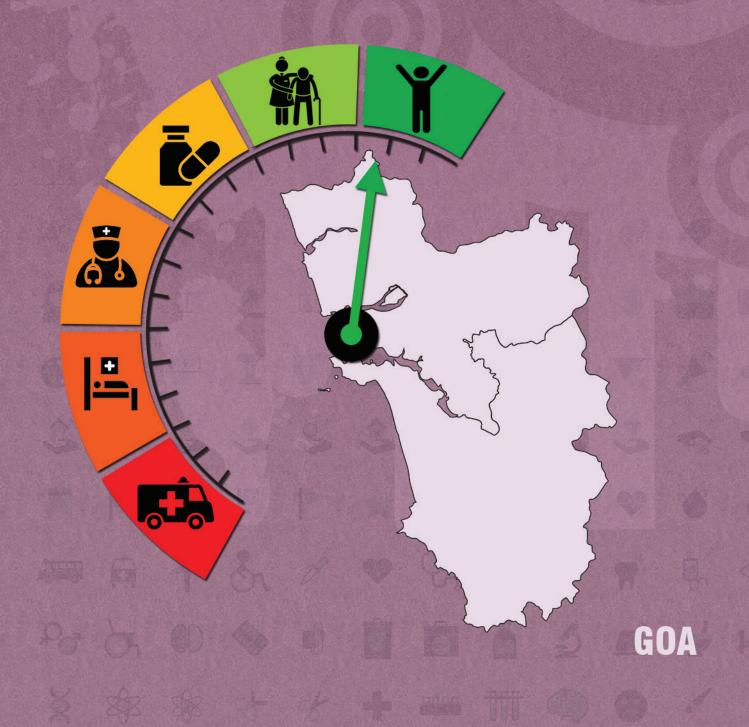




HEALTH DOSSIER 2021 Reflections on Key Health Indicators



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

GOA

1. BACKGROUND

1.1 State Profile

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

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

1.2 Demography

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

- d Census Population Projection Report 2019
- Basic Road Statistics 2019, MoRTH
- ^f Percentage of total length of roads in Goa
- ⁹ Percentage of total length of National Highways in the country
- ^h Percentage of total length of State Highways in the country

^a RHS 2020

^b RHS 2020

c Census 2011

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

1.3 Elderly

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

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

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

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

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

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

2.3 Family Planning

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

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

k Antenatal Check up

Iron Folic Acid Tablets

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

2.4 Communicable Diseases

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

2.5 Non-Communicable Diseases (NCDs) and Injuries

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

2.6 Health Care Financing

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

2.7 Health Infrastructure

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

ⁿ QPR NHM MIS Report (Status as on 01.03.2020)

[°] New Smear Positive

P National Leprosy Eradication Programme

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

^r Directorate of Economics & Statistics

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

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

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

AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profilet

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

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

Sources are mentioned at the end of Annexure 1

1.3 Key Health Infrastructure Indicators^u

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

Number of AB-HWCs functional as of 22 nd December 2021 ¹⁶	Status (Total)	Targ FY (202		Target FY (2021-22)	Target FY (2022-23)	
SHC-HWC	100	73		132	172	
PHC-HWC	56	25	i	25	25	
UPHC-HWC	5	4		4	4	
Total-HWC	161	10	2	161	201	
Rural ²	Require	d (R)	In place (P)		Shortfall (S) (%)	
Number of Community Health Centres (CHC)	3			6	-100.00	
Number of Primary Health Centres (PHC)	15			55	-266.67	
Number of Sub Centres (SC)	93		218		-134.41	
Number of functional First Defense [1] with (FDI)	DH			SDH	СНС	
Number of functional First Referral Units (FRUs)	2			0	0	
Urban ²	Required (R)		In place (P)		Shortfall (S) (%)	
Number of PHC	23		4		82.61	
Tribal ²	Required (R)		h	n place (P)	Shortfall (S)%	
Number of CHC ^v	0	0 N/A		N/A		
Number of PHC	3	3 N/A		N/A		
Number of SC	22		22 N/A		N/A	
Patient Service ⁹				Goa	India	
IPD per 1000 population				71.67	62.6	
OPD per 1000 population				1645.33	1337.1	
Operation (surgeries) major (General and Spinal Anaesthesia) pe 10000 population				53.14	36.4	

^u Sources are mentioned at the end of Annexure 1

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

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

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

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

Sources are mentioned at the end of Annexure 1

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

1.5 Access to Care

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

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

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

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

1.6 Healthcare Financing					
National Health Accounts (NHA) (2017-18)	h Accounts (NHA) (2017-18) Goa			India	
Per Capita Government Health Expenditure (in ₹)	N/	A	17	1753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	N/	A	1.	1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	N/	A	5.12		
OOPE as a Share of Total Health Expenditure (THE) %	N/	A	48	3.8	
National Samula Summer Office (NSSO) (2017-2019)	Go	a	India		
National Sample Survey Office (NSSO) (2017-2018)		Urban	Rural	Urban	
OPD - % of non-hospitalized cases using public facility	56	61	33	26	
IPD - % of hospitalized cases using public facility	85	59	46	35	
Out of Pocket Expenditure (OOPE) (NSSO)*		Urban	Rural	Urban	
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public	356	454	472	486	
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	675	598	845	915	
IPD - Per hospitalized case (in INR) - Public	3,039	5,666	5,729	5,939	
IPD - Per hospitalized case (in INR) - Private	38,097	30,662	28,816	34,122	
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	9	4	18	17	
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	74	57	53	43	

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

^{cc} MO MBBS (Full Time)

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

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

Sources used for Annexure 1

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

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

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

ANNEXURE 2

- Goa Rural

Goa Urban

16

15

10

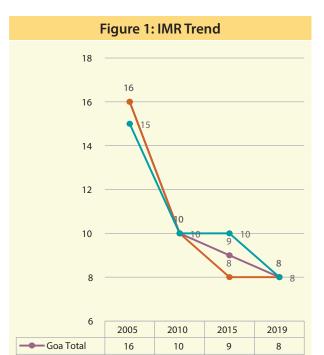
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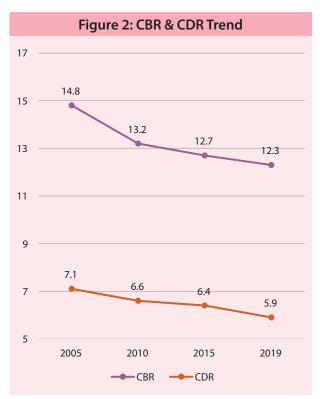
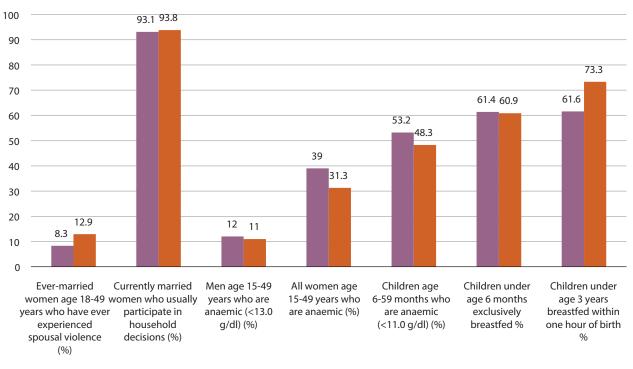


Figure 5: Comparison of Key NFHS 5 & 4 Indicators



NFHS 5 NFHS 4

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

Goa				
Both sexes, All ages, DALYs per 100,000				
1990 rank		2019 rank		
1 Malaria		1 Ischemic heart disease		
2 Ischemic heart disease	<u>,</u>	2 Diabetes type 2		
3 Lower respiratory infect		3 COPD		
4 Diarrheal diseases	No.	4 Other musculoskeletal		
5 Drug-susceptible TB		5 Falls		
6 Neonatal preterm birth		6 Intracerebral hem		
7 Self-harm other means		7 Lower respiratory infect		
8 Intracerebral hem		8 Low back pain		
9 COPD		9 Ischemic stroke		
10 Other neonatal	A ANTIN /	10 Age-related hearing loss		
11 Low back pain		11 Migraine		
12 Falls		12 Major depression		
13 Neonatal encephalopathy		13 Diarrheal diseases		
14 Dietary iron deficiency		14 Neonatal preterm birth		
15 Other musculoskeletal	AX NY	15 Cirrhosis hepatitis B		
16 Migraine	Y Y Y	16 Self-harm other means		
17 Major depression		17 Drug-susceptible TB		
18 Cirrhosis hepatitis B	H	18 Dietary iron deficiency		
19 Neonatal hemolytic		19 Motorcyclist road inj		
20 Diabetes type 2	Mr. XXX	20 Endo/metab/blood/immune		
22 Age-related hearing loss		21 Malaria		
23 Ischemic stroke		28 Other neonatal		
29 Motorcyclist road inj		40 Neonatal encephalopathy		
33 Endormetab/blood/immune		76 Neonatal hemolytic		
	Communicable, maternal,			

Communicable, maternal, neonatal, and nutritional diseases

Non-communicable diseases

Injuries

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

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

(Th) PUBLIC PEALTH TOUNDATION OF INDIA

Metabolic risks Environmental/occupational risks Behavioral risks

37 No access to handwashing facility

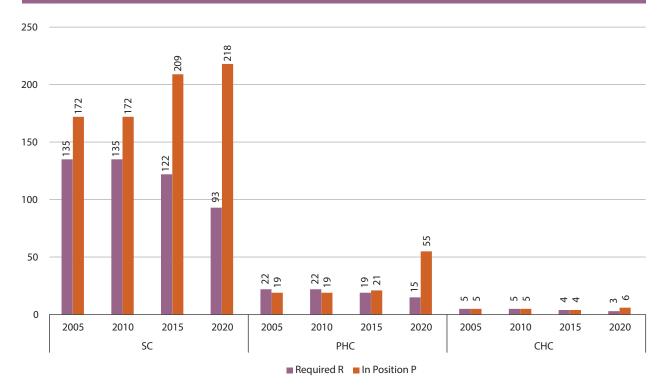


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

Figure 9: Year Wise Health Infrastructure Shortfall (%)

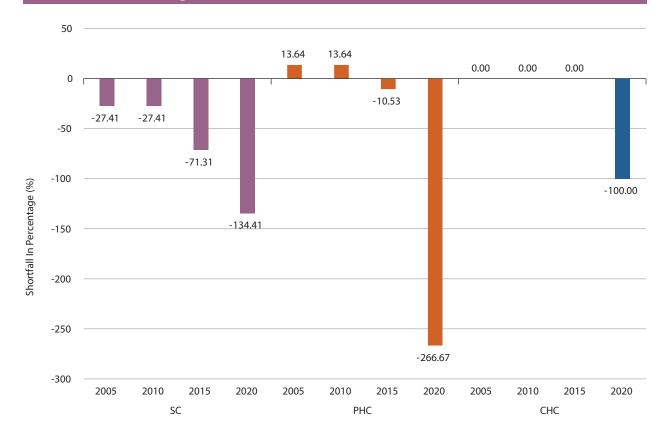
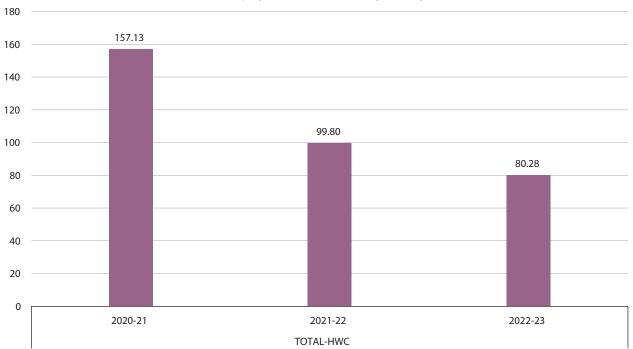


Figure 10: Percentage HWCs progress against target - FY wise (%)



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

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

(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)	Children Under 5 Years - Wasted^ (%) (%) (%)	21.9	17.7	21.5	19.1	17.7	21.4	ng children cine yy, a minimum ups not twice a day, a twice a day, a
	Children Under 5 Years - Stunted^ (%) (%)	20.1	24.3	28.2	25.8	24.2	28.3	ecall bias, amo T or penta vac east twice a da t four food gr t four food gr ducts at least rom at least fo
	Total Children Age 6-23 Months (%) # (**, # 00 afeupaba privisos)	10.4	21.1	22.2	21.5	25.8	13.4	reduce the re birth) and DP c products at l ds from at leas lik or milk pro
	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	95.8	87.7	N/A	91	87.5	N/A	ator was used to action was used to other milk or mill or semi-solid food or semi-solid food a with other m , and solid or sem
	(%) sıtıtığ lenoitutitenl	96.9	9.66	100	99.7	99.6	100	rard only indi cluding polic tes (fed with hs, and solid 4 hs, and solid 4 -23 months
	lsten9tnA 4 teast 4 beH orW nottoM Care Visite (%)	68	92.9	93.1	93	91.3	96	vaccination c h of polio (ex seding Practic en 9-23 montl en 9-23 montl tred children
	(%) bəəV təmnU lstoT	17.5	7.3	10.1	8.4	9.2	7.2	card only'-' 3 doses eac ung Child Fe stfed childre more days t and Young
	(%) əsU mobnoD	7.1	24.6	21.1	23.2	23.1	23.5	vaccination Aeasles, and Afant and Yo day for brea a for 100 or r n of 3 Infan ree times a c
	(%) UUDA/DU	0.9	2.5	2.2	2.4	2.3	2.5	rs's recall'&. /MR/MMRA imum of 3 Ir iree times a 'syrup taker 'syrup taker 'syrup taker 'syrup taker ard
	gninnel9 vlims7 for For Family Planning By Currently Married Womon Age 75-79 years (%)	26.3	72.3	61.1	67.9	63.1	75	ut of two indicators with "either vaccination card or mother's recall" & 'vaccination card only' vaccinated with BCG, measles-containing vaccine (MCV)/MR/MMR/Measles, and 3 doses eu m meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child vice a day for breastfed infants 6-8 months and at least three times a day for breastfed child ow -3 standard deviations, based on the WHO standard tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days inimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Your od at least twice a day for breastfed infants 6-8 months and at least three times a day for bre 3 Below -3 standard deviations, based on the WHO standard
	Women Age 20-24 Years Married Before 18 (%)	9.8	7.7	3.2	5.8	7.5	3.9	her vaccinat les-containi les-containi les-contain rasted childre nts 6-8 mont nts 6-8 mont nast on the nast on the nast fed infai reast fed infai
	(%) əpA 84-21 ətərətil nəmoW	N/A	92.6	93.4	93	92.4	93.8	ttors with 'eit th BCG, meas rcy, non-bres reastfed infa deviations, I (Π) injectio (Π) injectio (Π) injectio rea day for b dard deviati
	Pouseholds with any usual member covered under a health insurance/ financing scheme (%)	15.9	65.1	67.5	99	64.8	67.7	ut of two Indic: e vacrimeted will wice a day for b low -3 standard low -3 standard od at least twice 13 Below -3 star
	(səlsM 0001\səlsm97) rfti8 fA oifsA xə2	966	822	864	838	849	819	Vaccinated, C er, percentago and a minimu ood at least t andard. 13 Be s, at least one s, at least one other orbs and a r oups and a r oups and a r of standard.
	93102 Source	NFHS 4 Total	NFHS 5 Urban	NFHS 5 Rural	NFHS 5 Total	NFHS 5 Total	NFHS 5 Total	voral from NFH54 to' voral from NFH54 to' voral with the interview iving with the mothen or more food groups; group or semi-solial (ucts food group) based on the WHO sti, based on the WHO sti, based on the WHO sti, at is receiving solid of at is receiving solid of ilk products food grou or the WHO and, based on the WH
	states/Districts	Goa	Goa	Goa	Goa	North Goa	South Goa	 * NHEAF replaced "word) from NFHS4 to "accinated" 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 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, inon-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least twice a day a minimum meal frequency inon-3 standard deviations, based on the WHO standard. * Full antenatal care is at least town enterement with the mother * Full antenatal care is at least town at least twice a day for breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least town food groups and a minimum meal frequency, pron-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk products at least town food groups). * Full antenatal care is at least town at least twice a day for breastfed infants 6-8 months, and st least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least town food groups and motion folic acid tablets or syrup taken for 100 or more days * Full antenatal care is at least town and at least three at the advitors, based on the WHO standard * Full antenatal care is at least towice a day for breastfed children 9-23 months, and solid or semi-solid foods from at least torice a day a minimum mean frequency that is receiving 4 or more food groups and a minimum mean frequency that is receiving 4 or more food groups * Readed children receiving 4 or more food gro
	Serial No.	-	2	m	4	5	9	* NFHS51 * Whose v whose v * Breasted # Breasted includir includir M & * Eul B. * Bre B. * Bre C. mini noti O. ^ Be

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