.3 | 79.9 | 7.1 | 31.7 | 29.8 |
| 23 | Nirmal | NFHS 5 Total | 1138 | 49.9 | 58.6 | 23.3 | 59.3 | 0.6 | 0.4 | 6.7 | 69.7 | 96.7 | 77.2 | 10.5 | 31.7 | 18.1 |
| 24 | Nizamabad | NFHS 5 Total | 941 | 52.3 | 63.1 | 23.7 | 60.3 | 0 | 1.5 | 9.4 | 78.5 | 97.3 | 81.5 | 18.4 | 30.5 | 26.2 |
| 25 | Peddapalli | NFHS 5 Total | 913 | 59.1 | 73.7 | 13.6 | 66.1 | 0.1 | 0.3 | 8.3 | 6.77 | 96.5 | 79.4 | 13.8 | 27.5 | 28.8 |
| 26 | Rajanna Sircilla | NFHS 5 Total | 1115 | 62.8 | 64.7 | 13.2 | 60.7 | 0 | 1.8 | 9.9 | 67.1 | 97.6 | 85.1 | 7.8 | 22.4 | 19.4 |
| 27 | Ranga Reddy | NFHS 5 Total | 964 | 58.3 | 72.1 | 29 | 72.6 | 0.3 | 0.7 | 4.8 | 75.1 | 97.2 | 91.9 | 7.2 | 37.8 | 13.9 |
| 28 | Sangareddy | NFHS 5 Total | 1039 | 58.1 | 63.6 | 30.6 | 62.3 | 0.6 | 1.1 | 8.5 | 66.4 | 93 | 76.3 | 6.4 | 32.9 | 25 |
| 29 | Siddipet | NFHS 5 Total | 976 | 60.9 | 71 | 19 | 59.8 | 0.7 | 1.3 | 9.6 | 62.6 | 99.7 | 81.5 | 14.1 | 28.1 | 19.3 |
| 30 | Suryapet | NFHS 5 Total | 980 | 63.1 | 63.5 | 29.5 | 78.2 | 0 | 0.3 | 4 | 70.4 | 95.9 | 79.3 | 15.1 | 29.1 | 24.9 |
| 31 | Vikarabad | NFHS 5 Total | 775 | 59.6 | 59.3 | 39.8 | 69.8 | 0.3 | 0.4 | 4.6 | 54.8 | 95 | 88.7 | 11.1 | 32.1 | 20 |
| 32 | Wanaparthy | NFHS 5 Total | 987 | 70.1 | 52.1 | 32.6 | 77.3 | 0.2 | 0.3 | 3.6 | 62.8 | 66 | 94.7 | 7.5 | 40.4 | 15.1 |
| 33 | Warangal Rural | NFHS 5 Total | 698 | 72 | 60.1 | 22.9 | 60 | 0 | 0.3 | 9.4 | 70.4 | 100 | 83.6 | 5.1 | 36.1 | 19 |
| 34 | Warangal Urban | NFHS 5 Total | 829 | 62 | 76.9 | 22.7 | 67.7 | 0.4 | 1.2 | 8.9 | 71.3 | 99.7 | 86.8 | 9.3 | 29.5 | 29.5 |
| 35 | Yadadri Bhuvanagiri | NFHS 5 Total | 954 | 65.3 | 68.4 | 21.6 | 76.2 | 0.3 | 0.7 | 'n | 67.2 | 97.7 | 84.3 | 3.9 | 38.3 | 10.3 |
| | | | | | | | | | | | | | | | | |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with or milk products at least twice a day, a minimum meal frequency that is receiving solid food at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. Green Color – Best five performing districts within the districts for a particular indicator

B. Red – Worst five performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants of a least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products food groups. ய்

 $^{\wedge}$ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

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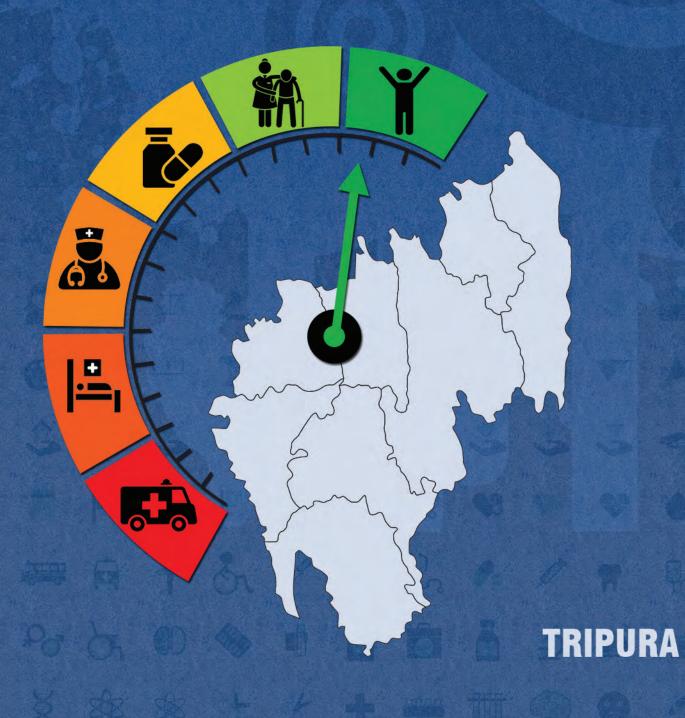


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts | s Visited |
|------------------|--------------------------------|---------------|
| 1 st | Dhalai, West Tripura & South T | ripura |
| 6 th | North Tripura | South Tripura |
| 10 th | Gomati | Dhalai |
| 12 th | Unakoti, South Tripura & West | Tripura |
| 14 th | Khomai | North Tripura |

TRIPURA

1. BACKGROUND

1.1 Tripura Profile

Tripura is the positioned 27th in India^a for a geographical spread of 10,486 km² with a population of over 36 lakhs^b. The state is divided into 8 districts as of 2021^c with a projected population increase to 40.71 lakh by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.065 lakh (17.83%) and 20.14 lakh (16.63%), respectively. Around 73.83% of the population reside in rural areas, while the rest constitute the urban population. Agriculture is a major contributor to the State Domestic Product where around 24.06% of the workers in Tripura are engaged as cultivators and Agricultural laborers^e. At present, 3 cities^f are covered under National Urban Health Mission.

The total length of roads⁹ in Tripura is 42,925 km ($0.85\%^{h}$), in which the length of the national highways is 806 km ($0.7\%^{i}$) and state highways is 329 km ($0.19\%^{i}$).

A detail report on the key indicators has been attached as Annexure 1

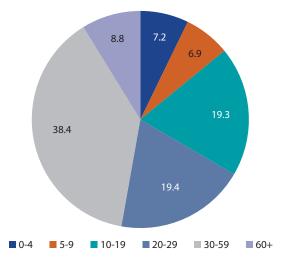
1.2 Demography

Overall^k, in North-Eastern States (excluding Assam), it is estimated that 19.3% of the total population is in the 10-19 years age group, 57.8% within 20 to 59 years; and 8.8% is 60 years and above (Figure 1). The literacy rate has increased from 73.2% in 2001 to 87.2% in 2011; with male & female literacy rates being 91.5% and 82.7% respectively. As per ESAG 2018 report, the Gross

^a Among North-East States; RHS 2019

- d Census Population Projection 2019 Report
- ^e Tripura-At-a-Glance-2020; https://ecostat.tripura.gov.in/Tripura-At-a-Glance-2020.pdf
- f QPR NHM MIS Report as on 31 Dec 2020
- ⁹ Basic Road Statistics 2019, MoRTH
- ^h Percentage of total length of roads in State
- ⁱ Percentage of total length of National Highways in the country
- ^j Percentage of total length of State Highways in the country
- ^k Population projection 2021 for Manipur is not available

Figure 1: North-East States (Excluding Assam) Distribution of estimated Population 2021 (%)



^b Census 2011

c RHS 2019

Enrollment Rate^I is 16.9% for higher education, 43.46% for senior secondary (XI-XII) education, 118.49% for secondary (IX-X), 114.32% for elementary (I-VIII) education and 107.96% for primary (I-V).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged 60 years and above share 8.8% of the state's total population. In Tripura, 70% of elderly females and 17% elderly males living in urban areas; 73% of elderly females and 18% elderly males in rural areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 28% & 31% respectively which is close to the national average of 31% for both men and women (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Tripura has been able to provide RMNCHA+Nm services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)n, institutional deliveries, C sections, distribution of IFAo tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). In Tripura, 69.5% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Unakoti, Gomati, and Khowai reported poor ANC coverage ranging from 24.6% to 41.5%. Whereas South Tripura, West Tripura and North Tripura districts reported relatively better ANC coverage ranging from 58.4% to 67.1%. As reported in HMIS 2019-20, around 93.8% of the deliveries took place in institutions, out of which 90.7% took place in public health facilities. Total percentage of C-sections (26.9%) is higher than WHO's standard (10-15%); and out of the total reported C-sections, about 97.9% is conducted at private facilities in Tripura. Around 66% of women are reported to be given their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years has increased from 54.5% (NFHS 4) to 67.2% (NFHS 5). Anaemia in females of reproductive age group is more than 1.5 times than in men of similar age group (Annexure 2, figure 3)

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Tripura has shown a significant decline in IMR from 31 (2005) to 21 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). However, the state has registered an increase in IMR from 20 (2015) to 21 (2019). As per NFHS 5, the low SRB^p

¹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^m Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

Antenatal Check up

[°] Iron Folic Acid Tablets

P Sex Ratio at Birth

ranging from 913 to 959 are reported in North Tripura, Sipahijala & Khowai districts, while the high ones, ranging from 1048 to 1160 are reported in West Tripura, South Tripura and Dhalai districts.

Full vaccination^q coverage for children between 12 – 23 months of age has shown a marginal decline from 77.3% (NFHS 4) to 77.1% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also declined from 70.7% (NFHS 4) to 62.1% (NFHS 5). An increase in childhood anaemia from 48.3% (NFHS 4) to 64.3% in children aged 6-59 months is reported in NFHS 5 (Annexure 2, Figure 3). As per NFHS 5 report, Gomati, North Tripura & South Tripura districts reported relatively low burden of stunting, ranging from 22.7% to 26.2%; while Sepahijala, Dhalai & Khowai districts reported high burden of stunting ranging from 34.5% to 47%. For under-5 wasting – West Tripura, South Tripura and Sepahijala districts reported relatively low burden, ranging from 11.7% to 15.3%; while Unakoti, Gomati & North Tripura districts reported high burden, ranging from 19.3% to 30%.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Tripura is 8.2%, and unmet need for spacing is 2.5%. South Tripura district reported the highest total unmet need of 17.3%, and West Tripura reported the lowest (2.5%). Approximately 49.1% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 10.5% among females and nil among males.

2.4 Communicable Diseases

Tripura has 8 IDSP units functional^r. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 24.07% of total disease burden (Annexure 1.4). Lower respiratory infection, Neonatal preterm birth & Diarrheal diseases are the leading causes of deaths in Tripura (Annexure 2, Figure 4^s). As per QPR reports, for TB, the annualized total case notification rate is 66% and NSP^t success rate is 81% as opposed to the national averages of 163% and 79%, respectively. For NLEP^u, the reported prevalence rate of 0.14 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 1 death due to Malaria, while none from Dengue, or Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 66.7% of the total disease burden in the State is from premature deaths and 33.3% is from disability or morbidity. Ischemic heart diseases, COPD and Intracerebral hemorrhage are the leading causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 65.26% of DALYs, whereas injuries contribute to 10.66% of DALYs^v. Tripura is positioned 24th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). In the recent NFHS 5 report, it is reported that as high as 50.4% of women and 56.9% of men (roughly half of the population) used any kind of tobacco; and 6.2% of women and 33.1% of men consumed alcohol. Overall, high systolic blood pressure, smoking, high fasting blood sugar, low birth weight and ambient particulate matter pollution are found to be the top five major risk factors for all DALYs (Annexure 2, figure 5).

^q NFHS 5 State Factsheet, based on information from vaccination card only

r QPR NHM MIS Report (status as on 01.03.2020)

^s https://vizhub.healthdata.org/gbd-compare/india

t New Smear Positive

^u National Leprosy Eradication Programme

v https://vizhub.healthdata.org/gbd-compare/india

2.6 Health Care Financing

Tripura's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 44,835 crores. The State is positioned 20th out of 32 states in terms of per capita^w of ₹ 1,12,849. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 4,324 in public facilities, ₹ 58,091 in private facilities; whereas for urban areas, it is around ₹ 7,543 in public facilities and ₹ 64,065 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 5,712 in public facilities & ₹ 29,720 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 8,647 in public facilities and ₹ 8,647 in public facilities and ₹ 33,735 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 72% in rural and 56% in urban areas; whereas for diagnostics, it is 23% in rural and 20% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). There is no shortfall in SCs and PHCs, whereas there is a shortfall of 12% CHCs (Annexure 2, Figure 7). Currently, there are 965 SCs, 107 PHCs, and 22 CHCs in place, against the required 656 SCs, 103 PHCs and 25 CHCs in rural areas. Whereas, in urban settings, there are 5 PHCs in place against the required 29, accounting to a shortfall of 82.76%. The State has 7 DHs, 12 SDHs and 1 government medical college. In tribal catchments, there are 439 SCs, 46 PHCs and 8 CHCs in place, against the required 353 SCs, 53 PHCs and 13 CHCs. This accounts to a shortfall of 13.21% of the required PHCs and 38.46% of the required CHCs in the tribal areas.

Under the Government of India flagship Ayushman Bharat program, a total of 324 (256 SHCs, 61 PHCs & 7 UPHCs) primary care facilities have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Tripura, no districts are equipped with MMUs under the NRHM nor under the NUHM. Tripura has 98.07% of required ASHAs in position under both NRHM & 97.82% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 11 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1178.7 availed (events) OPD services and 108.7 availed (events) IPD services. As per the NSSO data (2017-18), 35% of all OPD cases in rural areas and 18% in urban areas; and 96% of all IPD cases in rural areas & 88% in urban areas utilized public health facilities. The public health facility utilization in Tripura is above the national average for rural areas & below for urban areas (Annexure 1.6).

Directorate of Economics & Statistics

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^x

| Indicator | Tripura 2011 ¹ | India | | |
|---|---------------------------|----------------------------------|--|--|
| Total Population (In Crore) | 0.36 | 121.08 | | |
| Rural (%) | 73.83 | 68.85 | | |
| Urban (%) | 26.17 | 31.14 | | |
| Scheduled Caste population (SC) (in crore) | 0.065 (17.83%) | 20.14 (16.63%) | | |
| Scheduled Tribe population (ST) (in crore) | 0.11 (31.76%) | 10.45 (8.63%) | | |
| Total Literacy Rate (%) | 87.2 | 72.99 | | |
| Male Literacy Rate (%) | 91.5 | 80.89 | | |
| Female Literacy Rate (%) | 82.7 | 64.64 | | |
| Number of Districts in the Tripura ² | 8 | | | |
| | Population ¹ | Districts ¹ (Numbers) | | |
| | <5 Lakhs | 1 | | |
| Number of districts per lakh population in Tripura (Census 2011) | ≥ 5 Lakhs - <10 Lakhs | 2 | | |
| | ≥10 Lakhs - <20 lakhs | 1 | | |
| | ≥20 Lakhs | 0 | | |
| ST Dominant Districts (%) | SC Dominant | Districts (%) | | |
| Dhalai - 55.62% | West Tripura | a - 19.59% | | |
| South Tripura - 39.36% | North Tripur | a - 16.56% | | |
| North Tripura - 25.85% | Dhalai - 1 | 16.30% | | |
| West Tripura - 25.02% | South Trip | ura - 16% | | |
| | | | | |

| 1.2 Key Health Status & Impact Indicators | | |
|--|---------|-------|
| Indicators | Tripura | India |
| Infant Mortality Rate (IMR) ³ | 21 | 30 |
| Crude Death Rate (CDR) ³ | 5.5 | 6.0 |
| Crude Birth Rate (CBR) ³ | 12.8 | 19.7 |
| Maternal Mortality Ratio (MMR) ³ (for other states including Tripura) | 85 | 113 |

^x Sources are mentioned at the end of Annexure 1

| Neo Natal Mortality Rate (NNMR)⁴ | N/A | 23 |
|-----------------------------------|-----|------|
| | | 23 |
| Under Five Mortality Rate (U5MR)⁴ | N/A | 36 |
| Still Birth Rate ⁴ | N/A | 4 |
| Total Fertility Rate (TFR)⁴ | N/A | 2.2 |
| Life expectancy at birth⁵ | N/A | 69.4 |
| Sex Ratio at Birth⁴ | N/A | 899 |

1.3 Key Health Infrastructure Indicators^y

| Indicators | Numbers (Total) |
|---|-----------------|
| Number of District Hospitals ² | 7 |
| Number of Sub District Hospital ² | 12 |
| Number of Government Medical College ⁶ | 1 |
| Number of Private Medical Colleges ⁶ | 1 |

| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020- | | Target FY (2021-22) | Target FY (2022-23) |
|---|-------------------|---------------------|--------------|------------------------|------------------------|
| SHC-HWC | 256 | 368 | | 645 | 830 |
| PHC-HWC | 61 | 108 | | 108 | 108 |
| UPHC-HWC | 7 | 7 | | 7 | 7 |
| Total-HWC | 324 | 483 | | 760 | 945 |
| Rural ² | Require | ed (R) | I | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 25 | | | 22 | 12.00 |
| Number of Primary Health Centres (PHC) | 103 | | | 107 | -3.88 |
| Number of Sub Centres (SC) | 656 | | | 965 | -47.10 |
| Number of functional First Referral Units (FRUs) | DH | | | SDH | СНС |
| | 7 | | | 5 | 1 |
| Urban ² | Required (R) | | ln place (P) | | Shortfall (S) (%) |
| Number of PHC | 29 | | 5 | | 82.76 |
| Tribal ² | Require | ed (R) | I | In place (P) | Shortfall (S)% |
| Number of CHC | 13 | | | 8 | 38.46 |
| Number of PHC | 53 | | | 46 | 13.21 |
| Number of SC | 353 | 3 | | 439 | -24.36 |

^y Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Tripura | India |
|---|---------|--------|
| IPD per 1000 population | 108.7 | 62.6 |
| OPD per 1000 population | 1178.7 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 68.6 | 36.4 |

| 1.4 Major Health Indicator ^z | | | | | | |
|---|-----------|----------|--|--|--|--|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Tripura | India | | | | |
| % DALY ^{aa} accountable for CMNNDs ^{bb} | 24.07 | 27.46 | | | | |
| % DALY accountable for NCDs | 65.26 | 61.43 | | | | |
| % DALY accountable for Injuries | 10.66 | 11.11 | | | | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD Indicator ⁸ |) Tripura | India | | | | |
| Level of Birth Registration (%) | 100 | 92.7 | | | | |
| Level of Death Registration (%) | 100 | 92 | | | | |
| Percentage of medically certified deaths to total registered deaths (%) | 33.7 | 20.7 | | | | |
| RMNCHA+N | | | | | | |
| Maternal Health ⁹ | Tripura | India | | | | |
| % 1st Trimester registration to Total ANC Registrations | 70.4 | 71.9 | | | | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 69.5 | 79.4 | | | | |
| Total Reported Deliveries | 52158 | 21410780 | | | | |
| % Institutional deliveries to Total Reported Deliveries | 93.8 | 94.5 | | | | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 90.7 | 67.9 | | | | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 9.3 | 32.1 | | | | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 26.9 | 20.5 | | | | |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | es 19.6 | 14.1 | | | | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 97.9 | 34.2 | | | | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 66 | 53.4 | | | | |
| Neonatal ⁹ | Tripura | India | | | | |
| % live birth to Reported Birth | 98.4 | 98.8 | | | | |
| | 11.9 | 12.4 | | | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 11.9 | 12.4 | | | | |

^z Sources are mentioned at the end of Annexure 1

^{aa} Disability Adjusted Life Years
 ^{bb} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Tripura | India |
|--|------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 6 | 895 |
| New Born Stabilization Unit (NBSU) | 8 | 2418 |
| New Born Care Corner (NBCC) | 109 | 20337 |
| Child Health & Nutrition ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 6.2 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 67.2 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 25.6 | 32.1 |
| Child Immunization ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 77.1 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 94.7 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 86.3 | 87.9 |
| Family Planning ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 2.5 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Tripura | India |
| Number of districts with functional IDSP unit | 8 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Tripura | India |
| Annualized total case notification rate (%) | 66 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 81 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Tripura | India |
| Prevalence Rate/10,000 population | 0.14 | 0.61 |
| Number of new cases detected | 75 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Tripura | India |
| Deaths due to Malaria ¹¹ | 1 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human | 15.4 | 21.6 |
| Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | | |

| Non-Communicable Disease | | | | | |
|---|---------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.4 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.8 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 9.3 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Tripura (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 50.4 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 56.9 | 38 | | | |
| Women who consume alcohol (%) | 6.2 | 1.3 | | | |
| Men who consume alcohol (%) | 33.1 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Tripura | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 24 | NA | | | |
| Total number of fatal Road Accidents | 224 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 36.5 | 33.7 | | | |
| Number of persons killed in Road Accidents | 239 | 115113 | | | |

1.5 Access to Care^{cc}

| Health Systems Strengthening | | | | | |
|--|---------|-------|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Tripura | India | | | |
| Number of Districts equipped with MMU under NRHM | 0 | 506 | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Tripura | India | | | |
| 102 Туре | 1 | 9955 | | | |
| 104 Туре | 0 | 605 | | | |
| 108 Туре | 0 | 10993 | | | |
| Others | 0 | 5129 | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 50 | 11070 | | | |

fcc Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | • | | | |
|--|--|------------------|---------------|--|--|
| ASHA ¹³ | | Tripura | India | | |
| Total number of ASHA ta | rgeted under NRHM | 7216 | 946563 | | |
| Total number of ASHA in | position under NRHM | 7077 | 904211 | | |
| % of ASHA in position ur | nder NRHM | 98.07 | 96 | | |
| Total number of ASHA ta | rgeted under NUHM | 551 | 75597 | | |
| Total number of ASHA in | position under NUHM | 539 | 64272 | | |
| % of ASHA in position ur | nder NUHM | 97.82 | 85 | | |
| Community Process ¹¹ | | Tripura | India | | |
| Number of Village Health (VHSNCs) constituted | n Sanitation and Nutrition Committees | 1178 | 554847 | | |
| Number of Mahila Arogy | a Samitis (MAS) formed | 96 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Tripura | India | | |
| DH | | 6 | 796 | | |
| СНС | | 22 6036 | | | |
| РНС | | 108 | 20273 | | |
| UCHC | | 0 | 126 | | |
| UPHC | | 0 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Trip | Tripura | | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | lo | | |
| HR Policy available (Y/N) | | N | lo | | |
| Implementation of HRIS | (Y/N) | N | lo | | |
| HR Integration initiated (| (Y/N) | N | lo | | |
| Public Health Cadre avai | lable (Y/N) | N | lo | | |
| | Specialists + MO (MBBS) (%) | 3 | 3 | | |
| | Dentists (%) | 38 | | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 2 | 9 | | |
| | LT (%) | 3 | 4 | | |
| | ANM (%) | 4 | 5 | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:2 | 1:2 | | |
| Availability of public hea nurse & ANM) in district | lthcare providers (MO, specialists, staff healthcare system ¹⁴ | 17 per 10,000 | 11 per 10,000 | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 18:1 | 21:1 | | |

| Ranking: Human Reso | urce Index of | Tripura ¹⁵ | | | | |
|-------------------------|-----------------|------------------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | Total (Regular + NHM) | | | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{dd} | 2227 | 2679 | 1871 | 808 | 356 | |
| Staff Nurse | 1887 | 2210 | 1725 | 485 | 162 | |
| Lab Technician | 392 | 394 | 284 | 110 | 108 | 06.02 |
| Pharmacists | 225 | 797 | 307 | 490 | 0 | 86.83 |
| MO MBBS ^{ee} | 421 | 1167 | 892 | 275 | 0 | |
| Specialist [#] | 467 | 350 | 342 | 8 | 125 | |

| 1.6 Healthcare Financing ⁹⁹ | | | | | |
|--|--------|---------|--------|--------|--|
| National Health Accounts (NHA) (2017-18) | Trip | oura | India | | |
| Per Capita Government Health Expenditure (in ₹) | Ν | IA | 17 | 753 | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | Ν | IA | 1. | 35 | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | NA | | 5.12 | | |
| OOPE as a Share of Total Health Expenditure (THE) % | NA | | 48.8 | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Tripura | | India | |
| | | Urban | Rural | Urban | |
| OPD - % of non-hospitalized cases using public facility | 36 | 19 | 33 | 26 | |
| IPD - % of hospitalized cases using public facility | 96 | 88 | 46 | 35 | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 550 | 489 | 472 | 486 | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 2240 | 3603 | 845 | 915 | |
| IPD - Per hospitalized case (in INR) - Public | 4,324 | 7,543 | 5,729 | 5,939 | |
| IPD - Per hospitalized case (in INR) - Private | 58,091 | 64,065 | 28,816 | 34,122 | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 23 | 20 | 18 | 17 | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 72 | 56 | 53 | 43 | |

dd MPW – Multi Purpose Health Worker (Female + Male)

ee MO MBBS (Full Time)

ff Specialist (All Specialist)

⁹⁹ Sources are mentioned at the end of Annexure 1
 ⁸¹ Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 5,712 | 8,647 | 2,402 | 3,091 |
|--|---------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 29,720 | 33,735 | 20,692 | 26,701 |
| State Health Expenditure | Tripura | | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 6.3 | | 5 | hh |

Sources used for Annexure 1

- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- 9 HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

^{hh} Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

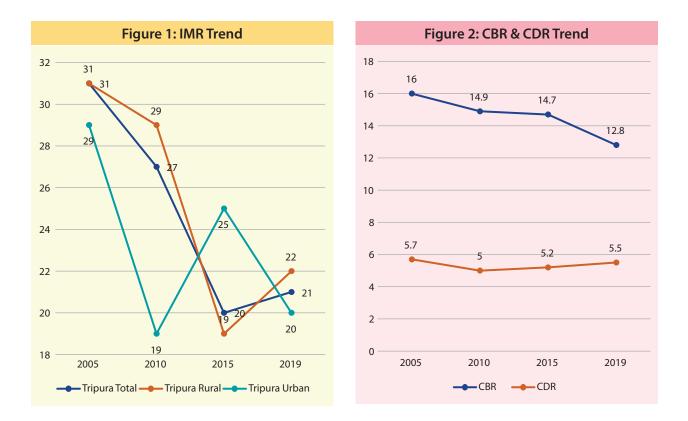


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

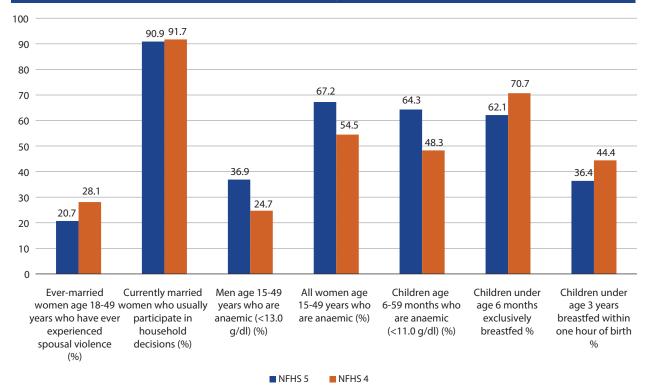


Figure 4: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Tripura Both sexes, All ages, DALYs per | 100,000 2019 rank |
|--------------------------------|--|--------------------------------|
| 1 Lower respiratory infect | | 1 Ischemic heart disease |
| 2 Diarrheal diseases | | 2 COPD |
| 3 Neonatal preterm birth | in Your | 3 Intracerebral hem |
| 4 Malaria | A State And | 4 Lower respiratory infect |
| 5 Ischemic heart disease | · · · · · · · · · · · · · · · · · · · | 5 Neonatal preterm birth |
| 6 Drug-susceptible TB | | 6 Self-harm other means |
| 7 Self-harm other means | | 7 Diarrheal diseases |
| 8 Other neonatal | | 8 Dietary iron deficiency |
| 9 Neonatal encephalopathy | | 9 Other musculoskeletal |
| 10 Intracerebral hem | | 10 Ischemic stroke |
| 11 COPD | | 11 Diabetes type 2 |
| 12 Measles | | 12 Malaria |
| 13 Dietary iron deficiency | | 13 Migraine |
| 14 Tetanus | | 14 Low back pain |
| 15 Protein-energy malnutrition | | 15 Age-related hearing loss |
| 16 Meningitis | A Star March | 16 Drug-susceptible TB |
| 17 Peptic ulcer disease | | 17 Asthma |
| 21 Asthma | ATT IN | 20 Other neonatal |
| 22 Low back pain | Xin | 22 Neonatal encephalopathy |
| 23 Ischemic stroke | 1 1/ 3355 | 23 Peptic ulcer disease |
| 25 Migraine | | 51 Protein-energy malnutrition |
| 29 Other musculoskeletal | | 96 Meningitis |
| 34 Age-related hearing loss | | 162 Measles |
| 37 Diabetel @MR | | 227 Tetanus |
| | Communicable, maternal, | |

neonatal, and nutritional diseases

Non-communicable diseases

Injuries

Figure 5: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Tripura Both sexes, All ages, DALYs per 100 | ,000 2019 rank |
|--|--|--|
| 1 Low birth weight | 11 | High systolic blood pressure |
| 2 Short gestation | 23 | Smoking |
| 3 Household air pollution from solid fuels | 31 | High fasting plasma glucose |
| 4 Child wasting | 41 | Low birth weight |
| 5 Smoking | 51 | Ambient particulate matter pollution |
| 6 Unsafe water source | | Short gestation |
| 7 High systolic blood pressure | 71 | Household air pollution from solid fuels |
| 8 Child underweight | 8/ | Alcohol use |
| 9 Unsafe sanitation | 3 13 91 | High body-mass index |
| 10 No access to handwashing facility | 10 | Kidney dysfunction |
| 11 Iron deficiency | 11 | High LDL cholesterol |
| 12 Child stunting | 12 | Iron deficiency |
| 13 Secondhand smoke | 13 | Unsafe water source |
| 14 Ambient particulate matter pollution | 14 | Diet low in fruits |
| 15 High fasting plasma glucose | 1. 1. 15-7-15 | Secondhand smoke |
| 16 Alcohol use | 16 | Lead exposure |
| 17 Non-exclusive breastfeeding | 17 | Diet low in whole grains |
| 18 High LDL cholesterol | | Unsafe sanitation |
| 19 Kidney dysfunction | 19 | Child wasting |
| 20 Occupational injuries | 20 | Diet high in sodium |
| 21 Lead exposure | 21 | Occupational injuries |
| 22 Diet low in fruits | 23 | No access to handwashing facility |
| 23 High body-mass index | 30 | Child underweight |
| 24 Diet low in whole grains | 45 | Non-exclusive breastfeeding |
| 27 Diet high in sodium | 48 | Child stunting |

Metabolic risks Environmental/occupational risks Behavioral risks

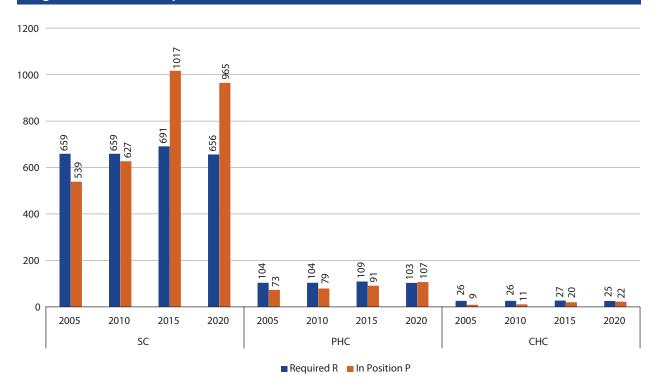


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 7: Year Wise Health Infrastructure Shortfall (%)

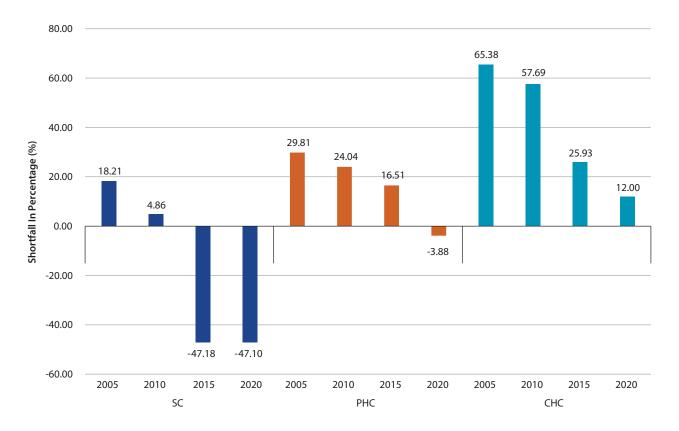
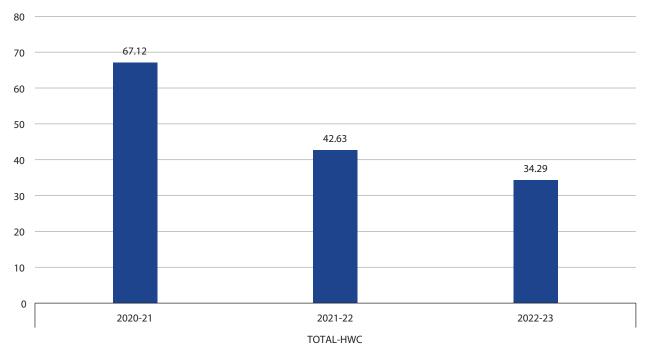


Figure 8: Percentage HWCs progress against target - FY wise (%)



Tripura (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orbiter milk products at least twice a day, a minimum meal frequency, that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard Green Color – Best three performing districts within the districts for a particular indicator Ř

NHS5 replaced 'Immunized' (word) from NHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only indicator was used to reduce the recall Bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)

(%) (theight For Height) (%)

(%) (ApA For Age) (%)

Children Under 5 Years - Wasted

Children Under 5 Years - Stunted

Receiving Adequate Diet**, # (%)

mora noisemroful nO based basenioseV Children Age 12-23 Months Fully

lstenstnA 4 tess1 tA beH odW rsdtoM

Currently Married Women Age 15-49

Any Method Used For Family Planning By

Women Age 20-24 Years Married Before

(%) 9PA 94-21 915-31 n9moW

Covered under a health insurance/

Households with any usual member

(seleM 0001/selemer) drug tA oiteR xe2

(%) amados priorent

Data Source

states/Districts

.oN .2

Total Children Age 6-23 Months

(%) *yInO breJ noitenicceV

(%) sıtıla lenoitutiten

(%) beeN femnU lefoT

(%) asU mobnoD

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77.3 88.2 73.5

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64.3 64.2

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NFHS 4 Tota

Tripura

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94.8 87.5

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0

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1024

NFHS 5 Urbar NFHS 5 Rural

Tripura

2 m 4 ŝ 9 ∞ б

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13.1

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89.2

52.7 49.1

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0.6

42.4

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1029 1028 1160

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33

NFHS 5 Total

Tripura

Tripura

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12.9

65.8

95.7

4.1

0.2 7 0.8 0.4

28.3

80.5 83.1 79.6 80.3 76.4

4.1

959

22.7

12.6

40.6

12.1

42.8

77.2

29.9

1043

14.3

87.3 93.2

52

4

0.3 •

38.9

44.2

NFHS 5 Total NFHS 5 Total NFHS 5 Total

Dhalai

14.9 15.3 19.3 11.7

12.8 9.9 9.4

87.7 89.7

15.3

58.9 78.3

31.6

930

37.3

1136 1036

NFHS 5 Total NFHS 5 Total

South Tripura

10 1

34.2 51.9 46.2

28.7

913

NFHS 5 Total NFHS 5 Total

North Tripura

Khowai

Gomati

Sepahijala

50.7 66.8 18.6

93.7

95.3

61.2

2.5

4.6

80.1

37.1

86.2

28.1

1048

NFHS 5 Total

West Tripura

12

Unakoti

66.7

71.5

9.7

0.6 0.2

38

28

65.6

30

26.2 34.5 25.5 31.8 30.3

11.8

67.9 78.6

85.4

67.1 52.8 58.4 24.6

6.1

** Based on the youngest child living with the mother

Red – Worst three performing districts within the districts for a particular indicator cci

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (Π) injection and ion folic acid tablets or syrup taken for 100 or more days j

** Based on the youngest child living with the mother Ū.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency practices of a minimum meal frequency in the state of the state and at least three times a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups of the milk or milk products at the state of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the milk or milk products at the second product of the second product of the milk or milk products at the second product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk or milk product of the milk product of the milk or milk ய்

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш

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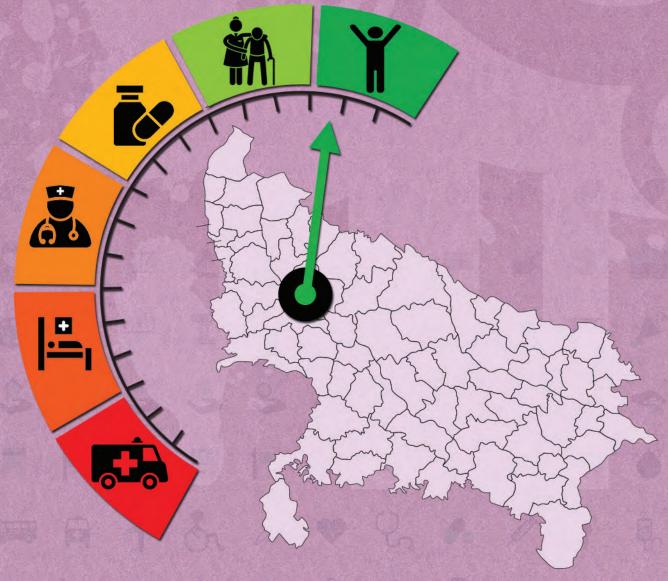


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



UTTAR PRADESH

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

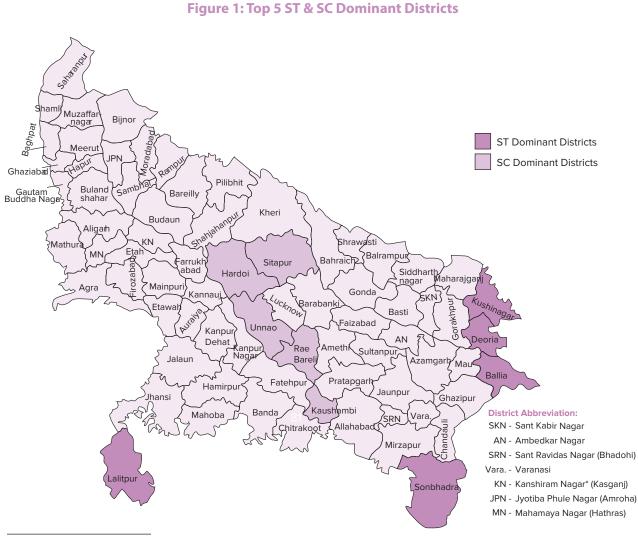
| CRM | Districts Visited | |
|------------------|-------------------|------------|
| 1 st | Rae Bareilly | Jhansi |
| 2 nd | Unnao | Bahraich |
| 3 rd | Kanpur | Allahabad |
| 4 th | Lakhimpur Kheri | Sonbhadra |
| 5 th | Badaun | Jalaun |
| 6 th | Jhansi | Hardoi |
| 7 th | Pratapgarh | Mathura |
| 8 th | Meerut | Shrawasti |
| 9 th | Jalaun | Sitapur |
| 10 th | Firozabad | Gonda |
| 11 th | Kaushambi | Kanpur |
| 12 th | Varanasi | Farukhabad |
| 13 th | Meerut | Bahraich |
| 14 th | Fatehpur | Mahoba |

UTTAR PRADESH

1. BACKGROUND

1.1 State Profile

Uttar Pradesh is the 4th largest state in India with a geographical spread of 2,40,928 km² and is divided into 75 districts^a. It is the most populous State in the country with a population of over 19.98 crores^b



^a RHS 2019

^b Census 2011

and is projected to increase over 23 Crores by 2021^c. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 4.13 crores (20.69%) and 0.11 crores (0.56%) respectively. In the State, 77.73% of the population reside in rural areas, while 22.26% in urban areas. Out of the 75 districts, top five SC & ST dominant districts account for 12.71% of SC & 66.73% of ST population in the State (Annexure 1, State Profile).

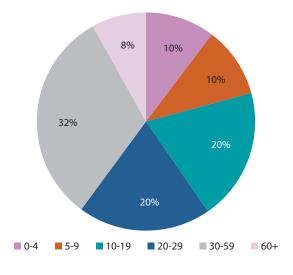
As per the Quarterly Progress Report (2020-21), 131 cities are covered under National Urban Health Mission. There are no Metro cities in the State; however, 7 cities come under the classification of Million plus cities.

The total length of roads^d in the Uttar Pradesh is 4,28,055 km (8.56%^e), the length of national highways is 8,712 km (7.6%^f) and state highways is 7,201 kms (4.1%^g). Agriculture remains the mainstay of the State's economy with 77.73% of the population living in rural areas.

1.2 Demography

In UP, out of the 75 districts, 38 districts have an estimated population of around 30 lakhs and above, 13 districts have a population of around 20-30 lakhs, 22 districts have around 10-20 lakhs population and only 2 districts have less than 10 lakhs population (Annexure 1.1). The State's sex ratio of 880 females per 1000 males is lower than the national average of 899 females per 1000 males (Annexure 1.2). As estimated, in Uttar Pradesh, there are 20% of the total population in the age group of 10-19 years, 52% within 20 to 59 years; and 8% in the age group of 60 years and above (Figure 2). The crude birth and death rates have declined from 30.4 and 8.7 (2005) to 25.4 and 6.5 (2019) respectively (Annexure 2, Figure 2). The literacy rate increased from 56.27% (2001) to 67.68% (2011), with female literacy rate (57.18%) being much lower than the male literacy rate (77.28%). As per ESAG 2018 report, Gross





Enrollment Rate^h is 24.5% for higher education, 60.78% for senior secondary education, 67.75% for secondary education, 86.15% for elementary education and 92.15% for primary education.

1.3 Elderly

Elderly people aged 60 and above share 8% of the State's total population (Figure 2). The life expectancy at 60 years of age is 16.2 years for males and 17.5 years for females (2014-18 SRS

^c Census Population Projection Report 2019

^d Basic Road Statistics 2019, MoRTH

e Percentage of total length of roads in the State/UT

^f Percentage of total length of National Highways in the country

⁹ Percentage of total length of State Highways in the country

^h Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

abridged life table). In Uttar Pradesh - 18% of elderly males and 79% of elderly females in urban areas; and 27% of elderly males and 71% of elderly females in rural areas are economically fully dependent on others. The old age dependency ratio is 13.9 in 2011, 13.9 for males, 13.8 for females;14.8 in rural and 10.9 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is low, where only around 29% of both men and women reported illness which is lower than the national average of 31% for both (Elderly in India 2016).

HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The RMNCHA+Nⁱ services improved with the launch of NHM in the Uttar Pradesh. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have improved since 2005 (NFHS 4 & 5). Maternal mortality ratio has shown a substantial decline from 359^l in 2007-09^m to 197 in 2016-18ⁿ per 1,00,000 live births. In Uttar Pradesh, out of the total ANC registration, 76.5% of pregnant women received 4 ANC check-ups (Annexure 1.4). As per HMIS 2019-20, around 88% of all reported deliveries took place in institutions, out of which 72% took place in public health facilities. Total percentage of reported C-sections (8.6%) is consistent with the WHO's standard (10-15%), and out of which about 19.3% C-sections are conducted at private facilities. Around 51.7% of women are tracked for their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). The prevalence of anaemia in women of reproductive age group decreased from 52.4% (NFHS 4) to 50.4% (NFHS 5). Anemia prevalence among women of reproductive age is more than twice than in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 4.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a remarkable decline in IMR from 73 (2005) to 41 (2019) (Annexure 2, Figure 1). Similarly, NNMR^o and Still Birth (per 1,000 live births) Rates have also decreased from 45.1 and 9.8 (2005) to 32 and 3 (2018), respectively (Annexure 2, Figure 4). The life expectancy at birth improved from 62.7 (2006-10) to 65.3 (2014-18) (Annexure 2, Figure 3). As per NFHS 5 report, Bareilly, Ghaziabad, Hardoi, Kushinagar and Prayagraj districts reported high SRBs ranging from 1084 to 1191, while Etawah, Farrukhabad, Gautam Buddha Nagar, Hapur and Jalaun districts reported low SRBs ranging from 735 to 799. Improvement in the indicators can be attributed to interventions at the State level, including infrastructure strengthening under NHM, such as the establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4).

- k Iron Folic Acid Tablets
- Including Uttarakhand
- SRS MMR Bulletin
- SRS MMR Bulletin
- ° Neonatal Mortality Rate

ⁱ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

^j Antenatal Check up

Full immunization for children aged 12–23 months improved from 66.2% (NFHS 4) to 78.4% (NFHS 5). Prevalence of anaemia in children aged 6-59 months increased from 63.2% to 66.4% (Annexure 2, Figure 5). For under-5 stunting - Baghpat, Gautam Buddha Nagar, Ghaziabad, Mau and Shamli districts reported relatively low burden ranging from 25.5%-28.6%; and Bahraich, Balrampur, Banda, Budaun, and Fatehpur reported high burden ranging from 51% to 52.1%. For under 5-wasting, Bijnor, Firozabad, Meerut, Pratapgarh, and Sant Ravidas Nagar (Bhadohi) reported relatively low burden ranging from 9.4% to 10.2%, and Banda, Deoria, Ghazipur, Jhansi, and Sonbhadra districts reported high burden-ranging from 25.2% - 26.8%. The proportion of exclusively breastfed under 6-month children has shown an improvement from 41.6% (NFHS 4) to 66.4% (NFHS 5).

2.3 Family Planning

The TFR^p has reduced from 4.2 (2005) to 2.9 (2018). The total unmet need in the State is reported as 12.9%, and unmet need for spacing as 4.8%. Bahraich reported the highest total unmet need (27.6%), while Budaun and Saharanpur reported the least (4.3%). Around 44.5% of married women availed any modern method of family planning in the State, with sterilization acceptance being 16.9% among females and 0.1% among males.

2.4 Communicable Diseases

Uttar Pradesh has 75 functional IDSP units in place^q. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 40.5% of total disease burden, in which Diarrheal Diseases, Lower Respiratory Infection, and Tuberculosis remain the major causes of death in Uttar Pradesh (Annexure 2, Figure 6). As per QPR reports, the annualized total case notification rate for TB is 193% and NSP^r success-rate is 7% as opposed to the national averages of 163% and 79% respectively. For NLEP^s- the prevalence rate of 0.41 per 10,000 population is lower than the national average of 0.61. In FY 2019-20, 8 deaths due to dengue, and none due to Kala Azar or Malaria^t are reported in the State.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that 71.6% of total disease burden is from premature deaths and 28.4% from disability and morbidity. As per GBD^u 2019 report, the leading causes of DALYs are Chronic Obstructive Pulmonary Disease, Ischemic Heart Disease and Diabetes Mellitus Type 2 (Annexure 2, Figure 6). NCDs contribute to 47.9% of DALYs and injuries contribute to around 11.6% of the same (Annexure 1.4). Uttar Pradesh ranks 1st in the country for the total number of fatal road accidents with respect to others (Annexure 1.4). As reported 8.4% of women and 44.1% of men used any kind of tobacco; and 0.3% of women and 14.6% men consumed alcohol in the State. In general, malnutrition, air pollution, tobacco use, WASH^v and dietary risk factors are the major risk factors for DALYs (Annexure 2, Figure 7).

- New Smear Positive
- S National Leprosy Eradication Programme
- t March 2020 QPR report
- ^u Global Burden of Diseases
- Water, Sanitation and Hygiene

^p Total Fertility Rate

QPR NHM MIS Report (status as on 01.03.2020)

2.6 Health Care Financing

Uttar Pradesh has a Net State Domestic Product (NSDP) of ₹ 4,91,310.92 crores for the FY 2018-19. The State is positioned only second to last out of 32 States^w for per capita of ₹ 66,512. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 801, which is less than the national average of ₹ 1,753. On the other hand, the OOPE × as a share of Total Health Expenditure is at 72.6%, which is substantially higher than the national average of 48.8%. As per the NSS (2017-18), the OOPE for inpatient care per hospitalization in rural areas is estimated to be around ₹ 8,530 in public hospitals and ₹ 31,796 in private hospitals and the same in urban areas is ₹ 11,281 in public hospitals and ₹ 39,332 in private hospitals (Annexure 1.6). For child birth, OOPE in public facilities is estimated to be around ₹ 1,653 in rural areas & ₹ 1,864 in urban areas, whereas in private health facilities, it is around ₹ 21,705 in rural areas and ₹ 20,339 in urban areas. In public health facilities, the share of drugs on expenditure is 51% for inpatient care in rural and 40% in urban areas; whereas for diagnostics it is 15% and 16% in rural and urban areas respectively^y.

2.7 Health Infrastructure

As per recent RHS data, the number of public health facilities have been increasing since 2005 (Annexure 1, Figure 8). Though public health facilities have increased over time, a shortfall of 40.83% in SCs, 50.74% in PHCs and 51.33% in CHCs still remain (Annexure 1, Figure 9). Currently, there are 20,778 SCs, 2,880 PHCs and 711 CHCs in place, against the required 35,115 SCs, 5,846 PHCs and 1461 CHCs. In urban settings, there are only 593 PHCs in place against the required 1,083, thereby amounting to a shortfall of 45.24% (Annexure 1.3). UP has 168 DHs, 26 government medical colleges and 29 private medical colleges. In the State, only 55.3% (93) of DHs and 29.2% (208) of CHCs serve as functional FRUs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 10,200 HWCs (7518 SHCs, 2205 PHCs & 477 UPHCs) are operationalized in the State as of 22nd December 2021^z.

In the State, 53 districts are equipped with MMUS under NRHM, while none under NUHM. The State has 95% of ASHAs in position under the NRHM and 75% under NUHM, both of which are below the national averages of 96% and 85% respectively. The doctor to staff nurse ratio is 1:1, with 2 public healthcare providers available for every 1000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 672.7 availed (events) OPD services and 30.6 availed (events) IPD services. However, as per the NSS data (2017-2018), 14% of all OPD cases and around 24% of all IPD cases used public health facilities, which are substantially lesser than the national averages for the same (Annexure 1.6).

^{*} Including 2 UTs with legislative assembly (Delhi and Puducherry); Directorate of Economics & Statistics

Out of Pocket Expenditure

^y National Sample Survey Office NSSO Figures

^z AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^{aa}

| Indicator | Uttar Pradesh 2011 ¹ | India | |
|---|---------------------------------|----------------------------------|--|
| Total Population (In Crore) | 19.98 | 121.08 | |
| Rural (%) | 77.73 | 68.85 | |
| Urban (%) | 22.26 | 31.14 | |
| Scheduled Caste population (SC) (in crore) | 4.13 (20.69%) | 20.14 (16.63%) | |
| Scheduled Tribe population (ST) (in crore) | 0.11 (0.56%) | 10.45 (8.63%) | |
| Total Literacy Rate (%) | 67.68 | 72.99 | |
| Male Literacy Rate (%) | 77.28 | 80.89 | |
| Female Literacy Rate (%) | 57.18 | 64.64 | |
| Number of Districts in the Uttar Pradesh ² | 75 | 5 | |
| | Population ¹ | Districts ¹ (Numbers) | |
| | <10 Lakhs | 2 | |
| Number of districts per lakh population in Uttar Pradesh (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 22 | |
| | ≥20 Lakhs - <30 lakhs | 13 | |
| | ≥30 Lakhs | 38 | |

| ST SC Dominant (Top 5) Districts of Uttar Pradesh ¹ | | | | |
|--|--|--|--|--|
| ST Dominant Districts (%) SC Dominant Districts (%) | | | | |
| Sonbhadra - 20.67% | Kaushambi - 34.72% | | | |
| Lalitpur - 5.86% | Sitapur - 32.25% | | | |
| Deoria - 3.54% | Hardoi - 31.13% | | | |
| Ballia - 3.39% | Unnao - 30.51% | | | |
| Khushinagar - 2.25% Rae Bareli - 30.25 | | | | |
| Top 5 ST dominant district accounts for - 66.73% | Top 5 SC dominant district accounts for - 12.71% | | | |

| 1.2 Key Health Status & Impact Indicators | | |
|---|---------------|-------|
| Indicators | Uttar Pradesh | India |
| Infant Mortality Rate (IMR) ³ | 41 | 30 |
| Crude Death Rate (CDR) ³ | 6.5 | 6.0 |

^{aa} Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 25.4 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 197 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 32 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 47 | 36 |
| Still Birth Rate ⁴ | 3 | 4 |
| Total Fertility Rate (TFR)⁴ | 2.9 | 2.2 |
| Life expectancy at birth⁵ | 65.3 | 69.4 |
| Sex Ratio at Birth⁴ | 880 | 899 |

1.3 Key Health Infrastructure Indicators^{bb}

| Indicators | | Numbers (Total) | | |
|---|--------------|-----------------|----------------|-------------------|
| Number of District Hospitals ² | | | | 168 |
| Number of Sub District Hospital ² | | | | 0 |
| Number of Government Medical College ⁶ | | | | 26 |
| Number of Private Medical Colleges ⁶ | | | | 29 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | | | | |
| SHC-HWC | 7518 | 5710 | 11411 | 15211 |
| PHC-HWC | 2205 | 3621 | 3621 | 3621 |
| UPHC-HWC | 477 | 592 | 592 | 592 |
| Total-HWC | 10,200 | 9,923 | 15,624 | 19,424 |
| Rural ² | Required (R) | | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 1461 | | 711 | 51.33 |
| Number of Primary Health Centres (PHC) | 5,846 | | 2,880 | 50.74 |
| Number of Sub Centres (SC) | 35,115 | | 20,778 | 40.83 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС |
| | 93 | 93 0 | | 208 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 1,083 | | 593 | 45.24 |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% |
| Number of CHC | 14 | 14 Not Applicat | | Not Applicable |
| Number of PHC | 58 | | Not Applicable | Not Applicable |
| Number of SC | 386 | 5 | Not Applicable | Not Applicable |

 $^{\rm bb}$ Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Uttar Pradesh | India |
|---|---------------|--------|
| IPD per 1000 population | 30.6 | 62.6 |
| OPD per 1000 population | 672.7 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 11.9 | 36.4 |

| 1.4 Major Health Indicator ^{cc} | | |
|--|-----------------------|---------------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Uttar Pradesh | India |
| % DALY ^{dd} accountable for CMNNDs ^{ee} | 40.5 | 33 |
| % DALY accountable for NCDs | 47.9 | 55 |
| % DALY accountable for Injuries | 11.6 | 12 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Uttar Pradesh | India |
| Level of Birth Registration (%) | 88.7 | 92.7 |
| Level of Death Registration (%) | 63.3 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 6.5 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | Uttar Pradesh | India |
| % 1st Trimester registration to Total ANC Registrations | 57.6 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 76.5 | 79.4 |
| Total Reported Deliveries | 4,095,081 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 88 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 72 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 28 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 8.6 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 4.4 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 19.3 | 34.2 |
| | | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 51.7 | 53.4 |
| | 51.7 Uttar Pradesh | 53.4 India |
| Total Reported Deliveries | | |
| Total Reported Deliveries Neonatal ⁹ | Uttar Pradesh | India |

^{cc} Sources are mentioned at the end of Annexure 1

^{dd} Disability Adjusted Life Years
 ^{ee} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | Uttar Pradesh | India |
|---|---------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 82 | 895 |
| New Born Stabilization Unit (NBSU) | 180 | 2418 |
| New Born Care Corner (NBCC) | 1820 | 20337 |
| Child Health & Nutrition ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 5.6 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 50.7 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 32.1 | 32.1 |
| Child Immunization ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 78.4 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 93.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 83.3 | 87.9 |
| Family Planning ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 4.8 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Uttar Pradesh | India |
| Number of districts with functional IDSP unit | 75 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Uttar Pradesh | India |
| Annualized total case notification rate (%) | 193 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 74 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Uttar Pradesh | India |
| Prevalence Rate/10,000 population | 0.43 | 0.61 |
| Number of new cases detected | 15,484 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Uttar Pradesh | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 8 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 13.1 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 22.1 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|---------------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) | | | |
| Women - Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.5 | 12.4 | | | |
| Men - Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 15.2 | 15.7 | | | |
| Women - Blood sugar level - high (>140 mg/dl) (%) | 4.7 | 6.1 | | | |
| Men - Blood sugar level - high (>140 mg/dl) (%) | 5.8 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Uttar Pradesh (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 8.4 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 44.1 | 38 | | | |
| Women who consume alcohol (%) | 0.3 | 1.3 | | | |
| Men who consume alcohol (%) | 14.6 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Uttar Pradesh | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 1 | NA | | | |
| Total number of fatal Road Accidents | 19,731 | 137,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 53.2 | 33.7 | | | |
| Number of persons killed in Road Accidents | 22665 | 115113 | | | |

1.5 Access to Careff

| Health Systems Strengthening | | | | |
|--|---------------|-------|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Uttar Pradesh | India | | |
| Number of Districts equipped with MMU under NRHM | 53 | 506 | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Uttar Pradesh | India | | |
| 102 Туре | 2270 | 9955 | | |
| 104 Туре | 0 | 605 | | |
| 108 Туре | 2200 | 10993 | | |
| Others | 250 | 5129 | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 0 | 11070 | | |

^{ff} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | 5 | | | |
|--|---|------------------|--------------|--|--|
| ASHA ¹³ | | Uttar Pradesh | India | | |
| Total number of ASHA ta | argeted under NRHM | 159307 | 946563 | | |
| Total number of ASHA ir | position under NRHM | 151213 | 904211 | | |
| % of ASHA in position u | nder NRHM | 95 | 96 | | |
| Total number of ASHA ta | argeted under NUHM | 8336 | 75597 | | |
| Total number of ASHA ir | position under NUHM | 6281 | 64272 | | |
| % of ASHA in position u | nder NUHM | 75 | 85 | | |
| Community Process ¹¹ | | Uttar Pradesh | India | | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 72880 | 554847 | | |
| Number of Mahila Arogy | va Samitis (MAS) formed | 6132 | 81134 | | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Uttar Pradesh | India | | |
| ЭН | 168 | 796 | | | |
| CHC 988 | | | | | |
| РНС | | 0 | 20273 | | |
| UCHC | | 11 | 126 | | |
| UPHC | | 592 | 3229 | | |
| | Human Resource for Heal | th ¹⁴ | | | |
| HRH Governance | | Uttar P | radesh | | |
| Specialist Cadre Availabl | e in the state (Y/N) | N | 0 | | |
| HR Policy available (Y/N) | | Ye | es | | |
| mplementation of HRIS | (Y/N) | Ye | es | | |
| HR Integration initiated | (Y/N) | N | 0 | | |
| Public Health Cadre avai | lable (Y/N) | N | 0 | | |
| | Specialists (%) | 3 | 0 | | |
| | Dentists (%) | 7 | 7 | | |
| Overall Vacancies (Regular + contractual) | Nurse (%) | 2 | 21 | | |
| | LT (%) | 24 | | | |
| | ANM (%) | 23 | | | |
| HRH Distribution | | Sanctioned | In Place | | |
| Doctors (MO & specialist | s) to staff nurse ¹⁴ | 1:1 | 1:1 | | |
| Availability of public hea nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 3 per 10,000 | 2 per 10,000 | | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 2:1 | 1:1 | | |

| Ranking: Human Resource Index of Uttar Pradesh ¹⁵ | | | | | | |
|--|-----------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| | | | Total (Regu | ılar + NHM) | | |
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{aa} | 76360 | 49918 | 36387 | 13531 | 39973 | |
| Staff Nurse | 49346 | 24929 | 18320 | 6609 | 31026 | |
| Lab Technician | 10399 | 7579 | 5056 | 2523 | 5343 | F7 70 |
| Pharmacists | 7174 | 6110 | 5565 | 545 | 1609 | 57.72 |
| MO MBBS ^{hh} | 11234 | 12208 | 10193 | 2015 | 1041 | |
| Specialist ⁱⁱ | 9153 | 10336 | 3630 | 6706 | 5523 | |

| 1.6 Healthcare Financing ⁱⁱ | | | | |
|--|---------|---------|--------|--------|
| National Health Accounts (NHA) (2017-18) | Uttar P | Pradesh | In | dia |
| Per Capita Government Health Expenditure (in ₹) | 8 | 01 | 17 | 753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 1 | .2 | 1. | 35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5 | .8 | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 72 | 2.6 | 48 | 3.8 |
| | Uttar P | Pradesh | Ine | dia |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 14 | 14 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 28 | 24 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 1117 | 1290 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 853 | 1173 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 8530 | 11281 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 31796 | 39332 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 15 | 16 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 51 | 40 | 53 | 43 |

^{gg} MPW – Multi Purpose Health Worker (Female + Male)

^{hh} MO MBBS (Full Time)

ii Specialist (All Specialist)

^{jj} Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 1653 | 1864 | 2,402 | 3,091 |
|--|---------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 21705 | 20339 | 20,692 | 26,701 |
| State Health Expenditure | Uttar P | radesh | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 5 | .3 | - | 5 |

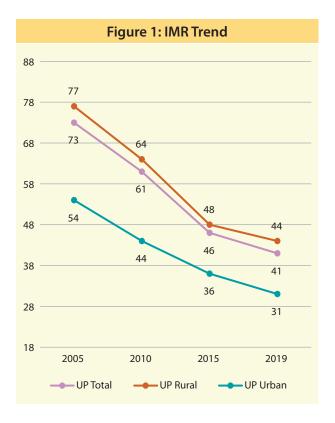
Sources used for Annexure 1

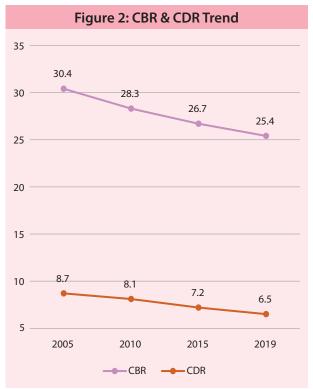
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

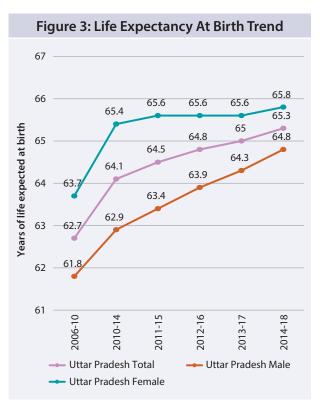
kk Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2







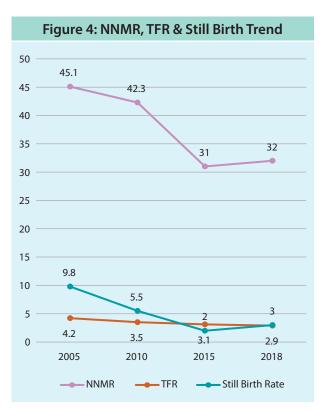
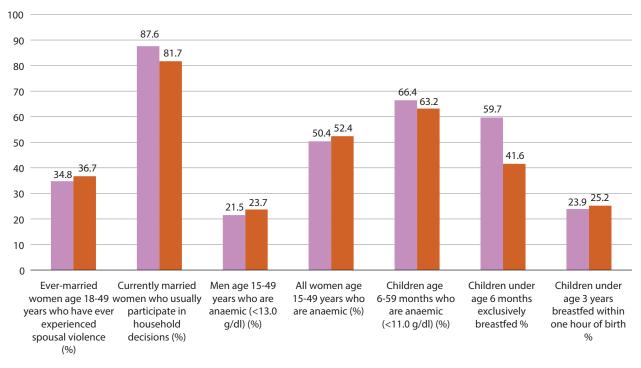


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | Uttar Pradesh Both sexes, All ages, DALYs per 10 | 0,000 2019 rank |
|-------------------------------|--|--------------------------------|
| 1 Lower respiratory infect | 1 | 1 Diarrheal diseases |
| 2 Diarrheal diseases | | 2 Lower respiratory infect |
| 3 Drug-susceptible TB | | 3 COPD |
| 4 Neonatal preterm birth | | 4 lschemic heart disease |
| 5 Protein-energy malnutrition | | 5 Neonatal preterm birth |
| 6 Other neonatal | | 5 Other neonatal |
| 7 Tetanus | | 7 Drug-susceptible TB |
| 8 Neonatal encephalopathy | the stand and | 8 Dietary iron deficiency |
| 9 Measles | 1. 7 | 9 Neonatal encephalopathy |
| 10 COPD | | 10 Falls |
| 11 Malaria | | 11 Diabetes type 2 |
| 12 Typhoid fever | | 12 Self-harm other means |
| 13 Neonatal sepsis | | 13 Asthma |
| 14 Meningitis | The first of the state of the s | 14 Other musculoskeletal |
| 15 Ischemic heart disease | | 15 Neonatal sepsis |
| 16 pertussis | The second second second second second second second second second second second second second second second se | 16 Migraine |
| 17 Dietary Iron deficiency | 1-1-1-1-1-1-1 | 19 Typhoid fever |
| 19 Asthma | | 28 Meningitis |
| 20 Falls | | 35 Protein-energy malnutrition |
| 24 Self-harm other means | | 42 pertussis |
| 34 Migraine | | 66 Tetanus |
| 37 Other musculoskeletal | | 115 Measles |
| 43 Diabetes type 2 | | 150 Malaria |

Communicable, maternal, neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| 1990 rank | Uttar Pradesh Both sexes, All ages, DALYs pe | er 100,000 2019 rank |
|---|---|---|
| 1 Child and maternal malnutrition | | 1 Child and maternal malnutrition |
| 2 Air pollution | | 2 Air pollution |
| 3 Unsafe water, sanitation, and handwashing | Treeses. | 3 Tobacco |
| 4 Tobacco | | 4 Unsafe water, sanitation, and handwashing |
| 5 Non-optimal temperature | | 5 High fasting plasma glucose |
| 6 Dietary risks | | 6 Dietary risks |
| 7 High systolic blood pressure | | 7 High systolic blood pressure |
| 8 Occupational risks | | 8 Alcohol use |
| 9 High fasting plasma glucose | | 9 High body-mass index |
| 10 Alcohol use | | 10 Occupational risks |
| 11 High LDL cholesterol | | 11 High LDL cholesterol |
| 12 Kidney dysfunction | | 12 Kidney dysfunction |
| 13 Other environmental risks | -hand | 13 Non-optimal temperature |
| 14 High body-mass index | | 14 Other environmental risks |
| 15 Low bone mineral density | | 15 Low bone mineral density |
| 16 Drug use | | 16 Drug use |
| 17 Unsafe sex | | 17 Unsafe sex |
| 18 Childhood sexual abuse and bullying | 12 Mar 10 10 | 18 Low physical activity |
| 19 Low physical activity | | - 19 Childhood sexual abuse and bullying |
| 20 Intimate partner violence | | 20 Intimate partner violence |

 Metabolic risks Environmental/occupational risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

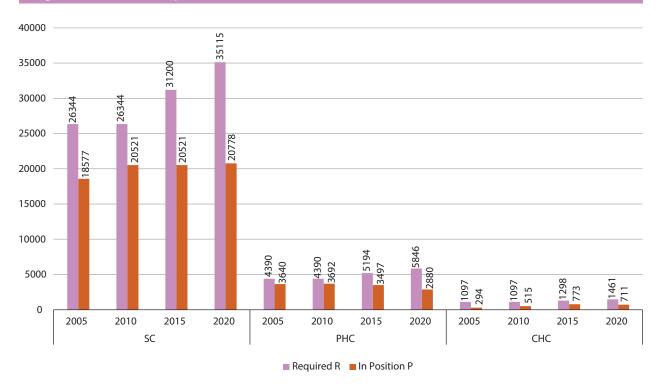


Figure 9: Year Wise Health Infrastructure Shortfall (%)

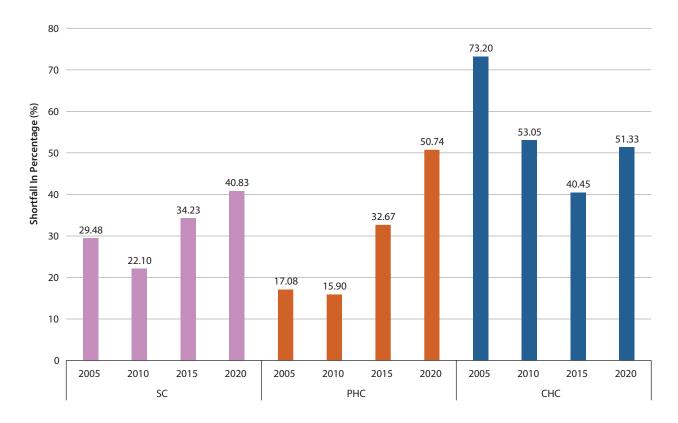
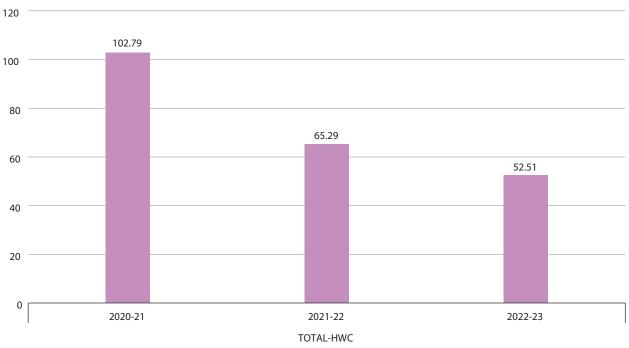


Figure 10: Percentage HWCs progress against target - FY wise (%)



Uttar Pradesh (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| | .oN .2 | - | 2 | m | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|---|---|---------------|---------------|---------------|---------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | States/Districts | Uttar Pradesh | Uttar Pradesh | Uttar Pradesh | Uttar Pradesh | Agra | Aligarh | Ambedkar Nagar | Amethi | Auraiya | Azamgarh | Baghpat | Bahraich | Ballia | Balrampur | Banda | Bara Banki | Bareilly | Basti | Bijnor | Budaun | Bulandshahr | Chandauli | Chitrakoot |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | 000 l'\səlsməd (Fensler) Males) | 903 | 933 | 943 | 941 | 902 | 1030 | 818 | 844 | 880 | 839 | 818 | 848 | 1062 | 1034 | 971 | 951 | 1084 | 895 | 951 | 870 | 841 | 877 | 889 |
| | edman isuzu yna with avy usual medmer vovered under a health insurance/ (%) | 6.1 | 16.8 | 15.5 | 15.9 | 9.4 | 17.6 | 23 | 20.9 | 18.4 | 6 | 12.5 | 10.1 | 10.6 | 13 | 13.3 | 14.6 | 18.7 | 15.8 | 18.8 | 13.6 | 20.5 | 28.1 | 17.4 |
| | (%) əpA 94-21 ətərətil nəmoW | AN | 77.2 | 62.4 | 66.1 | 63.1 | 66 | 76.2 | 63.3 | 74.9 | 76.5 | 76.3 | 38.8 | 70 | 43.2 | 57 | 56.1 | 53.9 | 63.2 | 72.8 | 49.7 | 69.2 | 70.6 | 56.2 |
| | bəirris Mərzər Years Married Before 18 (%) | 21.1 | 9.6 | 17.9 | 15.8 | 17.9 | 15.8 | 5.5 | 14.9 | 18.1 | 12 | 8.1 | 37.5 | 9.9 | 35 | 19 | 20.4 | 11.4 | 15.9 | 5.2 | 22.9 | 12.8 | 17.2 | 21.8 |
| | ylimsər vəd bəd Used For Famiya PainsM ylranuD ya prinası (%) əstəy 94-21 əpA nəmoW | 45.5 | 67.6 | 60.8 | 62.4 | 67.7 | 68.2 | 48.9 | 48.4 | 51.4 | 52.7 | 71.7 | 38.4 | 55.2 | 49 | 62.4 | 45.4 | 68.8 | 72 | 68.1 | 76.9 | 72.9 | 60.4 | 57.1 |
| | (%) ania/ani | 1.2 | 2 | 1.3 | 1.5 | 2.4 | 2.7 | 0.4 | 0.7 | 0.7 | 0.6 | 2.3 | 1.2 | - | 2.6 | 0.6 | 1.6 | 0.8 | 3.3 | 0.7 | 1.2 | 1.9 | 0.6 | 1.3 |
| | (%) əsU mobnoD | 10.8 | 27.1 | 16.6 | 19.1 | 18.7 | 20.3 | 4.6 | 11.7 | 14.3 | 5.9 | 22.5 | 14.4 | 10.3 | 14.3 | 20 | 19.3 | 21.5 | 14.2 | 30.4 | 26.4 | 22.3 | 7.4 | 8.8 |
| | (%) bəəf təmnU lstoT | 18.1 | 9.2 | 14 | 12.9 | 6 | 6.4 | 22.9 | 19.9 | 18.7 | 20.7 | 5.2 | 27.6 | 20.2 | 22.3 | 15.3 | 21.4 | 5.9 | 11.1 | 5 | 4.3 | 5.1 | 15.4 | 12.7 |
| | 4 teast Ab Ab Hot Vortee (%) (%) Stici Vare Vietee (%) | 26.4 | 52.3 | 39.6 | 42.4 | 42.7 | 44.7 | 44.5 | 31.7 | 50.4 | 38.5 | 42.4 | 34.3 | 30.5 | 41 | 39 | 22.6 | 43.1 | 31.5 | 48.8 | 40.6 | 47.6 | 32.9 | 30.3 |
| (Gree | (%) sıttıd lanoitutitarı | 67.8 | 85.5 | 82.9 | 83.4 | 89.1 | 82.6 | 92.2 | 90.8 | 90.1 | 93.2 | 80.9 | 67.7 | 96 | 69.7 | 89.8 | 76 | 75.1 | 93.2 | 83.7 | 72.3 | 83.5 | 86.2 | 81.1 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Villaten Bge 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 66.2 | 76.6 | 78.8 | 78.4 | 78.2 | 83.9 | 91.3 | 86.8 | 84.3 | 80.3 | 93 | 62.2 | 65.7 | 67.9 | 64.9 | 67.2 | 91 | 77.4 | 96.7 | 74.5 | 84.7 | 82.6 | 68.9 |
| ormance, F se Rural Ur | Total Children Age 6-23 Months Receiving Adequate Diet*, # (%) | 5.3 | 6.8 | 5.9 | 6.1 | 10.6 | 9.9 | 5 | 5.7 | 6.1 | • | 9.1 | 9.8 | 0.9 | 6.9 | 9.5 | 6.7 | 10.5 | 5.7 | 6.8 | 8.6 | 8.9 | 3.5 | 8.4 |
| ed – Poor l ban Stats N | Children Under 5 Years - Stunted^ (Height For Age) (%) | 46.3 | 33 | 41.3 | 39.7 | 35.9 | 35 | 31.1 | 35.8 | 39.7 | 33.4 | 25.5 | 52.1 | 43.8 | 41.2 | 51 | 41.9 | 45.9 | 35.9 | 36.2 | 51.8 | 37.6 | 39.5 | 47.5 |
| Performanc | Children Under 5 Years - Wasted^ (%) (%) (%) | 17.9 | 18.7 | 17 | 17.3 | 16.4 | 10.9 | 17.8 | 19.9 | 19.4 | 14.4 | 10.3 | 14.4 | 21.9 | 24.9 | 25.7 | 18.1 | 15.4 | 24.2 | 9.4 | 18.2 | 13.8 | 17.4 | 24.8 |

| 3666777 | 24 | Deoria | NFHS 5 Total | 1002 | 10.5 | 71.3 | 13.7 | 56.2 | 3.1 | 16.4 | 20.4 | 42.5 | 93.4 | 73.2 | 2.7 | 36.8 | 26.5 |
|---|----|------------------------|--------------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| RenotiveRenotiv | 25 | Etah | NFHS 5 Total | 1004 | 12.8 | 67.8 | 20.1 | 73.1 | 1.8 | 24.2 | 7 | 33.6 | 76.7 | 71.9 | 5 | 48.8 | 15 |
| ImageMeter findMeter findMe | 26 | Etawah | NFHS 5 Total | 299 | 17.9 | 77.4 | 16.3 | 71 | 1.1 | 26.9 | 8.3 | 43.7 | 85.2 | 87.2 | 6.2 | 38.8 | 13.9 |
| MetafoneMetafon | 27 | Faizabad | NFHS 5 Total | 885 | 19.8 | 73.8 | 7.6 | 46 | 0.8 | 7.6 | 25.9 | 33.8 | 89.1 | 82.9 | 2.9 | 30.6 | 12.4 |
| InderformHers TreeHers Tree | 28 | Farrukhabad | NFHS 5 Total | 789 | 13.5 | 63.1 | 18.8 | 67.2 | 2.3 | 24.6 | 7.7 | 41.5 | 69.3 | 83.7 | 14.8 | 47.8 | 14.3 |
| Interested(He)(H) <td>29</td> <td>Fatehpur</td> <td>NFHS 5 Total</td> <td>890</td> <td>16.8</td> <td>62.3</td> <td>10.4</td> <td>66.2</td> <td>0.7</td> <td>38.9</td> <td>9.7</td> <td>38.1</td> <td>81.4</td> <td>63.5</td> <td>3.5</td> <td>51.1</td> <td>17.8</td> | 29 | Fatehpur | NFHS 5 Total | 890 | 16.8 | 62.3 | 10.4 | 66.2 | 0.7 | 38.9 | 9.7 | 38.1 | 81.4 | 63.5 | 3.5 | 51.1 | 17.8 |
| weighter beindHest FriedFait <td>30</td> <td>Firozabad</td> <td>NFHS 5 Total</td> <td>871</td> <td>13.4</td> <td>71.4</td> <td>24.8</td> <td>6.99</td> <td>1.2</td> <td>14.7</td> <td>9.2</td> <td>39.3</td> <td>80.1</td> <td>72.9</td> <td>6.8</td> <td>46.9</td> <td>9.5</td> | 30 | Firozabad | NFHS 5 Total | 871 | 13.4 | 71.4 | 24.8 | 6.99 | 1.2 | 14.7 | 9.2 | 39.3 | 80.1 | 72.9 | 6.8 | 46.9 | 9.5 |
| (b)(c | 31 | Gautam Buddha Nagar | NFHS 5 Total | 735 | 23.8 | 79.9 | 13.5 | 76.3 | 3.2 | 25 | 5.3 | 52.7 | 86.6 | 90.4 | 6.9 | 25.5 | 12 |
| (matching)< | 32 | Ghaziabad | NFHS 5 Total | 1182 | 20 | 80.1 | 8 | 72.7 | m | 31.9 | 5.3 | 62 | 86.4 | 83.8 | 9 | 28.2 | 17.1 |
| GendeWerkSretaiGeodeTay | 33 | Ghazipur | NFHS 5 Total | 972 | 10.6 | 72.4 | 13.5 | 62.9 | 1.9 | 12.1 | 13.4 | 29.2 | 88.3 | 69.9 | 4.4 | 39.3 | 25.7 |
| GeotelytationInstant Series103 </td <td>34</td> <td>Gonda</td> <td>NFHS 5 Total</td> <td>896</td> <td>13.4</td> <td>57.7</td> <td>25.4</td> <td>41.1</td> <td>1.7</td> <td>15.9</td> <td>24.5</td> <td>41.7</td> <td>81.8</td> <td>66.2</td> <td>Ŋ</td> <td>45.9</td> <td>12.1</td> | 34 | Gonda | NFHS 5 Total | 896 | 13.4 | 57.7 | 25.4 | 41.1 | 1.7 | 15.9 | 24.5 | 41.7 | 81.8 | 66.2 | Ŋ | 45.9 | 12.1 |
| HomepriceMerestretalB22131G13 | 35 | Gorakhpur | NFHS 5 Total | 943 | 17.9 | 68.8 | 14.6 | 63.8 | 0.8 | 20.1 | 14.7 | 56.3 | 91.6 | 69.3 | 2.3 | 29.6 | 23.3 |
| HopticNHH5 Tedi703104703 </td <td>36</td> <td>Hamirpur</td> <td>NFHS 5 Total</td> <td>882</td> <td>21.9</td> <td>69.4</td> <td>10.5</td> <td>61.3</td> <td>0.1</td> <td>19.1</td> <td>14.4</td> <td>43.2</td> <td>96.3</td> <td>79.8</td> <td>5.8</td> <td>48</td> <td>20.6</td> | 36 | Hamirpur | NFHS 5 Total | 882 | 21.9 | 69.4 | 10.5 | 61.3 | 0.1 | 19.1 | 14.4 | 43.2 | 96.3 | 79.8 | 5.8 | 48 | 20.6 |
| HerdedNHFS Freid1097106157193133134137134135134135134135 | 37 | Hapur | NFHS 5 Total | 785 | 14.9 | 73.7 | 7.1 | 70.3 | 2.1 | 26.5 | 4.8 | 53.3 | 83.3 | 89.1 | 10.9 | 30.2 | 18.5 |
| JalentNHE Stolat 791176668169169624624628626626627628637238647238647238647238647238647238647238647238647238445446 <td>38</td> <td>Hardoi</td> <td>NFHS 5 Total</td> <td>1097</td> <td>16</td> <td>55</td> <td>19.3</td> <td>58.3</td> <td>1.1</td> <td>31.5</td> <td>13.4</td> <td>39.7</td> <td>73.9</td> <td>62.4</td> <td>7.6</td> <td>44.5</td> <td>22.3</td> | 38 | Hardoi | NFHS 5 Total | 1097 | 16 | 55 | 19.3 | 58.3 | 1.1 | 31.5 | 13.4 | 39.7 | 73.9 | 62.4 | 7.6 | 44.5 | 22.3 |
| JampurNHS folda6881275911862281816247688883.65.7405JhansiNHS folda9271146922516292138756929733607708405JogutaNHS folda92011469225165265765873665973961740570JogutaNHS folda86086361211665765765873565873565873573KamubNHS folda10317374810312761410373653736547357374KamubNHS folda10310315161310312361373737374737374KamubNHS folda10315161310312361361373613737374 <td>39</td> <td>Jalaun</td> <td>NFHS 5 Total</td> <td>797</td> <td>17.6</td> <td>66.8</td> <td>16.9</td> <td>62.4</td> <td>0.4</td> <td>12.2</td> <td>13.5</td> <td>62.8</td> <td>85.1</td> <td>64.7</td> <td>2.8</td> <td>45.1</td> <td>19.5</td> | 39 | Jalaun | NFHS 5 Total | 797 | 17.6 | 66.8 | 16.9 | 62.4 | 0.4 | 12.2 | 13.5 | 62.8 | 85.1 | 64.7 | 2.8 | 45.1 | 19.5 |
| ImaticImaticMer Strati 0.7 1.4 0.2 1.5 0.5 0.5 0.6 0.2 0.5 < | 40 | Jaunpur | NFHS 5 Total | 898 | 12 | 75.9 | 11.8 | 62 | 2.8 | 18.7 | 16.2 | 47.6 | 88.8 | 83.6 | 5.7 | 40.5 | 14.8 |
| yotrdaphuleMHS fotal8608.36121166570.82666.86.16.46.86.16.46.16.46.16.46.46.46.46.46.46.46.46.46.46.46.46.46.46.47.56.47.57.57.47.37.3KanaujuMHS fotal1031031737.41031277.01277.01277.47.47.47.47.37.47.47.47.37.47.3 </td <td>41</td> <td>Jhansi</td> <td>NFHS 5 Total</td> <td>927</td> <td>11.4</td> <td>69.2</td> <td>25.1</td> <td>62</td> <td>•</td> <td>19.8</td> <td>13.8</td> <td>36.6</td> <td>92.9</td> <td>53.9</td> <td>10.7</td> <td>40.9</td> <td>25.2</td> | 41 | Jhansi | NFHS 5 Total | 927 | 11.4 | 69.2 | 25.1 | 62 | • | 19.8 | 13.8 | 36.6 | 92.9 | 53.9 | 10.7 | 40.9 | 25.2 |
| KamaujKHS 5 fotal103815.364.810,469.415.343.973.543.474.173.543.473.543.473.543.473.543.473.543.473.543.473.543.473.543.473.543.473.573.573.773.5 </td <td>42</td> <td>Jyotiba Phule Nagar</td> <td>NFHS 5 Total</td> <td>860</td> <td>8.3</td> <td>61.2</td> <td>11.6</td> <td>65.7</td> <td>0.8</td> <td>26.7</td> <td>6.8</td> <td>43.9</td> <td>81.1</td> <td>91.1</td> <td>16.8</td> <td>42.2</td> <td>22.5</td> | 42 | Jyotiba Phule Nagar | NFHS 5 Total | 860 | 8.3 | 61.2 | 11.6 | 65.7 | 0.8 | 26.7 | 6.8 | 43.9 | 81.1 | 91.1 | 16.8 | 42.2 | 22.5 |
| Karpur DehatNHS fotal102717.970.812.760.11.222.615.464.366.65.464.1Karpur NagarNHS fotal81616.1 81.3 10.973.7 33.1 6866.981.234.634.1Karpur NagarNHS fotal99715.1 5 .410.973.7 35.1 68. 61.2 86.681.234.634.6Karshiram NagarNHS fotal99715.156.473.765.223.113.667.174.874.656.645.1Karshiram NagarNHS fotal97215.156.417.665.213.713.513.774.874.656.747.1KushmagarNHS fotal97197258.617.764.27.310.513.674.574.675.647.6KushmagarNHS fotal901 22 57.517.764.27.116.148.882.876.244.774.6KushmagarNHS fotal901 22 57.517.764.27.116.147.674.674.674.674.674.6LalitpurNHS fotal91178.873.891.974.882.876.244.174.674.6LalitpurNHS fotal98115.874.874.574.574.874.674.674.6LalitpurNHS fotal98115.874.874 | 43 | Kannauj | NFHS 5 Total | 1038 | 15.3 | 64.8 | 10.4 | 69.4 | 1.5 | 43.9 | 7.2 | 46.4 | 76.4 | 56.8 | 13.5 | 43 | 21.5 |
| Kanpur NagarNHS Total81616.1 81.3 10973.7 33.1 68 66.9 86.681.23.734.6Kanshiran NagarNHS Total97715.156.423.265.22.317.411.874.874.6565645.170.1Kanshiran NagarNHS Total97220.258.617.665.212.317.411.878.174.6565644.75KaushambirNHS Total9012258.617.764.212.511.216.14888.677.161.140.274.6KheriNHS Total9012257.519.764.2210.514.514.676.24477.6LalitpurNHS Total90811.755.342.573.810.97448.790.873.764.773.23.2LalitpurNHS Total99811.755.342.573.810.974.790.873.973.873.673.1LalitpurNHS Total99815.878.459.774.773.873.873.173.273.1LalitpurNHS Total99815.873.810.975.873.873.873.873.973.873.173.2LalitpurNHS Total99815.873.873.873.873.873.873.973.973.973.973.9 | 44 | Kanpur Dehat | NFHS 5 Total | 1027 | 17.9 | 70.8 | 12.7 | 60.1 | 1.2 | 22.6 | 15 | 54.4 | 84.3 | 68 | 5.4 | 44.1 | 12.5 |
| Kanshiam NagarNFHS Flotal99715.156.423.265.22.317.411.838.174.65.65.645.1KaushambiaNFHS Flotal97220.258.617.665.51213.512.53488.677.16.140.270.2KheritNFHS Flotal901 22 57.519.754.915.661.519.754.915.615.643.774.656.74447.6KheritNFHS Flotal901 22 73.719.754.915.615.719.754.915.610.764.22710.514.535.889.482.973.747.674.6KushinagarNFHS Flotal99811.755.3 42.573.8 10.916.764.790.873.648.790.873.648.673.143.7LucknowNFHS Flotal99811.755.3 42.573.810.9 7445.790.873.748.673.148.6MahamayaNagarNFHS Flotal99910.955.328.157.524.157.191.384.5 53.9 33.114.6MahobaNFHS Flotal99910.965.528.157.524.815.713.827.591.375.559.939.115.MahobaNFHS Flotal91016.265.620.811.191.875.7 </td <td></td> <td>Kanpur Nagar</td> <td>NFHS 5 Total</td> <td>816</td> <td>16.1</td> <td>81.3</td> <td>10.9</td> <td>73.7</td> <td>m</td> <td>33.1</td> <td>6.8</td> <td>6.93</td> <td>86.6</td> <td>81.2</td> <td>3.7</td> <td>34.6</td> <td>21.4</td> | | Kanpur Nagar | NFHS 5 Total | 816 | 16.1 | 81.3 | 10.9 | 73.7 | m | 33.1 | 6.8 | 6.93 | 86.6 | 81.2 | 3.7 | 34.6 | 21.4 |
| KaushambiNHS 5 Total97220258.617.662.51213.512.53488.677.16.140.240.2KheriNHS 5 Total901 22 57.519.754.915.615.764.275.764.475.244.674.6KushinagarNHS 5 Total90815.662.517.764.22210.514.576.244.776.6LukinowNHS 5 Total99811.755.3 42.5 73.80310.97445.790.87342.6LukinowNHS 5 Total98115.878.49956.5221815.791.984.52332.1LukinowNHS 5 Total98115.878.49956.528.157.61875.791.875.97373.1Mahamaya NagarNHS 5 Total98115.878.495.528.157.524.415.753.191.97373.2MahobaNHS 5 Total98115.873.615.213.873.691.373.973.97373.1MahobaNHS 5 Total91.916.528.157.524.415.751.880.373.973737373MahobaNHS 5 Total93110.515.228.152.524.152.553.373.973737373737373< | 46 | Kanshiram Nagar | NFHS 5 Total | 667 | 15.1 | 56.4 | 23.2 | 65.2 | 2.3 | 17.4 | 11.8 | 38.1 | 74.8 | 74.6 | 5.6 | 45.1 | 19.3 |
| KheriNFHS fotal901 22 57.519.754.915.16.14882.876.24447.6KuhinagarNFHS fotal 1080 15.662.517.764.2210.514.576.24447.6LalitpurNFHS fotal 998 11.755.3 42.5 73.8 0.3 10.97445.790.87348.646.6LuknowNFHS fotal99811.755.3 42.573.80.3 10.97445.790.87348.646.6LuknowNFHS fotal99115.878.499956.528.157.52415.753.191.384.5 23.3 32.1Mahawaya NagarNFHS fotal99910.965.528.157.52415.213.8 27.8 80.379.55.939.1MahobaNFHS fotal93318.265.628.157.52415.213.8 75.5 5.939.116.MahobaNFHS fotal93318.265.620.861.60.715.316.696.375.95.939.117.1MahobaNFHS fotal105616.228.167.524.19.813.752.59.375.975.975.975.975.975.975.975.975.175.175.175.175.175.175.175.175.175.1< | | Kaushambi | NFHS 5 Total | 972 | 20.2 | 58.6 | 17.6 | 62.5 | 1.2 | 13.5 | 12.5 | 34 | 88.6 | 77.1 | 6.1 | 40.2 | 18.3 |
| KushinagarNFHS Fotal108015.66.2.517.764.2210.514.535.889.482.93322LalitpurNFHS Fotal99811.755.342.573.873.879.873734.846.6LucknowNFHS Fotal98115.873.873.9737.876.9734.846.6LucknowNFHS Fotal98115.878.49956.521815.753.191.384.52332.1Mahamaya NagarNFHS Fotal98910.965.528.157.52.415.213.827.880.379.55.939.17MahobaNFHS Fotal98910.965.528.157.52.415.213.827.880.379.55.939.17MahobaNFHS Fotal93318.262.620.810.961.60.715.316.646.25.939.17MahobaNFHS Fotal105616.220.810.19.813.752.593.373.97.543.37MahobaNFHS Fotal105616.220.810.715.316.646.25.939.17MahobaNFHS Fotal105616.220.810.915.316.646.296.3740.57MahobaNFHS Fotal105616.2 <td>48</td> <td>Kheri</td> <td>NFHS 5 Total</td> <td>901</td> <td>22</td> <td>57.5</td> <td>19.7</td> <td>54.9</td> <td>1.5</td> <td>11.2</td> <td>16.1</td> <td>48</td> <td>82.8</td> <td>76.2</td> <td>4.4</td> <td>47.6</td> <td>15.8</td> | 48 | Kheri | NFHS 5 Total | 901 | 22 | 57.5 | 19.7 | 54.9 | 1.5 | 11.2 | 16.1 | 48 | 82.8 | 76.2 | 4.4 | 47.6 | 15.8 |
| LalitputNHS 5 Total99811.755.3 42.573.80.3 10.97.445.790.87.34.84.6.6LucknowNHS 5 Total98115.87849.956.521815.753.191.384.5 2.3 32.1Mahamaya NagarNHS 5 Total98910.965.528.157.52.415.213.8 27.8 80.379.55.933.17MahobaNHS 5 Total93318.262.224.162.911.99.813.752.593.382.989.37777MahobaNHS 5 Total105616.265.620.861.60.715.316.646.293.375.97.542.377777MahrajamuriNHS 5 Total105616.250.820.80.715.316.646.293.3777 | 49 | Kushinagar | NFHS 5 Total | 1080 | 15.6 | 62.5 | 17.7 | 64.2 | 2 | 10.5 | 14.5 | 35.8 | 89.4 | 82.9 | ε | 32.2 | 24.3 |
| Lucknow NFHS 5 Total 981 15.8 78.4 9.9 56.5 2 18 15.7 53.1 91.3 84.5 23 32.1 32.1 Mahamaya Nagar NFHS 5 Total 989 10.9 65.5 28.1 57.5 24 15.2 13.8 27.8 80.3 79.5 5.9 39.1 79.5 Mahamaya Nagar NFHS 5 Total 933 18.2 28.1 57.5 24.1 9.8 13.7 52.5 93.3 79.5 5.9 39.1 79.5 | 50 | Lalitpur | NFHS 5 Total | 866 | 11.7 | 55.3 | 42.5 | 73.8 | 0.3 | 10.9 | 7.4 | 45.7 | 90.8 | 73 | 4.8 | 46.6 | 18.7 |
| Mahamaya Nagar NFHS 5 Total 989 10.9 65.5 28.1 57.5 24 15.2 13.8 27.8 80.3 79.5 5.9 39.1 Mahoba NFHS 5 Total 933 18.2 62.9 1.1 9.8 13.7 52.5 93.3 79.5 5.9 30.1 Mahrajanj NFHS 5 Total 1056 16.2 20.8 1.1 9.8 13.7 52.5 93.3 82.8 8 40.5 Mahrajanj NFHS 5 Total 1056 16.2 20.8 61.6 0.7 15.3 16.6 46.2 96.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 <td>51</td> <td>Lucknow</td> <td>NFHS 5 Total</td> <td>981</td> <td>15.8</td> <td>78.4</td> <td>9.9</td> <td>56.5</td> <td>2</td> <td>18</td> <td>15.7</td> <td>53.1</td> <td>91.3</td> <td>84.5</td> <td>2.3</td> <td>32.1</td> <td>11.5</td> | 51 | Lucknow | NFHS 5 Total | 981 | 15.8 | 78.4 | 9.9 | 56.5 | 2 | 18 | 15.7 | 53.1 | 91.3 | 84.5 | 2.3 | 32.1 | 11.5 |
| Mahoba NFHS 5 Total 933 18.2 62 24.1 62.9 1.1 9.8 13.7 52.5 93.3 82.8 8 40.5 Mahrajanj NFHS 5 Total 1056 16.2 65.6 20.8 61.6 0.7 15.3 16.6 96.3 73.9 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 7.5 42.3 7.5 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 42.3 7.5 7.5 42.3 7.5 7.5 42.3 7.5 7.5 42.3 7.5 7.5 7.5 42.3 7.5 7.5 42. | 52 | Mahamaya Nagar | NFHS 5 Total | 989 | 10.9 | 65.5 | 28.1 | 57.5 | 2.4 | 15.2 | 13.8 | 27.8 | 80.3 | 79.5 | 5.9 | 39.1 | 12 |
| Mahrajganj NFHS 5 Total 1056 16.2 65.6 20.8 61.6 0.7 15.3 16.6 46.2 96.3 73.9 7.5 42.3 Mainpuri NFHS 5 Total 837 16.1 74.2 16 80.1 1.3 29.2 4.4 38.1 87.7 10.1 44.3 | | Mahoba | NFHS 5 Total | 933 | 18.2 | 62 | 24.1 | 62.9 | 1.1 | 9.8 | 13.7 | 52.5 | 93.3 | 82.8 | 8 | 40.5 | 21.8 |
| Mainpuri NFHS 5 Total 837 16.1 74.2 16 80.1 1.3 29.2 4.4 38.1 87.7 10.1 44.3 | 54 | Mahrajganj | NFHS 5 Total | 1056 | 16.2 | 65.6 | 20.8 | 61.6 | 0.7 | 15.3 | 16.6 | 46.2 | 96.3 | 73.9 | 7.5 | 42.3 | 25 |
| | 55 | Mainpuri | NFHS 5 Total | 837 | 16.1 | 74.2 | 16 | 80.1 | 1.3 | 29.2 | 4.4 | 38.1 | 82.7 | 87.7 | 10.1 | 44.3 | 14.6 |

| 56 | Mathura | NFHS 5 Total | 930 | 10.8 | 64.4 | 21.3 | 58.2 | 1.8 | 14 | 12.9 | 39.3 | 79.5 | 80.5 | 2.6 | 31.6 | 11 |
|----|---------------------------------|--------------|------|------|------|------|------|-----|------|------|------|------|------|------|------|------|
| 57 | Mau | NFHS 5 Total | 938 | 16 | 72 | 11 | 54.2 | 0.4 | 16.5 | 16.8 | 43.2 | 94.7 | 63.3 | 3.2 | 25.4 | 21.2 |
| 58 | Meerut | NFHS 5 Total | 926 | 18.4 | 79 | 7.6 | 72.4 | 1.8 | 29.1 | 5.6 | 49.9 | 80.6 | 92.2 | 8.7 | 32.1 | 10.2 |
| 59 | Mirzapur | NFHS 5 Total | 812 | 15 | 70.9 | 16.6 | 61.5 | 1.8 | 6 | 14.5 | 36.5 | 91.1 | 83.3 | 4.6 | 43.4 | 12.5 |
| 60 | Moradabad | NFHS 5 Total | 1022 | 17.1 | 66.7 | 9.6 | 69.8 | 0.5 | 30.7 | 6.9 | 33.2 | 80.3 | 90.6 | 12.9 | 34.7 | 19.1 |
| 61 | Muzaffarnagar | NFHS 5 Total | 865 | 8.2 | 72.1 | 7.3 | 73.2 | 1.6 | 24.7 | 5 | 44 | 87 | 79.6 | 16.1 | 29.8 | 20.7 |
| 62 | Pilibhit | NFHS 5 Total | 814 | 21.4 | 54.7 | 16.2 | 74.1 | 0.8 | 27.4 | 4.9 | 43.6 | 76.2 | 90.4 | 8.9 | 38.9 | 20.1 |
| 63 | Pratapgarh | NFHS 5 Total | 1034 | 14.9 | 74.8 | 11 | 51.9 | 0.8 | 6.7 | 21.9 | 30.6 | 90.8 | 92.1 | 4.2 | 35.5 | 10 |
| 64 | Prayagraj | NFHS 5 Total | 1191 | 20.6 | 67.7 | 13.8 | 63.1 | 1.2 | 8.6 | 11.9 | 45.9 | 83.2 | 67.8 | 0 | 37.9 | 15.1 |
| 65 | Rae Bareli | NFHS 5 Total | 871 | 16.8 | 62.8 | 14.3 | 69.3 | 2.5 | 26.2 | 12.4 | 43.6 | 89.5 | 77.2 | 3.4 | 47 | 13 |
| 99 | Rampur | NFHS 5 Total | 968 | 13.1 | 57 | 10.5 | 56.8 | 0.3 | 17 | 12 | 50.4 | 81 | 81.9 | 6.9 | 40.4 | 17.6 |
| 67 | Saharanpur | NFHS 5 Total | 1022 | 11.8 | 71.2 | 7 | 73.7 | 0.8 | 32.8 | 4.3 | 52.4 | 81.7 | 93.4 | 5.6 | 28.8 | 22 |
| 68 | Sambhal | NFHS 5 Total | 940 | 13.7 | 51.3 | 21.1 | 62.9 | 0.6 | 26.2 | 8.5 | 32.9 | 74.2 | 89.6 | 5.6 | 51.6 | 14.1 |
| 69 | Sant Kabir Nagar | NFHS 5 Total | 835 | 20.4 | 61.3 | 16.8 | 69.2 | 4.1 | 16.2 | 13 | 43.2 | 90.6 | 82.9 | 7.5 | 42.3 | 19 |
| 70 | Sant Ravidas Nagar (Bhadohi) | NFHS 5 Total | 839 | 18.8 | 69.7 | 19.6 | 53.8 | 0.6 | 6.1 | 22.4 | 25.8 | 90.3 | 72.1 | 2.9 | 42.7 | 9.1 |
| 71 | Shahjahanpur | NFHS 5 Total | 1064 | 14.2 | 56.8 | 20.9 | 70.3 | 2.1 | 26.1 | 6.4 | 35.3 | 63.3 | 84.5 | 6.7 | 44.5 | 17 |
| 72 | Shamli | NFHS 5 Total | 1029 | 14.8 | 64.2 | 10.8 | 71 | 0.9 | 27.7 | 5.6 | 41 | 78.3 | 95.3 | 1.8 | 28.6 | 24.3 |
| 73 | Shrawasti | NFHS 5 Total | 971 | 13.5 | 39.1 | 51.9 | 49.8 | 2 | 13 | 20.1 | 42.4 | 80.4 | 69.8 | 3.4 | 50.9 | 20.3 |
| 74 | Siddharthnagar | NFHS 5 Total | 852 | 12.2 | 48.3 | 33.9 | 65 | 1.9 | 22.9 | 14.4 | 60.9 | 69.7 | 68.1 | 3.5 | 37.2 | 24.8 |
| 75 | Sitapur | NFHS 5 Total | 1011 | 23.2 | 53.4 | 20.8 | 51.1 | 1.1 | 12.9 | 17.9 | 35.4 | 84.8 | 72.2 | 4.1 | 47.8 | 18.2 |
| 76 | Sonbhadra | NFHS 5 Total | 974 | 19.7 | 60.9 | 17.7 | 67.1 | 0.8 | 9.9 | 11.6 | 36.4 | 76.8 | 82.3 | 2.5 | 38.3 | 26.8 |
| 77 | Sultanpur | NFHS 5 Total | 997 | 20.7 | 71.9 | 7.9 | 47.6 | 0.7 | 7.1 | 23.9 | 47 | 87 | 92.7 | 4.4 | 33.4 | 10.7 |
| 78 | Unnao | NFHS 5 Total | 960 | 15.3 | 64.4 | 18.9 | 48.7 | 1.6 | 26.7 | 19.1 | 19.8 | 80.8 | 62.5 | 5.2 | 39.2 | 12.1 |
| 79 | Varanasi | NFHS 5 Total | 885 | 12.8 | 79 | 10.4 | 72.5 | 1.5 | 23.7 | 8.7 | 51.4 | 95.2 | 78.6 | 5.8 | 37.4 | 21 |

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination to the interviewer, percentage vaccinated with BCG, measles- containing vaccine (MCV/)MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with orher milk products at least twice a day, a minimum meal frequency) for the set for an environment of the set for a set of a set

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř

Red - Worst five performing districts within the districts for a particular indicator ä

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days j

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least four food groups not including the milk or milk products food group) ш

 $^{
m A}$ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш

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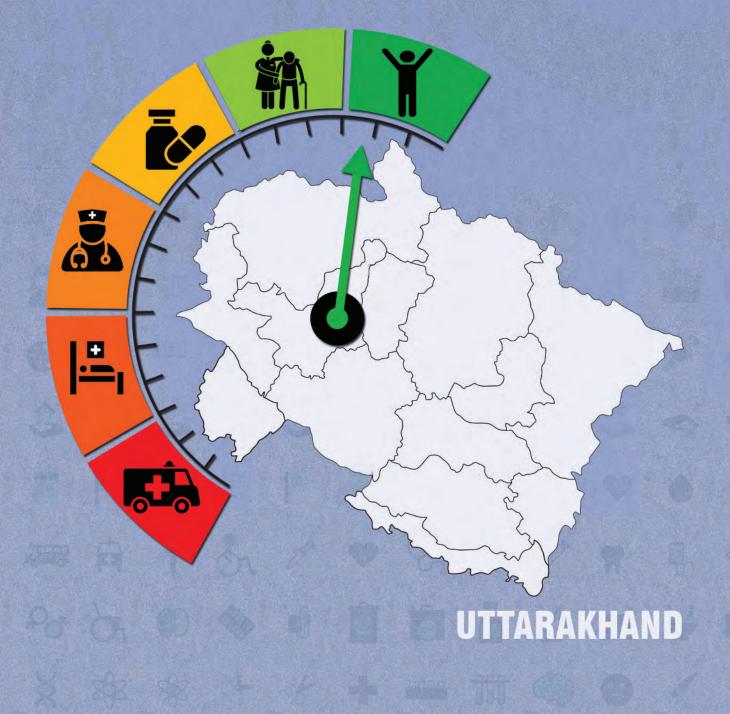


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts | s Visited |
|------------------|-------------------|-------------------|
| 3 rd | Tehri Garhwal | Almora |
| 4 th | Chamoli | Uttarkashi |
| 5 th | Pauri Garhwal | Rudraprayag |
| 6 th | Bageshwar | Pithoragarh |
| 8 th | Tehri | Almora |
| 9 th | Dehradun | Nainital |
| 11 th | Champawat | Udham Singh Nagar |
| 12 th | Haridwar | Uttarkashi |
| 13 th | Udham Singh Nagar | Haridwar |

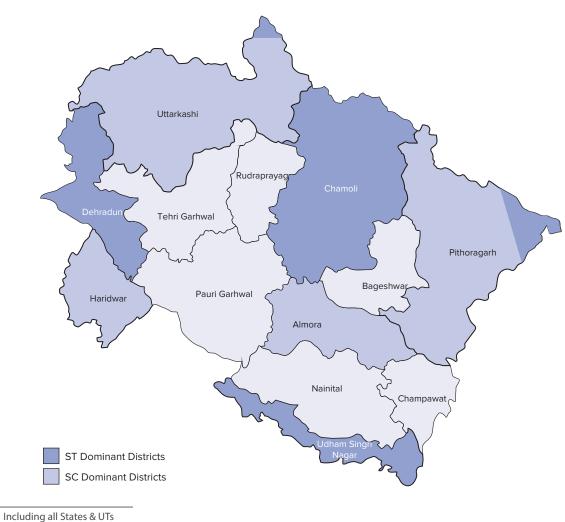
UTTARAKHAND

1. BACKGROUND

1.1 State Profile

Uttarakhand is positioned^a 18th in India for a geographical spread of 53,483.00 km². It is divided into 13 districts and is estimated to have a population of over 1crores^b. It is projected that the population would reach around 1.13 crores by 2021 (Census Population Projection 2019). As per Census 2011,

Figure 1: Top 5 ST & SC Dominant Districts



^b Census 2011

а

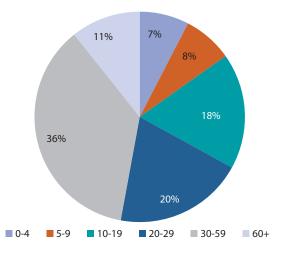
the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.18 crores (18.76%) and 0.03 crores (2.89%), respectively. Out of the 13 districts, top five ST & SC dominant districts account for 92.50% of ST & 44.14% of SC population in the State (Figure 1 & Annexure 1, State Profile). Around 69.77% of the population reside in rural areas, while the rest constitute the urban population. The total length of roads^c in the State is 69,777 km (1.39%^d), in which, length of the national highways is 2,713 km (2.4%^e) and state highways is 4,329 km (2.5%^f).

A detail report on the key indicators has been attached as Annexure 1

1.2 Demography

Out of the 13 districts, 3 districts have a population of 10 lakhs and above, 4 districts have a population between 5-10 lakhs, and 6 districts have a population between 1-5 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 840 females for every 1000 males is less than the national average of 899 (Annexure 1.2). It is estimated that 18% of the total population are in the age group of 10-19 years, 56% within 20 to 59 years; while 11% is 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 20.9 & 7.4 in 2005 to 17.1 & 6.0 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 71.6% in 2001 to 78.8% in 2011, with male & female literacy rates being 87.4% and 70.0%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)⁹ is 33.3% for higher education, 75.83% for senior secondary education, 85.72% for secondary education, 94.58% for elementary education, and 99.29% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 11% of the State's total population. The life expectancy at 60 years of age is 17.3 and 21.4 for males and females, respectively (2014-2018). In Uttarakhand, 64% of elderly females and 24% elderly males living in urban areas; 69% of elderly females and 15% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 14.9 in 2011; which is 14.6 for males and 15.3 for females, 16.6 in rural & 11.4 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 20% for men and 14% for women as opposed to the national average of 31% for both (Elderly in India 2016 report).

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Uttarakhand

e Percentage of total length of National Highways in the country

^f Percentage of total length of State Highways in the country

⁹ Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The State has been able to provide RMNCHA+N^h services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)ⁱ, institutional deliveries, C sections, distribution of IFAⁱ tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined from 359 (SRS MMR Bulletin 2007-09) to 99 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Uttarakhand, 72.6% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 data, Dehradun, Rudraprayag and Udham Singh Nagar districts reported a relatively good ANC coverage ranging from 75.3% to 76.5%; and Almora, Hardwar and Pauri Garhwal districts reported poor ANC coverage ranging from 39.6% to 48.5%. As reported in HMIS 2019-20, around 88.8% of the deliveries took place in institutions, out of which 66.7% took place in public health facilities. Total percentage of C-sections (14.9%) is on par with the WHO's standard (10-15%); and out of the total reported C-sections, about 17.7% are conducted at private facilities in Uttarakhand. Around 44.9% of women are tracked for their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 45.2% (NFHS 4) to 42.6% (NFHS 5). Anaemia in females of reproductive age group is almost thrice than in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Uttarakhand has shown a significant decline in IMR from 42 (2005) to 27 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^k and Still Birth (per 1,000 live births) rates have also significantly decreased from 28 and 17 (2015) to 22 and 8 (2018) respectively (Annexure 2, figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 62.7 (2006-10) to 70.9 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, Dehradun, Tehri Garhwal and Uttarkashi districts reported low SRB^I ranging from 823 to 869, and Almora, Nainital and Pauri Garhwal districts reported high SRBs ranging from 1065 to 1444.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 71% (NFHS 4) to 88.6% (NFHS 5). The proportion of under 6-months children exclusively breastfed has also increased from 51.2% (NFHS 4) to 52.5% (NFHS 5). A decrease in childhood anaemia from 59.8% (NFHS 4) to 58.8% in children aged 6-59 months is reported in NFHS 5 (Annexure 2, Figure 5). As per NFHS 5 report, Bageshwar, Dehradun and Nainital districts reported relatively low burden of stunting, ranging from 20.9% to 23.6%, while Chamoli, Hardwar and Uttarkashi districts reported considerably higher burden of stunting, ranging from 31.1% to 34.1%. For under-5 wasting – Bageshwar, Dehradun and Rudraprayag

^h Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

ⁱ Antenatal Check up

^j Iron Folic Acid Tablets

k Neonatal Mortality Rate

Sex Ratio at Birth

 $[\]ensuremath{\,^{\rm m}}$ NFHS 5 State/UT Factsheet, based on information from vaccination card only

districts reported relatively low burden, ranging from 7% to 10.1%; while Almora, Chamoli and Hardwar districts reported high burden, ranging from 16.2% to 17%.

2.3 Family Planning

The TFRⁿ has reduced from 2 in 2015 to 1.8 in 2018 (Annexure 2, Figure 4). As per NFHS 5 report, the total unmet need in Uttarakhand is reported as 8.8%, while the unmet need for spacing is 3.2% (NFHS 5). Tehri Garhwal district reported the highest total unmet need of 13.8% while Almora reported the lowest (6.4%). Approximately 57.8% of married women reported to avail any modern method of family planning in the State (NFHS 5); with the sterilization acceptance being 26.0% among females, and 0.7% among males.

2.4 Communicable Diseases

Uttarakhand has 13 districts having functional IDSP units^o. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 25.27% of total disease burden (Annexure 1.4). Lower respiratory infection, drug Susceptible TB, and diarrheal diseases are the leading causes of deaths due to CMNND in Uttarakhand (Annexure 2, Figure 6^p). As per QPR report, for TB, the annualized total case notification rate is 207% and NSP^q success rate is 83%, as opposed to the national averages of 163% and 79%, respectively. For NLEP^r, the reported prevalence rate of 0.22 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 26 deaths due to Dengue, and none due to Malaria and Kala Azar are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths account for 68.0% of the total disease burden in the State, while disability or morbidity account for 32.0%. Ischaemic heart diseases, COPD & Diabetes Mellitus Type 2 are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 61.74% of DALYs, whereas injuries contribute to 12.99% of DALYs in the State. The State is positioned 22nd in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found in the recent NFHS 5 report that 4.6% of women and 33.7% of men used any kind of tobacco, while 0.3% of women and 25.5% of men consumed alcohol. Overall, smoking, high systolic blood pressure, ambient particulate matter pollution, high fasting plasma glucose and low birth weight are the top five major risk factors for all DALYs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 2,21,871 crores. The State is positioned 10th out of 32 states in terms of per capita^s of ₹ 1,98,738. According to NHA 2017-18, the per capita Government Health Expenditure in the Uttarakhand is ₹ 1,625 which is less than the national average of ₹ 1,753. On the other hand, the OOPE^t as a share of Total Health Expenditure was 41.7%, which is less

n Total Fertility Rate

[°] QPR NHM MIS Report

^p https://vizhub.healthdata.org/gbd-compare/india

^q New Smear Positive

r National Leprosy Eradication Programme

^s Directorate of Economics & Statistics

t Out of Pocket Expenditure

than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is to be around ₹ 4,440 in public facilities, ₹ 28,980 in private facilities; whereas for urban areas, it is around ₹ 6,195 in public facilities and ₹ 30,922 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,675 in public facilities & ₹ 25,673 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 3,289 in public facilities and ₹ 18,293 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 58% in rural and 66% in urban areas; whereas for diagnostics, it is 24% in rural and 13% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). There are additional 21.39% SCs and 2.39% PHCs in the State and a shortfall of 9.68% CHCs (Annexure 2, Figure 9). Currently, there are 1,839 SCs, 257 PHCs, and 56 CHCs in place, against the required 1,515 SCs, 251 PHCs and 62 CHCs in rural areas. In urban settings, there are 38 PHCs in place against the required 78, amounting to a shortfall of 51.28%. The State has 13 DHs, 19 SDHs and 4 government medical colleges. In tribal catchments, there are 146 SCs, 7 PHCs and 5 CHCs in place, against the required 92 SCs, 13 PHCs and 3 CHCs. This accounts to a shortfall of 46.15% of the required PHCs in tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 1147 HWCs (715 SHCs, 394 PHCs & 38 UPHCs) are operationalized in the State as of 22nd December 2021^u.

In Uttarakhand, 17 districts are equipped with MMUs under the NRHM while none under the NUHM. Uttarakhand has 99% of required ASHAs in position under the NRHM and 100% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 4 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 765.94 availed (events) OPD services and 31.79 availed (events) IPD services. As per the NSSO data (2017-18), 52% of all OPD cases in rural areas and 22% in urban areas; and 42% of all IPD cases in rural areas & 24% in urban areas utilized public health facilities. The public health facility utilization in Uttarakhand is more than the national average for OPD & less for IPD (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^v

| Indicator | Uttarakhand 2011 ¹ | India |
|---|-------------------------------|----------------------------------|
| Total Population (In Crore) | 1 | 121.08 |
| Rural (%) | 69.77 | 68.85 |
| Urban (%) | 30.23 | 31.14 |
| Scheduled Caste population (SC) (in crore) | 0.18 (18.76%) | 20.14 (16.63%) |
| Scheduled Tribe population (ST) (in crore) | 0.03 (2.89%) | 10.45 (8.63%) |
| Total Literacy Rate (%) | 78.8 | 72.99 |
| Male Literacy Rate (%) | 87.4 | 80.89 |
| Female Literacy Rate (%) | 70 | 64.64 |
| Number of Districts in the Assam ² | 13 | 3 |
| | Population ¹ | Districts ¹ (Numbers) |
| | <1 Lakhs | 0 |
| Number of districts per lakh population in Uttarakhand (Census 2011) | ≥ 1 Lakhs - <5 Lakhs | 6 |
| | ≥5 Lakhs - <10 lakhs | 4 |
| | ≥10 Lakhs | 3 |

| ST SC Dominant (Top | 5) Districts of Uttarakhand ¹ |
|--|--|
| ST Dominant Districts (%) | SC Dominant Districts (%) |
| Udham Singh Nagar - 7.46% | Bageshwar - 27.72% |
| Dehradun - 6.58% | Pithorgarh - 24.90% |
| Pithorgarh - 4.04% | Uttarkashi - 24.40% |
| Chamoli - 3.13% | Almora - 24.25% |
| Uttarkashi - 1.06% | Haridwar - 21.75% |
| Top 5 ST dominant district accounts for - 92.50% | Top 5 SC dominant district accounts for - 44.14% |

| 1.2 Key Health Status & Impact Indicators | | |
|---|-------------|-------|
| Indicators | Uttarakhand | India |
| Infant Mortality Rate (IMR) ³ | 27 | 30 |
| Crude Death Rate (CDR) ³ | 6 | 6 |

Sources are mentioned at the end of Annexure 1

| Crude Birth Rate (CBR) ³ | 17.1 | 19.7 |
|--|------|------|
| Maternal Mortality Ratio (MMR) ³ | 99 | 113 |
| Neo Natal Mortality Rate (NNMR) ⁴ | 22 | 23 |
| Under Five Mortality Rate (U5MR)⁴ | 33 | 36 |
| Still Birth Rate ⁴ | 8 | 4 |
| Total Fertility Rate (TFR) ⁴ | 1.8 | 2.2 |
| Life expectancy at birth⁵ | 70.9 | 69.4 |
| Sex Ratio at Birth⁴ | 840 | 899 |

1.3 Key Health Infrastructure Indicators^w

| Indicators | | | | Numbers (Total) | |
|---|---------------------------------------|--------|---------------------------|------------------------|--|
| Number of District Hospitals ² | 13 | | | | |
| Number of Sub District Hospital ² | | | | 19 | |
| Number of Government (Central + State) Medic | al College ⁶ | | | 4 | |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 2 | |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status Target (Total) FY (2020-21) | | Target I) FY (2021-22) | Target FY (2022-23) | |
| SHC-HWC | 715 | 590 | 1100 | 1439 | |
| PHC-HWC | 394 | 257 | 257 | 257 | |
| UPHC-HWC | 38 | 39 | 39 | 39 | |
| Total-HWC | 1147 | 886 | 1396 | 1735 | |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) | |
| Number of Community Health Centres (CHC) | 62 | | 56 | 9.68 | |
| Number of Primary Health Centres (PHC) | 251 | | 257 | -2.39 | |
| Number of Sub Centres (SC) | 1,515 | | 1,839 | -21.39 | |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС | |
| | 8 | | 9 | 10 | |
| Urban ² | Required (R) | | In place (P) | Shortfall (S) (%) | |
| Number of PHC | 78 | | 38 | 51.28 | |
| Tribal ² | Required (R) | | In place (P) | Shortfall (S)% | |
| Number of CHC | 3 | | 5 | -66.67 | |
| Number of PHC | 13 | | 7 | 46.15 | |
| Number of SC | 92 | | 146 | -58.70 | |

Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | Uttarakhand | India |
|---|-------------|--------|
| IPD per 1000 population | 31.79 | 62.6 |
| OPD per 1000 population | 765.97 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 19.55 | 36.4 |

| 1.4 Major Health Indicator ^x | | | | | | |
|--|-------------|----------|--|--|--|--|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | Uttarakhand | India | | | | |
| % DALY ^y accountable for CMNNDs ^z | 25.27 | 27.46 | | | | |
| % DALY accountable for NCDs | 61.74 | 61.43 | | | | |
| % DALY accountable for Injuries | 12.99 | 11.11 | | | | |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | Uttarakhand | India | | | | |
| Level of Birth Registration (%) | 100 | 92.7 | | | | |
| Level of Death Registration (%) | 95.6 | 92 | | | | |
| Percentage of medically certified deaths to total registered deaths (%) | 8.9 | 20.7 | | | | |
| RMNCHA+N | | | | | | |
| Maternal Health ⁹ | Uttarakhand | India | | | | |
| % 1st Trimester registration to Total ANC Registrations | 70.6 | 71.9 | | | | |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 72.6 | 79.4 | | | | |
| Total Reported Deliveries | 152648 | 21410780 | | | | |
| % Institutional deliveries to Total Reported Deliveries | 88.8 | 94.5 | | | | |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 66.7 | 67.9 | | | | |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 33.3 | 32.1 | | | | |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 14.9 | 20.5 | | | | |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 13.5 | 14.1 | | | | |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 17.7 | 34.2 | | | | |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 44.9 | 53.4 | | | | |
| Neonatal ⁹ | Uttarakhand | India | | | | |
| % live birth to Reported Birth | 98.8 | 98.8 | | | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 7.5 | 12.4 | | | | |
| | | | | | | |

х Sources are mentioned at the end of Annexure 1

у

Disability Adjusted Life Years Communicable, Maternal, Neonatal, and Nutritional Diseases z

| New Born Care Units Established ¹¹ | Uttarakhand | India |
|---|-------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 5 | 895 |
| New Born Stabilization Unit (NBSU) | 29 | 2418 |
| New Born Care Corner (NBCC) | 129 | 20337 |
| Child Health & Nutrition ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 4.4 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 55.9 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 21 | 32.1 |
| Child Immunization ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 88.6 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 95.2 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 90.6 | 87.9 |
| Family Planning ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.2 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | Uttarakhand | India |
| Number of districts with functional IDSP unit | 13 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | Uttarakhand | India |
| Annualized total case notification rate (%) | 207 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 83 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | Uttarakhand | India |
| Prevalence Rate/10,000 population | 0.22 | 0.61 |
| Number of new cases detected | 320 | 1,14,359 |
| Malaria, Kala Azar, Dengue ¹¹ | Uttarakhand | India |
| Deaths due to Malaria ¹¹ | 0 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 26 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 100 | 3,706 |
| HIV ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 24.5 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 36.1 | 30.7 |

| Non-Communicable Disease | | | | | |
|---|-------------------------|-------------------|--|--|--|
| Diabeties and Hypertension ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) | | | |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.7 | 12.4 | | | |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 20.1 | 15.7 | | | |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 4.2 | 6.1 | | | |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 5.6 | 7.3 | | | |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | Uttarakhand (NFHS 5) | India (NFHS 5) | | | |
| Women who use any kind of tobacco (%) | 4.6 | 8.9 | | | |
| Men who use any kind of tobacco (%) | 33.7 | 38 | | | |
| Women who consume alcohol (%) | 0.3 | 1.3 | | | |
| Men who consume alcohol (%) | 25.5 | 18.8 | | | |
| Injuries | | | | | |
| Road Traffic Accident ¹² | Uttarakhand | India | | | |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 22 | NA | | | |
| Total number of fatal Road Accidents | 750 | 1,37,689 | | | |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 64.1 | 33.7 | | | |
| Number of persons killed in Road Accidents | 867 | 115113 | | | |

1.5 Access to Careaa

| Health Systems Strengthening | | | | | | |
|--|-------------|-------|--|--|--|--|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | Uttarakhand | India | | | | |
| Number of Districts equipped with MMU under NRHM | 17 | 506 | | | | |
| Number of Districts equipped with MMU/Health Units under NUHM | 0 | 31 | | | | |
| Number of ERS vehicles operational in the States/UTs Under NHM | Uttarakhand | India | | | | |
| 102 Туре | 94 | 9955 | | | | |
| 104 Туре | 0 | 605 | | | | |
| 108 Туре | 140 | 10993 | | | | |
| Others | 0 | 5129 | | | | |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 160 | 11070 | | | | |

^{aa} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | | | |
|---|---|------------------|--------------|--|
| ASHA ¹³ | | Uttarakhand | India | |
| Total number of ASHA ta | argeted under NRHM | 10470 946563 | | |
| Total number of ASHA ir | n position under NRHM | 10392 | 904211 | |
| % of ASHA in position u | nder NRHM | 99.26 | 96 | |
| Total number of ASHA ta | argeted under NUHM | 1181 | 75597 | |
| Total number of ASHA ir | n position under NUHM | 1181 | 64272 | |
| % of ASHA in position u | nder NUHM | 100 | 85 | |
| Community Process ¹¹ | | Uttarakhand | India | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 15296 | 554847 | |
| Number of Mahila Arogy | ya Samitis (MAS) formed | 1036 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | Uttarakhand | India | |
| DH | | 19 | 796 | |
| СНС | | 63 | 6036 | |
| РНС | | 229 | 20273 | |
| UCHC | | 0 126 | | |
| UPHC | | 0 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | Uttara | khand | |
| Specialist Cadre Availab | in the state (Y/N) No | | 0 | |
| HR Policy available (Y/N) |) | No | | |
| Implementation of HRIS | (Y/N) | No | | |
| HR Integration initiated | (Y/N) | Yes | | |
| Public Health Cadre avai | ilable (Y/N) | N | 0 | |
| | Specialists (%) | 6 | 6 | |
| | Dentists (%) | 4 | 45 | |
| Overall Vacancies | MO MBBS (%) | 6 | 5 | |
| (Regular + contractual) | Nurse (%) | 3 | 2 | |
| | LT (%) | 50 | | |
| | ANM (%) | 26 | | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialist | ts) to staff nurse ¹⁴ | 1:1 | 1:1 | |
| | Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system147 per 10,0004 per 10,000 | | 4 per 10,000 | |
| Regular to contractual se | ervice delivery staff ratio ¹⁴ | 6:1 | 5:1 | |

Ranking: Human Resource Index of Uttarakhand¹⁵

| Category | Total (Regular + NHM) | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|--|
| | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index | |
| MPW ^{bb} | 4554 | 3548 | 1962 | 1586 | 2592 | | |
| Staff Nurse | 5700 | 3262 | 1596 | 1666 | 4104 | | |
| Lab Technician | 1290 | 728 | 286 | 442 | 1004 | 50.01 | |
| Pharmacists | 962 | 1548 | 1408 | 140 | 0 | 58.01 | |
| MO MBBS ^{cc} | 1367 | 1612 | 1447 | 165 | 0 | | |
| Specialist ^{dd} | 1162 | 1237 | 524 | 713 | 638 | | |

| 1.6 Healthcare Financing | | | | | | |
|--|--------|-------------|--------|--------|--|--|
| National Health Accounts (NHA) (2017-18) | | khand | India | | | |
| Per Capita Government Health Expenditure (in ₹) | 1,6 | 525 | 1,7 | 753 | | |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | 0 | .8 | 1. | 1.35 | | |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 5.1 | | 5.12 | | | |
| OOPE as a Share of Total Health Expenditure (THE) % | 41 | 41.7 | | 48.8 | | |
| National Sample Survey Office (NSSO) (2017-2018) | | Uttarakhand | | India | | |
| | | Urban | Rural | Urban | | |
| OPD - % of non-hospitalized cases using public facility | 52 | 22 | 33 | 26 | | |
| IPD - % of hospitalized cases using public facility | 42 | 24 | 46 | 35 | | |
| Out of Pocket Expenditure (OOPE) (NSSO)* | | Urban | Rural | Urban | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 370 | 426 | 472 | 486 | | |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 720 | 936 | 845 | 915 | | |
| IPD - Per hospitalized case (in INR) - Public | 4,440 | 6,195 | 5,729 | 5,939 | | |
| IPD - Per hospitalized case (in INR) - Private | 28,980 | 30,922 | 28,816 | 34,122 | | |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 24 | 13 | 18 | 17 | | |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 58 | 66 | 53 | 43 | | |

^{bb} MPW – Multi Purpose Health Worker (Female + Male)

^{cc} MO MBBS (Full Time)

^{dd} Specialist (All Specialist)

 ^{*} Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| health facility (₹) (NSSO) Childbirth - Average out of pocket expenditure per delivery in private | 2,675 | 3,289 | 2,402 | 3,091 |
|--|---------------------|-------|-----------|---------|
| health facility (₹) State Health Expenditure | Uttara | khand | All India | Average |
| | 4.4 5 ^{ee} | | | |

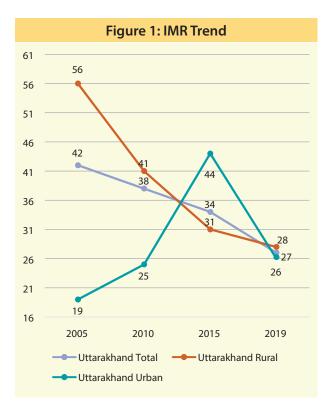
Sources used for Annexure 1

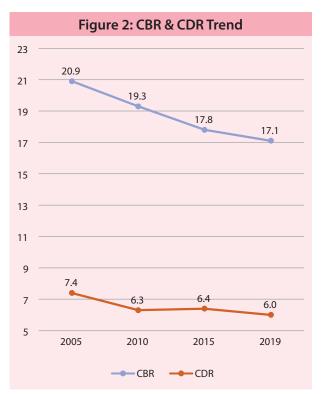
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

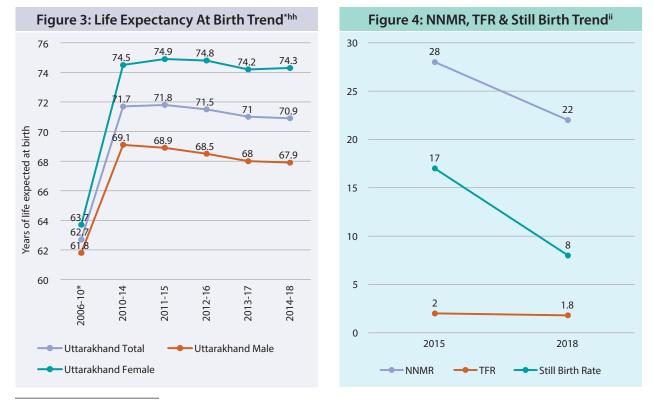
ee Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2



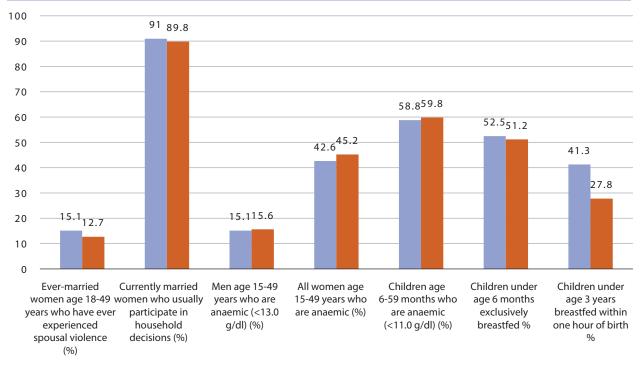




hh Uttarakhand was formed on the 9th November 2000 as the 27th State of India, when it was carved out of northern Uttar Pradesh; https:// uk.gov.in/pages/display/115-state-profile

^{II} Information related to NNMR, TFR & Still Birth rate for year 2005 & 2010 is not available

Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4



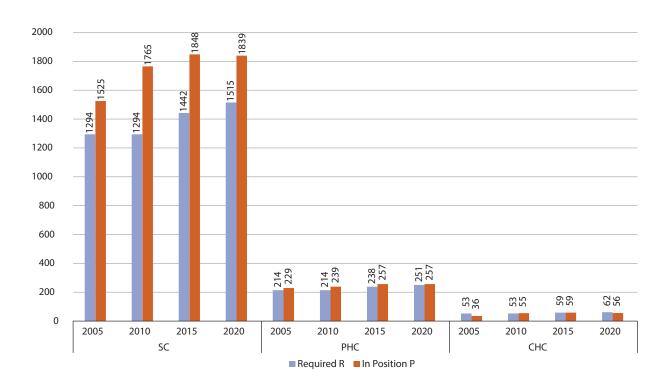
| | Uttarakhand |
|--|---|
| 1990 rank | Both sexes, All ages, DALYs per 100,000 2019 rank |
| 1 Diarrheal diseases | 1 Ischemic heart disease |
| 2 Lower respiratory infect | 2 COPD |
| 3 Drug-susceptible TB | 3 Lower respiratory infect |
| 4 Protein-energy malnutrition | 4 Drug-susceptible TB |
| 5 Neonatal preterm birth | 5 Diabetes type 2 |
| 6 COPD | 6 Diarrheal diseases |
| 7 Other neonatal | 7 Neonatal preterm birth |
| 8 Ischemic heart disease | 8 Falls |
| 9 Tetanus | 9 Dietary iron deficiency |
| 10 Neonatal encephalopathy | 10 Other musculoskeletal |
| 11 Typhoid fever | 11 Motorcyclist road inj |
| 12 Measles | 12 Intracerebral hem |
| 13 Dietary iron deficiency | 13 Self-harm other means |
| 14 Encephalitis | 14 Low back pain |
| 15 Neonatal sepsis | 15 Migraine |
| 16 Asthma | 16 Astima |
| 18 Self-harm other means | 17 Other neonatal |
| 19 Falls | 22 Neonatal encephalopathy |
| 21 Low back pain | 24 Typhoid fever |
| 23 Intracerebral hem | 31 Neonatal sepsis |
| 29 Migraine | 54 Protein-energy malnutrition |
| 30 Motorcyclist road inj | 56 Encephalitis |
| 34 Diabetes type 2 | 104 Tetanus |
| 35 Other musculoskeletal | 179 Measles |
| | Communicable, maternal, |
| and the second s | neonatal, and nutritional diseases |
| | Non-communicable diseases |
| | Injuries |

Figure 7: Top 15 risk of DALYs, 1990-2019

| | Uttarakhand |
|--|--|
| 1990 rank | Both sexes, All ages, DALYs per 100,000 2019 rank |
| | |
| 1 Low birth weight | 1 Smoking |
| 2 Child wasting | 2 High systolic blood pressure |
| 3 Short gestation | 3 Ambient particulate matter pollution |
| 4 Household air pollution from solid fuels | 4 High fasting plasma glucose |
| 5 Unsafe water source | 5 Low birth weight |
| 6 Child underweight | 6 High body-mass index |
| 7 Unsafe sanitation | 7 Short gestation |
| 8 Smoking | 8 Alcohol use |
| 9 High systolic blood pressure | 9 High LDL cholesterol |
| 10 No access to handwashing facility | 10 Household air pollution from solid fuels |
| 11 Child stunting | 11 Kidney dysfunction |
| 12 Ambient particulate matter pollution | 12 Iron deficiency |
| 13 Alcohol use | 13 Low temperature |
| 14 Iron deficiency | 14 Secondhand smoke |
| 15 High fasting plasma glucose | 15 Diet low in whole grains |
| 16 Non-exclusive breastfeeding | 16 Unsafe water source |
| 17 High LDL cholesterol | 17 Child wasting |
| 18 Low temperature | 18 Diet low in fruits |
| 19 Secondhand smoke | 19 Lead exposure |
| 20 Kidney dysfunction | 25 Unsafe sanitation |
| 23 High body-mass index | 30 Child underweight |
| 24 Lead exposure | 36 No access to handwashing facility |
| 25 Diet low in whole grains | 41 Child stunting |
| 26 Diet iow in fruits | 42 Non-exclusive breastfeeding |

Metabolic risks Environmental/occupational risks Behavioral risks

Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)



16 | Health Dossier 2021: Reflections on Key Health Indicators – Uttarakhand



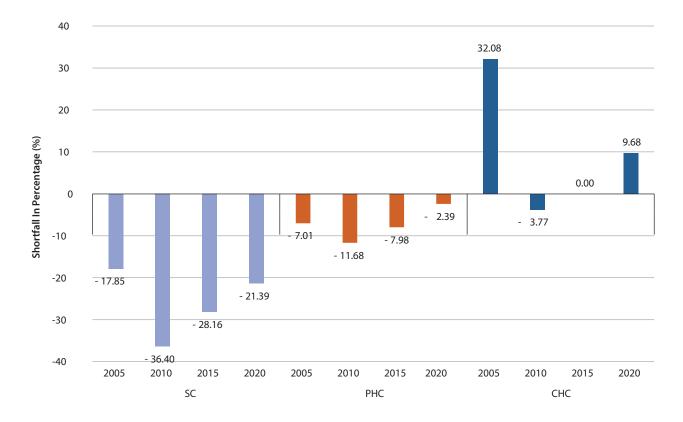
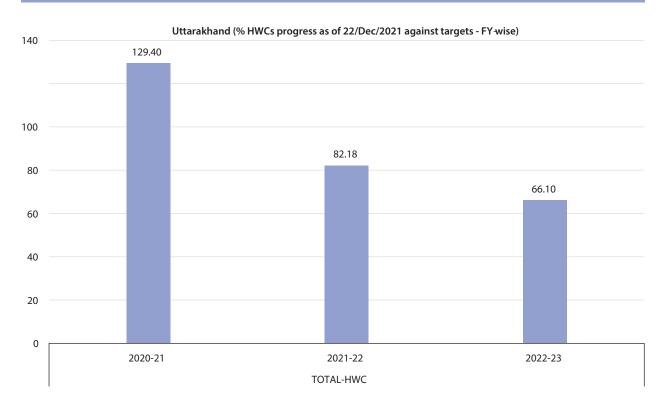


Figure 10: Percentage HWCs progress against target - FY wise (%)



ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 19.5 | 17.4 | 11.3 | 13.2 | 17 | 7.7 | 16.2 | 12.4 | 10.1 | 16.4 | 14 | 12 | 12.4 | 8 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|
| | thgiəH) ^bətrut2 - Staars - Stunted^ (Height For Age) (%) | 33.5 | 24.3 | 28.2 | 27 | 26 | 23.6 | 34.1 | 24.9 | 20.9 | 31.1 | 23.2 | 30 | 25.6 | 25.2 |
| | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 8.5 | 13.3 | 12.2 | 12.5 | 18.1 | 7.2 | 10.3 | 6 | 13.3 | 15.5 | 19.2 | 12.1 | 16.9 | 10.8 |
| | Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 71 | 86 | 89.9 | 88.6 | 96.3 | 91 | 91.1 | 91.6 | 83 | 93.7 | 73.5 | 80.4 | 97 | 94 |
| | (%) sıtıtutional Births | 68.6 | 89.4 | 80.4 | 83.2 | 80.1 | 82 | 73.9 | 79.8 | 91.7 | 79.8 | 81.2 | 76 | 84.9 | 86.6 |
| | leten9tnA 4 teast 4 beH orlWr9thoM Care Visits (%) | 30.9 | 71 | 57.3 | 61.8 | 44.3 | 67.9 | 52.2 | 62 | 75.3 | 48.5 | 59.7 | 39.6 | 58.7 | 76.5 |
| nance) le) | (%) bəəV təmnU lətoT | 15.5 | 6.5 | 9.9 | 8.8 | 6.4 | 8.4 | 9.3 | 10.4 | 6.5 | 11.8 | 6.5 | 9.9 | 11.3 | 12.2 |
| or Perforn ot Availabl | (%) əsU mobno⊃ | 16.1 | 35.4 | 21 | 25.6 | 22.1 | 23.1 | 10.8 | 16.6 | 32.8 | 30.6 | 29.7 | 22.1 | 16.9 | 10.8 |
| Red – Poo n Stats No | (%) UUD/PPIUD (%) | 1.6 | 2 | 1.3 | 1.5 | 1.6 | 1.5 | 0.4 | 0.6 | 1.9 | 1.7 | 1.8 | 1.5 | 2.3 | 1.2 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | gninnsl9 vlims7 tor Family Planing By Currently Married Women Age 15-49 years (%) | 53.4 | 73.5 | 69.5 | 70.8 | 78.6 | 78.8 | 73.7 | 66.7 | 75 | 63.6 | 74.7 | 78 | 71.2 | 72.1 |
| een – Good (District W | 910198 bəirisM zısəY 42-02 924 nəmoW 18 (%) | 13.8 | 10 | 9.8 | 9.8 | 1.5 | 12.9 | 3.4 | 11.7 | 6.6 | 6.6 | 11.3 | 8.6 | 16.2 | 8.6 |
| (Gr | (%) əpA 94-21 ətsıətil nəmoW | NA | 83.4 | 78 | 79.8 | 86.3 | 87.2 | 89.2 | 83.8 | 85.8 | 73.7 | 83.9 | 84 | 87.6 | 86.1 |
| | households with any usual member covered under a health insurance/ financing scheme (%) | 19.5 | 61.6 | 62.9 | 62.5 | 66 | 71.9 | 71.1 | 65.7 | 67.3 | 46.6 | 60.8 | 62.7 | 72.8 | 76.6 |
| | (səlsM 0001\zəlsmə7) dhi8 tA oitsA xə2 | 888 | 1094 | 937 | 984 | 1444 | 940 | 1026 | 926 | 823 | 985 | 1136 | 1065 | 911 | 958 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | stəfəs/Districts | Uttarakhand | Uttarakhand | Uttarakhand | Uttarakhand | Almora | Bageshwar | Chamoli | Champawat | Dehradun | Hardwar | Nainital | Pauri Garhwal | Pithoragarh | Rudraprayag |
| | Serial No. | - | 2 | 3 | 4 | 5 | 9 | 7 | 8 | 6 | 10 | 1 | 12 | 13 | 14 |

| Health Dossier 2021: Reflections on Key He | ealth Indicators – Uttarakhand 19 |
|--|-------------------------------------|
|--|-------------------------------------|

| · Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted^ (Weight For Height) (%) | 12.8 | 12.4 | 10.6 |
|---|---|---------------|----------------------|--------------|
| Red – Poor ban Stats I | Children Under 5 Years - Stunted^ (Height For Age) (%) | 29.3 | 26.8 | 34.1 |
| formance, ise Rural U | Total Children Age 6-23 Months Receiving Adequate Diet**, # (%) | 1.5 | 6.7 | 7.6 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age کا ۲۵-۵۲ Marts Fully Vaccinated Based On Information From Vaccination Card Only* (%) | 77.6 | 92.2 | 91.5 |
| (Gre | (%) sıtıtısı Births | 82.2 | 85.1 | 85.9 |
| | lsten9tnA 4 tesst 1A bsH orWn9thOM Care Visits (%) | 48.9 | 75.9 | 66.8 |
| | Total Unmet Need (%) | 13.8 | 7.2 | 7.7 |
| | (%) əsU mobno⊃ | 12.5 | 28.4 | 11.7 |
| | IUD/PPIUD (%) | 2 | 1.1 | 1.3 |
| | pninnaly Viime For For Panning Planning By Currently Married Women Age ا۲-۹۹ (%) | 67.3 | 67.2 | 73.8 |
| | Women Age 20-24 Years Married Before 18 (%) | 6.3 | 14.6 | 5.7 |
| | (%) 9pA 94-21 9fs19fil n9moW | 74.9 | 70.4 | 80.1 |
| | rovered ning (%) covered under a health insurance/ financing scheme (%) | 71.2 | 59 | 80.3 |
| | (zəlsM 000 l \zəlsmə1) rthi8 tA oitsR xə2 | 866 | 1022 | 869 |
| | Data Source | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | stəfəs/Districts | Tehri Garhwal | Udham Singh Nagar | Uttarkashi |
| | Serial No. | 15 | 16 | 17 |

* NFH5S replaced 'Immunized' (word) from NFH54 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & vaccination card only - 'vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card only 'indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk products food groups.

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best three performing districts within the districts for a particular indicator Ä

Red – Worst three performing districts within the districts for a particular indicator œ

ن

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid food at least twice a day for breastfed infants 6.8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) ய் ш.

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

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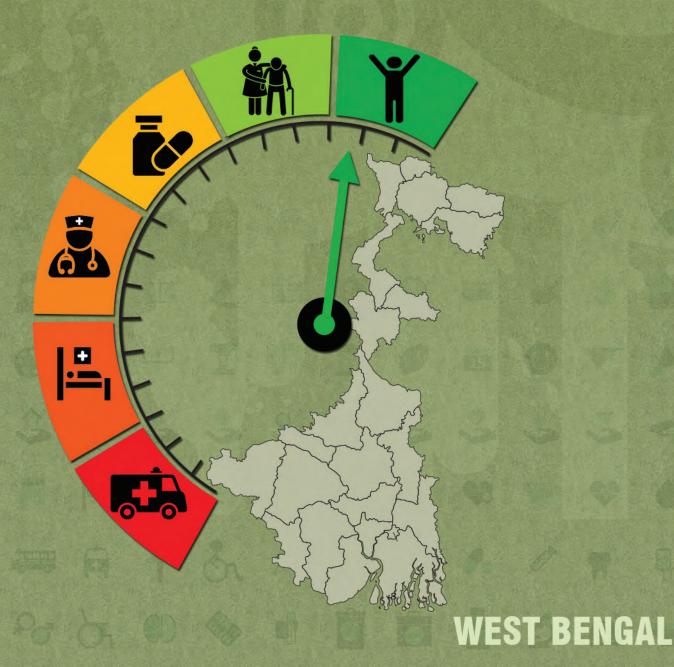


NATIONAL HEALTH SYSTEMS RESOURCE CENTRE





HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DISTRICTS VISITED IN COMMON REVIEW MISSIONS

| CRM | Districts Visited | | | | |
|------------------|-------------------|-------------------|--|--|--|
| 1 st | Birbhum Bankura | | | | |
| 3 rd | Purulia | Cooch Behar | | | |
| 6 th | Murshidabad | Paschim Medinipur | | | |
| 8 th | Bankura | Uttar Dinajpur | | | |
| 9 th | Cooch Behar | Medinipur | | | |
| 11 th | Dakshin Dinajpur | Paschim Medinipur | | | |
| 14 th | Nadia | North 24 Pargana | | | |

WEST BENGAL

1. BACKGROUND

1.1 State Profile

West Bengal is the 14th largest State (2.72%^a) by area in India^b with a geographical spread of 88,752 km². The State is divided into 23 districts^c and has a population of over 9.1 crores accounting for 7.54% of the country's total population^d. The population is projected to increase over 9.8 crores by 2021^e. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 2.1 crores (23.5%) and 0.52 crores (5.8%) respectively. Around 68.13% live in rural areas, while only 31.87% live in urban areas. Out of the 23 districts, the top five SC & ST dominant districts account for 37.54% of SC & 53.33% of ST population in West Bengal (Figure 1 & Annexure 1.1, State Profile).

The total length of roads^f in West Bengal is 3,22,067 km ($6.44\%^{g}$), in which, the length of national highways is 2,956 km ($2.6\%^{h}$) and state highways is 3,262 km ($1.86\%^{i}$).

- ^a Percentage of total area in the country
- ^b Including all States and UTs; RHS 2019
- c RHS 2019
- d Census 2011
- e Census Population Projection 2019
- ^f Basic Road Statistics 2019, MoRTH
- ⁹ Percentage of total length of roads in State/UT
- ^h Percentage of total length of National Highways in the country
- Percentage of total length of State Highways in the country



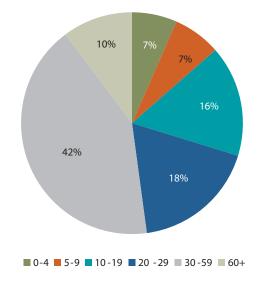


A detail table on the key indicators has been attached as Annexure 1

1.2 Demography

In the State, 16 districts are estimated to have a population of 30 lakhs and above, 2 districts have a population between 20-30 lakhs and 2 districts have a population between 10-20 lakhs (Annexure 1.1). The State's sex ratio of 941 females for every 1000 males is higher than the national average of 889 females for every 1000 males (Annexure 1.2). As estimated, there are 16% of the total population in the age group of 10-19 years, 60% within 20 to 59 years, and 10% in the age group of 60 years and above (Figure 2). The crude birth and death rates have declined from 18.8 and 6.4 (2005) to 14.9 and 5.3 (2019) respectively (Annexure 2, Figure 2). The literacy rate increased from 68.64% in 2001 to 76.26% in 2011, with male & female literacy rates reported as 81.69% and 70.54% respectively. As per ESAG 2018 report, the Gross Enrollment Rate (GER)^j is 17.7% for higher education, 51.54% for senior secondary education, 83.56% for secondary education, 104.16% for elementary school & 103.68% for primary education.





1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged over 60 years share 10% of the State's total population. The life expectancy at 60 years of age is 17.9 years for males and 19.2 years for females (2014-2018)^k. In West Bengal, 75% of elderly females and 24% elderly males in urban areas; and 80% of elderly females and 30% elderly males in rural areas are economically fully dependent on others. The old age dependency ratio is 13.2 in 2011, which is 12.7 for males, 13.7 for females, 12.5 in rural areas and 14.5 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is around 41%, which is higher than the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

West Bengal has been able to provide RMNCHA+N¹ services with a major focus on primary and secondary care services under NHM. Indicators for Antenatal care $(ANC)^m$, institutional deliveries, C sections,

^j Gross Enrolment Rate (GER): Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school-year. School-age Population: Population of the age group which officially corresponds to the relevant level of education; senior secondary education is XI-XII, secondary is IX-X, primary is I-V and elementary is I-VIII

^k SRS Based Abridged Life Tables

¹ Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

m Antenatal Check up

distribution of IFAⁿ tablets, follow-up of high-risk pregnancies, provision of postnatal and newborn car, have shown substantial improvement since 2005 (NFHS 4 & 5). The maternal mortality ratio has significantly declined (SRS MMR Bulletin) from 145 in 2007-09 to 98 in 2016-18 per 1,00,000 live births. In West Bengal, out of the total ANC registration, 81.7% of pregnant women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Murshidabad, Paschim Barddhaman, Purba Medinipur, Purulia and Uttar Dinajpur districts reported relatively poor ANC coverage ranging from 56.8% to 70.1%, whereas good coverage is reported in Haora, Jalpaiguri, Maldah, North Twenty Four Parganas and South Twenty Four Parganas districts ranging from 82.7% to 89.9%. Around 98.6% of all reported deliveries took place in institutions, out of which 80.1% took place in public health facilities. Total percentage of C-sections (36.2%) is higher than that of the WHO's standard (10-15%); and out of the total reported C-sections, about 79.8% C-sections are conducted at private facilities in the State. Around 82.9% of the women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia has increased from 62.2% to 70.8%. Anaemia in females of reproductive age group is roughly twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 38 (2005) to 20 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). In addition, NNMR° and Still Birth (per 1,000 live births) Rates have also significantly decreased from 29.5 and 8.6 (2005) to 16 and 5 (2018) respectively (SRS data). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under the NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 69 in 2006-10 to 71.6 in 2014-18, which is higher than the national average of 69.4 (Annexure 2, Figure 3). As per NFHS 5, Purba Medinipur, Paschim Barddhaman, Kolkata, Purulia & Purba Barddhaman districts reported low SRBs^p ranging from 777-877 and Uttar Dinajpur, South Twenty-Four Parganas, Jalpaiguri, Dakshin Dinajpur & Haora reported high SRBs ranging from 1155 to 1062.

Full vaccination^q coverage for children between 12-23 months slightly decreased from 92.5% (NFHS 4) to 90.8% (NFHS 5). The percentage of under-6 months children exclusively breastfed remains roughly the same. There is a wide variation in the nutritional status across the State. A considerable increase in childhood anaemia from 54.2% to 69% in children aged 6-59 months has been reported (Annexure 2, Figure 5). As per NFHS 5, Purba Medinipur, Nadia, Haora, Kochi Bihar, Jalpaiguri districts reported comparatively low burden of stunting ranging from 25.8% to 28.9% and Uttar Dinajpur, Maldah, Murshidabad, Paschim Barddhaman & Birbhum districts reported high burden ranging from 37% to 44.8%. For under-5 wasting, Paschim Medinipur, Purulia, Kolkata, Bankura & Birbhum districts reported a high burden ranging from 25.5% to 30.3%; while North Twenty-Four Parganas, Purba Medinipur, Uttar Dinajpur, Murshidabad and Koch Bihar districts reported comparatively lower burden ranging from 13.3% to 16.8%.

ⁿ Iron Folic Acid Tablets

o Neonatal Mortality Rate

p Sex Ratio at Birth

q NFHS 5 State/UT Factsheet, based on information from vaccination card only

2.3 Family Planning

The TFR^r reduced from 2.1 (2005) to 1.5 (2018), which is lower than the national average of 2.2 (Annexure 2, Figure 4). The total unmet need in the State is reported as 7%, while the unmet need for spacing is 3.0% (NFHS 5). Highest percentage of total unmet need is reported from Purulia district (16.1%), while lowest is reported from Kolkata (2.2%). Around 60.7% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 29.4% among females and 0.1% among males.

2.4 Communicable Diseases

The State has 27 functional IDSP units in place^s. The proportion of Communicable, Maternal, Neonatal, And Nutritional Diseases [CMNND] contribute to 22.59% of DALYs (GBD 2019) while diarrheal diseases, lower respiratory infections & drug-susceptible TB are the major causes of death in the State (Annexure 2, Figure 6^t). As per QPR reports, the annualized total case notification rate for TB is 99% and NSP^u success rate is 80% as opposed to the national averages of 163% and 79%, respectively. For NLEP^v, the reported prevalence rate of 0.58 per 10,000 population is lower than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 6 from malaria, 11 deaths from JE^w, while none from Dengue and Kala Azar.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that 64.7% of total disease burden in the State is from premature death and 35.3% from disability or morbidity^x. NCDs contribute to around 66.02% of DALYs, while injuries contribute to around 11.39% of DALYs in the State (Annexure 1.4). Ischaemic heart disease, Intracerebral hemorrhage & COPD remain the major causes for DALYs (Annexure 2, Figure 6). The State ranks 11th in the country for the total number of fatal road accidents with respect to others. The recent NFHS 5 report revealed that 10.8% of women and 48.1% of men used any kind of tobacco, while 1.1% of women and 18.1% of men consumed alcohol. In general, high systolic blood pressure, smoking, high fasting plasma glucose, ambient particulate matter pollution & low birth weight remains the major risk factors for all DALYs (Annexure 2, Figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 9,95,502 crores. West Bengal is positioned 22nd out of 32 states in terms of per capita^y of ₹ 1,01,138. According to NHA (2017-18), the per capita Government Health Expenditure in the State is ₹ 1,088, which is lower than the national average of ₹ 1,753. On the other hand, the OOPE^z as a share of Total Health Expenditure is 69.8%, higher than the national average of 48.8%. As per the NSS 2017-18, the OOPE for IPD care in rural areas is ₹ 46,992

^u New Smear Positive

r Total Fertility Rate

^s QPR NHM MIS Report (Status as on 01.03.2020)

t https://vizhub.healthdata.org/gbd-compare/india

v National Leprosy Eradication Programme

^w Japanese Encephalitis

^{*} India: Health of the Nation's States: The India State-Level Disease Burden Initiative

^y Directorate of Economics & Statistics

^z Out of Pocket Expenditure

in private hospitals and ₹ 3,765 in public hospitals; while the same in urban areas is ₹ 42,264 in private hospitals and ₹ 4,993 in public hospitals. For childbirth, OOPE in public facilities is around ₹ 2,559 in rural areas and ₹ 3,109 in urban areas; whereas in private health facilities, it is ₹ 21,005 in rural areas and ₹ 31,708 in urban areas. In public health facilities, the share of medicines on expenditure is 55% for inpatient care in rural and 47% in urban areas; whereas for diagnostics it is 23 % and 21% in rural and urban areas respectively.

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, 21.69% shortfall in SC, 58.04% shortfall in PHC and 36.03% shortfall in CHCs still remain in the State (Annexure 2, Figure 9). Currently, there are 10,357 SCs, 913 PHCs, 348 CHCs in place, against the required 13,225 SCs, 2176 PHCs, and 544 CHCs. Similarly, in urban settings, there are 456 UPHCs in place against the required 697, hence, a shortfall of 34.58% exists. However, in tribal areas, there are 2889 SCs, 283 PHCs and 105 CHCs against the required 1635 SCs, 245 PHCs and 61 CHCs, accounting to an excess of 76.70% SCs, 15.51 PHCs and 72.13% CHCs. The State has 18 DHs, 60 SDHs and 19 Government medical colleges. In the State, 100 % (18) of DH, 97 % of SDH (58) and % 13.5 (47) of CHCs serve as functional FRUs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 5260 HWCs (4041 SHCs, 783 PHCs & 436 UPHCs) are operationalized in the State as of 22nd December 2021^{aa}.

In the State, only 11 districts are equipped with MMUs under NRHM and 1 district under NUHM. The State has 86% of ASHAs in position under NRHM and 81% under NUHM, which are lower than the national averages of 96% and 85% respectively. The doctor to staff nurse ratio is 1:2, with 12 public health providers available for every 10,000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1359 availed (events) OPD services and 70 availed (events) IPD services. However, as per the NSS data (2017-18), only 33% of all OPD cases in rural and 22% in urban used public facilities. While the former is on par with the national average, the latter is less than the national average of 26%. At the same time, 74% of all IPD cases in rural and 59% in urban areas utilized public health facilities, which are higher than the national averages of 46% and 35% respectively.

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^{bb}

| Indicator | West Bengal 2011 ¹ | India | | | |
|---|---|----------------------------------|--|--|--|
| Total Population (In Crore) | 9.1 | 121.08 | | | |
| Rural (%) | 68.1 | 68.85 | | | |
| Urban (%) | 31.8 | 31.14 | | | |
| Scheduled Caste population (SC) (in crore) | 2.1 (23.5%) | 20.14 (16.63%) | | | |
| Scheduled Tribe population (ST) (in crore) | 0.52 (5.8%) | 10.45 (8.63%) | | | |
| Total Literacy Rate (%) | 76.26 | 72.99 | | | |
| Male Literacy Rate (%) | 81.69 | 80.89 | | | |
| Female Literacy Rate (%) | 70.54 | 64.64 | | | |
| Number of Districts in the West Bengal ² | 23 | | | | |
| | Population ¹ | Districts ¹ (Numbers) | | | |
| | <10 Lakhs | 0 | | | |
| Number of districts per lakh population in West Bengal (Census 2011) | ≥ 10 Lakhs - <20 Lakhs | 2 | | | |
| | ≥20 Lakhs - <30 lakhs | 2 | | | |
| | ≥30 Lakhs | 16 | | | |
| ST SC Dominant (T | op 5) Districts of West Bengal ¹ | | | | |
| ST Dominant Districts (%) | SC Dominant Districts (%) | | | | |
| Darjeeling - 21.51% | Cooch Biha | r - 50.17% | | | |
| | | | | | |

| Daljeeling - 21.31% | COOCH BIHar - 50.17 % | | |
|--|--|--|--|
| Jalpaiguri - 18.89% | Jalpaiguri - 37.65% | | |
| Purulia - 18.45% | Bankura - 32.665% | | |
| Dakshin Dinajpur - 16.42% | South Twenty Four Parganas - 30.18% | | |
| Paschim Medinipur -14.88% | Nadia - 29.93% | | |
| Top 5 ST dominant district accounts for - 53.33% | Top 5 SC dominant district accounts for - 37.54% | | |

1.2 Key Health Status & Impact Indicators

| Indicators | West Bengal | India |
|--|-------------|-------|
| Infant Mortality Rate (IMR) ³ | 20 | 30 |
| Crude Death Rate (CDR) ³ | 5.3 | 6.0 |
| Crude Birth Rate (CBR) ³ | 14.9 | 19.7 |

^{bb} Sources are mentioned at the end of Annexure 1

| 98 | 113 |
|------|------------------------------|
| 16 | 23 |
| 26 | 36 |
| 5 | 4 |
| 1.5 | 2.2 |
| 71.6 | 69.4 |
| 941 | 899 |
| | 16 26 5 1.5 71.6 |

1.3 Key Health Infrastructure Indicators^{cc}

| Indicators | | | | Numbers (Total) |
|---|--------------------|-----------------------|--------------------------|------------------------|
| Number of District Hospitals ² | | | | 18 |
| Number of Sub District Hospital ² | | | | 60 |
| Number of Government (Central + State) Medic | al College⁰ | | | 19 |
| Number of Private (Society + Trust) Medical Col | leges ⁶ | | | 6 |
| Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶ | Status (Total) | Target FY (2020-21 | Target) FY (2021-22) | Target FY (2022-23) |
| SHC-HWC | 4041 | 3712 | 6632 | 8579 |
| PHC-HWC | 783 | 913 | 913 | 913 |
| UPHC-HWC | 436 | 459 | 459 | 459 |
| Total-HWC | 5260 | 5084 | 8004 | 9951 |
| Rural ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of Community Health Centres (CHC) | 544 | ł | 348 | 36.03 |
| Number of Primary Health Centres (PHC) | 2,17 | 6 | 913 | 58.04 |
| Number of Sub Centres (SC) | 13,22 | 25 | 10,357 | 21.69 |
| Number of functional First Referral Units (FRUs) | DH | | SDH | СНС |
| | 18 | | 58 | 47 |
| Urban ² | Require | ed (R) | In place (P) | Shortfall (S) (%) |
| Number of PHC | 697 | 7 | 456 | 34.58 |
| Tribal ² | Require | ed (R) | In place (P) | Shortfall (S)% |
| Number of CHC | 61 | | 105 | -72.13 |
| Number of PHC | 245 | 5 | 283 | -15.51 |
| Number of SC | 1,63 | 5 | 2,889 | -76.70 |

^{cc} Sources are mentioned at the end of Annexure 1

| Patient Service ⁹ | West Bengal | India |
|---|-------------|--------|
| IPD per 1000 population | 70.00 | 62.6 |
| OPD per 1000 population | 1359.03 | 1337.1 |
| Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population | 37.05 | 36.4 |

| 1.4 Major Health Indicator ^{dd} | | |
|--|-------------|----------|
| % Share of DALYs to Total Disease Burden (GBD 2019) ⁷ | West Bengal | India |
| % DALY ^{ee} accountable for CMNNDs ^{ff} | 22.59 | 27.46 |
| % DALY accountable for NCDs | 66.02 | 61.43 |
| % DALY accountable for Injuries | 11.39 | 11.11 |
| Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸ | West Bengal | India |
| Level of Birth Registration (%) | 100 | 92.7 |
| Level of Death Registration (%) | 100 | 92 |
| Percentage of medically certified deaths to total registered deaths (%) | 14.1 | 20.7 |
| RMNCHA+N | | |
| Maternal Health ⁹ | West Bengal | India |
| % 1st Trimester registration to Total ANC Registrations | 87.6 | 71.9 |
| % Pregnant Woman received 4 ANC check-ups to Total ANC Registrations | 81.7 | 79.4 |
| Total Reported Deliveries | 1266199 | 21410780 |
| % Institutional deliveries to Total Reported Deliveries | 98.6 | 94.5 |
| % Deliveries conducted at Public Institutions to Total Institutional Deliveries | 80.1 | 67.9 |
| % Deliveries conducted at Private Institutions to Total Institutional Deliveries | 19.9 | 32.1 |
| % C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries | 36.2 | 20.5 |
| % C-sections conducted at public facilities to Deliveries conducted at public facilities | 25.3 | 14.1 |
| % C-sections conducted at Private facilities to Deliveries conducted at private facilities | 79.8 | 34.2 |
| % Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries | 82.9 | 53.4 |
| Neonatal ⁹ | West Bengal | India |
| % live birth to Reported Birth | 98.5 | 98.8 |
| | | |
| % Newborns having weight less than 2.5 kg to Newborns weighed at birth | 21.7 | 12.4 |

^{dd} Sources are mentioned at the end of Annexure 1

^{ee} Disability Adjusted Life Years
 ^{ff} Communicable, Maternal, Neonatal, and Nutritional Diseases

| New Born Care Units Established ¹¹ | West Bengal | India |
|---|-------------------------|-------------------|
| Sick New Born Care Unit (SNCU) | 69 | 895 |
| New Born Stabilization Unit (NBSU) | 307 | 2418 |
| New Born Care Corner (NBCC) | 577 | 20337 |
| Child Health & Nutrition ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%) | 6.5 | 7.3 |
| Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%) | 75.3 | 60.6 |
| Children under 5 years who are underweight (weight-for-age) (%) | 32.2 | 32.1 |
| Child Immunization ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Children age 12-23 months fully vaccinated based on information from vaccination card only (%) | 90.8 | 83.8 |
| Children age 12-23 months who have received BCG (%) | 98.6 | 95.2 |
| Children age 12-23 months who have received first dose of measles containing vaccine (%) | 94.4 | 87.9 |
| Family Planning ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Unmet need for spacing (%) | 3.0 | 4 |
| Communicable Diseases | | |
| Integrated Disease Surveillance Programme (IDSP) ¹¹ | West Bengal | India |
| Number of districts with functional IDSP unit | 27 | 720 |
| Revised National Tuberculosis Control Programme (RNTCP) ¹¹ | West Bengal | India |
| Annualized total case notification rate (%) | 99 | 163 |
| New Smear Positive (NSP) Success rate (in %) | 80 | 79 |
| National Leprosy Eradication Programme (NLEP) ¹¹ | West Bengal | India |
| Prevalence Rate/10,000 population | 0.58 | 0.61 |
| Number of new cases detected | 6,208 | 114,359 |
| Malaria, Kala Azar, Dengue ¹¹ | West Bengal | India |
| Deaths due to Malaria ¹¹ | 6 | 79 |
| Deaths due to Kala azar reported ¹¹ | 0 | 0 |
| Deaths due to Dengue reported ¹¹ | 0 | 168 |
| Number of Kala Azar Cases reported ¹¹ | 0 | 3,706 |
| HIV ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰ | 18.5 | 21.6 |
| Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰ | 15.5 | 30.7 |

| Non-Communicable Disease | | |
|---|-------------------------|-------------------|
| Diabeties and Hypertension ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 11.5 | 12.4 |
| Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%) | 13.1 | 15.7 |
| Women - Blood sugar level - high (141-160 mg/dl) (%) | 8.9 | 6.1 |
| Men - Blood sugar level - high (141-160 mg/dl) (%) | 10.8 | 7.3 |
| Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰ | West Bengal (NFHS 5) | India (NFHS 5) |
| Women who use any kind of tobacco (%) | 10.8 | 8.9 |
| Men who use any kind of tobacco (%) | 48.1 | 38 |
| Women who consume alcohol (%) | 1.1 | 1.3 |
| Men who consume alcohol (%) | 18.1 | 18.8 |
| Injuries | | |
| Road Traffic Accident ¹² | West Bengal | India |
| Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs) | 11 | NA |
| Total number of fatal Road Accidents | 5,120 | 137,689 |
| Severity (Road accident deaths per 100 accidents) of Road Accidents | 54.1 | 33.7 |
| Number of persons killed in Road Accidents | 5500 | 115113 |

1.5 Access to Care⁹⁹

| Health Systems Strengthen | ing | |
|--|-------------|-------|
| Ambulances & Mobile Medical Units (MMU) ¹¹ | West Bengal | India |
| Number of Districts equipped with MMU under NRHM | 11 | 506 |
| Number of Districts equipped with MMU/Health Units under NUHM | 1 | 31 |
| Number of ERS vehicles operational in the States/UTs Under NHM | West Bengal | India |
| 102 Туре | 855 | 9955 |
| 104 Туре | 0 | 605 |
| 108 Туре | 0 | 10993 |
| Others | 2534 | 5129 |
| Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH) | 281 | 11070 |

^{gg} Sources are mentioned at the end of Annexure 1

| | Key Domain Indicators | ; | | |
|--|---|------------------|---------------|--|
| ASHA ¹³ | | West Bengal | India | |
| Total number of ASHA t | argeted under NRHM | 61008 | 946563 | |
| Total number of ASHA in | n position under NRHM | 52173 | 904211 | |
| % of ASHA in position u | nder NRHM | 86 | 96 | |
| Total number of ASHA t | argeted under NUHM | 6072 | 75597 | |
| Total number of ASHA in | n position under NUHM | 4926 | 64272 | |
| % of ASHA in position u | nder NUHM | 81 | 85 | |
| Community Process ¹¹ | | West Bengal | India | |
| Number of Village Healt (VHSNCs) constituted | h Sanitation and Nutrition Committees | 48472 | 554847 | |
| Number of Mahila Arog | ya Samitis (MAS) formed | 9727 | 81134 | |
| Number of Rogi Kalya | n Samitis (RKS) registered (Total) ¹¹ | West Bengal | India | |
| DH | | 18 | 796 | |
| СНС | | 281 | 6036 | |
| РНС | | 716 | 20273 | |
| UCHC | | 0 | 126 | |
| UPHC | | 0 | 3229 | |
| | Human Resource for Heal | th ¹⁴ | | |
| HRH Governance | | West B | Bengal | |
| Specialist Cadre Available in the state (Y/N) | | Ye | es | |
| HR Policy available (Y/N) | | N | No | |
| Implementation of HRIS (Y/N) | | No | | |
| HR Integration initiated | (Y/N) | No | | |
| Public Health Cadre ava | ilable (Y/N) | Ye | es | |
| | Specialists (%) | 4 | .8 | |
| | Dentists (%) | 1 | 3 | |
| Overall Vacancies | MO MBBS (%) | 43 36 | | |
| (Regular + contractual) | Nurse (%) | | | |
| | LT (%) | 34 | | |
| | ANM (%) | | 2 | |
| HRH Distribution | | Sanctioned | In Place | |
| Doctors (MO & specialis | ts) to staff nurse ¹⁴ | 1:2 | 1:2 | |
| Availability of public hean nurse & ANM) in district | althcare providers (MO, specialists, staff healthcare system ¹⁴ | 15 per 10,000 | 12 per 10,000 | |
| Regular to contractual s | ervice delivery staff ratio ¹⁴ | 3:1 | 3:1 | |

Ranking: Human Resource Index of West Bengal¹⁵

| | | | Total (Regu | lar + NHM) | | |
|--------------------------|-----------------|-------------------|-----------------|----------------|-------------------------|-----------------------------|
| Category | Required (R) | Sanctioned (S) | In-Place (P) | Vacancy (V) | Actual Gap# (R-P) | Ranking: HR Gap Index |
| MPW ^{hh} | 30133 | 19925 | 19052 | 873 | 11081 | |
| Staff Nurse | 19043 | 31022 | 23305 | 7717 | 0 | |
| Lab Technician | 5108 | 4800 | 3083 | 1717 | 2025 | 82.2 |
| Pharmacists | 2183 | 3317 | 3020 | 297 | 0 | 82.2 |
| MO MBBS ⁱⁱ | 4583 | 7771 | 5724 | 2047 | 0 | |
| Specialist ^{ij} | 3922 | 3267 | 2680 | 587 | 1242 | |

| 1.6 Healthcare Financing ^{kk} | | | | |
|--|--------|--------|--------|--------|
| National Health Accounts (NHA) (2017-18) | West B | Bengal | In | dia |
| Per Capita Government Health Expenditure (in ₹) | 10 | 88 | 17 | 753 |
| Government Health expenditure as % of Gross Domestic Product (GSDP) | | 1 | 1. | 35 |
| Government Health Expenditure as % of General Government Expenditure (GGE) | 6 | .5 | 5. | 12 |
| OOPE as a Share of Total Health Expenditure (THE) % | 69 | 9.8 | 48 | 3.8 |
| | West B | Bengal | In | dia |
| National Sample Survey Office (NSSO) (2017-2018) | Rural | Urban | Rural | Urban |
| OPD - % of non-hospitalized cases using public facility | 33 | 21 | 33 | 26 |
| IPD - % of hospitalized cases using public facility | 74 | 59 | 46 | 35 |
| Out of Pocket Expenditure (OOPE) (NSSO)* | Rural | Urban | Rural | Urban |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public | 387 | 417 | 472 | 486 |
| OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private | 834 | 785 | 845 | 915 |
| IPD - Per hospitalized case (in INR) - Public | 3,765 | 4,993 | 5,729 | 5,939 |
| IPD - Per hospitalized case (in INR) - Private | 46,992 | 42,264 | 28,816 | 34,122 |
| IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO) | 23 | 21 | 18 | 17 |
| IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO) | 55 | 47 | 53 | 43 |

^{hh} MPW – Multi Purpose Health Worker (Female + Male)

" MO MBBS (Full Time)

^{jj} Specialist (All Specialist)

 $^{\mbox{\tiny kk}}$ Sources are mentioned at the end of Annexure 1

* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] - Reimbursement

| Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO) | 2,559 | 3,109 | 2,402 | 3,091 |
|--|--------|--------|-----------|---------|
| Childbirth - Average out of pocket expenditure per delivery in private health facility (₹) | 21,005 | 31,708 | 20,692 | 26,701 |
| State Health Expenditure | West E | Bengal | All India | Average |
| State Health Department expenditure as a share of total expenditure (%) (2017-18)** | 4 | .9 | 5 | 511 |

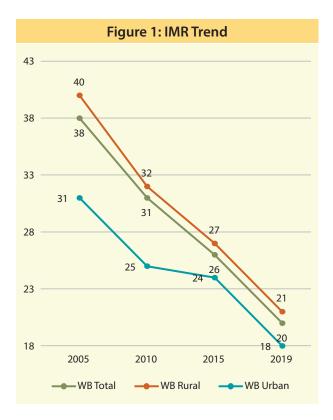
Sources used for Annexure 1

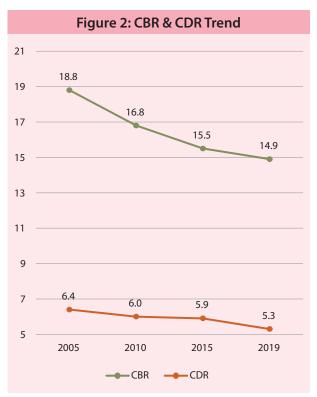
- ¹ Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- ³ Sample Registration Survey (SRS) Bulletin 2018 & 2019
- ⁴ Registrar General of India (RGI) Statistical Report (SRS) 2018
- ⁵ SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- ⁷ Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- ⁸ Annual Report on Vital Statistics of India based on CRS 2019 & Medical Certification of Cause of Death 2019
- ⁹ HMIS (2019-20)
- ¹⁰ NFHS 4 & 5
- ¹¹ QPR NHM MIS Report [Status as on 01.03.2020 & recent 31.12.2020 (some indicators removed from the recent report have been taken from report released on 01.03.2020)
- ¹² Ministry of Road Transport & Highways (MoRTH) Road Accidents in India 2019
- ¹³ Update on ASHA Programme July 2019 (NHSRC Publication)
- ¹⁴ Human Resources for Health in District Public Health Systems of India: State Wise Report 2020
- ¹⁵ HRH Division NHSRC
- ¹⁶ As per HWC Portal

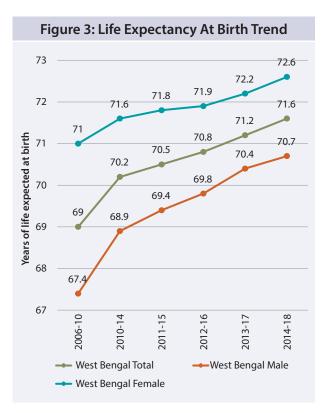
Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2









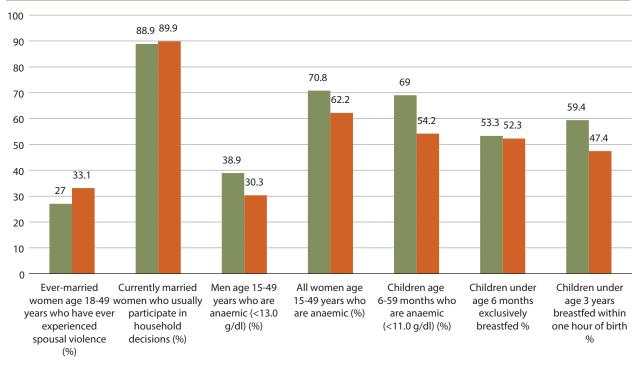


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

NFHS 5 NFHS 4

Figure 6: Top 15 causes of DALYs, 1990-2019

| 1990 rank | West Bengal Both sexes, All ages, DALYs per 100,000 2019 rank |
|-------------------------------|--|
| 1 Malaria | 1 Ischemic heart disease |
| 2 Lower respiratory infect | 2 Intracerebral hem |
| 3 Diarrheal diseases | 3 COPD |
| 4 Neonatal preterm birth | |
| 5 Ischemic heart disease | 5 Neonatal preterm birth |
| 6 Drug-susceptible TB | 6 Ischemic stroke |
| 7 Other neonatal | 7 Dietary iron deficiency |
| 8 Protein-energy malnutrition | 8 Lower respiratory infect |
| 9 Neonatal encephalopathy | 9 Self-harm other means |
| 10 Self-harm other means | 10 Other musculoskeletal |
| 11 Intracerebral hem | 11 Diabetes type 2 |
| 12 Measles | 12 Low back pain |
| 13 COPD | 13 Migraine |
| 14 Dietary iron deficiency | 14 Falls |
| 15 Drowning | 15 Major depression |
| 16 Acute hepatitis A | 16 Drug-susceptible TB |
| 17 Neonatal hemolytic | 17 Age-related hearing loss |
| 19 Low back pain | 18 Other neonatal |
| 21 Ischemic stroke | 20 Neonatal encephalopathy |
| 23 Falls | 26 Drowning |
| 24 Migraine | 44 Protein-energy malnutrition |
| 26 Major depression | 62 Neonatal hemolytic |
| 28 Other musculoskeletal | 75 Acute hepatitis A |
| 32 Age-related hearing loss | 84 Malaria |
| 39 Diabetes type 2 | 188 Measles |

neonatal, and nutritional diseases Non-communicable diseases Injuries

Figure 7: Top 15 risk of DALYs, 1990-2019

| Low birth weight | |
|--|--|
| | 1 High systolic blood pressure |
| 2 Short gestation | 2 Smoking |
| 3 Household air pollution from solld fuels | 3 High fasting plasma glucose |
| 4 Child wasting | 4 Ambient particulate matter pollution |
| 5 Unsafe water source | 5 Low birth weight |
| 5 Child underweight | 6 Household air pollution from solid fuels |
| 7 High systolic blood pressure | 7 Short gestation |
| 3 Smoking | 8 High body-mass index |
| 9 Unsafe sanitation | 9 High LDL cholesterol |
| 10 No access to handwashing facility | 10 Kidney dysfunction |
| 11 Ambient particulate matter pollution | 11 Alcohol use |
| 12 Child stunting | 12 Iron deficiency |
| 13 Iron deficiency | 13 Unsafe water source |
| 14 High fasting plasma glucose | 14 Secondhand smoke |
| 15 Secondhand smoke | 15 Diet low in fruits |
| 16 High LDL cholesterol | 16 Diet low in whole grains |
| 17 Kidney dysfunction | 17 Lead exposure |
| 18 Alcohol use | 18 Diet low in legumes |
| 19 Occupational injuries | 19 Unsafe sanitation |
| 20 Non-exclusive breastfeeding | 20 Child wasting |
| 21 Diet low in fruits | 22 Occupational injuries |
| 22 Lead exposure | 25 No access to handwashing facility |
| 23 High body-mass index | 31 Child underweight |
| 24 Diet low in whole grains | 47 Non-exclusive breastfeeding |
| 25 Diet low in legumes | 48 Child stunting |

Metabolic risks Environmental/occupational risks Behavioral risks

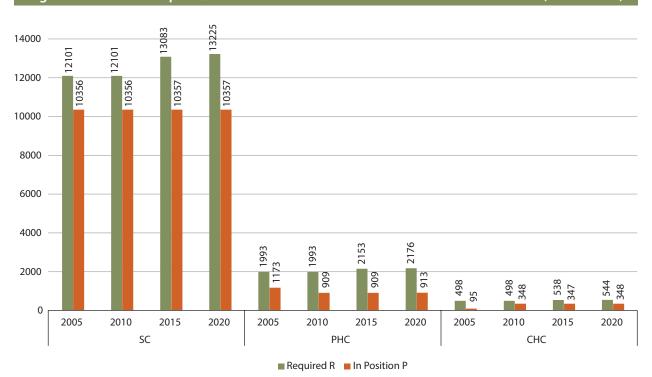


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

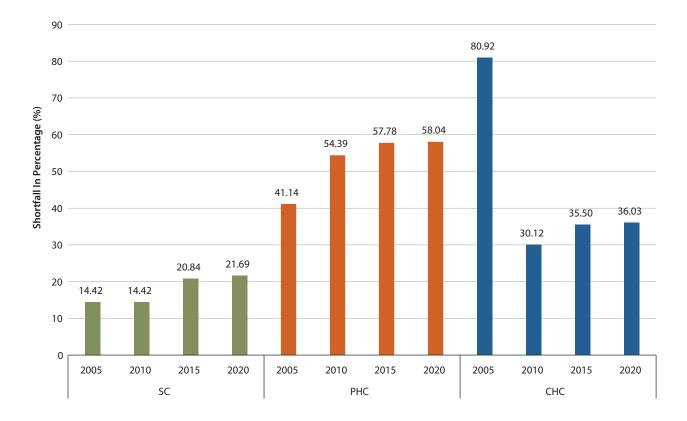
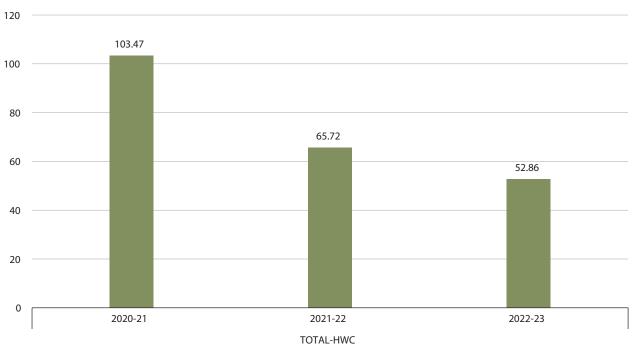


Figure 10: Percentage HWCs progress against target - FY wise (%)



West Bengal (% HWCs progress as of 22/Dec/2021 against targets - FY wise)

ANNEXURE 3: DISTRICT WISE PERFORMANCE WITH RESPECT TO KEY NFHS 5 INDICATORS

| Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Under 5 Years - Wasted^ (%) (the Hor Hor Hor) (%) | 20.3 | 20.2 | 20.4 | 20.3 | 26 | 25.5 | 22.8 | 20.6 | 21.3 | 20 | 18.3 | 16.8 | 29.3 | 20 |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| ed – Poor P ban Stats N | Children Under 5 Years - Stunted^ (Height For Age) (%) | 32.5 | 32.1 | 34.4 | 33.8 | 30.3 | 37 | 31.9 | 34.3 | 27.5 | 28.9 | 28.9 | 28.7 | 29.6 | 40.5 |
| ormance, R se Rural Url | Total Children Age 6-23 Months (%) # ,**jeiU əstepəbA priviəs9R | 19.6 | 24.9 | 22.9 | 23.4 | 23.8 | 24.6 | 34.2 | 29.4 | 20.6 | 25.3 | 28.5 | 23.2 | 31.6 | 24.2 |
| (Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available) | Children Age 1S-S1 Months Fully Waccinated Based On Information From Vaccination Card Only* (%) | 92.5 | 88.1 | 91.8 | 8.06 | 94.6 | 6.06 | 93 | 94.2 | 8.06 | 95.2 | 96.3 | 1.79 | 79 | 93.1 |
| | (%) sıtrığ lanoitutitanı | | 92.3 | 91.6 | 91.7 | 93.3 | 90.3 | 91.4 | 98.4 | 95.5 | 67 | 95.8 | 93 | 97.5 | 87.7 |
| | lstenstnA 4 tesst 14 bsH orW 1917oM Care Visity 916. | | 81.2 | 73.8 | 75.8 | 75.7 | 78.4 | 76.4 | 79.2 | 82.7 | 72.2 | 88.4 | 77.3 | 71.7 | 82.8 |
| | (%) bəəV təmrU lstoT | | 5.2 | 7.8 | 7 | 12 | 4.8 | 6.1 | 5.9 | 3.2 | 7 | 4 | 4.6 | 2.2 | 9.2 |
| | (%) əsU mobnoD | 5.9 | 10.1 | 5.6 | 7 | 3.7 | 5.6 | 6.6 | 8.8 | 9.5 | 7.8 | 7.6 | 6.4 | 15 | 8.2 |
| | (%) UUD4/001 | 1.2 | 5 | 2.3 | 2.2 | 1.4 | 1.6 | 3.3 | 2.2 | 1.9 | 1.7 | 4.6 | 2.1 | 1.6 | 2.5 |
| | gninnel9 Yilme7 For Family Planning By Currently Married Women AgA 9.5 1.5-49 Years (%) | 70.9 | 77.5 | 73 | 74.4 | 56.7 | 82.2 | 78.6 | 82.2 | 84.5 | 74.9 | 82.7 | 81.7 | 84.7 | 75.3 |
| | Momen Age 20-24 Years Married Before 18 (%) | 41.6 | 26.2 | 48.1 | 41.6 | 45.7 | 49.9 | 45.6 | 21.2 | 30.4 | 40.8 | 18.7 | 46.7 | 16.7 | 49.1 |
| | (%) 9pA 94-21 9ferəfil nəmoW | | 83.4 | 72.5 | 76.1 | 68.3 | 70.8 | 74.3 | 77 | 80.5 | 77.4 | 73.6 | 79.2 | 87.6 | 72.3 |
| | rədmənlas virth any usual məmbər covərəd undər a həalth insurance/ financing achəmə (%) | 33.4 | 25.9 | 31 | 29.3 | 43.4 | 37.7 | 28.3 | 26.3 | 20.1 | 26.5 | 35.8 | 36 | 21.1 | 29 |
| | (səlsM 000 l\zəlsmə7) dfriß fA oifsA xə2 | 960 | 921 | 993 | 973 | 1002 | 934 | 1067 | 1059 | 1062 | 1025 | 1099 | 959 | 809 | 942 |
| | Data Source | NFHS 4 Total | NFHS 5 Urban | NFHS 5 Rural | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| | States/Districts | West Bengal | West Bengal | West Bengal | West Bengal | Bankura | Birbhum | Dakshin Dinajpur | Darjeeling | Haora | Hugli | Jalpaiguri | Koch Bihar | Kolkata | Maldah |
| | Serial No. | - | 2 | m | 4 | Ŋ | 9 | 7 | ø | 6 | 10 | 11 | 12 | 13 | 14 |

| 16.3 | 17.6 | 13.3 | 25.5 | 30.3 | 21.1 | 15.5 | 29.4 | 21.2 | 16 |
|--------------|--------------|-------------------------------|-----------------------|----------------------|---------------------|-----------------|--------------|-------------------------------|----------------|
| 8 | - | 4 | | | 7 | 8 | | | œ |
| 39.8 | 26.1 | 32.4 | 39.7 | 31.1 | 32.7 | 25.8 | 36.9 | 36.7 | 44.8 |
| 7.8 | 17.8 | 25.5 | 31.1 | 21.8 | 34.1 | 20.9 | 24.6 | 27.6 | 20.4 |
| 89.7 | 91.8 | 1.79 | 69.7 | 86.8 | 97.2 | 74.3 | 87 | 96.3 | 86.4 |
| 87 | 97.7 | 97.5 | 89.8 | 87.6 | 96 | 91.5 | 89.8 | 91 | 76.9 |
| 60.9 | 71.2 | 89.9 | 70.4 | 63.1 | 80.5 | 56.8 | 57.8 | 87.5 | 70.1 |
| 3.5 | 12.9 | 4.4 | 12 | 11.5 | 8.6 | 12.3 | 16.1 | 3.7 | 4.4 |
| 7.6 | 6.9 | 8.8 | 8.8 | 3.1 | 3.8 | 3.5 | 4 | 5.4 | 9.5 |
| 1 | 3.8 | 3.7 | 2.1 | 1.4 | 0.8 | 1.2 | 2.4 | 2.8 | 1.5 |
| 85.4 | 59.9 | 78.8 | 65.3 | 60.7 | 67.9 | 59.3 | 51 | 82.9 | 81.2 |
| 55.4 | 39.9 | 33.6 | 31.8 | 55.7 | 50.4 | 57.6 | 37 | 41.9 | 30.3 |
| 67.6 | 76.2 | 85.5 | 73.5 | 70.9 | 73.2 | 77 | 61 | 85.6 | 65.4 |
| 28.4 | 23 | 30.7 | 21.8 | 25.8 | 37.2 | 21.5 | 35.6 | 36.7 | 21 |
| 1054 | 982 | 889 | 787 | 1005 | 877 | 777 | 860 | 1099 | 1155 |
| NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total | NFHS 5 Total |
| Murshidabad | Nadia | North Twenty Four Parganas | Paschim Barddhaman | Paschim Medinipur | Purba Barddhaman | Purba Medinipur | Purulia | South Twenty Four Parganas | Uttar Dinajpur |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |

* NFHS5 replaced 'Immunized (word) from NFHS4 to 'Vaccinated'. Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' - 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card only - vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV/)MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine ** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with ordher milk products at least twice a day, a minimum meal frequency transfer and a set of the set for a set of the set for a set of the se

A Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

Green Color – Best five performing districts within the districts for a particular indicator Ř ю

Red – Worst five performing districts within the districts for a particular indicator ن

* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

** Based on the youngest child living with the mother Ō.

Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum meal and Young Child Feeding Practices (fed with other milk products at least twice a day, a minimum meal frequency means and a frequency months and solid or semi-solid foods from at least four food groups montinuding the milk or wilk products at least twice a day for breastfed children the sa day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups montinuding the milk or wilk products food groups are saved at the save at the save at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups or including the milk or wilk products food groups at least four food groups at least three times at a treast three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups at least three times at a treast three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four foods from at least three times at a treast three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four foods at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the second at least to the s ய்

> Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard ш

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