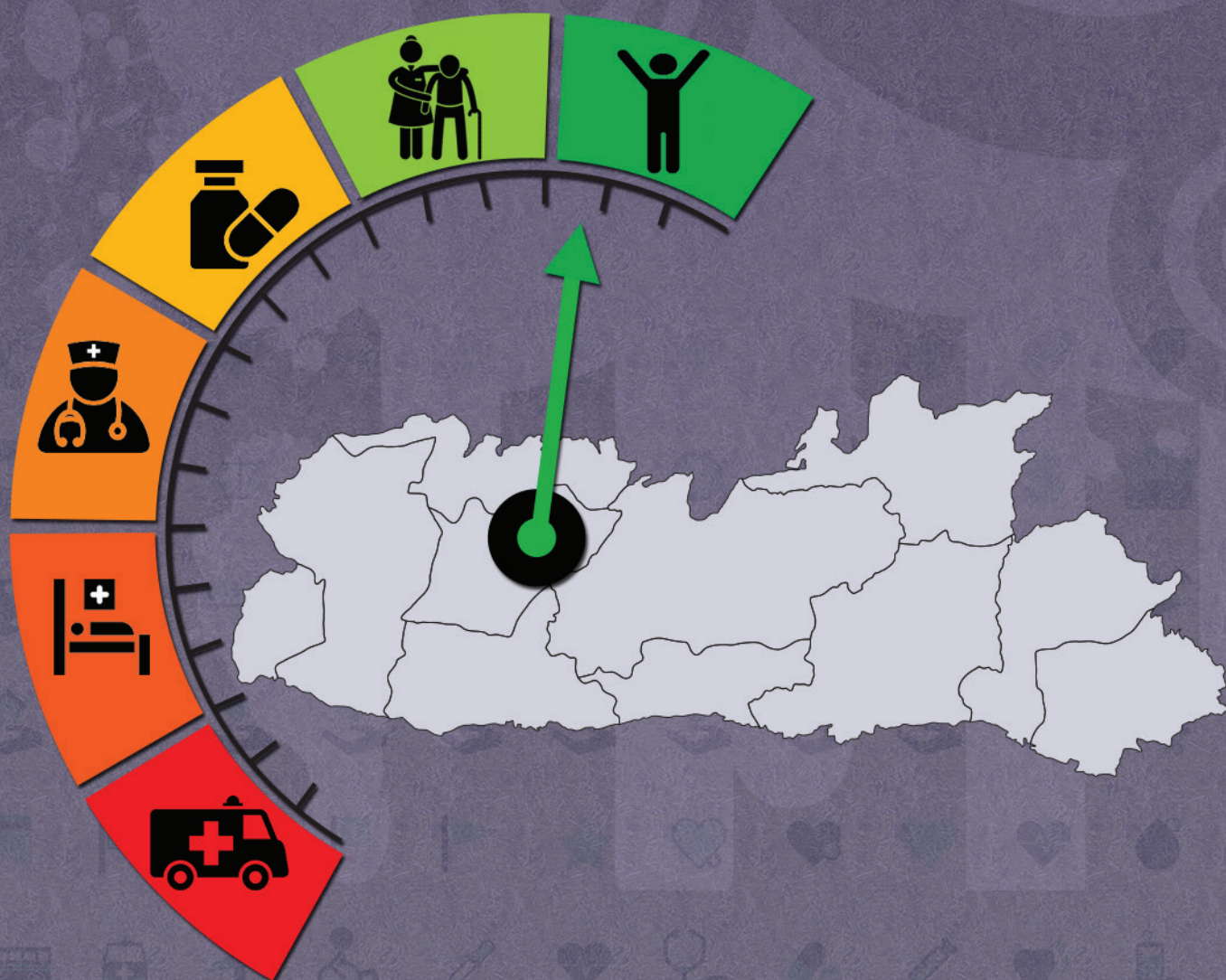


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



MEGHALAYA

DISTRICTS VISITED IN
COMMON REVIEW MISSIONS

CRM	Districts Visited	
3 rd	East Khasi Hills (Shillong), Jaintia Hills & West Khasi Hills	
7 th	Ri Bhoi	West Garo Hills
9 th	West Jaintia Hills	South West Garo Hills
11 th	East Khasi Hills	South Garo Hills
13 th	West Garo Hills	Ri Bhoi

MEGHALAYA

1. BACKGROUND

1.1 State Profile

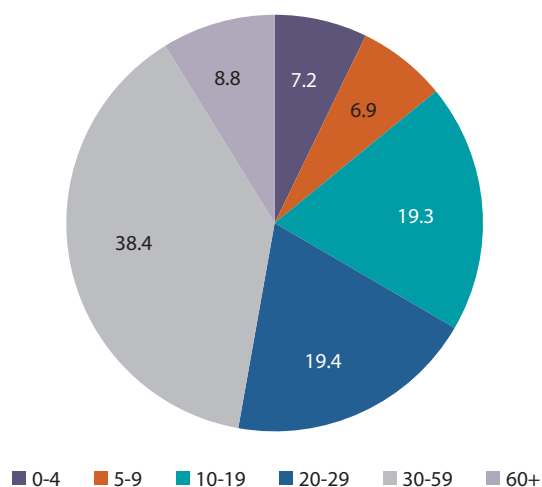
Meghalaya is positioned^a 23rd in India for a geographical spread of 22,429 km² (RHS 2019). The State is divided into 11 districts and estimated to have a population of over 0.3 crores^b, which accounts for approximately 0.24% of India's total population^c. It is projected that the population would reach around 0.32 crores by 2021 (Census Population Projection 2019). As per Census 2011, the Scheduled Tribe (ST) population is 0.26 crores (86.15%). In the State, 79.9 % of the population reside in rural areas, while 20.1% constitute the urban population. The total length of roads^d in the State is 22,939 km (0.45%^e), in which, the length of the national highways is 1203 km (1.1%^f) and state highways is 772 km (0.44%^g).

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

1.2 Demography

It is estimated that there are 19.3% of the total population in the age group of 10-19 years, 57.8% within 20 to 59 years; while 8.8% are 60 years and above in North- Eastern states (excluding Assam; Figure 2). The crude birth rate and the crude death rate have declined from 25.1 & 7.5 in 2005 to 23.2 & 5.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 62.6% in 2001 to 74.4% in 2011, with male & female literacy rates being 76.0% and 72.9%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrolment Rate (GER)^h is

Figure 1: North-East States (Excluding Assam) Distribution of estimated Population 2021 (%)



^a Including all States & UTs

^b Census 2011

^c RHS 2019

^d Basic Road Statistics 2019, MoRTH

^e Percentage of total length of roads in Meghalaya

^f Percentage of total length of National Highways in the country

^g Percentage of total length of State Highways in the country

^h 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

24.1% for higher education, 43.35% for senior secondary education, 87.27% for secondary education, 139.39% for elementary education, and 140.90% for primary education.

1.3 Elderly

Population ageing has profound social, economic, and political implications. In Meghalaya, 81.0% of elderly females and 33.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 53% of elderly females and 18% elderly males 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 16% for men and 19% for women, which are below 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+Nⁱ services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^j, institutional deliveries, C sections, distribution of IFA^k tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care - have shown substantial improvement since 2005 (NFHS 4 & 5). In **Meghalaya**, 49.0% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Ribhoi, South West Khasi Hills and West Khasi Hills reported high ANC coverage, ranging between 61 to 64. Whereas, East Garo Hills, North Garo Hills and South West Garo hills reported low ANC coverage, ranging between 24.3 to 28.5. As reported in HMIS 2019-20, around 59.7% of the deliveries took place in institutions, out of which 76.4% took place in public health facilities. Total percentage of C-sections (15.7%) is on par with the WHO's standard (10-15%); and out of the total reported C-sections, about 43.1% are conducted at private facilities in the State. Around 43.5% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years decreased from 56.2% (NFHS-4) to 53.8% (NFHS-5). Anaemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

As per NFHS 5, Meghalaya's sex ratio at birth is 989 females per 1,000 males. The lowest SRBs^l ranging between 851 - 894 are reported in East Khasi Hills, North Garo Hills, and Ribhoi districts; while the highest ones, ranging between 1036 - 1427 are reported in East Garo hills, South West Garo Hills, West Garo hills and West Jaintia hills.

Full vaccination^m coverage for children between 12 – 23 months of age has improved from 81.3% (NFHS 4) to 80.0% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 35.8% to 42.7%. A decrease in childhood anaemia from 48.0% to 45.1% in children

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

^j Antenatal Check up

^k Iron Folic Acid Tablets

^l Sex Ratio at Birth

^m NFHS 5 Meghalaya Factsheet, based on information from vaccination card only

aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, relatively low stunting rates, ranging from 29.8% to 35.6% are reported from North Garo Hills, South Garo Hills and South West Garo hills. While relatively higher stunting rates, ranging from 49.8% to 59% are reported from East Jaintia Hills, South West Khasi Hills and West Khasi Hills. For under-5 wasting- East Jaintia Hills, West Jaintia Hills and West Khasi Hills districts reported a low burden, ranging from 8% to 9.7%; while East Garo Hills, South Garo Hills and South West Garo Hills reported a relatively higher burden, ranging from 18.3% to 20.1%.

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in the State is reported as 26.9%, while the unmet need for spacing is 18.3% (NFHS 5). East Khasi Hills reported the highest total unmet need (33%), while West Garo Hills reported the lowest (19.7%). Approximately 22.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 5.6%, while nil in males.

2.4 Communicable Diseases

The State has 8 functional IDSP units in placeⁿ. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 36.25% of total disease burden (Annexure 1.4). Lower respiratory tract infection, malaria, neonatal preterm birth, diarrheal diseases and drug susceptible TB are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annual total case notification rate is 129% and NSP^o success rate is 73% as opposed to the national averages of 163% and 79%, respectively. For NLEP^p, the reported prevalence rate of 0.04 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 4 deaths due to Malaria are reported, while none by Dengue or Kala Azar.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 64.1% of all deaths are premature in the State, while disability or morbidity accounts for 35.9%. Ischaemic heart diseases and Asthma and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 56.36% of DALYs; whereas, injuries contribute to 7.40% of DALYs in the State^q. The State is positioned 25th 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 28.2% of women and 57.7% of men used any kind of tobacco, while 1.5% of women and 32.4% of men consumed alcohol. Overall, behavioural factors (smoking, alcohol use), metabolic factors (high systolic blood pressure, high fasting plasma glucose) and air pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

ⁿ QPR NHM MIS Report (status as on 01.03.2020)

^o New Smear Positive

^p National Leprosy Eradication Programme

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

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is 29,544 crores. The State is positioned 27th out of 32 states in terms of per capita^r of ₹ 84,725. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 2,201 in public facilities & ₹ 15,591 in private facilities; whereas for urban areas, it is around ₹ 8,219 in public facilities and ₹ 29,618 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,332 in public facilities & ₹ 12,457 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 2,971 in public facilities and ₹ 17,540 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 62% in rural and 55% in urban areas; whereas for diagnostics, it is 10% in rural and 11% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Public health facilities have increased over time with no shortfall in the required facilities (Annexure 2, Figure 9). Currently, there are 440 SCs, 119 PHCs and 28 CHCs in place, against the required 830 SCs, 125 PHCs and 38 CHCs. Similarly, in urban settings, there are 24 PHCs in place against the required 13. The State has 11 DHs and 1 government medical college. In the State, 73% of DHs serve as functional FRUs. In tribal catchments, there are 444 SCs, 111 PHCs and 26 CHCs in place, against the required 778 SCs, 116 PHCs and 29 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 301 HWCs (203 SHCs, 79 PHCs & 19 UPHCs) are operationalized in the State as of 22nd December 2021^s.

The State has 100% of required ASHAs in position under both NRHM and 85% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 14 public health providers (MO, specialists, staff nurse & ANM) per 10,000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 89.97 availed (events) IPD services and 1358.02 availed (events) OPD services. As per the NSSO data (2017-18), 55% of all OPD cases in rural areas and 20% in urban areas; and 93% of all IPD cases in rural areas & 44% in urban areas utilized public health facilities. The public health facility utilization in rural areas is above the national utilization averages of rural and urban areas (Annexure 1.6).

^r Directorate of Economics & Statistics

^s AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^t

Indicator	Meghalaya 2011 ¹	India
Total Population (In Crore)	0.30	121.08
Rural (%)	79.93	68.85
Urban (%)	20.07	31.14
Scheduled Caste population (SC) (in crore)	0.002 (0.58%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.26 (86.15%)	10.45 (8.63%)
Total Literacy Rate (%)	72.9	72.99
Male Literacy Rate (%)	76	80.89
Female Literacy Rate (%)	74.4	64.64
Number of Districts in the Meghalaya ²	11	
Number of districts per lakh population in Meghalaya (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	7
	≥ 10 Lakhs - <20 Lakhs	0
	≥20 Lakhs - <30 lakhs	0
	≥30 Lakhs	0
ST SC Dominant (Top 5) Districts of Meghalaya ¹		
ST Dominant Districts (%)	SC Dominant Districts (%)	
West Khasi Hills - 97.82%	West Garo Hills - 1.37%	
East Garo Hills - 95.99%	East Khasi Hills - 0.68%	
Jaintia Hills - 95.19%	Jaintia Hills - 0.33%	
South Garo Hills - 94.31%	Ribhoi - 0.23%	
Ribhoi - 88.89%	South Garo Hills - 0.22%	
Top 5 ST dominant district accounts for - 55.59%	Top 5 SC dominant district accounts for - 96.10%	

1.2 Key Health Status & Impact Indicators

Indicators	Meghalaya	India
Infant Mortality Rate (IMR) ³	33	30
Crude Death Rate (CDR) ³	5.6	6

^t Sources are mentioned at the end of Annexure 1

Crude Birth Rate (CBR) ³	23.2	19.7
Maternal Mortality Ratio (MMR) ³	NA	113
Neo Natal Mortality Rate (NNMR) ⁴	NA	23
Under Five Mortality Rate (U5MR) ⁴	NA	36
Still Birth Rate ⁴	NA	4
Total Fertility Rate (TFR) ⁴	NA	2.2
Life expectancy at birth ⁵	NA	69.4
Sex Ratio at Birth ⁴	NA	899

1.3 Key Health Infrastructure Indicators^u

Indicators				Numbers (Total)
Number of District Hospitals ²				11
Number of Sub District Hospital ²				0
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)	Target FY (2020-21)	Target FY (2021-22)	Target FY (2022-23)
SHC-HWC	203	90	215	298
PHC-HWC	79	108	108	108
UPHC-HWC	19	19	19	19
Total-HWC	301	217	342	425
Rural ²	Required (R)		In place (P)	Shortfall (S) (%)
Number of Community Health Centres (CHC)	31		28	9.68
Number of Primary Health Centres (PHC)	125		119	4.80
Number of Sub Centres (SC)	830		440	46.99
Number of functional First Referral Units (FRUs)	DH		SDH	CHC
	8		0	0
Urban ²	Required (R)		In place (P)	Shortfall (S) (%)
Number of PHC	13		24	-84.62
Tribal ²	Required (R)		In place (P)	Shortfall (S)%
Number of CHC	29		26	10.34
Number of PHC	116		111	4.31
Number of SC	778		444	42.93

^u Sources are mentioned at the end of Annexure 1

Patient Service ⁹	Meghalaya	India
IPD per 1000 population	89.97	62.6
OPD per 1000 population	1358.02	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	44.74	36.4

1.4 Major Health Indicator^v

% Share of DALYs to Total Disease Burden (GBD 2019) ⁷	Meghalaya	India
% DALY ^w accountable for CMNNDs ^x	36.25	27.46
% DALY accountable for NCDs	56.36	61.43
% DALY accountable for Injuries	7.4	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸	Meghalaya	India
Level of Birth Registration (%)	100	92.7
Level of Death Registration (%)	97.6	92
Percentage of medically certified deaths to total registered deaths (%)	32.9	20.7
RMNCHA+N		
Maternal Health ⁹	Meghalaya	India
% 1st Trimester registration to Total ANC Registrations	34.8	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	49	79.4
Total Reported Deliveries	90,491	21410780
% Institutional deliveries to Total Reported Deliveries	59.7	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	76.4	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	23.6	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	15.7	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	7.2	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	43.1	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	43.5	53.4
Neonatal ⁹	Meghalaya	India
% live birth to Reported Birth	97.8	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	7.9	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	90.1	89.9

^v Sources are mentioned at the end of Annexure 1

^w Disability Adjusted Life Years

^x Communicable, Maternal, Neonatal, and Nutritional Diseases

New Born Care Units Established¹¹	Meghalaya	India
Sick New Born Care Unit (SNCU)	5	895
New Born Stabilization Unit (NBSU)	17	2418
New Born Care Corner (NBCC)	130	20337
Child Health & Nutrition¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	10.4	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	73.2	60.6
Children under 5 years who are underweight (weight-for-age) (%)	26.6	32.1
Child Immunization¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	80	83.8
Children age 12-23 months who have received BCG (%)	89.3	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	72.5	87.9
Family Planning¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	18.3	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Meghalaya	India
Number of districts with functional IDSP unit	8	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Meghalaya	India
Annualized total case notification rate (%)	129	163
New Smear Positive (NSP) Success rate (in %)	73	79
National Leprosy Eradication Programme (NLEP)¹¹	Meghalaya	India
Prevalence Rate/10,000 population	0.04	0.61
Number of new cases detected	17	1,14,359
Malaria, Kala Azar, Dengue¹¹	Meghalaya	India
Deaths due to Malaria ¹¹	4	79
Deaths due to Kala azar reported ¹¹	0	0
Deaths due to Dengue reported ¹¹	0	168
Number of Kala Azar Cases reported ¹¹	0	3,706
HIV¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	14.5	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰	15.9	30.7

Non-Communicable Disease		
Diabeties and Hypertension ¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	10	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.2	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	5	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	8.6	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰	Meghalaya (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	28.2	8.9
Men who use any kind of tobacco (%)	57.7	38
Women who consume alcohol (%)	1.5	1.3
Men who consume alcohol (%)	32.4	18.8
Injuries		
Road Traffic Accident ¹²	Meghalaya	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	25	NA
Total number of fatal Road Accidents	169	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	37.1	33.7
Number of persons killed in Road Accidents	179	115113

1.5 Access to Care^y

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) ¹¹	Meghalaya	India
Number of Districts equipped with MMU under NRHM	4	506
Number of Districts equipped with MMU/Health Units under NUHM	0	31
Number of ERS vehicles operational in the States/UTs Under NHM	Meghalaya	India
102 Type	0	9955
104 Type	0	605
108 Type	43	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	16	11070

^y Sources are mentioned at the end of Annexure 1

Key Domain Indicators			
ASHA ¹³	Meghalaya	India	
Total number of ASHA targeted under NRHM	6519	946563	
Total number of ASHA in position under NRHM	6519	904211	
% of ASHA in position under NRHM	100	96	
Total number of ASHA targeted under NUHM	210	75597	
Total number of ASHA in position under NUHM	179	64272	
% of ASHA in position under NUHM	85.24	85	
Community Process ¹¹	Meghalaya	India	
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	6249	554847	
Number of Mahila Arogya Samitis (MAS) formed	89	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Meghalaya	India	
DH	11	796	
CHC	28	6036	
PHC	111	20273	
UCHC	0	126	
UPHC	0	3229	
Human Resource for Health ¹⁴			
HRH Governance		Meghalaya	
Specialist Cadre Available in the state (Y/N)		No	
HR Policy available (Y/N)		Yes	
Implementation of HRIS (Y/N)		No	
HR Integration initiated (Y/N)		No	
Public Health Cadre available (Y/N)		No	
Overall Vacancies (Regular + contractual)	Specialists (%)	61	
	Dentists (%)	20	
	MO MBBS (%)	28	
	Nurse (%)	36	
	LT (%)	12	
	ANM (%)	4	
HRH Distribution		Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴		1:2	1:2
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴		14 per 10,000	14 per 10,000
Regular to contractual service delivery staff ratio ¹⁴		3:1	5:1

Ranking: Human Resource Index of Meghalaya¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^z	1898	1419	1310	109	588	69.03
Staff Nurse	2148	1512	1169	343	979	
Lab Technician	420	282	255	27	165	
Pharmacists	229	235	234	1	0	
MO MBBS ^{aa}	431	717	526	191	0	
Specialist ^{bb}	443	337	142	195	301	

1.6 Healthcare Financing^{cc}

National Health Accounts (NHA) (2017-18)	Meghalaya		India	
Per Capita Government Health Expenditure (in ₹)	NA		1753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	NA		1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	NA		5.12	
OOPE as a Share of Total Health Expenditure (THE) %	NA		48.8	
National Sample Survey Office (NSSO) (2017-2018)	Meghalaya		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	55	20	33	26
IPD - % of hospitalized cases using public facility	93	44	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	1073	0	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	647	2275	845	915
IPD - Per hospitalized case (in INR) - Public	2201	8219	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	15591	29618	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	10	11	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	62	55	53	43

^z MPW – Multi Purpose Health Worker (Female + Male)

^{aa} MO MBBS (Full Time)

^{bb} Specialist (All Specialist)

^{cc} 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)	2332	2971	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	12457	17540	20,692	26,701
State Health Expenditure	Meghalaya		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	7.2		5 ^{dd}	

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

^{dd} 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

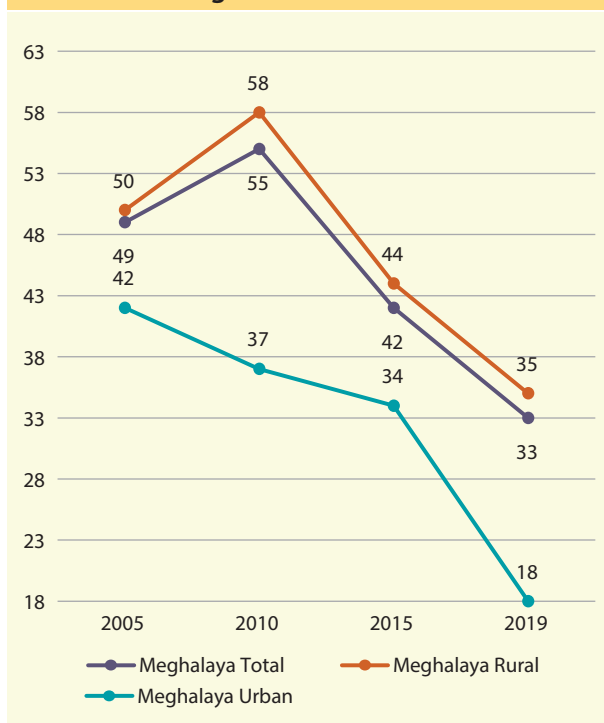


Figure 2: CBR & CDR Trend



Figure 3: Comparison of Key NFHS 5 & 4 Indicators

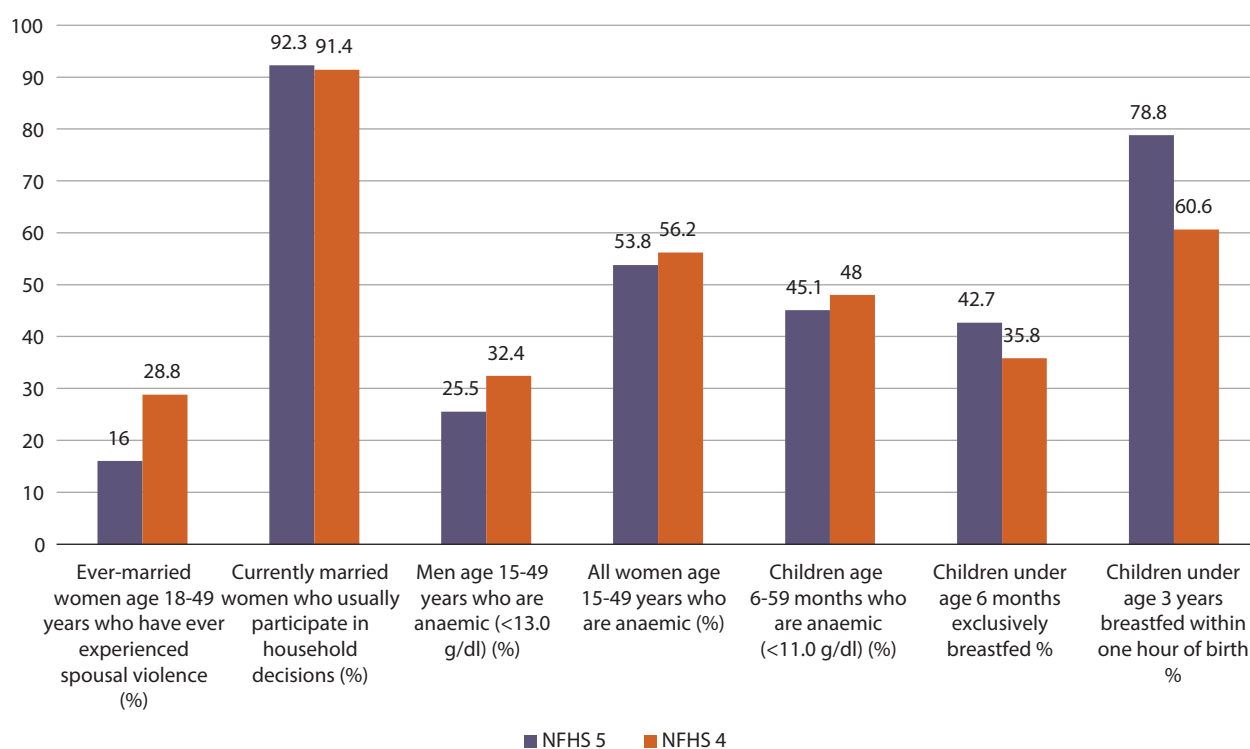


Figure 4: Top 15 causes of DALYs, 1990-2019

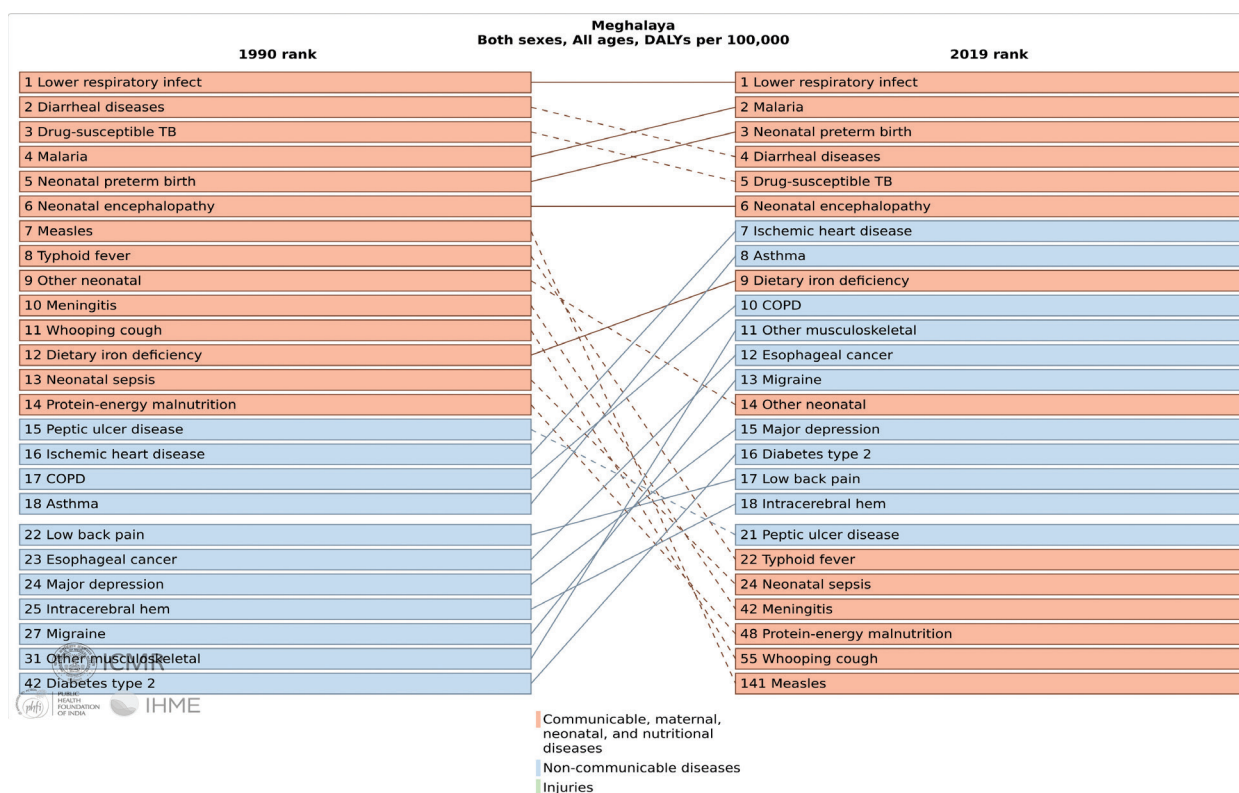


Figure 5: Top 15 risk of DALYs, 1990-2019

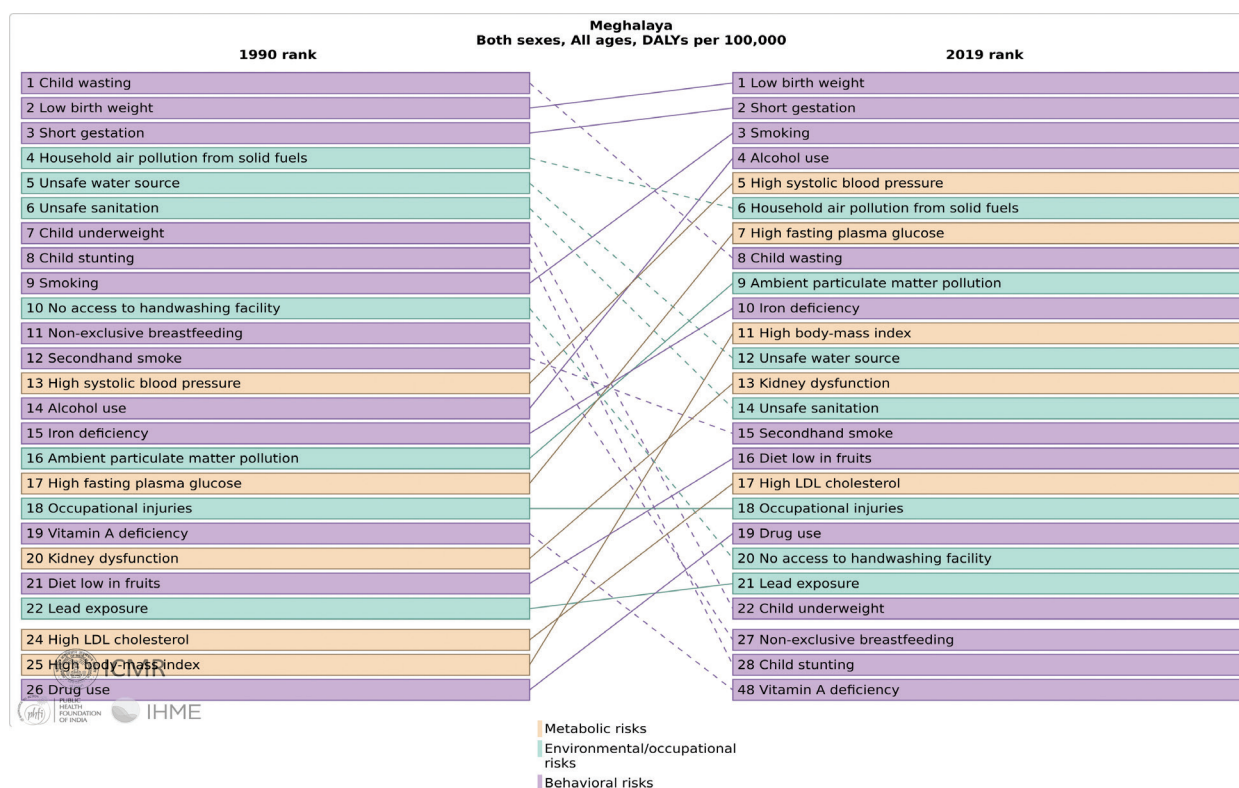


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

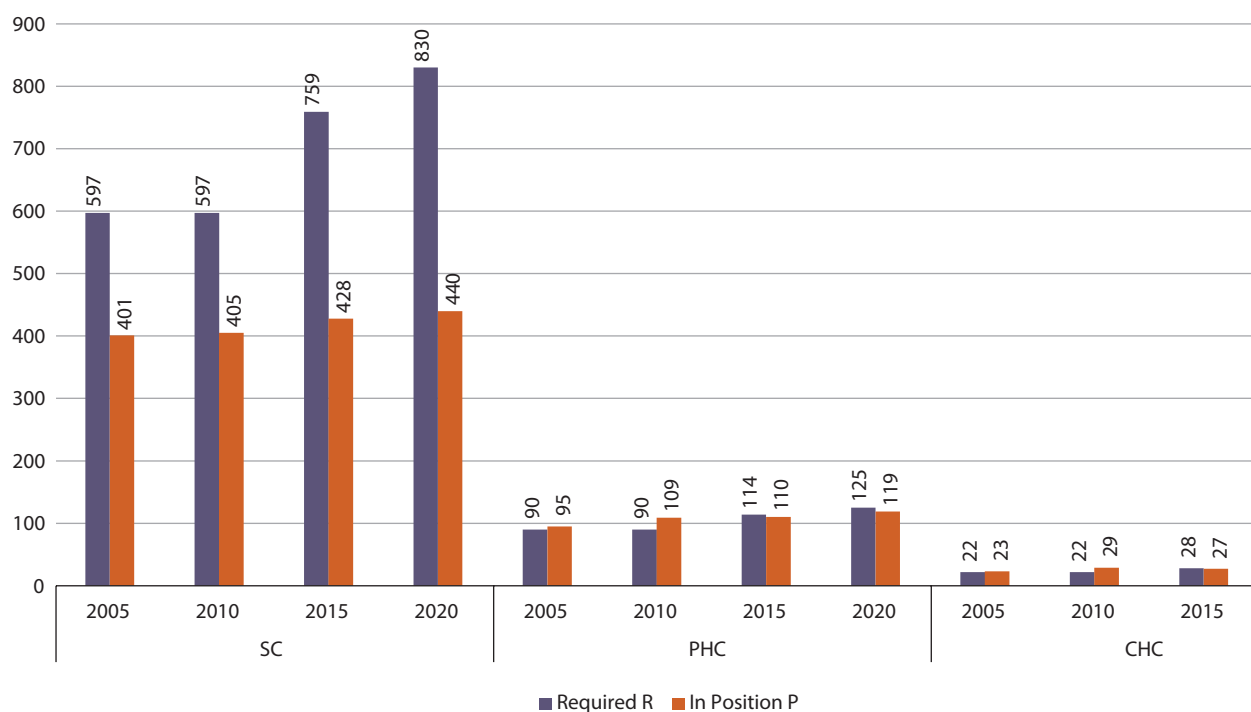


Figure 7: Year Wise Health Infrastructure Shortfall (%)

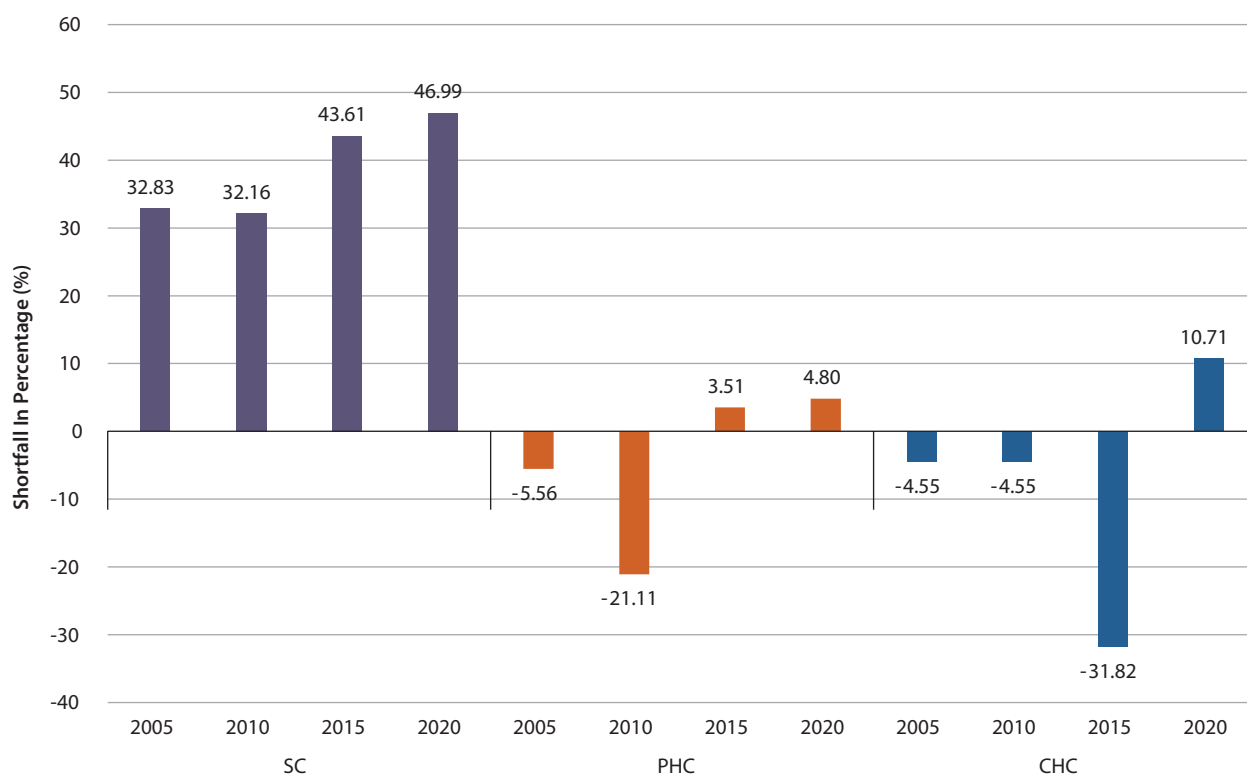
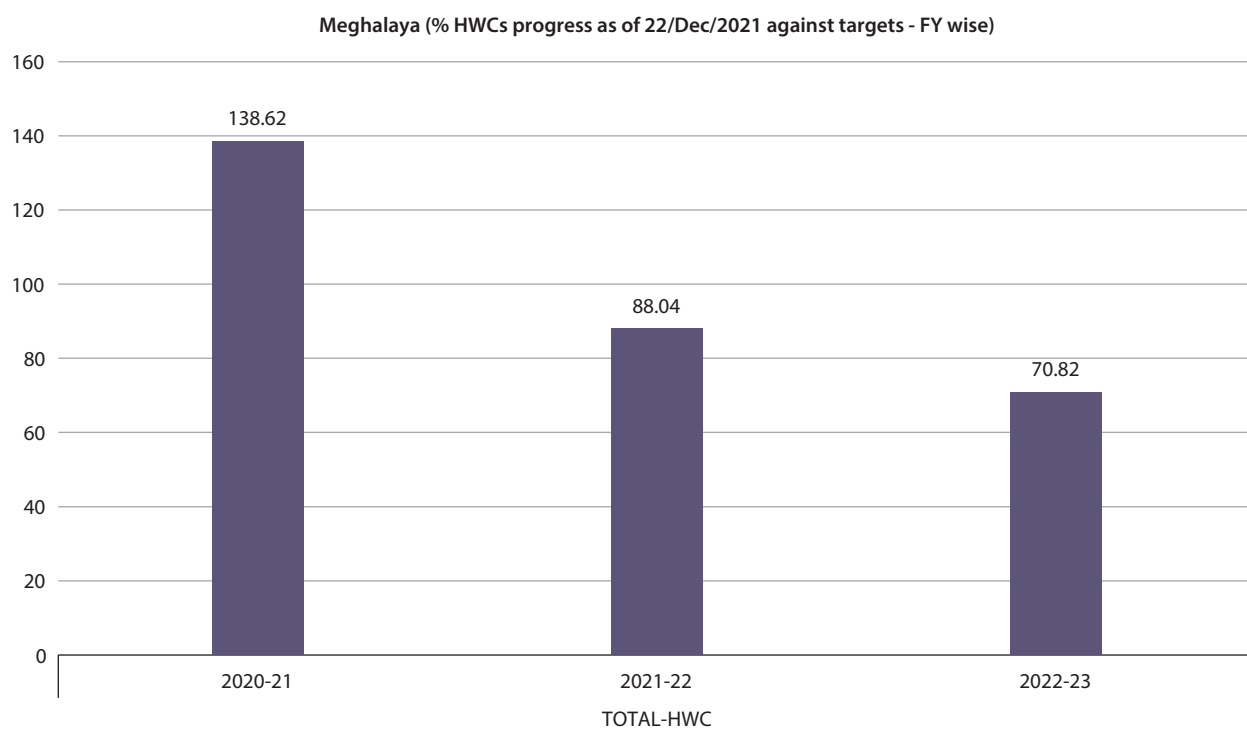


Figure 8: Percentage HWCs progress against target - FY wise (%)



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

S. No.	States/Districts	Data Source	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	Meghalaya	NFHS 4 Total	1009	34.6	N/A	16.9	24.3	2.1	1.3	21.2	50	51.4	81.3	23.5	43.8	15.3
2	Meghalaya	NFHS 5 Urban	915	52.8	97.1	9.1	25.9	2.9	3.9	21.9	67.5	82.7	76	39.5	35.1	13
3	Meghalaya	NFHS 5 Rural	1001	66.5	85.5	19.1	27.8	4.7	2.4	28.2	49.6	54.3	80.5	28.4	48.2	12
4	Meghalaya	NFHS 5 Total	989	63.5	88.2	16.9	27.4	4.4	2.7	26.9	52.2	58.1	80	29.8	46.5	12.1
5	East Garo Hills	NFHS 5 Total	1427	71.9	86.7	13.7	37	4.7	4.9	21	25.5	73.8	94.5	43.9	39.7	20.1
6	East Jaintia Hills	NFHS 5 Total	1015	74.1	76	25.3	33.6	1.9	2	26	58.6	48.4	82.4	25.5	49.8	8.5
7	East Khasi Hills	NFHS 5 Total	851	47.1	93.7	14.6	12.1	2.4	1.6	33	57.5	63.4	69.4	34.8	44.6	11.2
8	North Garo Hills	NFHS 5 Total	894	60.8	86.1	13.2	19.2	3.4	3.2	25.2	24.3	61.5		13.2	35.6	11.7
9	Ribhoi	NFHS 5 Total	871	66.8	89.5	20.3	33.1	4.9	4.4	27	61	56.9	86.7	37.3	42.5	17.9
10	South Garo Hills	NFHS 5 Total	1011	79.5	88.6	10.2	37.6	9	2.8	25.3	33.3	88.3	89.1	23	29.8	18.3
11	South West Garo Hills	NFHS 5 Total	1036	75.1	82.6	15.3	36.7	5.5	6.2	30.4	28.5	83.7	90.1	30	32.2	19.9
12	South West Khasi Hills	NFHS 5 Total	1032	72.3	85.9	21.6	26.5	1.2	1.2	26.2	63.4	41.7	86.3	31.2	51.4	10.4
13	West Garo Hills	NFHS 5 Total	1396	77.9	89	10.4	44.1	9.5	4.1	19.7	48	89.6	78.6	17.2	39.5	14.9

14	West Jaintia Hills	NFHS 5 Total	1036	65.6	80	19.9	19.3	2.5	1	29.3	43.1	42.2	84.1	24.5	48.7	9.7
15	West Khasi Hills	NFHS 5 Total	984	60.1	87.4	30.3	26.3	1.6	0.5	25.8	64	41.7	77.4	27.5	59	8

* 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 four performing districts within the districts for a particular indicator

B. Red – Worst four 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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