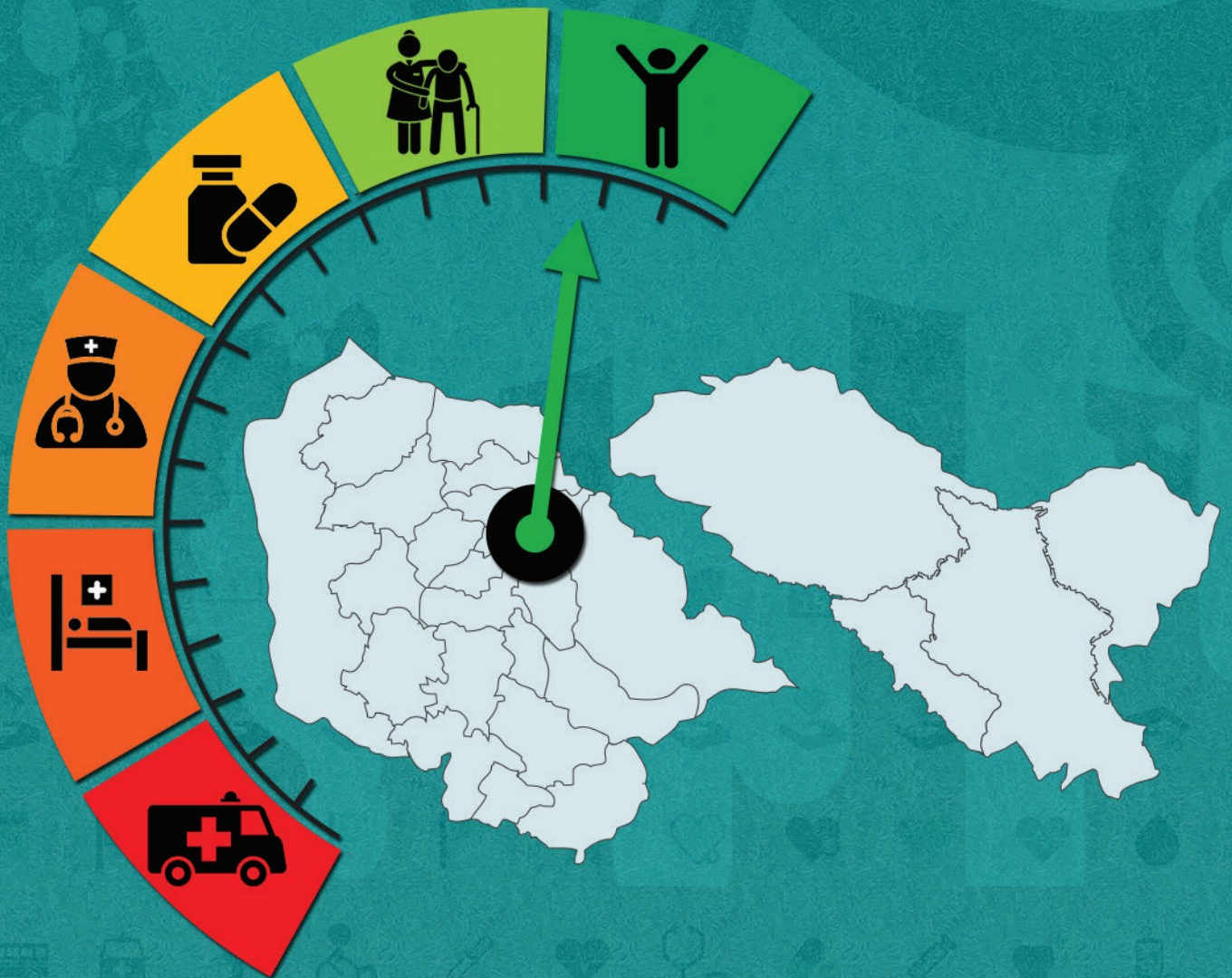


# HEALTH DOSSIER 2021

## Reflections on Key Health Indicators



**JAMMU & KASHMIR AND LADAKH**

## DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
1 <sup>st</sup>	Udhampur, Jammu, Samba, Anantnag & Baramula	
3 <sup>rd</sup>	Phulwama, Kupwara, Baramulla & Jammu	
7 <sup>th</sup>	Kathua	Kupwara
10 <sup>th</sup>	Anantnag	Ramban
12 <sup>th</sup>	Kupwara	Doda



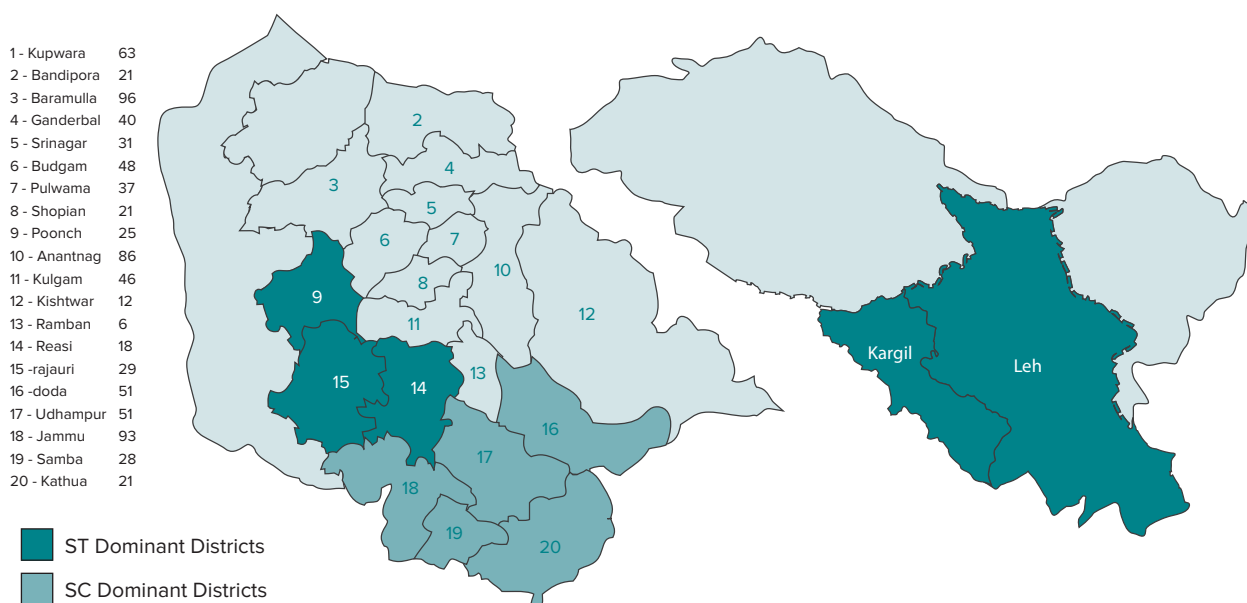
# JAMMU & KASHMIR AND LADAKH

## 1. BACKGROUND

### 1.1 State Profile

**Jammu and Kashmir (inclusive of Ladakh)** has a geographical spread of 2,22,236.00 km<sup>2</sup> (RHS 2019). The state of Jammu & Kashmir has been reorganized as the new Union Territory of Jammu and Kashmir and the new Union Territory of Ladakh on 31st October 2019<sup>a</sup>. Jammu & Kashmir is divided into 20 districts and Ladakh is divided into 2 districts<sup>b</sup>. As per Census 2011, total population of Jammu & Kashmir and Ladakh is 1.25 crores, and is estimated to reach around 1.3 crores by 2021<sup>c</sup>. In Jammu & Kashmir and Ladakh, 72.62% of the population reside in rural areas. The Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.09 crores (7.38%) and 0.14% (11.91%), respectively. Top five ST and SC dominant districts account for 47.91% of ST and 86.81% of SC population (Annexure 1.1; fig 1). The total length of

Figure 1: Top 5 ST & SC Dominant Districts



<sup>a</sup> <https://pib.gov.in/PressReleasePage.aspx?PRID=1590112>

<sup>b</sup> RHS 2020

<sup>c</sup> Census Population Projection 2019 Report

roads<sup>d</sup> in the UT is 63,386 km (1.26%<sup>e</sup>), the length of the national highways is 2,601 km (2.3%<sup>f</sup>) and state highways is 130 km.

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

## 1.2 Demography<sup>g</sup>

Out of the 22 districts, 1 district has a population between 15-20 lakhs, 3 districts have a population between 10-15 lakhs, and 6 districts have a population between 5-10 lakhs and 12 districts have a population less than 5 lakhs (Annexure 1.1 State profile). The UT's Sex ratio at birth of 927 females for every 1000 males is more than the national average of 899 (Annexure 1.2). The crude birth rate and the crude death rate have declined from 18.9 & 5.5 in 2005 to 14.9 & 4.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 55.5% in 2001 to 67.2% in 2011 with male & female literacy rates being 76.8% and 56.4%, respectively (Annexure 1.1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)<sup>h</sup> is 24.8% for higher education, 58.60% for senior secondary education, 66.81% for secondary education, 80.09% for elementary education, and 85.98% for primary education.

## 1.3 Elderly<sup>i</sup>

Population ageing has profound social, economic, and political implications. The life expectancy at 60 years of age is 20.3 and 23.6 for males and females, respectively (2014-2018). In the UT<sup>j</sup>, 79% of elderly females and 17% elderly males living in rural areas and 85.0% of elderly females and 22% elderly males are economically fully dependent on others. In Jammu & Kashmir and Ladakh, the old age dependency ratio is 12.5 in 2011; which are 12.4 for males and 12.7 for females, 12.7 in rural & 12.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 35% for men and women as opposed to the national average of 31% for both (Elderly in India 2016).

# 2. HEALTH STATUS AT A GLANCE

## 2.1 Maternal Health<sup>k</sup>

The UT has been able to provide RMNCHA+N<sup>l</sup> services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)<sup>m</sup>, institutional deliveries, C sections, distribution of IFA<sup>n</sup> 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

<sup>d</sup> Basic Road Statistics 2019, MoRTH

<sup>e</sup> Percentage of total length of roads in Jammu & Kashmir

<sup>f</sup> Percentage of total length of National Highways in the country

<sup>g</sup> Jammu & Kashmir and Ladakh

<sup>h</sup> 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

<sup>i</sup> Jammu & Kashmir and Ladakh

<sup>j</sup> Inclusive of Ladakh

<sup>k</sup> Jammu & Kashmir and Ladakh

<sup>l</sup> Reproductive, Maternal, Newborn, Child, Adolescent Health & Nutrition

<sup>m</sup> Antenatal Check up

<sup>n</sup> Iron Folic Acid Tablets

significantly declined from 160<sup>o</sup> (SRS MMR Bulletin 2007-09) to 85<sup>p</sup> (SRS MMR Bulletin 2016-18). In Jammu & Kashmir and Ladakh, 79.3% of women received 4 ANC check-ups (Annexure 1.4)<sup>q</sup>. As per NFHS 5 report- Jammu, Kulgam, Kupwara, Pulwama and Samba reported good ANC coverage, ranging from 89.2% to 96.2%; and Badgam, Kathua, Rajouri, Udhampur and Leh (Ladakh) reported low ANC coverage ranging from 31.6% to 71.9%. As reported in HMIS 2019-20<sup>r</sup>, around 94.6% of the deliveries took place in institutions, out of which 91.2% took place in public health facilities. Total percentage of C-sections (43.5%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 89.4% was conducted at private facilities in the UT. Around 65.6% of women were tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). In Jammu & Kashmir, prevalence of anaemia in women aged 15-49 years increased from 48.9% (NFHS 4) to 65.9% (NFHS 5) and in Ladakh, prevalence increased from 78.4% (NFHS 4) to 92.8% (NFHS 5). Anaemia in females of reproductive age group is more than in men of similar age group (Annexure 2, figures 5,6).

Refer Annexure 3 for a detailed district wise comparison.

## 2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the UT has shown a significant decline in IMR from 50 (2005) to 20 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1)<sup>s</sup>. Similarly, NNMR<sup>t</sup> and Still Birth (per 1,000 live births) rates have also significantly decreased from 31.5 and 7.6 (2005) to 17 and 1 (2018) respectively (Annexure 2, figure 4)<sup>u</sup>. Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 70.1 (2006-10) to 74 (2014-18) and is more than the national average of 69.4 years (Annexure 2, Figure 3)<sup>v</sup>. As per NFHS 5, Badgam, Ganderbal, Jammu, Pulwama and Samba reported low SRBs<sup>w</sup> ranging between 816 – 892; and Anantnag, Kathua, Punch, Shupiyan and Kargil reported high SRBs ranging between 1100 – 1336.

Full vaccination<sup>x</sup> coverage for children between 12–23 months of age increased from 84.4% (NFHS 4) to 96.5% (NFHS 5) in Jammu & Kashmir but improved in Ladakh from 92.5% (NFHS 4) to 100% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 65.4% (NFHS 4) to 62.0% (NFHS 5) in Jammu & Kashmir but improved in Ladakh from 64.1% (NFHS 4) to 70.9% (NFHS 5). In Jammu & Kashmir and Ladakh, an increase in childhood anaemia from 53.8% and 91.4% to 72.7% and 92.5% (respectively) in children aged 6-59 months has been (Annexure 2, Figures 5,6). As per NFHS 5 report, Ganderbal, Kathua, Pulwama, Reasi, and Shupiyan reported relatively low stunting rates ranging from 17.7 to 22.4; and Doda, Rajouri, Srinagar, Udhampur and Kargil reported high stunting rates ranging from 30.3 to 37.3. For under-5 wasting – Bandipore, Doda, Kulgam, Pulwama and Reasi reported relatively low burden ranging from 9.5 to 15.3; and Badgam, Ganderbal, Kishtwar, Kupwara and Shupiyan reported high burden ranging from 22.8 to 32.8.

<sup>o</sup> Other smaller states & UTs, inclusive of Jammu & Kashmir

<sup>p</sup> Other smaller states & UTs, inclusive of Jammu & Kashmir

<sup>q</sup> Jammu & Kashmir and Ladakh

<sup>r</sup> Jammu & Kashmir and Ladakh

<sup>s</sup> Jammu & Kashmir and Ladakh

<sup>t</sup> Neonatal Mortality Rate

<sup>u</sup> Jammu & Kashmir and Ladakh

<sup>v</sup> Jammu & Kashmir and Ladakh

<sup>w</sup> Sex Ratio at Birth

<sup>x</sup> NFHS 5 Jammu & Kashmir Factsheet, based on information from vaccination card only

## 2.3 Family Planning

The TFR<sup>y</sup> reduced from 2.4 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4)<sup>z</sup>. As per NFHS 5 report, the total unmet need in the Jammu & Kashmir and Ladakh is 7.8% and 7.9%, and unmet need for spacing is 3.9% and 4.0%, respectively. Baramulla reported the highest total unmet need (15.7%) and Kathua reported the lowest (4.2%) in the UTs. In Jammu & Kashmir and Ladakh, approximately 52.5% and 48% of married women reported to avail any modern method of family planning in the UT (NFHS 5); with sterilization acceptance being 21.1 and 16.7% among females; 0.4% and 0.3% among males.

## 2.4 Communicable Diseases<sup>aa</sup>

The UT has 22 functional IDSP units in place<sup>ab</sup>. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 23.14% of total disease burden (Annexure 1.4). Lower respiratory tract infection, neonatal preterm birth, dietary iron deficiency, diarrheal diseases and other neonatal conditions are the leading causes of deaths due to CMNND in the UT (Annexure 2, Figure 7<sup>ac</sup>). As per QPR report, for TB, the annualized total case notification rate is 137% and NSP<sup>ad</sup> success rate is 83% as opposed to the national averages of 163% and 79%, respectively. For NLEP<sup>ae</sup>, the reported prevalence rate is 0 as opposed to the national average of 0.61. In FY 2019-20, no deaths due to Dengue, Malaria, and Kala Azar were reported in the UT.

## 2.5 Non-Communicable Diseases (NCDs) and Injuries<sup>af</sup>

It is reported that 59.2% of total burden of disease is from premature deaths and 40.8% is from disability or morbidity. Ischaemic heart diseases, COPD, other musculoskeletal conditions and Diabetes type 2 the major NCD causes of DALYs in the UT (Annexure 2, Figure 7). NCDs contribute to 63.78% of DALYs; and injuries contribute to 13.08% of DALYs in the UT<sup>ag</sup>. Jammu & Kashmir and Ladakh is positioned 21<sup>st</sup> in the country for the total number of fatal road accidents with respect to other States. It was found in the recent NFHS 5 report that 3.6% of women and 38.8% of men in Jammu & Kashmir; and 3.2% of women and 35.7% of men in Ladakh used any kind of tobacco. Whereas 0.2% of women and 8.8% of men in Jammu & Kashmir and 3.8% of men and 23.6% of women in Ladakh consumed alcohol (Annexure 1.4). Overall, smoking, high systolic blood pressure, ambient particulate matter pollution, high fasting plasma glucose and high body mass index are the major risk factors for all DALYs and YLLs (Annexure 2, figure 8).

## 2.6 Health Care Financing

The UT's Net State Domestic Product (NSDP) for FY 2018-19 was ₹ 1,29,877 crores. The UT is positioned 25<sup>th</sup> out of 32 states in terms of per capita<sup>ah</sup> of ₹ 92,347. As per NSS 2017-18, the OOPe for IPD care per hospitalized case in rural areas is estimated to be around ₹ 6,451 in public facilities, ₹ 50,142 in private facilities; whereas for urban areas, it is around ₹ 11,306 in public facilities and ₹ 42,672 in private facilities.

<sup>y</sup> Total Fertility Rate

<sup>z</sup> Jammu & Kashmir and Ladakh

<sup>aa</sup> Jammu & Kashmir and Ladakh

<sup>ab</sup> QPR NHM MIS Report (Status as on 01.03.2020)

<sup>ac</sup> <https://vizhub.healthdata.org/gbd-compare/india>

<sup>ad</sup> New Smear Positive

<sup>ae</sup> National Leprosy Eradication Programme

<sup>af</sup> Jammu & Kashmir and Ladakh

<sup>ag</sup> <http://vizhub.healthdata.org/gbd-compare/india>

<sup>ah</sup> Directorate of Economics & Statistics

For childbirth in rural areas, OOPE is estimated to be around ₹ 5,138 in public facilities & ₹ 22,794 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 5,220 in public facilities and ₹ 31,459 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 58% in rural and 40% in urban areas; whereas for diagnostics, it is 21% in rural and 17% in urban areas (Annexure 1.6).

## 2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 9). There are 2,470 SCs, 923 PHCs and 77 CHCs in place against the required 2,042 SCs, 333 PHCs and 83 CHCs. In J&K, there are 49 PHCs in urban areas against the required 80 PHCs; and in Ladakh - there are none in urban areas. In Jammu & Kashmir, there are 227 SCs, 35 PHCs and 4 CHCs in tribal areas against the required 427 SCs, 64 PHCs and 16 CHCs. In Ladakh, there are 238 SCs, 32 PHCs and 7 CHCs in tribal areas against the required 70 SCs, 10 PHCs and 2 CHCs. In total, there are 23 DHs and 6 government medical colleges in the UTs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), 1476 HWCs in Jammu & Kashmir and 108 HWCs in Ladakh are operationalized as of 22<sup>nd</sup> December 2021<sup>ai</sup> (Annexure 1.3).

In the Jammu & Kashmir, 10 districts are equipped with MMUs under the NRHM. The UT has 93.54% of required ASHAs in position under the NRHM and 63.04% under the NUHM. The doctor to staff nurse ratio in place is 1:1 with 6 public health providers (MO, specialists, staff nurse & ANM) per 10,000 population (Annexure 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 2219.37 availed (events) OPD services and 94.35 availed (events) IPD services. As per NSS (2017-18), 77% of all OPD cases in rural and 51% in urban areas; and 96% of all IPD cases in rural & 78% in urban areas utilized public facilities. The public health facility utilization in the UT is above the national averages for both (Annexure 1.6).

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<sup>ai</sup> AB-HWC Portal

# ANNEXURE 1: KEY INDICATORS

## 1.1 State Profile<sup>ii</sup>

Indicator	Jammu & Kashmir and Ladakh 2011 <sup>1</sup>	India
Total Population (In Crore)	1.25	121.08
Rural (%)	72.62	68.85
Urban (%)	27.37	31.14
Scheduled Caste population (SC) (in crore)	0.092 (7.38%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.14 (11.91%)	10.45 (8.63%)
Total Literacy Rate (%)	67.2	72.99
Male Literacy Rate (%)	76.8	80.89
Female Literacy Rate (%)	56.4	64.64
Number of Districts in the Jammu & Kashmir and Ladakh <sup>2</sup>	<b>Jammu &amp; Kashmir</b>	<b>Ladakh</b>
	20	2
Number of districts per lakh population in <b>Jammu &amp; Kashmir and Ladakh</b> (Census 2011)	<b>Population<sup>1</sup></b>	<b>Districts<sup>1</sup> (Numbers)</b>
	<5 Lakhs	12
	≥ 5 Lakhs - <10 Lakhs	6
	≥10 Lakhs - <15 lakhs	3
	≥15 Lakhs - <20 lakhs	1
<b>ST SC Dominant (Top 5) Districts of Jammu &amp; Kashmir and Ladakh<sup>1</sup></b>		
<b>ST Dominant Districts (%)</b>	<b>SC Dominant Districts (%)</b>	
Kargil (86.88%)	Samba (28.79%)	
Leh (Ladakh) (71.80%)	Udhampur (24.96%)	
Punch (36.93%)	Jammu (24.70%)	
Rajouri (36.24%)	Kathua (22.90%)	
Reasi (28.08%)	Doda (13.02%)	
Top 5 ST dominant district accounts for - 47.91%	Top 5 SC dominant district accounts for - 86.81%	

## 1.2 Key Health Status & Impact Indicators

Indicators	Jammu & Kashmir and Ladakh	India
Infant Mortality Rate (IMR) <sup>3</sup>	20	30

<sup>ii</sup> Sources are mentioned at the end of Annexure 1



Crude Death Rate (CDR) <sup>3</sup>	4.6	6
Crude Birth Rate (CBR) <sup>3</sup>	14.9	19.7
Maternal Mortality Ratio (MMR) <sup>3</sup>	N/A	113
Neo Natal Mortality Rate (NNMR) <sup>4</sup>	17	23
Under Five Mortality Rate (U5MR) <sup>4</sup>	23	36
Still Birth Rate <sup>4</sup>	1	4
Total Fertility Rate (TFR) <sup>4</sup>	1.6	2.2
Life expectancy at birth <sup>5</sup>	74	69.4
Sex Ratio at Birth <sup>4</sup>	927	899

### 1.3 Key Health Infrastructure Indicators<sup>kk</sup>

Indicators	Jammu & Kashmir	Ladakh		
Number of District Hospitals <sup>2</sup>	21	2		
Number of Sub District Hospital <sup>2</sup>	0	0		
Number of Government (Central + State) Medical College <sup>6</sup>	<b>Jammu &amp; Kashmir and Ladakh</b>			
	6			
Number of Private (Society + Trust) Medical Colleges <sup>6</sup>	1			
Number of AB-HWCs functional as of 22 <sup>nd</sup> December 2021 <sup>16</sup>	Jammu and Kashmir			
	Status (Total)	Target FY (2020-21)	Target FY (2021-22)	Target FY (2022-23)
SHC-HWC	1059	806	1057	1770
PHC-HWC	398	434	923	923
UPHC-HWC	19	49	49	49
<b>Total-HWC</b>	<b>1476</b>	<b>1289</b>	<b>2029</b>	<b>2742</b>
Number of AB-HWCs functional as of 22 <sup>nd</sup> December 2021 <sup>16</sup>	Ladakh			
	Status (Total)	Target FY (2020-21)	Target FY (2021-22)	Target FY (2022-23)
SHC-HWC	76	104	150	221
PHC-HWC	32	25	53	53
UPHC-HWC	N/A	0	0	0
<b>Total-HWC</b>	<b>108</b>	<b>129</b>	<b>203</b>	<b>274</b>

<sup>kk</sup> Sources are mentioned at the end of Annexure 1

Rural <sup>2</sup>	Jammu & Kashmir		
	Required (R)	In place (P)	Shortfall (S) (%)
Number of Community Health Centres (CHC)	83	77	7.23
Number of Primary Health Centres (PHC)	333	923	-177.18
Number of Sub Centres (SC)	2,042	2,470	-20.96
Number of functional First Referral Units (FRUs)	Jammu & Kashmir and Ladakh		
	DH	SDH	CHC
	21	0	71
Urban <sup>2</sup>	Jammu & Kashmir		
	Required (R)	In place (P)	Shortfall (S) (%)
Number of PHC	80	49	38.75
Urban <sup>2</sup>	Ladakh		
	Required (R)	In place (P)	Shortfall (S) (%)
Number of PHC	2	0	100.00
Tribal <sup>2</sup>	Jammu & Kashmir		
	Required (R)	In place (P)	Shortfall (S)%
Number of CHC	16	4	75.00
Number of PHC	64	35	45.31
Number of SC	427	227	46.84
Tribal <sup>2</sup>	Ladakh		
	Required (R)	In place (P)	Shortfall (S)%
Number of CHC	2	7	-250.00
Number of PHC	10	32	-220.00
Number of SC	70	238	-240.00
Patient Service <sup>9</sup>		Jammu & Kashmir and Ladakh	India
IPD per 1000 population		94.35	62.6
OPD per 1000 population		2219.37	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population		96.34	36.4

## 1.4 Major Health Indicator<sup>aa</sup>

% Share of DALYs to Total Disease Burden (GBD 2019) <sup>7</sup>	Jammu & Kashmir and Ladakh	India
% DALY <sup>bb</sup> accountable for CMNNDs <sup>cc</sup>	23.14	27.46

<sup>ii</sup> Sources are mentioned at the end of Annexure 1

<sup>mmm</sup> Disability Adjusted Life Years

<sup>nn</sup> Communicable, Maternal, Neonatal, and Nutritional Diseases

% DALY accountable for NCDs	63.78	61.43
% DALY accountable for Injuries	13.08	11.11
<b>Birth, Death Registration &amp; Medical Certification of Cause of Death (MCCD) Indicator<sup>8</sup></b>	<b>Jammu &amp; Kashmir and Ladakh</b>	<b>India</b>
Level of Birth Registration (%)	74.6	92.7
Level of Death Registration (%)	66.7	92
Percentage of medically certified deaths to total registered deaths (%)	N/A	20.7
<b>RMNCHA+N</b>		
<b>Maternal Health<sup>9</sup></b>	<b>Jammu &amp; Kashmir and Ladakh</b>	<b>India</b>
% 1st Trimester registration to Total ANC Registrations	67.1	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	79.3	79.4
Total Reported Deliveries	193368	21410780
% Institutional deliveries to Total Reported Deliveries	94.6	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	91.2	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	8.8	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	43.5	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	39	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	89.4	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	65.6	53.4
<b>Neonatal<sup>9</sup></b>	<b>Jammu &amp; Kashmir and Ladakh</b>	<b>India</b>
% live birth to Reported Birth	98.2	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	5.5	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	93.4	89.9
<b>New Born Care Units Established<sup>11</sup></b>	<b>Jammu &amp; Kashmir and Ladakh</b>	<b>India</b>
Sick New Born Care Unit (SNCU)	32	895
New Born Stabilization Unit (NBSU)	69	2418
New Born Care Corner (NBCC)	282	20337

<b>Child Health &amp; Nutrition<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	5.6	8.5	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	80.8	78.3	60.6
Children under 5 years who are underweight (weight-for-age) (%)	21	13.4	32.1
<b>Child Immunization<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	96.5	100	83.8
Children age 12-23 months who have received BCG (%)	95.1	99.1	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	91.7	92.9	87.9
<b>Family Planning<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Unmet need for spacing (%)	3.9	4	4
<b>Communicable Diseases<sup>oo</sup></b>			
<b>Integrated Disease Surveillance Programme (IDSP)<sup>11</sup></b>		<b>Jammu &amp; Kashmir</b>	<b>India</b>
Number of districts with functional IDSP unit		22	720
<b>Revised National Tuberculosis Control Programme (RNTCP)<sup>11</sup></b>		<b>Jammu &amp; Kashmir</b>	<b>India</b>
Annualized total case notification rate (%)		137	163
New Smear Positive (NSP) Success rate (in %)		83	79
<b>National Leprosy Eradication Programme (NLEP)<sup>11</sup></b>		<b>Jammu &amp; Kashmir</b>	<b>India</b>
Prevalence Rate/10,000 population		0	0.61
Number of new cases detected		111	1,14,359
<b>Malaria, Kala Azar, Dengue<sup>11</sup></b>		<b>Jammu &amp; Kashmir</b>	<b>India</b>
Deaths due to Malaria <sup>11</sup>		0	79
Deaths due to Kala azar reported <sup>11</sup>		0	0
Deaths due to Dengue reported <sup>11</sup>		0	168
Number of Kala Azar Cases reported <sup>11</sup>		0	3,706

<sup>oo</sup> Sources are mentioned at the end of Annexure 1



<b>HIV<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/ Acquired immunodeficiency syndrome (AIDS) (%) <sup>10</sup>	15.8	24.3	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) <sup>10</sup>	33.6	29.6	30.7
<b>Non-Communicable Disease<sup>PP</sup></b>			
<b>Diabetics and Hypertension<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.7	10.4	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.3	11.2	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	4.2	3.9	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	4.3	4.4	7.3
<b>Tobacco Use and Alcohol Consumption among Adults (age 15 years &amp; above)<sup>10</sup></b>	<b>Jammu &amp; Kashmir (NFHS 5)</b>	<b>Ladakh (NFHS 5)</b>	<b>India (NFHS 5)</b>
Women who use any kind of tobacco (%)	3.6	3.2	8.9
Men who use any kind of tobacco (%)	38.3	35.7	38
Women who consume alcohol (%)	0.2	3.8	1.3
Men who consume alcohol (%)	8.8	23.6	18.8
<b>Injuries</b>			
<b>Road Traffic Accident<sup>12</sup></b>	<b>Jammu &amp; Kashmir and Ladakh</b>		<b>India</b>
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	21		N/A
Total number of fatal Road Accidents	762		1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	17.2		33.7
Number of persons killed in Road Accidents	996		115113

## 1.5 Access to Care<sup>qq</sup>

<b>Health Systems Strengthening</b>			
<b>Ambulances &amp; Mobile Medical Units (MMU)<sup>11</sup></b>	<b>Jammu &amp; Kashmir</b>	<b>Ladakh</b>	<b>India</b>
Number of Districts equipped with MMU under NRHM	10	0	506
Number of Districts equipped with MMU/Health Units under NUHM	0	0	31

<sup>PP</sup> Sources are mentioned at the end of Annexure 1

<sup>qq</sup> Sources are mentioned at the end of Annexure 1

Number of ERS vehicles operational in the States/ UTs Under NHM	Jammu & Kashmir	Ladakh	India
102 Type	286	14	9955
104 Type	0	0	605
108 Type	140	4	10993
Others	0	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	611	81	11070
Key Domain Indicators			
ASHA <sup>13</sup>	Jammu & Kashmir and Ladakh		India
Total number of ASHA targeted under NRHM	13116		946563
Total number of ASHA in position under NRHM	12270		904211
% of ASHA in position under NRHM	93.54		96
Total number of ASHA targeted under NUHM	138		75597
Total number of ASHA in position under NUHM	87		64272
% of ASHA in position under NUHM	63.04		85
Community Process <sup>11</sup>	Jammu & Kashmir	Ladakh	India
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	6494	247	554847
Number of Mahila Arogya Samitis (MAS) formed	220	0	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total) <sup>11</sup>	Jammu & Kashmir	Ladakh	India
DH	21	4	796
CHC	79	7	6036
PHC	373	32	20273
UCHC	0	0	126
UPHC	48	0	3229
Human Resource for Health <sup>14</sup>			
HRH Governance	Jammu & Kashmir and Ladakh		
Specialist Cadre Available in the state (Y/N)	Yes		
HR Policy available (Y/N)	No		
Implementation of HRIS (Y/N)	No		
HR Integration initiated (Y/N)	No		
Public Health Cadre available (Y/N)	No		

Overall Vacancies (Regular + contractual)	Specialists (%)	39				
	Dentists (%)	17				
	MO MBBS (%)	36				
	Nurse (%)	49				
	LT (%)	19				
	ANM (%)	32				
<b>HRH Distribution</b>		<b>Sanctioned</b>	<b>In Place</b>			
Doctors (MO & specialists) to staff nurse <sup>14</sup>		1:1	1:1			
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system <sup>14</sup>		9 per 10,000	6 per 10,000			
Regular to contractual service delivery staff ratio <sup>14</sup>		1:1	2:1			
<b>Ranking: Human Resource Index of Jammu &amp; Kashmir and Ladakh<sup>15</sup></b>						
<b>Category</b>	<b>Total (Regular + NHM)</b>					<b>Ranking: HR Gap Index</b>
	<b>Required (R)</b>	<b>Sanctioned (S)</b>	<b>In-Place (P)</b>	<b>Vacancy (V)</b>	<b>Actual Gap# (R-P)</b>	
MPW <sup>rr</sup>	6755	6444	5942	502	813	75.34
Staff Nurse	6787	3447	2459	988	4328	
Lab Technician	1326	1245	1083	162	243	
Pharmacists	769	2816	2403	413	0	
MO MBBS <sup>ss</sup>	1477	3648	2924	724	0	
Specialist <sup>tt</sup>	1575	1162	745	417	830	

## 1.6 Healthcare Financing<sup>uu</sup>

<b>National Health Accounts (NHA) (2017-18)</b>	<b>Jammu &amp; Kashmir and Ladakh</b>	<b>India</b>
Per Capita Government Health Expenditure (in ₹)	1,679	1753
Government Health expenditure as % of Gross Domestic Product (GSDP)	1.6	1.35
Government Health Expenditure as % of General Government Expenditure (GGE)	4.3	5.12
OOPE as a Share of Total Health Expenditure (THE) %	42.8	48.8

<sup>rr</sup> MPW – Multi Purpose Health Worker (Female + Male)

<sup>ss</sup> MO MBBS (Full Time)

<sup>tt</sup> Specialist (All Specialist)

<sup>uu</sup> Sources are mentioned at the end of Annexure 1

National Sample Survey Office (NSSO) (2017-2018)	Jammu & Kashmir and Ladakh		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	77	51	33	26
IPD - % of hospitalized cases using public facility	96	78	46	35
<b>Out of Pocket Expenditure (OOPE) (NSSO)*</b>	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Public	461	395	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	678	451	845	915
IPD - Per hospitalized case (in INR) - Public	6,451	11,306	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	50,142	42,672	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	21	17	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	58	40	53	43
Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO)	5,138	5,220	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	22,794	31,459	20,692	26,701
<b>State Health Expenditure</b>	<b>Jammu &amp; Kashmir</b>		<b>All India Average</b>	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	5.6		5 <sup>vv</sup>	

#### Sources used for Annexure 1

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

<sup>vv</sup> Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

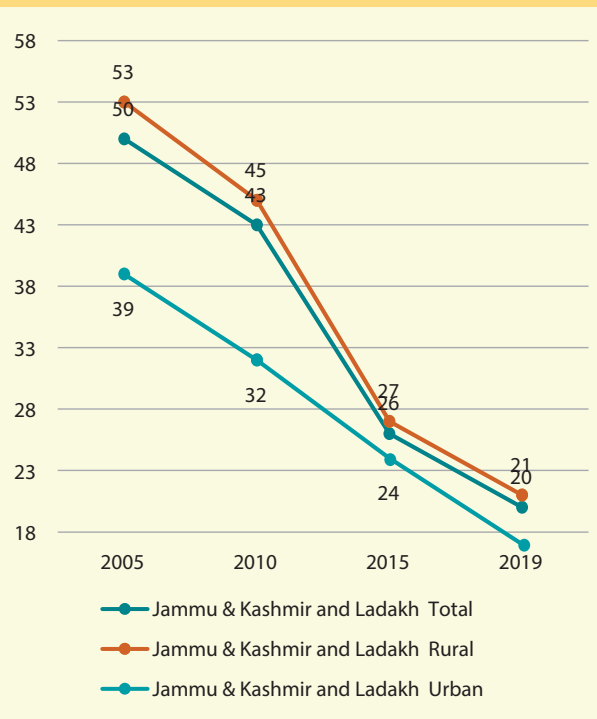
\* Estimated by NHSRC using unit level data of NSSO 2017-18, where OOPE = [Total Medical Expenditure + Transportation Cost] – Reimbursement

\*\* RBI, State Finances: Study of Budgets 2019-20

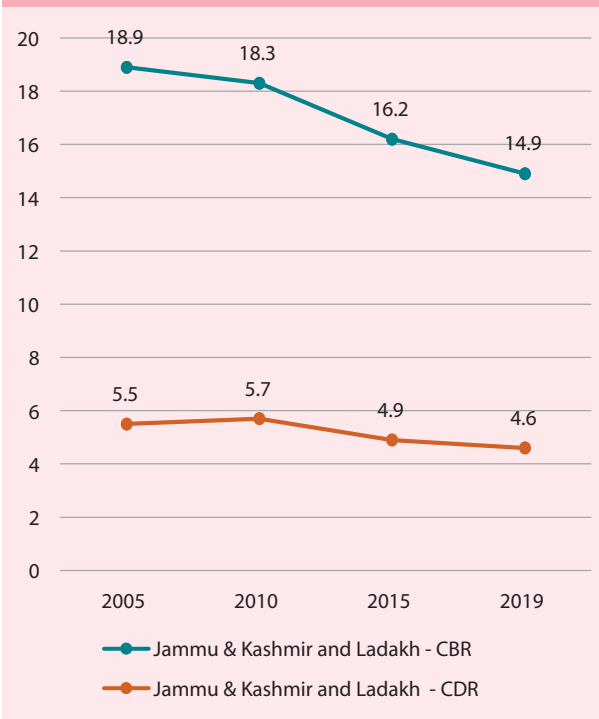


# ANNEXURE 2

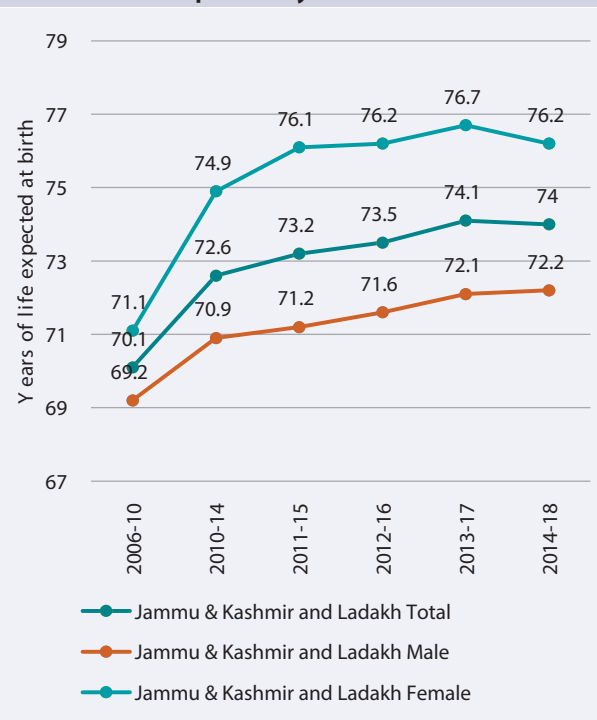
**Figure 1: Jammu & Kashmir including Ladakh - IMR Trend**



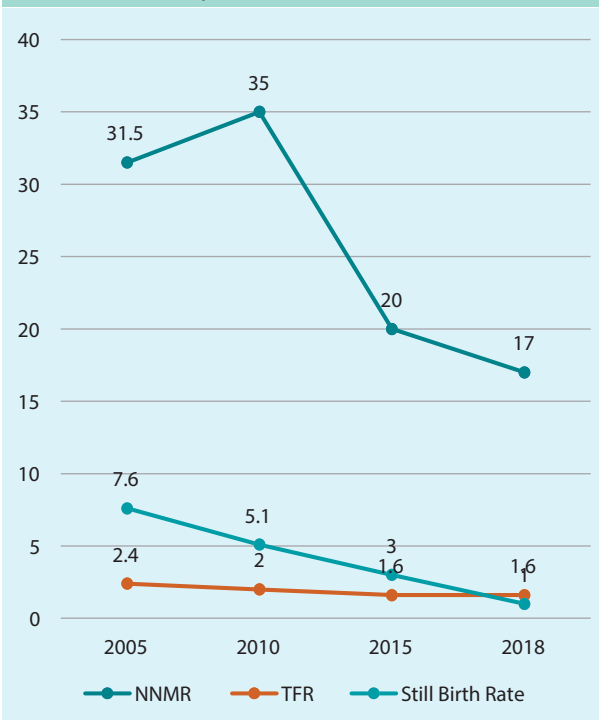
**Figure 2: Jammu & Kashmir including Ladakh - CBR & CDR Trend**



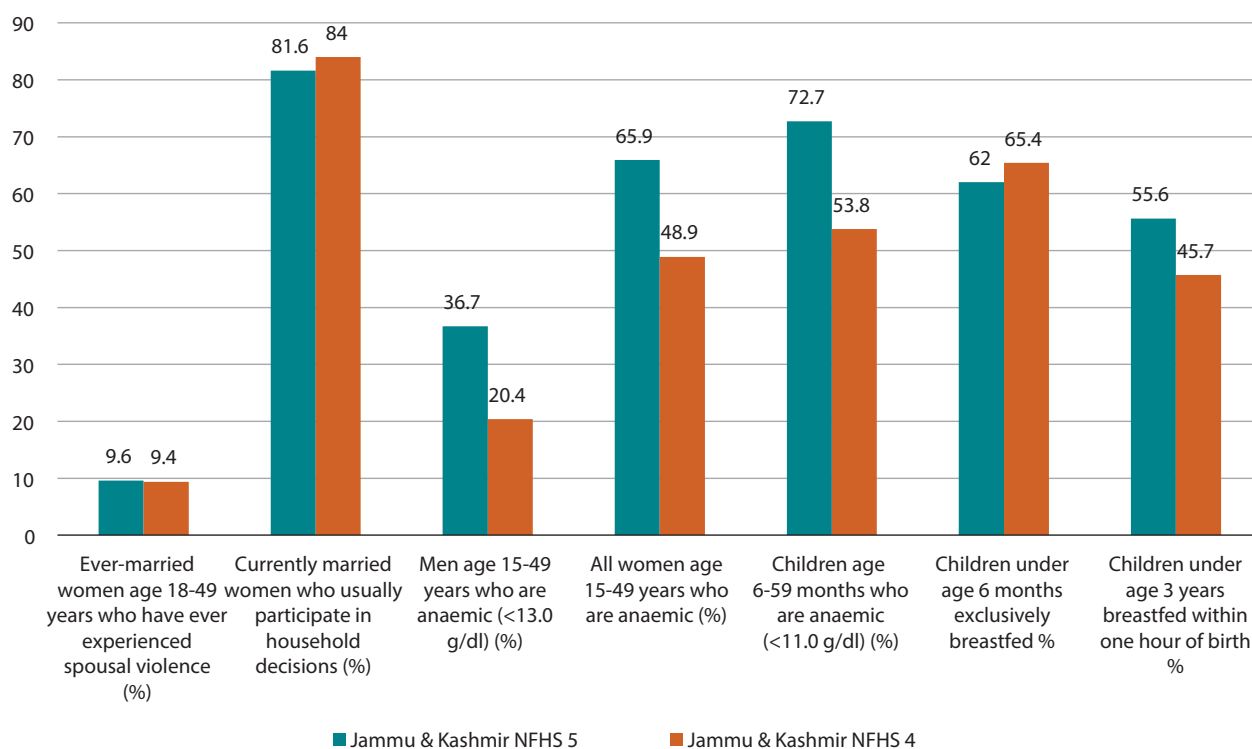
**Figure 3: Jammu & Kashmir including Ladakh - Life Expectancy At Birth Trend**



**Figure 4: Jammu & Kashmir including Ladakh - NNMR, TFR & Still Birth Trend**



**Figure 5: Jammu & Kashmir - Comparison of Key NFHS 5 & 4 Indicators**



**Figure 6: Ladakh - Comparison of Key NFHS 5 & 4 Indicators**

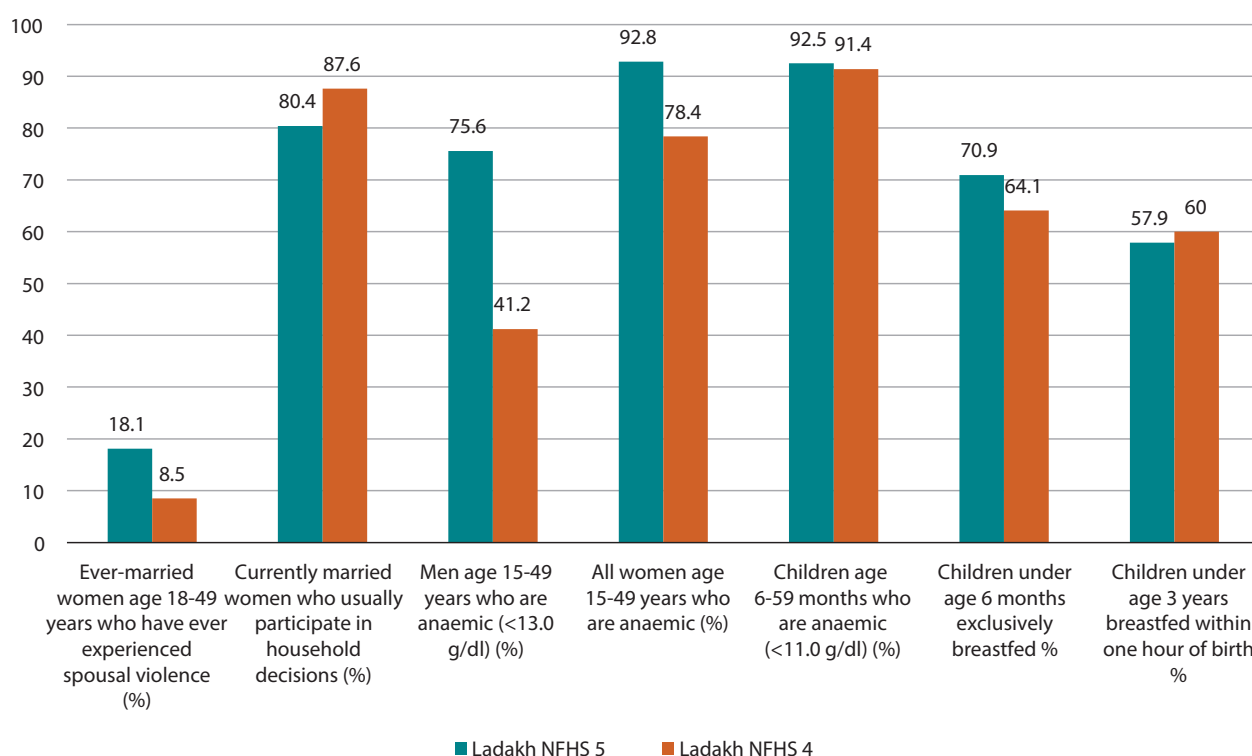


Figure 7: Top 15 causes of DALYs, 1990-2019

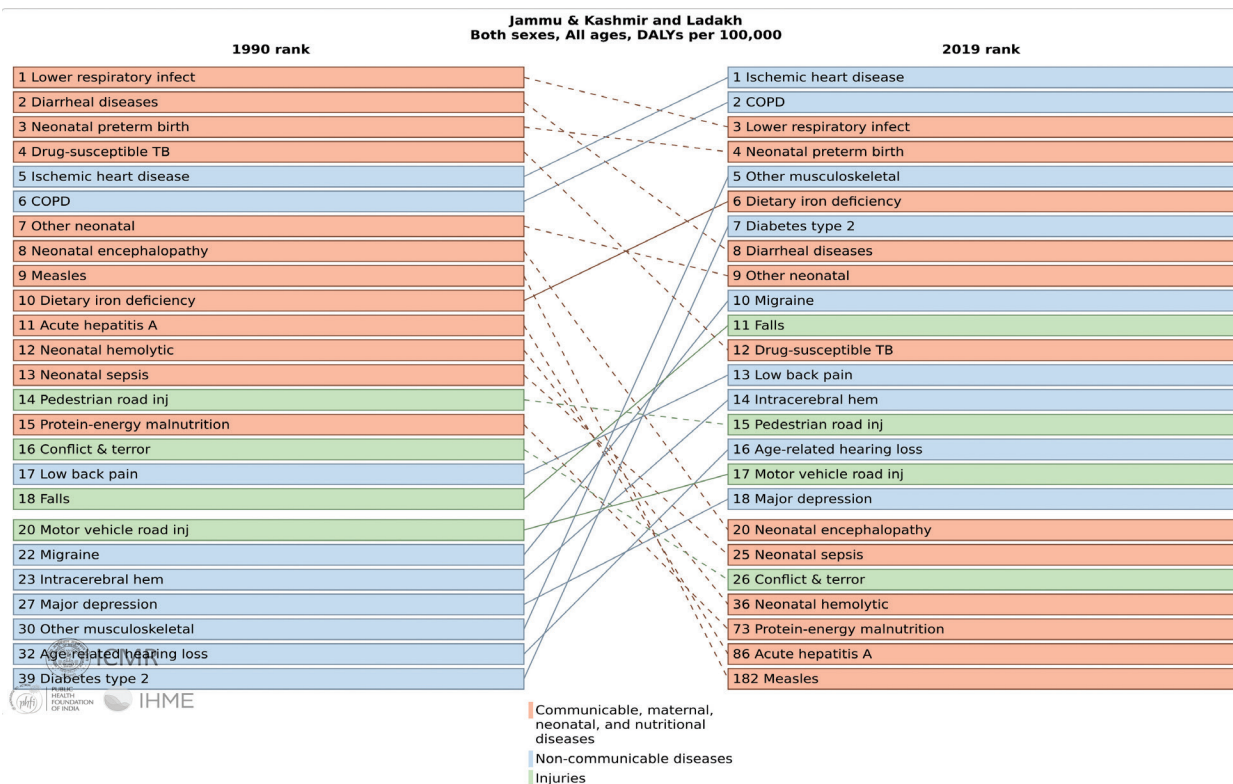
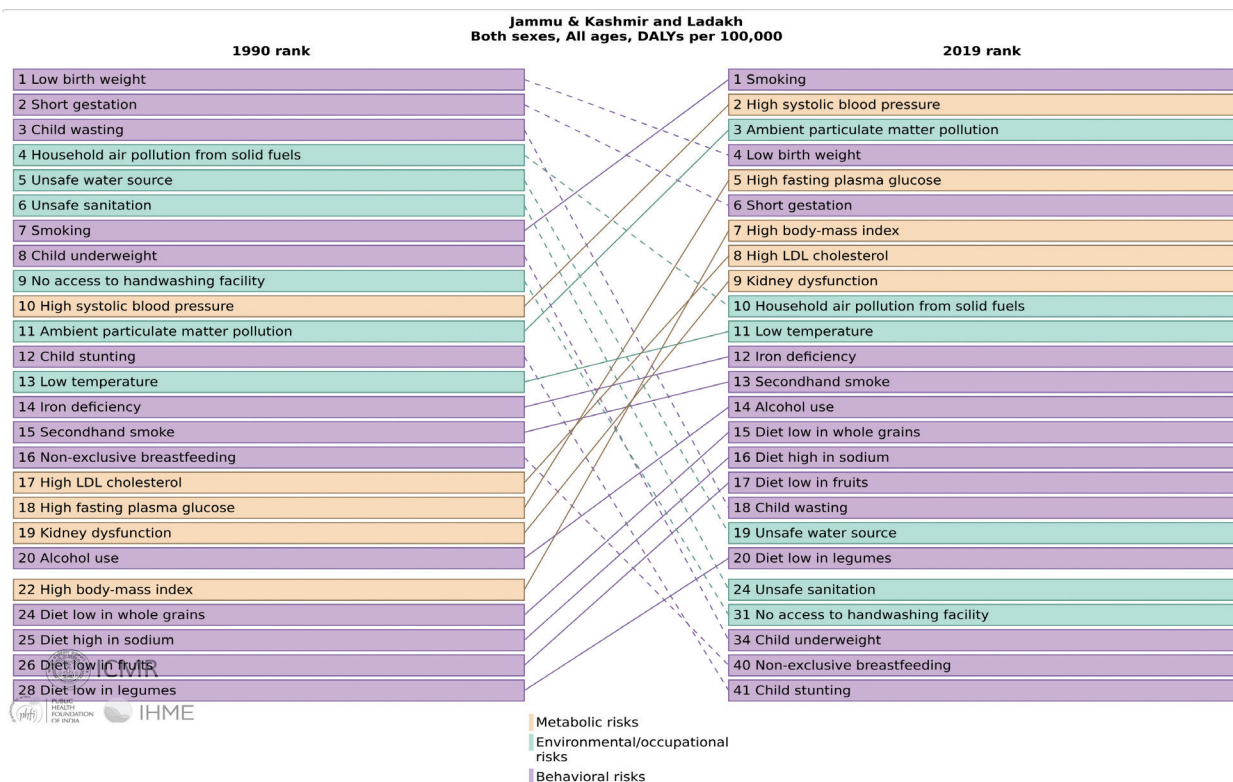
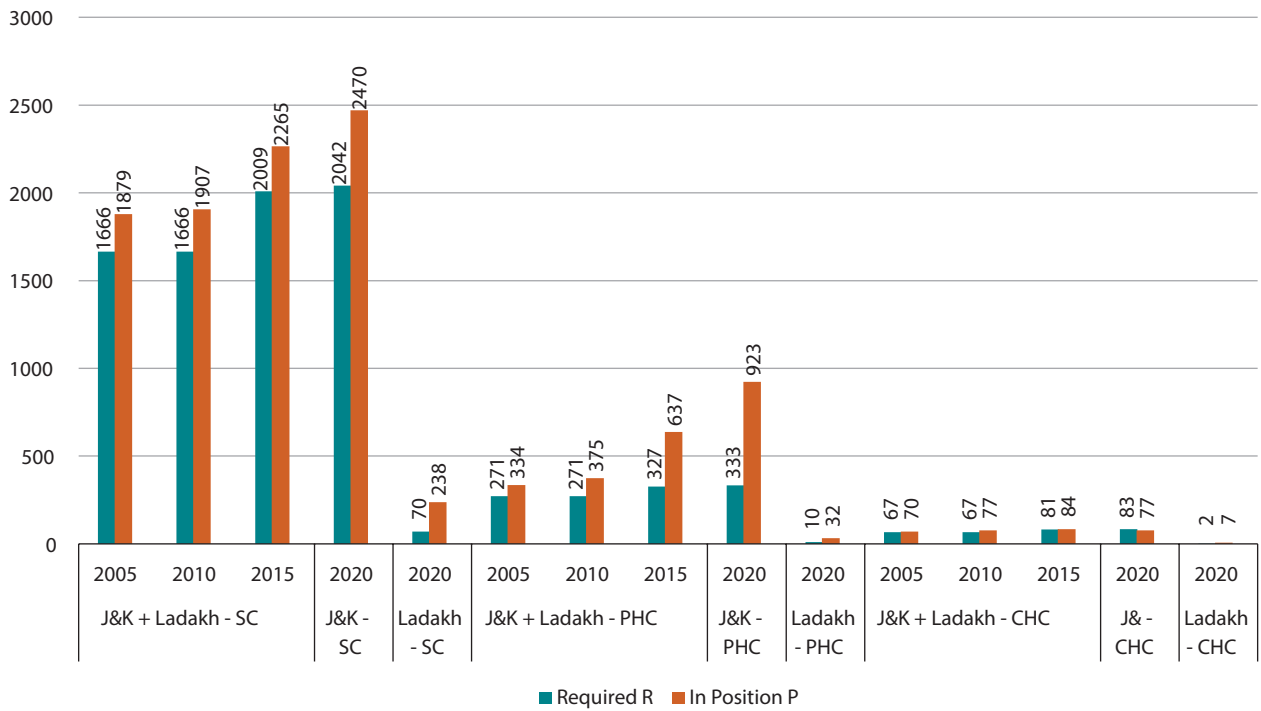


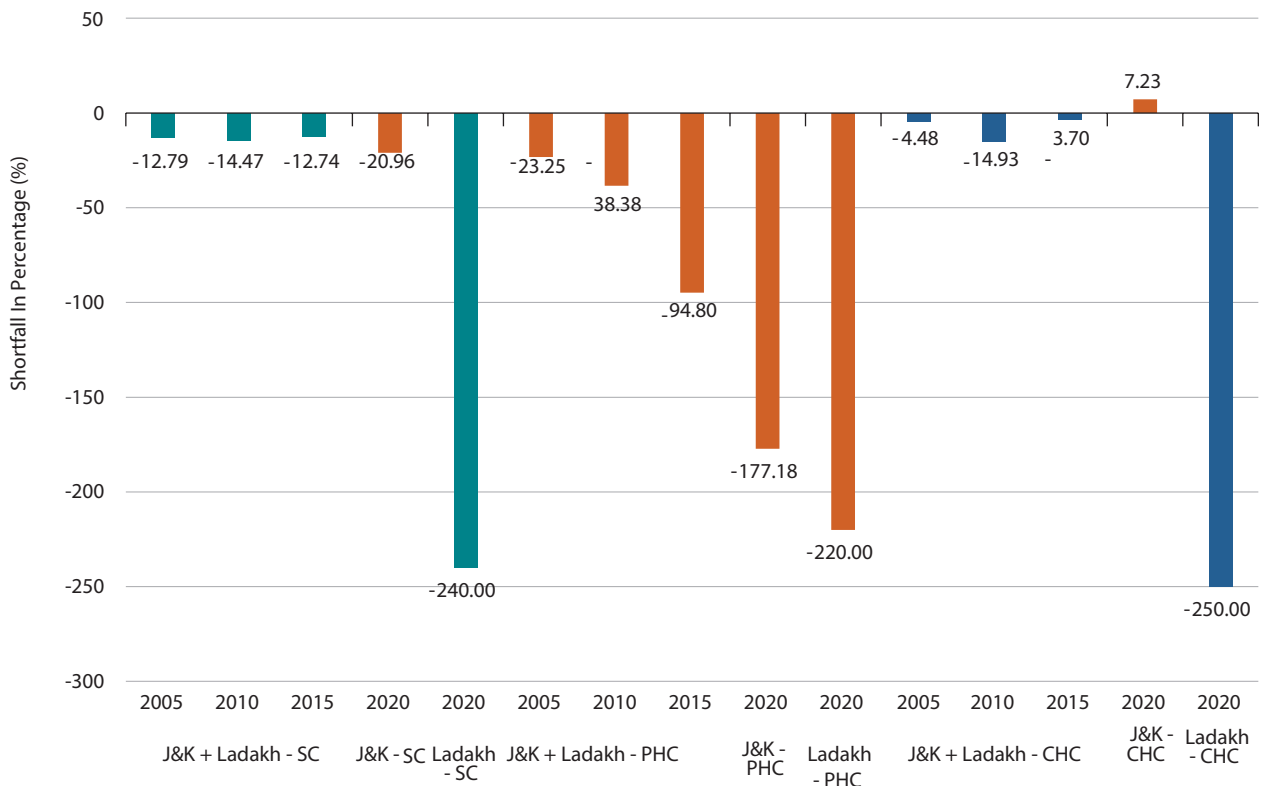
Figure 8: Top 15 risk of DALYs, 1990-2019



**Figure 9: Jammu & Kashmir and Ladakh - Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)**



**Figure 10: Jammu & Kashmir and Ladakh - Year Wise Health Infrastructure Shortfall (%)**





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

Serial No.	States/Districts	Data Source	(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)																
			Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted* (Height For Age) (%)	Children Under 5 Years - Wasted* (Weight For Height) (%)			
1.	Jammu & Kashmir	NFHS 4 Total	923	4.3	N/A	8.7	57.1	2.4	11.3	12.4	81.2	85.5	84.4	23.5	27.4	12.2			
2.	Jammu & Kashmir	NFHS 5 Urban	978	19.2	84.3	2	59.2	7.2	11.6	6.1	83.1	98.6	99.8	12.3	30.1	17.6			
3.	Jammu & Kashmir	NFHS 5 Rural	976	10.2	74.7	5.3	60	5.4	11.7	8.4	80.2	90.5	95.6	14	25.9	19.4			
4.	Jammu & Kashmir	NFHS 5 Total	976	12.7	77.3	4.5	59.8	5.9	11.7	7.8	80.9	92.4	96.5	13.6	26.9	19			
5.	Ladakh	NFHS 4 Total	823	2.3	N/A	4.9	66.6	30.1	7.4	9.6	87.5	90.8	92.5	23.9	30.9	9.3			
6.	Ladakh	NFHS 5 Urban	897	26.7	77.7	0	50.6	8.1	8.2	11.5	78.2	99.1		25.3	28.2	14.8			
7.	Ladakh	NFHS 5 Rural	1193	12.1	76.6	3.1	51.5	7.9	9.1	7	78.5	94	100	23.6	31.1	18.2			
8.	Ladakh	NFHS 5 Total	1125	14.9	76.8	2.5	51.3	7.9	9	7.9	78.4	95.1	100	24	30.5	17.5			
9.	Jammu & Kashmir	NFHS 4 Total	923	4.3		8.7	57.1	2.4	11.3	12.4	81.2	85.5	84.4	23.5	27.4	12.2			
10.	Jammu & Kashmir	NFHS 5 Urban	978	19.2	84.3	2	59.2	7.2	11.6	6.1	83.1	98.6	99.8	12.3	30.1	17.6			
11.	Jammu & Kashmir	NFHS 5 Rural	976	10.2	74.7	5.3	60	5.4	11.7	8.4	80.2	90.5	95.6	14	25.9	19.4			
12.	Jammu & Kashmir	NFHS 5 Total	976	12.7	77.3	4.5	59.8	5.9	11.7	7.8	80.9	92.4	96.5	13.6	26.9	19			
13.	Anantnag	NFHS 5 Total	1177	7.3	74.7	2.5	58.3	4.8	20.2	7.8	80.9	90.5	100	14.8	28.2	24.9			
14.	Badgam	NFHS 5 Total	843	5.2	74.1	1.5	59.9	7.4	12.5	4.2	66.5	96.5	95.5	14.2	26.8	18.9			
15.	Bandipore	NFHS 5 Total	1000	9.1	66.6	1.8	41.4	1.7	6.3	13.8	82.6	92.8	92.1	21.7	25.2	14			

16.	Baramula	NFHS 5 Total	952	6.5	67.9	3.8	31.1	2.1	4.5	15.7	75.2	96.2	98.2	19.9	23.2	18.2
17.	Doda	NFHS 5 Total	959	7.6	69.2	11	69.5	3.7	11.2	7.2	74.3	73.5	75.3	12.9	32.7	9.5
18.	Ganderbal	NFHS 5 Total	816	8.3	64	5.3	34.4	0.8	6.5	14.1	80.4	98	88.1	13.1	18.5	25.9
19.	Jammu	NFHS 5 Total	892	23.3	91.5	5.3	67.9	6.9	17.3	6.7	95.4	96.5	100	12.9	27	18
20.	Kathua	NFHS 5 Total	1100	7	87.7	1.4	74.9	1.1	25.9	4.2	31.6	97.1	100	24.6	21.8	22.5
21.	Kishtwar	NFHS 5 Total	1024	16.4	71.3	7.2	52.5	5.1	6.7	9.6	76.4	91.6	100	6.6	27.5	22.8
22.	Kulgam	NFHS 5 Total	1097	4.2	70.9	3.7	70.8	6.6	11.1	5	92.2	98.9	98	2.3	28.4	11.3
23.	Kupwara	NFHS 5 Total	940	10.4	76	3.1	64.5	6.8	9.4	5.9	89.2	97.1	100	17	24.9	25.1
24.	Pulwama	NFHS 5 Total	889	9.9	76.6	0.5	61.8	3.2	10.4	11.1	96.2	97.8	94	8.4	22.4	15.3
25.	Punch	NFHS 5 Total	1175	11.1	79.3	5.4	58.8	8.2	10.1	8.4	86.4	86	92.1	9.6	25.9	15.6
26.	Rajouri	NFHS 5 Total	968	16.4	79.4	12.2	65.9	7	6.3	5.7	71.9	88.8	98.1	7.7	30.3	22.5
27.	Ramban	NFHS 5 Total	1022	9.2	62.2	5.5	56.5	7.8	8.1	10.3	79.2	80.4	93.7	18.6	25.7	15.6
28.	Reasi	NFHS 5 Total	1000	11.2	68.2	9.6	56.9	4.8	12.3	7.5	75.9	69.3	86.6	17.2	17.7	13
29.	Samba	NFHS 5 Total	888	19	84.8	6.3	62.8	6.4	14.1	9.5	96.2	97.9	97.8	7.9	24.5	20.4
30.	Shupiyan	NFHS 5 Total	1142	8.4	80.8	2.1	60.8	4.5	8.8	7.1	86.8	98.3	100	16.6	22	32.8
31.	Srinagar	NFHS 5 Total	924	17.9	78.4	1.7	56.5	11.2	5.1	4.7	85.1	99.2	100	10.9	33	18.6
32.	Udhampur	NFHS 5 Total	997	16.8	77.3	6.1	69.7	7.8	10.5	6.3	69.8	87.2	97.7	7.3	37.3	19.8
33.	Kargil	NFHS 5 Total	1336	13.6	77.2	2.5	46.9	5.7	8.6	8.8	88	93.7	100	18.5	36.5	17.7
34.	Leh (Ladakh)	NFHS 5 Total	949	16.2	76.4	2.5	55.6	10	9.3	7.1	69.6	96.4	100	29.2	24.3	17.2

\* NFHS5 replaced 'immunized' (word) from NFHS4 to 'Vaccinated'; Out of two indicators with 'either vaccination card or mother's recall & vaccination card only' 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

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