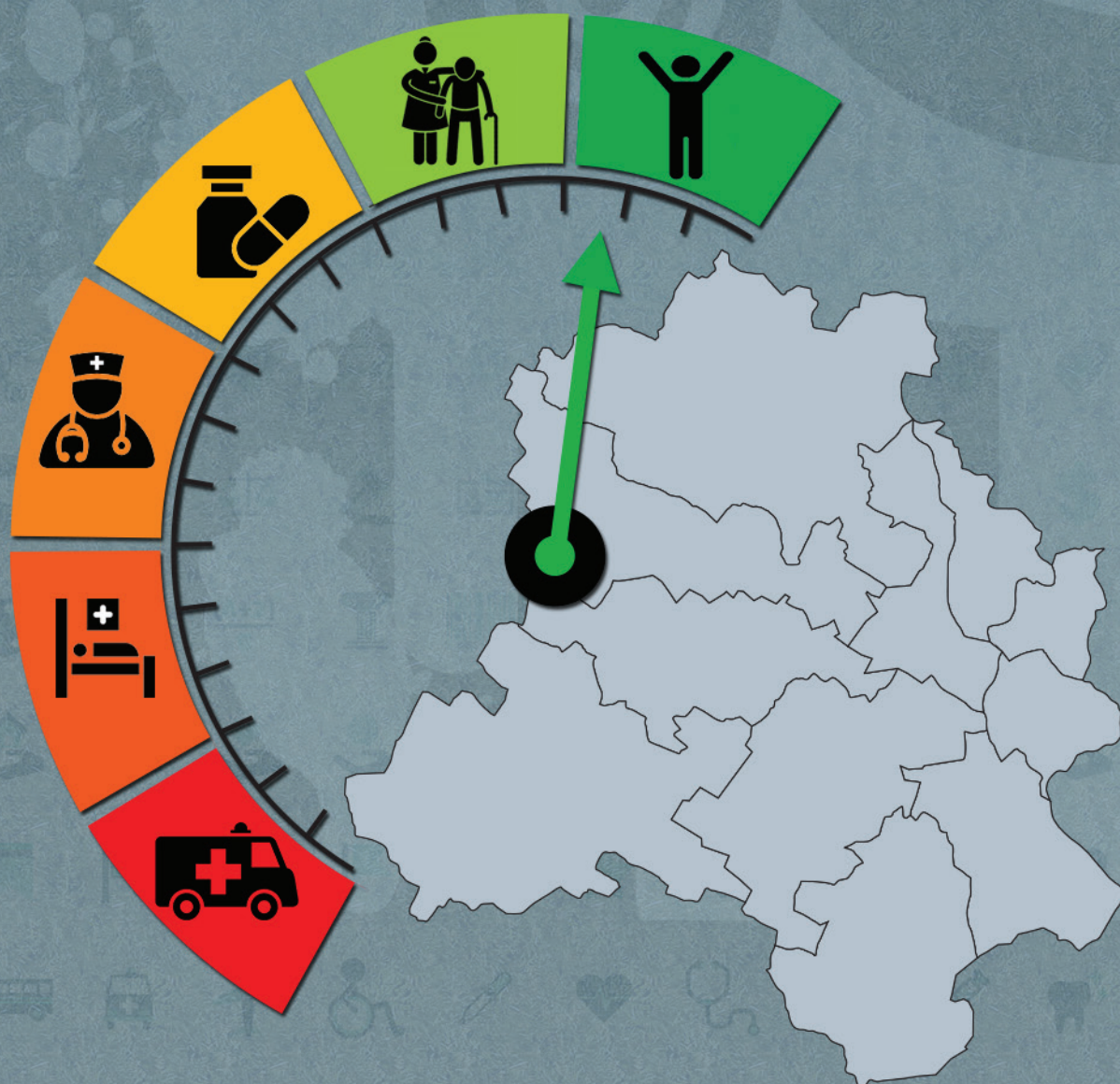


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



DELHI

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
6 th	South West	North East
9 th	West	North
10 th	Shahadra	Central
13 th	New Delhi	East

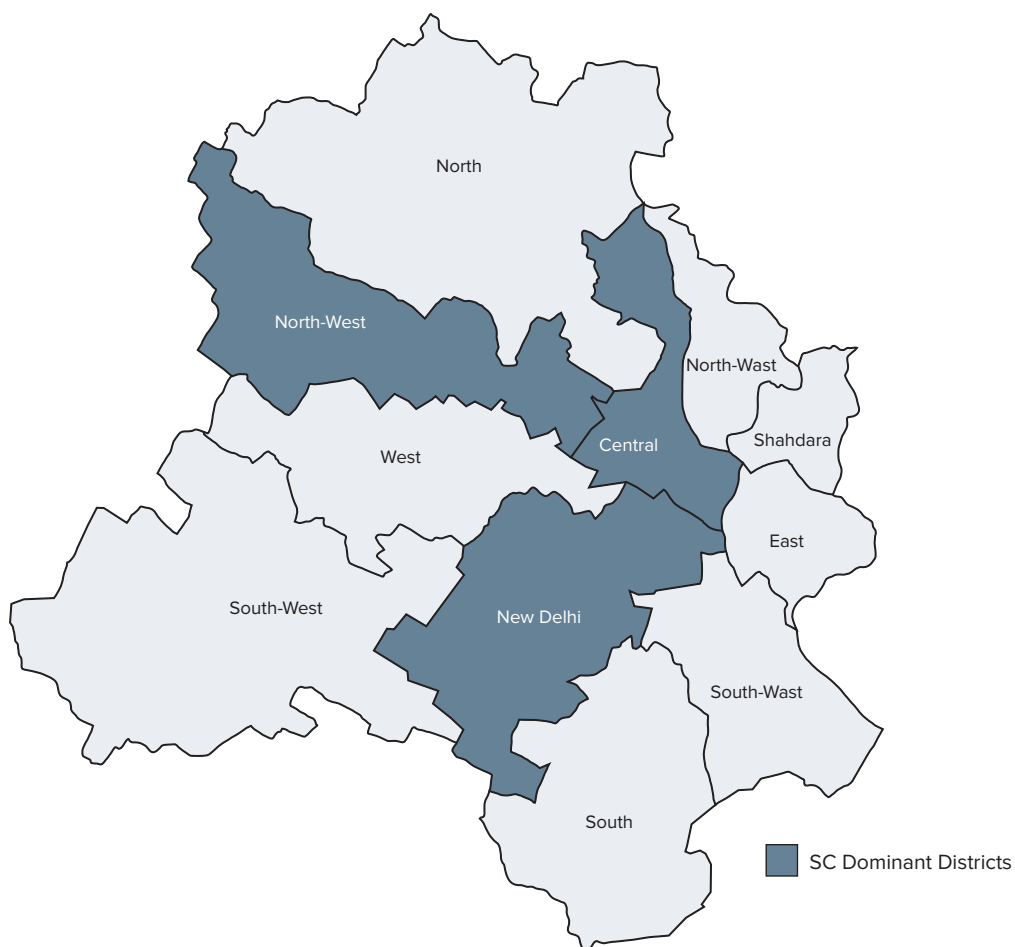
DELHI

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

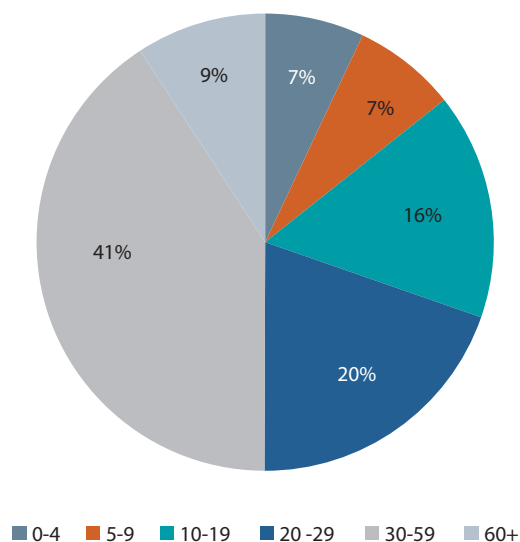
(16.75%). Out of the 11 districts, top three SC dominant districts account for 31.07% of SC population. (Annexure 1.1; fig 1). In Delhi, only 2.50% of the population reside in rural areas, while 97.50% constitute the urban population. The total length of roads^b in the UT is 17,882 km (0.35%^c), in which,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

Figure 2: Delhi - 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 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)^g, 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 2016-2018) 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 SRBs^l 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

^l 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).

ⁿ Total Fertility Rate

^o QPR Report (states as on 01.03.2020)

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

^q New Smear Positive

^r 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 10,000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 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	
Number of districts per lakh population in Delhi (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	3
	≥ 10 Lakhs - <20 Lakhs	1
	≥20 Lakhs - <30 lakhs	4
	≥30 Lakhs	1
SC Dominant (Top 3) Districts of Delhi ¹		
Central - 24.58%		
New Delhi - 23.41%		
North West - 19.06%		
Top 3 SC dominant district accounts for - 31.07%		

1.2 Key Health Status & Impact Indicators^u

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 Rate ⁴	5	4
Total Fertility Rate (TFR) ⁴	1.5	2.2
Life expectancy at birth ⁵	75.3	69.4
Sex Ratio at Birth ⁴	844	899

1.3 Key Health Infrastructure Indicators^v

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 (2020-21)	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	CHC	
	23	3	0	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	403	541	-34.24	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	N/A	N/A	N/A	
Number of PHC	N/A	N/A	N/A	
Number of SC	N/A	N/A	N/A	

^v Sources are mentioned at the end of Annexure 1

^w 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

^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 Established¹¹	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 & Nutrition¹⁰	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 Immunization¹⁰	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 Planning¹⁰	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, Dengue¹¹	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
HIV¹⁰	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		
Diabetics 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 Care^{aa}

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 Type	220	9955
104 Type	0	605
108 Type	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			
ASHA ¹³	Delhi	India	
Total number of ASHA targeted under NRHM	N/A	946563	
Total number of ASHA in position under NRHM	0	904211	
% of ASHA in position under NRHM	N/A	96	
Total number of ASHA targeted under NUHM	6258	75597	
Total number of ASHA in position under NUHM	5817	64272	
% of ASHA in position under NUHM	92.95	85	
Community Process ¹¹	Delhi	India	
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	0	554847	
Number of Mahila Arogya Samitis (MAS) formed	98	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Delhi	India	
DH	23	796	
CHC	0	6036	
PHC	0	20273	
UHC	7	126	
UPHC	0	3229	
Human Resource for Health ¹⁴			
HRH Governance		Delhi	
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 (%)	37	
	MO MBBS (%)	31	
	Nurse (%)	24	
	LT (%)	68	
	ANM (%)	2	
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		5 per 10,000	4 per 10,000
Regular to contractual service delivery staff ratio ¹⁴		6:1	6:1

Ranking: Human Resource Index of Delhi¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{bb}	3089	1828	1804	24	1285	66.27
Staff Nurse	9276	5788	4317	1471	4959	
Lab Technician	1549	4065	1308	2757	241	
Pharmacists	1030	1182	886	296	144	
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)	Delhi		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	
National Sample Survey Office (NSSO) (2017-2018)	Delhi		India	
	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	Delhi		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	11.6		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

Figure 1: IMR Trend

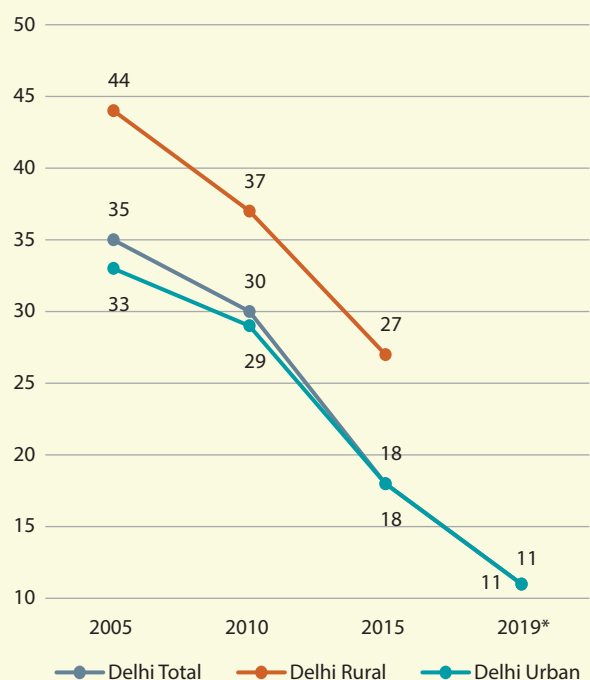


Figure 2: CBR & CDR Trend

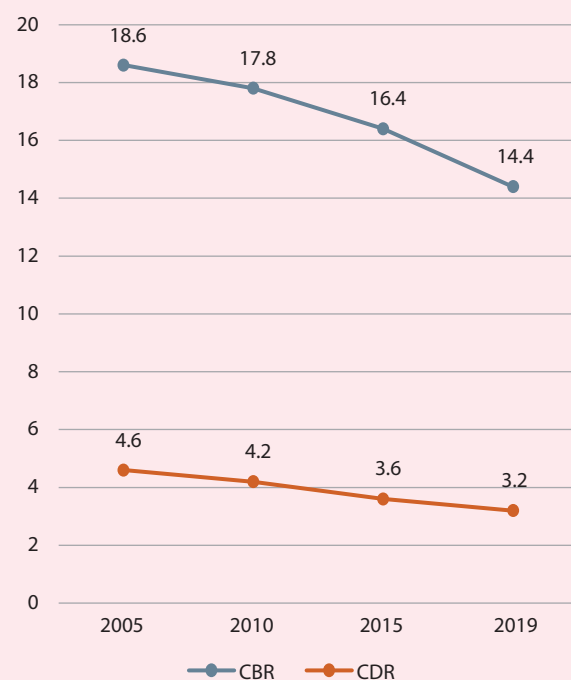


Figure 3: Life Expectancy At Birth Trend

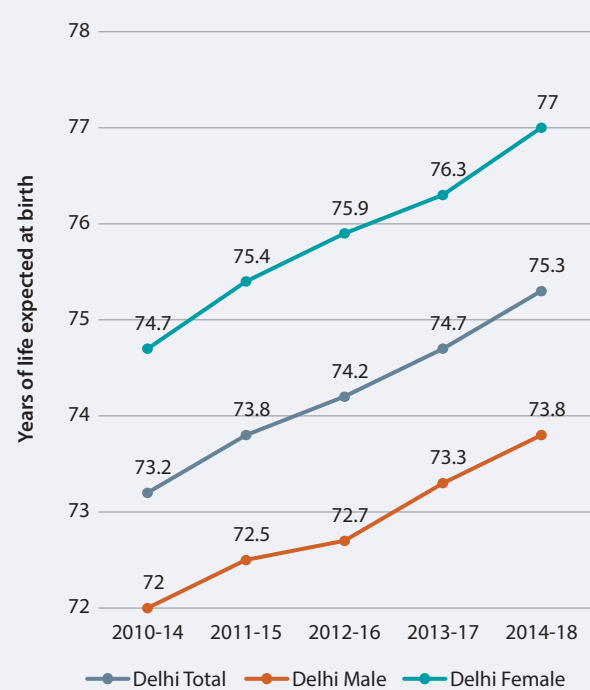
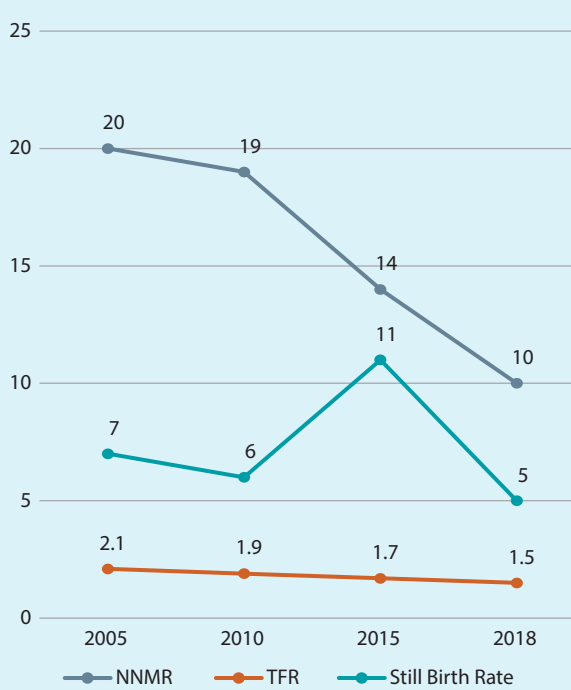


Figure 4: NNMR, TFR & Still Birth Trend



* 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

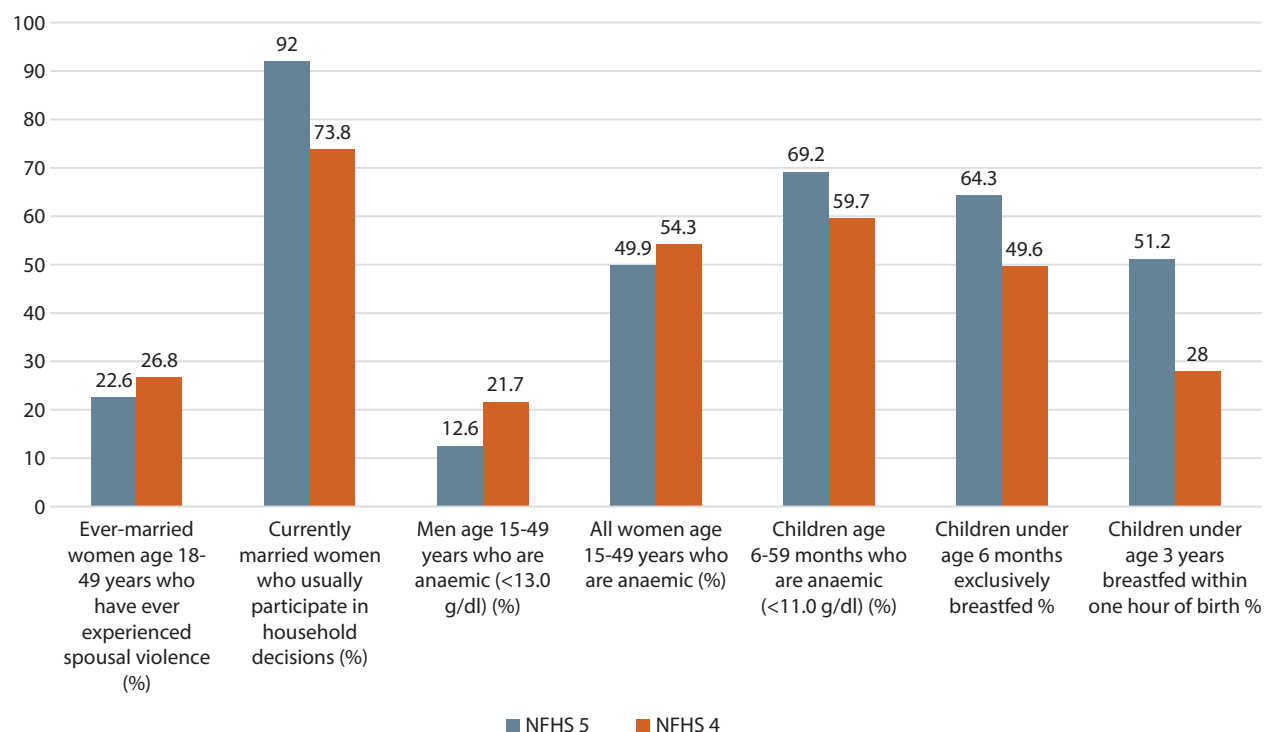


Figure 6: Top 15 causes of DALYs, 1990-2019

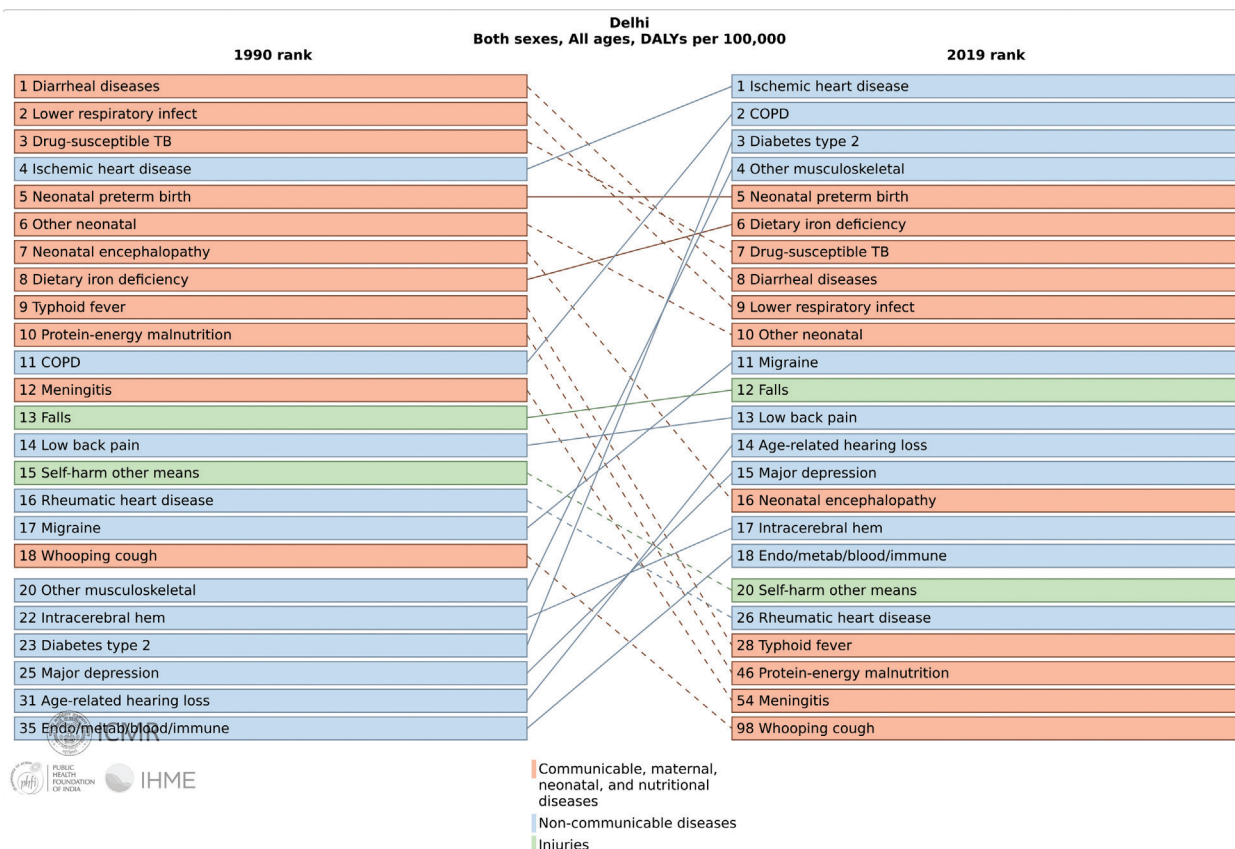


Figure 7: Top 15 risk of DALYs, 1990-2019

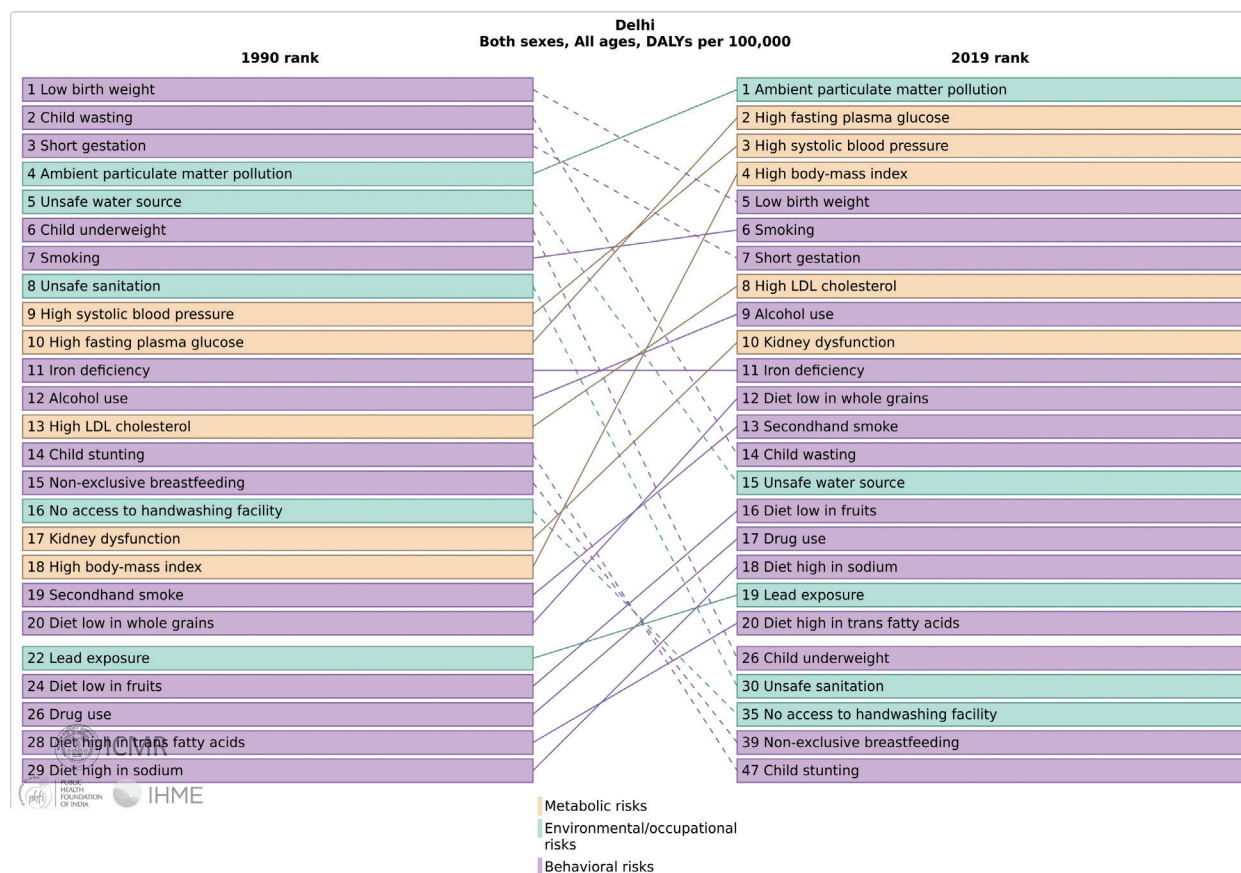


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

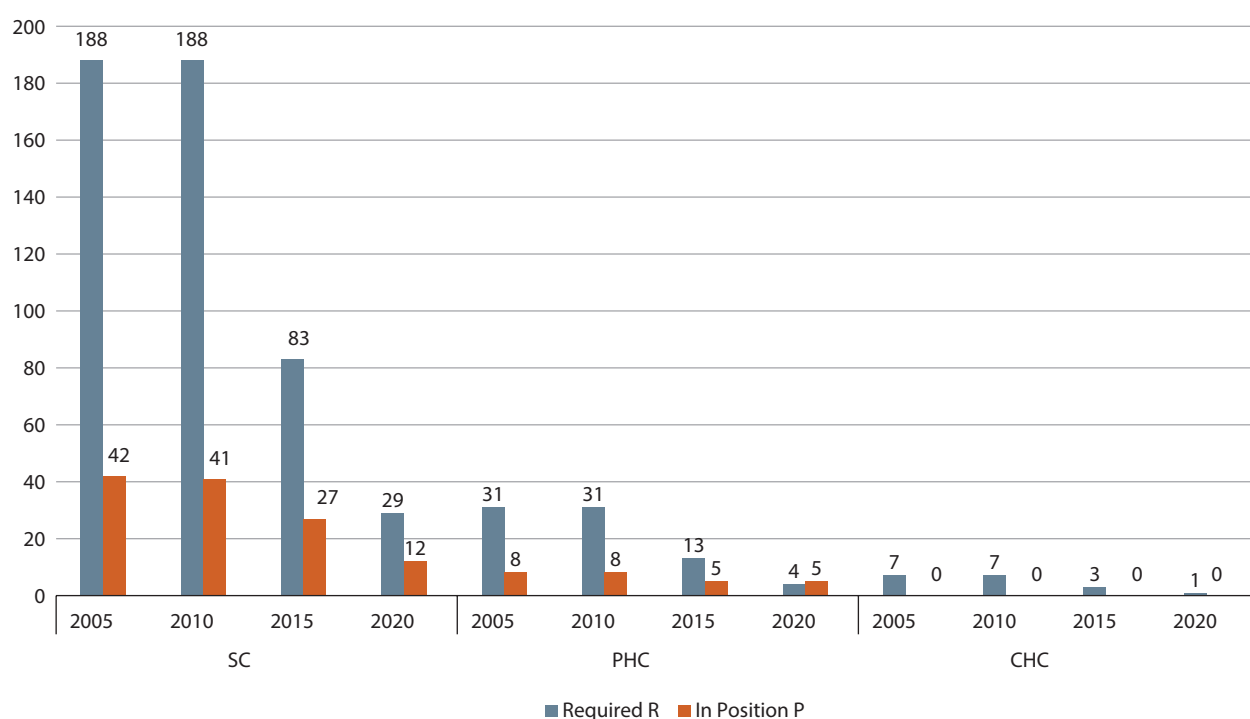
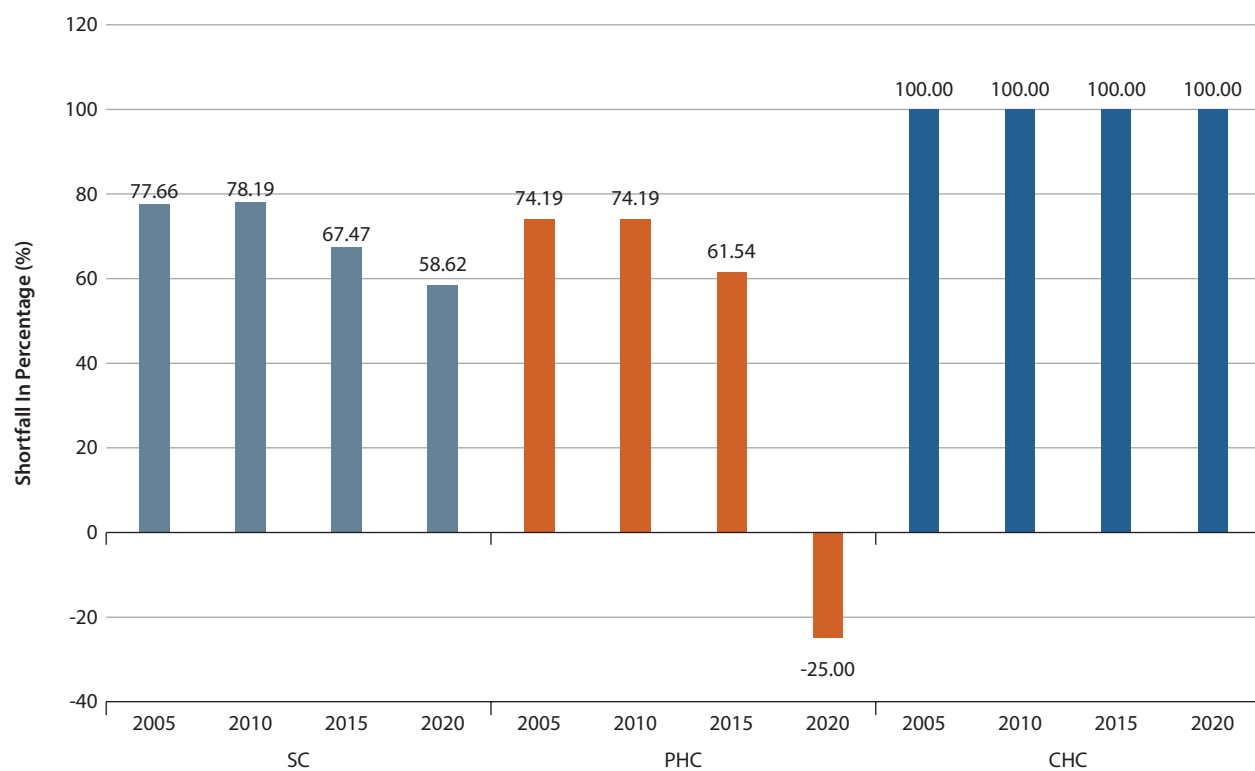


Figure 9: Year Wise Health Infrastructure Shortfall (%)



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

S. No.	States/Districts	Data Source	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/PPIUD (%)	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 ^Δ (Height For Age) (%)	Children Under 5 Years - Wasted ^Δ (Weight For Height) (%)
1	Delhi	NFHS 4 Total	812	15.7	NA	14.3	54.9	5.4	20	1555	67.9	84.4	79.6	5.2	31.9	15.9
2	Delhi	NFHS 5 Urban	927	25	83.6	9.8	76.5	6.6	28.4	6.1	77.1	91.8	79.4	16.4	31	11.4
3	Delhi	NFHS 5 Rural	792	27.1	87.8	11.4	71.3	11	23.3	8	83.1	90.4	79.9	28.4	26.3	7.6
4	Delhi	NFHS 5 Total	923	25	83.7	9.9	76.4	6.7	28.3	6.1	77.2	91.8	79.4	16.8	30.9	11.2
5	Central	NFHS 5 Total	994	22.6	83.5	11.2	68.5	5.7	22.9	9.4	73.1	92.2	94.1	18.2	33.5	13.5
6	East	NFHS 5 Total	820	30.7	83	12.8	81.9	5.8	32.8	2.6	89.7	92.6	80.9	23	35.2	15.7
7	New Delhi	NFHS 5 Total	898	25.2	81.8	10.2	77	7.3	30.8	5.3	80.1	91.8	87.5	15.6	27.4	6.8
8	North	NFHS 5 Total	936	19.4	83.8	5	79	6.8	34.2	5.1	86.2	89.2	83.2	29.5	38.7	8.8
9	North East	NFHS 5 Total	878	28.2	85	10.1	80	7.7	28.8	5.3	77.9	94	78	10.2	26.9	10.9
10	North West	NFHS 5 Total	1084	18.1	80	17	57.4	6.6	17.8	15.7	50.6	89.7	76.2	16.8	25	8.9
11	Shahdara	NFHS 5 Total	976	21.5	83.9	7.3	78	5.6	30.2	4.6	88.9	95.8	75.5	8.3	32.9	21.2
12	South	NFHS 5 Total	951	24.5	84.9	7.5	84.1	6.9	34.3	2.6	83.2	96.1	62.3	17	21.7	14.7
13	South East	NFHS 5 Total	701	37.7	87.5	7.5	78.5	6.4	29.4	4.6	91	92.5	74.2	15.2	27.1	10.6

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

* 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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