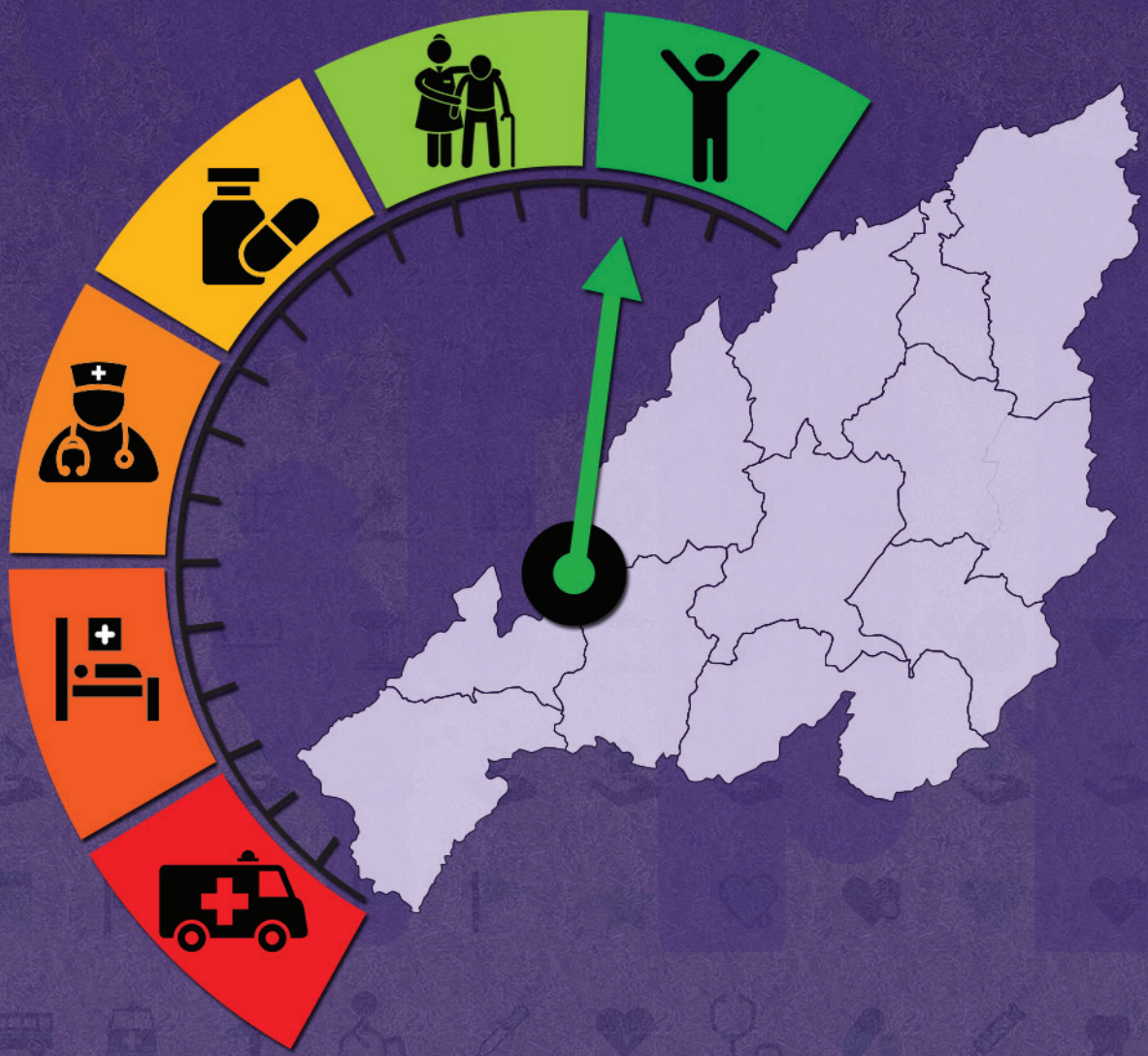
HEALTH DOSSIER 2021

Reflections on Key Health Indicators



NAGALAND

DISTRICTS VISITED IN
COMMON REVIEW MISSIONS

CRM	Districts Visited	
4th	Zunheboto, Mokokchung & Wokha	
7th	Dimapur	Peren
10th	Mon	Tuensang
11th	Kiphire	Wokha
13th	Phek	Kiphire

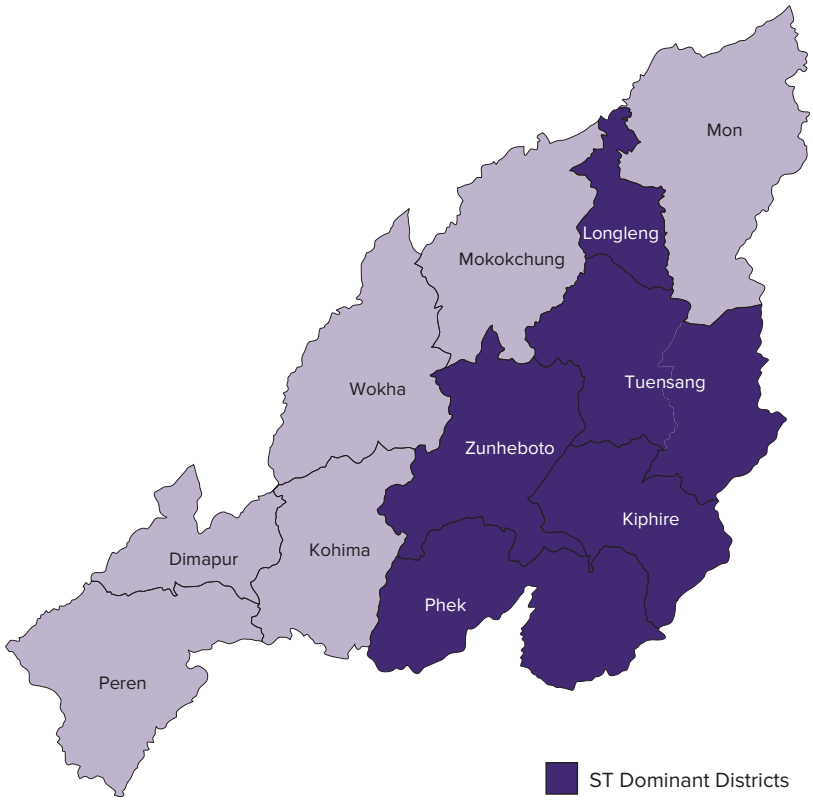
NAGALAND

1. BACKGROUND

1.1 Nagaland Profile

Nagaland is positioned[a] 26th in India for a geographical spread of 16,579 km^2 (RHS 2019). The State is divided into 11 districts[b] having population of over 0.19 crores, which accounts for approximately 0.16% of India's total population[c]. It is projected that the population would reach around 0.21 crores by 2021 (Census Population Projection 2019). As per Census 2011, the Scheduled Tribe (ST) population is 0.17 crores (86.48%). Out of the 11 districts, top five ST dominant districts account for 35.34% of ST population in the State (Annexure 1.1; fig 1). In the State, 71.1% of the population reside in rural areas, while 28.9% constitute the urban population. The total length of roads[d] in the State is 36,239 km (0.72%[e]), in which, the length of the national highways is 1,173 km (1.0%[f]) and state highways is 722 km (0.41%[g]).

Figure 1: ST Dominant Districts



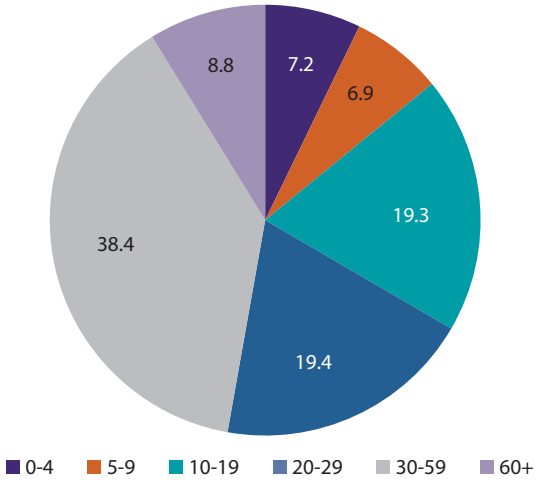
A detail report on the key indicators has been attached as Annexure 1

[a] Including all States & UTs
[b] RHS 2019
[c] Census 2011
[d] Basic Road Statistics 2019, MoRTH
[e] Percentage of total length of roads in Nagaland
[f] Percentage of total length of National Highways in the country
[g] Percentage of total length of State Highways in the country

1.2 Demography

In Nagaland, out of the 11 districts, only 1 district has a population over 3 lakhs, 2 districts have a population between 2-3 lakhs, 5 districts have a population between 1-2 lakhs, and 3 districts have a population less than 1 lakhs (Annexure 1.1 State profile). It is estimated that there are 19.4% 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 (Figure 2) in the north eastern states (excluding Assam). The crude birth rate and the crude death rate have declined from 16.4 & 3.8 in 2005 to 12.7 & 3.5 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 66.6% in 2001 to 79.6% in 2011, with male & female literacy rates being 82.8% and 76.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)[h] is 14.9% for higher education, 36.43% for senior secondary education, 71.62% for secondary education, 100.37% for elementary education, and 99.50% for primary education.

Figure 2: North-East States (Excluding Assam) Distribution of estimated Population 2021 (%)



1.2 Elderly

Population ageing has profound social, economic, and political implications. In Nagaland, 35.0% of elderly females and 4% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 69% of elderly females and 38% 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 25% for men and 12% 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+N[i] 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 Nagaland, 22.9% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Dimapur, Kohima and Wokha

[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

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

[j] Antenatal Check up

[k] Iron Folic Acid Tablets

districts reported relatively better ANC coverage, ranging between 28.3% to 50.1%. Whereas, Kiphire, Phek and Tuensang districts reported poor ANC coverage, ranging between 4.4% to 9.5%. As reported in HMIS 2019-20, around 82.4% of the deliveries took place in institutions, out of which 76.9% took place in public health facilities. Total percentage of C-sections is (18.7%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 39.4% is conducted at private facilities in the State. Around 39.8% of women are tracked for the first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 27.9% (NFHS-4) to 28.9% (NFHS-5). Anaemia in females of reproductive age group is almost twice than men of similar age group (Annexure 2, figure 5).

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

The NFHS 5 reported Nagaland's sex ratio at birth to be 945 females per 1,000 males. The lowest SRBs[l] ranging between 775 to 880 are reported in Kiphire, Mon and Phek districts; while the highest ones, ranging between 1075 to 1245 are reported in Kohima, Mokokchung, Wokha and Zunheboto districts.

Full vaccination[m] coverage for children between 12 – 23 months of age has improved from 61.9% (NFHS 4) to 71.3% (NFHS 5). The proportion of under 6-months children exclusively breastfed has slightly declined from 44.3 to 43.2 (NFHS 5). An increase in childhood anaemia from 26.4% to 42.7% in children aged 6-59 months has been reported in NFHS 5 (Annexure 2, Figure 5). As per the NFHS 5 report, low stunting rates, ranging from 26.3 to 28.3, are reported from Dimapur, Kohima, Phek and Wokha districts. While relatively higher stunting rates, ranging from 36.9 to 44 are reported from Kiphire, Tuensang, and Zunheboto districts. For under-5 wasting – Dimapur, Kohima and Zunheboto districts reported a high burden, ranging from 25 to 26.9, while Kiphire, Mon and Peren districts reported a relatively lower burden, ranging from 7.8 to 11.

2.3 Family Planning

As per the NFHS 5 report, the total unmet need in the State is reported as 9.1%, while the unmet need for spacing is 4.5% (NFHS 5). Kiphire district reported the highest total unmet need (17.3%), while Zunheboto reported the lowest (2.8%). Approximately 45.3% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 14.4%, while nil in males.

2.4 Communicable Diseases

The State has 11 functional IDSP units in place[n]. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 34.51% of total disease burden (Annexure 1.4). HIV/AIDS, lower respiratory tract infection, neonatal preterm birth 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 annualized total case notification rate is 180 and NSP[o] success rate is 76 as opposed to the national averages of

[l] Sex Ratio at Birth

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

[n] QPR NHM MIS Report (status as on 01.03.2020)

[o] New Smear Positive

163% and 79%, respectively. For NLEP[p], the reported prevalence rate of 0.16 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths due to Malaria, Dengue or Kala Azar were reported.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that as high as 61.0% of all deaths are premature in the State, while disability or morbidity accounts for 39.0%. Ischaemic heart disease, other musculoskeletal, intracerebral hemorrhage, and COPD are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 56.60% of DALYs; whereas, injuries contribute to 8.90% of DALYs in the State[q]. The State is positioned 33rd 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 13.7% of women and 48.4% of men used any kind of tobacco, while 0.9% of women and 24.0% of men consumed alcohol. Overall, behavioral factors (low birth weight, short gestation, smoking, alcohol use) and metabolic (high systolic blood pressure and high fasting blood pressure) are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

2.6 Health Care Financing

The State's Net State Domestic Product (NSDP) for FY 2018-19 is 24,534 crores. The State is positioned 19th out of 32 states in terms of per capita[r] of ₹ 1,16,882. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 6,905 in public facilities & ₹ 17,073 in private facilities; whereas for urban areas, it is around ₹ 7,332 in public facilities and ₹ 23,306 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 4,157 in public facilities & ₹ 16,548 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 4,842 in public facilities and ₹ 15,939 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 34% in rural and 42% in urban areas; whereas for diagnostics, it is 11% in rural and 12% 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 a shortfall of only 3.19% of the required sub health centers (Annexure 2, Figure 9). Currently, there are 395 SCs, 130 PHCs and 21 CHCs in place, against the required 408 SCs, 61 PHCs and 15 CHCs. Similarly, in urban settings, there are 7 PHCs in place against the required 18, which accounts to a shortfall of 62%. The State has 11 DHs, but no SDHs nor government medical college. In the State, 100% of DHs (11) and 21% of CHCs (5) serve as functional FRUs. In tribal catchments, there are 415 SCs, 137 PHCs and 21 CHCs in place, against the required 390 SCs, 58 PHCs and 14 CHCs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 232 HWCs (177 SHCs, 48 PHCs & 7 UPHCs) are operationalized in the State as of 22nd December 2021[s].

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[p] National Leprosy Eradication Programme

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

[r] Directorate of Economics & Statistics

[s] AB-HWC Portal

The State has 100% of required ASHAs in position under the NRHM and 83.33% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 7 public health providers (MO, specialists, staff nurse & ANM) per 10,0000 population (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1139.68 availed (events) OPD services and 92.86 availed (events) IPD services. As per the NSSO data (2017-18), 85% of all OPD cases in rural areas and 25% in urban areas; and 84% of all IPD cases in rural areas & 52% in urban areas utilized public facilities. The public facility utilization in the state is above the national utilization averages of both rural and urban areas (Annexure 1.6).

ANNEXURE 1: KEY INDICATORS

1.1 State Profile[t]

Indicator	Nagaland 2011[1]	India
Total Population (In Crore)	0.19	121.08
Rural (%)	71.14	68.85
Urban (%)	28.86	31.14
Scheduled Caste population (SC) (in crore)	0.00	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.17 (86.48%)	10.45 (8.63%)
Total Literacy Rate (%)	76.10	72.99
Male Literacy Rate (%)	82.80	80.89
Female Literacy Rate (%)	79.6	64.64
Number of Districts in the Nagaland[2]	11	
Number of districts per lakh population in **Nagaland** (Census 2011)	**Population[1]**	**Districts[1] (Numbers)**
	<1 Lakhs	3
	≥ 1 Lakhs - <2 Lakhs	5
	≥2 Lakhs - <3 Lakhs	2
	≥3 Lakhs	1

ST Dominant (Top 5) Districts of Nagaland[1]
Tuensang - 97.11%
Zunheboto - 97.02%
Kiphire - 96.52%
Longleng - 96.30%
Phek - 96.16%
Top 5 ST dominant district accounts for - 35.34%

1.2 Key Health Status & Impact Indicators[u]

Indicators	Nagaland	India
Infant Mortality Rate (IMR)[3]	3	30
Crude Death Rate (CDR)[3]	3.5	6

[t] Sources are mentioned at the end of Annexure 1
[u] Sources are mentioned at the end of Annexure 1

Crude Birth Rate (CBR)[3]	12.7	19.7
Maternal Mortality Ratio (MMR)[3]	N/A	113
Neo Natal Mortality Rate (NNMR)[4]	N/A	23
Under Five Mortality Rate (U5MR)[4]	N/A	36
Still Birth Rate[4]	N/A	4
Total Fertility Rate (TFR)[4]	N/A	2.2
Life expectancy at birth[5]	N/A	69.4
Sex Ratio at Birth[4]	N/A	899

1.3 Key Health Infrastructure Indicators

Indicators	**Numbers (Total)**
Number of District Hospitals[2]	11
Number of Sub District Hospital[2]	0
Number of Government (Central + State) Medical College[6]	0
Number of Private (Society + Trust) Medical Colleges[6]	0

Number of AB-HWCs functional as of 22nd December 2021[16]	**Status (Total)**	**Target FY (2020-21)**	**Target FY (2021-22)**	**Target FY (2022-23)**
SHC-HWC	177	57	165	238
PHC-HWC	48	126	126	126
UPHC-HWC	7	6	6	6
Total-HWC	**232**	**189**	**297**	**370**

Rural[2]	**Required (R)**	**In place (P)**	**Shortfall (S) (%)**
Number of Community Health Centres (CHC)	15	21	-40.00
Number of Primary Health Centres (PHC)	61	130	-113.11
Number of Sub Centres (SC)	408	395	3.19
Number of functional First Referral Units (FRUs)	**DH**	**SDH**	**CHC**
	11	0	5
Urban[2]	**Required (R)**	**In place (P)**	**Shortfall (S) (%)**
Number of PHC	18	7	61.11
Tribal[2]	**Required (R)**	**In place (P)**	**Shortfall (S)%**
Number of CHC	14	21	-50.00
Number of PHC	58	137	-136.21
Number of SC	390	415	-6.41

Patient Service[9]	Nagaland	India
IPD per 1000 population	92.86	62.6
OPD per 1000 population	1139.68	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	99.18	36.4

1.4 Major Health Indicator[v]

% Share of DALYs to Total Disease Burden (GBD 2019)[7]	Nagaland	India
% DALY[w] accountable for CMNNDs[x]	34.51	27.46
% DALY accountable for NCDs	56.6	61.43
% DALY accountable for Injuries	8.9	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator[8]	**Nagaland**	**India**
Level of Birth Registration (%)	100	92.7
Level of Death Registration (%)	30	92
Percentage of medically certified deaths to total registered deaths (%)	12	20.7
RMNCHA+N		
Maternal Health[9]	**Nagaland**	**India**
% 1st Trimester registration to Total ANC Registrations	27.3	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	22.9	79.4
Total Reported Deliveries	20,774	21410780
% Institutional deliveries to Total Reported Deliveries	82.4	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	76.9	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	23.1	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	18.7	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	12.4	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	39.4	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	39.8	53.4
Neonatal[9]	**Nagaland**	**India**
% live birth to Reported Birth	98.5	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	4.4	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	81.2	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 Established[11]	Nagaland	India
Sick New Born Care Unit (SNCU)	3	895
New Born Stabilization Unit (NBSU)	16	2418
New Born Care Corner (NBCC)	131	20337
Child Health & Nutrition[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	3.4	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	54.5	60.6
Children under 5 years who are underweight (weight-for-age) (%)	26.9	32.1
Child Immunization[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	71.3	83.8
Children age 12-23 months who have received BCG (%)	85.5	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	73.8	87.9
Family Planning[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Unmet need for spacing (%)	4.5	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)[11]	**Nagaland**	**India**
Number of districts with functional IDSP unit	11	720
Revised National Tuberculosis Control Programme (RNTCP)[11]	**Nagaland**	**India**
Annualized total case notification rate (%)	180	163
New Smear Positive (NSP) Success rate (in %)	76	79
National Leprosy Eradication Programme (NLEP)[11]	**Nagaland**	**India**
Prevalence Rate/10,000 population	0.16	0.61
Number of new cases detected	36	1,14,359
Malaria, Kala Azar, Dengue[11]	**Nagaland**	**India**
Deaths due to Malaria[11]	0	79
Deaths due to Kala azar reported[11]	0	0
Deaths due to Dengue reported[11]	0	168
Number of Kala Azar Cases reported[11]	0	3,706
HIV[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%)[10]	25.6	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%)[10]	40.1	30.7

Non-Communicable Disease		
Diabeties and Hypertension[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.8	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	19.1	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	5.2	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	6.6	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above)[10]	**Nagaland (NFHS 5)**	**India (NFHS 5)**
Women who use any kind of tobacco (%)	13.7	8.9
Men who use any kind of tobacco (%)	48.4	38
Women who consume alcohol (%)	0.9	1.3
Men who consume alcohol (%)	24	18.8
Injuries		
Road Traffic Accident[12]	**Nagaland**	**India**
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	33	N/A
Total number of fatal Road Accidents	24	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	7.3	33.7
Number of persons killed in Road Accidents	26	115113

1.5 Access to Care[y]

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU)[11]	**Nagaland**	**India**
Number of Districts equipped with MMU under NRHM	11	506
Number of Districts equipped with MMU/Health Units under NUHM	0	31
Number of ERS vehicles operational in the States/UTs Under NHM	**Nagaland**	**India**
102 Type	80	9955
104 Type	0	605
108 Type	0	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	12	11070

[y] Sources are mentioned at the end of Annexure 1

Key Domain Indicators		
ASHA[13]	**Nagaland**	**India**
Total number of ASHA targeted under NRHM	1917	946563
Total number of ASHA in position under NRHM	1917	904211
% of ASHA in position under NRHM	100	96
Total number of ASHA targeted under NUHM	90	75597
Total number of ASHA in position under NUHM	75	64272
% of ASHA in position under NUHM	83.33	85
Community Process[11]	**Nagaland**	**India**
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	1346	554847
Number of Mahila Arogya Samitis (MAS) formed	96	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total)[11]	**Nagaland**	**India**
DH	11	796
CHC	21	6036
PHC	126	20273
UCHC	0	126
UPHC	7	3229

Human Resource for Health[14]		
HRH Governance		**Odisha**
Specialist Cadre Available in the state (Y/N)		No
HR Policy available (Y/N)		No
Implementation of HRIS (Y/N)		N0
HR Integration initiated (Y/N)		No
Public Health Cadre available (Y/N)		No
Overall Vacancies (Regular + contractual)	Specialists (%)	27
	Dentists (%)	4
	MO MBBS (%)	3
	Nurse (%)	7
	LT (%)	25
	ANM (%)	37

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]	9 per 10,000	7 per 10,000
Regular to contractual service delivery staff ratio[14]	2:1	2:1

Ranking: Human Resource Index of Nagaland[15]						
Category	Total (Regular + NHM)					
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	Ranking: HR Gap Index
MPW[z]	1109	1171	1172	-1	0	62.74
Staff Nurse	1554	811	781	30	773	
Lab Technician	354	159	160	-1	194	
Pharmacists	228	192	192	0	36	
MO MBBS[aa]	355	273	250	23	105	
Specialist[bb]	388	160	130	30	258	

1.6 Healthcare Financing[cc]

National Health Accounts (NHA) (2017-18)	Nagaland	India
Per Capita Government Health Expenditure (in ₹)	N/A	1753
Government Health expenditure as % of Gross Domestic Product (GSDP)	N/A	1.35
Government Health Expenditure as % of General Government Expenditure (GGE)	N/A	5.12
OOPE as a Share of Total Health Expenditure (THE) %	N/A	48.8

National Sample Survey Office (NSSO) (2017-2018)	Nagaland		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	85	26	33	26
IPD - % of hospitalized cases using public facility	84	52	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	2302	770	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	640	1387	845	915
IPD - Per hospitalized case (in INR) - Public	6905	7332	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	17073	23306	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	11	12	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	34	42	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)	4157	4842	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	16548	15939	20,692	26,701
State Health Expenditure	**Nagaland**		**All India Average**	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	5.1		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

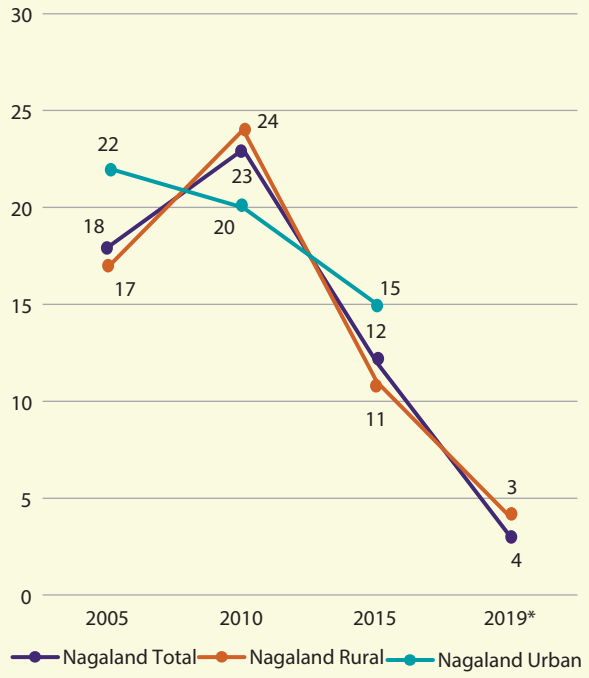


Figure 2: CBR & CDR Trend

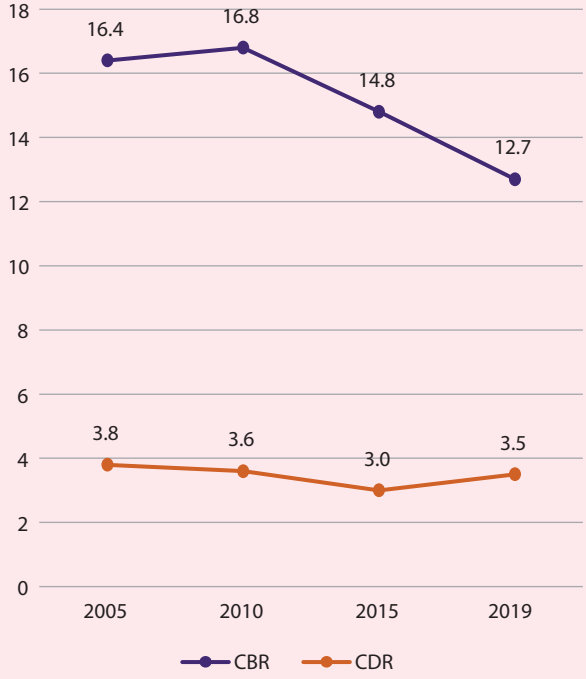
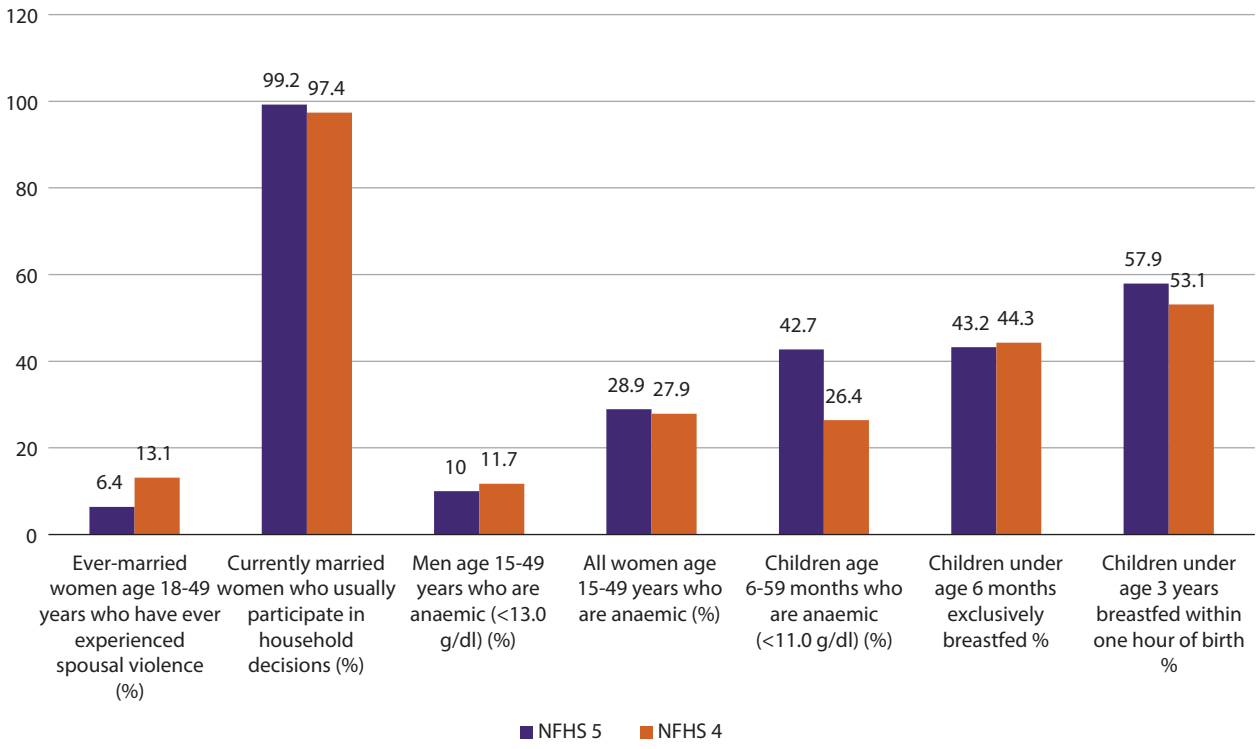


Figure 3: Comparison of Key NFHS 5 & 4 Indicators



* Not Available as no infant death was recorded in the respective sample units for the year 2019

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

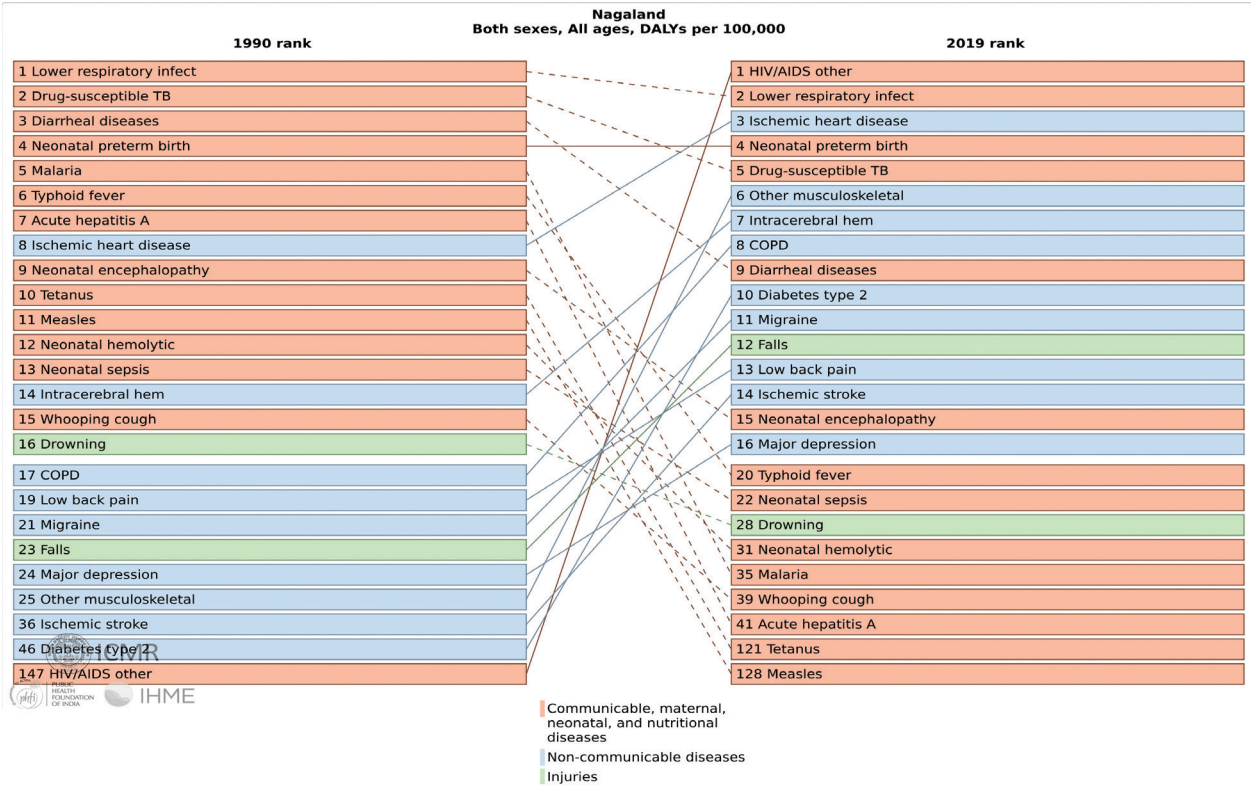


Figure 5: Top 15 risk of DALYs, 1990-2019

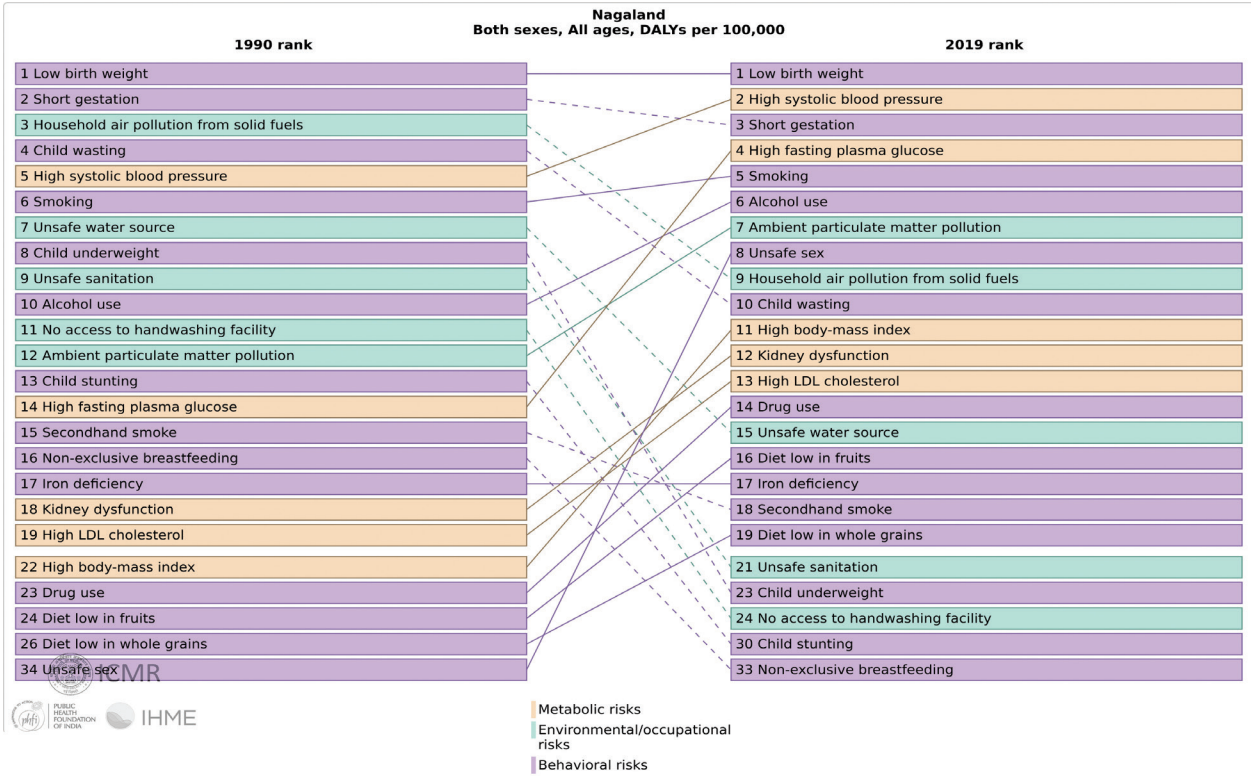


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

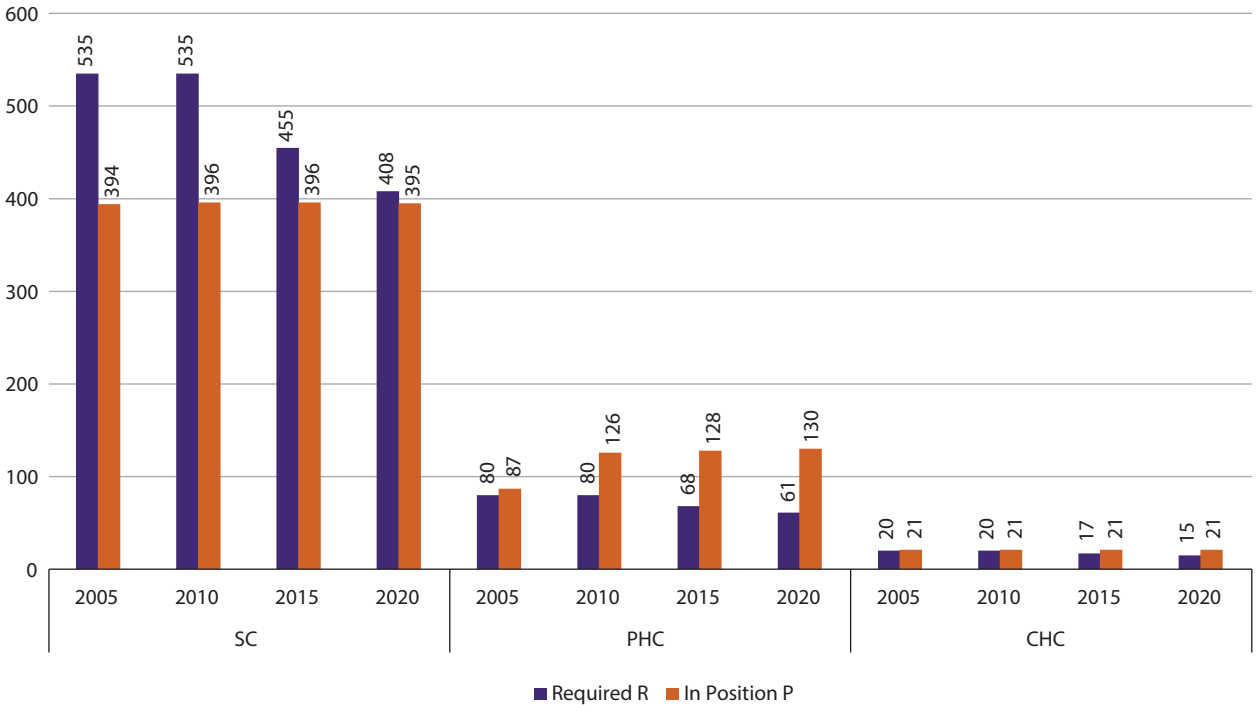


Figure 7: Year Wise Health Infrastructure Shortfall (%)

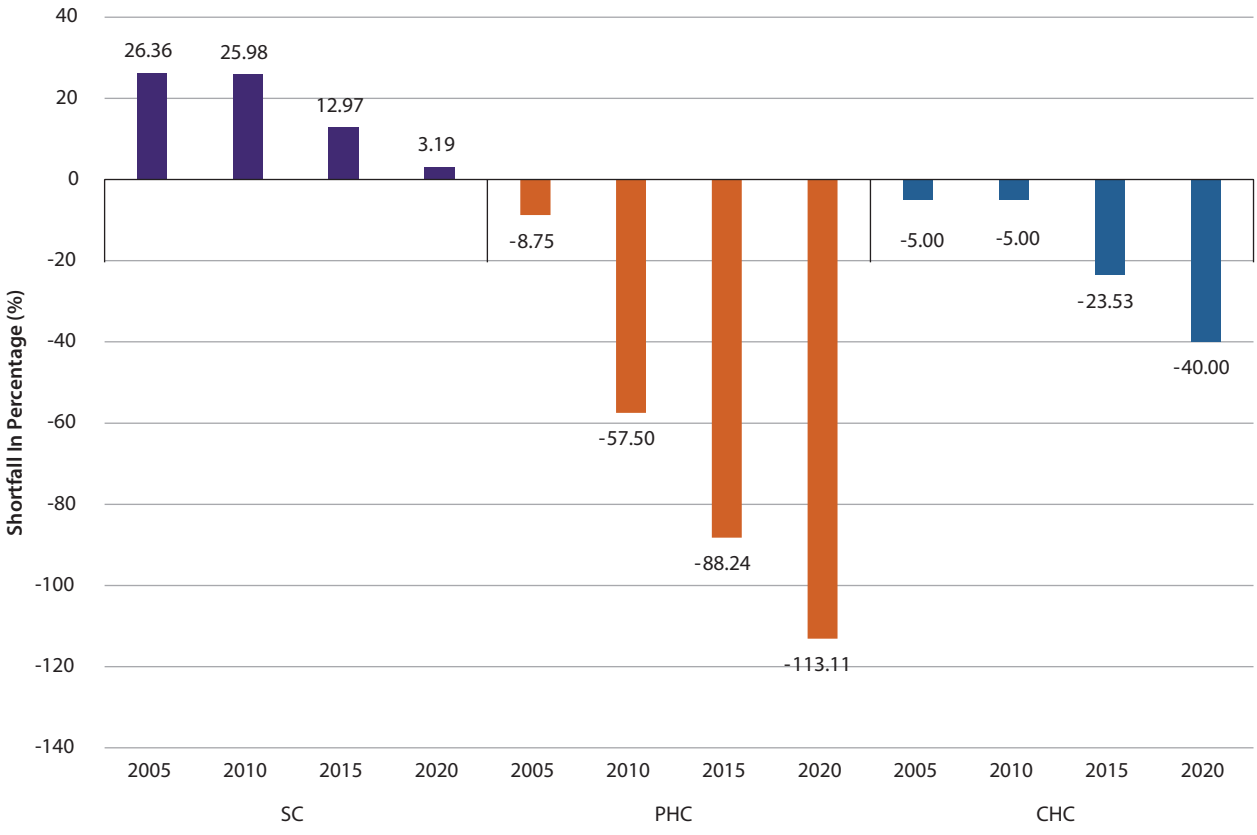
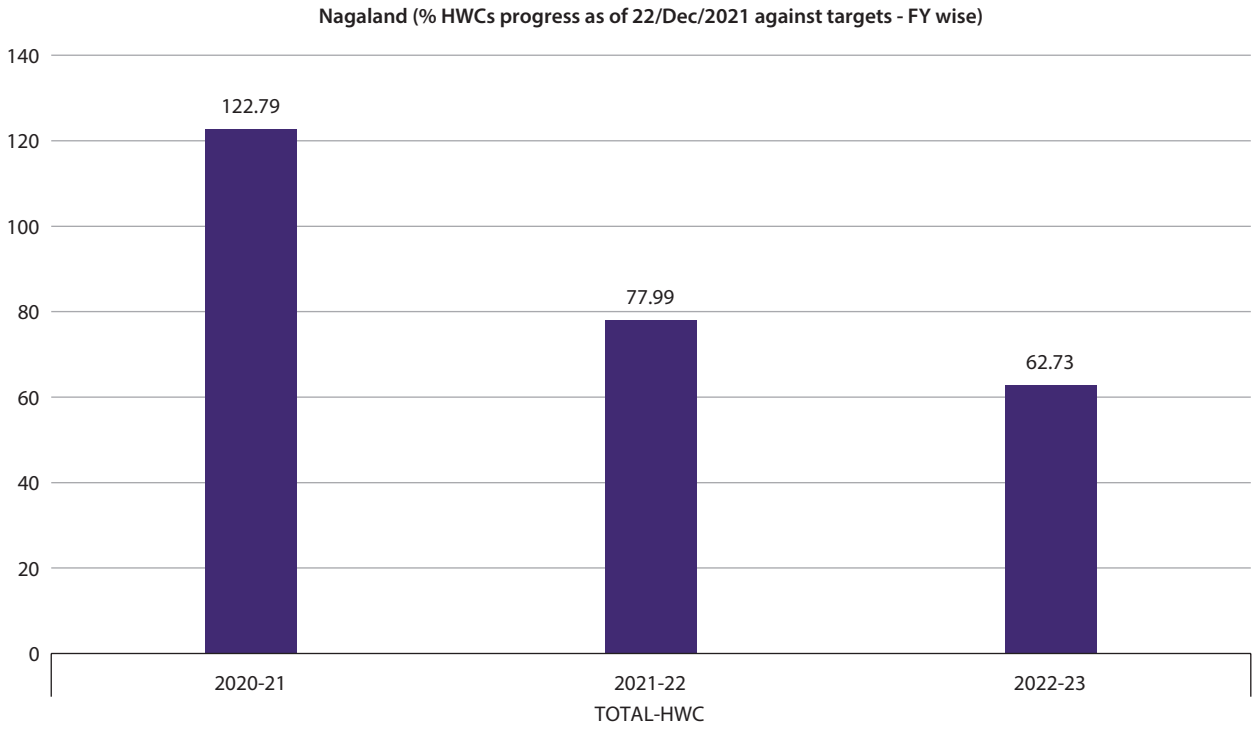


Figure 8: Percentage HWCs progress against target - FY wise (%)



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

(Green – Good Performance, Red – Poor Performance)
(District Wise Rural Urban Stats Not Available)

S. No.	States/Districts	Data Source	Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PPIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted^ (Height For Age) (%)	Children Under 5 Years - Wasted^ (Weight For Height) (%)
1	Nagaland	NFHS 4 Total	953	6.1		13.4	26.5	6.7	1.3	22.3	15	32.8	61.9	18.8	28.6	11.3
2	Nagaland	NFHS 5 Urban	949	15	91.5	2.4	61	20.1	4.2	9.3	39.9	65	77	15.8	27.1	21.7
3	Nagaland	NFHS 5 Rural	943	23.1	82.7	7.3	55.7	19.7	2.8	9.1	13.1	38.8	68.8	14.1	34.7	18.2
4	Nagaland	NFHS 5 Total	945	20.5	85.8	5.6	57.4	19.8	3.3	9.1	20.7	45.7	71.3	14.5	32.7	19.1
5	Dimapur	NFHS 5 Total	911	**5.7**	86.6	4.4	**46.9**	**9.6**	3.4	**14.3**	**50.1**	**73.7**	**63.8**	17.3	**28.3**	**25**
6	Kiphire	NFHS 5 Total	**871**	**8.8**	**73.7**	**22.5**	**42.5**	20.2	2.5	**17.3**	**5.8**	**34.8**	73.5	12	**36.9**	**11**
7	Kohima	NFHS 5 Total	**1075**	**26.7**	**95.2**	**1**	60.7	**19**	3.1	9.1	**28.3**	**66.9**	**90.2**	18	**28.3**	**26.9**
8	Longleng	NFHS 5 Total	922	**38.3**	82	**11**	66.5	**32.2**	**2.2**	4.3	15.4	38.7	64.8	**20.1**	34.1	19.8
9	Mokokchung	NFHS 5 Total	**1075**	22.3	**94**	6	**66.7**	25.8	3.3	6.4	18.2	**51.5**	**95.6**	**6.9**	31.4	11.7
10	Mon	NFHS 5 Total	**775**	**39.3**	78.2	**3**	**68.7**	**31.8**	**2.2**	**3.7**	9.7	**21.4**	69.4	**5.8**	35.5	**7.8**
11	Peren	NFHS 5 Total	896	**5.4**	**77.6**	9.1	58.6	**19**	**4**	6.2	14.5	43.5	**76.4**	**11**	34.9	**9.1**
12	Phek	NFHS 5 Total	**880**	24.9	85.8	6.5	56.3	21.7	**5.1**	6.5	**9.5**	**32.2**	71.2	14.5	**28**	12.9

13	Tuensang	NFHS 5 Total	902	22	**77.8**	**10.4**	**52.6**	**15.6**	3.2	**12.9**	**4.4**	**34.8**	**58.8**	13	**37.1**	24.6
14	Wokha	NFHS 5 Total	**1245**	20.6	**91.6**	**3.2**	64.6	22	**4.7**	**3.2**	**34.7**	43.6	**57.1**	**28.8**	**26.3**	23.5
15	Zunheboto	NFHS 5 Total	**1207**	18.1	87.1	4	**68.8**	**28.2**	**1.9**	**2.8**	11.2	35	75.1	**20.8**	**44**	**26.9**

* NFHS5 replaced 'Immunized' (word) from NFHS4 to 'Vaccinated', Out of two Indicators with 'either vaccination card or mother's recall' & 'vaccination card only' - '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)/MR/MMR/Measles, and 3 doses each of polio (excluding polio vaccine given at birth) and DPT or penta vaccine

** Based on the youngest child living with the mother

Breastfed children receiving 4 or more food groups and a minimum meal frequency, 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 performing districts within the districts for a particular indicator

B. Red – Worst 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

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