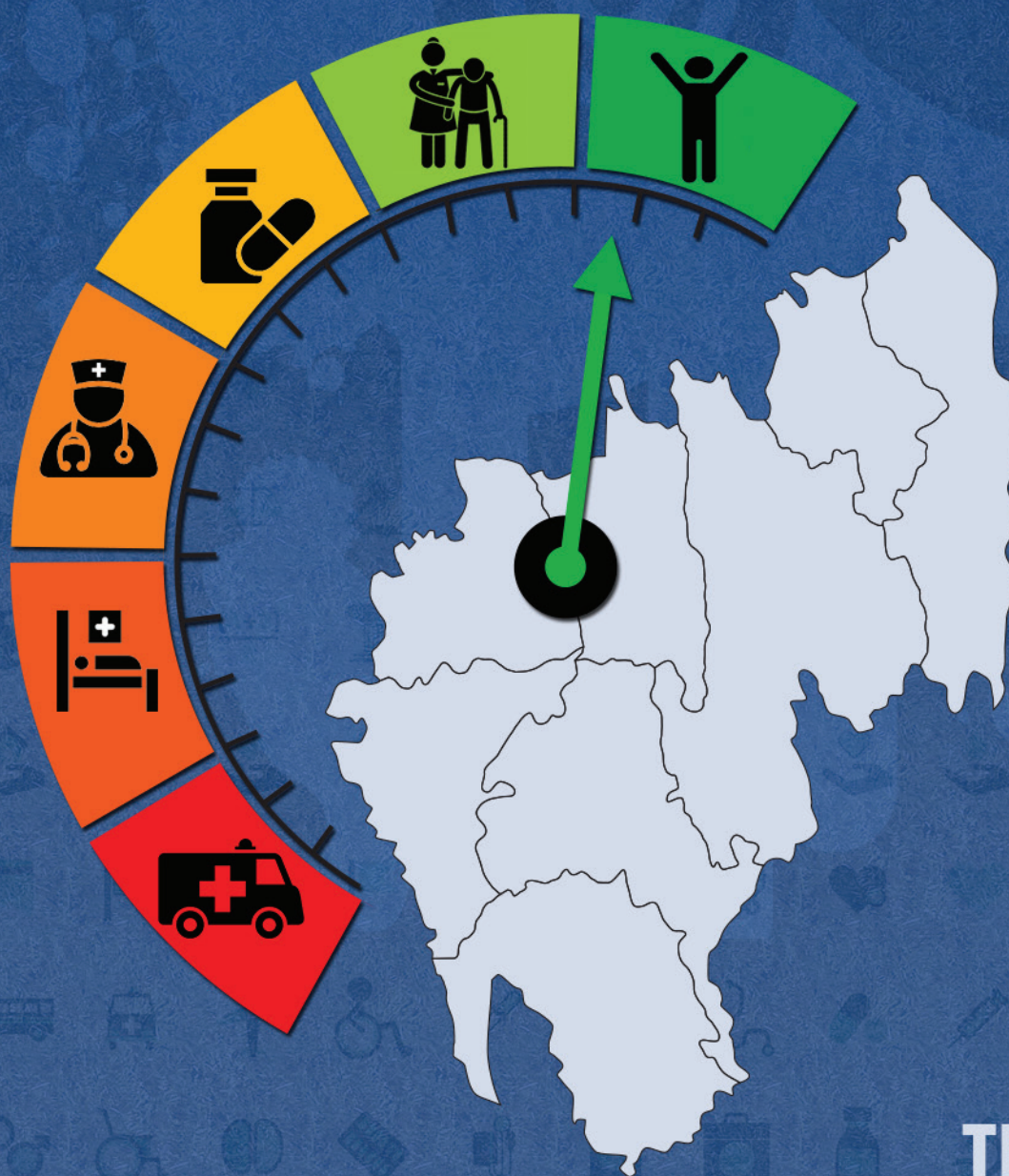


HEALTH DOSSIER 2021

Reflections on Key Health Indicators



DISTRICTS VISITED IN
COMMON REVIEW MISSIONS

CRM	Districts Visited	
1 st	Dhalai, West Tripura & South Tripura	
6 th	North Tripura	South Tripura
10 th	Gomati	Dhalai
12 th	Unakoti, South Tripura & West Tripura	
14 th	Khomai	North Tripura

TRIPURA

1. BACKGROUND

1.1 Tripura Profile

Tripura is positioned 27th in India^a for a geographical spread of 10,486 km² with a population of over 36 lakhs^b. The state is divided into 8 districts as of 2021^c with a projected population increase to 40.71 lakh by 2021^d. As per Census 2011, the Scheduled Caste (SC) and Scheduled Tribe (ST) population is 0.065 lakh (17.83%) and 20.14 lakh (16.63%), respectively. Around 73.83% of the population reside in rural areas, while the rest constitute the urban population. Agriculture is a major contributor to the State Domestic Product where around 24.06% of the workers in Tripura are engaged as cultivators and Agricultural laborers^e. At present, 3 cities^f are covered under National Urban Health Mission.

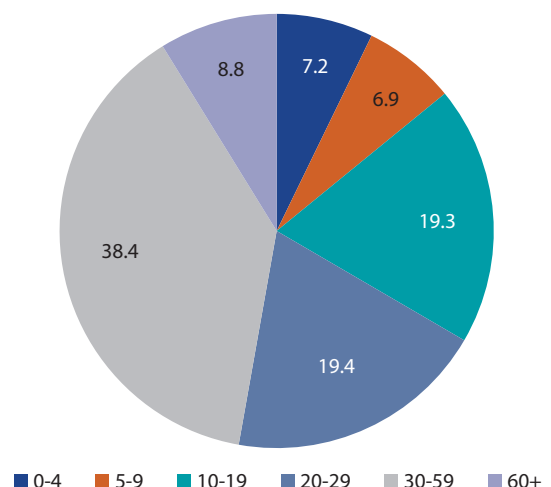
The total length of roads^g in Tripura is 42,925 km (0.85%^h), in which the length of the national highways is 806 km (0.7%ⁱ) and state highways is 329 km (0.19%^j).

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

1.2 Demography

Overall^k, in North-Eastern States (excluding Assam), it is estimated that 19.3% of the total population is in the 10-19 years age group, 57.8% within 20 to 59 years; and 8.8% is 60 years and above (Figure 1). The literacy rate has increased from 73.2% in 2001 to 87.2% in 2011; with male & female literacy rates being 91.5% and 82.7% 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 Census 2011

^c RHS 2019

^d Census Population Projection 2019 Report

^e Tripura-At-a-Glance-2020; <https://ecostat.tripura.gov.in/Tripura-At-a-Glance-2020.pdf>

^f QPR NHM MIS Report as on 31 Dec 2020

^g Basic Road Statistics 2019, MoRTH

^h Percentage of total length of roads in State

ⁱ Percentage of total length of National Highways in the country

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

^k Population projection 2021 for Manipur is not available

Enrollment Rate^l is 16.9% for higher education, 43.46% for senior secondary (XI-XII) education, 118.49% for secondary (IX-X), 114.32% for elementary (I-VIII) education and 107.96% for primary (I-V).

1.3 Elderly

Population aging has profound social, economic, and political implications. Elderly people aged 60 years and above share 8.8% of the state's total population. In Tripura, 70% of elderly females and 17% elderly males living in urban areas; 73% of elderly females and 18% elderly males in rural areas 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 28% & 31% respectively which is close to the national average of 31% for both men and women (Elderly in India 2016).

2. HEALTH STATUS AT A GLANCE

2.1 Maternal Health

Tripura has been able to provide RMNCHA+Nm services with major focus on primary and secondary care services under the NHM. Indicators for Antenatal care (ANC)ⁿ, institutional deliveries, C sections, distribution of IFAo tablets, follow up of high-risk pregnancies, provision of postnatal and newborn care have shown substantial improvement since 2005 (NFHS 4 & 5). In Tripura, 69.5% of women received 4 ANC check-ups (Annexure 1.4). As per NFHS 5 (Annexure 3), Unakoti, Gomati, and Khowai reported poor ANC coverage ranging from 24.6% to 41.5%. Whereas South Tripura, West Tripura and North Tripura districts reported relatively better ANC coverage ranging from 58.4% to 67.1%. As reported in HMIS 2019-20, around 93.8% of the deliveries took place in institutions, out of which 90.7% took place in public health facilities. Total percentage of C-sections (26.9%) is higher than WHO's standard (10-15%); and out of the total reported C-sections, about 97.9% is conducted at private facilities in Tripura. Around 66% of women are reported to be given their first postpartum check-up between 48 hours and 14 days (Annexure 1.4). Prevalence of anaemia in women aged 15-49 years has increased from 54.5% (NFHS 4) to 67.2% (NFHS 5). Anaemia in females of reproductive age group is more than 1.5 times than in men of similar age group (Annexure 2, figure 3)

Refer Annexure 3 for a detailed district wise comparison.

2.2 Newborn, Infant & Child Health

Ever since the inception of NHM in 2005, Tripura has shown a significant decline in IMR from 31 (2005) to 21 (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). However, the state has registered an increase in IMR from 20 (2015) to 21 (2019). As per NFHS 5, the low SRB^p

^l 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

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

ⁿ Antenatal Check up

^o Iron Folic Acid Tablets

^p Sex Ratio at Birth

ranging from 913 to 959 are reported in North Tripura, Sipahijala & Khowai districts, while the high ones, ranging from 1048 to 1160 are reported in West Tripura, South Tripura and Dhalai districts.

Full vaccination^q coverage for children between 12 – 23 months of age has shown a marginal decline from 77.3% (NFHS 4) to 77.1% (NFHS 5). The percentage of under 6-months children exclusively breastfed has also declined from 70.7% (NFHS 4) to 62.1% (NFHS 5). An increase in childhood anaemia from 48.3% (NFHS 4) to 64.3% in children aged 6-59 months is reported in NFHS 5 (Annexure 2, Figure 3). As per NFHS 5 report, Gomati, North Tripura & South Tripura districts reported relatively low burden of stunting, ranging from 22.7% to 26.2%; while Sepahijala, Dhalai & Khowai districts reported high burden of stunting ranging from 34.5% to 47%. For under-5 wasting – West Tripura, South Tripura and Sepahijala districts reported relatively low burden, ranging from 11.7% to 15.3%; while Unakoti, Gomati & North Tripura districts reported high burden, ranging from 19.3% to 30%.

2.3 Family Planning

As per NFHS 5 report, the total unmet need in Tripura is 8.2%, and unmet need for spacing is 2.5%. South Tripura district reported the highest total unmet need of 17.3%, and West Tripura reported the lowest (2.5%). Approximately 49.1% of married women reported to avail any modern method of family planning in the State (NFHS 5), with sterilization acceptance being 10.5% among females and nil among males.

2.4 Communicable Diseases

Tripura has 8 IDSP units functional^r. The proportion of communicable, maternal, neonatal, and nutritional diseases [CMNND] contribute to 24.07% of total disease burden (Annexure 1.4). Lower respiratory infection, Neonatal preterm birth & Diarrheal diseases are the leading causes of deaths in Tripura (Annexure 2, Figure 4^s). As per QPR reports, for TB, the annualized total case notification rate is 66% and NSP^t success rate is 81% as opposed to the national averages of 163% and 79%, respectively. 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, 1 death due to Malaria, while none from Dengue, or Kala Azar are reported.

2.5 Non-Communicable Diseases (NCDs) and Injuries

It is reported that 66.7% of the total disease burden in the State is from premature deaths and 33.3% is from disability or morbidity. Ischemic heart diseases, COPD and Intracerebral hemorrhage are the leading causes of DALYs (Annexure 2, Figure 4). NCDs contribute to 65.26% of DALYs, whereas injuries contribute to 10.66% of DALYs^v. Tripura is positioned 24th in the country for the total number of fatal road accidents with respect to other States (Annexure 1.4). In the recent NFHS 5 report, it is reported that as high as 50.4% of women and 56.9% of men (roughly half of the population) used any kind of tobacco; and 6.2% of women and 33.1% of men consumed alcohol. Overall, high systolic blood pressure, smoking, high fasting blood sugar, low birth weight and ambient particulate matter pollution are found to be the top five major risk factors for all DALYs (Annexure 2, figure 5).

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

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

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

^t New Smear Positive

^u National Leprosy Eradication Programme

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

2.6 Health Care Financing

Tripura's Net State Domestic Product (NSDP) for FY 2018-19 is ₹ 44,835 crores. The State is positioned 20th out of 32 states in terms of per capita^w of ₹ 1,12,849. As per NSS 2017-18, the OOPe for IPD care per hospitalized case in rural areas is estimated to be around ₹ 4,324 in public facilities, ₹ 58,091 in private facilities; whereas for urban areas, it is around ₹ 7,543 in public facilities and ₹ 64,065 in private facilities. For childbirth in rural areas, OOPe is estimated to be around ₹ 5,712 in public facilities & ₹ 29,720 in private facilities; whereas in urban areas - OOPe is estimated to be around ₹ 8,647 in public facilities and ₹ 33,735 in private facilities. In public health facilities, the share of expenditure on drugs as a proportion of inpatient medical expenditure is estimated as 72% in rural and 56% in urban areas; whereas for diagnostics, it is 23% in rural and 20% 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). There is no shortfall in SCs and PHCs, whereas there is a shortfall of 12% CHCs (Annexure 2, Figure 7). Currently, there are 965 SCs, 107 PHCs, and 22 CHCs in place, against the required 656 SCs, 103 PHCs and 25 CHCs in rural areas. Whereas, in urban settings, there are 5 PHCs in place against the required 29, accounting to a shortfall of 82.76%. The State has 7 DHs, 12 SDHs and 1 government medical college. In tribal catchments, there are 439 SCs, 46 PHCs and 8 CHCs in place, against the required 353 SCs, 53 PHCs and 13 CHCs. This accounts to a shortfall of 13.21% of the required PHCs and 38.46% of the required CHCs in the tribal areas.

Under the Government of India flagship Ayushman Bharat program, a total of 324 (256 SHCs, 61 PHCs & 7 UPHCs) primary care facilities have been upgraded and are currently operational as Health & Wellness Centres (HWCs) to deliver Comprehensive Primary Health Care (as on 22nd Dec 2021, Annexure 1.3).

In Tripura, no districts are equipped with MMUs under the NRHM nor under the NUHM. Tripura has 98.07% of required ASHAs in position under both NRHM & 97.82% under the NUHM. The doctor to staff nurse ratio in place is 1:2, with 11 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, 1178.7 availed (events) OPD services and 108.7 availed (events) IPD services. As per the NSSO data (2017-18), 35% of all OPD cases in rural areas and 18% in urban areas; and 96% of all IPD cases in rural areas & 88% in urban areas utilized public health facilities. The public health facility utilization in Tripura is above the national average for rural areas & below for urban areas (Annexure 1.6).

^w Directorate of Economics & Statistics

ANNEXURE 1: KEY INDICATORS

1.1 State Profile^x

Indicator	Tripura 2011 ¹	India
Total Population (In Crore)	0.36	121.08
Rural (%)	73.83	68.85
Urban (%)	26.17	31.14
Scheduled Caste population (SC) (in crore)	0.065 (17.83%)	20.14 (16.63%)
Scheduled Tribe population (ST) (in crore)	0.11 (31.76%)	10.45 (8.63%)
Total Literacy Rate (%)	87.2	72.99
Male Literacy Rate (%)	91.5	80.89
Female Literacy Rate (%)	82.7	64.64
Number of Districts in the Tripura ²	8	
Number of districts per lakh population in Tripura (Census 2011)	Population ¹	Districts ¹ (Numbers)
	<5 Lakhs	1
	≥ 5 Lakhs - <10 Lakhs	2
	≥10 Lakhs - <20 lakhs	1
	≥20 Lakhs	0
ST Dominant Districts (%)	SC Dominant Districts (%)	
Dhalai - 55.62%	West Tripura - 19.59%	
South Tripura - 39.36%	North Tripura - 16.56%	
North Tripura - 25.85%	Dhalai - 16.30%	
West Tripura - 25.02%	South Tripura - 16%	

1.2 Key Health Status & Impact Indicators

Indicators	Tripura	India
Infant Mortality Rate (IMR) ³	21	30
Crude Death Rate (CDR) ³	5.5	6.0
Crude Birth Rate (CBR) ³	12.8	19.7
Maternal Mortality Ratio (MMR) ³ (for other states including Tripura)	85	113

^x Sources are mentioned at the end of Annexure 1

Neo Natal Mortality Rate (NNMR) ⁴	N/A	23
Under Five Mortality Rate (U5MR) ⁴	N/A	36
Still Birth Rate ⁴	N/A	4
Total Fertility Rate (TFR) ⁴	N/A	2.2
Life expectancy at birth ⁵	N/A	69.4
Sex Ratio at Birth ⁴	N/A	899

1.3 Key Health Infrastructure Indicators^y

Indicators				Numbers (Total)
Number of District Hospitals ²				7
Number of Sub District Hospital ²				12
Number of Government Medical College ⁶				1
Number of Private 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	256	368	645	830
PHC-HWC	61	108	108	108
UPHC-HWC	7	7	7	7
Total-HWC	324	483	760	945
Rural ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of Community Health Centres (CHC)	25	22	12.00	
Number of Primary Health Centres (PHC)	103	107	-3.88	
Number of Sub Centres (SC)	656	965	-47.10	
Number of functional First Referral Units (FRUs)	DH	SDH	CHC	
	7	5	1	
Urban ²	Required (R)	In place (P)	Shortfall (S) (%)	
Number of PHC	29	5	82.76	
Tribal ²	Required (R)	In place (P)	Shortfall (S)%	
Number of CHC	13	8	38.46	
Number of PHC	53	46	13.21	
Number of SC	353	439	-24.36	

^y Sources are mentioned at the end of Annexure 1

Patient Service ⁹	Tripura	India
IPD per 1000 population	108.7	62.6
OPD per 1000 population	1178.7	1337.1
Operation (surgeries) major (General and Spinal Anaesthesia) per 10000 population	68.6	36.4

1.4 Major Health Indicator^z

% Share of DALYs to Total Disease Burden (GBD 2019) ⁷	Tripura	India
% DALY ^{aa} accountable for CMNNDs ^{bb}	24.07	27.46
% DALY accountable for NCDs	65.26	61.43
% DALY accountable for Injuries	10.66	11.11
Birth, Death Registration & Medical Certification of Cause of Death (MCCD) Indicator ⁸	Tripura	India
Level of Birth Registration (%)	100	92.7
Level of Death Registration (%)	100	92
Percentage of medically certified deaths to total registered deaths (%)	33.7	20.7
RMNCHA+N		
Maternal Health ⁹	Tripura	India
% 1st Trimester registration to Total ANC Registrations	70.4	71.9
% Pregnant Woman received 4 ANC check-ups to Total ANC Registrations	69.5	79.4
Total Reported Deliveries	52158	21410780
% Institutional deliveries to Total Reported Deliveries	93.8	94.5
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	90.7	67.9
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	9.3	32.1
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	26.9	20.5
% C-sections conducted at public facilities to Deliveries conducted at public facilities	19.6	14.1
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	97.9	34.2
% Women getting 1st Post-Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	66	53.4
Neonatal ⁹	Tripura	India
% live birth to Reported Birth	98.4	98.8
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	11.9	12.4
% Newborns breast fed within 1 hour of birth to Total live birth	91.6	89.9

^z 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	Tripura	India
Sick New Born Care Unit (SNCU)	6	895
New Born Stabilization Unit (NBSU)	8	2418
New Born Care Corner (NBCC)	109	20337
Child Health & Nutrition¹⁰	Tripura (NFHS 5)	India (NFHS 5)
Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)	6.2	7.3
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)	67.2	60.6
Children under 5 years who are underweight (weight-for-age) (%)	25.6	32.1
Child Immunization¹⁰	Tripura (NFHS 5)	India (NFHS 5)
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	77.1	83.8
Children age 12-23 months who have received BCG (%)	94.7	95.2
Children age 12-23 months who have received first dose of measles containing vaccine (%)	86.3	87.9
Family Planning¹⁰	Tripura (NFHS 5)	India (NFHS 5)
Unmet need for spacing (%)	2.5	4
Communicable Diseases		
Integrated Disease Surveillance Programme (IDSP)¹¹	Tripura	India
Number of districts with functional IDSP unit	8	720
Revised National Tuberculosis Control Programme (RNTCP)¹¹	Tripura	India
Annualized total case notification rate (%)	66	163
New Smear Positive (NSP) Success rate (in %)	81	79
National Leprosy Eradication Programme (NLEP)¹¹	Tripura	India
Prevalence Rate/10,000 population	0.14	0.61
Number of new cases detected	75	1,14,359
Malaria, Kala Azar, Dengue¹¹	Tripura	India
Deaths due to Malaria ¹¹	1	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	Tripura (NFHS 5)	India (NFHS 5)
Women (age 15-49 years) who have comprehensive knowledge of Human Immunodeficiency Virus (HIV)/Acquired immunodeficiency syndrome (AIDS) (%) ¹⁰	15.4	21.6
Men (age 15-49 years) who have comprehensive knowledge of HIV/AIDS (%) ¹⁰	30	30.7

Non-Communicable Disease		
Diabeties and Hypertension ¹⁰	Tripura (NFHS 5)	India (NFHS 5)
Women - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	11	12.4
Men - Mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	13.4	15.7
Women - Blood sugar level - high (141-160 mg/dl) (%)	8.8	6.1
Men - Blood sugar level - high (141-160 mg/dl) (%)	9.3	7.3
Tobacco Use and Alcohol Consumption among Adults (age 15 years & above) ¹⁰	Tripura (NFHS 5)	India (NFHS 5)
Women who use any kind of tobacco (%)	50.4	8.9
Men who use any kind of tobacco (%)	56.9	38
Women who consume alcohol (%)	6.2	1.3
Men who consume alcohol (%)	33.1	18.8
Injuries		
Road Traffic Accident ¹²	Tripura	India
Rank (Total number of fatal Road Accidents in State/UT wrt other States/UTs)	24	NA
Total number of fatal Road Accidents	224	1,37,689
Severity (Road accident deaths per 100 accidents) of Road Accidents	36.5	33.7
Number of persons killed in Road Accidents	239	115113

1.5 Access to Care^{cc}

Health Systems Strengthening		
Ambulances & Mobile Medical Units (MMU) ¹¹	Tripura	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	Tripura	India
102 Type	1	9955
104 Type	0	605
108 Type	0	10993
Others	0	5129
Number of Ambulances functioning in the State/UTs other than NHM (At PHC/CHC/SDH/DH)	50	11070

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

Key Domain Indicators		
ASHA ¹³	Tripura	India
Total number of ASHA targeted under NRHM	7216	946563
Total number of ASHA in position under NRHM	7077	904211
% of ASHA in position under NRHM	98.07	96
Total number of ASHA targeted under NUHM	551	75597
Total number of ASHA in position under NUHM	539	64272
% of ASHA in position under NUHM	97.82	85
Community Process ¹¹	Tripura	India
Number of Village Health Sanitation and Nutrition Committees (VHSNCs) constituted	1178	554847
Number of Mahila Arogya Samitis (MAS) formed	96	81134
Number of Rogi Kalyan Samitis (RKS) registered (Total) ¹¹	Tripura	India
DH	6	796
CHC	22	6036
PHC	108	20273
UCHC	0	126
UPHC	0	3229
Human Resource for Health ¹⁴		
HRH Governance	Tripura	
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 + MO (MBBS) (%)	33
	Dentists (%)	38
	Nurse (%)	29
	LT (%)	34
	ANM (%)	45
HRH Distribution	Sanctioned	In Place
Doctors (MO & specialists) to staff nurse ¹⁴	1:2	1:2
Availability of public healthcare providers (MO, specialists, staff nurse & ANM) in district healthcare system ¹⁴	17 per 10,000	11 per 10,000
Regular to contractual service delivery staff ratio ¹⁴	18:1	21:1

Ranking: Human Resource Index of Tripura¹⁵

Category	Total (Regular + NHM)					Ranking: HR Gap Index
	Required (R)	Sanctioned (S)	In-Place (P)	Vacancy (V)	Actual Gap# (R-P)	
MPW ^{dd}	2227	2679	1871	808	356	86.83
Staff Nurse	1887	2210	1725	485	162	
Lab Technician	392	394	284	110	108	
Pharmacists	225	797	307	490	0	
MO MBBS ^{ee}	421	1167	892	275	0	
Specialist ^{ff}	467	350	342	8	125	

1.6 Healthcare Financing^{gg}

National Health Accounts (NHA) (2017-18)	Tripura		India	
Per Capita Government Health Expenditure (in ₹)	NA		1753	
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)	Tripura		India	
	Rural	Urban	Rural	Urban
OPD - % of non-hospitalized cases using public facility	36	19	33	26
IPD - % of hospitalized cases using public facility	96	88	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	550	489	472	486
OPD - Per non-hospitalized ailing person (in INR) in last 15 days - Private	2240	3603	845	915
IPD - Per hospitalized case (in INR) - Public	4,324	7,543	5,729	5,939
IPD - Per hospitalized case (in INR) - Private	58,091	64,065	28,816	34,122
IPD - % of diagnostics expenditure as a proportion of inpatient medical expenditure in Public (NSSO)	23	20	18	17
IPD - % of drugs expenditure as a proportion of inpatient medical expenditure – Public (NSSO)	72	56	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)	5,712	8,647	2,402	3,091
Childbirth - Average out of pocket expenditure per delivery in private health facility (₹)	29,720	33,735	20,692	26,701
State Health Expenditure	Tripura		All India Average	
State Health Department expenditure as a share of total expenditure (%) (2017-18)**	6.3		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

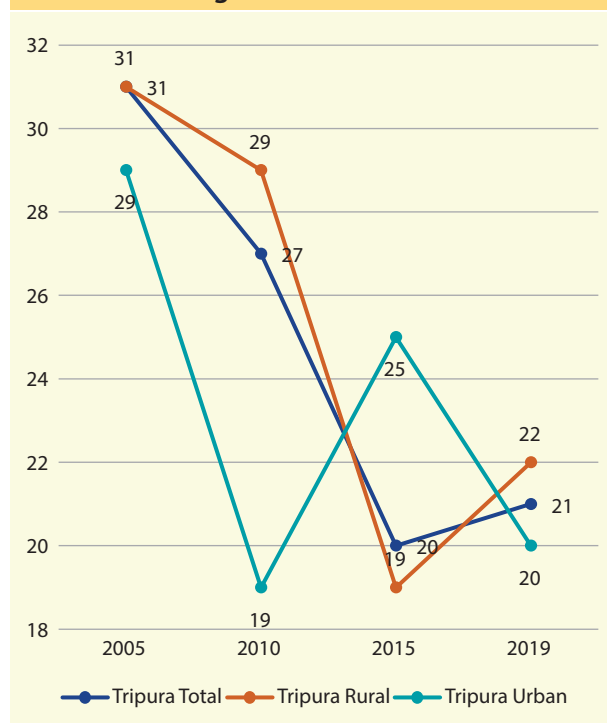


Figure 2: CBR & CDR Trend

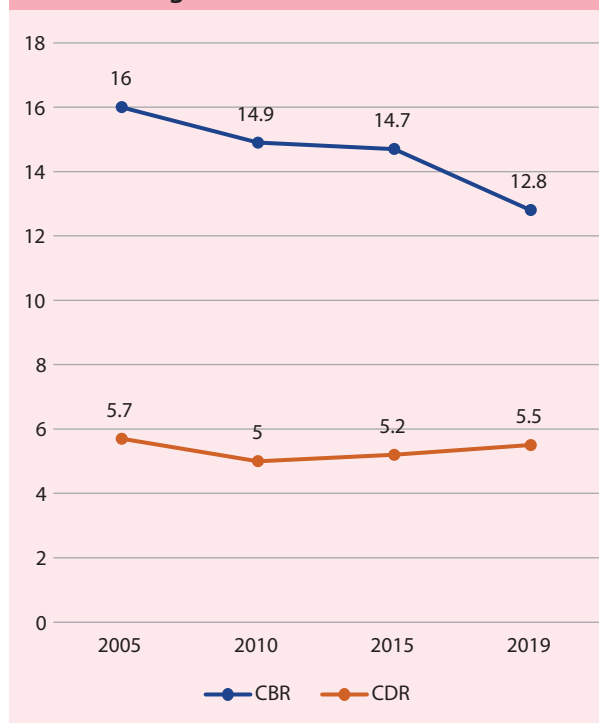


Figure 3: Comparison of Key NFHS 5 & 4 Indicators

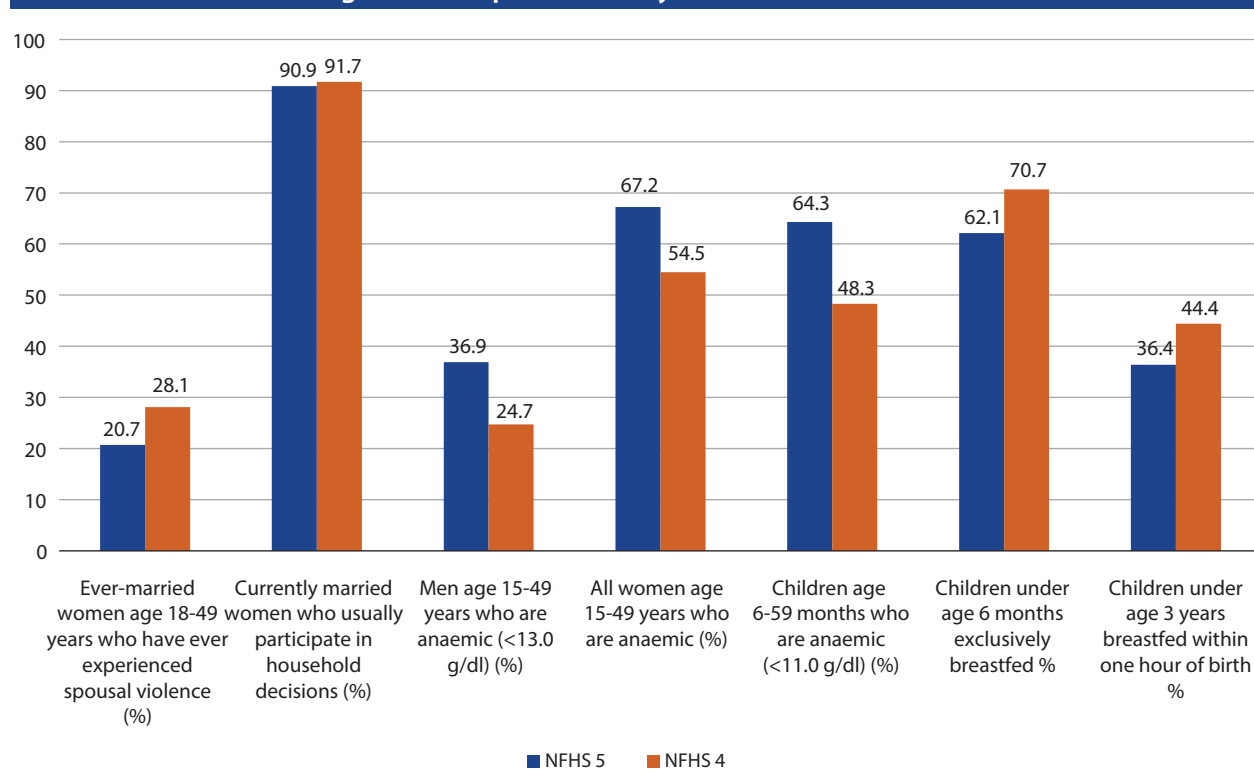


Figure 4: Top 15 causes of DALYs, 1990-2019

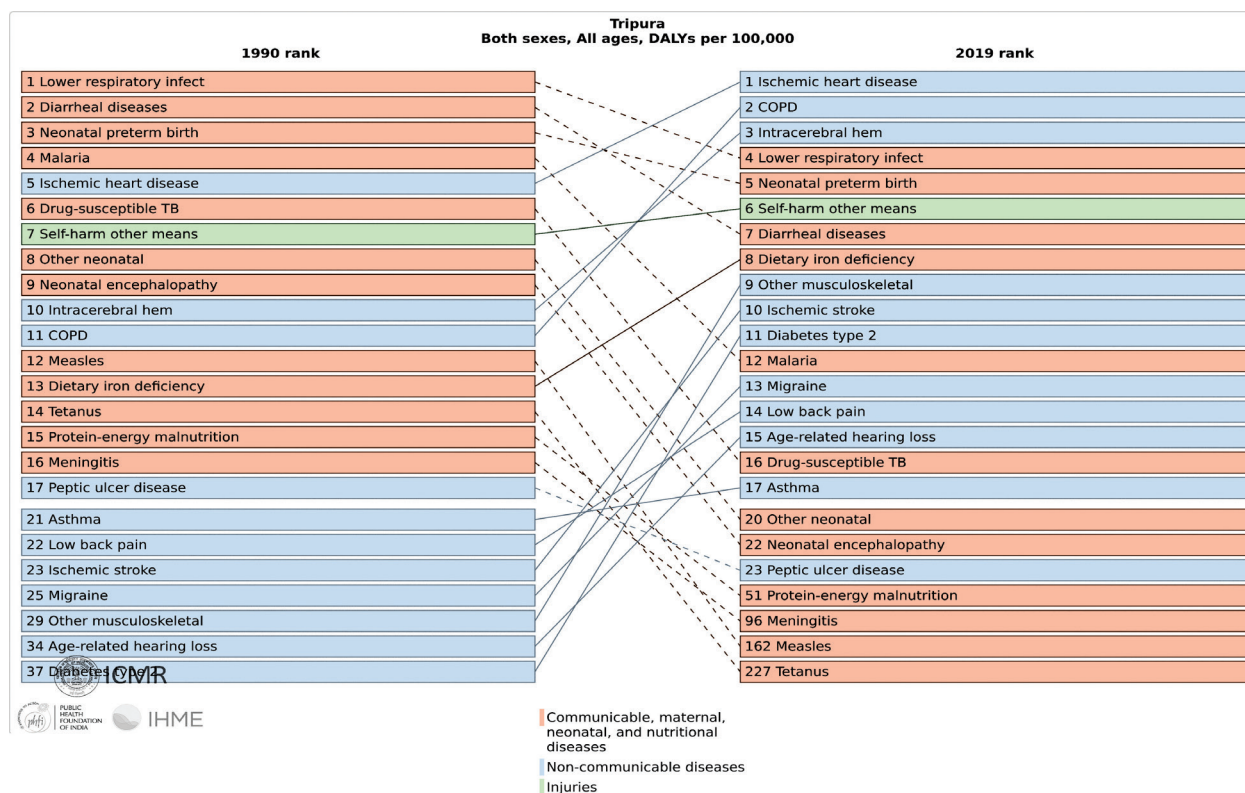


Figure 5: Top 15 risk of DALYs, 1990-2019

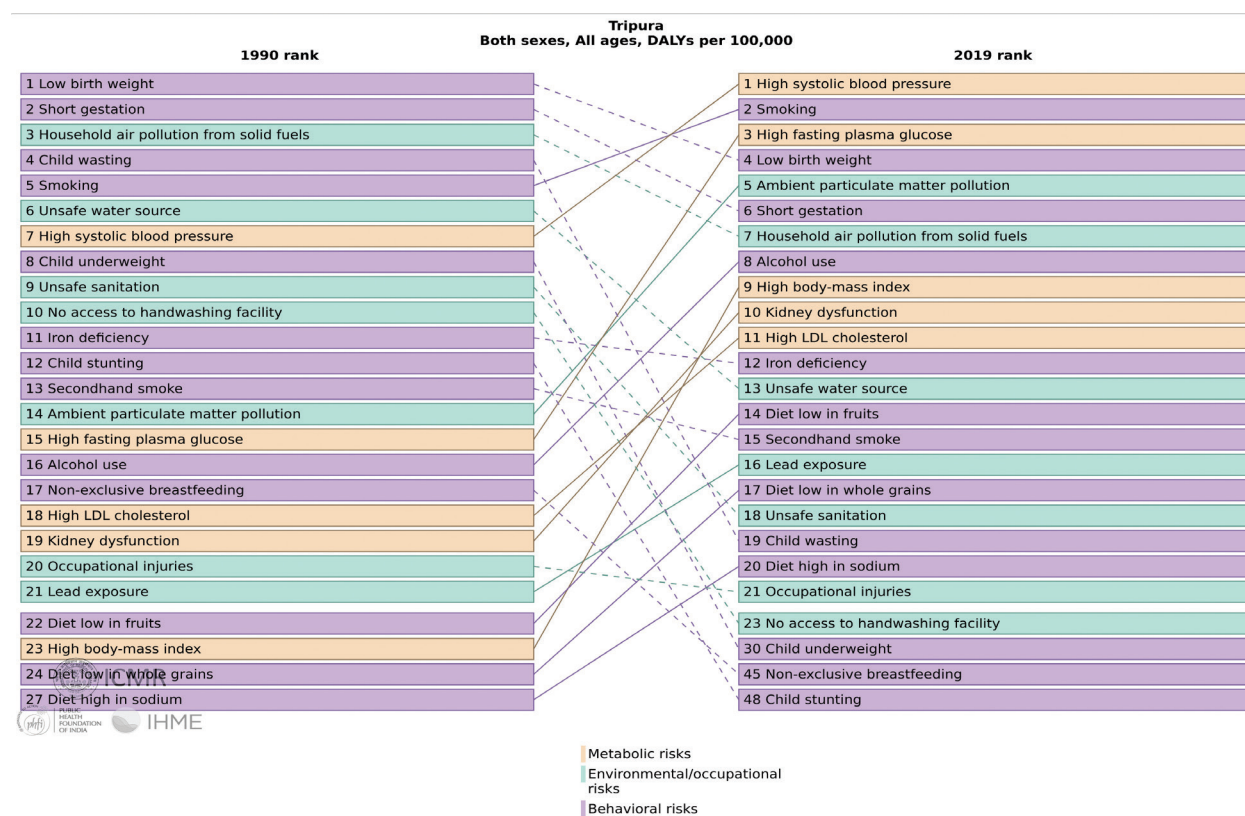


Figure 6: Year Wise Required/In Position Health Infrastructure Status in Rural Area (In numbers)

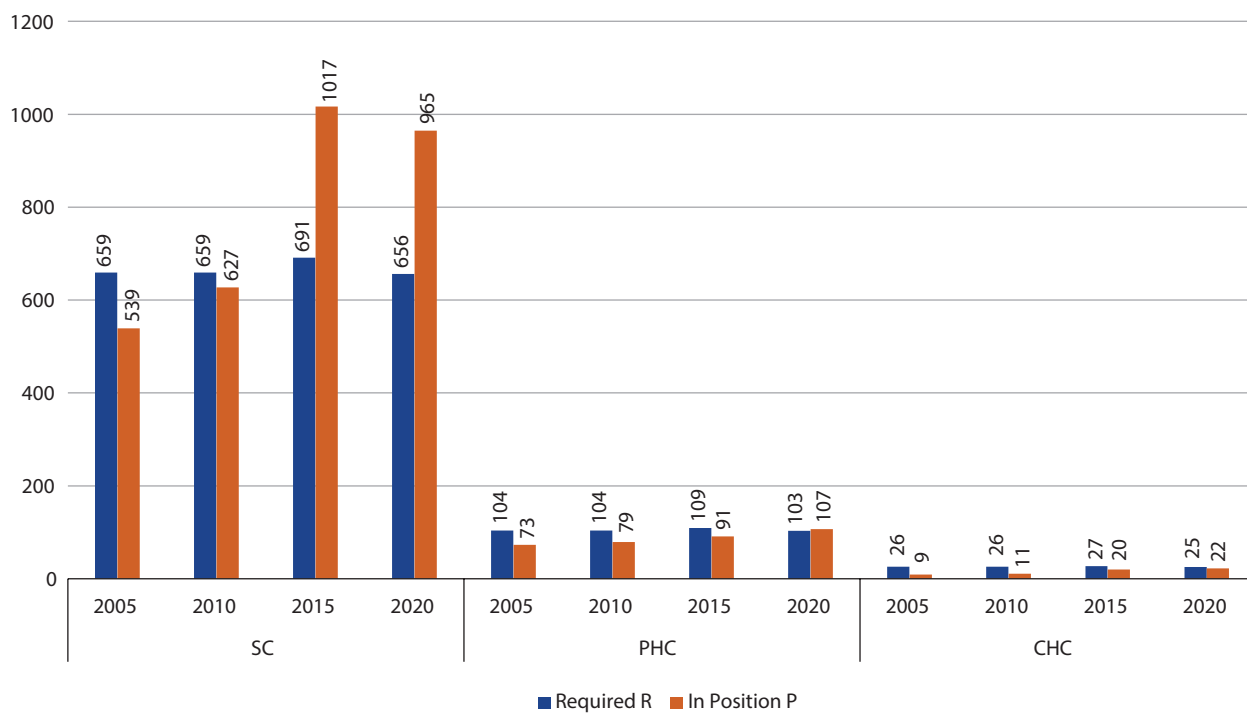


Figure 7: Year Wise Health Infrastructure Shortfall (%)

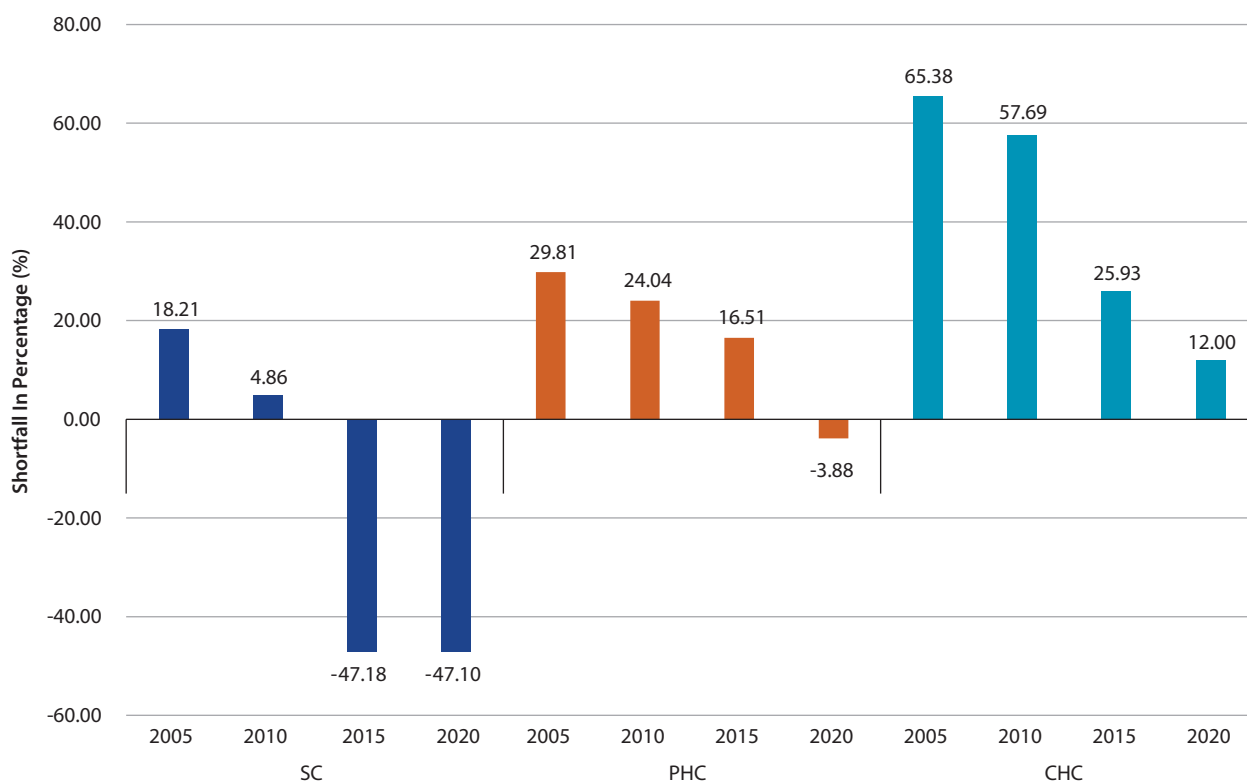
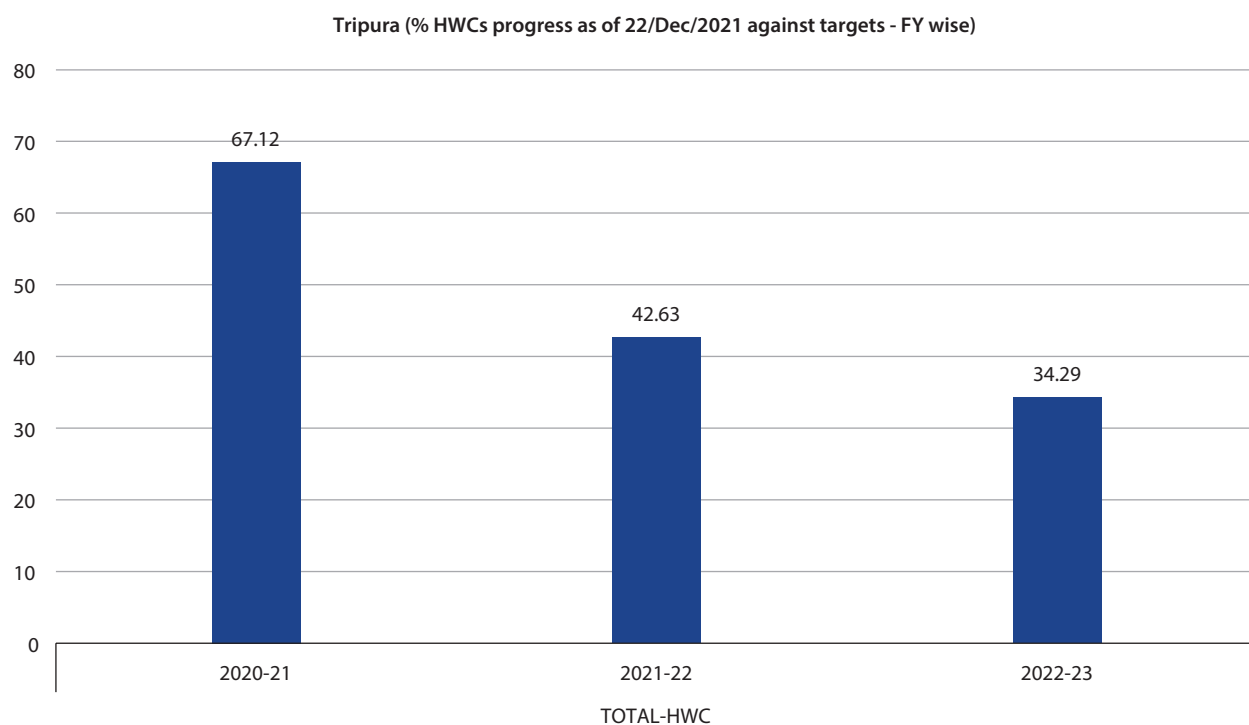


Figure 8: Percentage HWCs progress against target - FY wise (%)



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	Tripura	NFHS 4 Total	969	58.1	N/A	33.1	64.1	0.6	1.9	10.7	64.3	79.9	77.3	5.9	24.3	16.8
2	Tripura	NFHS 5 Urban	1024	24.9	89.9	33.7	76.9	0	5	4.7	64.2	94.8	88.2	14.7	27.1	17.1
3	Tripura	NFHS 5 Rural	1029	36.5	76.9	42.4	68.9	0.6	2.6	9.6	49.1	87.5	73.5	13.1	33.9	18.6
4	Tripura	NFHS 5 Total	1028	33	80.6	40.1	71.2	0.4	3.3	8.2	52.7	89.2	77.1	13.5	32.3	18.2
5	Dhalai	NFHS 5 Total	1160	44.2	71.6	38.9	80.9	0.3	2.3	4	52	87.3	76.7	14.3	45.7	15.9
6	Gomati	NFHS 5 Total	1043	29.9	77.2	42.8	65.5	0	2.2	12.1	40.6	93.2	85.1	12.6	22.7	27.6
7	Khowai	NFHS 5 Total	959	44.1	80.5	28.3	79.9	0.2	1.8	4.1	41.5	95.7	65.8	12.9	47	16.6
8	North Tripura	NFHS 5 Total	913	28.7	83.1	34.2	78.3	1.1	4.6	6.1	67.1	85.4	67.9	11.8	26.2	30
9	Sepahijala	NFHS 5 Total	930	31.6	79.6	51.9	58.9	0.8	2.7	15.3	52.8	87.7	78.6	12.8	34.5	14.9
10	South Tripura	NFHS 5 Total	1136	37.3	80.3	46.2	50.7	0.4	4	17.3	58.4	89.7	65.6	9.9	25.5	15.3
11	Unakoti	NFHS 5 Total	1036	28	76.4	38	66.8	0.6	1.4	9.7	24.6	71.5	66.7	9.4	31.8	19.3
12	West Tripura	NFHS 5 Total	1048	28.1	86.2	37.1	80.1	0.2	4.6	2.5	61.2	95.3	93.7	18.6	30.3	11.7

* 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 three performing districts within the districts for a particular indicator

B. Red – Worst three 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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