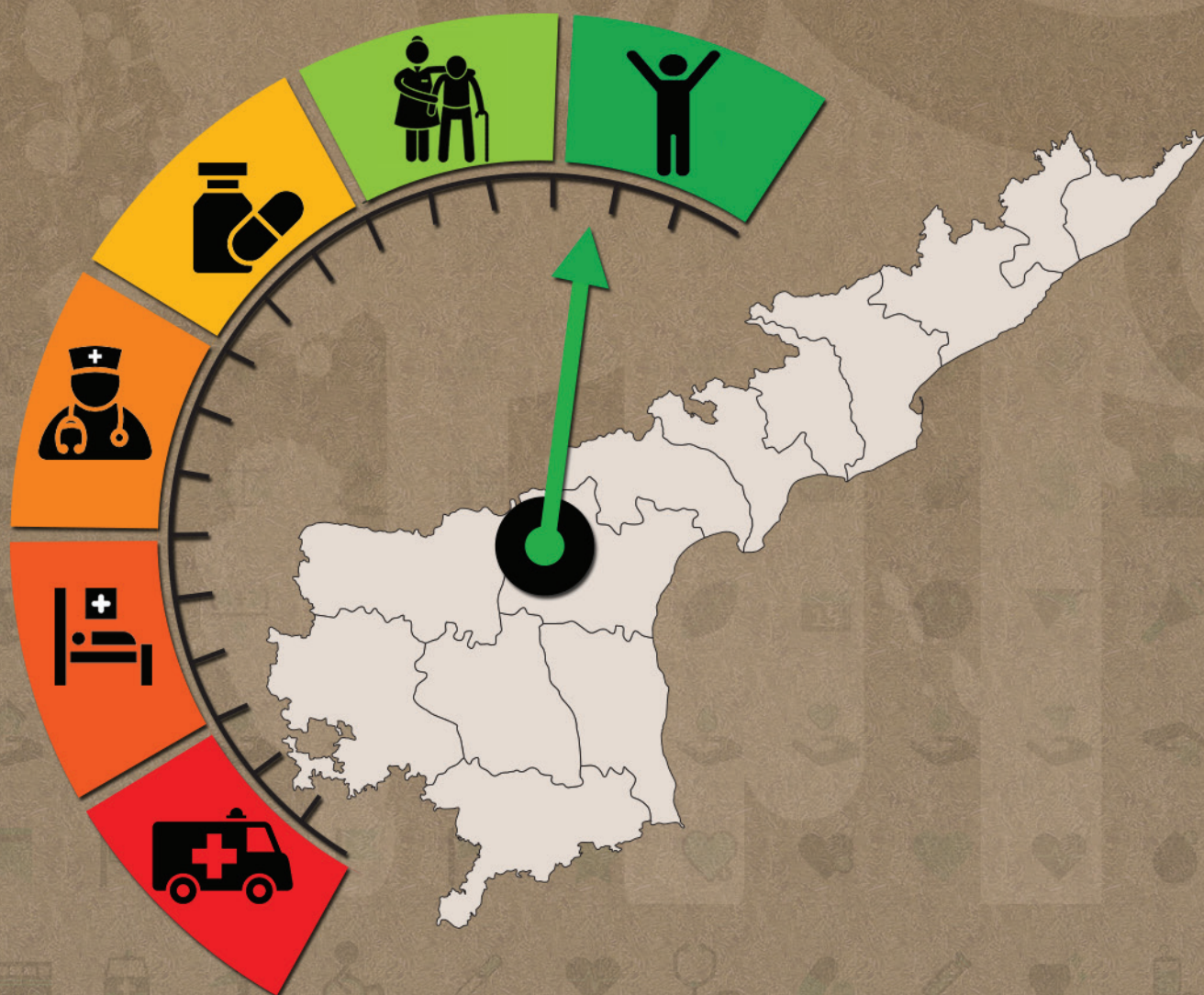


HEALTH DOSSIER 2021

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

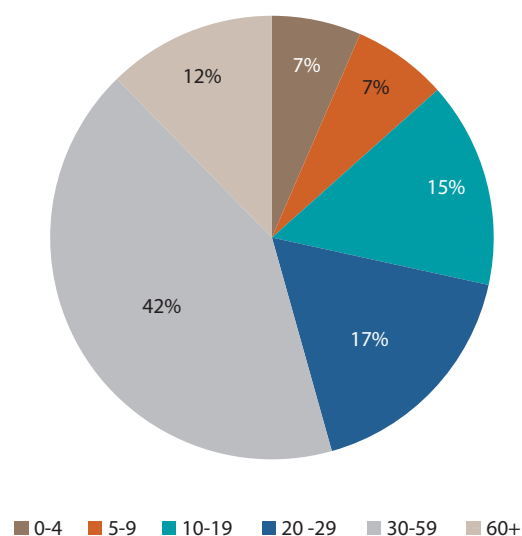
Andhra Pradesh is divided into 13 districts and estimated to have a population of over 8.45 crores^a, accounting for approximately 6.98% of India's total population (RHS 2019-20). It is projected that the population would reach around 5.27 crores by 2021^b (Census Population Projection 2019 Report). 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 lakhs^j (Annexure 1.1 State profile). The

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



^a Census 2011 (inclusive of Telangana)

^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

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)^l 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

^l 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

^o 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% (NFHS4) 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 which ranged from 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 ₹ 2,178 in public facilities & ₹ 24,175 in private facilities; whereas in urban 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

^v National Leprosy Eradication Programme

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

^x 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 10,000 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).

^z 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	
Number of districts per lakh population in Andhra Pradesh (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	0
	≥ 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 Indicators

Indicators	Andhra Pradesh	India
Infant Mortality Rate (IMR) ³	25	30
Crude Death Rate (CDR) ³	6.4	6

^{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 birth ⁵	70	69.4
Sex Ratio at Birth ⁴	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) Medical College ⁶				13
Number of Private (Society + Trust) Medical Colleges ⁶				18
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	4662	2229	4308	5695
PHC-HWC	1145	1147	1147	1147
UPHC-HWC	242	244	244	244
Total-HWC	6049	3620	5699	7086
Rural ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	294	141	52.04	
Number of Primary Health Centres (PHC)	1,179	1,142	3.14	
Number of Sub Centres (SC)	7,152	7,437	-3.98	
Number of functional First Referral Units (FRUs)	DH	SDH	CHC	
	14	28	198	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	367	243	33.79	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	28	21	25.00	
Number of PHC	112	158	-41.07	
Number of SC	752	816	-8.51	

^{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 birth	4.9	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	97.4	89.9

^{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 Established¹¹	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 & Nutrition¹⁰	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 Immunization¹⁰	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 Planning¹⁰	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, Dengue¹¹	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
HIV¹⁰	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 Type	0	9955
104 Type	0	605
108 Type	628	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	0	11070

⁹⁹ Sources are mentioned at the end of Annexure 1

Key Domain Indicators			
ASHA ¹³	Andhra Pradesh	India	
Total number of ASHA targeted under NRHM	39552	946563	
Total number of ASHA in position under NRHM	39451	904211	
% of ASHA in position under NRHM	99.74	96	
Total number of ASHA targeted under NUHM	3200	75597	
Total number of ASHA in position under NUHM	2609	64272	
% of ASHA in position under 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 Arogya Samitis (MAS) formed	10440	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Andhra Pradesh	India	
DH	14	796	
CHC	195	6036	
PHC	1142	20273	
UHC	0	126	
UPHC	0	3229	
Human Resource for Health ¹⁴			
HRH Governance		Andhra Pradesh	
Specialist Cadre Available in the state (Y/N)		Yes	
HR Policy available (Y/N)		Yes	
Implementation of HRIS (Y/N)		In Progress	
HR Integration initiated (Y/N)		No	
Public Health Cadre available (Y/N)		No	
Overall Vacancies (Regular + contractual)	Specialists (%)	28	
	Dentists (%)	20	
	MO MBBS (%)	57	
	Nurse (%)	32	
	LT (%)	49	
	ANM (%)	24	
HRH Distribution		Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴		1:2	1:2
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴		4 per 10,000	3 per 10,000
Regular to contractual service delivery staff ratio ¹⁴		3:1	2:1

Ranking: Human Resource Index of Andhra Pradesh¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{hh}	17984	27999	20210	7789	0	72.67
Staff Nurse	12750	11258	9287	1971	3463	
Lab Technician	3499	1871	1668	203	1831	
Pharmacists	2126	1861	1512	349	614	
MO MBBS ⁱⁱ	4155	2978	2575	403	1580	
Specialist ^{jj}	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	
	Rural	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)*	Rural	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)	2,178	2,735	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	24,175	22,310	20,692	26,701
State Health Expenditure	Andhra Pradesh		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	4.3		5 ^{II}	

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

Figure 1: IMR Trend

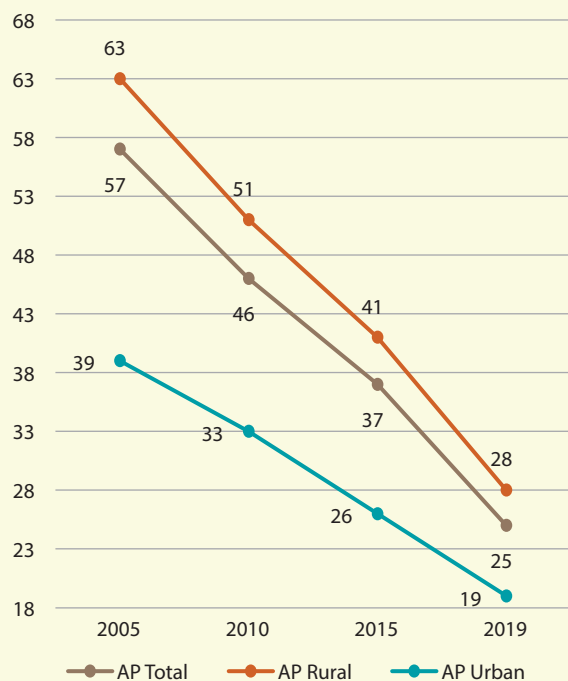


Figure 2: CBR & CDR Trend

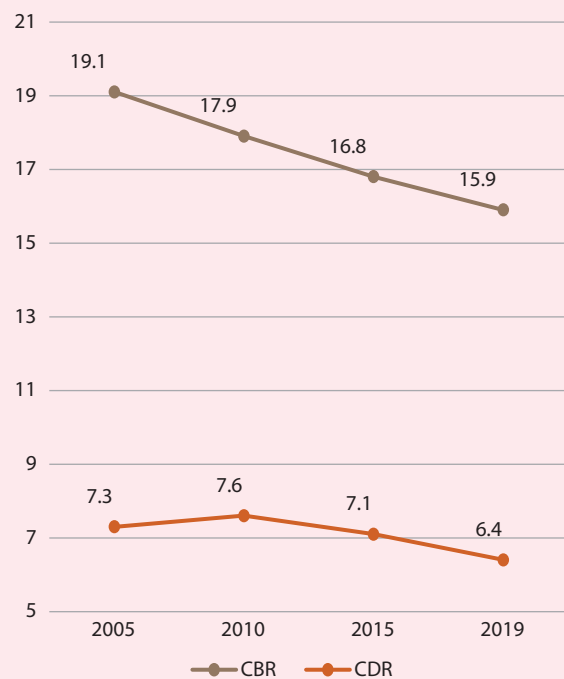


Figure 3: Life Expectancy At Birth Trend

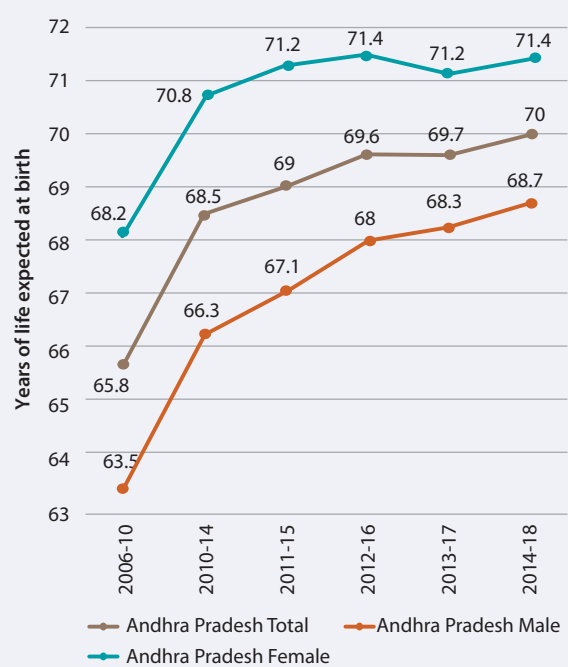


Figure 4: NNMR, TFR & Still Birth Trend

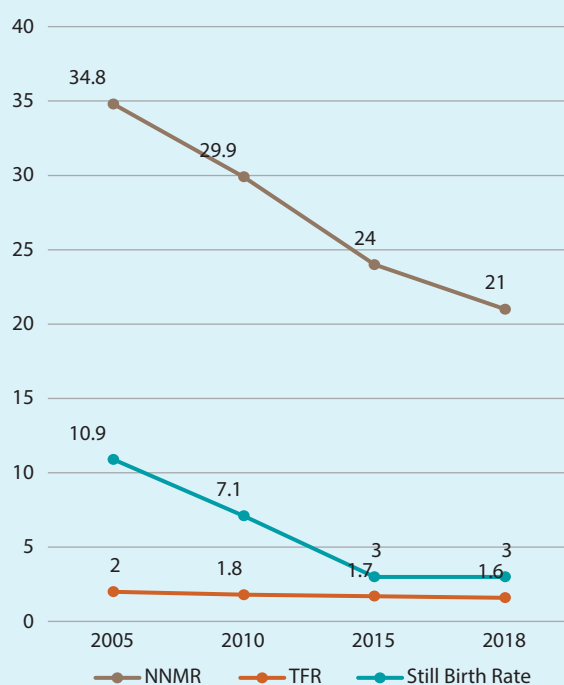


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

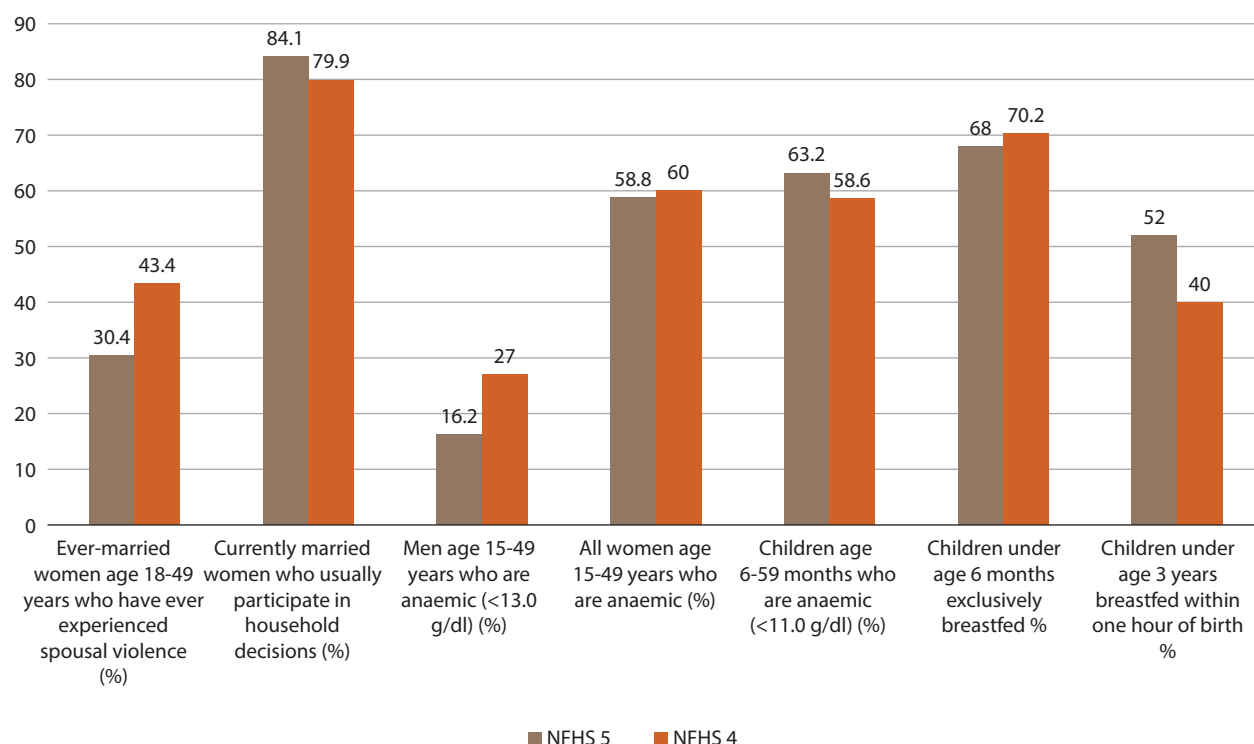


Figure 6: Top 15 causes of DALYs, 1990-2019

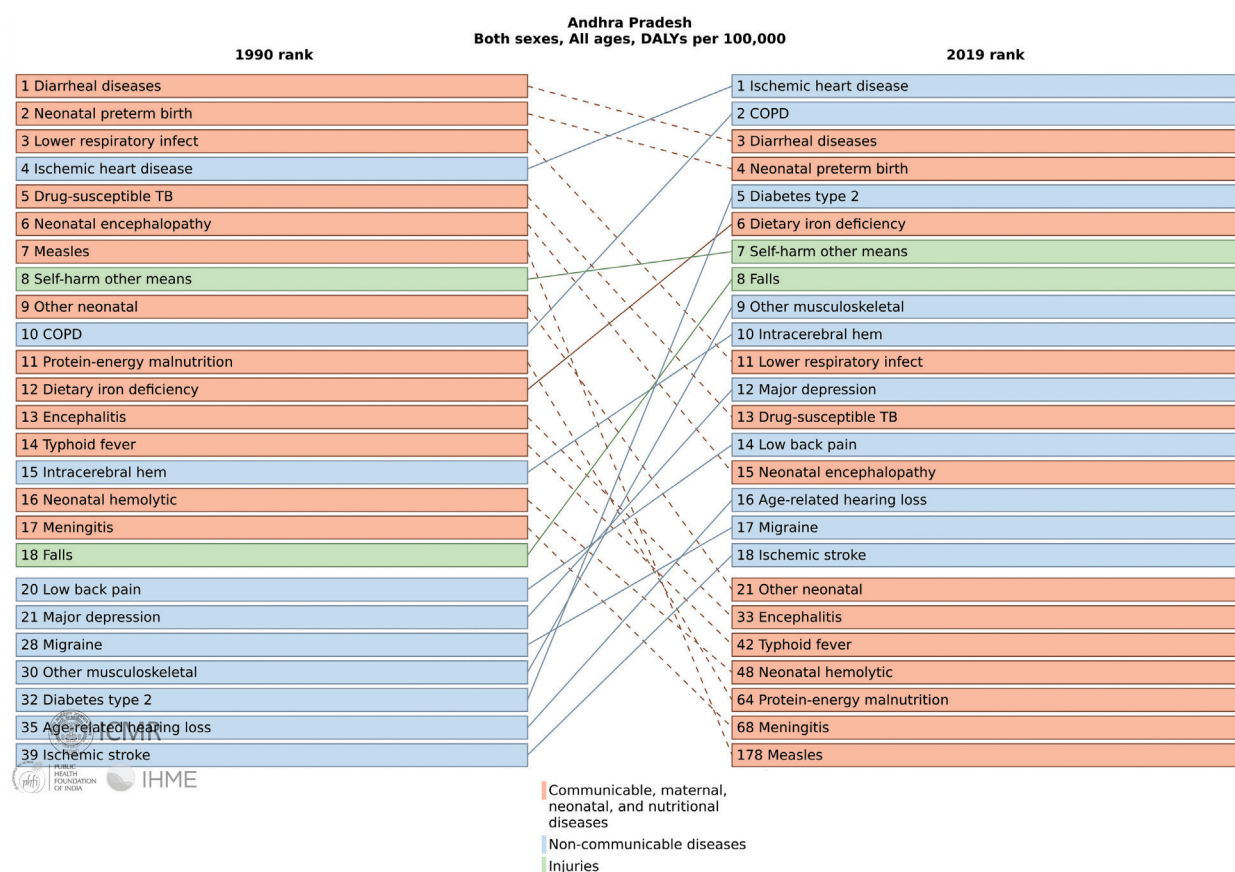


Figure 7: Top 15 risk of DALYs, 1990-2019

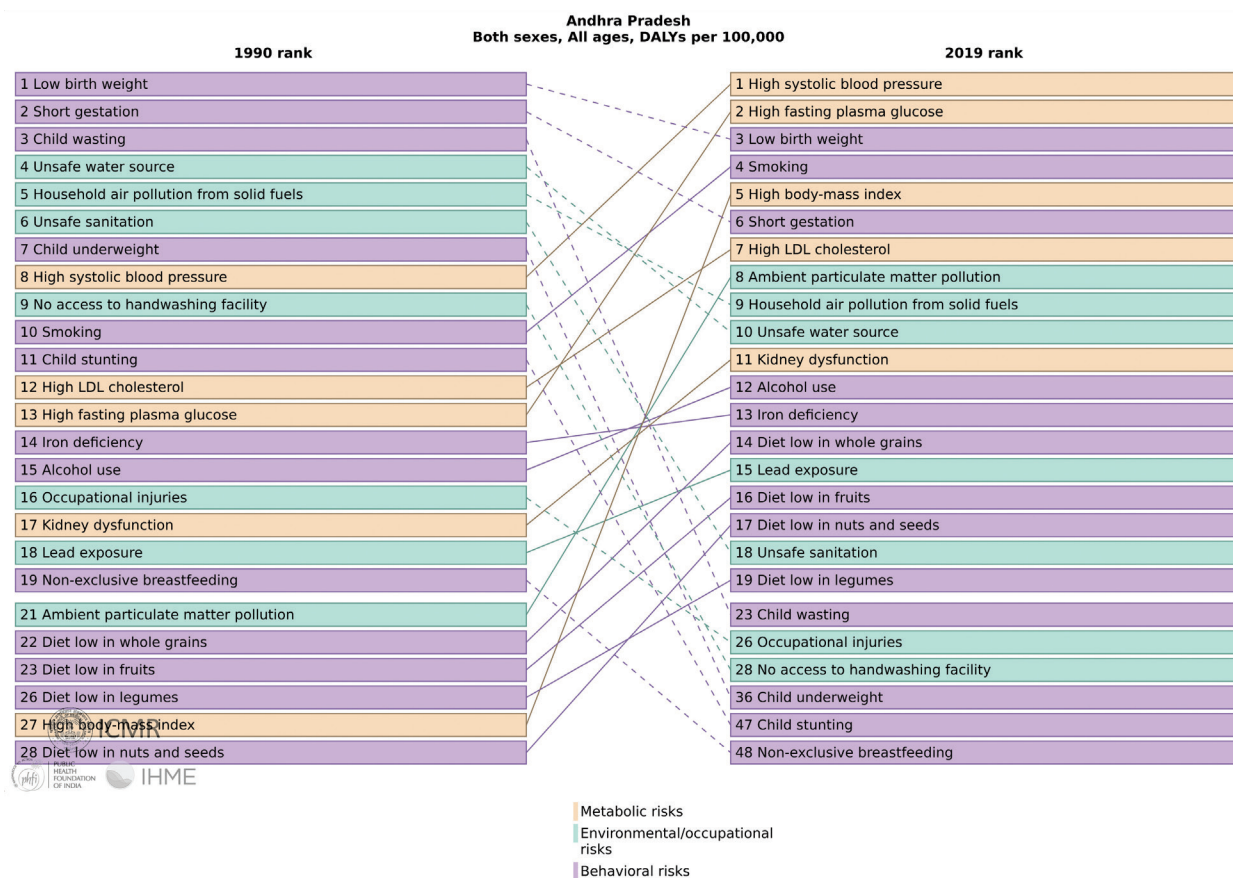


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

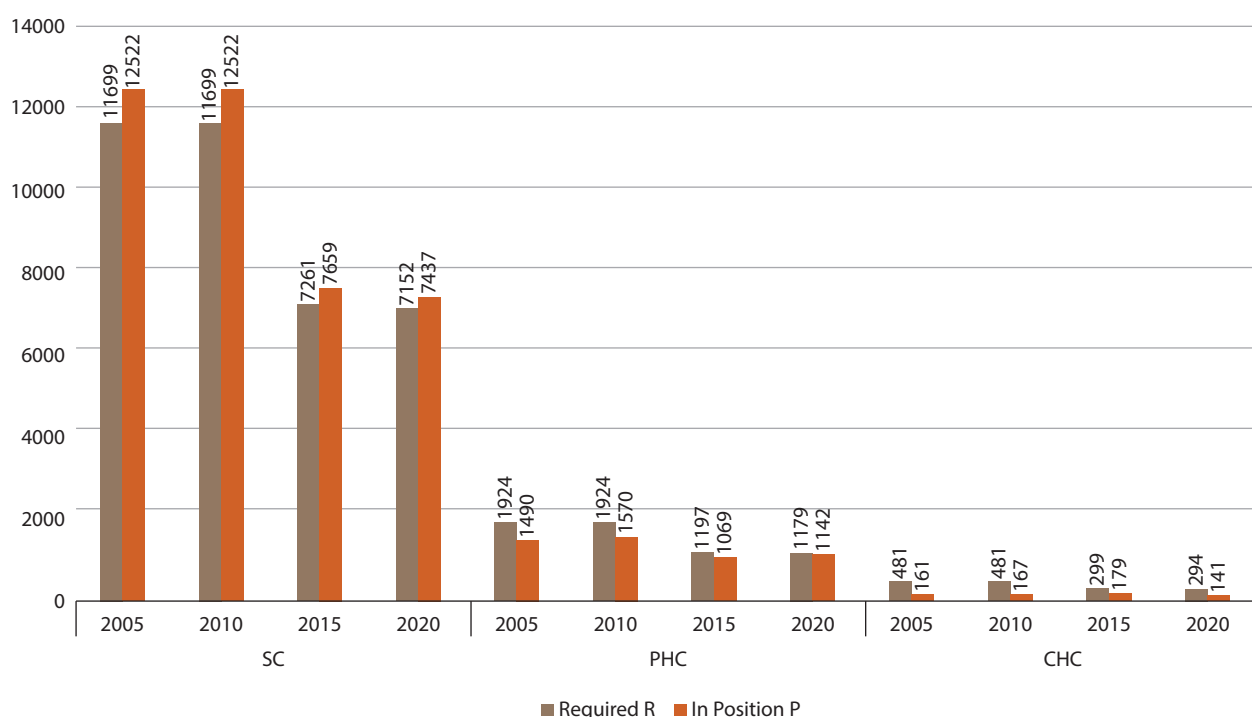


Figure 9: Year Wise Health Infrastructure Shortfall (%)

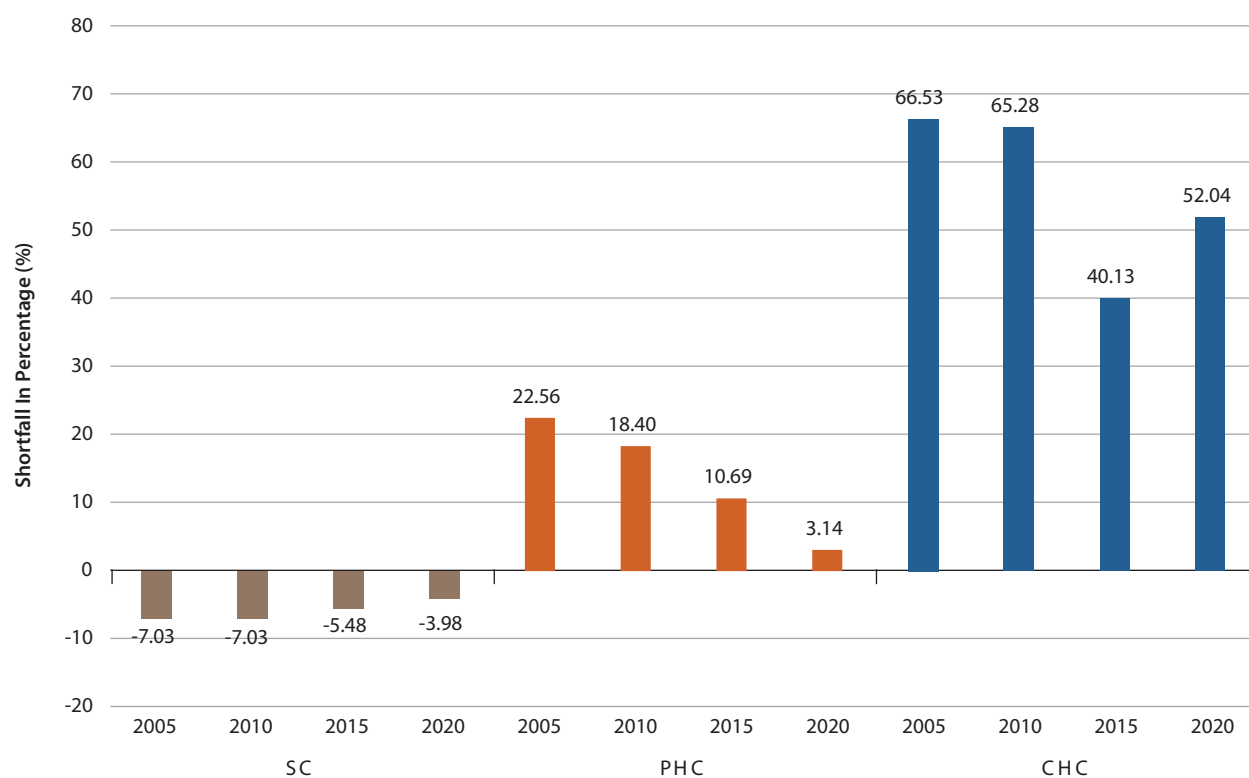
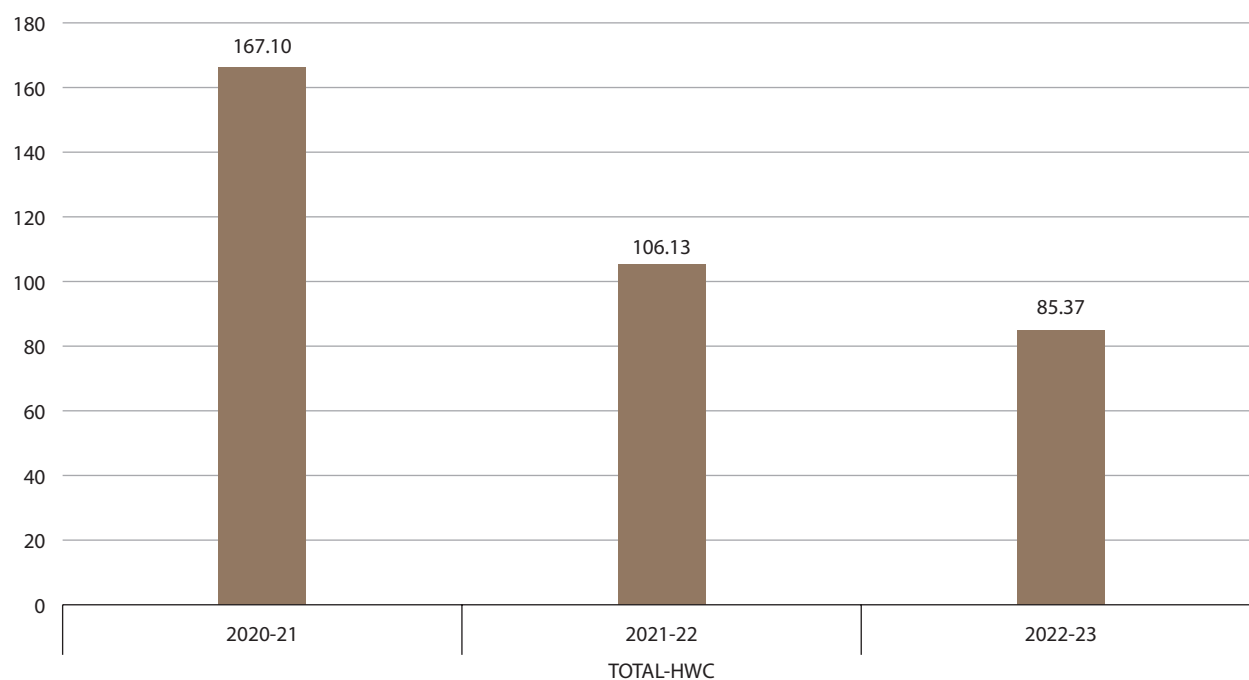


Figure 10: Percentage HWCs progress against target - FY wise (%)

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



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

S. No.	States/Districts	Data Source	(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)													
			Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted ^a (Height For Age) (%)	Children Under 5 Years - Wasted ^a (Weight For Height) (%)
1	Andhra Pradesh	NFHS 4 Total	914	74.6	62.9	33	69.5	0.2	0.2	4.7	76.3	91.5	79.9	7.6	31.4	17.2
2	Andhra Pradesh	NFHS 5 Urban	877	62.2	79	21.7	70.8	0.2	0.9	5.2	67.2	98.6	89.1	16.7	23.1	17.6
3	Andhra Pradesh	NFHS 5 Rural	957	73.7	63.8	32.9	71.2	0.1	0.3	4.4	67.6	95.7	87.5	6.3	34.2	15.5
4	Andhra Pradesh	NFHS 5 Total	934	70.2	68.6	29.3	71.1	0.2	0.5	4.7	67.5	96.5	88	9.3	31.2	16.1
5	Anantapur	NFHS 5 Total	881	73.2	63.6	37.3	67.6	0	0.1	6.4	66.6	94.7	96.6	2.9	36	19.3
6	Chittoor	NFHS 5 Total	1019	70.7	69.3	28.1	69	0	0.8	6	65.3	97.1	87.5	6	27.1	14.8
7	East Godavari	NFHS 5 Total	882	66.4	77.9	26	66.3	0.1	1.1	8	51	96.6	67.3	10.2	23.1	14.3
8	Guntur	NFHS 5 Total	941	71.1	68.5	35.4	73.3	0.2	0.1	3.2	62.5	98.6	100	11.2	23.8	17.8
9	Krishna	NFHS 5 Total	1139	68.1	76.9	25.3	79.1	0	0.4	2.5	73.3	98.9	97.2	23.4	29.8	14.3
10	Kurnool	NFHS 5 Total	918	73.3	57	36.9	70	0	0.4	2.1	74.3	88.5	80.4	9.6	50.5	16.7
11	Prakasam	NFHS 5 Total	837	67.6	62.8	37.3	69	0	0	4.8	73.4	97.4	NA	13.4	22.6	8.7
12	Sri Potti Sriramulu Nellore	NFHS 5 Total	1011	72.3	70.5	23.8	71.9	0	0.3	3.1	73	97	80.1	6.9	29.2	17.2
13	Srikakulam	NFHS 5 Total	1163	75.6	64.3	25.4	72.3	0.6	0.3	5.7	78.4	97.9	100	16.1	19.7	19.5
14	Visakhapatnam	NFHS 5 Total	974	64.9	69.5	25.4	68	0.3	0.8	4.8	58.6	95.3	93.5	11.8	31	21.5
15	Vizianagaram	NFHS 5 Total	898	76.7	58.3	33.7	71.2	0	0.6	6.7	71.4	99	NA	1.8	36.4	19.2
16	West Godavari	NFHS 5 Total	833	67.6	77	22.1	77.8	0.6	0.6	3	62.7	98.7	87	3.5	31.4	11.7
17	Y.S.R.	NFHS 5 Total	779	73.3	63.8	25.6	69.1	0.3	0	5.5	82.8	99.4	89.7	5.5	34.4	14.1

- * NFHS5 replaced 'immunized' (word) from NFHS4 to 'Vaccinated'; Out of two indicators with 'either vaccination card or mother's recall' & '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)/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 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 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)
- F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

[illegible]

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