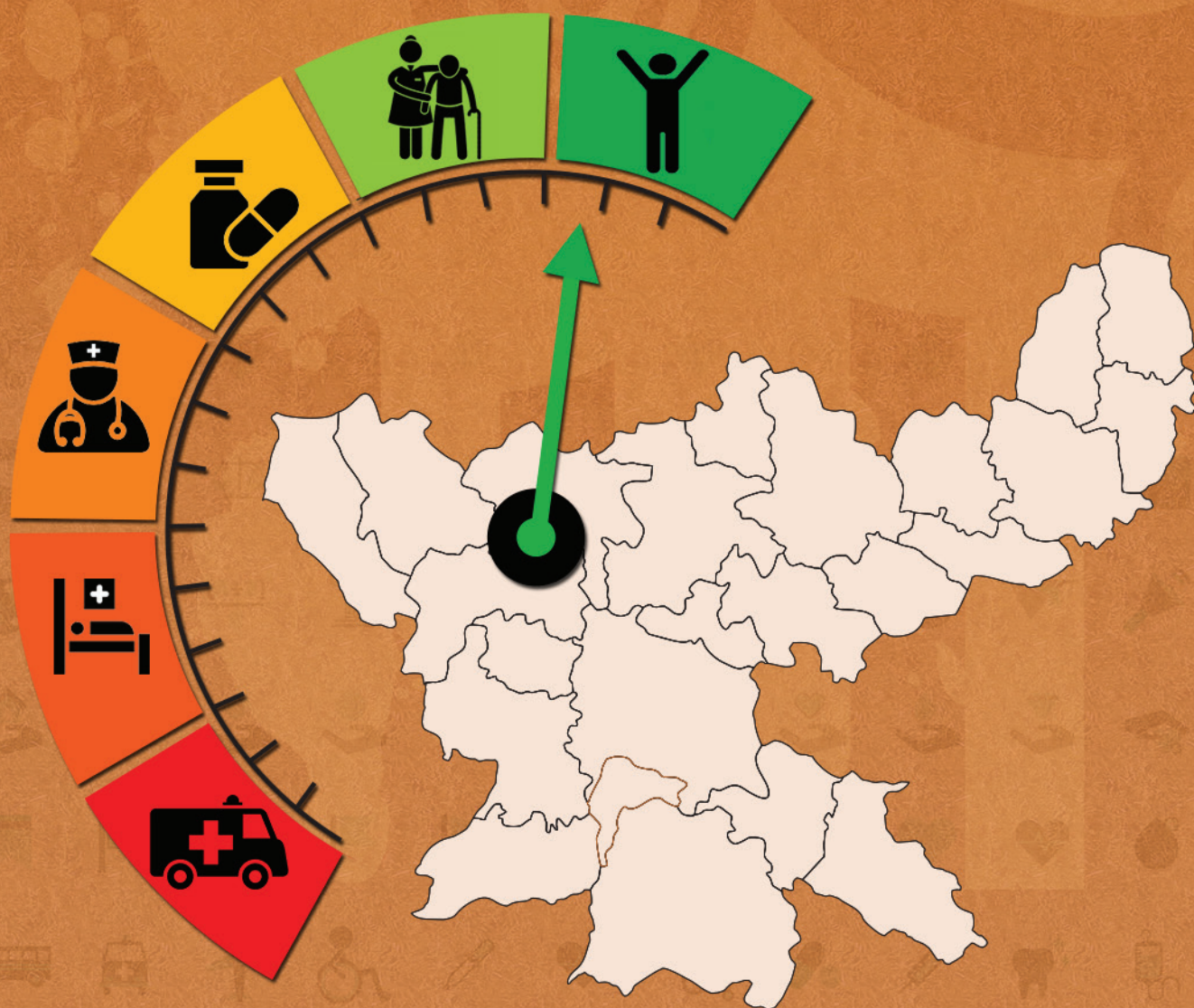


# HEALTH DOSSIER 2021

## Reflections on Key Health Indicators



**JHARKHAND**

## DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
2 <sup>nd</sup>	Hazaribagh, West Singhbhum, Chaibasa, Jorapokhar (Dhanbad)	
4 <sup>th</sup>	Gumla	Palamu
5 <sup>th</sup>	Deoghar	Giridh
7 <sup>th</sup>	Bokaro	Sahibganj
9 <sup>th</sup>	Lohardaga	Dhanbad
10 <sup>th</sup>	Lohardaga	Dhanbad
11 <sup>th</sup>	Pakur	East (Purni) Singhbhum
12 <sup>th</sup>	Ranchi	Bokaro
13 <sup>th</sup>	Gumla	West Singhbhum



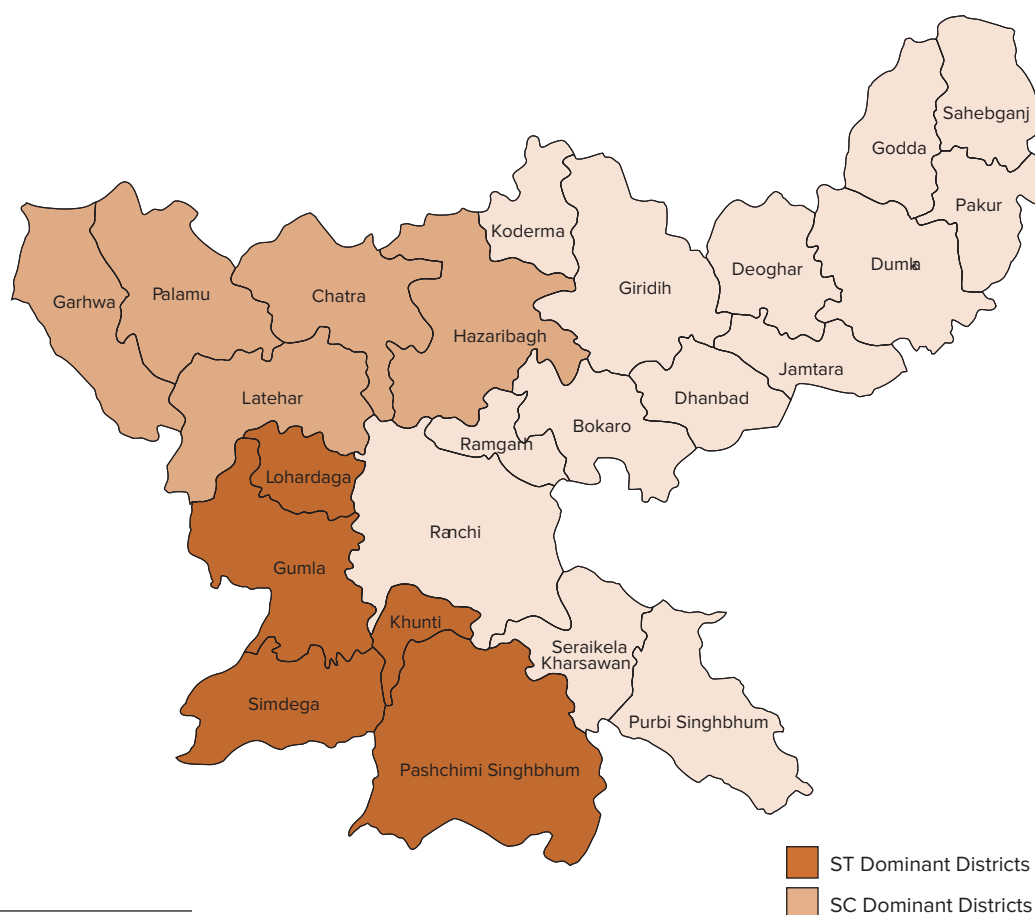
# JHARKHAND

## 1. BACKGROUND

### 1.1 Jharkhand Profile

**Jharkhand** is the 16<sup>th</sup> largest state in India for a geographical spread of 79,714 km<sup>2</sup> with an estimated population of 3.2 crore<sup>a</sup>. The State is divided into 24 districts, with a projected population increase to 3.8 Crores by 2021<sup>b</sup>. As per census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.39 crores (12.08%) and 0.86 crores (26.21%), respectively. Out of the 24 districts, top five ST & SC

**Figure 1: Top 5 ST & SC Dominant Districts**



<sup>a</sup> Census 2011

<sup>b</sup> Census Population Projection 2021

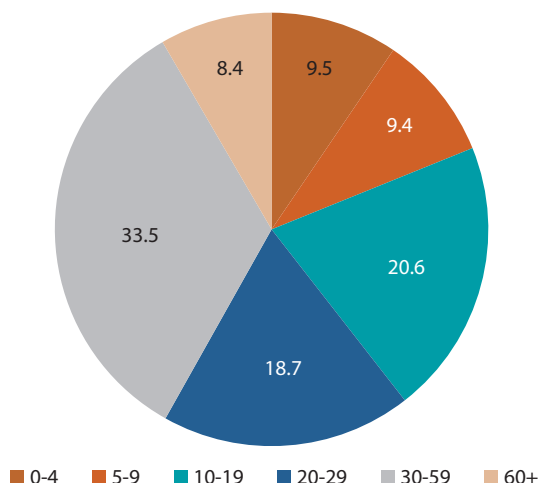
dominant districts account for 32.33% of ST & 41.53% of SC population in the State (Annexure 1, State Profile). As per Census 2011, 75.95% reside in rural areas, while the rest constitute the urban population. The total length of roads<sup>c</sup> in the State is 69,871 km (1.39%<sup>d</sup>), in which the national highways constitute 2,654 km (2.3%<sup>e</sup>) and state highways constitute 1,339 km (0.76%<sup>f</sup>).

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

## 1.2 Demography

In Jharkhand, out of the 24 districts, 5 districts have a population of 20-30 lakhs, 11 districts have a population between 10-20 lakhs and 8 districts have a population less than 10 lakhs (Annexure 1.1, State Profile). The State's sex ratio at birth (923 females for every 1000 males) is higher than the national average (899 females for every 1000 males) (Annexure 1.2). Around 20.6% of the total population is in 10-19 years' age group, 54.2% between 20 to 59 years; and 8.4% above 60 years of age (Figure 2). The crude birth and death rates have declined from 26.8 and 7.9 in 2005 to 22.3 and 5.3 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 53.6% in 2001 to 66.4% in 2011, with male and female literacy rates being 76.8% and 55.4%, respectively (Annexure 1). As per ESAG 2018 report, the Gross Enrollment Rate (GER)<sup>g</sup> is 15.5% for higher education, 48.32% for senior secondary education, 73.65% for secondary education, 107.08% for elementary education, and 109.22% for primary education.

**Figure 2: Jharkhand - distribution of estimated population 2021 (%)**



## 1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years constitute 8.4% of the State's total population. The life expectancy at 60 years of age is 18.1 years for males, and 16.8 years for females (2014-2018)<sup>h</sup>. The old age dependency ratio is 12.7 in 2011; 12.3 for males, 13.0 for females; 13.4 in rural and 10.5 in urban areas. As per NSS report, 71.0% of elderly females and 23% of elderly males in rural areas; 66.0% of elderly females and 28.0% of elderly males in urban areas are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among elderly men and women is 12% & 8% respectively, which is lower than the national average of 31% for each (Elderly in India 2016).

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

<sup>d</sup> Percentage of total length of roads in State

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

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

<sup>g</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>h</sup> SRS Based Life Abridged Tables

## 2. HEALTH STATUS AT A GLANCE

### 2.1 Maternal Health

The State has been able to provide RMNCHA+N<sup>i</sup> services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)<sup>j</sup>, institutional deliveries, C sections, distribution of IFA<sup>k</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 significantly declined<sup>l</sup> from 261 (2007-09) to 71 (2016-18). In Jharkhand, 78.4% women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Chatra, Deoghar, Garhwa, Pakur, and Palamu districts reported poor ANC coverage ranging from 26.833.8% to 49.5%; whereas, Bokaro, Dhanbad, Gumla, Koderma and Saraikela-Kharsawan districts reported relatively better full ANC coverage ranging from 44.6% to 54.4%. As reported, around 96% of the deliveries took place in institutions, out of which 73.9% took place in public health facilities. Total percentage of C-sections (8.3%) is slightly above the recommended range by the WHO (10-15%); out of which 19.5% is conducted at private facilities in the State. It is reported that around 50.3% women are given their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia in women aged 15-49 years marginally increased from 65.2% (NFHS 4) to 65.3% (NFHS 5). Anaemia in females of reproductive age group is more than twice than in men of similar age group (Annexure 2, Figure 5).

Refer Annexure 3 for detailed district wise comparison of NFHS 5 key indicators.

### 2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 50 (2005) to 27 (2019); as opposed to the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). Though NNMR<sup>m</sup> significantly declined from 25.9 (2005) to 21 (2018), there is a rising trend of Still Birth (per 1,000 live births) rate from 1 (2005) to 2.5 (2018). (Annexure 2, Figure 4). In general, improvement in key indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs<sup>n</sup>. The life expectancy at birth has also improved from 66.6 (2006-10) to 69.1 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, Chatra, Garhwa, Jamtara, Khunti and Purbi Singhbhum districts reported low SRB<sup>o</sup> ranging from 709 to 837; whereas, Gumla, Latehar, Lohardaga, Palamu and Sahibganj districts reported high SRB ranging from 967 to 1098.

Full immunization coverage for children between 12 – 23 months improved from 72.7% (NFHS 4) to 79.2% (NFHS 5). The proportion of under 6-months children exclusively breastfed improved from 64.8% (NFHS 4) to 76.1% (NFHS 5). Prevalence of childhood anaemia has shown a decline from 69.9% to 67.5% (Annexure 2, Figure 5). As per NFHS 5, Dhanbad, Giridih, Kodarma, Ramgarh and Ranchi districts reported comparatively low burden of stunting, ranging from 27% to 35.3%; whereas Garhwa, Pakur, Palamu, Pashchimi Singhbhum and Sahibganj districts reported high burden of stunting, ranging from

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

<sup>j</sup> Antenatal Check up

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

<sup>l</sup> SRS MMR Bulletin

<sup>m</sup> Neonatal Mortality Rate

<sup>n</sup> QPR Reports

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

43.7% to 60.6%. For under-5 wasting, Chatra, Deoghar, Dhanbad, Hazaribagh and Kodarma districts reported relatively low burden, ranging from 17.2% to 18%; whereas Khunti, Pashchimi Singhbhum, Purbi Singhbhum, Ranchi and Saraikela-Kharsawan districts reported high burden ranging from 29.4% to 32.9%.

## 2.3 Family Planning

The TFR<sup>p</sup> reduced from 3.5 in 2005 to 2.5 in 2018, which is still higher than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 11.5%, while unmet need for spacing is 4.8% (NFHS 5). Simdega reported highest unmet need (15.8%), while Saraikela-Kharsawan reported the lowest (7.2%) in the State. Around 49.5% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 37.4% among females and 0.3% among males.

## 2.4 Communicable Diseases

The State has 24 functional IDSP units in place. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 37.2% of total disease burden (GBD 2019) with diarrheal diseases, neonatal preterm birth, lower respiratory tract infection, dietary iron deficiency, neonatal conditions, malaria & drug-susceptible TB being the major causes of DALY in the State (Annexure 2, Figure 6)<sup>q</sup>. For TB, the annualized total case notification rate is 131% and NSP<sup>r</sup> success rate is 80% as opposed to the national averages of 163% and 79%, respectively. For NLEP<sup>s</sup>, the reported prevalence rate of 1 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 3 due to malaria, and none due to JE<sup>t</sup>, Dengue & Kala azar.

## 2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that premature deaths account for 67.9% of the total disease burden, while disability or morbidity account for 32.1%. Ischaemic heart disease, COPD & Diabetes Mellitus Type 2 remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute 53.52% of total DALYs, while injuries contribute to 9.28% of total DALYs. The State ranks 17<sup>th</sup> in the country for the total number of fatal road accidents (Annexure 1.4). It is reported that 5.8% of women and 48.6% of men used any kind of tobacco, while 4.1% of women and 39.3% of men consumed alcohol. In general, low birth weight, short gestation period, high systolic blood pressure, household air pollution from solid fuels, high fasting plasma glucose, and unsafe water source are the major risk factors for all DALYs (Annexure 2, Figure 7).

## 2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 2,71,990 crores. The State is positioned 30<sup>th</sup> out of 32 States in terms of per capita<sup>u</sup> expenditure of ₹ 73,155<sup>v</sup>. According to NHA (2017-18), the per capita Government Health Expenditure in the State is estimated as ₹ 801, which is less than the

<sup>p</sup> Total Fertility Rate

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

<sup>r</sup> New Smear Positive

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

<sup>t</sup> Japanese Encephalitis

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

<sup>v</sup> Directorate of Economics and Statistics of State Government

national average of ₹ 1,753. On the other hand, the OOPE<sup>w</sup> as a share of Total Health Expenditure is estimated as 68%, which is higher than the national average of 48.8%. As per NSSO 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated as ₹ 29,103 in private hospitals and ₹ 5,736 in public hospitals, while the same in urban areas is around ₹ 31,441 in private hospitals and ₹ 16,764 in public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 2,087 in rural areas & ₹ 3,081 in urban areas, whereas in private health facilities, it is ₹ 14,813 in rural areas and ₹ 19,405 in urban areas. In public health facilities, the share of expenditure on drugs is estimated as 59% and 45% for inpatient care; and 12% and 10% for diagnostics in rural and urban areas respectively (Annexure 1.6, Healthcare Financing).

## 1.7 Health Infrastructure

As per the RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figures 8). Though public health facilities have been increasing over time, a shortfall in the required infrastructure still remain (Annexure 2, Figures 9). Currently, there are 3,848 SCs, 291 PHCs & 17 CHCs in place, against the required 6,848 SCs, 1,091 PHCs and 272 CHCs in rural areas, thereby amounting to shortfall of 43.81% SCs, 73.33% PHCs and 37.13% CHC. However, in urban settings there are 60 PHCs in place against the required 196 which accounts to a shortfall of 69.39%. Jharkhand has 23 DHs, 13 SDHs and 7 Government medical colleges. In the State, 23 DHs, 11 SDH & 39 CHCs serve as functional FRUs. In tribal catchments, there are 2,462 SCs, 175 PHCs, and 103 CHCs in place against the required 2,963 SCs, 444 PHCs and 111 CHCs, thereby amounting to shortfall of 16.91% SCs, 60.59% PHCs and 7.21% CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 1,645 HWCs (54 SHCs, 178 PHCs & 1413 UPHCs) are operationalized in the State as of 22<sup>nd</sup> December 2021<sup>x</sup>.

In Jharkhand, 24 districts are equipped with MMUs under NHRM, while none under the NUHM. The State has 97.56% of ASHAs in position under the NRHM & 100% under the NUHM. In the State, doctors to staff nurse ratio is 1:1.5, with 3 public healthcare providers available for every 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, 436 availed (events) OPD services and 20.4 availed (events) IPD services. However, as per the NSSO data (2017-18), 31% of all OPD cases in rural and 15% in urban; 43% of all IPD cases in rural and 37% in urban utilized public health facilities. Public health facilities utilization in the State is less than the national average (Annexure 1.6).

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<sup>w</sup> Out of Pocket Expenditure

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

# ANNEXURE 1: KEY INDICATORS

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

Indicator	Jharkhand 2011 <sup>1</sup>	India
Total Population (In Crore)	3.29	121.08
Rural (%)	75.95	68.85
Urban (%)	24.04	31.14
Scheduled Caste population (SC) (in crore)	0.39 (12.08%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.86 (26.21%)	10.45 (8.63%)
Total Literacy Rate (%)	66.4	72.99
Male Literacy Rate (%)	76.8	80.89
Female Literacy Rate (%)	55.4	64.64
Number of Districts in the Jharkhand <sup>2</sup>	24	
Number of districts per lakh population in <b>Jharkhand</b> (Census 2011)	Population <sup>1</sup>	Districts <sup>1</sup> (Numbers)
	<10 Lakhs	8
	≥ 10 Lakhs - <20 Lakhs	11
	≥20 Lakhs - <30 lakhs	5
	≥30 Lakhs	0
ST SC Dominant (Top 5) Districts of Jharkhand <sup>1</sup>		
ST Dominant Districts (%)	SC Dominant Districts (%)	
Khunti - 73.25%	Chatra - 32.65%	
Simdega - 70.78%	Palamu - 27.65%	
Gumla - 68.93%	Garhwa - 24.18%	
Paschimi Singhbhum - 67.31%	Latehar - 21.30%	
Lohardaga - 56.89%	Hazaribagh - 17.49%	
Top 5 ST dominant district accounts for 32.33%	Top 5 SC dominant district accounts for 41.53%	

## 1.2 Key Health Status & Impact Indicators<sup>z</sup>

Indicators	Jharkhand	India
Infant Mortality Rate (IMR) <sup>3</sup>	27	30
Crude Death Rate (CDR) <sup>3</sup>	5.3	6

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

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



Crude Birth Rate (CBR) <sup>3</sup>	22.3	19.7
Maternal Mortality Ratio (MMR) <sup>3</sup>	71	113
Neo Natal Mortality Rate (NNMR) <sup>4</sup>	21	23
Under Five Mortality Rate (U5MR) <sup>4</sup>	34	36
Still Birth Rate <sup>4</sup>	1	4
Total Fertility Rate (TFR) <sup>4</sup>	2.5	2.2
Life expectancy at birth <sup>5</sup>	69.1	69.4
Sex Ratio at Birth <sup>4</sup>	923	899

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

Indicators				Numbers (Total)
Number of District Hospitals <sup>2</sup>				23
Number of Sub District Hospital <sup>2</sup>				13
Number of Government (Central + State) Medical College <sup>6</sup>				7
Number of Private (Society + Trust) Medical Colleges <sup>6</sup>				0
Number of AB-HWCs functional as of 22 <sup>nd</sup> December 2021 <sup>16</sup>	Status (Total)	Target FY (2020-21)	Target FY (2021-22)	Target FY (2022-23)
SHC-HWC	1413	1479	2534	3237
PHC-HWC	178	298	298	298
UPHC-HWC	54	59	59	59
<b>Total-HWC</b>	<b>1645</b>	<b>1836</b>	<b>2891</b>	<b>3594</b>
Rural <sup>2</sup>	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	272	171	37.13	
Number of Primary Health Centres (PHC)	1,091	291	73.33	
Number of Sub Centres (SC)	6,848	3,848	43.81	
Number of functional First Referral Units (FRUs)	<b>DH</b>	<b>SDH</b>	<b>CHC</b>	
	23	11	39	
Urban <sup>2</sup>	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	196	60	69.39	
Tribal <sup>2</sup>	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	111	103	7.21	
Number of PHC	444	175	60.59	
Number of SC	2,963	2,462	16.91	

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

Patient Service <sup>9</sup>	Jharkhand	India
IPD per 1000 population	20.4	62.6
OPD per 1000 population	436.0	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	22.8	36.4

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

% Share of DALYs to Total Disease Burden (GBD 2019) <sup>7</sup>	Jharkhand	India
% DALY <sup>cc</sup> accountable for CMNNDs <sup>dd</sup>	37.2	27.46
% DALY accountable for NCDs	53.52	61.43
% DALY accountable for Injuries	9.28	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator <sup>8</sup>	Jharkhand	India
Level of Birth Registration (%)	84.3	92.7
Level of Death Registration (%)	58.8	92
Percentage of medically certified deaths to total registered deaths (%)	5.8	20.7
RMNCHA+N		
Maternal Health <sup>9</sup>	Jharkhand	India
% 1st Trimester registration to Total ANC Registrations	66.6	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	78.4	79.4
Total Reported Deliveries	7,33,372	21410780
% Institutional deliveries to Total Reported Deliveries	96	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	73.9	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	26.1	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	8.3	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	4.4	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	19.5	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	50.3	53.4
Neonatal <sup>9</sup>	Jharkhand	India
% live birth to Reported Birth	98.8	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	7	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	95.9	89.9

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

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

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

<b>New Born Care Units Established<sup>11</sup></b>	<b>Jharkhand</b>	<b>India</b>
Sick New Born Care Unit (SNCU)	19	895
New Born Stabilization Unit (NBSU)	42	2418
New Born Care Corner (NBCC)	594	20337
<b>Child Health &amp; Nutrition<sup>10</sup></b>	<b>Jharkhand (NFHS 5)</b>	<b>India (NFHS 5)</b>
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	7.2	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	55.6	60.6
Children under 5 years who are underweight (weight-for-age) (%)	39.4	32.1
<b>Child Immunization<sup>10</sup></b>	<b>Jharkhand (NFHS 5)</b>	<b>India (NFHS 5)</b>
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	79.2	83.8
Children age 12-23 months who have received BCG (%)	95	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	86.7	87.9
<b>Family Planning<sup>10</sup></b>	<b>Jharkhand (NFHS 5)</b>	<b>India (NFHS 5)</b>
Unmet need for spacing (%)	4.8	4
<b>Communicable Diseases</b>		
<b>Integrated Disease Surveillance Programme (IDSP)<sup>11</sup></b>	<b>Jharkhand</b>	<b>India</b>
Number of districts with functional IDSP unit	24	720
<b>Revised National Tuberculosis Control Programme (RNTCP)<sup>11</sup></b>	<b>Jharkhand</b>	<b>India</b>
Annualized total case notification rate (%)	131	163
New Smear Positive (NSP) Success rate (in %)	80	79
<b>National Leprosy Eradication Programme (NLEP)<sup>11</sup></b>	<b>Jharkhand</b>	<b>India</b>
Prevalence Rate/10,000 population	1	0.61
Number of new cases detected	6,094	114,359
<b>Malaria, Kala Azar, Dengue<sup>11</sup></b>	<b>Jharkhand</b>	<b>India</b>
Deaths due to Malaria <sup>11</sup>	3	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>	669	3,706
<b>HIV<sup>10</sup></b>	<b>Jharkhand (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>	13.8	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) <sup>10</sup>	31.2	30.7

Non-Communicable Disease		
Diabeties and Hypertension <sup>10</sup>	Jharkhand (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11.1	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	15.1	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	5.4	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	6.9	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) <sup>10</sup>	Jharkhand (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	5.8	8.9
Men who use any kind of tobacco (%)	48.6	38
Women who consume alcohol (%)	4.1	1.3
Men who consume alcohol (%)	39.3	18.8
Injuries		
Road Traffic Accident <sup>12</sup>	Jharkhand	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	17	N/A
Total number of fatal Road Accidents	10,182	137,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	72.9	33.7
Number of persons killed in Road Accidents	3801	115113

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

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) <sup>11</sup>	Jharkhand	India
Number of Districts equipped with MMU under NRHM	24	506
Number of Districts equipped with MMU/Health Units under NUHM	0	31
Number of ERS vehicles operational in the States/UTs Under NHM	Jharkhand	India
102 Type	0	9955
104 Type	0	605
108 Type	337	10993
Others	1803	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	2140	11070

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



Key Domain Indicators			
ASHA <sup>13</sup>	Jharkhand	India	
Total number of ASHA targeted under NRHM	40964	946563	
Total number of ASHA in position under NRHM	39964	904211	
% of ASHA in position under NRHM	97.56	96	
Total number of ASHA targeted under NUHM	1165	75597	
Total number of ASHA in position under NUHM	1165	64272	
% of ASHA in position under NUHM	100	85	
Community Process <sup>11</sup>	Jharkhand	India	
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	30012	554847	
Number of Mahila Arogya Samitis (MAS) formed	918	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) <sup>11</sup>	Jharkhand	India	
DH	24	796	
CHC	188	6036	
PHC	330	20273	
UHC	0	126	
UPHC	4	3229	
Human Resource for Health <sup>14</sup>			
HRH Governance		Jharkhand	
Specialist Cadre Available in the state (Y/N)		Yes	
HR Policy available (Y/N)		In Process	
Implementation of HRIS (Y/N)		No	
HR Integration initiated (Y/N)		No	
Public Health Cadre available (Y/N)		No	
Overall Vacancies (Regular + contractual)	Specialists (%)	79	
	Dentists (%)	85	
	MO MBBS (%)	42	
	Nurse (%)	59	
	LT (%)	60	
	ANM (%)	36	
HRH Distribution		Sanctioned	In Place
Doctors (MO & specialists) to staff nurse <sup>14</sup>		1:1/2	1:1/2
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system <sup>14</sup>		6 per 10,000	3 per 10,000
Regular to contractual service delivery staff ratio <sup>14</sup>		1:1	1:1

Ranking: Human Resource Index of Jharkhand <sup>15</sup>						
Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW <sup>ff</sup>	14440	13949	9723	4226	4717	48.87
Staff Nurse	8456	2439	1062	1377	7394	
Lab Technician	1690	1300	719	581	971	
Pharmacists	870	854	367	487	503	
MO MBBS <sup>gg</sup>	2055	2277	2027	250	28	
Specialist <sup>hh</sup>	1996	1372	444	928	1552	

1.6 Healthcare Financing <sup>ii</sup>				
National Health Accounts (NHA) (2017-18)		Jharkhand		India
Per Capita Government Health Expenditure (in ₹)		801		1753
Government Health expenditure as % of Gross Domestic Product (GSDP)		1.1		1.35
Government Health Expenditure as % of General Government Expenditure (GGE)		4.7		5.12
OOPE as a Share of Total Health Expenditure (THE) %		68		48.8
National Sample Survey Office (NSSO) (2017-2018)		Jharkhand		India
		Rural	Urban	Rural Urban
OPD - % of non-hospitalized cases using public facility		31	15	33 26
IPD - % of hospitalized cases using public facility		43	37	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		431	788	472 486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private		1156	1364	845 915
IPD - Per hospitalized case (in INR) - Public		5,736	16,764	5,729 5,939
IPD - Per hospitalized case (in INR) - Private		29,103	31,441	28,816 34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)		12	10	18 17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)		59	45	53 43

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

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

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

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

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

Childbirth - Average out of pocket expenditure per delivery in public health facility (₹) (NSSO)	2,087	3,081	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	14,813	19,405	20,692	26,701
<b>State Health Expenditure</b>	<b>Jharkhand</b>		<b>All India Average</b>	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	4.2		5 <sup>jj</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>jj</sup> Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

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

## ANNEXURE 2

Figure 1: IMR Trend

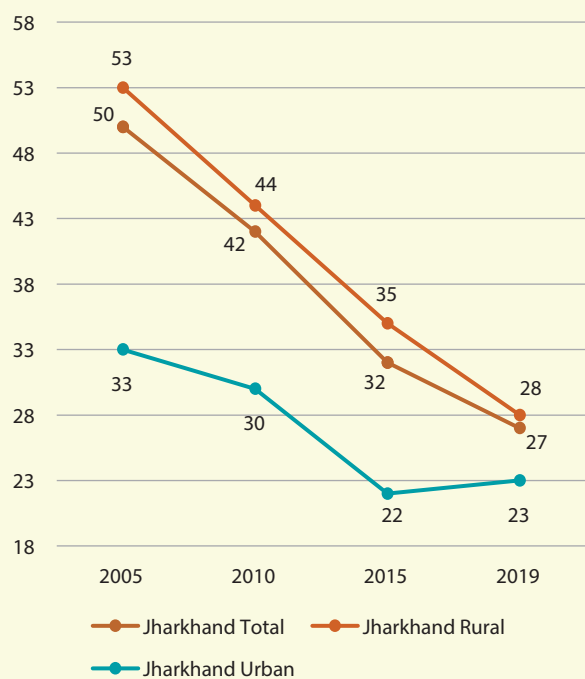


Figure 2: CBR & CDR Trend

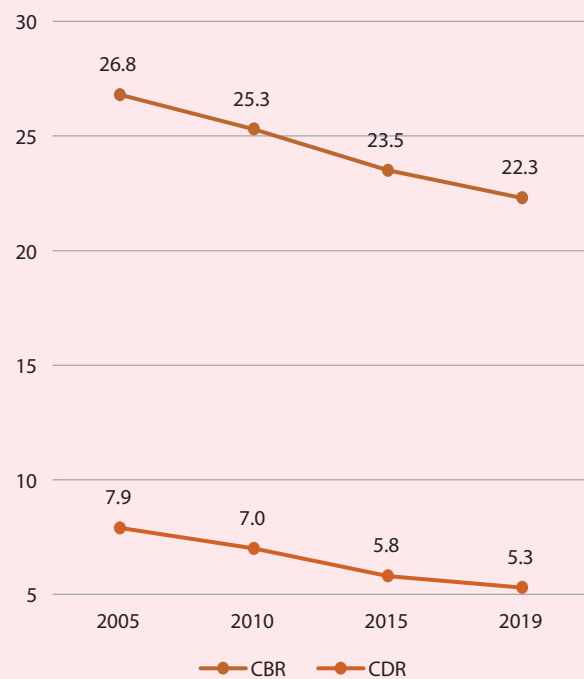


Figure 3: Life Expectancy At Birth Trend

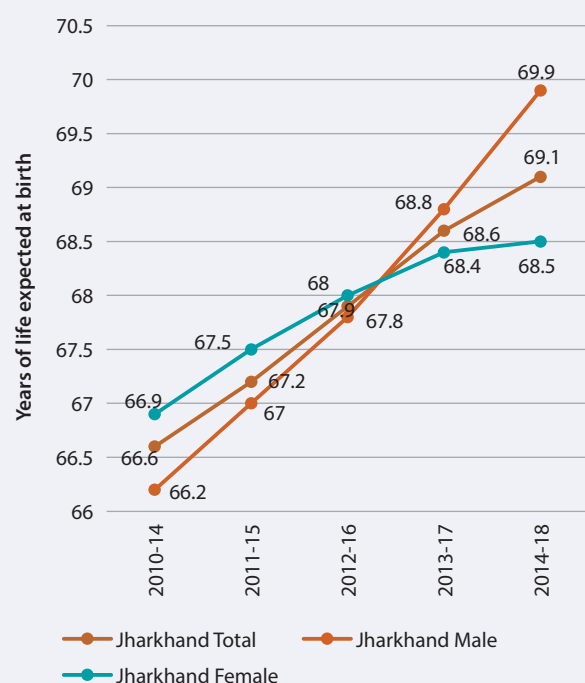


Figure 4: NNMR, TFR & Still Birth Trend

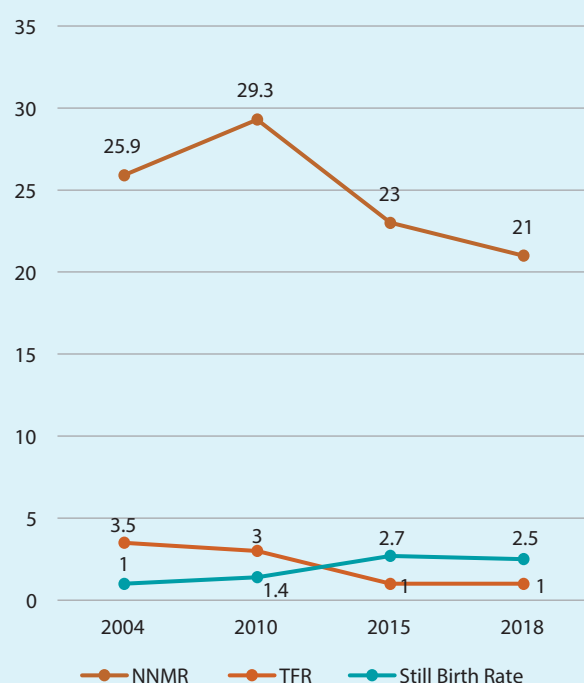




Figure 5: Comparison of Key NFHS 5 & 4 Indicators

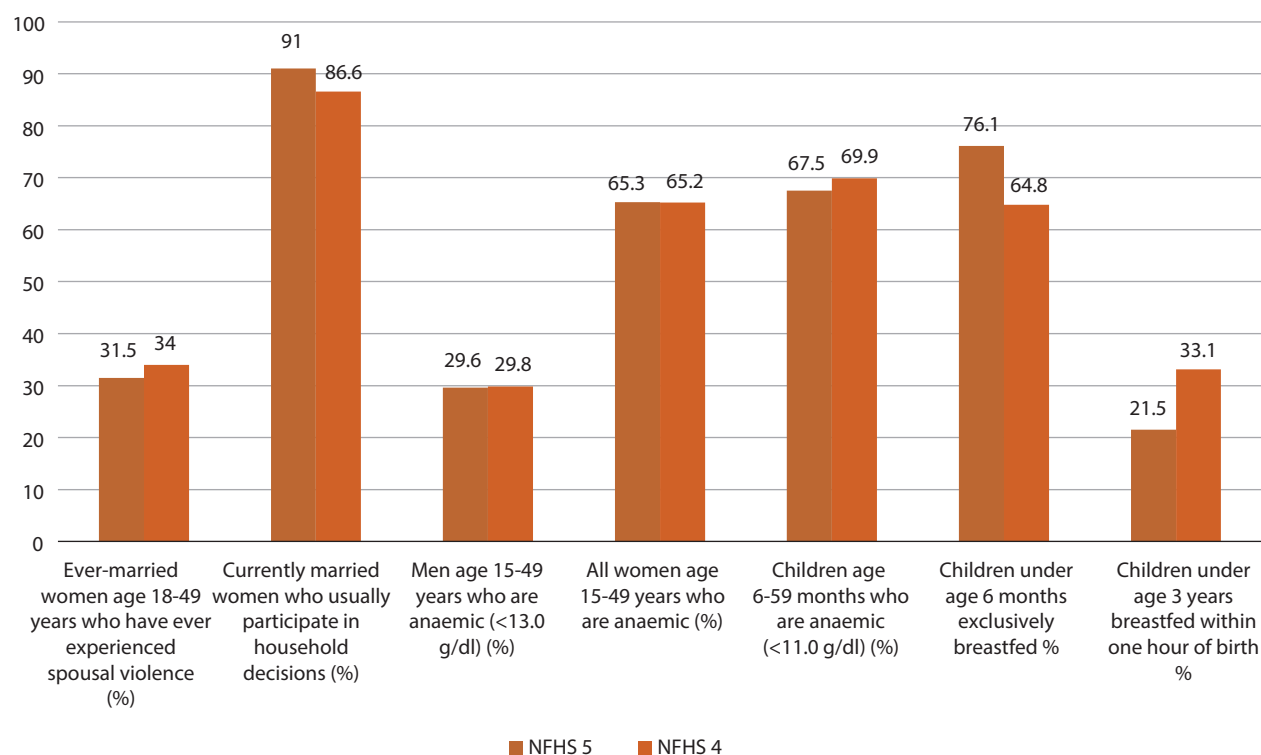


Figure 6: Top 15 causes of DALYs, 1990-2019

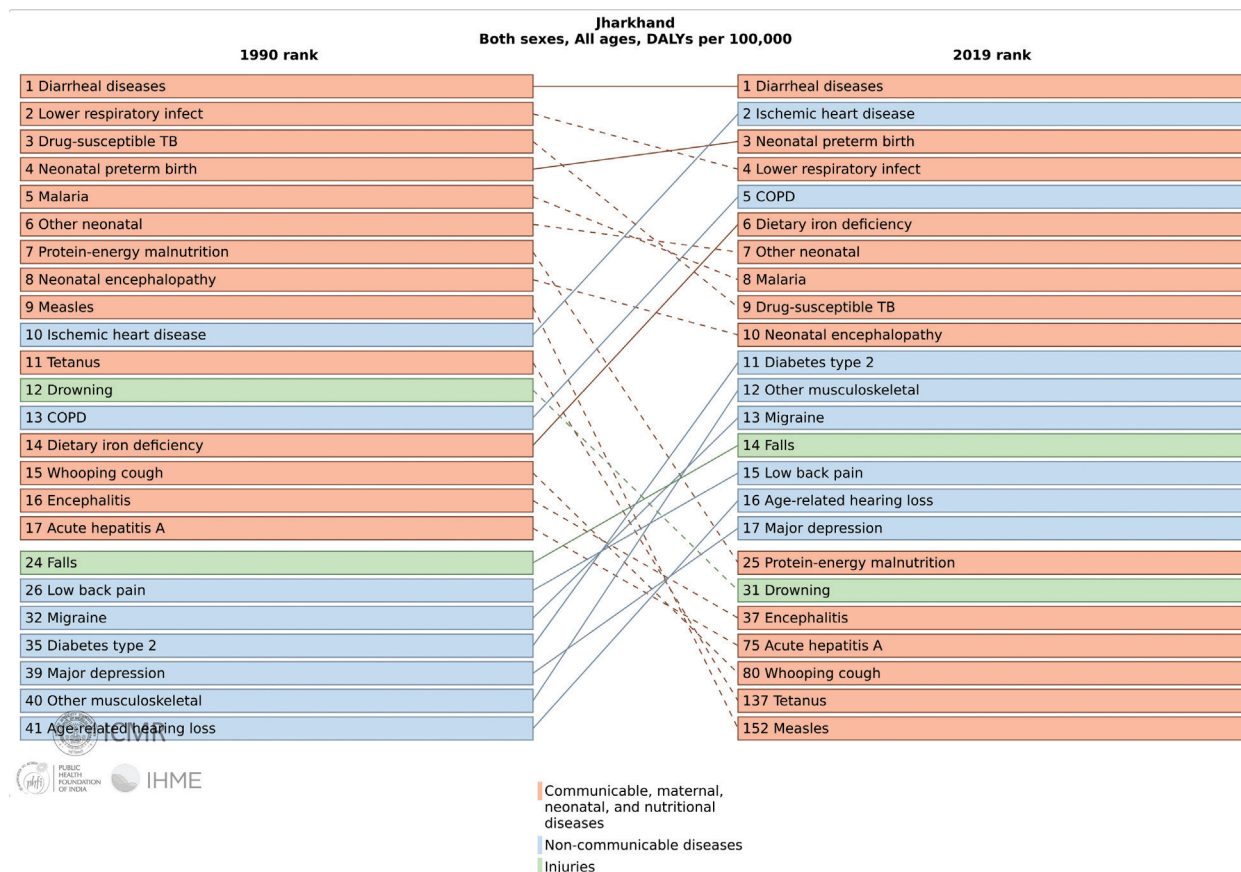


Figure 7: Top 15 risk of DALYs, 1990-2019

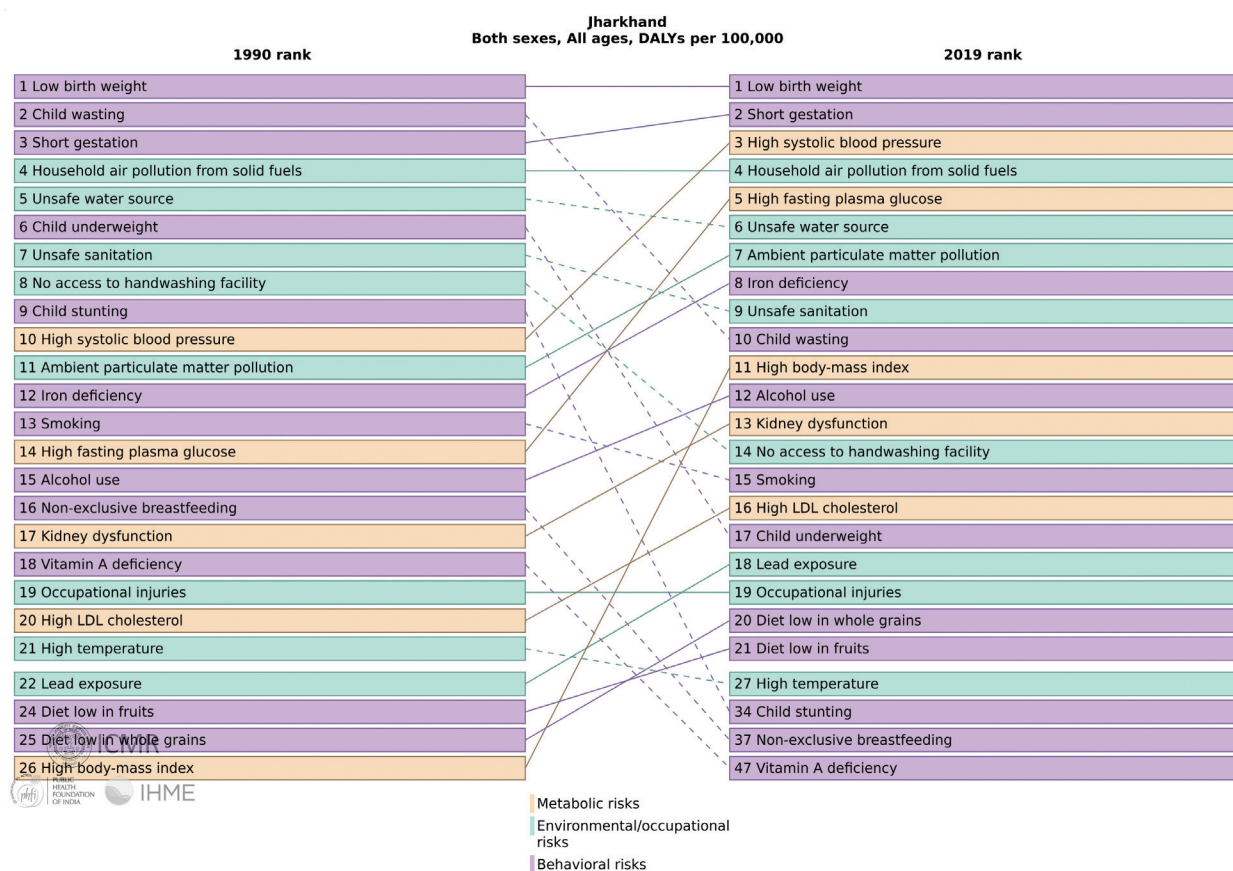


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

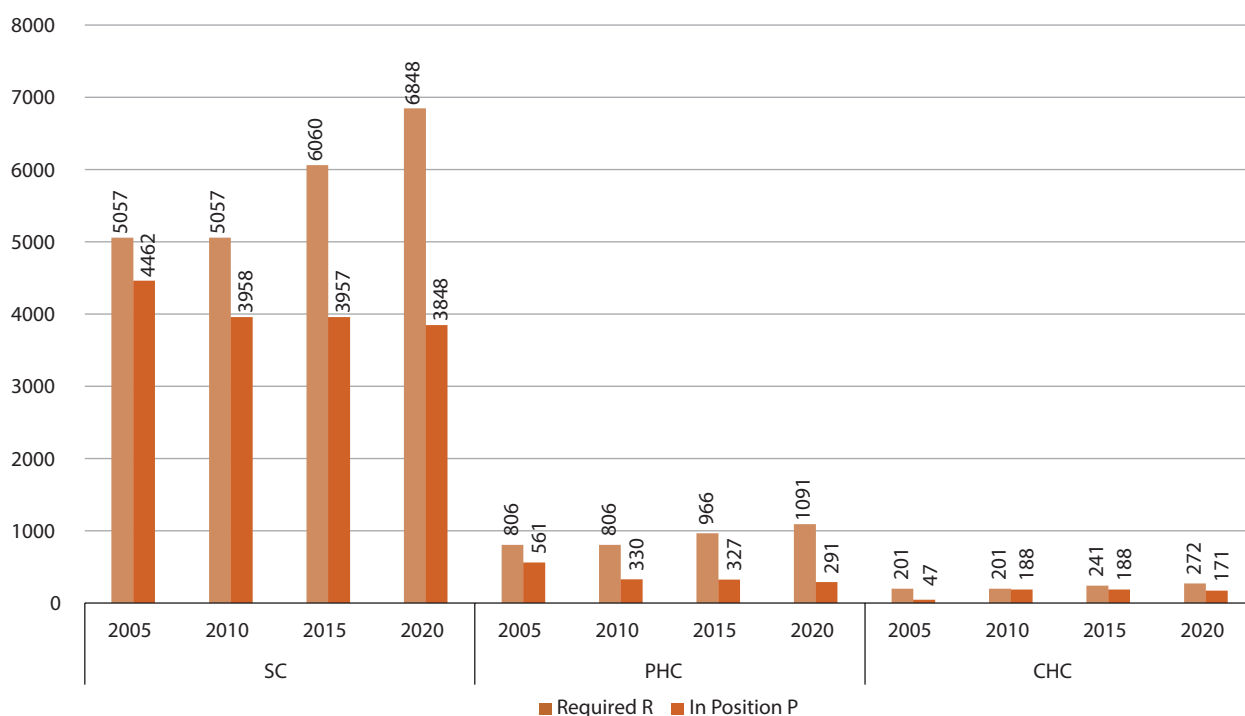


Figure 9: Year Wise Health Infrastructure Shortfall (%)

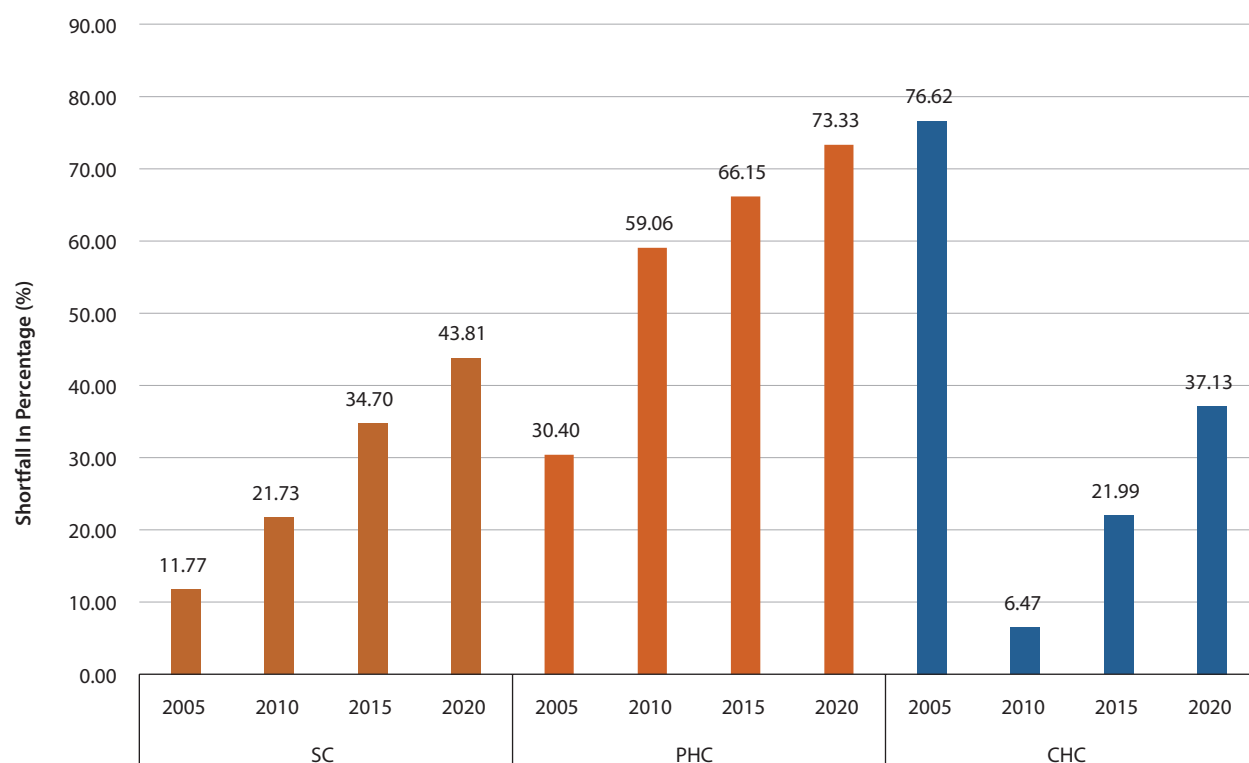
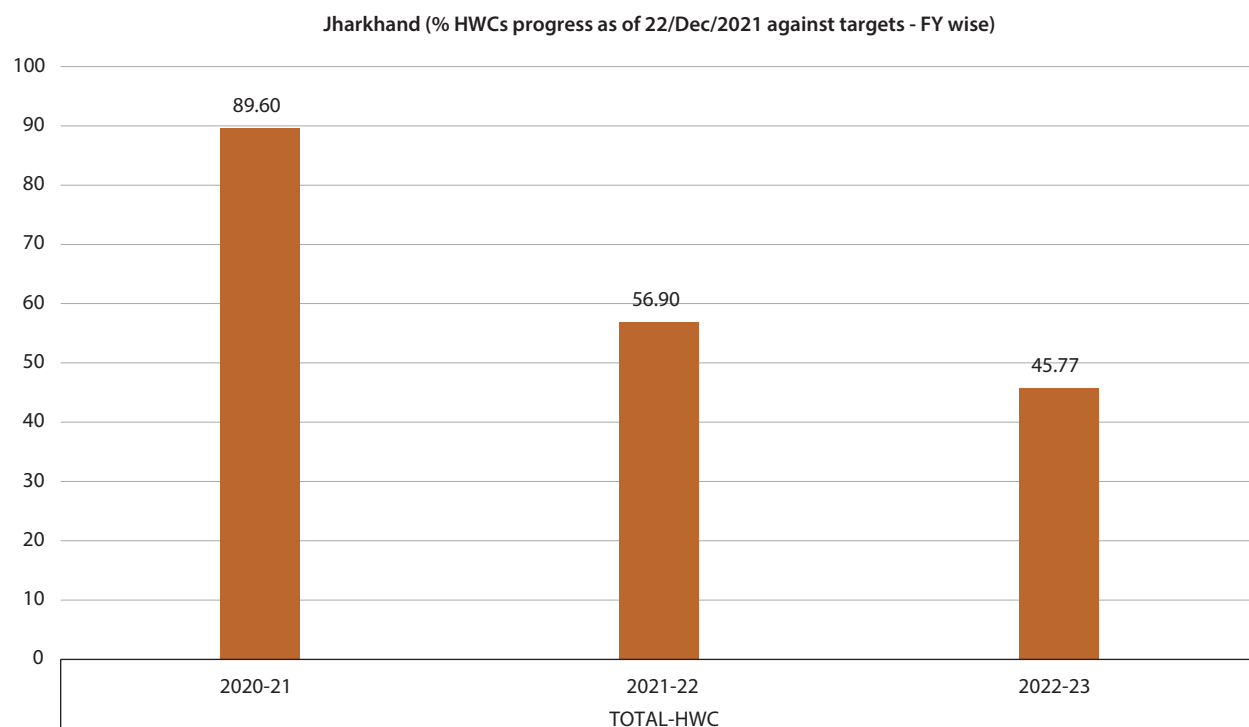


Figure 10: Percentage HWCs progress against target - FY wise (%)



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

S. No.	States/Districts	Data Source	(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)													
			Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted <sup>Δ</sup> (Height For Age) (%)	Children Under 5 Years - Wasted <sup>Δ</sup> (Weight For Height) (%)
1	Jharkhand	NFHS 4 Total	919	13.3	NA	37.9	40.4	1	2.2	18.4	30.3	61.9	72.7	7.2	45.3	29
2	Jharkhand	NFHS 5 Urban	781	41.6	80.1	19.4	66	2.1	6	11.2	48.5	89.1	74.6	10.3	26.8	23
3	Jharkhand	NFHS 5 Rural	926	53.1	55.6	36.1	60.4	1.6	3.5	11.6	36.4	73.1	80.1	10.5	42.3	22.3
4	Jharkhand	NFHS 5 Total	899	50.3	61.7	32.2	61.7	1.7	4.1	11.5	38.6	75.8	79.2	10.5	39.6	22.4
5	Bokaro	NFHS 5 Total	899	44.7	69.2	26.3	68.5	1.4	6.4	9.5	48.7	80.9	72.9	18.1	36.2	19.7
6	Chatra	NFHS 5 Total	764	46.5	57.7	31.7	59.5	1	0.6	10.1	32.4	71.5	82.4	6.1	42.2	17.2
7	Deoghar	NFHS 5 Total	929	53.8	50.7	49.2	65.4	1	2.6	11.1	30.7	61.3	54.7	7.2	41.7	17.7
8	Dhanbad	NFHS 5 Total	869	45.7	69.7	28.3	67.3	1	5.2	9.7	44.6	78.8	72.5	4.7	27	14
9	Dumka	NFHS 5 Total	946	45.4	51.8	43.1	60	1.6	5.1	13.1	39.3	60.3	76.6	7.8	38.2	27.8
10	Garhwa	NFHS 5 Total	829	55.3	59.6	31.3	58.3	0.8	0.9	12.3	29.8	84	82.9	6.4	47.7	18.9
11	Giridih	NFHS 5 Total	852	52.4	53.4	45.6	63.7	0.7	3.6	12	42.1	70.7	83.6	10.7	31.9	27.8
12	Godda	NFHS 5 Total	881	45.9	46.6	48.5	65	2.2	3.4	11.3	39.2	70.2	71	7.6	39.4	24.5
13	Gumla	NFHS 5 Total	1028	51.7	63.7	20.9	52.7	2.1	4	14.9	49.3	83.8	86.2	10.7	40.2	20.1
14	Hazaribagh	NFHS 5 Total	856	55	67.2	38.6	60.8	0.8	3.4	11.5	36.4	82	80.5	16.9	37.8	16.2
15	Jamtara	NFHS 5 Total	825	62.9	53.5	50.5	69.3	1.3	4.1	9.9	36	75.4	82.9	15.9	41.9	23
16	Khunti	NFHS 5 Total	709	58.2	55.3	21.7	58.4	3.2	5	11.8	37.4	73.8	79.6	10.5	38.5	32.1



17	Kodarma	NFHS 5 Total	872	56.8	63.6	42.5	63.6	0.5	1.7	12	47.6	91.3	87.4	10.8	34.6	18
18	Latehar	NFHS 5 Total	967	52.2	54.9	32.2	56.6	1.1	2.3	13.4	43.1	70.3	74.5	7.5	40.1	19.2
19	Lohardaga	NFHS 5 Total	1011	58.9	65.2	21.9	56.6	4.7	3.6	13.9	37.7	84.1	88.2	7	40.7	26.6
20	Pakur	NFHS 5 Total	925	52.5	41.4	43.4	55.4	0.7	2.9	12	26.6	64.6	69.5	8.1	51.3	23.6
21	Palamu	NFHS 5 Total	1098	55.8	62.5	35.4	60.1	0.5	1.7	13.8	33.8	74.9	81.5	5.4	43.7	18.4
22	Pashchimi Singhbhum	NFHS 5 Total	872	46.7	47.8	24.4	55.9	2.9	7.6	12.5	34.9	67.9	89	11.7	60.6	30.5
23	Purbi Singhbhum	NFHS 5 Total	837	50.7	73.8	19.8	61	2.8	4.4	11.4	40.7	94	87	11.1	35.9	29.4
24	Ramgarh	NFHS 5 Total	903	49.7	71	25.1	68.2	1	3.5	7.3	40.9	79	89.2	12.5	35.3	23.5
25	Ranchi	NFHS 5 Total	874	43.9	76	20.9	61.5	5	6.4	12	35.2	87.3	85.4	19.7	28.3	32.7
26	Sahibganj	NFHS 5 Total	984	34.8	48.8	39.9	50.4	1	1.8	13.2	36.2	64.7	72.6	8.2	49.1	19.7
27	Saizikela-Kharsawan	NFHS 5 Total	919	63.1	64	19.2	66.9	2.8	8.3	7.2	54.4	81.8	85.3	13.8	40	32.9
28	Simdega	NFHS 5 Total	907	60.6	66.4	15.9	48.5	1.7	4.1	15.8	34.4	75.7	81.1	10.8	42.2	21.1

\* NFHS5 replaced 'immunized' (word) from NFHS4 to 'Vaccinated'; Out of two indicators with 'either vaccination card or mother's recall' & 'vaccination card only' indicator was used to reduce the recall bias, among children whose vaccination card was shown to the interviewer, percentage vaccinated with BCG, measles-containing vaccine (MCV)/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

\*\* Based on the youngest child living with the mother

# Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

A. **Green Color** – Best five performing districts within the districts for a particular indicator

B. **Red – Worst five performing districts within the districts for a particular indicator**

C. \* Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. \*\* Based on the youngest child living with the mother

E. # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

## NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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