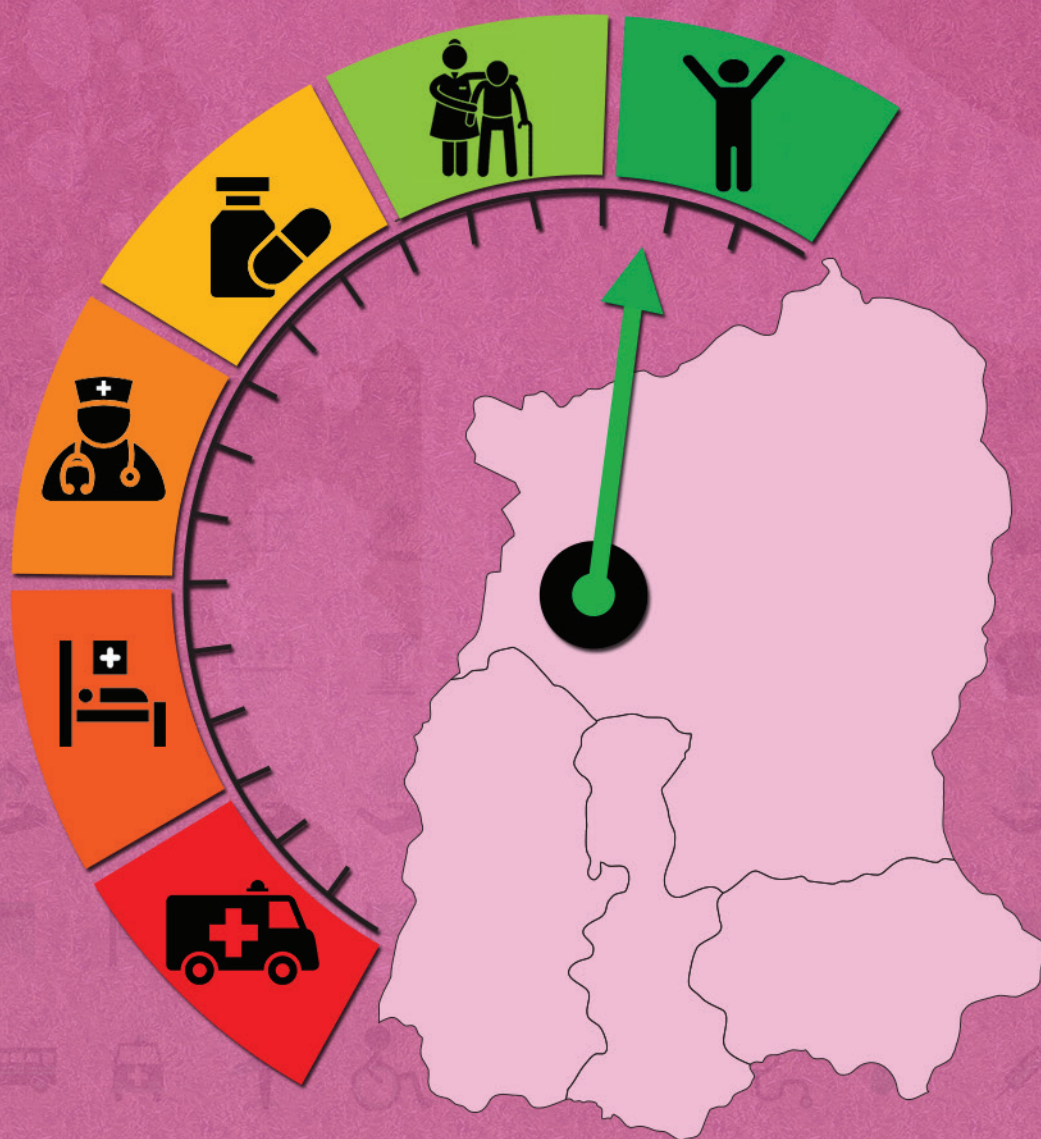


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



SIKKIM

DISTRICTS VISITED IN COMMON REVIEW MISSIONS

CRM	Districts Visited	
3 rd	West District	South District
5 th	North District	East District
14 th	West Sikkim	North Sikkim

SIKKIM

1. BACKGROUND

1.2 State Profile

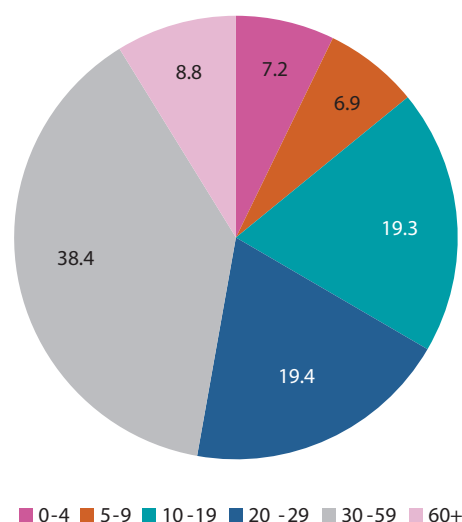
Sikkim is the smallest^a North-Eastern State in India with a population of about 6.10 lakh. The state is divided into 4 districts as of 2020^b with an expected increase in population to 6.77 lakhs by 2021^c. As per census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.28 lakh (4.63%) and 2 lakh (33.80%), respectively. Around 74.85% of the population reside in rural areas, while the rest constitute the urban population. Agriculture is a major contributor to the State Domestic Product in Sikkim, where around 40% of the workers are engaged as cultivators and agricultural laborers^d. At present, one city^e is covered under National Urban Health Mission with no metro & no million plus city in the state. The total length of roads^f in Sikkim is 11,386 km (0.23%^g), in which the length of the national highways is 463 km (0.4%^h) and state highways is 663 km (0.38%ⁱ).

A detailed report on the key indicators is presented in Annexure 1

1.2 Demography

Overall^j in North-East States (excluding Assam) 19.3% are in the age group of 10-19 years, 57.8% within 20 to 59 years; while 8.8% are 60 years of age and above (Figure 1). The literacy rate has improved from 68.8% in 2001 to 81.4% in 2011 with male & female literacy rates being 86.6% and 75.6% respectively. As per ESAG 2018 report the Gross

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



^a Among North-East States; RHS 2019

^b RHS 2020

^c Census Population Projection 2019 Report

^d <https://www.nabard.org/demo/auth/writereaddata/tender/2410160250PLP-2016-17%20West%20Sikkim.split-and-merged.pdf>

^e QPR NHM MIS Report as on 31 Dec 2020

^f Basic Road Statistics 2019, MoRTH

^g Percentage of total length of roads in State

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

ⁱ Percentage of total length of State Highways in the country

^j Population projection 2021 for Sikkim is not available

Enrollment Rate^k (GER) is 37.6% for higher education, 68.23% for senior secondary (XI-XII) education, 119.78% for secondary (IX-X) education, 118.78% for elementary education (VI-VIII) and 102.87% % for primary education (I-VIII).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged (60+) share 8.8% of the NE states' total population. In Sikkim, 39% of elderly females and 40% of elderly males living in rural areas are economically fully dependent on others. However, in urban areas, 84% of elderly females and 45% elderly males are economically fully dependent on others. The illness (any deviation from the state of physical and mental well-being) perception among the elderly men and women is 18% & 21% respectively, which are lower than the national average of 31% for both men and women (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Sikkim 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). In Sikkim, 67.4% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3) East district reported the least ANC coverage (43.8%) while West District reported the highest (84.5%). As reported in HMIS 2019-20, around 99.4% of the deliveries took place in institutions, out of which 73.9% took place in public health facilities. Total percentage of C-sections (41.6%) is higher than the WHO's standard (10-15%); and out of the total reported C-sections, about 56.3% are conducted at private facilities in Sikkim. Around 82% 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 34.9% (NFHS 4) to 42.1% (NFHS-5). Anaemia in women of reproductive age group is more than twice when compared with men of similar age group (Annexure 2, figure 3).

Refer Annexure 3 for detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Sikkim has shown a significant decline in IMR from 30 (2005) to 5 (2019), which is lower than the national average of 30 (Annexure 2, Figure 1). 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). As per

^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

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

^m Antenatal Check up

ⁿ Iron Folic Acid Tablets

NFHS 5, the low SRB^o (685) is reported in West District, while the highest (1353) is reported in South District.

Full vaccination^p coverage for children between 12 – 23 months of age has declined from 94.2% (NFHS 4) to 87.6% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also declined from 54.6% (NFHS 4) to 28.3% (NFHS 5). An increase in childhood anaemia from 55.1% (NFHS 4) to 56.4% in children aged 6-59 months has been reported (Annexure 2, Figure 3). As per NFHS 5 report, low stunting rate (17.8%) is reported by East District, while high stunting rate (31.8%) is reported by North District. For under-5 wasting, North District reported a low burden (4.5%), while West District reported a high burden (21.1%) in the State.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Sikkim is reported as 11.9%, while the unmet need for spacing is 4.9% (NFHS 5). West District reported the lowest total unmet need (4.3%), while East District reported the highest (17.7%). Approximately 54.9% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 14.5% among females, and 1.7% among males.

2.4 Communicable Diseases

Sikkim has 4 functional IDSP units^q. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 21.39% of total disease burden (Annexure 1.4). Lower respiratory infection, Drug Susceptible TB & Diarrheal diseases are the leading causes of DALYs in Sikkim (Annexure 2, Figure 4^r). As per QPR reports, for TB, the annualized total case notification rate is 232% and NSP^s success rate is 87%, as opposed to the national averages of 163% and 69% respectively. For NLEP^t, the reported prevalence rate of 0.22 per 10,000 population is less than the national average of 0.61. In FY 2019-20, no deaths from Dengue, Malaria, Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) & Injuries

It is reported that premature deaths contribute to 60.2% of total disease burden, while disability or morbidity account for 39.8%. Ischemic heart diseases, COPD, Diabetes Mellitus Type 2 & Other musculoskeletal conditions are the major causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 68.22% of DALYs, whereas injuries contribute to 10.39% of DALYs^u. Sikkim is positioned 30th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). It is found that as high as 11.7% of women and 41.3% of men used any kind of tobacco, while 16.2% of women and 39.8% of men consumed alcohol. Overall, high systolic blood pressure, high fasting plasma glucose, smoking, high body mass index and ambient particulate matter pollution are the top five major risk factors for all DALYs (Annexure 2, figure 5).

^o Sex Ratio at Birth

^p NFHS 5 State Factsheet, based on information from vaccination card only

^q QPR NHM MIS Report (status as on 01.03.2020)

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

^s New Smear Positive

^t National Leprosy Eradication Programme

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

2.6 Health Care Financing

Sikkim's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 25,141 crores. The State is positioned 2nd out of the 32 states in terms of per capita^v of ₹ 3,80,926. As per NSS 2017-18, the OOPE for IPD care per hospitalized case in rural areas is estimated to be around ₹ 5,691 in public facilities, ₹ 25,624 in private facilities, whereas for urban areas, it is around ₹ 4,158 in public facilities and ₹ 21,827 in private facilities. For childbirth in rural areas, OOPE is estimated to be around ₹ 6,399 in public facilities & ₹ 19,929 in private facilities, whereas in urban areas - OOPE is estimated to be around ₹ 3,487 in public facilities and ₹ 21,056 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 51% in rural and 74% in urban areas, whereas for diagnostics, it is 17% in rural and 11% in urban areas (Annexure 1.6).

2.7 Health Infrastructure

As per the recent RHS data, the number of SCs, PHCs and CHCs have been increasing since 2005 (Annexure 2, Figure 6). Except for CHCs, there is no shortfall in the required SCs and PHCs (Annexure 2, Figure 7). Currently, there are 147 SCs, 24 PHCs, and 2 CHCs in place, against the required 94 SCs, 14 PHCs and 3 CHCs in rural areas. Whereas, in urban settings, there is only 1 PHC in place against the required 6, amounting to a shortfall of 83.33%. The State has 4 DHs and 1 SDH. In tribal catchments, there are 58 SCs, 12 PHCs and no CHC in place, against the required 46 SCs, 6 PHCs and 1 CHC.

Under the recently introduced Ayushman Bharat – Health and Wellness Centres (AB-HWCs), a total of 116 HWCs (96 SHCs, 18 PHCs & 2 UPHCs) are operationalized in the State as of 22nd December 2021^w.

In Sikkim, no districts are equipped with MMUs both under the NRHM and the NUHM. Sikkim has 100% of required ASHAs in position under both NRHM & NUHM. The doctor to staff nurse ratio in place is 1:1, with 14 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, 1394.92 availed (events) OPD services and 41.33 availed (events) IPD services. As per the NSSO data (2017-18), 56% of all OPD cases in rural areas and 45% in urban areas; and 82% of all IPD cases in rural areas & 70% in urban areas utilized public health facilities. The public health facility utilization in Sikkim is above the national averages for both OPD & IPD services (Annexure 1.6).

^v Directorate of Economics & Statistics

^w AB-HWC Portal

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^x

Indicator	Sikkim 2011 ¹	India
Total Population (In Crore)	0.06	121.08
Rural (%)	74.85	68.85
Urban (%)	25.15	31.14
Scheduled Caste population (SC) (in crore)	0.0028 (4.63%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.02 (33.80%)	10.45 (8.63%)
Total Literacy Rate (%)	81.4	72.99
Male Literacy Rate (%)	86.6	80.89
Female Literacy Rate (%)	75.6	64.64
Number of Districts in the Sikkim ²	4	
Number of districts per lakh population in Sikkim (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<1 Lakhs	1
	≥ 1 Lakhs - <2 Lakhs	2
	≥2 Lakhs - <3 lakhs	1
	≥3 Lakhs	0
% ST share of each districts		
East District - 27.65%		
West District - 42.37%		
South District - 28.18%		
North District - 65.69%		

1.2 Key Health Status & Impact Indicators

Indicators	Sikkim	India
Infant Mortality Rate (IMR) ³	5	30
Crude Death Rate (CDR) ³	4.2	6
Crude Birth Rate (CBR) ³	16.5	19.7
Maternal Mortality Ratio (MMR) ³ (For other states including Sikkim)	85	113
Neo Natal Mortality Rate (NNMR) ⁴	N/A	23

^x Sources are mentioned at the end of Annexure 1

Under Five Mortality Rate (U5MR) ⁴	N/A	36
Still Birth Rate ⁴	N/A	4
Total Fertility Rate (TFR) ⁴	N/A	2.2
Life expectancy at birth ⁵	N/A	69.4
Sex Ratio at Birth ⁴	N/A	899

1.3 Key Health Infrastructure Indicators^y

Indicators				Numbers (Total)
Number of District Hospitals ²				4
Number of Sub District Hospital ²				1
Number of Government (Central + State) Medical College ⁶				0
Number of Private (Society + Trust) Medical Colleges ⁶				1
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	96	42	83	111
PHC-HWC	18	24	24	24
UPHC-HWC	2	6	6	6
Total-HWC	116	72	113	141
Rural ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	3	2	33.33	
Number of Primary Health Centres (PHC)	14	24	-71.43	
Number of Sub Centres (SC)	94	147	-56.38	
Number of functional First Referral Units (FRUs)	DH	SDH	CHC	
	3	0	0	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	6	1	83.33	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	1	0	100.00	
Number of PHC	6	12	-100.00	
Number of SC	46	58	-26.09	
Patient Service ⁹		Sikkim	India	
IPD per 1000 population		41.33	62.6	
OPD per 1000 population		1394.92	1337.1	
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population		9.62	36.4	

^y Sources are mentioned at the end of Annexure 1

1.4 Major Health Indicator^z

% Share of DALYs to Total Disease Burden (GBD 2019)⁷	Sikkim	India
% DALY ^{aa} accountable for CMNNDs ^{bb}	21.39	27.46
% DALY accountable for NCDs	68.22	61.43
% DALY accountable for Injuries	10.39	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator⁸	Sikkim	India
Level of Birth Registration (%)	61.2	92.7
Level of Death Registration (%)	100	92
Percentage of medically certified deaths to total registered deaths (%)	45.6	20.7
RMNCHA+N		
Maternal Health⁹	Sikkim	India
% 1st Trimester registration to Total ANC Registrations	76.9	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	67.4	79.4
Total Reported Deliveries	7111	21410780
% Institutional deliveries to Total Reported Deliveries	99.4	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	73.9	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	26.1	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	41.6	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	36.4	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	56.3	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	82	53.4
Neonatal⁹	Sikkim	India
% live birth to Reported Birth	98.5	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	9.1	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	66.3	89.9
New Born Care Units Established¹¹	Sikkim	India
Sick New Born Care Unit (SNCU)	2	895
New Born Stabilization Unit (NBSU)	3	2418
New Born Care Corner (NBCC)	44	20337

^z Sources are mentioned at the end of Annexure 1

^{aa} Disability Adjusted Life Years

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

Child Health & Nutrition¹⁰	Sikkim (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	5.5	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	64.2	60.6
Children under 5 years who are underweight (weight-for-age) (%)	13.1	32.1
Child Immunization¹⁰	Sikkim (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	87.6	83.8
Children age 12-23 months who have received BCG (%)	96.6	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	90.5	87.9
Family Planning¹⁰	Sikkim (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	4.9	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Sikkim	India
Number of districts with functional IDSP unit	4	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Sikkim	India
Annualized total case notification rate (%)	232	163
New Smear Positive (NSP) Success rate (in %)	87	79
National Leprosy Eradication Programme (NLEP)¹¹	Sikkim	India
Prevalence Rate/10,000 population	0.22	0.61
Number of new cases detected	19	1,14,359
Malaria, Kala Azar, Dengue¹¹	Sikkim	India
Deaths due to Malaria ¹¹	0	79
Deaths due to Kala azar reported ¹¹	0	0
Deaths due to Dengue reported ¹¹	0	168
Number of Kala Azar Cases reported ¹¹	0	3,706
HIV¹⁰	Sikkim (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	23.9	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/ AIDS (%) ¹⁰	18.5	30.7

Non-Communicable Disease		
Diabeties and Hypertension ¹⁰	Sikkim (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) (%)	25	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	6.2	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	7.5	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰	Sikkim (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	11.7	8.9
Men who use any kind of tobacco (%)	41.3	38
Women who consume alcohol (%)	16.2	1.3
Men who consume alcohol (%)	39.8	18.8
Injuries		
Road Traffic Accident ¹²	Sikkim	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	30	NA
Total number of fatal Road Accidents	61	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	12	33.7
Number of persons killed in Road Accidents	73	115113

1.5 Access to Care^{cc}

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) ¹¹	Sikkim	India
Number of Districts equipped with MMU under NRHM	0	506
Number of Districts equipped with MMU/Health Units under NUHM	0	31
Number of ERS vehicles operational in the States/UTs Under NHM	Sikkim	India
102 Type	0	9955
104 Type	1	605
108 Type	8	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	9	11070

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

Key Domain Indicators		
ASHA ¹³	Sikkim	India
Total number of ASHA targeted under NRHM	641	946563
Total number of ASHA in position under NRHM	641	904211
% of ASHA in position under NRHM	100	96
Total number of ASHA targeted under NUHM	35	75597
Total number of ASHA in position under NUHM	35	64272
% of ASHA in position under NUHM	100	85
Community Process ¹¹	Sikkim	India
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	641	554847
Number of Mahila Arogya Samitis (MAS) formed	35	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Sikkim	India
DH	4	796
CHC	2	6036
PHC	24	20273
UCHC	0	126
UPHC	0	3229
Human Resource for Health ¹⁴		
HRH Governance	Sikkim	
Specialist Cadre Available in the state (Y/N)	Yes	
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 (%)	70
	Dentists (%)	41
	Nurse (%)	74
	LT (%)	20
	ANM (%)	42
HRH Distribution	Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴	1:2	1:1
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴	31 per 10,000	14 per 10,000
Regular to contractual service delivery staff ratio ¹⁴	5:1	3:1

Ranking: Human Resource Index of Sikkim¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{dd}	334	945	595	350	0	58.42
Staff Nurse	822	755	488	267	334	
Lab Technician	141	96	81	15	60	
Pharmacists	70	32	24	8	46	
MO MBBS ^{ee}	149	249	97	152	52	
Specialist ^{ff}	168	132	65	67	103	

1.6 Healthcare Financing^{gg}

National Health Accounts (NHA) (2017-18)	Sikkim		India	
Per Capita Government Health Expenditure (in ₹)	NA		1,753	
Government Health expenditure as % of Gross Domestic Product (GSDP)	NA		1.35	
Government Health Expenditure as % of General Government Expenditure (GGE)	NA		5.12	
OOPE as a Share of Total Health Expenditure (THE) %	NA		48.8	
National Sample Survey Office (NSSO) (2017-2018)	Sikkim		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	56	45	33	26
IPD - % of hospitalized cases using public facility	82	70	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	650	328	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	837	1430	845	915
IPD - Per hospitalized case (in INR) - Public	5,691	4,158	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	25,624	21,827	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	17	11	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	51	74	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)	6,399	3,487	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	19,929	21,056	20,692	26,701
State Health Expenditure	Sikkim		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	4.9		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

⁹⁹ Represents data for all states and 2 UTs with legislative assembly (Puducherry + Delhi)

^{**} RBI, State Finances: Study of Budgets 2019-20

ANNEXURE 2

Figure 1: IMR Trend

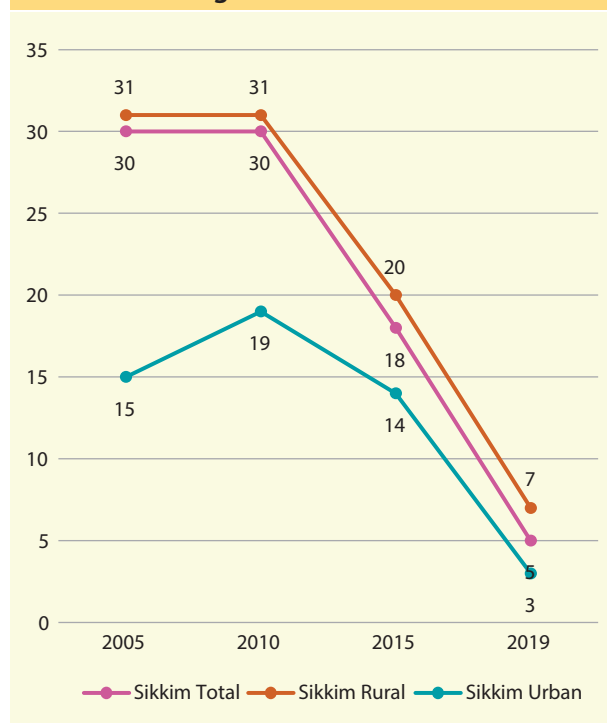


Figure 2: CBR & CDR Trend

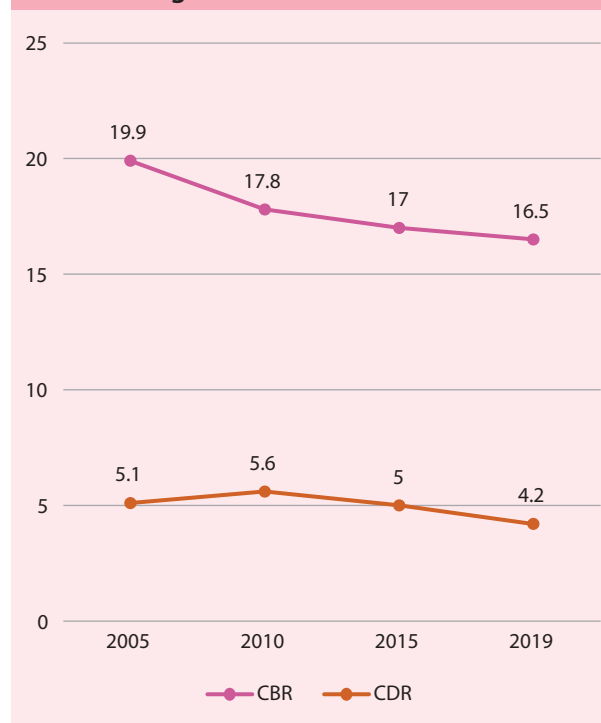


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

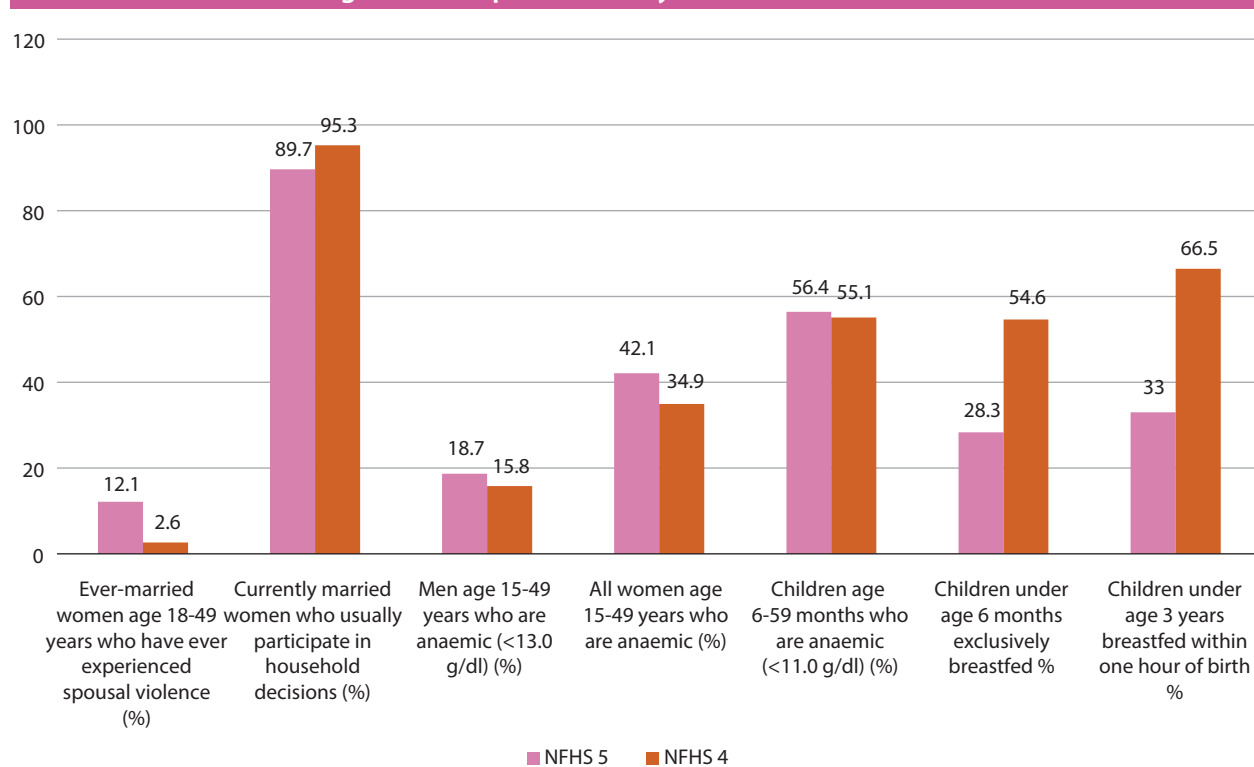


Figure 4: Top 15 causes of DALYs, 1990-2019

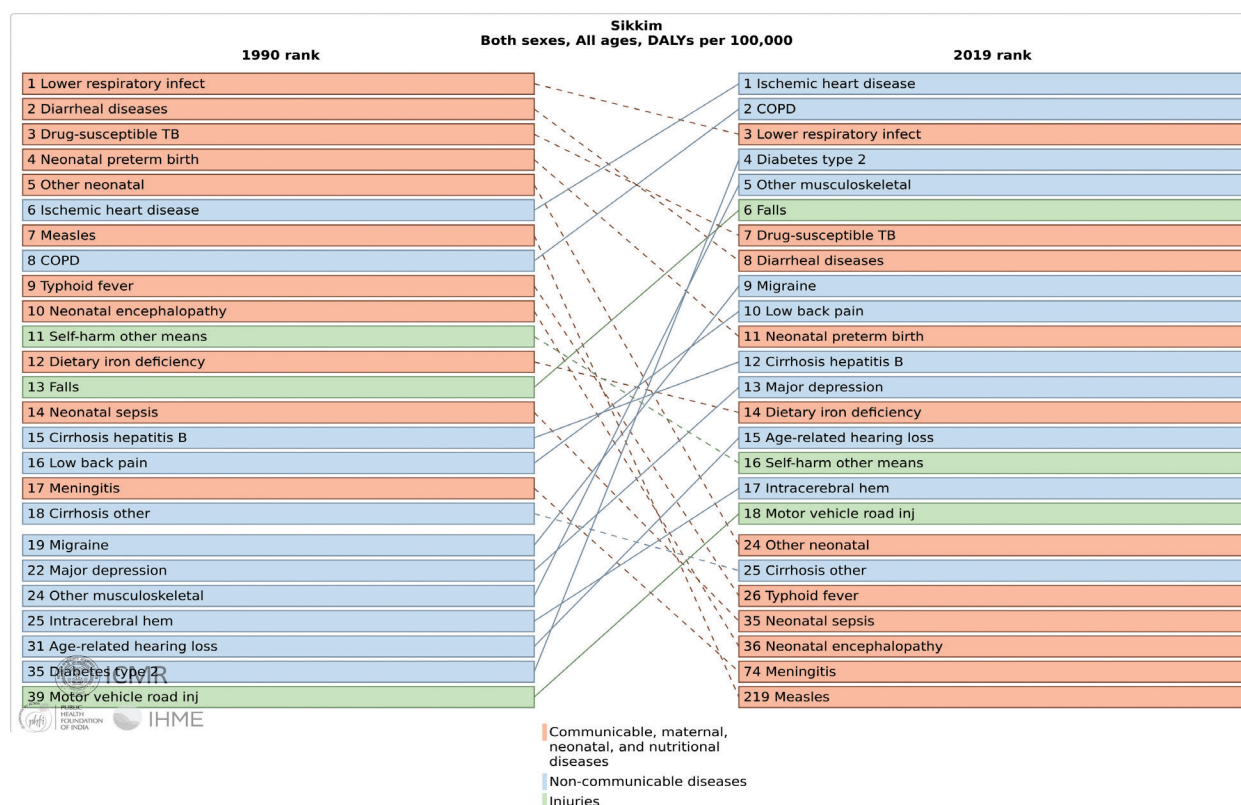


Figure 5: Top 15 risk of DALYs, 1990-2019

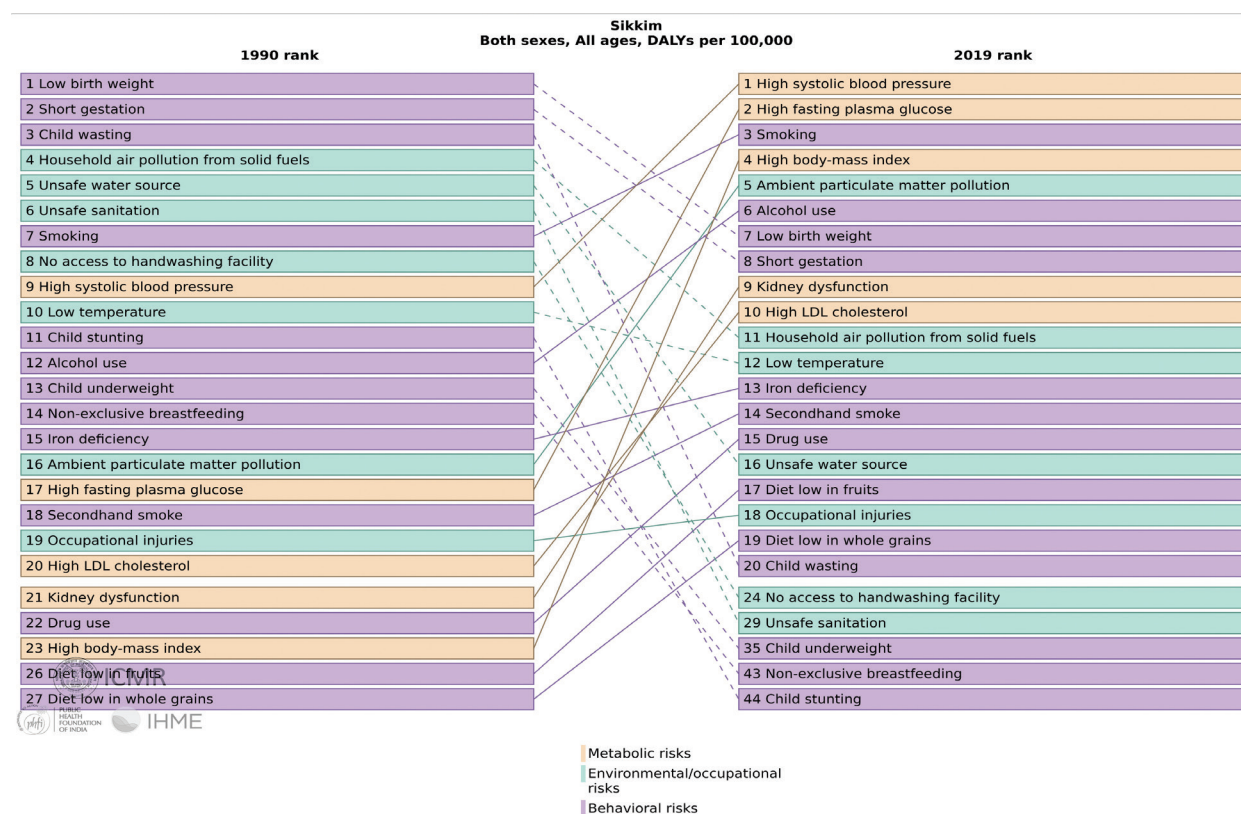


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

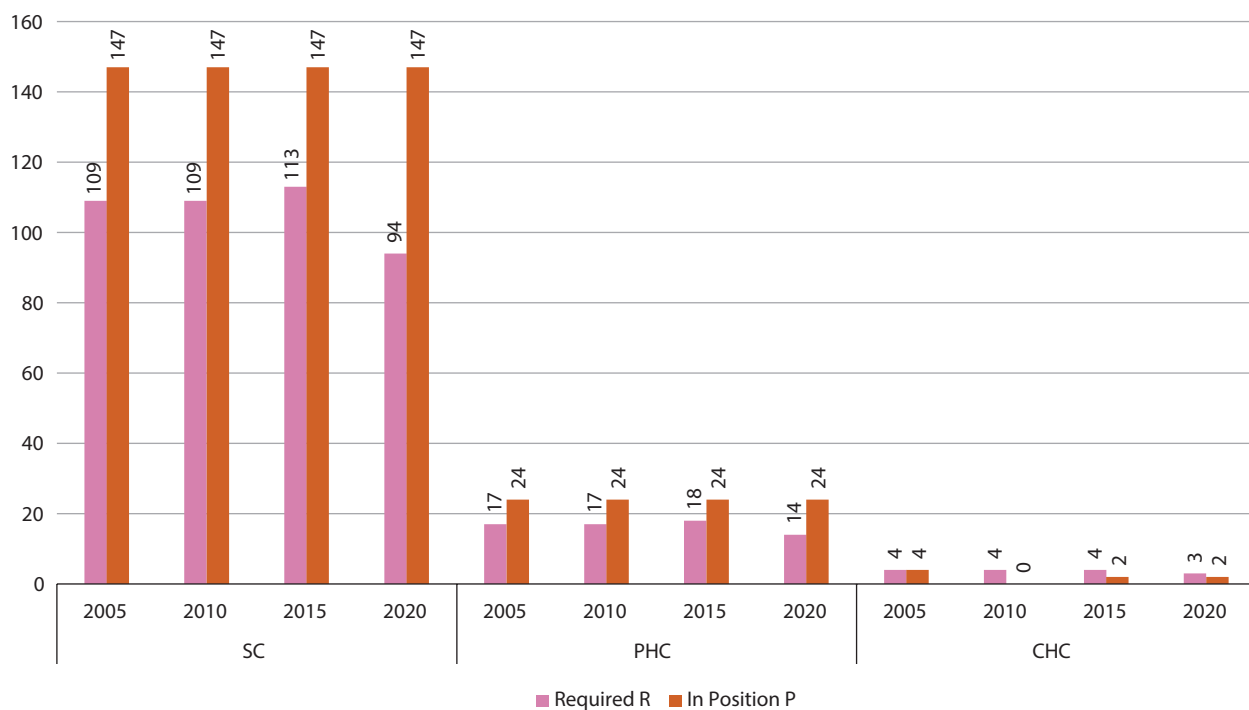


Figure 7: Year Wise Health Infrastructure Shortfall (%)

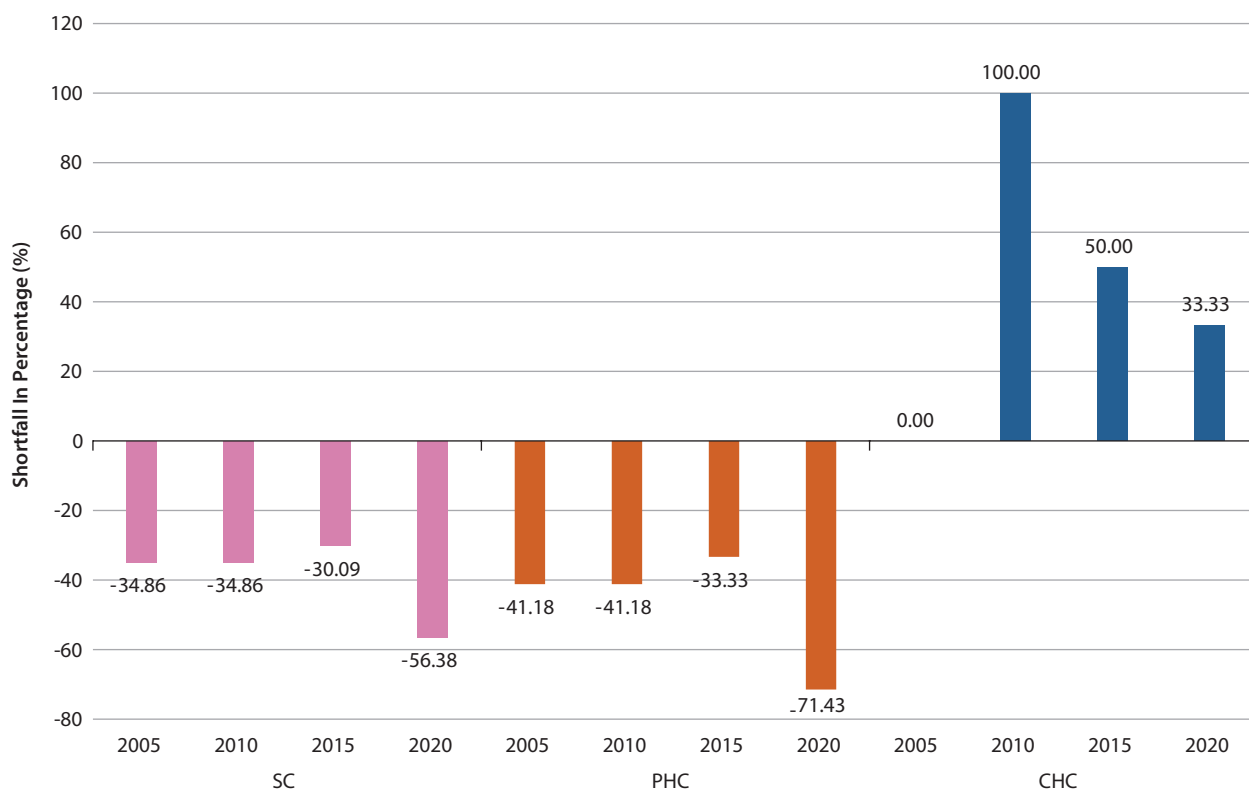
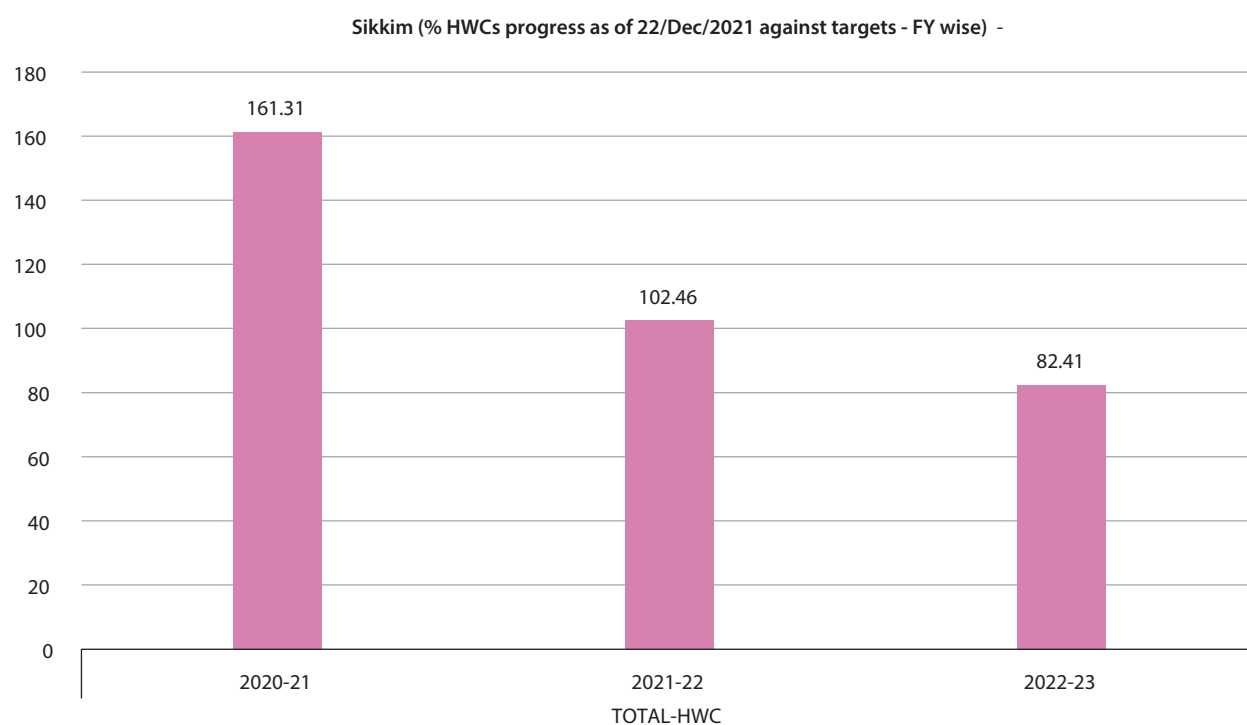


Figure 8: Percentage HWCs progress against target - FY wise (%)



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

(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	Sikkim	NFHS 4 Total	809	30.3	N/A	15	46.7	6.3	5.2	21.7	74.7	94.7	94.2	23.1	29.6	14.2
2	Sikkim	NFHS 5 Urban	1520	31.2	92.8	8.5	55.5	4.6	10.7	18.2	51.4	92	N/A	N/A	15.1	13.2
3	Sikkim	NFHS 5 Rural	746	21.6	86.2	12.5	77.3	7.1	8.4	8.2	62.3	96.3	88.7	31.9	25.6	13.9
4	Sikkim	NFHS 5 Total	969	25.7	88.9	10.8	69.1	6.2	9.3	11.9	58.4	94.7	87.6	24.7	22.3	13.7
5	East District	NFHS 5 Total	1000	29.9	90.1	9.4	54.3	3.9	9.1	17.7	43.8	91.8	N/A	25.2	17.8	14.3
6	North District	NFHS 5 Total	693	24.5	81.4	16	75.7	7.5	9.8	12.8	59.4	97.3	90.6	25.3	31.8	4.5
7	South District	NFHS 5 Total	1353	20.8	90.5	9.9	85	6.6	9.5	5.2	84.5	97.4	N/A	20.7	24.8	8
8	West District	NFHS 5 Total	685	19.9	85.7	14.1	N/A	11	9.2	4.3	70.4	99.3	93.2	28.4	25.2	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 performing districts within the districts for a particular indicator

B. Red – Worst performing districts within the districts for a particular indicator

C. * Full antenatal care is at least four antenatal visits, at least one tetanus toxoid (TT) injection and iron folic acid tablets or syrup taken for 100 or more days

D. ** Based on the youngest child living with the mother

E. # Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 infant and young child feeding practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

F. ^ Below -2 standard deviations, based on the WHO standard. 13 Below -3 standard deviations, based on the WHO standard

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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NOTES

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