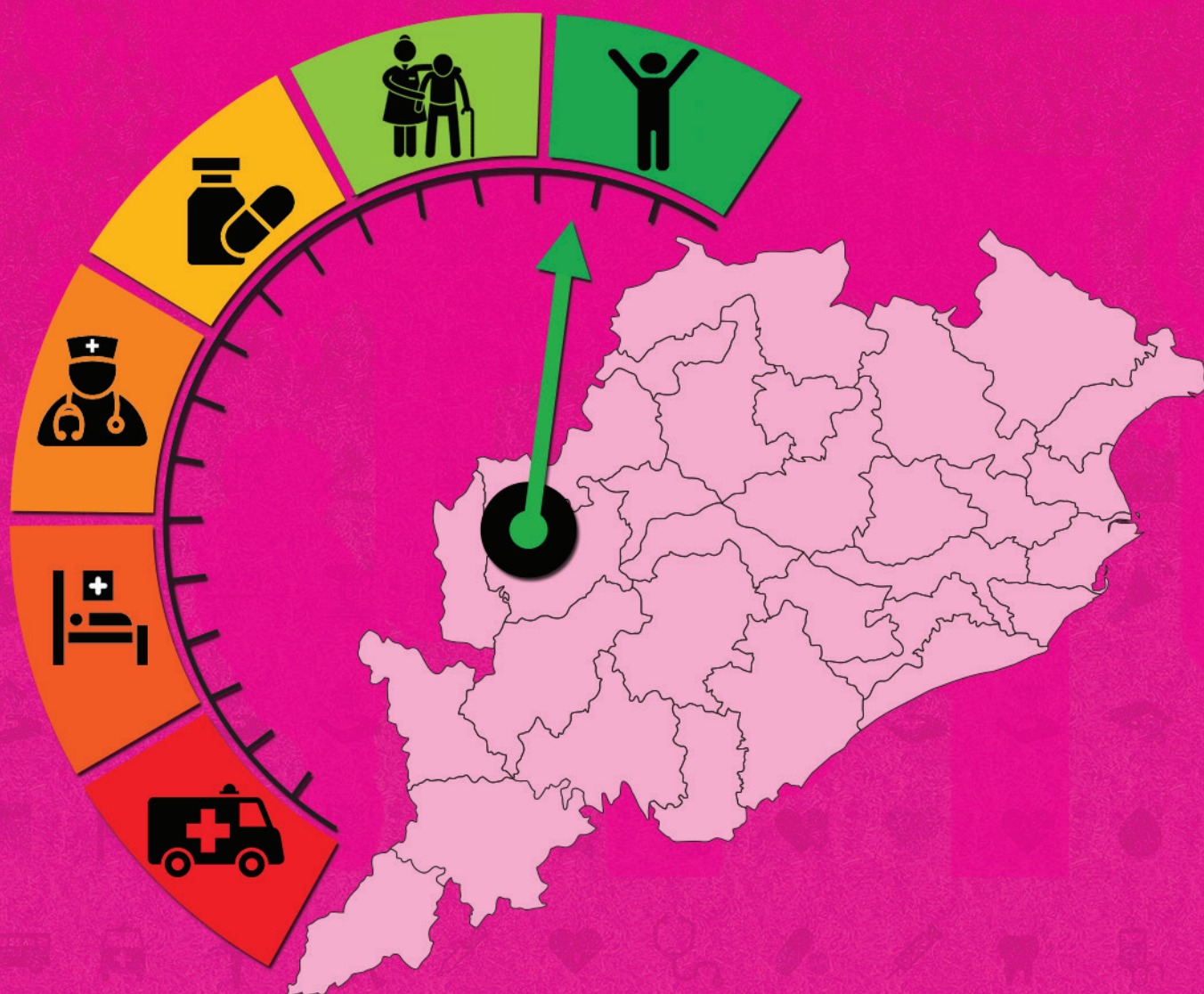


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



ODISHA

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
1 st	Sundargarh	Balangir
2 nd	Dhenkanal	Subarnapur
3 rd	Balasore	Kandhamal
4 th	Gajapati	Nuapada
5 th	Bargarh	Rayagada
6 th	Balangir	Kendrapara
7 th	Jajapur	Koraput
8 th	Kalahandi	Ganjam
9 th	Bhadrak	Nabarangpur
11 th	Keonjhar	Malkangiri
13 th	Mayurbhanj	Kandhamal
14 th	Rayagda	Sundargarh

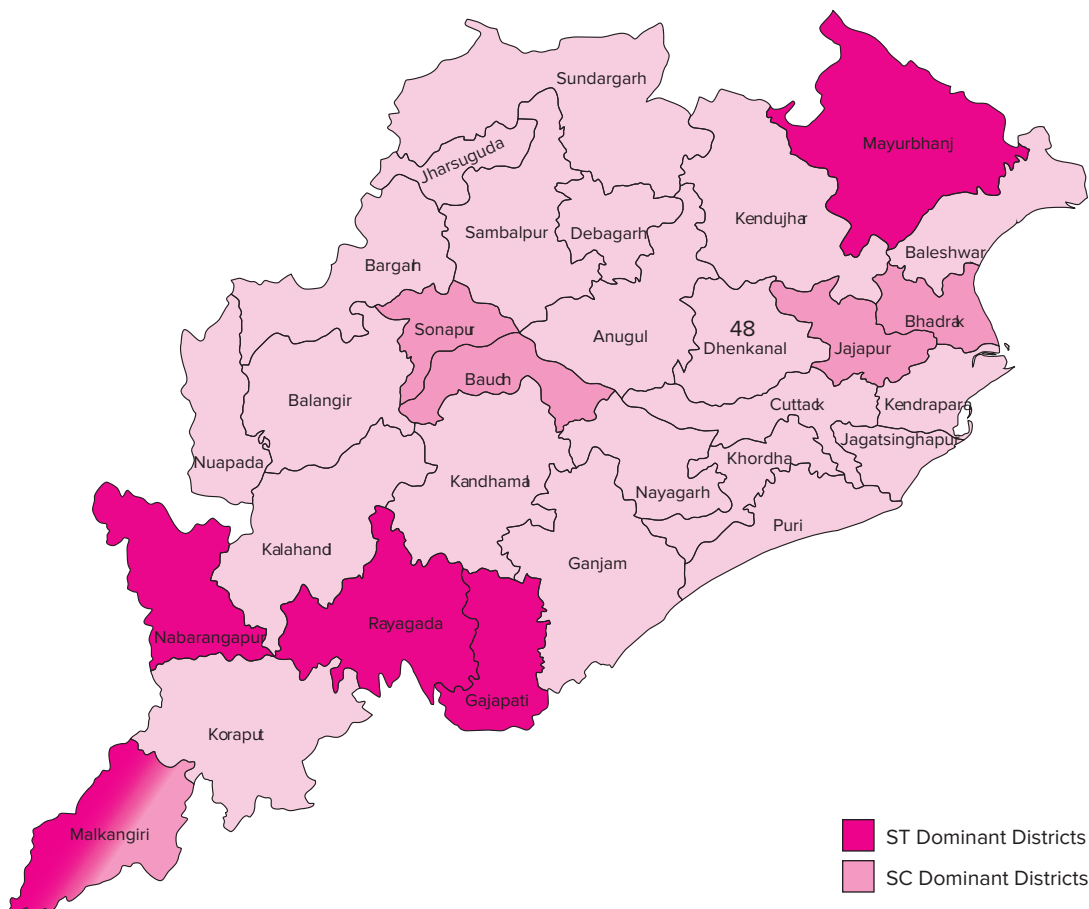
ODISHA

1. BACKGROUND

1.1 Odisha Profile

Odisha, located on the eastern coast of India, is the 9th largest state^a with a geographical spread of 1,55,707 km² (RHS 2019). The state is divided into 30 districts, with an estimated population of over 4.20 crores, accounting for about 3.47% of the country's total population^b. It is projected that the population

Figure 1: Top 5 ST & SC Dominant Districts



^a Including all states & UTs

^b Census 2011

would be around 4.4 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.71 crores (17.13%) and 0.95 crores (22.85%), respectively. Out of the 30 districts, top five ST & SC dominant districts account for 35.15% of ST & 16.24% of SC population in the State (Annexure 1.1, Odisha Profile). In the State, 83.31% of the population reside in rural areas, while 16.69% reside in urban areas. There are no metro cities & Million plus cities in Odisha whereas around 47 cities are covered under NUHM till year 2020-21.

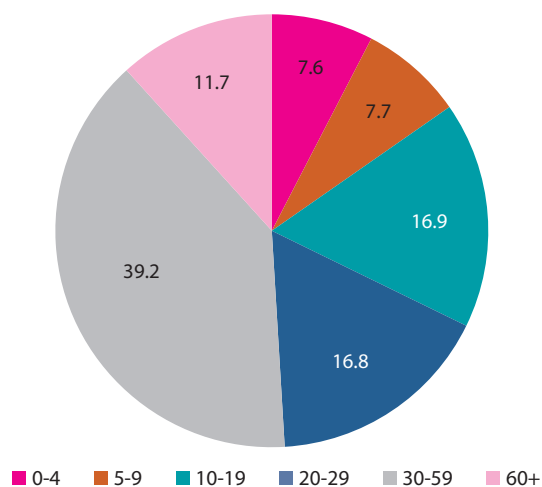
The total length of roads^c in the State is 3,03,669 km (6.07%^d), with national highways constitute 4,838 km (4.2%^e) and state highways^f constitute 4,139 km (2.36%^g). Industrial development sector currently leads the developmental change of Odisha, constituting 36% of States' GVA^h relative to 26% at the All India level as per 2020-21(AE). The Annual Average growth rate of the Industry sector during the last 9 years has been 5.36% as against 3.77% at National levelⁱ.

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

1.2 Demography

Among the 30 districts, only 1 district has a population of over 30 lakhs, 5 districts have a population between 20-30 lakhs, 14 districts have a population between 10-20 lakhs and 10 districts have a population less than 10 lakhs (Annexure 1.1, Odisha Profile). The State's sex ratio at birth of 933 females for every 1000 males is higher than the national average of 899 females for every 1000 males (Annexure 1.2). 16.9% of the total population in 10-19 years' age group, 56% between 20 to 59 years; and 11.7% above 60 years of age (Figure 2). The crude birth and death rates have declined from 22.3 and 9.5 in 2005 to 18 and 7 in 2019 respectively (Annexure 2, Figure 2). The literacy rate increased from 63.1% in 2001 to 72.9% in 2011, with male & female literacy rates being 81.6% and 64% respectively (Annexure 1). As per the ESAG 2018 report the Gross Enrollment Rate (GER)^j for higher education^k is 19.6% in total, 79.61% for secondary, 100.2% for elementary education, and 103.73% for primary.

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



^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Odisha

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

^f Including surfaced length

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

^h Gross Value Added

ⁱ Economic Survey 2020-21; https://finance.odisha.gov.in/sites/default/files/2021-02/Economic_Survey.pdf

^j 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

^k In Odisha, senior secondary is a part of higher education

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people over 60 years and above constitute 11.7% of the State's total population. The life expectancy^l at 60 years of age is 18.1 years for males, and 19.8 years for females (2014-2018). 71% of the elderly females and 28% elderly males in urban areas, and 69% of the elderly females and 26% elderly males in rural areas are fully economically dependent on others. The old age dependency ratio is 15.4 in 2011; which are 15.4 for males, 15.5 for females, 16.3 in rural areas and 11.6 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 17%, which is higher than the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

The Odisha has been able to provide RMNCHA+N^m services with major focus on primary and secondary care services under NHM. Indicators for Antenatal care (ANC)ⁿ, institutional deliveries, C sections, distribution of IFA^o 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 from 258 (SRS MMR Bulletin 2007-09) to 150 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Odisha, 81.8% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5, Balangir, Jharsuguda, Khordha, Navagarh and Puri districts reported relatively good full ANC coverage, ranging from 90.3% to 95.4%. Whereas, Baleshwar, Bargarh, Kendujhar, Mayurbhanj and Nuapada districts reported relatively poor full ANC coverage, ranging from 52.9% to 71.7%. As reported, around 97.3% of the deliveries took place in institutions, out of which 81.9% took place in public health facilities. Total percentage of C-sections (23.2%) is higher than that of the WHO's standard (10-15%); 60.6% is conducted at private facilities in the State. Around 95.8% of the women received their first postpartum checkup between 48 hours and 14 days (Annexure 1.4). Prevalence of Anaemia aged 15-49 years increased in women from 51% (NFHS 4) to 64.3% (NFHS 5). Anaemia amongst females of reproductive age group is 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, Odisha has shown a significant decline in IMR from 75 (2005) to 38 (2019), which is higher than the national average of 30 (Annexure 2, Figure 1 & Annexure 1.2). In addition, NNMR^p and Still Birth (per 1,000 live births) Rates have also significantly decreased from 48.6 and 15.3 (2004) to 31 and 10 (2018) respectively (Annexure 2, Figure 4). Improvement in the indicators can be attributed to several interventions at the State level, including infrastructure strengthening under NHM, such as establishment of SNCUs, NBSUs and NBCCs (Annexure 1.4). The life expectancy at birth has also improved from 63 (2006-10) to 69.3 (2014-18) (Annexure 2, Figure 3). As per NFHS 5, low SRB^q

^l SRS Based Abridged Life Tables

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

ⁿ Antenatal Check up

^o Iron Folic Acid Tablets

^p Neonatal Mortality Rate

^q Sex Ratio at Birth

ranging from 745-810 are reported from Cuttack, Jharsuguda, Khordha, Puri and Sundargarh districts; whereas Gajapati, Koraput, Nabarangapur, Nuapada and Sambalpur districts reported relatively high SRB, ranging from 999 to 1061.

Full immunization coverage for children between 12 – 23 months improved from 89.8% (NFHS 4) to 90.7% (NFHS 5). The percentage of under 6-months children exclusively breastfed also increased from 65.6% (NFHS 4) to 72.9% (NFHS 5). An increase in childhood anaemia from 44.6% (NFHS 4) to 64.2% (NFHS 5) in children aged 6-59 months is also reported (Annexure 2, Figure 5). As per NFHS 5, Debagarh, Jagatsinghapur, Khordha, Navagarh and Puri districts reported relatively low burden of stunting with respect to other districts, ranging from 13.2% to 20.4%; whereas Gajapati, Koraput, Malkangiri, Nabarangapur, and Nuapada and Ravagada districts reported relatively high burden of stunting, ranging from 43.1% to 44.3%. Similarly, Ganjam, Jagatsinghapur, Kendrapara, Navagarh and Puri districts reported relatively low burden of wasting with respect to other districts, ranging from 7.9% to 10.7%; whereas Balangir, Debagarh, Mayurbhanj, Sambalpur, and Subarnapur reported relatively high burden of wasting, ranging from 25.5% to 28.5%.

2.3 Family Planning

The TFR^r reduced from 2.7 in 2004 to 1.9 in 2018, which is lower than the national average of 2.2 (Annexure 2 Figure 4). The total unmet need in the State is reported as 7.2%, while unmet need for spacing is 2.5% (NFHS 5). Cuttack reported high total unmet need (3.7%) while Subarnapur reported the lowest (2.4%) (NFHS 5) in the State. Around 48.8% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 28.0% among females and 28.0% among males.

2.4 Communicable Diseases

The State has 30 functional IDSP units in place^s. The proportion of Communicable, Maternal, Neonatal, and Nutritional Diseases [CMNND] contribute to 34.77% of total disease burden (GBD 2019). Diarrheal diseases, malaria & drug-susceptible TB are reported as the major causes of DALY^t in the State (Annexure 2, Figure 6). As per QPR report, for TB, the annualized total case notification rate is 114% and NSP^u success rate is 86% as opposed to the national averages of 163% and 79%. For NLEP^v, the reported prevalence rate of 1.45 per 10,000 population is higher than the national average of 0.61. In FY 2019-20, deaths from vector borne diseases include 9 from malaria, 1 death from JE^w, 4 from dengue, while none from Kala azar.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 69.0% deaths are premature in the State, while disability or morbidity accounts for 31.0%. Ischaemic heart disease, Diabetes Mellitus Type 2 & COPD remain the major causes for DALYs (Annexure 2, Figure 6). NCDs contribute to 54.26% of total DALYs, whereas Injuries contribute to 10.97% of total DALYs. The State is positioned 12th in the country for the total number of fatal road accidents with respect to other states/UTs (Annexure 1.4). As reported in NFHS 5, 26% of women and

^r Total Fertility Rate

^s QPR NHM MIS Report (Status as on 01.03.2020)

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

^u New Smear Positive

^v National Leprosy Eradication Programme

^w Japanese Encephalitis

51.6 % of men used any kind of tobacco, while 4.3% of women and 28.8% of men consumed alcohol. In general, low birth weight, high systolic blood pressure, short gestation period, 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 ₹ 4,32,455 crores. The State is positioned 23rd out of 32 States in terms of per capita^x of ₹ 99,196. According to NHA (2017-18), the per capita Government Health Expenditure in the State is ₹ 1,207, which is less than the national average of ₹ 1,753. On the other hand, the OOPE^y as a share of Total Health Expenditure is 55.9%, which is more than the national average of 48.8%. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 32,227 in private hospitals and ₹ 6,810 in public hospitals, whereas for urban areas it is around ₹ 34,604 in private hospitals and ₹ 8,295 in public hospitals. For childbirth, OOPE in public facilities is estimated to be around ₹ 3,640 in rural areas & ₹ 4,527 in urban areas, whereas in private health facilities, it is estimated to be around ₹ 25,061 in rural areas and ₹ 18,782 in urban areas. In public health facilities, the share of expenditure on medicines is 68% and 44% for inpatient care in rural and urban areas, respectively; whereas for diagnostics, it is 19% and 17% in rural and urban areas, respectively (Annexure 1.6, Healthcare Financing).

2.7 Health Infrastructure

As per RHS (2019-20), the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 8). Though public health facilities have increased over time, a shortfall in 23.10% of SCs, 7.74% of PHCs still remain in the State (Annexure 2, Figure 9). Currently, there are 6,688 SCs, 1,288 PHCs, 377 CHCs in place, against the required 8,697 SCs, 1,396 PHCs and 349 CHCs. Similarly, in urban settings, there are 89 PHCs in place against the required 167, thereby amounting to a shortfall of 46.71%. The State has 32 DHs, 33 SDHs and 8 Government medical colleges. In the State, 100% of DHs (32), 84.84% of SDH (28) and only 9% of CHCs (34) serve as functional FRUs. In tribal catchments, there are 2,701 SCs, 444 PHCs and 134 CHCs in place against the required 3,182, 477 and 119 facilities, respectively.

Under the Government of India flagship Ayushman Bharat Yojana, 1,701 (374 SHCs, 1234 PHCs & 93 UPHCs) primary care facilities in the State have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In the State, none of the districts are equipped with MMUs under the NHRM whereas 9 districts are equipped MMU/Health Units under the NUHM. The State has 99% of ASHAs in position under NRHM and 98% under NUHM. The doctors to staff nurse ratio in place is 1:1, with 4 public healthcare providers available for every 10,000 populations (Annexure 1, Table 1.5).

Recent data (Annexure 1.3) reveals that out of 1000 population who availed services from public health facilities, 1,663.6 availed (events) OPD services and 88.3 availed (events) IPD services. However, as per the NSSO data (2017-18), 55% of all OPD cases in rural and 62% in urban used public facilities. Similarly, 75% of all IPD cases in rural and 56% of all IPD cases in urban utilized public facilities, Public facilities utilization for OPD and IPD services is higher than the national averages for the same.

^x Directorate of Economics and Statistics

^y Out of Pocket Expenditure

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^z

Indicator	Odisha 2011 ¹	India
Total Population (In Crore)	4.20	121.08
Rural (%)	83.31	68.85
Urban (%)	16.69	31.14
Scheduled Caste population (SC) (in crore)	0.71 (17.13%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.95 (22.85%)	10.45 (8.63%)
Total Literacy Rate (%)	72.9	72.99
Male Literacy Rate (%)	81.6	80.89
Female Literacy Rate (%)	64	64.64
Number of Districts in the Odisha ²	30	
Number of districts per lakh population in Odisha (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	10
	≥ 10 Lakhs - <20 Lakhs	14
	≥20 Lakhs - <30 lakhs	5
	≥30 Lakhs	1
ST SC Dominant (Top 5) Districts of Odisha ¹		
ST Dominant Districts (%)	SC Dominant Districts (%)	
Mayrubhanj - 58.71%	Subarnapur - 25.60%	
Malkangiri - 57.83	Baudh - 23.78%	
Rayagada - 55.98%	Jajapur - 23.71%	
Nabarangpur - 55.79%	Malkangiri - 22.55%	
Gajapati - 54.29%	Bhadrak - 22.23%	
Top 5 ST dominant district accounts for - 35.15%	Top 5 SC dominant district accounts for - 16.24%	

1.2 Key Health Status & Impact Indicators

Indicators	Odisha	India
Infant Mortality Rate (IMR) ³	38	30
Crude Death Rate (CDR) ³	7.1	6

^z Sources are mentioned at the end of Annexure 1

Crude Birth Rate (CBR) ³	18	19.7
Maternal Mortality Ratio (MMR) ³	150	113
Neo Natal Mortality Rate (NNMR) ⁴	31	23
Under Five Mortality Rate (U5MR) ⁴	44	36
Still Birth Rate ⁴	10	4
Total Fertility Rate (TFR) ⁴	1.9	2.2
Life expectancy at birth ⁵	69.3	69.4
Sex Ratio at Birth ⁴	933	899

1.3 Key Health Infrastructure Indicators^{aa}

Indicators				Numbers (Total)
Number of District Hospitals ²				32
Number of Sub District Hospital ²				33
Number of Government (Central + State) Medical College ⁶				8
Number of Private (Society + Trust) Medical Colleges ⁶				4
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	374	1804	3636	4857
PHC-HWC	1234	1288	1288	1288
UPHC-HWC	93	97	97	97
Total-HWC	1701	3189	5021	6242
Rural ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	349	377	-8.02	
Number of Primary Health Centres (PHC)	1,396	1,288	7.74	
Number of Sub Centres (SC)	8,697	6,688	23.10	
Number of functional First Referral Units (FRUs)	DH	SDH	CHC	
	32	28	34	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	167	89	46.71	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	119	134	-12.61	
Number of PHC	477	444	6.92	
Number of SC	3,182	2,701	15.12	

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

Patient Service ⁹	Odisha	India
IPD per 1000 population	88.3	62.6
OPD per 1000 population	1663.6	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	34.6	36.4

1.4 Major Health Indicator^{bb}

% Share of DALYs to Total Disease Burden (GBD 2019) ⁷	Odisha	India
% DALY ^{cc} accountable for CMNNDs ^{dd}	34.77	27.46
% DALY accountable for NCDs	54.26	61.43
% DALY accountable for Injuries	10.97	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸	Odisha	India
Level of Birth Registration (%)	82.2	92.7
Level of Death Registration (%)	100	92
Percentage of medically certified deaths to total registered deaths (%)	12.6	20.7
RMNCHA+N		
Maternal Health ⁹	Odisha	India
% 1st Trimester registration to Total ANC Registrations	87.2	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	81.8	79.4
Total Reported Deliveries	641,324	21410780
% Institutional deliveries to Total Reported Deliveries	97.3	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	81.9	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	18.1	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	23.2	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	14.9	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	60.6	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	95.8	53.4
Neonatal ⁹	Odisha	India
% live birth to Reported Birth	97.8	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	18.7	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	94.6	89.9

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

^{cc} Disability Adjusted Life Years

^{dd} Communicable, Maternal, Neonatal, and Nutritional Diseases

New Born Care Units Established¹¹	Odisha	India
Sick New Born Care Unit (SNCU)	40	895
New Born Stabilization Unit (NBSU)	45	2418
New Born Care Corner (NBCC)	730	20337
Child Health & Nutrition¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	9.7	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	65.7	60.6
Children under 5 years who are underweight (weight-for-age) (%)	29.7	32.1
Child Immunization¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	90.7	83.8
Children age 12-23 months who have received BCG (%)	97.3	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	95.9	87.9
Family Planning¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	2.5	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Odisha	India
Number of districts with functional IDSP unit	30	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Odisha	India
Annualized total case notification rate (%)	114	163
New Smear Positive (NSP) Success rate (in %)	86	79
National Leprosy Eradication Programme (NLEP)¹¹	Odisha	India
Prevalence Rate/10,000 population	1.45	0.61
Number of new cases detected	10,077	114,359
Malaria, Kala Azar, Dengue¹¹	Odisha	India
Deaths due to Malaria ¹¹	9	79
Deaths due to Kala azar reported ¹¹	0	0
Deaths due to Dengue reported ¹¹	4	168
Number of Kala Azar Cases reported ¹¹	0	3,706
HIV¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	21.4	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰	24.6	30.7

Non-Communicable Disease		
Diabeties and Hypertension ¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.9	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	16.8	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	6.5	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	7.3	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰	Odisha (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	26	8.9
Men who use any kind of tobacco (%)	51.6	38
Women who consume alcohol (%)	4.3	1.3
Men who consume alcohol (%)	28.8	18.8
Injuries		
Road Traffic Accident ¹²	Odisha	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	12	N/A
Total number of fatal Road Accidents	4,844	137,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	48.2	33.7
Number of persons killed in Road Accidents	5333	115113

1.5 Access to Care^{ee}

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) ¹¹	Odisha	India
Number of Districts equipped with MMU under NRHM	0	506
Number of Districts equipped with MMU/Health Units under NUHM	9	31
Number of ERS vehicles operational in the States/UTs Under NHM	Odisha	India
102 Type	500	9955
104 Type	1	605
108 Type	596	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	277	11070

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

Key Domain Indicators			
ASHA ¹³	Odisha	India	
Total number of ASHA targeted under NRHM	45601	946563	
Total number of ASHA in position under NRHM	45105	904211	
% of ASHA in position under NRHM	99	96	
Total number of ASHA targeted under NUHM	1546	75597	
Total number of ASHA in position under NUHM	1522	64272	
% of ASHA in position under NUHM	98	85	
Community Process ¹¹	Odisha	India	
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	46102	554847	
Number of Mahila Arogya Samitis (MAS) formed	3132	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Odisha	India	
DH	32	796	
CHC	377	6036	
PHC	1255	20273	
UHC	7	126	
UPHC	87	3229	
Human Resource for Health ¹⁴			
HRH Governance		Odisha	
Specialist Cadre Available in the state (Y/N)		In progress	
HR Policy available (Y/N)		Yes	
Implementation of HRIS (Y/N)		In progress	
HR Integration initiated (Y/N)		Yes	
Public Health Cadre available (Y/N)		Yes	
Overall Vacancies (Regular + contractual)	Specialists (%)	58	
	Dentists (%)	65	
	MO MBBS (%)	43	
	Nurse (%)	59	
	LT (%)	66	
	ANM (%)	21	
HRH Distribution		Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴		1:1	1:1
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴		6 per 10,000	4 per 10,000
Regular to contractual service delivery staff ratio ¹⁴		4:1	4:1

Ranking: Human Resource Index of Odisha¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{ff}	18996	14568	11753	2815	7243	48.71
Staff Nurse	15778	11187	6783	4404	8995	
Lab Technician	3745	2104	661	1443	3084	
Pharmacists	3605	2863	2242	621	1363	
MO MBBS ^{gg}	4823	5632	3394	2238	1429	
Specialist ^{hh}	3755	2811	1301	1510	2454	

1.6 Healthcare Financingⁱⁱ

National Health Accounts (NHA) (2017-18)	Odisha		India	
Per Capita Government Health Expenditure (in ₹)	1207		1753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	1.2		1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	5.7		5.12	
OOPE as a Share of Total Health Expenditure (THE) %	55.9		48.8	
National Sample Survey Office (NSSO) (2017-2018)	Odisha		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	55	62	33	26
IPD - % of hospitalized cases using public facility	75	56	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	649	507	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	741	799	845	915
IPD - Per hospitalized case (in INR) - Public	6,810	8,295	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	32,227	34,604	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	19	17	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	68	44	53	43

^{ff} MPW – Multi Purpose Health Worker (Female + Male)

^{gg} MO MBBS (Full Time)

^{hh} Specialist (All Specialist)

ⁱⁱ 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)	3,640	4,527	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	25,061	18,782	20,692	26,701
State Health Expenditure	Odisha		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	5.1		5 ^{jj}	

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

^{jj} 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

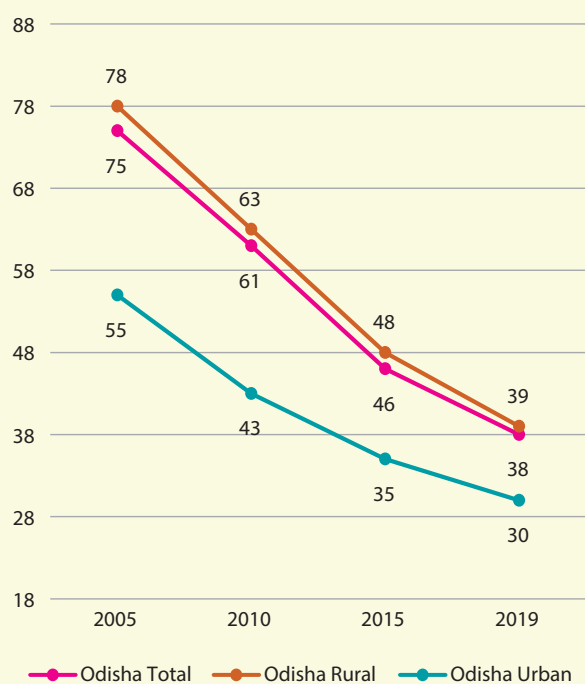


Figure 2: CBR & CDR Trend

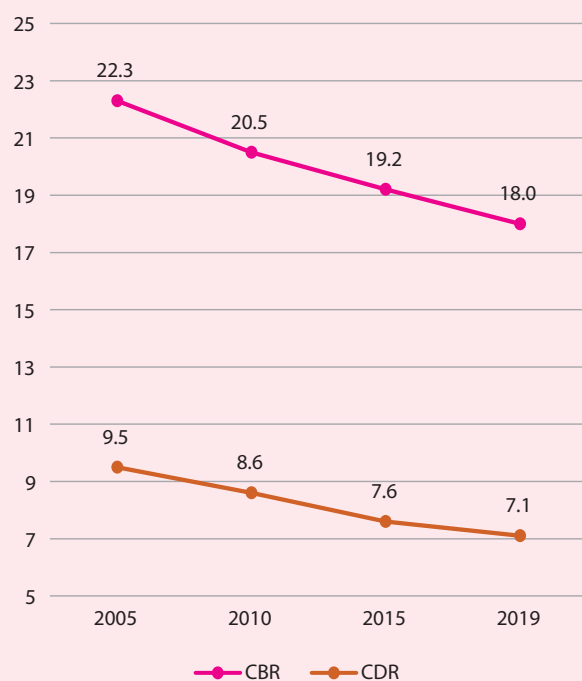


Figure 3: Life Expectancy At Birth Trend

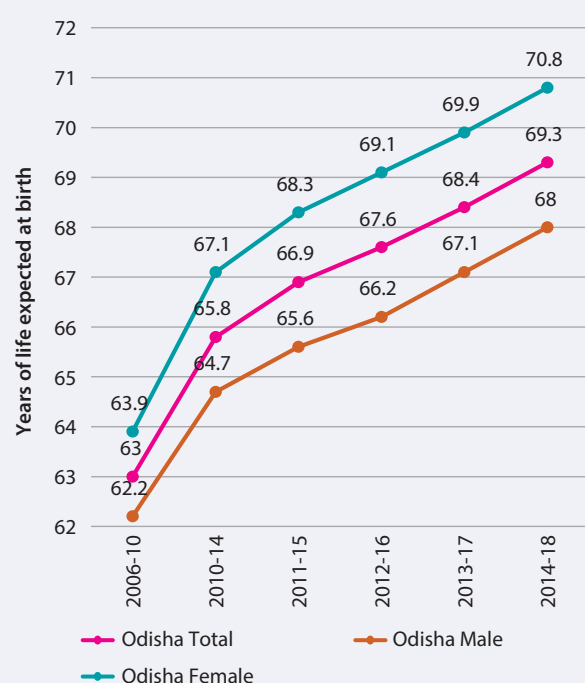


Figure 4: NNMR, TFR & Still Birth Trend

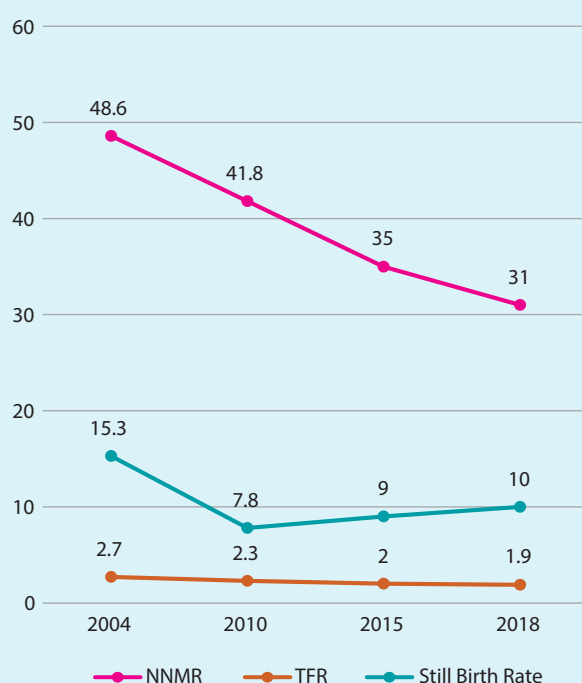


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

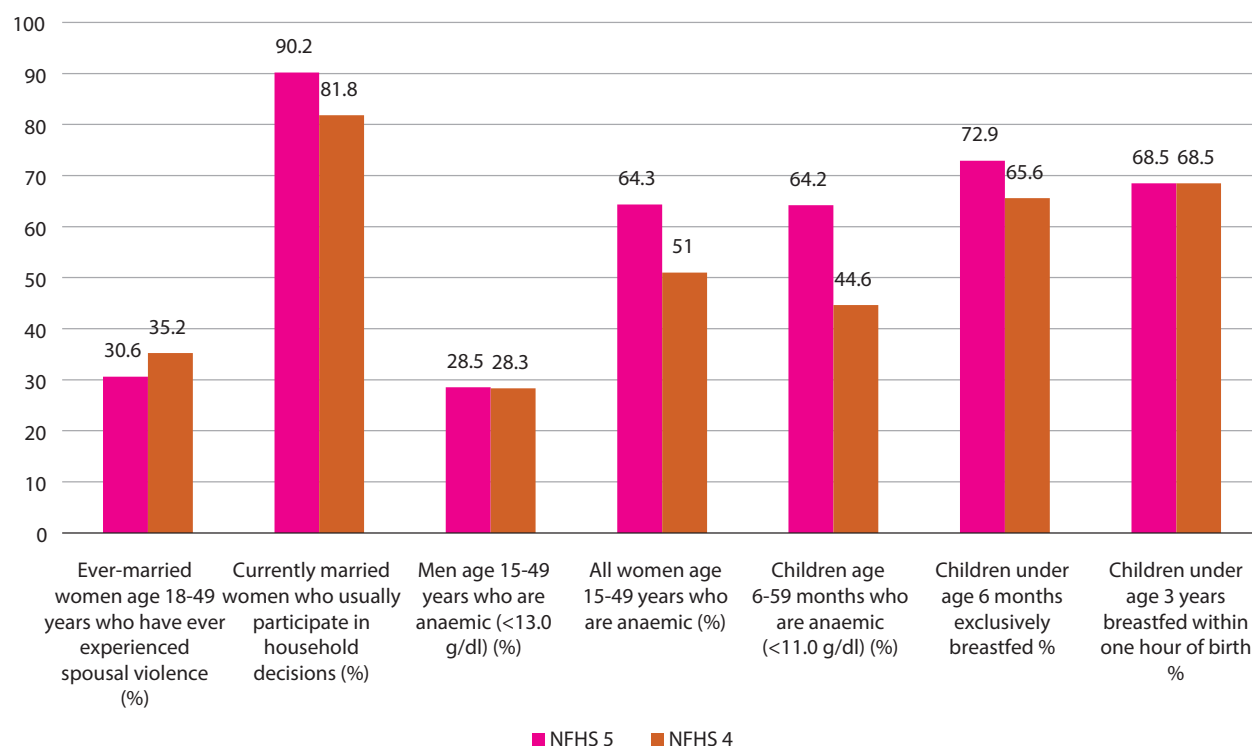


Figure 6: Top 15 causes of DALYs, 1990-2019

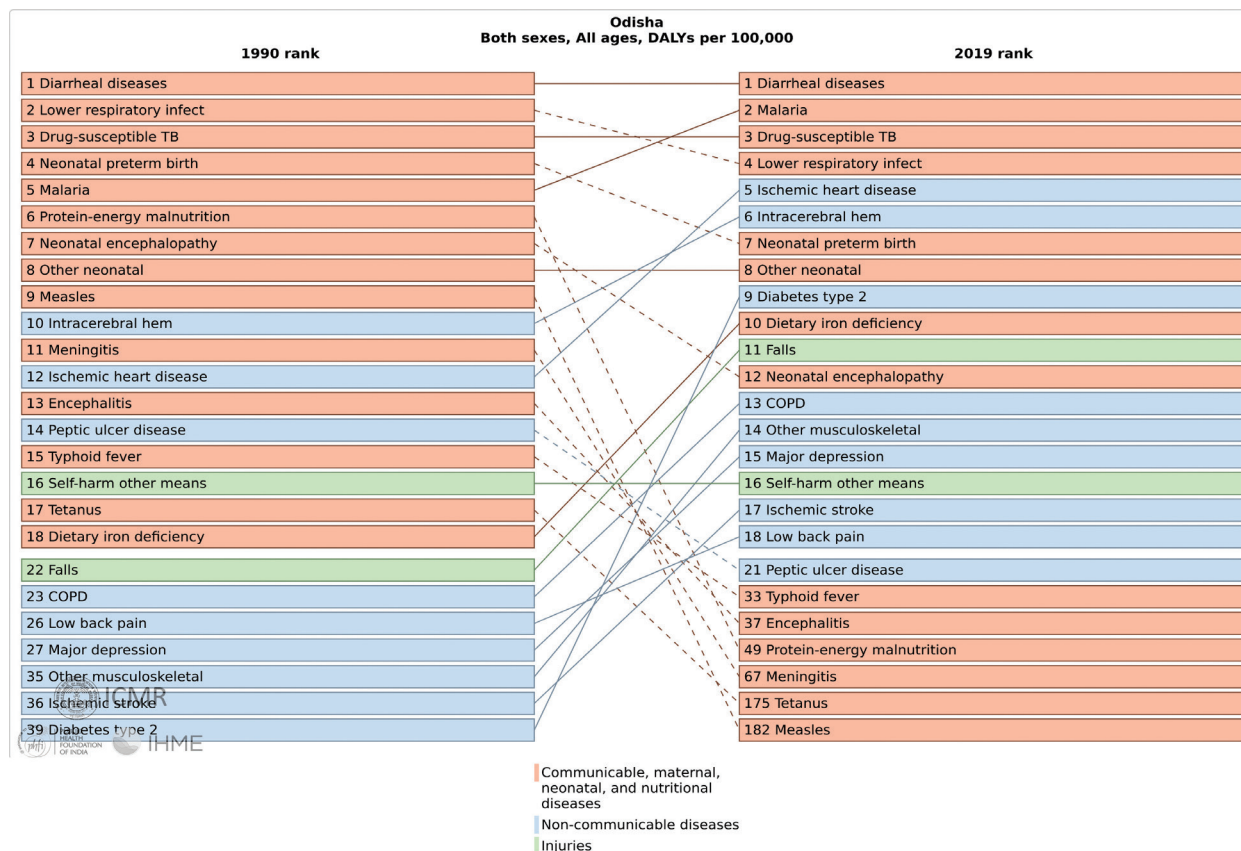


Figure 7: Top 15 risk of DALYs, 1990-2019

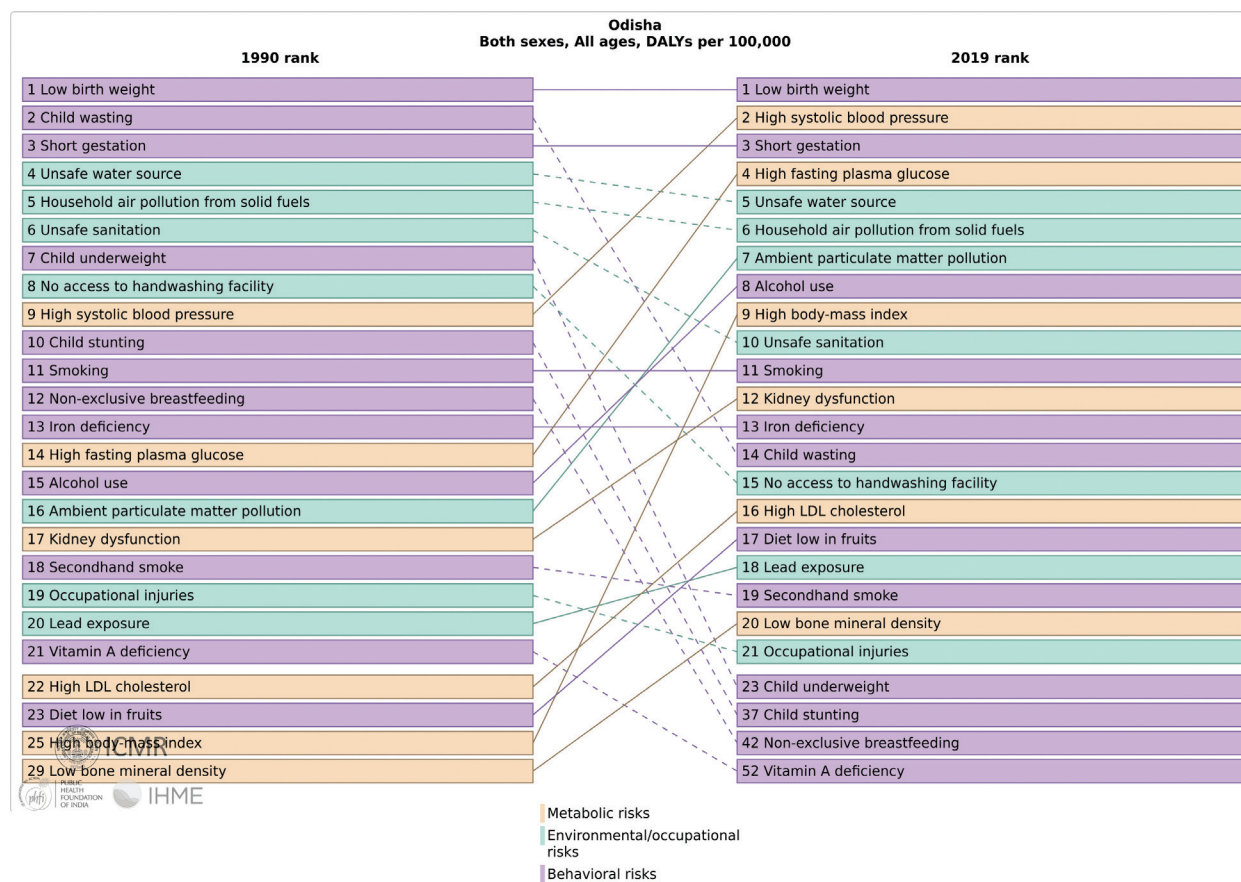


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

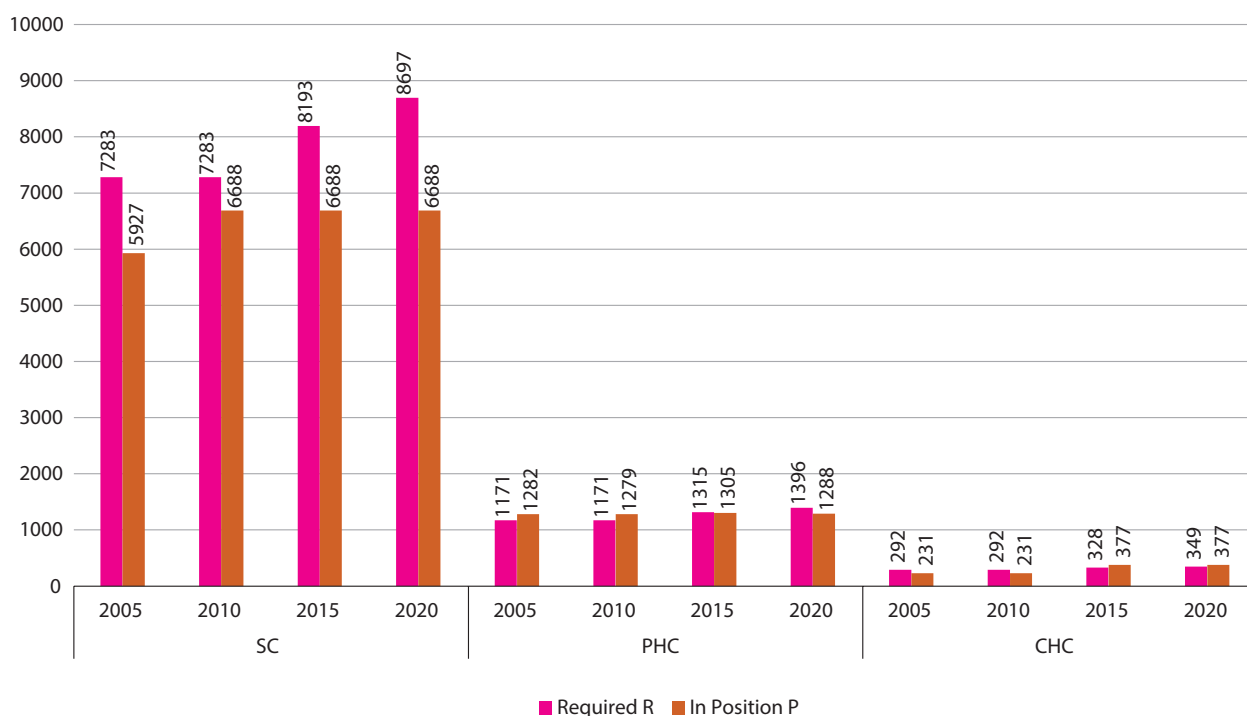
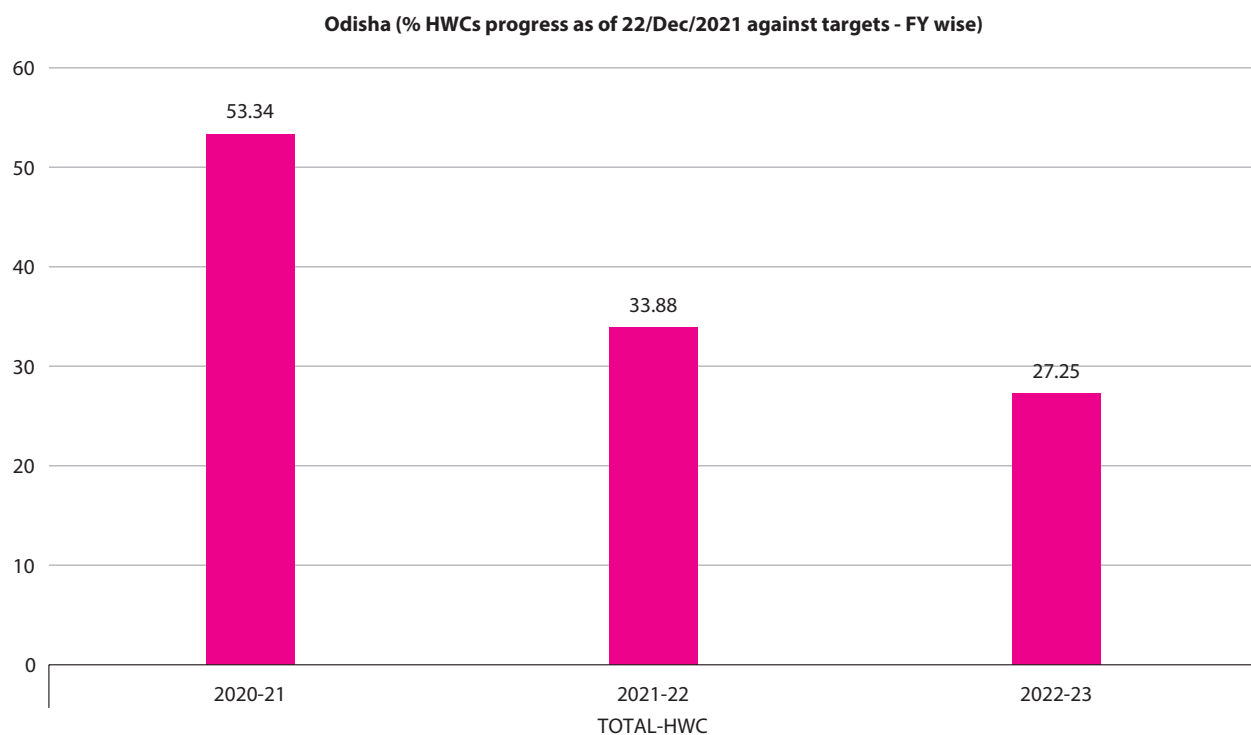


Figure 9: Year Wise Health Infrastructure Shortfall (%)



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



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

(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/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	Odisha	NFHS 4 Total	932	47.7	NA	21.3	57.3	1.1	3.4	13.6	61.9	85.3	89.8	8.5	34.1	20.4
2	Odisha	NFHS 5 Urban	950	29.5	81.9	14.5	76.9	2.3	8.8	6.6	82	97.5	93.4	14.7	24.9	14.9
3	Odisha	NFHS 5 Rural	885	51.7	66.7	21.7	73.6	2.6	4.9	7.3	77.4	91.3	90.2	21.4	32	18.6
4	Odisha	NFHS 5 Total	894	47.9	69.5	20.5	74.1	2.6	5.5	7.2	78.1	92.2	90.7	20.4	31	18.1
5	Anugul	NFHS 5 Total	868	63.1	72.4	25	85.8	2.8	6.6	2.9	83.7	85.7	86.5	18.7	28.1	25.1
6	Balangir	NFHS 5 Total	919	44	68.1	14	77.8	2.9	3.6	3.4	95.4	97.9	97.9	29.6	32.7	25.5
7	Baleshwar	NFHS 5 Total	866	40.6	73.8	26.4	68.3	2	7.1	9.3	56.6	97.6	85	21.7	24.4	15
8	Bargarh	NFHS 5 Total	950	45.5	71.6	8.6	75.4	3.3	6	5.1	70.1	99.6	97.9	17.1	38.9	18
9	Baudh	NFHS 5 Total	844	44.7	68.8	25.3	70.7	1.8	5.4	5.2	79	93.4	92.8	19.6	37	20.1
10	Bhadrak	NFHS 5 Total	980	44.9	80.1	10.4	72	1.1	3.9	11.8	74.9	96.1	88.7	23.1	32.3	15.8
11	Cuttack	NFHS 5 Total	745	42.3	80.1	14.2	84.4	2.8	8.5	3.7	84.2	98.9	97	21.3	20.4	14.2
12	Debagarh	NFHS 5 Total	822	57.5	66.7	19.2	74.1	4.1	3.8	6.8	77.5	91.2	97.1	13	28.4	27.3
13	Dhenkanal	NFHS 5 Total	895	55.2	74.1	23.7	75.9	1.4	3.4	8.1	75.8	94.8	86	25.6	33.3	22.7
14	Gajapati	NFHS 5 Total	999	39.6	47.6	28.1	76.2	2	0.8	5.4	83	76.4	97.7	18.8	43.4	16.1
15	Ganjam	NFHS 5 Total	855	51.9	69.5	22.3	59.2	1.1	6.4	16.9	82.7	93	92.3	22.3	23.9	10.2
16	Jagatsinghapur	NFHS 5 Total	843	56.8	84.8	12	71.9	2.1	7.3	11.5	82.6	98.3	92.9	31.2	13.2	10.7
17	Jajapur	NFHS 5 Total	898	53.9	75.8	11.4	76.2	1.9	7.2	9	73.8	93.8	70.5	13.9	25.5	15.9

18	Jharsuguda	NFHS 5 Total	793	37.7	79.1	8.5	81.4	3.3	8.4	3.7	94.1	98.6	97.6	26.7	27.1	16.9
19	Kalahandi	NFHS 5 Total	903	48.6	61.8	16.3	75.9	1.8	4.4	4	82.9	92.8	91.3	16.4	33	17.2
20	Kandhamal	NFHS 5 Total	985	54.5	68.5	20	76.7	6.3	5.8	4.5	81.1	93.9	94	22.1	34.2	23.3
21	Kendrapara	NFHS 5 Total	860	50	84.4	9.4	64.7	1.1	4.5	12.3	77.1	96.7	93.5	23.3	28.6	7.9
22	Kendujhar	NFHS 5 Total	984	43.3	64.6	29	77.6	3.7	5.4	3.8	57.1	80.4	81.4	15.1	36.2	23.8
23	Khordha	NFHS 5 Total	810	43.2	84.9	17.1	74.7	2	8.4	7.4	91	97.8	87.6	13.8	17.1	13.2
24	Koraput	NFHS 5 Total	1014	54.6	40.6	35.5	65.4	3.6	3.3	6.6	79.2	82.1	98	17.2	43.1	15.9
25	Malkangiri	NFHS 5 Total	981	47	39	32.4	74.1	4.2	2.4	4.4	82.8	90.7	97.2	19.8	44.3	19.3
26	Mayurbhanj	NFHS 5 Total	837	46.5	58.6	31.3	76.3	2.9	5.4	5.9	52.9	91.7	85.4	23.7	36.7	28.5
27	Nabarangapur	NFHS 5 Total	1045	48.4	38.5	39.4	77.1	2.5	2.3	3.4	87.7	87.6	96.1	16.8	44.1	25.2
28	Nayagarh	NFHS 5 Total	845	49.3	80.4	35.7	78.2	1.7	5.5	4.6	90.3	98.3	96.1	20.3	20	10.5
29	Nuapada	NFHS 5 Total	1025	45.3	53.5	15.6	71.4	4.4	3.6	7.3	71.7	89.8	95.9	25.3	43.1	18.1
30	Puri	NFHS 5 Total	782	61.5	86.4	10.2	74.4	2.7	5.8	7.3	94.9	97.7	96.5	20.6	13.8	8.9
31	Rayagada	NFHS 5 Total	951	45.5	42	33.2	72.7	2.2	1.9	6.1	85.3	68.9	92.7	24.7	43.6	16.1
32	Sambalpur	NFHS 5 Total	1061	49.3	71.1	7.4	77.1	2.5	5.5	9.1	89	99.5	97.9	17.4	40.7	25.5
33	Subarnapur	NFHS 5 Total	924	45.8	76.1	16.9	77.4	4.4	3.6	5.8	87.8	96.1	98	22.5	29.6	26
34	Sundargarh	NFHS 5 Total	809	39.3	70.8	12.9	79.7	4.6	5.5	2.4	73.1	91.3	81.5	14.7	32.9	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

[illegible]

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