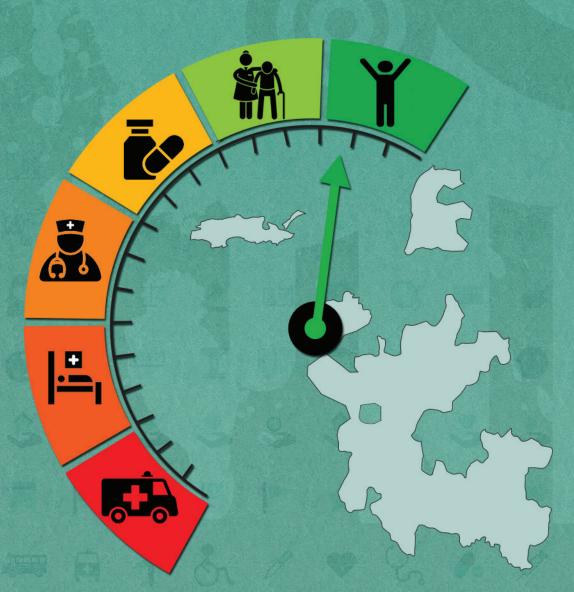




HEALTH DOSSIER 2021 Reflections on Key Health Indicators



DADRA & NAGAR HAVELI **AND DAMAN & DIU**

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts	s 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 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 2021b. 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 $1,187 \text{ km} (0.02\%^d)$ 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

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+Nf 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

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

g Antenatal Check up

h Iron Folic Acid Tablets

Other smaller states & UTs, inclusive of Delhi

Other smaller states & UTs, inclusive of Delhi

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% 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° success rate is 92% in DNH and 79% in DD. For NLEPP, 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 UTq. 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.

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

AB-HWC Portal

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	Dadra and Nagar Haveli		Daman & Diu	India
Total Population (In Crore)	(0.034	0.024	121.08
Rural (%)	5	3.28	24.83	68.85
Urban (%)	4	16.72	75.17	31.14
Scheduled Caste population (SC) (in crore)	0.00062 (1.79%)		0.0006124 (2.52%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.01786 (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	Population ¹		Dadra and Nagar Haveli	Daman & Diu
DNH & DD (Census 2011)	<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		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,	113				
Neo Natal Mortality Rate (NNMR) ⁴	N,	23				
Under Five Mortality Rate (U5MR)⁴	N/	/A	36			

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 22nd	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				
Rurai-	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	a & Nagar	Haveli	Da	man & Di	u
Number of functional First Referral Units (FRUs)	DH	SDH	СНС	DH	SDH	CHC
	1	1	0	2	0	2

^u Sources are mentioned at the end of Annexure 1

Haban?	Dadra & Nagar Haveli & Daman & Diu				
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)		
Number of PHC	16	3	81.25		
Tribal ²	Dadra &	Nagar Haveli & Dama	n & Diu		
Iribai-	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 ^v			
% 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 registered deaths (%)	46.4	54.1	20.7
RMNCHA	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

Disability Adjusted Life Years

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 c salts (ORS) (%)	N/A	60.6	
Children under 5 years who are underweight (weight-for-a	ige) (%)	38.7	32.1
Child Immunization ¹⁰	DNH & DD (NFHS 5)	India (NFHS 5)	
Children age 12-23 months fully vaccinated based on inforvaccination card only (%)	rmation from	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 containing vaccine (%)	96.2	87.9	

Family Planning ¹⁰	DNH & DD (NFHS 5)	India (NFHS 5)		
Unmet need for spacing (%)		5.3	4	
Communicable	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	revalence Rate/10,000 population 2.61			
Number of new cases detected	200	29	114,359	
Malaria, Kala Azar, Dengue ¹¹	Daman & Diu	India		
Deaths due to Malaria ¹¹	Deaths due to Malaria ¹¹ 0			
Deaths due to Kala azar reported11	Deaths due to Kala azar reported ¹¹ 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) (%)	7.7	12.4		
Men - Mildly elevated Blood Pressure (Systolic 140-159 mr 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

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 Syste	ems Strengthening	g		
Ambulances & Mobile Medical Units (MMU) ¹¹		DNH & DD ^z	India	
Number of Districts equipped with MMU under NRH	IM	1	506	
Number of Districts equipped with MMU/Health Un	its under NUHM	0	31	
Number of ERS vehicles operational in the States/U	JTs 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/UTs (At PHC/CHC/SDH/DH)	27	11070		
Key Dor	nain 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)

ll number of ASHA targeted under NUHM 70		10	75597
Total number of ASHA in position under NUHM	65	10	64272
% of ASHA in position under NUHM	92.85	100	85
Community Process ¹¹		DNH & DDaa	India
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted		89	554847
Number of Mahila Arogya Samitis (MAS) formed	0	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹		DNH & DDbb	India
DH		3	796
CHC		4	6036
PHC		4	20273
UCHC		0	126
UPHC		0	3229
Human Res	source for Health ¹	4	
		Dadra & Nagar	

Human Resource for Health ¹⁴					
HRH Governance		Dadra & Nagar Haveli	Daman & Diu		
Specialist Cadre Availab	le in the state (Y/N)	Yes	Yes		
HR Policy available (Y/N)	No	No		
Implementation of HRIS (Y/N)		No	No		
HR Integration initiated (Y/N)		Yes	Yes		
Public Health Cadre available (Y/N)		No	No		
	Specialists (%)	3	66		
	Dentists (%)	25	17		
Overall Vacancies	MO MBBS (%)	32	46		
(Regular + contractual)	(Regular + contractual) Nurse (%) LT (%)		36		
			5		
	ANM (%)	16	10		

HRH Distribution ¹⁴	Dadra & Na	gar Haveli	Daman & Diu		
THE DISTRIBUTION TO	Sanctioned	In Place	Sanctioned	In Place	
Doctors (MO & specialists) 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 10,000	5 per 10,000	
Regular to contractual service 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 Resource Index of Dadra & Nagar Haveli and Daman & Diu ¹⁵								
			Total (Regula	r + NHM)				
Category	Required (R)	Sanctioned (S)	Gap#					
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			
Specialist ^{ee}	159	109	77	32	82			

1.6 Healthcare Financing				
National Health Accounts (NHA) (2017-18)	DNH 8	DNH & DD		dia
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	3.8
National Sample Survey Office (NSSO) (2017-2018)	DNH & DD		ln	dia
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/	N/A		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/	N/A		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 (₹) (NSSO)	N/A	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (\ref{eq})	N/A 20,69		26,701
State Health Expenditure	Daman & Diu	& Diu All India Avera	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	N/A	5 ^{ff}	

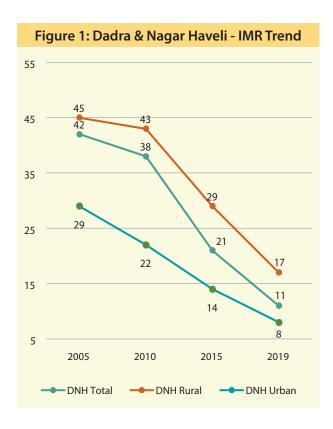
Sources used for Annexure 1

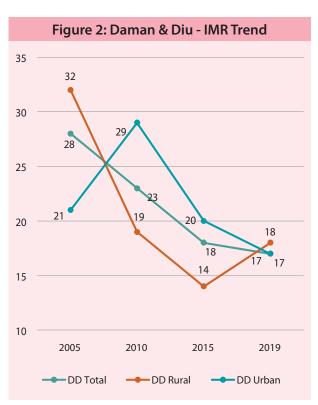
- Census 2011
- ² Rural Health Statistic (RHS) 2019-20
- Sample Registration Survey (SRS) Bulletin 2018 & 2019
- Registrar General of India (RGI) Statistical Report (SRS) 2018
- SRS Based Abridged Life Tables 2014-18
- ⁶ National Health Profile 2020
- Global Burden of Disease Data 2019, https://vizhub.healthdata.org/gbd-compare/
- 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

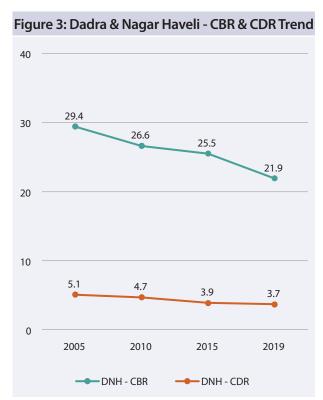
Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

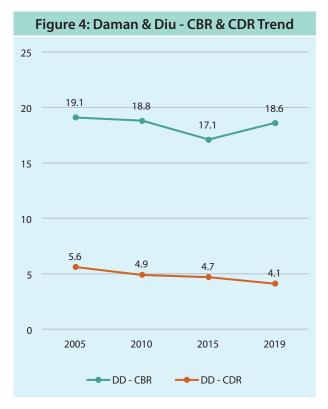
RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2











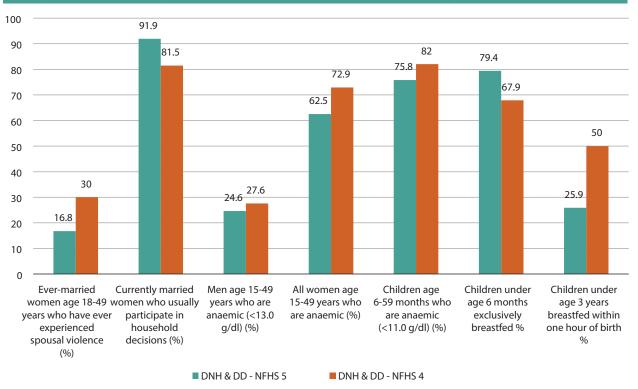
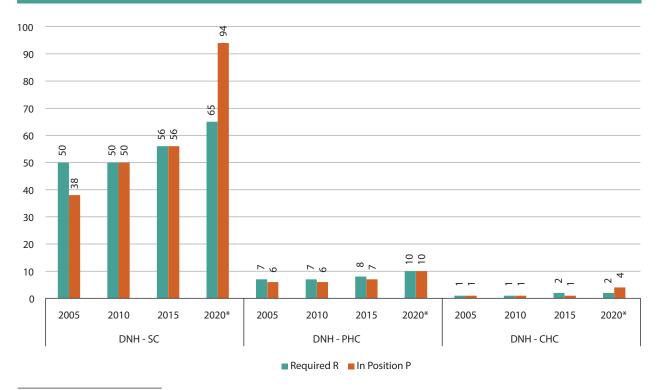
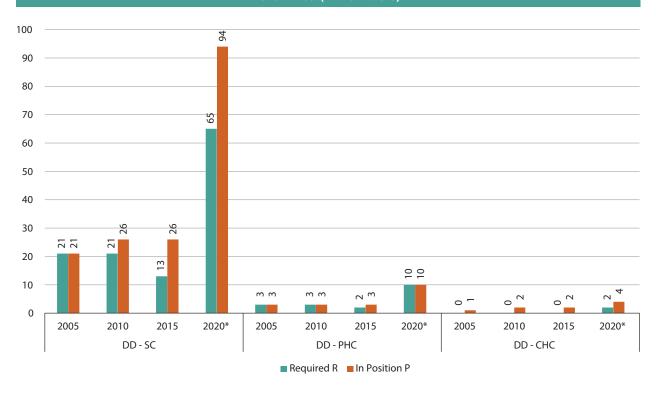


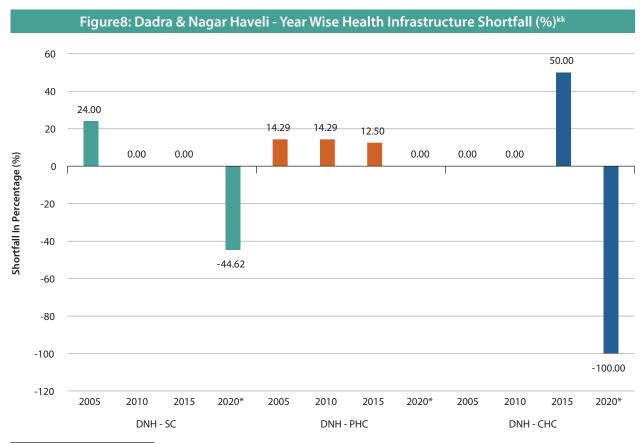
Figure 6: Dadra & Nagar Haveli - Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)ii



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}





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

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



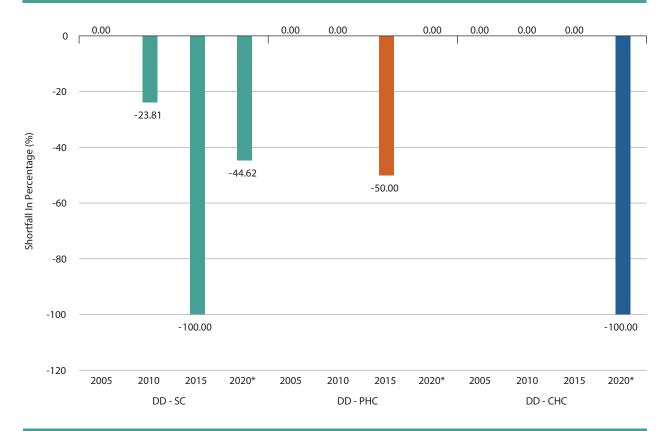
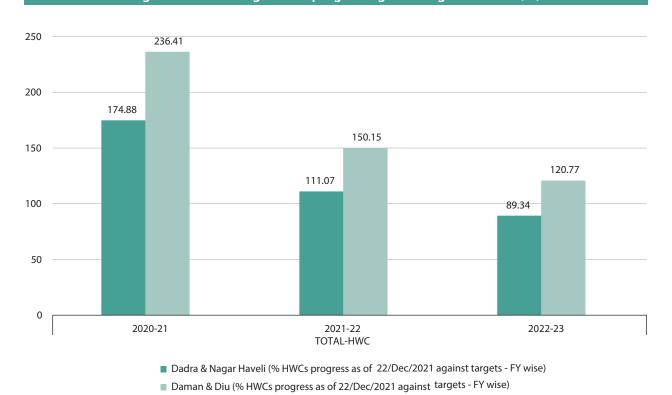


Figure 10: Percentage HWCs progress against target - FY wise (%)



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

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

(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)

Children Under 5 Years - Wasted^ (Weight For Height) (%)	26.7	22.1	21.1	21.6	20.9	25.2	17.4
Children Under 5 Years - Stunted^ (Height For Age) (%)	37.2	32.9	45.7	39.4	42.4	30	33.9
Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	2.1	6	11.3	10.2	9.2	11.8	17.9
Children Age 12-23 Months Fully Vaccination Based On Information From Vaccination Card Only* (%)	66.4	91.9	94.8	93.4	98.5	73.6	100
(%) srhrið lanotiutitznl	88.5	96.4	296.7	96.5	96.3	97.4	95.7
Mother Who Had At Least 4 Antenatal Care Visits (%)	71.9	6.77	94.8	86.2	6.06	70.5	90.7
Total Unmet Meed (%)	19.5	15.4	8.5	11.9	6	21.1	7.7
(%) esU mobno⊃	3.2	15.6	7.8	11.7	12.4	8.8	15.9
(%) <u>aui9</u> 4/aui	1.7	ъ	1.5	2.2	2.6	1.3	1.2
Pany Method Used For Family Planning By Currently Married Women Age 15-49 9ears (%)	36.2	63.5	72.4	89	72.8	52.5	77.8
Women Age 20-24 Years Married Before 81 (%)	26.8	26.7	26.2	26.4	30	22.8	2.3
(%) əgA e4-21 ətsrəfiL nəmoW	N/A	87.7	67.9	77.3	72.8	85.9	8.06
Households with any usual member covered under a health insurance/ financing scheme (%)	25.3	39.5	66.3	52	58.8	32.9	64
(selsM 0001\cenales/1000 Males)	983	705	940	817	822	292	983
Data Source	NFHS 4 Total	NFHS 5 Urban	NFHS 5 Rural	NFHS 5 Total	NFHS 5 Total	NFHS 5 Total	NFHS 5 Total
stairtsiQ\s 9 stst2	DNH & DD	DNH & DD	DNH & DD	DNH & DD	Dadra & Nagar Haveli	Daman	Diu
.oli .2	-	2	ю	4	5	9	7

"NHS5 replaced 'Immunized' (word) from NHS4 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 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 for breastfed infants 6-8 months and at least twice and you be at least from at least from at least from 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

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 (🎵 injection and iron folic acid tablets or syrup taken for 100 or more days

^{**} 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 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 products food group)

 $^{^{\}wedge}$ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standarc

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