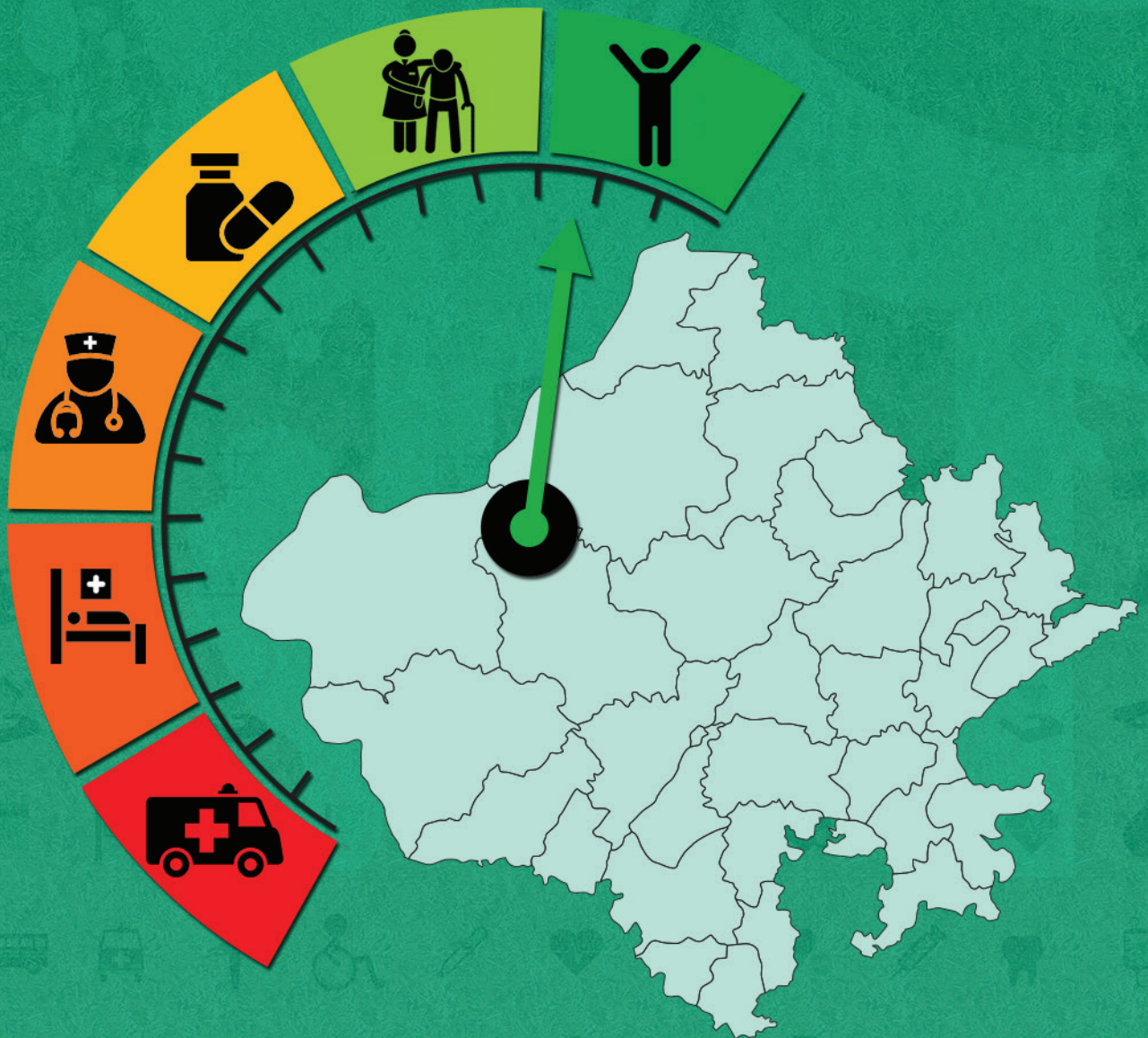


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



RAJASTHAN

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
1 st	Alwar	Churu
2 nd	Jaipur	Dungarpur
3 rd	Alwar	Bhilwara
4 th	Pali	Ajmer
5 th	Barmer	Chittaurgarh
6 th	Sawai Madhopur	Udaipur
8 th	Rajsamand	Sri Ganga Nagar
9 th	Dholpur	Bikaner
12 th	Jodhpur	Baran
13 th	Churu	Sirohi
14 th	Karauli	Jalore

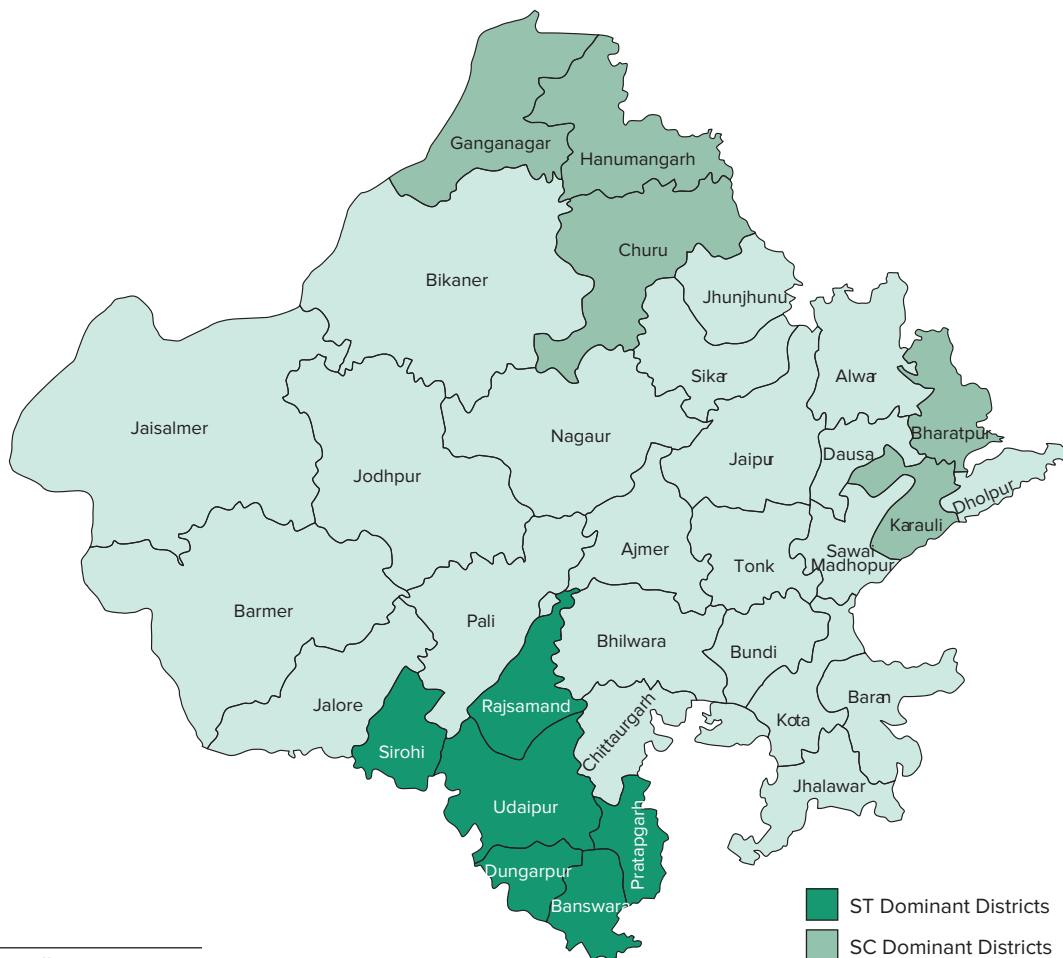
RAJASTHAN

1. BACKGROUND

1.1 Rajasthan Profile

Rajasthan is the largest state^a in India with a geographical spread of 3,42,239 km² (RHS 2019). It is divided into 34 districts and is estimated to have a population of over 6.85 crores^b, which accounts for approximately 5.66% of India's total population^c. It is projected that the population would reach around

Figure 1: Top 5 ST & SC Dominant Districts



^a Including all States & UTs

^b Census 2011

^c RHS 2019

7.9 crores by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 1.2 crores (17.83%) and 0.92 crores (13.48%), respectively. Around 75.13% of the population reside in rural areas, while the rest constitute the urban population. Out of the 34 districts, top five ST & SC dominant districts account for 51.14% of ST & 21.09% of SC population in Rajasthan (Figure 1 & Annexure 1, Rajasthan Profile).

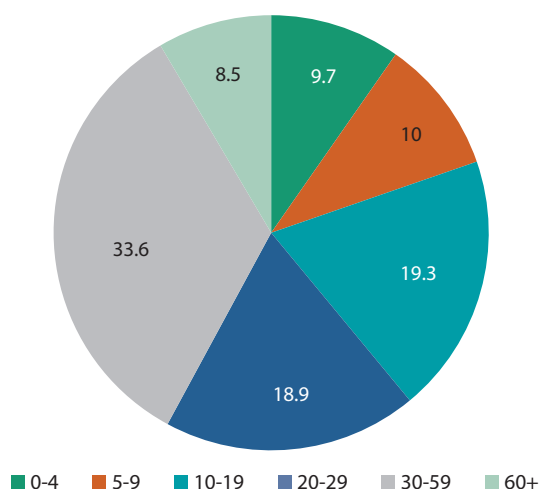
At present, 61 cities^e are covered under National Urban Health Mission. There are no metropolitan cities but has 3 Million plus cities in the State. The total length of roads^f in Rajasthan is 2,65,599 km (5.31%^g), in which, the length of the national highways is 7,906 km (6.9%^h) and state highways is 15,019 km (8.58%ⁱ). About 74.0% of the main worker population are self-employed in the State, followed by casual laborers and wage earners (26%)^j.

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

1.2 Demography

Out of the 34 districts, 5 districts have a population of 30 lakhs and above, 9 districts have a population between 20-30 lakhs, 17 districts have a population between 10-20 lakhs, and 2 districts have a population less than 10 lakhs (Annexure 1.1 Rajasthan profile). Rajasthan's Sex ratio at birth (871 females for every 1000 males) is less than the national average of 899 (Annexure 1.2). It is estimated that 19.3% of the total population are in the age group of 10-19 years, 52.5% within 20 to 59 years; while 8.5% are 60 years and above (Figure 2). The crude birth rate and the crude death rate have declined from 28.6 & 7.0 in 2005 to 23.7 & 5.7 in 2019, respectively (Annexure 2; figure 2). The literacy rate increased from 60.4% in 2001 to 66.1% in 2011, with male & female literacy rates being 79.2% and 52.1%, respectively (Annexure 1.1). As per the ESAG 2018 report, the Gross Enrollment Rate (GER)^k is 20.2% for higher education, 59.31% for senior secondary education, 76.06% for secondary education, 97.24% for elementary education, and 100.43% for primary education.

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



^d Census Population Projection Report 2019

^e QPR NHM MIS Report as on 31 Dec 2020

^f Basic Road Statistics 2019, MoRTH

^g Percentage of total length of roads in Rajasthan

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

ⁱ Percentage of total length of State Highways in the country

^j AnnualReportPLFS2018-19; http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

^k 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

1.3 Elderly

Population ageing has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 8.5% of the Rajasthan's total population. The life expectancy at 60 years of age is 17.0 and 20.1 for males and females, respectively (2014-2018). In Rajasthan, 68% of the elderly females and 31% elderly males living in rural areas; 72% of the elderly females and 21% elderly males in urban areas are economically fully dependent on others. The old age dependency ratio is 13 in 2011; which is 11.9 for males and 14.1 for females; 13.7 in rural & 11.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 19% for men and 16% for women, both of which are below the national average of 31% (Elderly in India).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Rajasthan has been able to provide RMNCHA+N^l services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)^m, institutional deliveries, C sections, distribution of IFAⁿ 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 318 (SRS MMR Bulletin 2007-09) to 164 (SRS MMR Bulletin 2016-18) per 1,00,000 live births. In Rajasthan, 60.7% of pregnant women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Baran, Bundi, Chittaurgarh, Jhalawar and Kota districts reported better ANC coverage ranging between 72.3%-81.3%. Whereas Alwar, Bharatpur, Churu, Dhaulpur and Karauli districts reported poor ANC coverage ranging between 30%-45%. As reported in HMIS 2019-20, around 98.3% of the deliveries took place in institutions, out of which 76% took place in public health facilities. Total percentage of C-sections is (12.3%) are on par with the WHO's standard (10-15%); and out of the total reported C-sections, about 19.8% are conducted at private facilities in Rajasthan. Around 9.2% of women received their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years increased from 46.8% (NFHS 4) to 54.4% (NFHS 5). Anaemia in females of reproductive age group is almost twice than that in men of similar age group (Annexure 2, figure 5).

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Rajasthan has shown a significant decline in IMR from 68 (2005) to 35 (2019) (Annexure 2, Figure 1). Similarly, NNMR^o and Still Birth (per 1,000 live births) rates have also significantly decreased from 42.7 and 11.4 (2005) to 26 and 6 (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 66.5 (2006-10) to 68.7 (2014-18) (Annexure 2, Figure 3). As per NHFS 5, the low SRB^p ranging from 769- 802 are reported in Bhilwara, Bundi, Jalor, Rajsamand and Sikar districts, while the high ones, ranging from 998- 1127 are reported in Alwar, Baran, Hanumangarh, Pali and Sirohi districts.

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

^m Antenatal Check up

ⁿ Iron Folic Acid Tablets

^o Neonatal Mortality Rate

^p Sex Ratio at Birth

Full vaccination^q coverage for children between 12 – 23 months of age has shown an improvement from 69.7% (NFHS 4) to 85.3% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also improved from 58.2% (NFHS 4) to 70.4 (NFHS 5). The prevalence of childhood anaemia has increased from 60.36% (NFHS 4) to 71.5% (NFHS 5) (Annexure 2, Figure 5). As per NFHS 5 report, comparatively less burden of stunting in the state, ranging from 20.9% to 23.1% are reported from Ajmer, Bhilwara, Bikaner, Jhunjhunun and Sikar districts. While considerably higher stunting rates, ranging from 40.3% to 46%, are reported from Banswara, Baran, Bharatpur, Dhaulpur and Jalor districts. For under-5 wasting – Barmer, Bharatpur, Jalor, Sikar and Udaipur districts reported a low burden, ranging from 8.6% to 12.8%; while Bikaner, Ganganagar, Jaisalmer, Jhalawar and Karauli districts reported a relatively higher burden, ranging from 24.9% to 29%.

2.3 Family Planning

The TFR^r reduced from 3.7 in 2005 to 2.5 in 2018 (Annexure 2, Figure 4). As per the NFHS 5 report, the total unmet need in Rajasthan is reported as 7.6%, while the unmet need for spacing is 3.7%. Jalor district reported the highest total unmet need of 14.8% while Baran reported the lowest (4%). Approximately 62.1% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 42.4% among females, and 0.2% among males.

2.4 Communicable Diseases

Rajasthan has 33 districts having functional IDSP units^s. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 37.27% of total disease burden (Annexure 1.4). Lower respiratory infection, neonatal preterm birth, drug susceptible TB, diarrheal diseases & other neonatal conditions are the leading causes of deaths due to CMNND in Rajasthan (Annexure 2, Figure 6). As per QPR reports, for TB, the annualized total case notification rate is 194% and NSP^t success rate is 76% as opposed to the national averages of 163% and 79%. For NLEP^u, the reported prevalence rate of 0.14 per 10,000 population is less than the national average of 0.61. In FY 2019-20, 17 deaths due to Dengue and 1 death due to Malaria are reported in Rajasthan.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that as high as 69.7% deaths are premature in the State, while disability or morbidity accounts for 30.3%. COPD, Ischaemic heart diseases, Asthma, and Self-harm means are the major causes of DALYs in the State (Annexure 2, Figure 6). NCDs contribute to 51.35% of DALYs, whereas, injuries contribute to 11.38% of DALYs in the State^v. Rajasthan is positioned 6th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). As per NFHS 5, it is reported that 6.9% of women and 42% of men used any kind of tobacco, while 0.3% of women and 11% of men consumed alcohol. Overall, smoking, ambient particulate matter pollution, household air pollution from solid fuels, high systolic blood pressure, and high fasting plasma glucose are the top five major risk factors for all DALYs (Annexure 2, figure 7).

^q NFHS 5 Rajasthan Factsheet, based on information from vaccination card only

^r Total Fertility Rate

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

^t New Smear Positive

^u National Leprosy Eradication Programme

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

2.6 Health Care Financing

Rajasthan's Net State Domestic Product (NSDP) for FY 2018-19 is 8,45,247 crores. The State is positioned 21st out of 32 states in terms of per capita^w of ₹ 1,10,606. According to NHA 2017-18, the per capita Government Health Expenditure in the Rajasthan is ₹ 1,369 which is less than the national average of ₹ 1,753. On the other hand, the OOPE^x as a share of Total Health Expenditure is 49.6%, which is slightly 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 ₹ 9,685 in public facilities, ₹ 27,760 in private facilities; whereas for urban areas, it is around ₹ 7,773 in public facilities and ₹ 30,435 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 2,528 in public facilities & ₹ 14,773 in private facilities; whereas in urban areas - OOPE is estimated to be around ₹ 2,028 in public facilities and ₹ 18,588 in private facilities. In public health facilities, the share of expenditure on medicines as a proportion of inpatient medical expenditure is estimated as 14% in rural and urban areas; whereas for diagnostics, it is 61% in rural and 39% 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). There is no shortfall in the required SCs, & PHCs (Annexure 2, Figure 9). Currently, there are 13,480 SCs, 2,094 PHCs, and 548 CHCs in place, against the required 12,902 SCs, 2,095 PHCs and 523 CHCs. Whereas, in urban settings, there are 383 PHCs in place against the required 412, amounting to a shortfall of 7%. The State has 27 DHs, 20 SDHs and 15 government medical colleges. In tribal catchments, there are 2,970 SCs, 197 PHCs and 65 CHCs in place, against the required 3,262 SCs, 489 PHCs and 122 CHCs. This accounts to a shortfall of 8.95% of the required SCs, 59.71% of the required PHCs and 46.72% of the required CHCs in the tribal areas.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 2,457 HWCs (191 SHCs, 1,975 PHCs & 291 UPHCs) are operationalized in the State to deliver Comprehensive Primary Healthcare, as of 22nd December 2021^y.

In Rajasthan, 34 districts are equipped with MMUs under the NRHM, and 4 under the NUHM. Rajasthan has 94% of required ASHAs in position under the NRHM and 78% under the NUHM. The doctor to staff nurse ratio in place is 1:3, with 6 public health providers (MO, specialists, staff nurse & ANM) per 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, 1832.0 availed (events) OPD services and 78.6 availed (events) IPD services. As per the NSSO data (2017-18), 43% of all OPD cases in rural areas and 32% in urban areas; and 51% of all IPD cases in rural areas & 50% in urban areas utilized public health facilities. The public health facility utilization in Rajasthan is better than the national averages for both (Annexure 1.6).

^w Directorate of Economics & Statistics

^x Out of Pocket Expenditure

^y AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile

Indicator	Rajasthan 2011 ¹	India
Total Population (In Crore)	6.85	121.08
Rural (%)	75.13	68.85
Urban (%)	24.87	31.14
Scheduled Caste population (SC) (in crore)	1.2 (17.83%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.92 (13.48%)	10.45 (8.63%)
Total Literacy Rate (%)	66.1	72.99
Male Literacy Rate (%)	79.2	80.89
Female Literacy Rate (%)	52.1	64.64
Number of Districts in the Rajasthan ²	34	
Number of districts per lakh population in Rajasthan (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<10 Lakhs	2
	≥ 10 Lakhs - <20 Lakhs	17
	≥20 Lakhs - <30 lakhs	9
	≥30 Lakhs	5

ST SC Dominant (Top 5) Districts of Rajasthan¹

ST Dominant Districts (%)	SC Dominant Districts (%)
Banswara - 76.38%	Ganganagar - 36.58%
Dungarpur - 70.82%	Hanumangarh - 27.84%
Pratapgarh - 63.42%	Karauli - 24.30%
Udaipur - 49.70%	Churu - 22.14%
Sirohi - 28.22%	Bharatpur - 21.86%
Top 5 ST dominant district accounts for - 51.14%	Top 5 SC dominant district accounts for - 21.09%

1.2 Key Health Status & Impact Indicators

Indicators	Rajasthan	India
Infant Mortality Rate (IMR) ³	35	30
Crude Death Rate (CDR) ³	5.7	6
Crude Birth Rate (CBR) ³	23.7	19.7

² Sources are mentioned at the end of Annexure 1

Maternal Mortality Ratio (MMR) ³	164	113
Neo Natal Mortality Rate (NNMR) ⁴	26	23
Under Five Mortality Rate (U5MR) ⁴	40	36
Still Birth Rate ⁴	6	4
Total Fertility Rate (TFR) ⁴	2.5	2.2
Life expectancy at birth ⁵	68.7	69.4
Sex Ratio at Birth ⁴	871	899

1.3 Key Health Infrastructure Indicators^{aa}

Indicators	Numbers (Total)			
Number of District Hospitals ²	27			
Number of Sub District Hospital ²	20			
Number of Government (Central + State) Medical College ⁶	15			
Number of Private (Society + Trust) Medical Colleges ⁶	8			
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	191	4563	8518	11155
PHC-HWC	1975	2078	2078	2078
UPHC-HWC	291	245	245	245
Total-HWC	2,457	6,886	10,841	13,478
Rural ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	523	548	-4.78	
Number of Primary Health Centres (PHC)	2,095	2,094	0.05	
Number of Sub Centres (SC)	12,902	13,480	-4.48	
Number of functional First Referral Units (FRUs)	DH	SDH	CHC	
	27	17	108	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	412	383	7.04	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	122	65	46.72	
Number of PHC	489	197	59.71	
Number of SC	3,262	2,970	8.95	

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

Patient Service⁹	Rajasthan	India
IPD per 1000 population	78.6	62.6
OPD per 1000 population	1832.0	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	35.4	36.4

1.4 Major Health Indicator^{bb}

% Share of DALYs to Total Disease Burden (GBD 2019)⁷	Rajasthan	India
% DALY ^{cc} accountable for CMNNDs ^{dd}	37.27	27.46
% DALY accountable for NCDs	51.35	61.43
% DALY accountable for Injuries	11.38	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator⁸	Rajasthan	India
Level of Birth Registration (%)	96.4	92.7
Level of Death Registration (%)	98.6	92
Percentage of medically certified deaths to total registered deaths (%)	13.9	20.7
RMNCHA+N		
Maternal Health⁹	Rajasthan	India
% 1st Trimester registration to Total ANC Registrations	70	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	60.7	79.4
Total Reported Deliveries	13,76,805	21410780
% Institutional deliveries to Total Reported Deliveries	98.3	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	76	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	24	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	12.3	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	10	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	19.8	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	9.2	53.4
Neonatal⁹	Rajasthan	India
% live birth to Reported Birth	98.2	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	14.5	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	87.6	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	Rajasthan	India
Sick New Born Care Unit (SNCU)	60	895
New Born Stabilization Unit (NBSU)	287	2418
New Born Care Corner (NBCC)	2065	20337
Child Health & Nutrition¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	6.1	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	64.3	60.6
Children under 5 years who are underweight (weight-for-age) (%)	27.6	32.1
Child Immunization¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	85.3	83.8
Children age 12-23 months who have received BCG (%)	95.6	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	91.2	87.9
Family Planning¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	3.7	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Rajasthan	India
Number of districts with functional IDSP unit	33	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Rajasthan	India
Annualized total case notification rate (%)	194	163
New Smear Positive (NSP) Success rate (in %)	76	79
National Leprosy Eradication Programme (NLEP)¹¹	Rajasthan	India
Prevalence Rate/10,000 population	0.14	0.61
Number of new cases detected	1,124	114,359
Malaria, Kala Azar, Dengue¹¹	Rajasthan	India
Deaths due to Malaria ¹¹	1	79
Deaths due to Kala azar reported ¹¹	0	0
Deaths due to Dengue reported ¹¹	17	168
Number of Kala Azar Cases reported ¹¹	0	3,706
HIV¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	26.8	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰	36	30.7

Non-Communicable Disease		
Diabetics and Hypertension¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	9.8	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	12.7	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	3.9	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	5	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above)¹⁰	Rajasthan (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	6.9	8.9
Men who use any kind of tobacco (%)	42	38
Women who consume alcohol (%)	0.3	1.3
Men who consume alcohol (%)	11	18.8
Injuries		
Road Traffic Accident¹²	Rajasthan	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	6	N/A
Total number of fatal Road Accidents	9,471	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	45	33.7
Number of persons killed in Road Accidents	10563	115113

1.5 Access to Care^{ee}

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU)¹¹	Rajasthan	India
Number of Districts equipped with MMU under NRHM	34	506
Number of Districts equipped with MMU/Health Units under NUHM	4	31
Number of ERS vehicles operational in the States/UTs Under NHM	Rajasthan	India
102 Type	0	9955
104 Type	587	605
108 Type	735	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	1322	11070

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

Key Domain Indicators		
ASHA ¹³	Rajasthan	India
Total number of ASHA targeted under NRHM	50331	946563
Total number of ASHA in position under NRHM	47430	904211
% of ASHA in position under NRHM	94.24	96
Total number of ASHA targeted under NUHM	5485	75597
Total number of ASHA in position under NUHM	4269	64272
% of ASHA in position under NUHM	77.83	85
Community Process ¹¹	Rajasthan	India
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	43440	554847
Number of Mahila Arogya Samitis (MAS) formed	4708	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Rajasthan	India
DH	29	796
CHC	651	6036
PHC	2128	20273
UHC	9	126
UPHC	291	3229
Human Resource for Health ¹⁴		
HRH Governance	Rajasthan	
Specialist Cadre Available in the state (Y/N)	No	
HR Policy available (Y/N)	No	
Implementation of HRIS (Y/N)	No	
HR Integration initiated (Y/N)	No	
Public Health Cadre available (Y/N)	No	
Overall Vacancies (Regular + contractual)	Specialists (%)	40
	Dentists (%)	24
	MO MBBS (%)	28
	Nurse (%)	41
	LT (%)	59
	ANM (%)	21
HRH Distribution	Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴	1:4	1:3
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴	9 per 10,000	6 per 10,000
Regular to contractual service delivery staff ratio ¹⁴	4:1	10:1

Ranking: Human Resource Index of Rajasthan¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{ff}	31868	26937	23990	2947	7878	63.44
Staff Nurse	26925	25007	22913	2094	4012	
Lab Technician	5108	6026	3031	2995	2077	
Pharmacists	3254	4824	2500	2324	754	
MO MBBS ^{gg}	7165	5998	4274	1724	2891	
Specialist ^{hh}	5217	2956	1834	1122	3383	

1.6 Healthcare Financingⁱⁱ

National Health Accounts (NHA) (2017-18)	Rajasthan		India	
Per Capita Government Health Expenditure (in ₹)	1,369		1,753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	1.2		1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	6.3		5.12	
OOPE as a Share of Total Health Expenditure (THE) %	49.6		48.8	
National Sample Survey Office (NSSO) (2017-2018)	Rajasthan		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	43	32	33	26
IPD - % of hospitalized cases using public facility	51	50	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	572	427	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	1566	1173	845	915
IPD - Per hospitalized case (in INR) - Public	9,685	7,773	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	27,760	30,435	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	14	14	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	61	39	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)	2,528	2,028	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	14,773	18,588	20,692	26,701
State Health Expenditure	Rajasthan		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	5.6		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

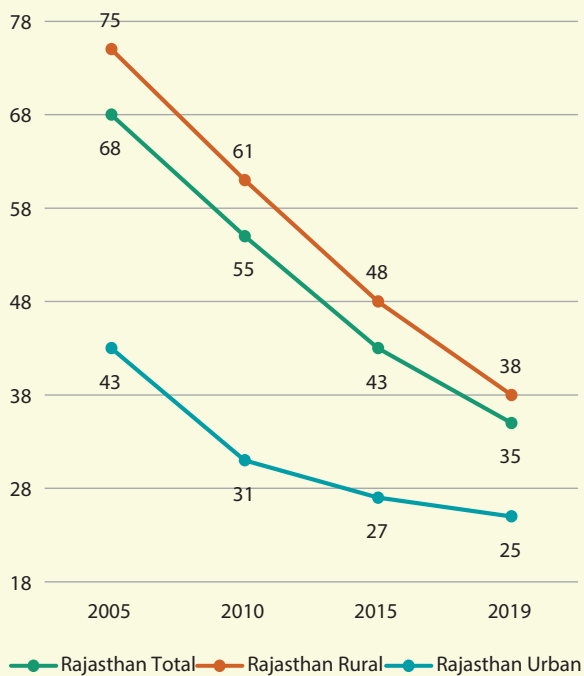


Figure 2: CBR & CDR Trend

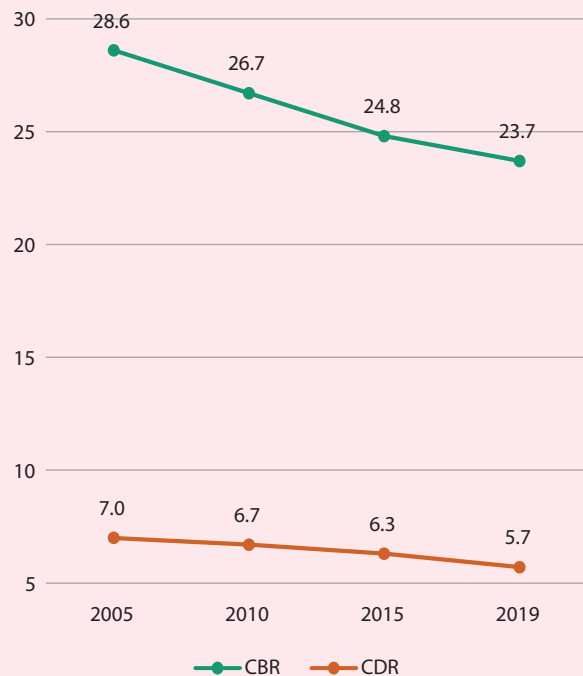


Figure 3: Life Expectancy At Birth Trend

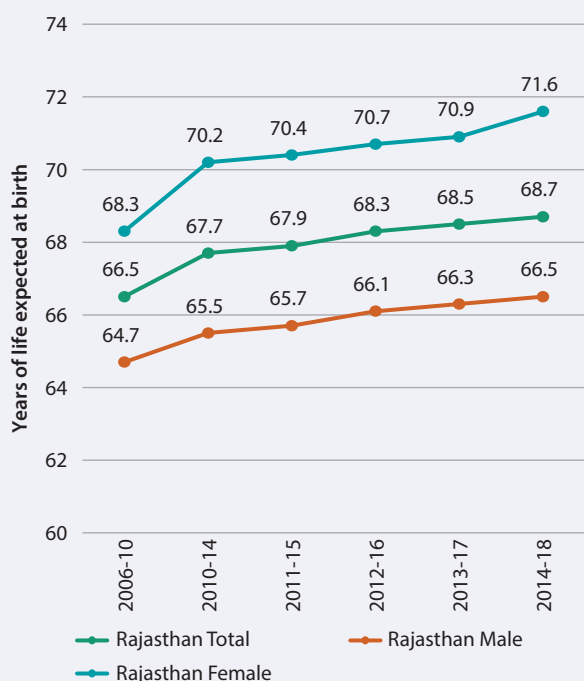


Figure 4: NNMR, TFR & Still Birth Trend

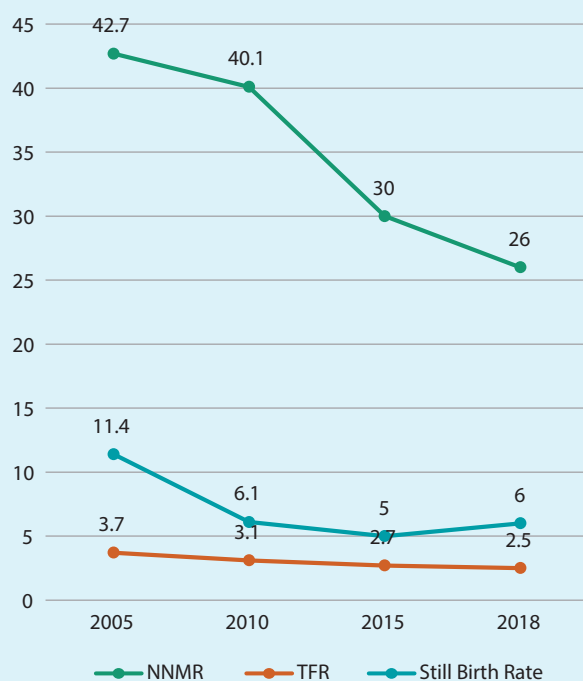


Figure 5: Comparison of Key NFHS 5 & 4 Indicators

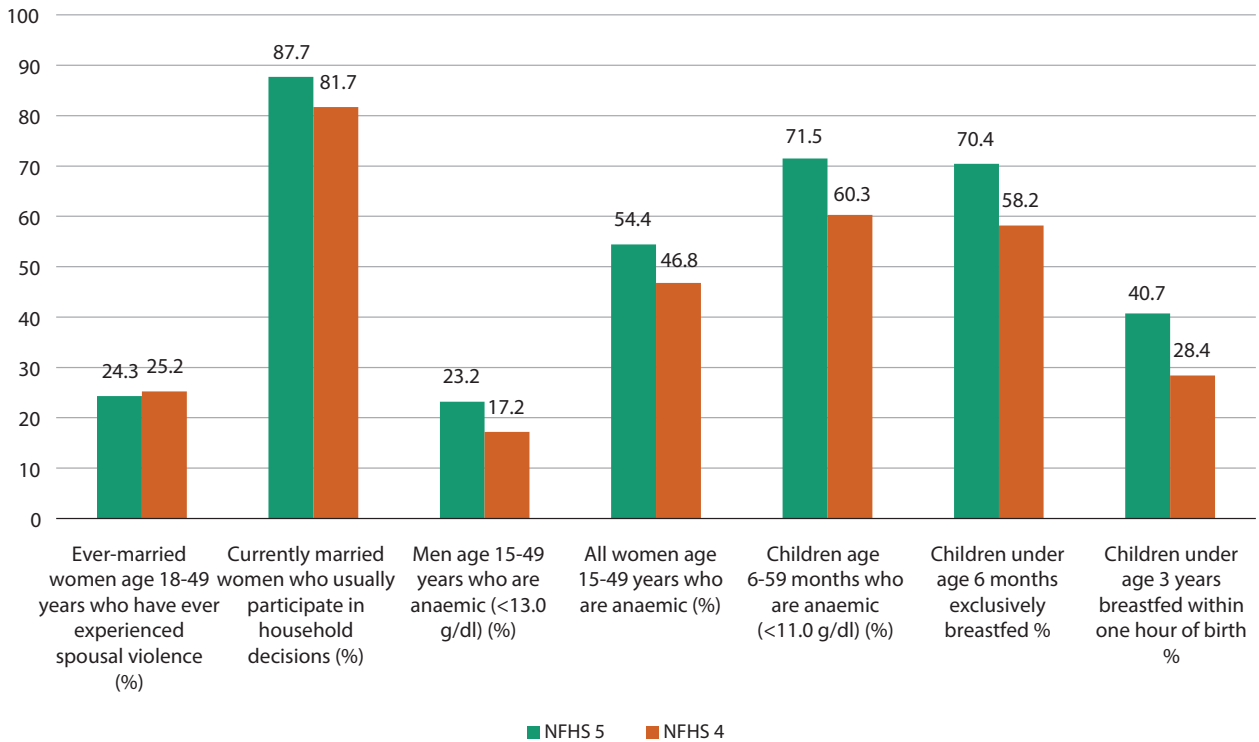


Figure 6: Top 15 causes of DALYs, 1990-2019

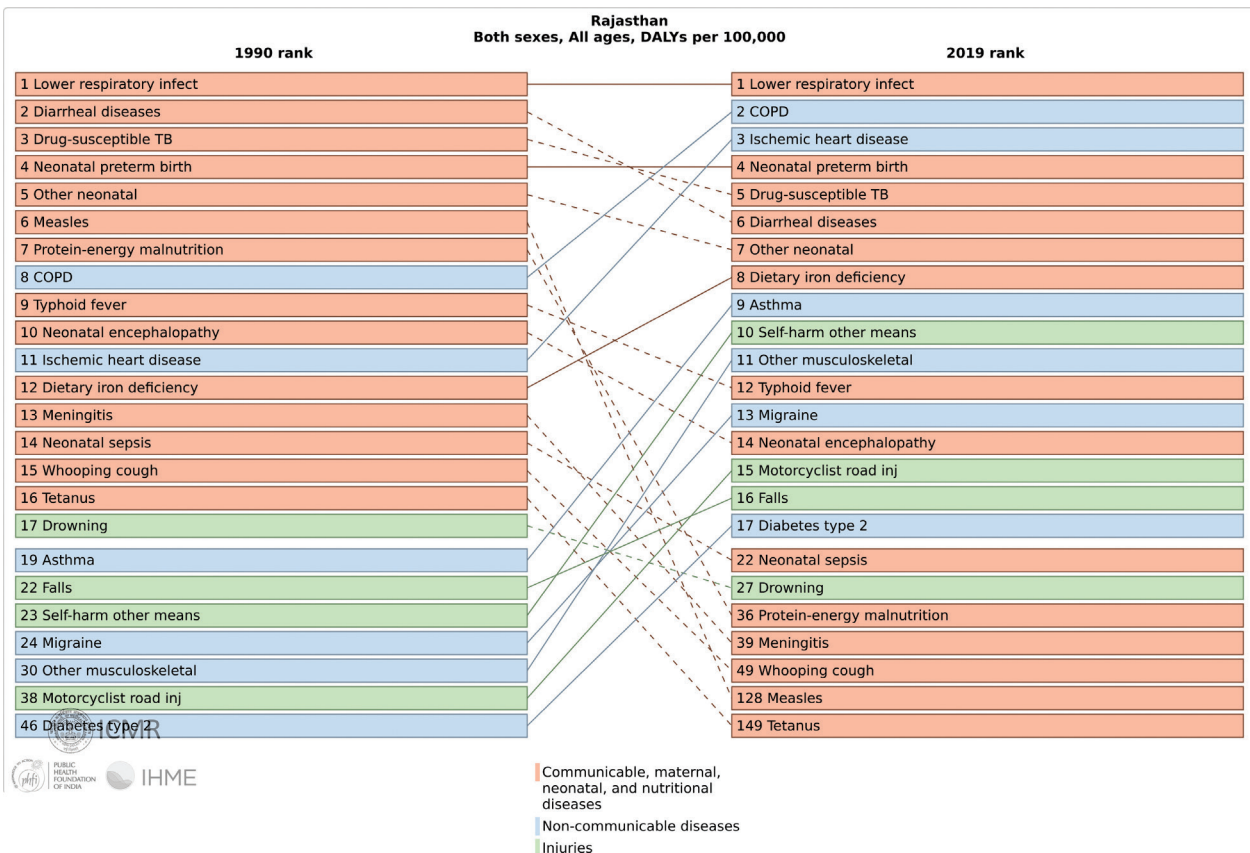


Figure 7: Top 15 risk of DALYs, 1990-2019

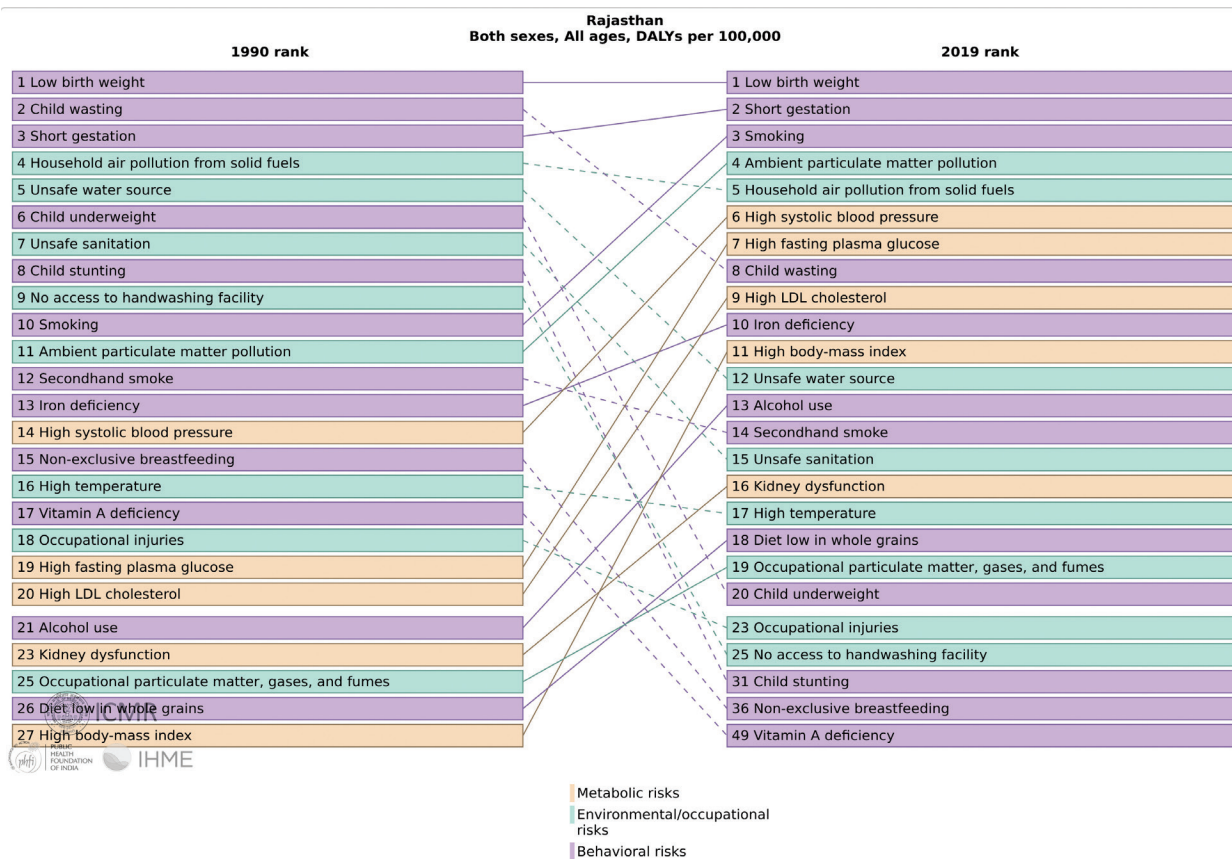


Figure 8: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

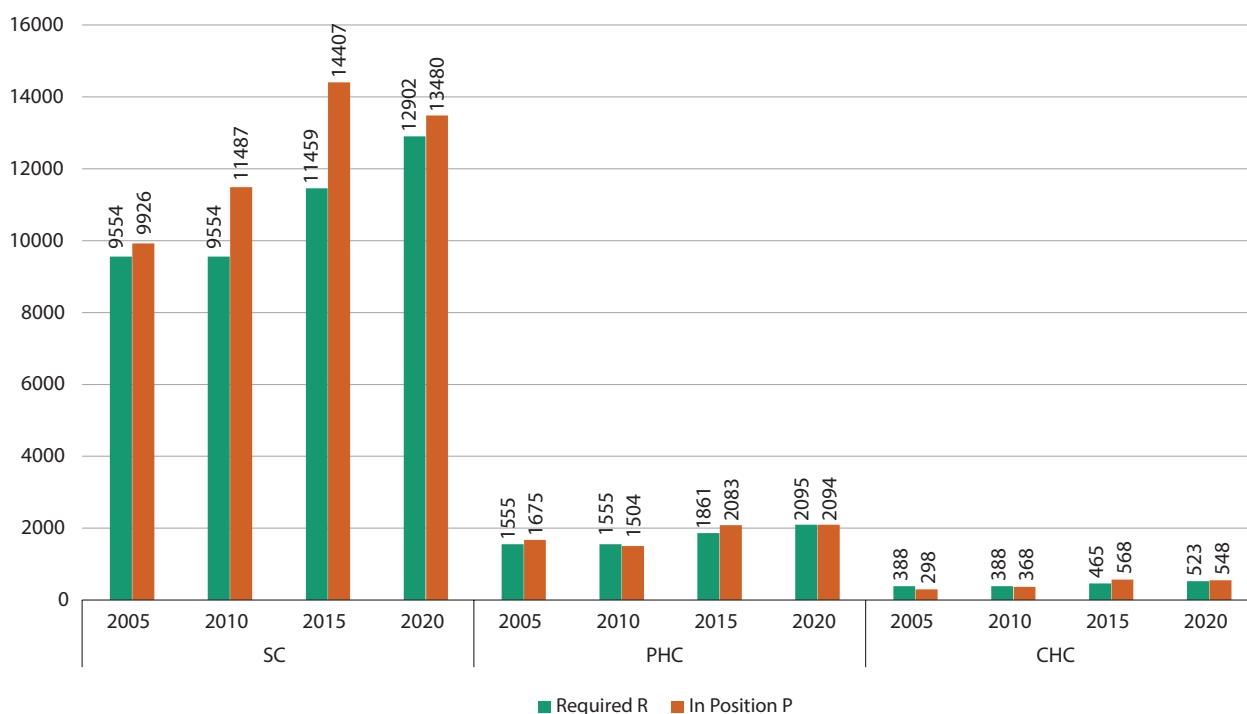


Figure 9: Year Wise Health Infrastructure Shortfall (%)

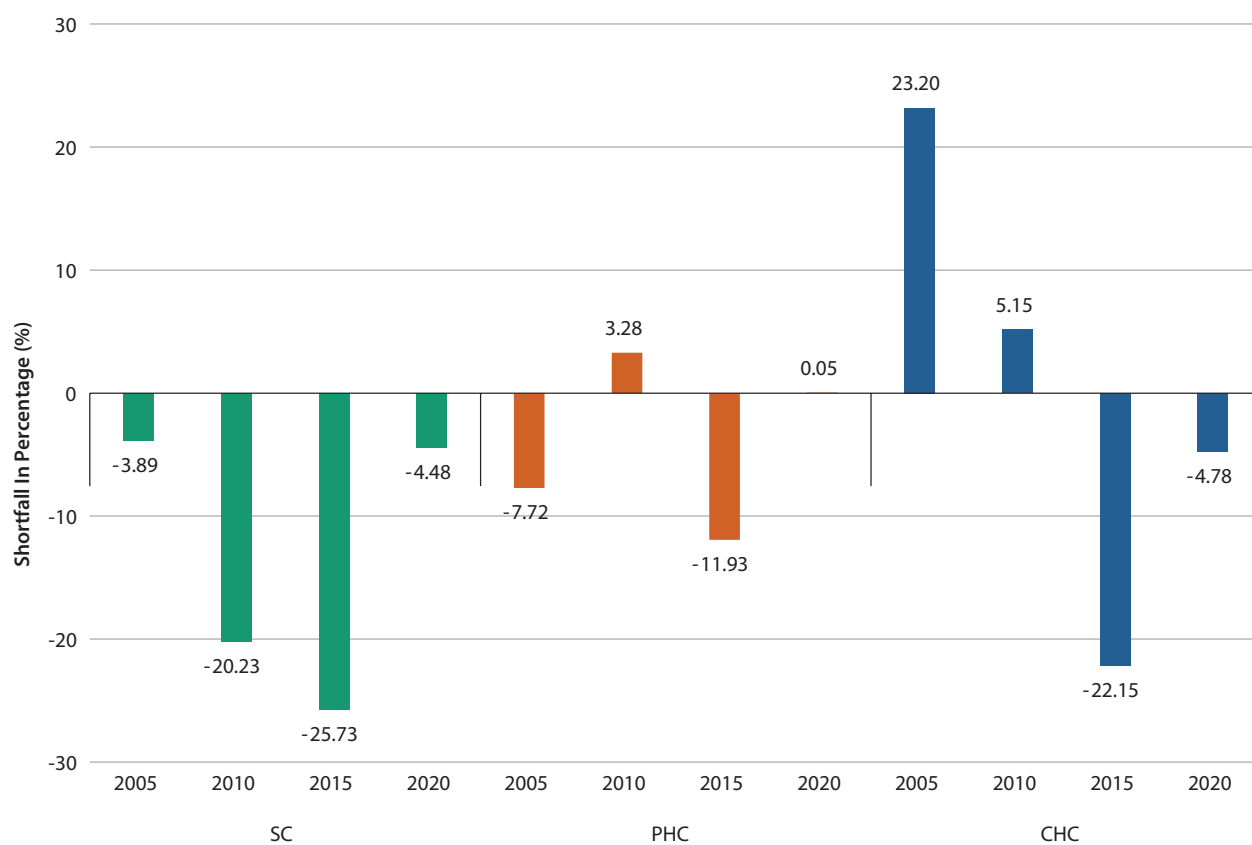
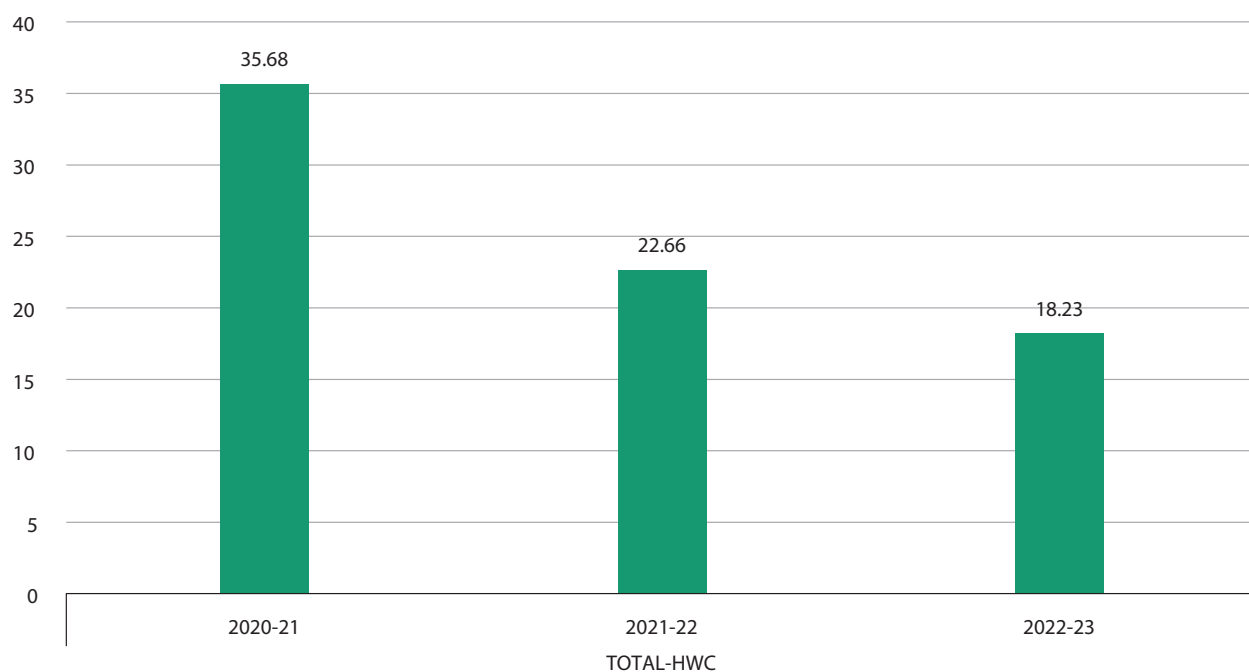


Figure 10: Percentage HWCs progress against target - FY wise (%)

Rajasthan (% HWCs progress as of 22/Dec/2021 against targets - FY wise)



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

S. No.	States/Districts	Data Source	Sex Ratio At Birth (Females/1000 Males)	Households with any usual member covered under a health insurance/financing scheme (%)	Women Literate 15-49 Age (%)	Women Age 20-24 Years Married Before 18 (%)	Any Method Used For Family Planning By Currently Married Women Age 15-49 years (%)	IUD/PIUD (%)	Condom Use (%)	Total Unmet Need (%)	Mother Who Had At Least 4 Antenatal Care Visits (%)	Institutional Births (%)	(Green – Good Performance, Red – Poor Performance) (District Wise Rural/Urban Stats Not Available)		Children Under 5 Years - Wasted ^Δ (Weight For Height) (%)	
													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 ^Δ (Height For Age) (%)
1	Rajasthan	NFHS 4 Total	887	18.7	NA	35.4	59.7	1.2	8.7	12.3	38.5	84	69.7	3.4	39.1	23
2	Rajasthan	NFHS 5 Urban	940	80	80.1	15.1	74.2	1.9	21.3	6.9	60.6	97.5	88.3	9.7	28.3	18.3
3	Rajasthan	NFHS 5 Rural	879	90.4	59.9	28.3	71.7	1.3	11.4	7.8	53.9	94.2	84.5	8	32.6	16.4
4	Rajasthan	NFHS 5 Total	891	87.8	64.7	25.4	72.3	1.4	13.7	7.6	55.3	94.9	85.3	8.3	31.8	16.8
5	Ajmer	NFHS 5 Total	848	88.7	68.4	20.2	60.6	0.5	12	11.9	52.8	95.1	92.3	5.1	22.3	20
6	Alwar	NFHS 5 Total	1127	80.8	63.2	32.2	54.6	2.2	8.5	12	30	91.3	72.1	11.2	33.9	15.6
7	Banswara	NFHS 5 Total	835	84.2	53.1	25	70.4	0.6	8.5	8.1	69.9	97.7	88.3	9.7	44.6	17.3
8	Baran	NFHS 5 Total	1077	89.5	57.9	26.8	78.9	1	13	4	79.3	97.3	93.4	11.1	46	21.3
9	Barmer	NFHS 5 Total	877	97.8	66.3	20.2	77.9	0.5	13.5	5.1	64.9	93.3	92.8	9	39.1	11.5
10	Bharatpur	NFHS 5 Total	845	84.8	61.1	33.5	61.2	0.7	8.5	11.3	33.2	92.1	67.2	11.8	40.3	12.2
11	Bhilwara	NFHS 5 Total	802	89.1	56.4	41.8	71.1	2.2	12.2	7.2	64.7	95	87.8	5.8	22.6	17.4
12	Bikaner	NFHS 5 Total	907	87.4	62.5	33.3	79.5	1.7	19.9	4.6	50.5	90	81.3	10.2	22.8	25.6
13	Bundi	NFHS 5 Total	803	87.7	56.9	34.1	75.8	0.3	14.2	7.1	74	95.3	81.4	10.8	30	19.6
14	Chittaurgarh	NFHS 5 Total	861	90.6	56.1	42.6	66.9	1.6	9.6	8.1	75	96.8	89.9	5.2	31.4	14.6
15	Churu	NFHS 5 Total	944	81.9	63.9	27.9	76.7	0.9	15.8	7.6	45	87.8	82.4	11.2	27.1	16.5
16	Dausa	NFHS 5 Total	863	91.2	60.3	26.3	80	1.2	10.2	5.2	53.6	98.2	87.4	5.8	37.7	20.7
17	Dhaulpur	NFHS 5 Total	929	89	57.7	29.6	67.9	1.3	11.5	10.9	42.4	94.4	79.8	5.8	45.7	13.7
18	Dungarpur	NFHS 5 Total	843	97.5	66	16.9	70.7	2.9	12.2	5.9	50.6	94.1	89.2	4.7	31.4	15.6

19	Ganganagar	NFHS 5 Total	906	85.3	69.3	13.6	81.1	2	17.7	5.1	58.7	97.7	90.4	12.3	24.5	24.9
20	Hanumangarh	NFHS 5 Total	1117	89	68.2	18.6	80.2	1.1	13.2	6.1	53.1	94.9	86.6	7.1	24.2	19.8
21	Jaipur	NFHS 5 Total	915	81.5	72.4	23.1	76.9	1.7	16.9	5.4	53.5	97.3	96.8	5.8	25	14.6
22	Jaisalmer	NFHS 5 Total	818	93.7	62.2	28.9	83	1.5	12.5	5.6	47.6	90	74.7	6.1	25.5	25
23	Jalor	NFHS 5 Total	769	96.6	60.4	23.3	54.2	0.5	8.7	14.8	71.2	95.5	82.4	5	44.3	12.1
24	Jhalawar	NFHS 5 Total	905	93.6	54.3	37.8	74.4	0.4	13.8	6.8	72.3	98.3	92	5.8	34	29
25	Jhunjhunun	NFHS 5 Total	946	86.1	74.4	18.1	77.8	0.5	14.4	7.1	49.2	97.1	88	10.7	20.9	13.9
26	Jodhpur	NFHS 5 Total	872	87.5	67.4	28.1	78.9	1.6	18	5.7	56.7	90	77	12.5	32.6	13.3
27	Karauli	NFHS 5 Total	863	86.4	53.3	33.5	72.7	1	7.5	6.9	42	97.6	93.1	6.3	37.6	26.6
28	Kota	NFHS 5 Total	870	80.9	76.5	13.2	77.2	2.1	22.7	4.6	81.3	97.9	85.2	9.3	29.5	20.8
29	Nagaur	NFHS 5 Total	817	90	67.2	28.2	83.4	1.4	19.4	4.4	46.2	97	93.4	7.3	31.5	16.2
30	Pali	NFHS 5 Total	998	96.2	74.4	11.8	57.8	1.1	9.1	12.9	45	98.8	89.2	5.5	35.9	18.3
31	Pratapgarh	NFHS 5 Total	919	84.5	53.5	30.9	72	1	11.9	6	52.9	96.4	88.7	8	29	24.9
32	Rajsamand	NFHS 5 Total	800	93.2	67.7	27.5	56.6	1	10	14.7	60.7	95.1	76.6	7.6	30.3	16.6
33	Sawai Madhopur	NFHS 5 Total	849	80.5	55.7	35.4	58.7	0.3	9.4	11.5	47.3	97.4	56.1	10.4	26.9	22
34	Sikar	NFHS 5 Total	770	82.4	71.8	18	75.2	2.2	17.2	10.3	50.4	95.8	71.3	12	23.1	12.8
35	Sirohi	NFHS 5 Total	1064	92	60.6	18	67.9	2.5	10.3	8.9	69.5	95.7	95.6	4.3	30.7	16.4
36	Tonk	NFHS 5 Total	969	84.5	55.2	37.2	69.1	1.3	9	8.7	66.2	97.4	80.3	6	33.1	18.1
37	Udaipur	NFHS 5 Total	833	94.3	62	18.2	75.5	3.5	13.5	4.4	62.3	96.1	89.5	6.1	34	8.6

* 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)/MM/MR/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

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