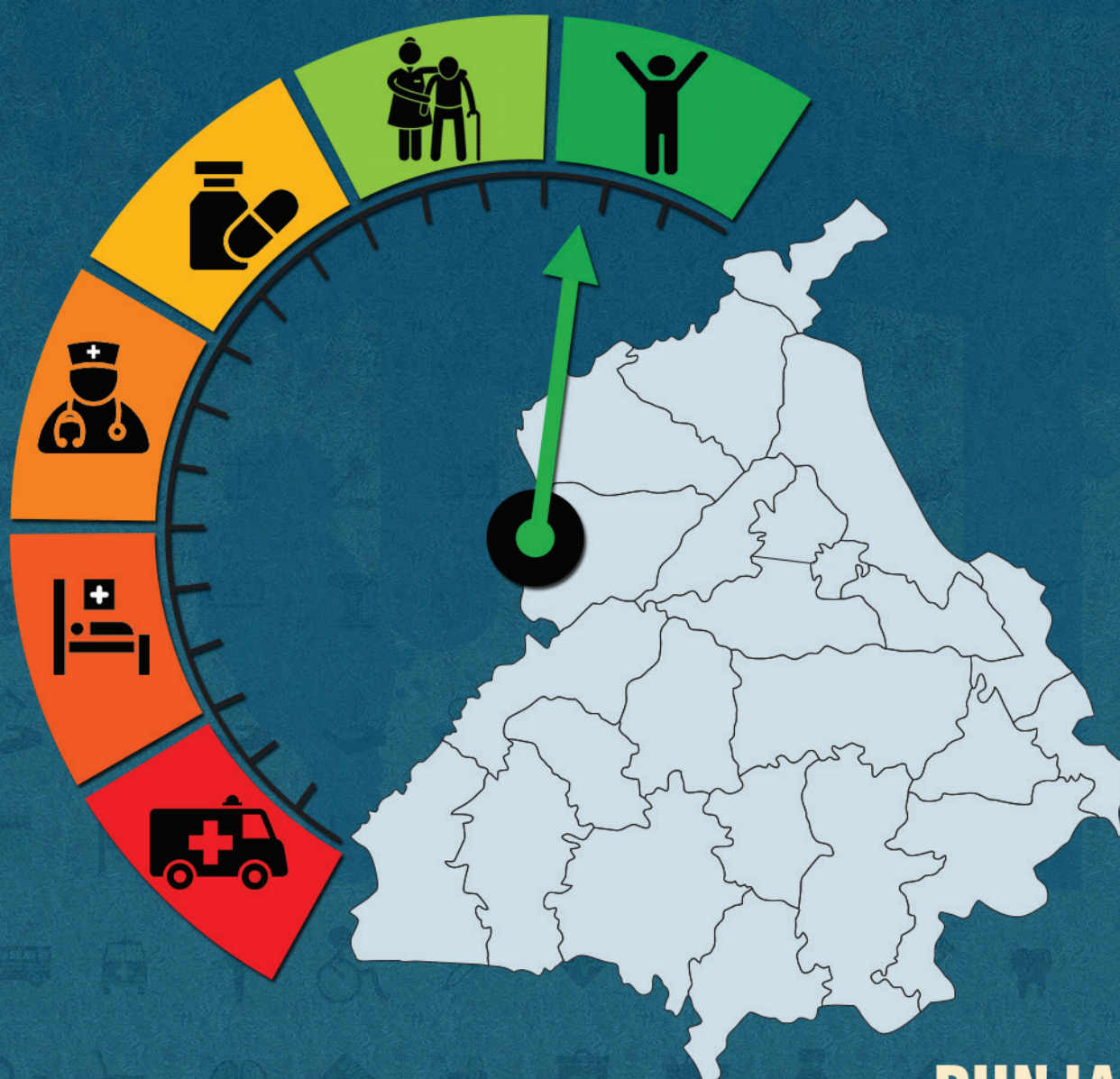


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



PUNJAB

DISTRICTS VISITED IN
COMMON REVIEW MISSIONS

CRM	Districts Visited	
4 th	Jalandhar	Muktsar
6 th	Patiala	Moga
8 th	Sangrur	SBS Nagar
9 th	Mansa	Hoshiarpur
11 th	Ludhiana	Kapurthala
12 th	Gurdaspur	Moga

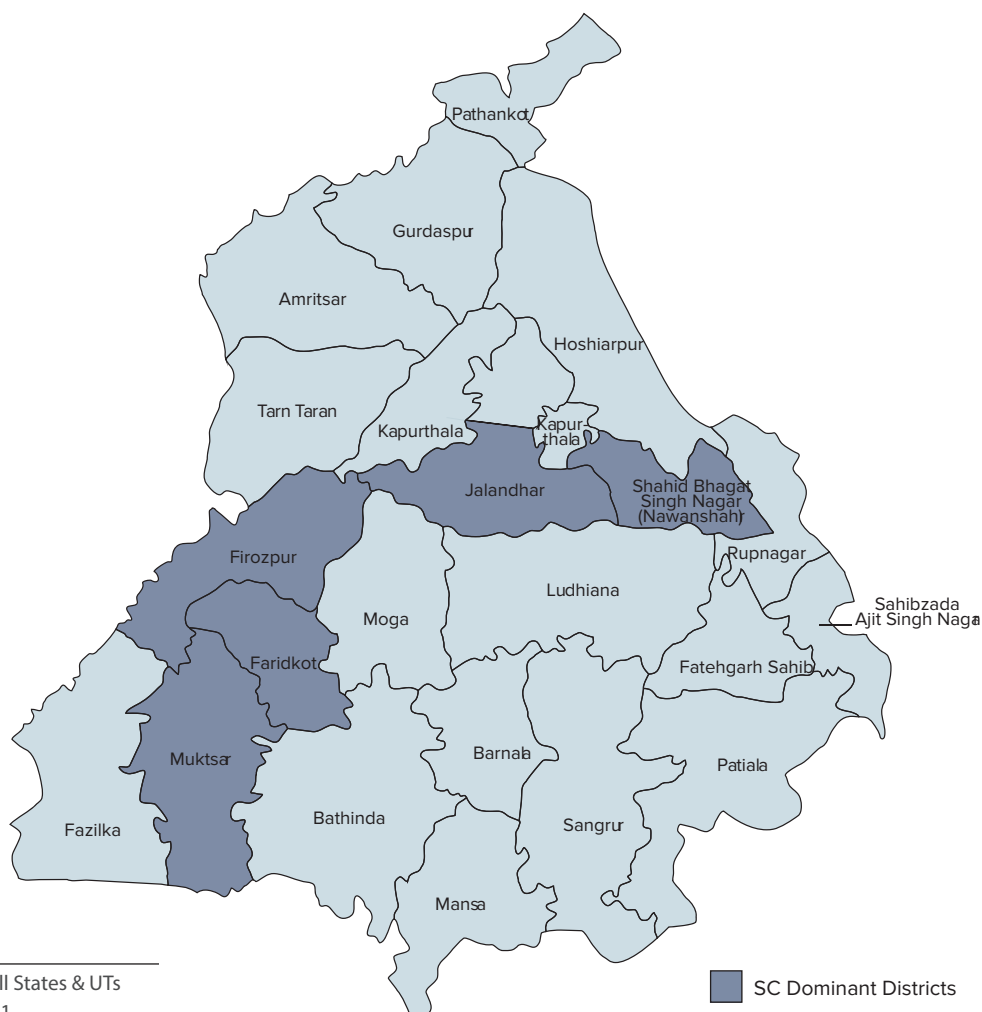
PUNJAB

1. BACKGROUND

1.1 Punjab Profile

Punjab is positioned^a 19th in India for a geographical spread of 50,362 km² (RHS 2020). The State is divided into 22 districts (RHS 2020) and estimated to have a population of over 2.77 crores^b, which accounts for approximately 2.29% of India's total population. It is projected that the population would

Figure 1: Top 5 SC Dominant Districts



reach around 3.03 crores by 2021 (Census Population Projection 2019 Report). As per Census 2011, the Scheduled Caste (SC) population is 0.89 crores (31.94%). In the State, 62.5% of the population reside in rural areas, while 37.5% constitute the urban population. Out of the 22 districts, top five SC dominant districts account for 29.26% of SC population in the State (Annexure 1.1; figure 1).

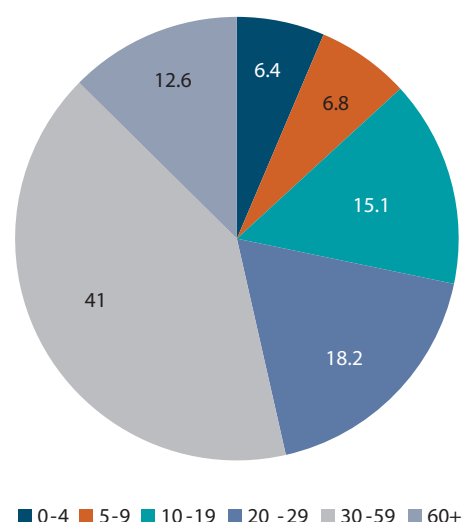
The total length of roads^c in the State is 1,39,492 km (2.79%^d), in which, the length of the national highways is 2,769 km (2.4%^e) and state highways is 1103 km (0.63%^f). About 42%% of the main worker population workers in the State participate in agricultural activities^g.

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

1.2 Demography

Out of the 22 districts, 1 district has population of 30 lakhs and above, 4 districts have a population between 20-30 lakhs, 5 districts have a population between 10-20 lakhs, and 10 districts have a population less than 10 lakhs (Annexure 1.1 State profile). The State's Sex ratio at birth of 890 females for every 1000 males is lower than the national average of 899 (Annexure 1.2). It is estimated that there are 15.1% of the total population in the age group of 10-19 years, 59.2% within 20 to 59 years; while 12.6% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 18.1 & 6.7 in 2005 to 14.5 & 6.6 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 69.7% in 2001 to 75.8% in 2011, with male & female literacy rates being 80.4% and 70.7%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^h is 27.0% for higher education, 70.19% for senior secondary education, 87.06% for secondary education, 100.44% for elementary education, and 101.70% for primary education.

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



1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 12.6% of the State's total population. The life expectancy at 60 years of age is 20.2 for both males and females, respectively (2014-2018). In Punjab, 80% of elderly females and 34.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 80.0% of elderly females and 27.0% elderly males are economically fully dependent on others. The old

^c Basic Road Statistics 2019, MoRTH

^d Percentage of total length of roads in Punjab

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

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

^g Economic Survey 2020-21

^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

age dependency ratio is 16.1 in 2011; which was 15.6 for males and 16.8 for females, 18.1 in rural & 13.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 31% for men and 40% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

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). The maternal mortality ratio has declined from 145 (SRS MMR Bulletin 2007-09) to 129 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Punjab, 81.7% of women received 4 ANC check-ups (Annexure 1.4). As per the NFHS 5 report- Bathinda, Fazilka, Firozpur, Mansa and Sangrur districts reported relatively low ANC coverage, ranging between 36.5% - 49.4%. Whereas, Fatehgarh Sahib, Jalandhar, Ludhiana, Patiala, Rupnagar and Sahibzada Ajit Singh Nagar districts reported high ANC coverage, ranging between 65.2% - 76%. As reported in HMIS 2019-20, around 98.6% of the deliveries took place in institutions, out of which 50.0% took place in public health facilities. Total percentage of C-sections is (39.3%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 50.3% are conducted at private facilities in the State. Around 88.6% 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 53.5% (NFHS-4) to 58.7% (NFHS-5). Anaemia in females of reproductive age group is more than 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

Ever since the inception of NHM in 2005, the State has shown a significant decline in IMR from 44 (2005) to 19 (2019), which is exceptionally lower than the national average of 30 (Annexure 2, Figure 1). Similarly, NNMR^l and Still Birth (per 1,000 live births) rates have also significantly decreased from 29.9 and 13.8 (2005) to 13 and 5 (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 69.3 (2006-10) to 72.7 (2014-18), which is above the national average of 69.4 years (Annexure 2, Figure 3). As per the NFHS 5, the lowest SRBs^m ranging between 746 - 820 are reported in Barnala, Bathinda, Gurdaspur, Pathankot, and Sangrur districts; while the highest ones, ranging between 964 - 1037 are reported in Amritsar, Hoshiarpur, Ludhiana, Moga and Rupnagar districts.

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

^j Antenatal Check up

^k Iron Folic Acid Tablets

^l Neonatal Mortality Rate

^m Sex Ratio at Birth

Full vaccinationⁿ coverage for children between 12 – 23 months of age declined from 93.4% (NFHS 4) to 85.2% (NFHS 5). The proportion of under 6-months children exclusively breastfed has increased from 53.0% (NFHS 4) to 55.5% (NFHS 5). An increase in childhood anaemia from 56.6% to 71.1% 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 15.1 to 20.3 are reported from Amritsar, Hoshiarpur, Patiala, Rupnagar and Shahid Bhagat districts. While relatively higher stunting rates, ranging from 30 to 36.6 are reported by Barnala, Fatehgarh Sahib, Fazilka, Firozpur, Mansa and Muktsar districts. For under-5 wasting – Barnala, Fatehgarh Sahib, Fazilka, Gurdaspur, Ludhiana and Rupnagar districts reported a low burden, which ranged from 5.9 to 9.5; while Bathinda, Firozpur, Kapurthala, Mansa, and Muktsar districts reported a relatively higher burden, which ranged from 12.1 to 15.4

2.3 Family Planning

The TFR^o reduced from 2.1 in 2005 to 1.6 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in the State is reported as 9.9%, while the unmet need for spacing is 3.7% (NFHS 5). Bathinda district reported the highest total unmet need (17.7%), while Sahibzada Ajit Singh Nagar reported the lowest (4.7%). Approximately 50.5% of married women reported to avail any modern method of family planning in the State (NFHS 5); and the sterilization acceptance among females is 22.8% times and 0.5% in males.

2.4 Communicable Diseases

The State has 22 functional IDSP units in place^p. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 19.25% of total disease burden (Annexure 1.4). Diarrheal diseases, lower respiratory tract infections, neonatal preterm birth, drug susceptible TB and dietary iron deficiency are the leading causes of deaths due to CMNND in the State (Annexure 2, Figure 6). As per QPR reports, for TB, the annualized total case notification rate is 188% and NSP^q success rate is 78% as opposed to the national averages of 163% and 79%, respectively. For NLEP^r, the reported prevalence rate of 0.17 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 14 deaths due to Dengue are reported in the State.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 64.9% of all deaths are premature in the State, while disability or morbidity accounts for 35.1%. Ischaemic heart diseases, diabetes type 2, COPD, and other musculoskeletal disorders are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 68.86% of DALYs; whereas, injuries contribute to 11.89% of DALYs in the State^s. The State is positioned 15th 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 0.4% of women and 12.9% of men used any kind of tobacco, while 0.3% of women and 22.8% of men consumed alcohol. Overall, metabolic factors (high systolic blood pressure, high fasting plasma glucose, high body mass index, high LDL cholesterol) and ambient particulate matter pollution are the major risk factors for all DALYs and YLLs (Annexure 2, figure 7).

ⁿ NFHS 5 State/UT Factsheet, based on information from vaccination card only

^o Total Fertility Rate

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

^q New Smear Positive

^r National Leprosy Eradication Programme

^s <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 ₹ 4,72,506 crores. The State is positioned 15th out of 32 states in terms of per capita^t of ₹ 1,54,313. According to NHA 2017-18, the per capita Government Health Expenditure in the State is ₹ 1,086, which is below the national average of ₹ 1,753. On the other hand, the OOPE^u as a share of Total Health Expenditure is 69.4% which is higher 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 ₹ 11,747 in public facilities, ₹ 40,579 in private facilities; whereas for urban areas, it is around ₹ 11,237 in public facilities and ₹ 33,822 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 3,187 in public facilities & ₹ 3,943 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 20,134 in public facilities and ₹ 23,289 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated to be 37% in rural and 27% in urban areas; whereas for diagnostics, it is 19% in rural and 15% 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). Though public health facilities have increased over time, there remains a shortfall of 17.34% SCs, 28.11% PHCs and 3.38% CHCs (Annexure 2, Figure 9). Currently, there are 2950 SCs, 427 PHCs and 143 CHCs are in place, against the required 3569 SCs, 594 PHCs and 148 CHCs in rural areas. Similarly, in urban settings, there are 100 PHCs in place against the required 247, which accounts to a shortfall of 59%. The State has 22 DHs, 41 SDHs and 4 government medical colleges. In the State, 100% of DHs (22), 95% of SDHs (39), and 81.08 % of CHCs (120) serve as functional FRUs.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2780 HWCs (2354 SHCs, 332 PHCs & 94 UPHCs) are operationalized in the State as of 22nd December 2021^v.

In the State, 22 districts are equipped with MMUs under the NRHM, while none under the NUHM. The State has 98.76% of required ASHAs in position under the NRHM and 94.15% under the NUHM. The doctor to staff nurse ratio in place is 1:1, with 4 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, 805.51 availed (events) OPD services and 30.21 availed (events) IPD services. As per the NSSO data (2017-18), 13% of all OPD cases in rural areas and 17% in urban areas; and 29% of all IPD cases in rural and urban areas utilized public health facilities. The public health facility utilization in the State is below the national averages for both (Annexure 1.6).

^t Directorate of Economics & Statistics

^u Out of Pocket Expenditure

^v AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^w

Indicator	Punjab 2011 ¹	India
Total Population (In Crore)	2.77	121.08
Rural (%)	62.52	68.85
Urban (%)	37.48	31.14
Scheduled Caste population (SC) (in crore)	0.89 (31.94%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0	10.45 (8.63%)
Total Literacy Rate (%)	75.8	72.99
Male Literacy Rate (%)	80.4	80.89
Female Literacy Rate (%)	70.7	64.64
Number of Districts in the Punjab ²	22	
Number of districts per lakh population in Punjab (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	10
	≥ 10 Lakhs - <20 Lakhs	5
	≥20 Lakhs - <30 lakhs	4
	≥30 Lakhs	1
SC Dominant (Top 5) Districts of Punjab ¹		
Shahid Bhagat Singh Nagar - 42.51%		
Muktsar - 42.31%		
Firozpur - 42.17 %		
Jalandhar - 38.95%		
Faridkot - 38.92%		
Top 5 SC dominant district accounts for - 29.26%		

1.2 Key Health Status & Impact Indicators

Indicators	Punjab	India
Infant Mortality Rate (IMR) ³	19	30
Crude Death Rate (CDR) ³	6.6	6
Crude Birth Rate (CBR) ³	14.5	19.7

^w Sources are mentioned at the end of Annexure 1

Maternal Mortality Ratio (MMR) ³	129	113
Neo Natal Mortality Rate (NNMR) ⁴	13	23
Under Five Mortality Rate (U5MR) ⁴	23	36
Still Birth Rate ⁴	5	4
Total Fertility Rate (TFR) ⁴	1.6	2.2
Life expectancy at birth ⁵	72.7	69.4
Sex Ratio at Birth ⁴	890	899

1.3 Key Health Infrastructure Indicators^x

Indicators				Numbers (Total)
Number of District Hospitals ²				22
Number of Sub District Hospital ²				41
Number of Government (Central + State) Medical College ⁶				4
Number of Private (Society + Trust) Medical Colleges ⁶				6
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	2354	899	1724	2274
PHC-HWC	332	432	432	432
UPHC-HWC	94	104	104	104
Total-HWC	2780	1435	2260	2810
Rural ²	Required (R)		In place (P)	Shortfall (S) (%)
Number of Community Health Centres (CHC)	148		143	3.38
Number of Primary Health Centres (PHC)	594		427	28.11
Number of Sub Centres (SC)	3,569		2,950	17.34
Number of functional First Referral Units (FRUs)	DH		SDH	CHC
	22		39	120
Urban ²	Required (R)		In place (P)	Shortfall (S) (%)
Number of PHC	247		100	59.51
Tribal ^{2y}	Required (R)		In place (P)	Shortfall (S)%
Number of CHC	N/A		N/A	N/A
Number of PHC	N/A		N/A	N/A
Number of SC	N/A		N/A	N/A

^x Sources are mentioned at the end of Annexure 1

^y Punjab has no separate tribal area/population

Patient Service ⁹	Punjab	India
IPD per 1000 population	30.21	62.6
OPD per 1000 population	805.51	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	30.22	36.4

1.4 Major Health Indicator²

% Share of DALYs to Total Disease Burden (GBD 2019) ⁷	Punjab	India
% DALY ^{aa} accountable for CMNNDs ^{bb}	19.25	27.46
% DALY accountable for NCDs	68.86	61.43
% DALY accountable for Injuries	11.89	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸	Punjab	India
Level of Birth Registration (%)	88.3	92.7
Level of Death Registration (%)	100	92
Percentage of medically certified deaths to total registered deaths (%)	17.5	20.7
RMNCHA+N		
Maternal Health ⁹	Punjab	India
% 1st Trimester registration to Total ANC Registrations	79.9	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	81.7	79.4
Total Reported Deliveries	3,79,150	21410780
% Institutional deliveries to Total Reported Deliveries	98.6	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	50	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	50	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	39.3	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	28.4	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	50.3	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	88.6	53.4
Neonatal ⁹	Punjab	India
% live birth to Reported Birth	98.7	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	7.7	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	80.6	89.9

² Sources are mentioned at the end of Annexure 1

^{aa} Disability Adjusted Life Years

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

New Born Care Units Established¹¹	Punjab	India
Sick New Born Care Unit (SNCU)	24	895
New Born Stabilization Unit (NBSU)	56	2418
New Born Care Corner (NBCC)	208	20337
Child Health & Nutrition¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	4.9	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	60.7	60.6
Children under 5 years who are underweight (weight-for-age) (%)	16.9	32.1
Child Immunization¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	85.2	83.8
Children age 12-23 months who have received BCG (%)	95.3	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	88.1	87.9
Family Planning¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	3.7	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Punjab	India
Number of districts with functional IDSP unit	22	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Punjab	India
Annualized total case notification rate (%)	188	163
New Smear Positive (NSP) Success rate (in %)	78	79
National Leprosy Eradication Programme (NLEP)¹¹	Punjab	India
Prevalence Rate/10,000 population	0.17	0.61
Number of new cases detected	531	1,14,359
Malaria, Kala Azar, Dengue¹¹	Punjab	India
Deaths due to Malaria ¹¹	0	79
Deaths due to Kala azar reported ¹¹	0	0
Deaths due to Dengue reported ¹¹	14	168
Number of Kala Azar Cases reported ¹¹	0	3,706
HIV¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	20.6	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰	37.6	30.7

Non-Communicable Disease		
Diabeties and Hypertension ¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	18.5	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	24.5	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	5.8	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	6.3	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰	Punjab (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	0.4	8.9
Men who use any kind of tobacco (%)	12.9	38
Women who consume alcohol (%)	0.3	1.3
Men who consume alcohol (%)	22.8	18.8
Injuries		
Road Traffic Accident ¹²	Punjab	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	15	NA
Total number of fatal Road Accidents	4,190	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	71.3	33.7
Number of persons killed in Road Accidents	4525	115113

1.5 Access to Care^{cc}

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) ¹¹	Punjab	India
Number of Districts equipped with MMU under NRHM	22	506
Number of Districts equipped with MMU/Health Units under NUHM	0	31
Number of ERS vehicles operational in the States/UTs Under NHM	Punjab	India
102 Type	0	9955
104 Type	0	605
108 Type	242	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	496	11070

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

Key Domain Indicators			
ASHA ¹³	Punjab	India	
Total number of ASHA targeted under NRHM	17360	946563	
Total number of ASHA in position under NRHM	17144	904211	
% of ASHA in position under NRHM	98.76	96	
Total number of ASHA targeted under NUHM	2600	75597	
Total number of ASHA in position under NUHM	2448	64272	
% of ASHA in position under NUHM	94.15	85	
Community Process ¹¹	Punjab	India	
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	12982	554847	
Number of Mahila Arogya Samitis (MAS) formed	7473	81134	
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Punjab	India	
DH	22	796	
CHC	142	6036	
PHC	363	20273	
UCHC	11	126	
UPHC	100	3229	
Human Resource for Health ¹⁴			
HRH Governance		Punjab	
Specialist Cadre Available in the state (Y/N)		No	
HR Policy available (Y/N)		No	
Implementation of HRIS (Y/N)		Yes	
HR Integration initiated (Y/N)		No	
Public Health Cadre available (Y/N)		No	
Overall Vacancies (Regular + contractual)	Specialists (%)	37	
	Dentists (%)	18	
	MO MBBS (%)	18	
	Nurse (%)	34	
	LT (%)	22	
	ANM (%)	26	
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		5 per 10,000	4 per 10,000
Regular to contractual service delivery staff ratio ¹⁴		3: 1	2: 1

Ranking: Human Resource Index of Punjab¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{dd}	9121	8723	6982	1741	2139	24.44
Staff Nurse	8113	6010	4022	1988	4091	
Lab Technician	1823	1554	1205	349	618	
Pharmacists	987	1765	1907	-142	0	
MO MBBS ^{ee}	2199	2612	2450	162	0	
Specialist ^{ff}	2259	1978	1324	654	935	

1.6 Healthcare Financing^{gg}

National Health Accounts (NHA) (2017-18)	Punjab		India	
Per Capita Government Health Expenditure (in ₹)	1,086		1753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	0.7		1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	5		5.12	
OOPE as a Share of Total Health Expenditure (THE) %	69.4		48.8	
National Sample Survey Office (NSSO) (2017-2018)	Punjab		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	13	17	33	26
IPD - % of hospitalized cases using public facility	29	29	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	875	307	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	662	818	845	915
IPD - Per hospitalized case (in INR) - Public	11747	11237	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	40579	33822	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	19	15	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	37	27	53	43

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

^{ee} MO MBBS (Full Time)

^{ff} Specialist (All Specialist)

^{gg} 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)	3187	3943	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	20134	23289	20,692	26,701
State Health Expenditure	Punjab		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	3.8		5 ^{hh}	

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

^{hh} 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

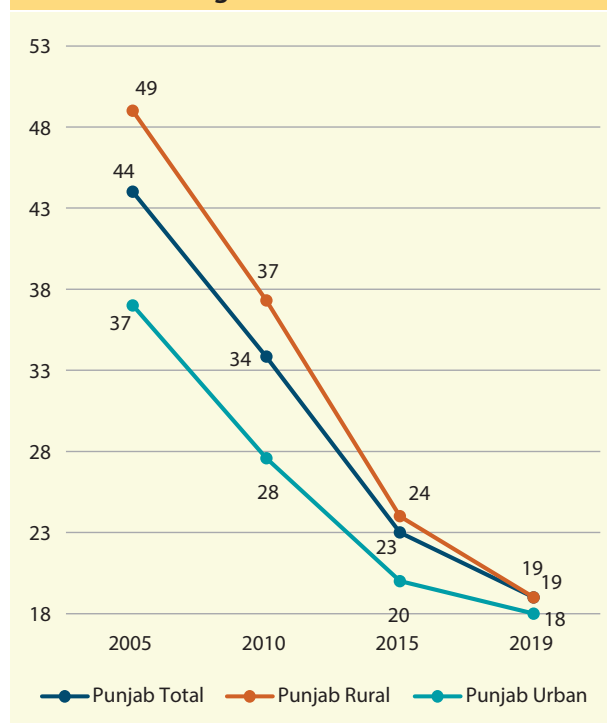


Figure 2: CBR & CDR Trend

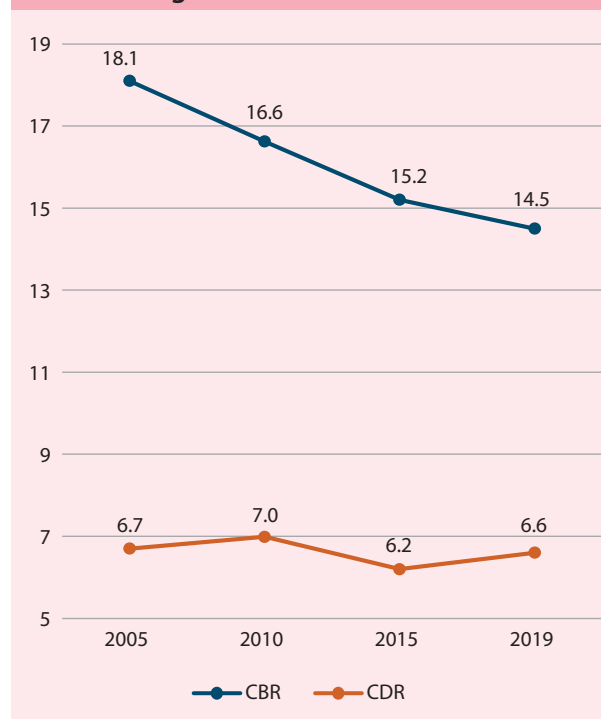


Figure 3: Life Expectancy At Birth Trend

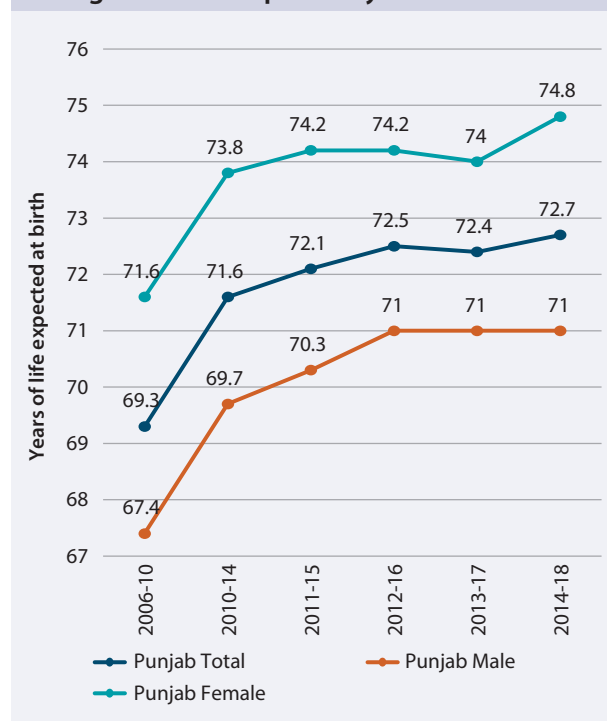


Figure 4: NNMR, TFR & Still Birth Trend

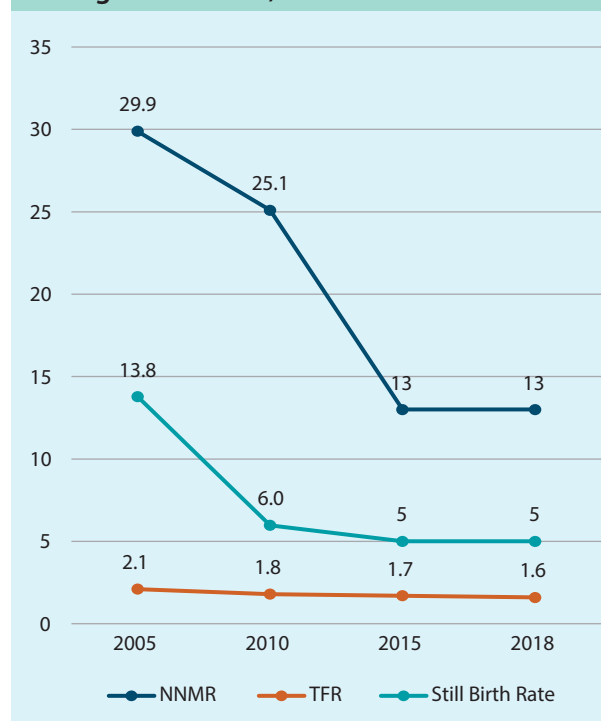


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

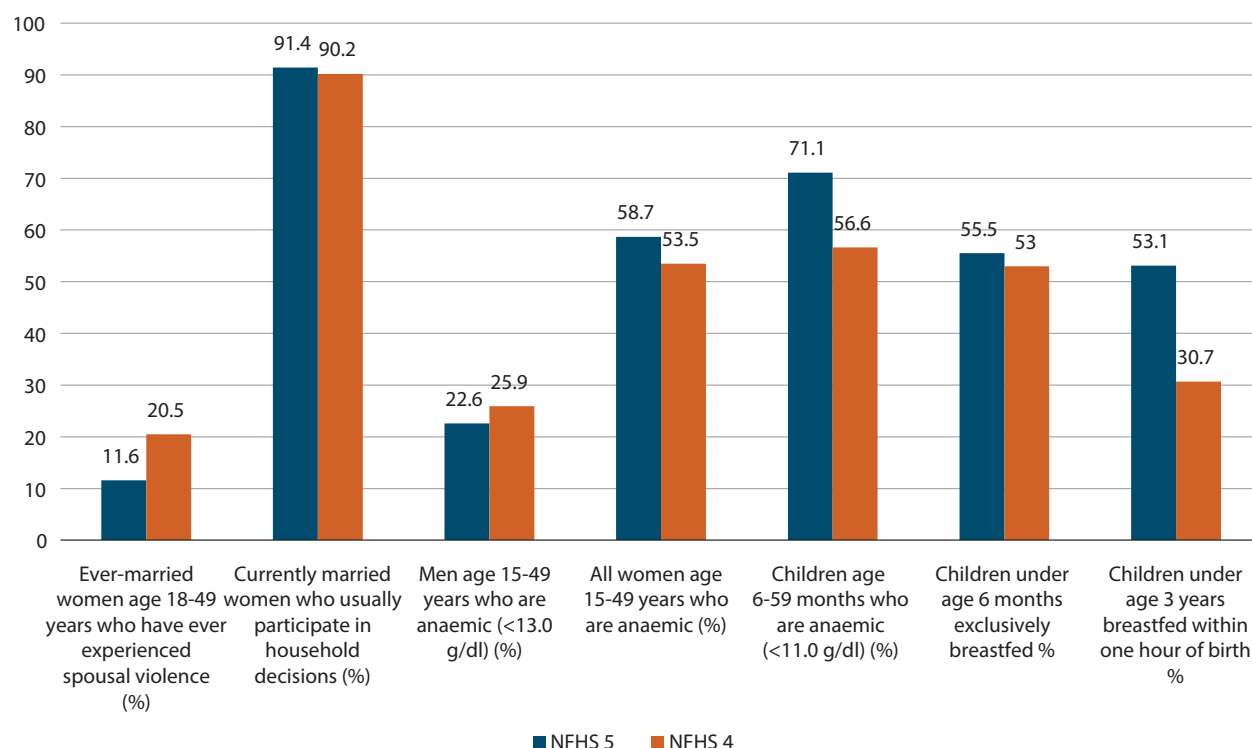


Figure 6: Top 15 causes of DALYs, 1990-2019

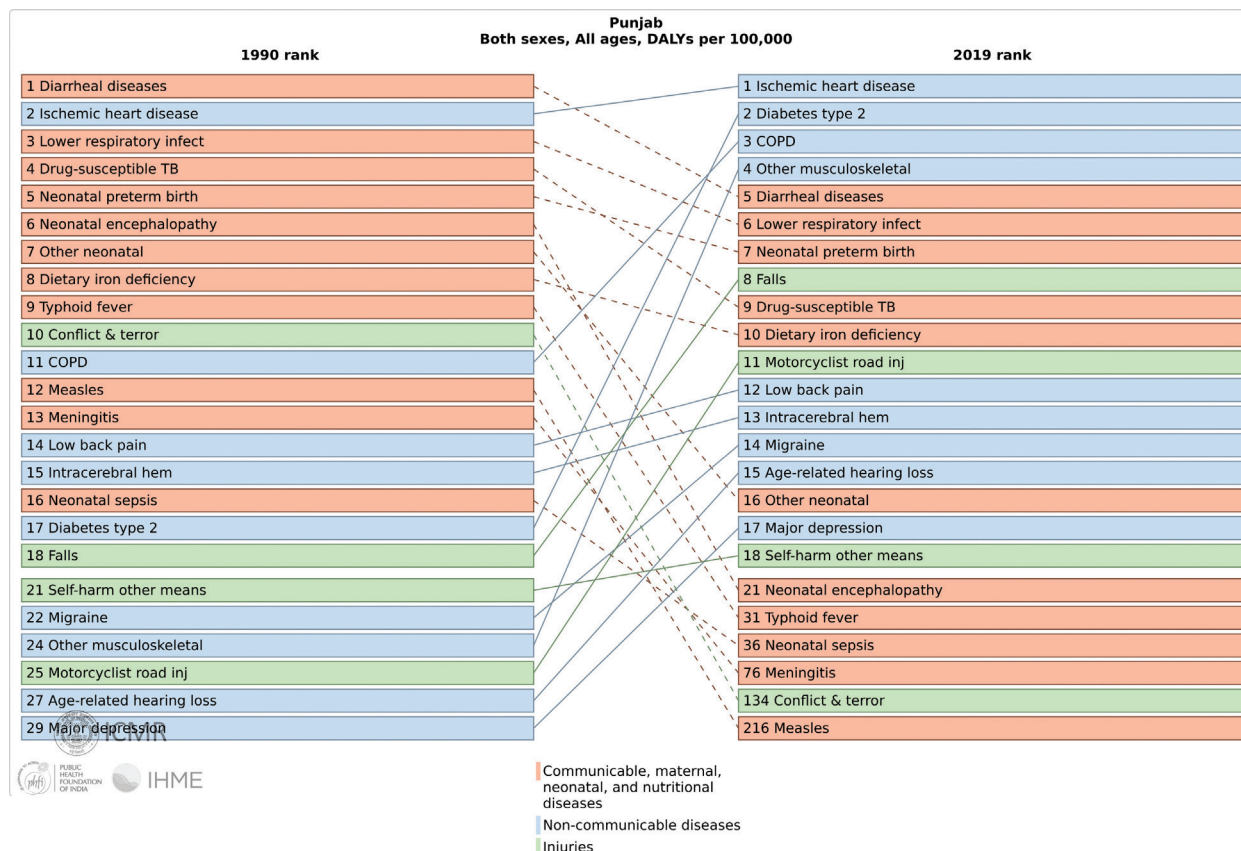


Figure 7: Top 15 risk of DALYs, 1990-2019

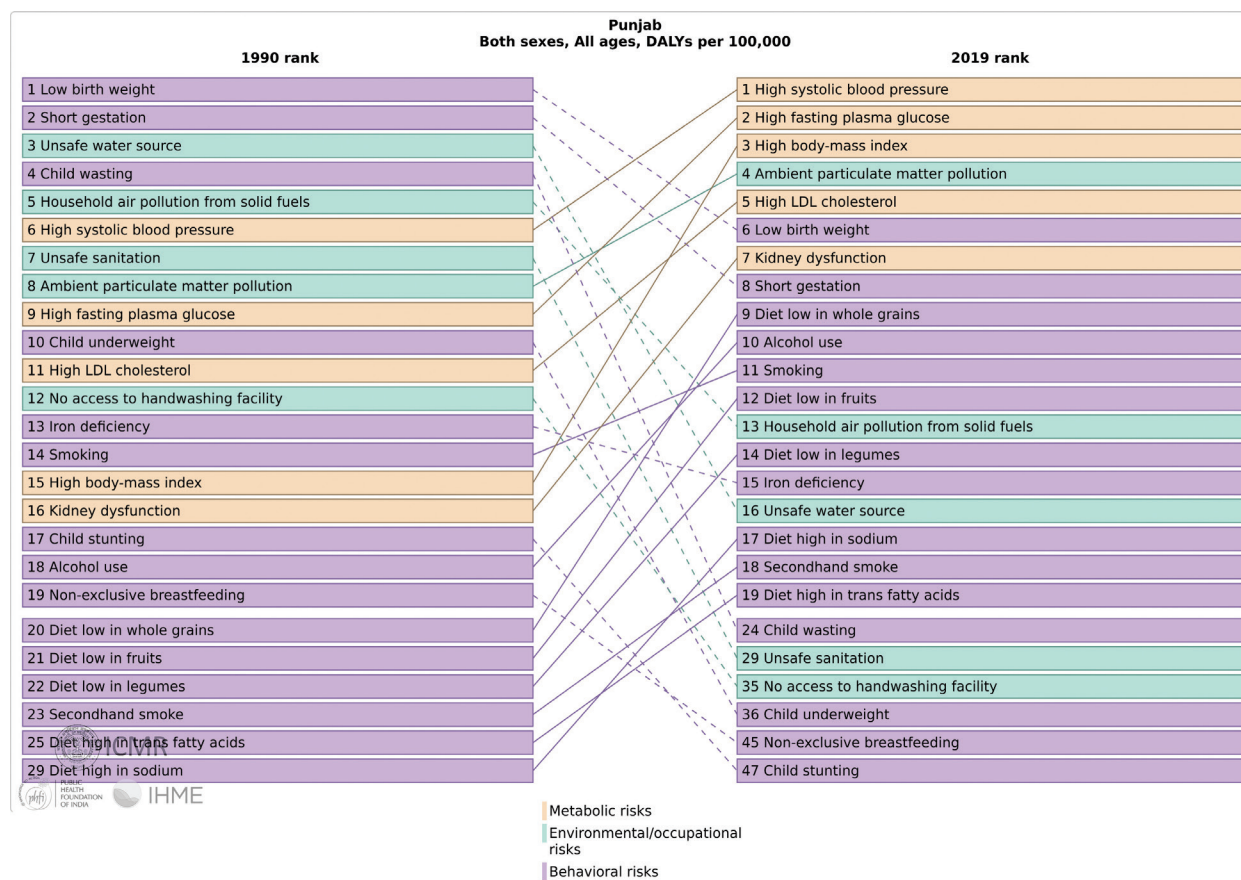


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

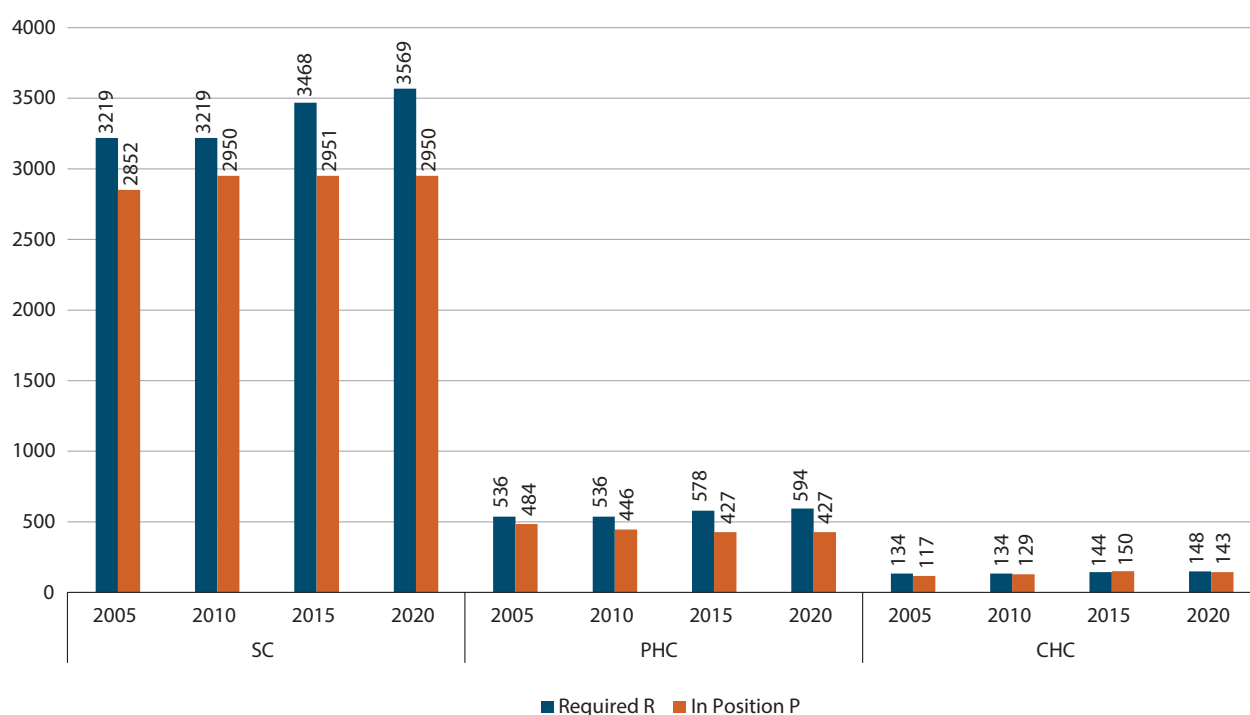
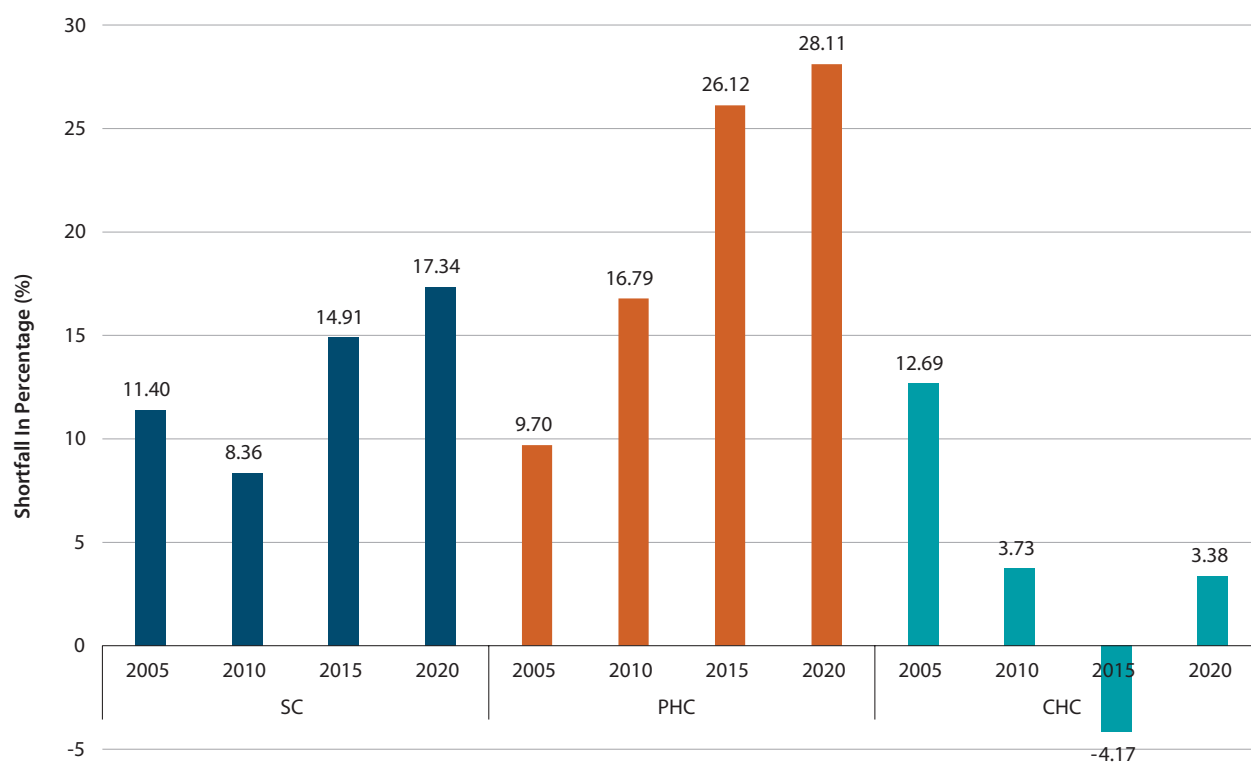


Figure 9: Year Wise Health Infrastructure Shortfall (%)



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

S. No.	States/Districts	Data Source	(Green – Good Performance, Red – Poor Performance) (District Wise Rural Urban Stats Not Available)													
			Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	Children Age 12-23 Months Fully Vaccinated Based On Information From Vaccination Card Only* (%)	Total Children Age 6-23 Months Receiving Adequate Diet**, # (%)	Children Under 5 Years - Stunted^ (Height For Age) (%)	Children Under 5 Years - Wasted^ (Weight For Height) (%)
1	Punjab	NFHS 4 Total	860	21.2	NA	7.6	75.8	6.8	18.9	6.2	68.5	90.5	93.4	5.9	25.7	15.6
2	Punjab	NFHS 5 Urban	858	27.5	81.6	8.8	68.4	2.8	26.6	8.8	60.8	92	81.7	12.2	25.7	11.7
3	Punjab	NFHS 5 Rural	931	23.6	78	8.7	65.4	3.2	19.7	10.5	58.4	95.5	87.1	11.8	23.9	10
4	Punjab	NFHS 5 Total	904	25.2	79.4	8.7	66.6	3.1	22.2	9.9	59.3	94.3	85.2	11.9	24.5	10.6
5	Amritsar	NFHS 5 Total	1037	26.2	80.2	9.2	68.9	2.7	26.3	9.7	56.5	95.9	74.3	8.2	19.4	11.9
6	Barnala	NFHS 5 Total	755	20.7	77.9	12.8	69.3	3.2	20.7	9.4	63.8	96.7	86.7	20.5	33.8	9.4
7	Bathinda	NFHS 5 Total	820	20.1	69.2	14.2	45.3	6.2	13.2	17.7	48.2	93.1	74.5	16.2	23	15.4
8	Faridkot	NFHS 5 Total	914	20.4	72.6	11.9	56.3	3	17.1	15.7	53.4	94.3	81.5	16.9	28.1	10.3
9	Fatehgarh Sahib	NFHS 5 Total	844	35.1	86.9	7.3	71.6	2	23.6	7.7	76	96.6	95.9	13	30	7.1
10	Fazilka	NFHS 5 Total	951	20.6	69.4	12.4	68	4.3	20.1	7.1	36.5	91.7	72.6	13	35.9	9.5
11	Firozpur	NFHS 5 Total	892	21	75.4	10.5	77.3	6.9	23.3	5.4	48.4	95.5	86.5	6.4	30	12.9
12	Gurdaspur	NFHS 5 Total	746	23.5	82	6.5	58.5	3.3	20.8	15.4	61.1	92.4	90.2	14.6	25.1	9.5
13	Hoshiarpur	NFHS 5 Total	970	27.7	91.3	4.7	65.6	1.2	22.6	11.9	59.7	98.3	97.6	12.6	19.3	11.5
14	Jalandhar	NFHS 5 Total	936	25.9	86.8	7.4	66.6	2	21	8.8	72.8	92.3	95.6	12.9	24.8	10.3
15	Kapurthala	NFHS 5 Total	922	20.7	84.1	6.9	61	1.6	20.5	13.4	51.4	95	83.4	14	24.6	12.8
16	Ludhiana	NFHS 5 Total	964	25.2	82.4	6.5	69.8	1.8	26.6	8.3	65.2	90.1	79.8	14.1	22.1	5.9

17	Mansa	NFHS 5 Total	871	18.4	67.4	11.5	67.6	7.3	15.7	7.2	49.4	88.8	11.7	36.6	12.1
18	Moga	NFHS 5 Total	1014	23.7	74.7	13.1	75	3.2	28.2	8	58.4	93	2.8	22	12
19	Muktsar	NFHS 5 Total	877	23.9	71.1	8.6	72	3	22.6	6.2	57.9	96.4	11.7	35	13.6
20	Pathankot	NFHS 5 Total	756	27	88.7	4.6	62.6	1.7	22.2	10.5	52.4	94.8	8.7	22.1	10.3
21	Patiala	NFHS 5 Total	954	33.8	76.6	7.8	71.7	2.8	21.1	7.5	72	97.3	12.6	20.3	9.9
22	Rupnagar	NFHS 5 Total	1022	37.8	86.6	2.4	71.8	1.8	20.5	10.8	65.2	97.8	8.3	15.1	9.1
23	Sahibzada Ajit Singh Nagar	NFHS 5 Total	855	31	83.5	10.6	76.5	2.4	29.7	4.7	69	97.4	18	26.2	10.7
24	Sangrur	NFHS 5 Total	798	18.7	78.3	8	57	4.3	17.9	12.3	47.7	94.7	7.8	23.4	10.4
25	Shahid Bhagat Singh Nagar	NFHS 5 Total	833	23.3	88.1	6.4	66.1	3	25	10.8	60.5	99.3	7.7	17.9	12
26	Tarn Taran	NFHS 5 Total	890	25	66	10.7	73.7	2.3	23.7	8	60.3	96	5.6	23.8	11.3

* 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]

LIST OF CONTRIBUTORS

Maj Gen (Prof) Dr. Atul Kotwal, Executive Director, NHSRC

KNOWLEDGE MANAGEMENT DIVISION, NHSRC

Dr. Neha Dumka, Lead Consultant

Dr. Deepak Bhagat, Consultant

Dr. Erin Hannah, Fellow

Dr. Vineeta Sharma, Consultant

Dr. Padam Khanna, Senior Consultant

Mr. Arun Srivastava, Senior Consultant

Dr. Rajnesh Kumar, Consultant

Dr. Vineet Kumar Pathak, Senior Consultant

Dr. Devaki, Senior Consultant

Dr. Tarannum Ahmed, Consultant

Dr. Roopani, Consultant

Dr. Diksha Dhupar, Consultant



NATIONAL HEALTH SYSTEMS RESOURCE CENTRE