सत्यमेव जयते

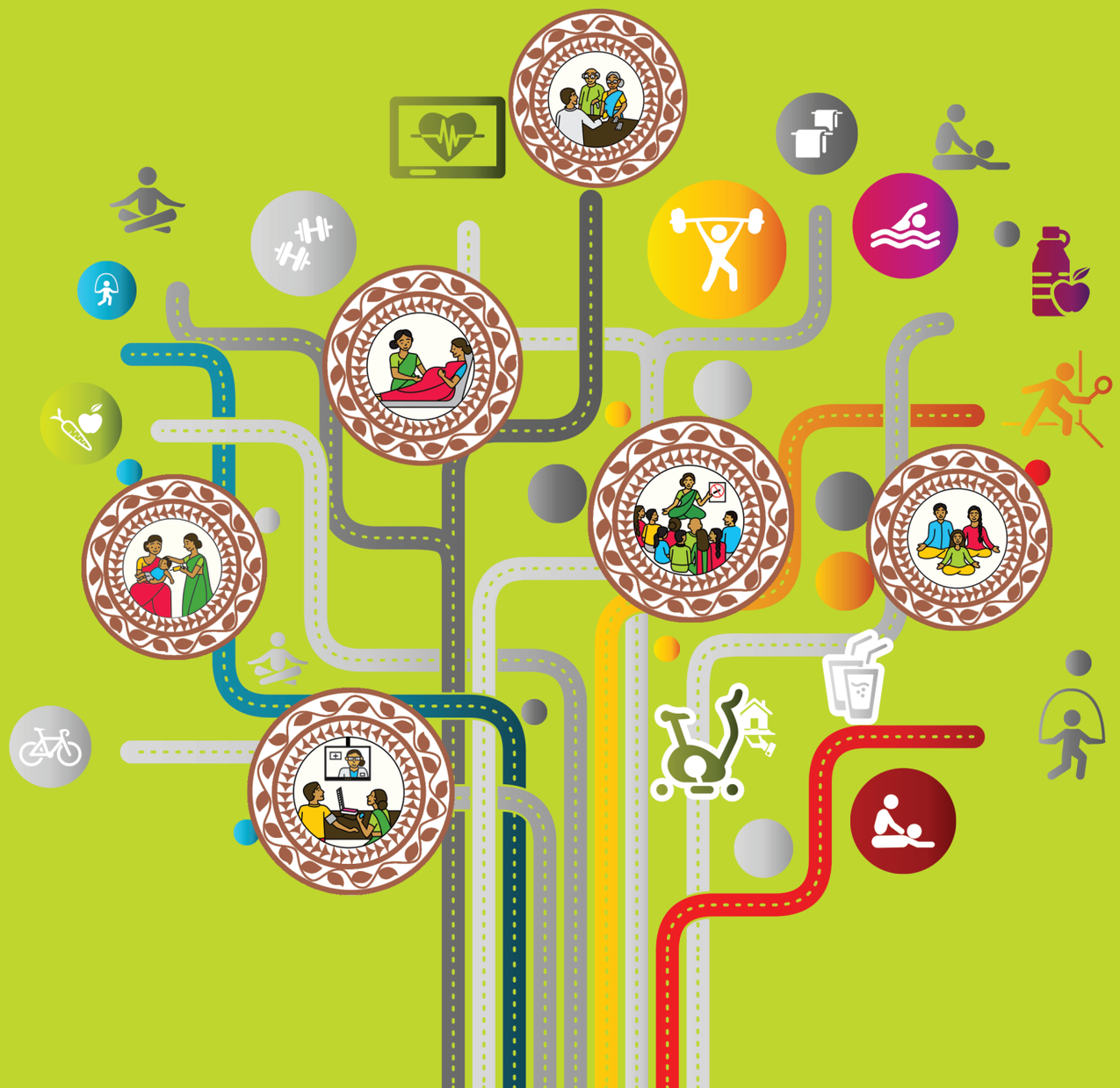
NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

TOWARDS UNIVERSAL HEALTH COVERAGE

Ayushman Bharat Health and Wellness Centres

A Compendium of
Health and Wellness Centres Operationalization

April 2018 - November 2020



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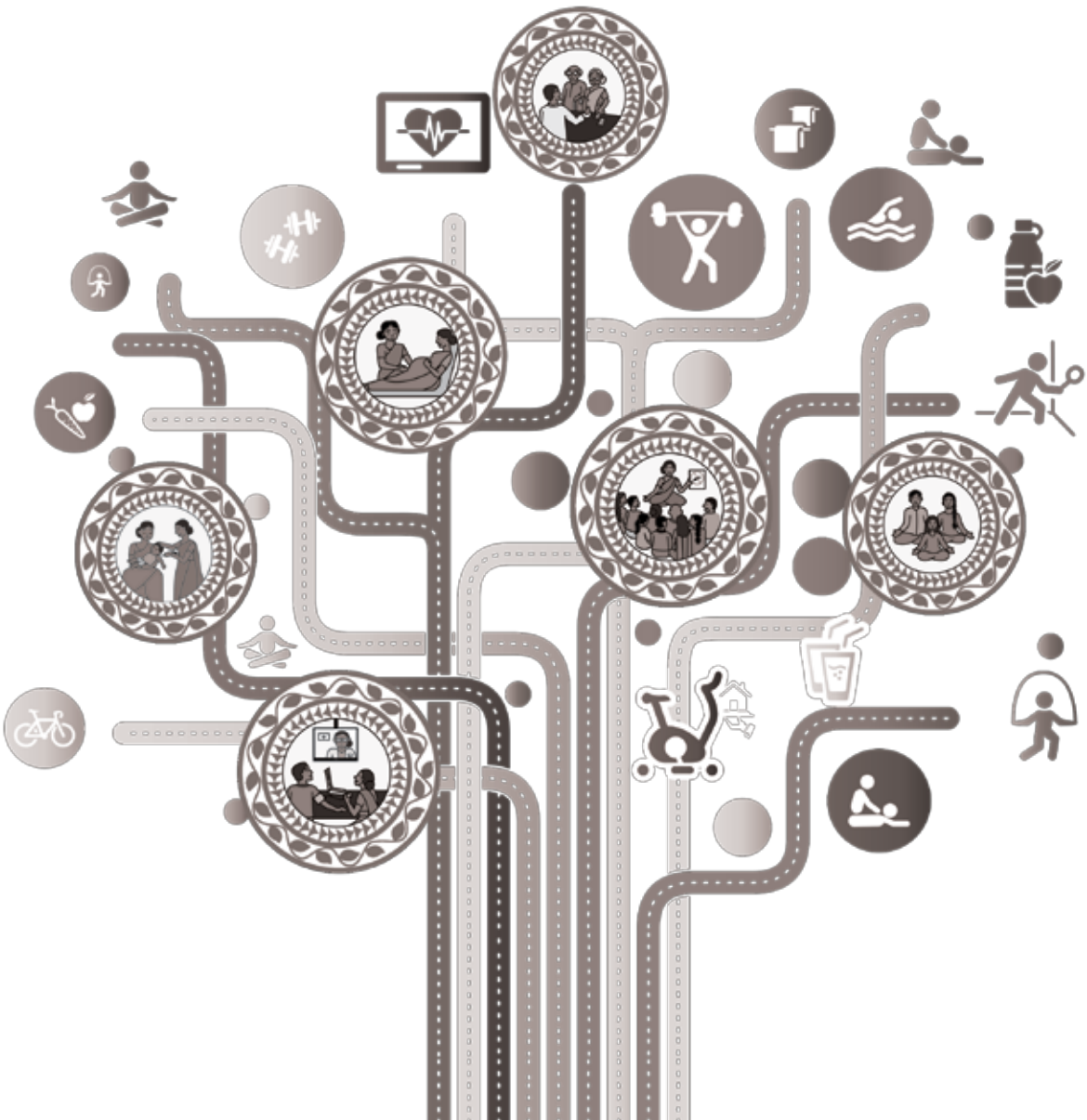

डॉ हर्ष वर्धन
Dr Harsh Vardhan

स्वास्थ्य एवं परिवार कल्याण, विज्ञान और प्रौद्योगिकी व पृथ्वी विज्ञान मंत्री, भारत सरकार

Union Minister for Health & Family Welfare, Science & Technology and Earth Sciences Government of India

सबका साथ, सबका विकास, सबका विश्वास
Sabka Saath, Sabka Vikas, Sabka Vishwas

Message

It gives me great pleasure to introduce the "Compendium of HWCs – Journey so far" which details our country's journey towards ensuring comprehensive universal primary health care. Since the launch of the Ayushman Bharat - Health & Wellness Centres (AB-HWCs), in April 2018, we have witnessed rapid progress in operationalizing the Health & Wellness Centres across the country. The contribution of the AB-HWC teams in supporting the COVID response is commendable and demonstrates the critical role of primary health care in not only provisioning of basic services closer to people but also in combating the pandemic.

With the launch of the AB-HWCs, the country has witnessed a paradigm shift in healthcare delivery services with increased focus towards wellness. Experience has shown that community - centred wellness activities have better response and also lead to achievement of better long term public health outcomes.

The responsibility of transforming over 1,50,000 existing Sub-Health Centres (SHCs) and Primary Health Centres (PHCs) lies both with the Centre and the States. I am happy to note that this document captures the baselines for each State and the different innovative models to deliver a common goal - that of providing universal access to comprehensive primary health care.

The State models highlight the diversity of each State and also emphasize their unique approach towards UHC. I am hopeful that this document will serve to strengthen each State's resolve towards achieving the targets set out in our National Health Policy, 2017 and the Sustainable Development Goals, and motivate State and District teams to achieve these ambitious goals.

Harsh

(Dr. Harsh Vardhan)

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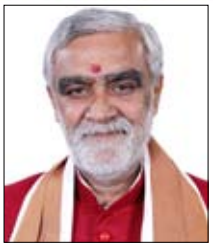

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सर्वेसन्तु निरामया

स्वच्छ भारत

संदेश

वैश्विक स्वास्थ्य परिचर्या के प्रति भारत की वचनबद्धता में जन स्वास्थ्य सुविधा केन्द्रों पर सभी के लिए उच्च गुणवत्तापरक प्राथमिक स्वास्थ्य परिचर्या की सुलभता सुनिश्चित है। आयुष्मान भारत स्वास्थ्य और आरोग्य केन्द्रों (एबी-एचडब्ल्यूसी) की शुरुआत प्राथमिक स्वास्थ्य परिचर्या की एक महत्वपूर्ण पहल है, जिसमें निवारक, प्रोत्साहक, उपचारात्मक, पुनर्वासी और प्रशामक स्वास्थ्य परिचर्या शामिल है। यह व्यापक प्राथमिक स्वास्थ्य परिचर्या प्रदान करने का एक अनोखा मॉडल है जिसमें रोग की रोकथाम और कल्याण के उपाय के रूप में आरोग्यता पर विशेष बल दिया गया है।

कोविड महामारी का इस वर्ष लगभग पूरे समय प्रकोप रहा है। इस दस्तावेज़ में इस बात पर प्रकाश डाला गया है कि किस प्रकार राज्य एचडब्ल्यूसी को संचालित करने में सफल हुए हैं और वित्त वर्ष 2021 के लिए रखे गए 70,000 एबी-एचडब्लयूसी के वार्षिक लक्ष्य को पूरा करने के लिए अग्रसर हैं। महामारी के बावजूद इन मील के पत्थरों को हासिल करना वास्तव में सराहनीय है।

इस दस्तावेज़ में सभी राज्यों में स्वास्थ्य और आरोग्य केन्द्रों के सभी घटकों में हुई प्रगति दर्शाई गई है। मुझे विश्वास है कि स्वास्थ्य और आरोग्य केन्द्रों में आने वाले रोगियों की बढ़ती संख्या, चिरकालिक रोगों के लिए लक्षित जनसंख्या में जांचे गए लोगों की संख्या और आरोग्यता से जुड़े क्रियाकलाप इस बात को दर्शाते हैं कि स्वास्थ्य और आरोग्य केन्द्रों की टीमों में जनता का विश्वास बढ़ रहा है।

मैं आशा करता हूँ कि राज्य अपनी-अपनी प्रगति की समीक्षा करने के लिए इस दस्तावेज़ को प्रयोग में लाएँगे तथा वित्तीय निवेशों, विशेष रूप से मानव संसाधनों में किए गए निवेशों के अनुरूप राष्ट्रीय स्वास्थ्य नीति, 2017 के लक्ष्यों और स्थायी विकास लक्ष्यों को हासिल करने के लिए राज्य/संघ राज्य क्षेत्र विशिष्ट रोड मैप तैयार करेंगे।

मैं कामना करता हूँ कि सभी राज्य/संघ राज्य क्षेत्र व्यापक प्राथमिक स्वास्थ्य परिचर्या को समुदाय तक पहुंचाने और सार्वभौमिक स्वास्थ्य कवरेज के अपने साझे लक्ष्य को हासिल करने के इस प्रयास में अपना बेहतरीन योगदान देंगे।

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Department of Health and Family Welfare
Ministry of Health and Family Welfare

7th December 2020

MESSAGE

This compendium presents a glimpse of the journey of individual States on the road to Universal Health Care. I am happy to note that the focus of the compendium this year is on the operationalization of Ayushman Bharat - Health and Wellness Centres. The launch of the Ayushman Bharat – Health and Wellness Centres (AB-HWCs) in 2018 was a strong signal of the commitment of the government to delivering universal primary health care to all citizens in rural and urban areas. In the last 2 years, a significant progress has been made in every State of the country.

I particularly congratulate the States on their effort to rapidly translate the vision of AB-HWCs to reality. During the current year, COVID19 pandemic has challenged health systems in every State. Even with fewer than one third of the AB-HWCs operational at the start of the pandemic, their contribution in the field of primary health care has been of critical importance and I am glad to note that the compendium highlights the exceptional role of AB-HWCs' teams during the trying times of the pandemic.

The compendium makes available data on key indicators, highlighting the unique challenges and opportunities for each State as they strive to achieve the target of National Health Policy and realize the commitment of the country to the Sustainable Development Goals on Universal Health Coverage (UHC).

I hope and believe that this compendium would provide the foundation for a document enabling us to measure our progress as individual States and collectively as Nation, and recommit ourselves each year, in the decade ahead of us to ensuring universal, equitable, and affordable health care.

(Rajesh Bhushan)

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21st July 2020

MESSAGE

India's quest for Universal Health Care recognizes that a robust Primary Health Care system is absolutely critical. Building on the momentum created by the National Health Mission's systemic and integrated inputs to strengthening health systems, the Ayushman Bharat- Health and Wellness Centres (AB-HWCs) were launched in 2018 to address the disease burden arising on account of the epidemiological and demographic transition underway across the country.

This compendium provides the current status of key indicators as a snapshot of every state's performance on access, coverage, reach, equity and affordability, and highlights the progress on operationalizing AB-HWCs. Progress, as we can see from this document, even in the face of COVID 19 has been significant and a testimony to the persistent efforts of the state.

The COVID19 pandemic has tested the resilience of health systems world wide, and India is no exception. However, the NHM created capacities in health systems to provide critical public health goods such as information, laboratory capacity, supply chains, and health workforce, which proved to be invaluable throughout the very effective COVID-19 response launched by the National and State/UT Governments.

The AB-HWCs' teams are a formidable force that undertook not just the public health activities related to COVID19, but also enabled the delivery of non-COVID19 essential services with minimal disruption.

To address the challenges in reforming the Primary Health Care system, a beginning has been made with the collective and joint efforts of the Centre and the States in developing a shared vision, formulating policies and strategies based on evidence, and implementing people centred integrated primary health care. I hope that this compendium marks the starting point for states to innovate, strengthen and create robust and resilient health systems to achieve our shared vision of Comprehensive Primary Health Care and Universal Health Coverage (UHC).

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India's ambitious aspiration to Universal Health Care is rooted in the fifteen years sustained efforts of the National Health Mission in strengthening health systems. This compendium captures performance on various aspects of the health system and provides a glimpse of individual state trajectories towards delivering universal primary health care.

The Ayushman Bharat- Health and wellness Centres (AB-HWCs), entail a paradigm shift that are rooted in the principles of equity, quality and affordability. The compendium illustrates how states have built upon the context of their health system and designed models to suit the aspirations of their people. But all states share a universal feature – the recognition that community and primary health care systems are critical to achieving Universal Health Coverage (UHC). This fundamental premise stands the country in good stead in facing the COVID19 pandemic - from the ASHAs to the Health and Wellness Centres.

The COVID19 pandemic nudged states to innovate at the level of AB-HWCs on several fronts, and these innovations find mention in the compendium. They range from delivering online training, to tele-consultation, to ensuring uninterrupted supplies of medicines for those with chronic diseases, undertaking risk communication and contact tracing.

This compendium highlights that some states have much further to traverse than others, but also equally evident is the desire and commitment to make the vision of primary health care and then Universal Health Care, a reality for their people. It is my hope that states will work closely with the centre to generate data and evidence of progress, so that by 2030, the country can meet the aspiration of UHC.

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Overview

The launch of Ayushman Bharat- Health and Wellness Centres (AB-HWCs) in 2018 marked a watershed moment in India's public health history. Building on fifteen years of implementation of the National Health Mission's sustained and systematic, yet flexible support to strengthening health systems across the multiple components to suit state specific needs, the AB-HWC initiative offers the best possible opportunity in a country as diverse as ours to achieve a major milestone in the journey towards Universal Health Coverage.

The country has made a commitment to ensure that the 1,50,000 Sub Health Centres (SHCs) and Primary Health Centres (PHCs) in rural and urban areas that serve our 135 crore people, will be transformed to Ayushman Bharat - Health and Wellness Centres (AB-HWCs) and be able to offer universal access to Comprehensive Primary Health Care (CPHC) services by 2022.

The goal of this report is not only to present an overview of progress and achievement over the last two years in operationalizing AB-HWCs at the national level and in individual States and Union Territories; but also, to provide demographic data, disease profiles and performance on a set of key health indicators. The data has been derived from multiple sources, which is specified in the report. The datasets relate to impact and outcomes, service delivery, extent of urbanization, social and environmental determinants and financing and are in consonance with the Sustainable Development Goals.

The selection of indicators has been deliberately focused upon those which are anticipated to benefit the most from a robust primary health care system, complemented by a vital community health system that ensures active engagement by the people. In addition, the narrative for each State/UT, while drawing attention to the disease burden and implementation progress in AB-HWCs, touches upon the best practices adopted by the States/UTs and prospects for achieving the AB-HWCs targets and their path to Universal Health Coverage (UHC). Given that this report is being launched, even as the COVID19 pandemic rages, each narrative also captures the role of AB-HWCs in public health actions and primary health care service delivery related to COVID19. So far as progress towards AB-HWCs is concerned, the report covers the period from the launch in April 2018 to November 2020, when the one third target was reached, with 50,069 becoming operational by November 18, 2020.

The national overview sheet portrays the variable progress being made across the nation and the State'/UTs' profiles justifies possible reasons for this pace. Since 2018, when the initiative of AB-HWC was launched, much has been achieved towards operationalization of AB-HWCs, provision of expanded range of services, ensuring a team based approach for service delivery, ensuring uninterrupted supplies of medicines and diagnostics to restore and sustain the trust of the people in public health facilities, and creating and adapting IT systems for provision of tele-consultation services and also for reporting, to ensure a culture of transparency and accountability.

All of this is work in progress, and these achievements are the result of the commitment and acknowledgment by State/UT and district level implementers. The AB-HWCs and the delivery of Comprehensive Primary Health Care offer the best possible chance of success to not only address emerging challenges in healthcare services delivery but also serve as an alternate model to manage persistent challenges.

The epidemiological and demographic profile of the States/UTs necessitate differential approaches and experiments with varying service delivery models for roll out of AB-HWCs across States/UTs. Collectively, as the narratives show, the States/UTs offer rich experiences and models to suit the local context. Many of these models need to be tested and wherever is the sound evidence is available, there is a need to support for adaptation and scaling up.

Without exception, there is an increasing trend in footfalls in States/UTs validating that the provision of Comprehensive Primary Health Care services close to community, is a potent force in enabling the confidence and trust of the people in public healthcare facilities, especially the most peripheral health centres.

Another reason for the increase in footfalls is the unanimous and encouraging focus on Wellness activities. Across the board all States/UTs have embraced several Wellness related activities, and this also plays a key role in highlighting the services of AB-HWCs to the people and building community ownership.

The expansion of the AB-HWCs team at the level of the Sub Health Centre has meant increased load for capacity building but innovations using online methods and blended forms of training, including handholding and mentoring hold promise. The team approach also has implications for role clarity and task sharing, to make the most efficient use of human resources.

While the expanded range of services in the majority of States/UTsis often perceived to be limited only to the Package for screening, prevention, control and management of Non-Communicable Diseases (NCDs), in most State/UTs, it is this package that connotes the singular shift from addressing population sub groups other than pregnant women and children, looking to the non- reproductive health needs of women, reaching out to men, and laying the ground work for facilitating the rollout of the other packages - such as mental health, palliative and elderly care.

Another learning from States/UTs experiences is that the roll out of AB-HWCs is facilitated by partnerships with technical support agencies for a range of functions and with the private sector for service delivery models. The focus of reviews currently is on operationalization and rightly so, given the timeline for the roll out, and there is an urgent need to stabilize basic infrastructure and HR components. Very soon though, the reviews and thus implementation, will need to shift to include two other parameters, namely ensuring Quality of Care in AB-HWCs and creating performance metrics and measurement frameworks. Innovations in financing primary health care depend upon these parameters.

India is urbanizing rapidly and the need for models of primary health care service delivery in urban areas is acute. Several states have demonstrated primary health care models in urban areas that cater to smaller, marginalized populations, and there is much to be learnt from these experiences to scale up in both Metro and the smaller cities.

The narratives also highlight that in time of the COVID19 pandemic, the presence of AB-HWC teams enabled targeted community level public health action, that would not have been possible in areas where no AB-HWCs were operational. From community level risk communication, home based follow up for those in quarantine or isolation, surveillance, and ensuring the delivery of non-COVID19 essential health services, the AB-HWC teams, from ASHAs to Community Health Officers (CHOs), have demonstrated exemplary performance.

The multiple paradigm shifts that operationalizing AB-HWC entails require a significant change from current practice and while this change requires time, the target of operationalization by year 2022, is a promise to deliver on Universal Primary Health Care, which States/UTs are well poised to deliver.

INDIA

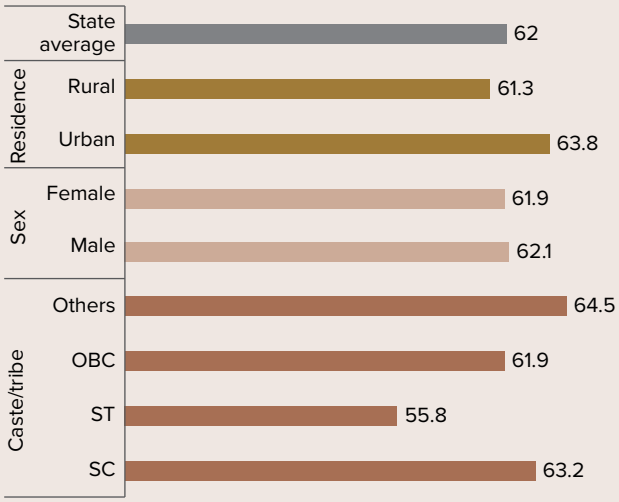
HEALTH OUTCOMES	India	
Maternal Mortality Ratio[1]	113	
Infant Mortality Rate[1]	32	
Under five mortality rate[2]	36	
Neonatal mortality rate[2]	23	
Children under 5 years - severely wasted (weight-for-height) (%)[3]	7.5	
Children under 5 years underweight (weight-for-age) (%)[3]	35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	50.4	
Tuberculosis - annualized total case notification rate*[5]	100	
Hypertension among adults (15-49 years) - Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M
	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M
	5.8	8

SERVICE DELIVERY	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	50.6

HEALTH DETERMINANTS	India
Households with an improved water drinking source (%)[3]	89.9
Households using improved sanitation (%)[3]	48.4
Women who consume alcohol - 15-49 years (%)[3]	1.2
Men who consume alcohol - 15-49 years(%)[3]	29.2
Women who use any kind of tobacco (%)[3]	6.8
Men who use any kind of tobacco - 15-49 years(%)[3]	44.5
Households using clean fuel for cooking (%)[3]	43.8

EQUITY

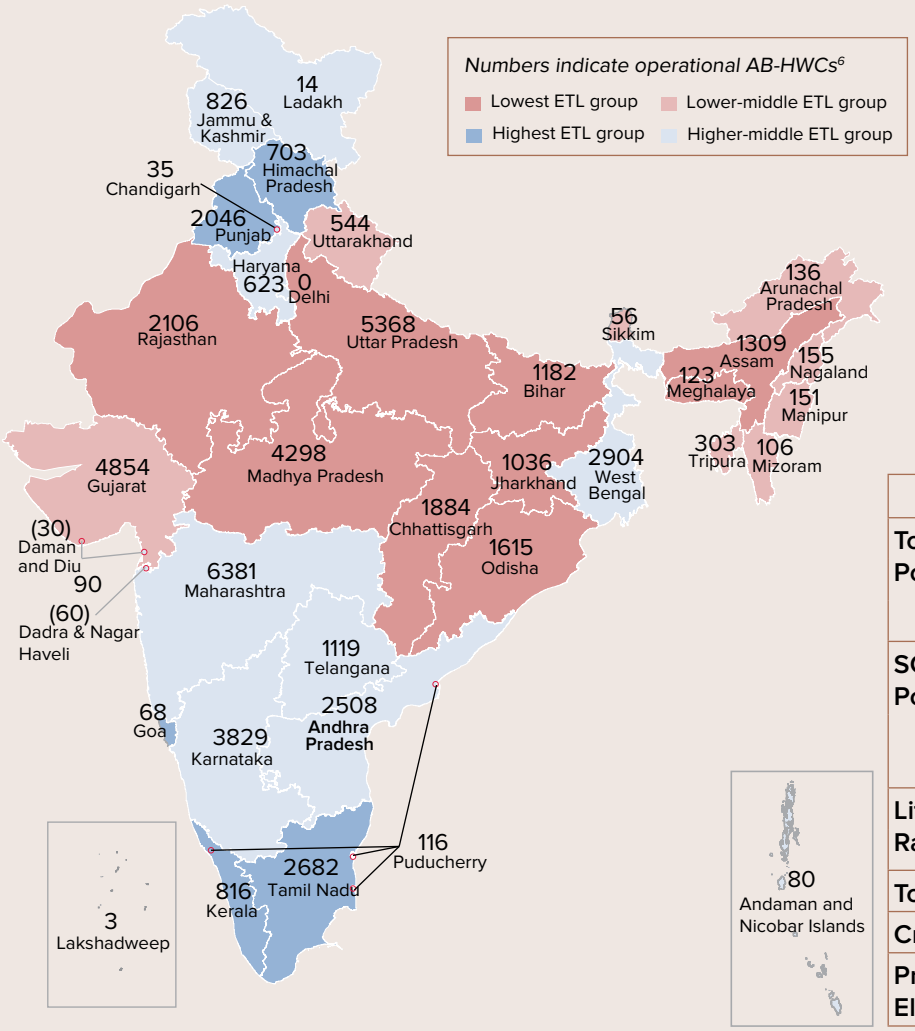
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (India Fact Sheet & India Report), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in India[6]

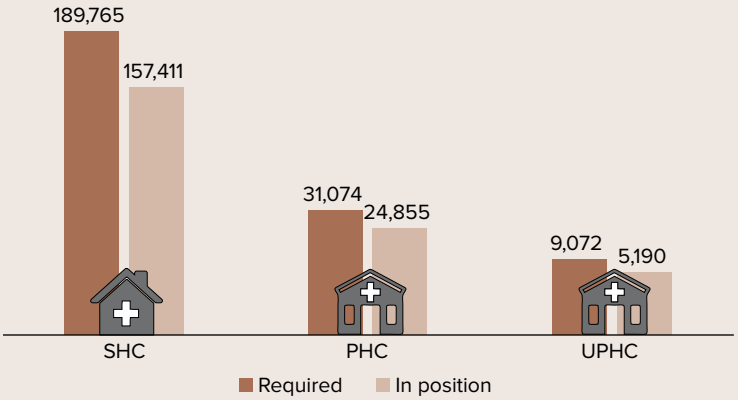


Demography		
Total Population[7]	Crore	121.01
	Rural	68.85%
	Urban	31.14%
SC/ST Population[7]	SC (Crore)	20.14 (16.63%)
	ST (Crore)	10.45 (8.63%)
Literacy Rate[7]	Female	64.64%
	Total	72.99%
Total Fertility Rate (TFR)[2]		2.2
Crude Birth Rate (CBR)[2]		20.0
Projection (2021) of Elderly Population[7]		10.1%

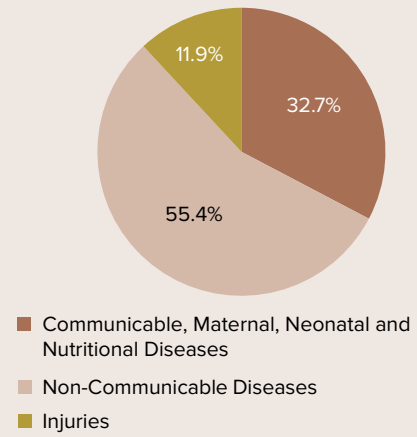
Finance[10]	
Per capita Government Health Expenditure	1,418
Out of Pocket expenditure as share of Total Health Expenditure	58.7%

Coverage

Availability of primary health care facilities against population[9]



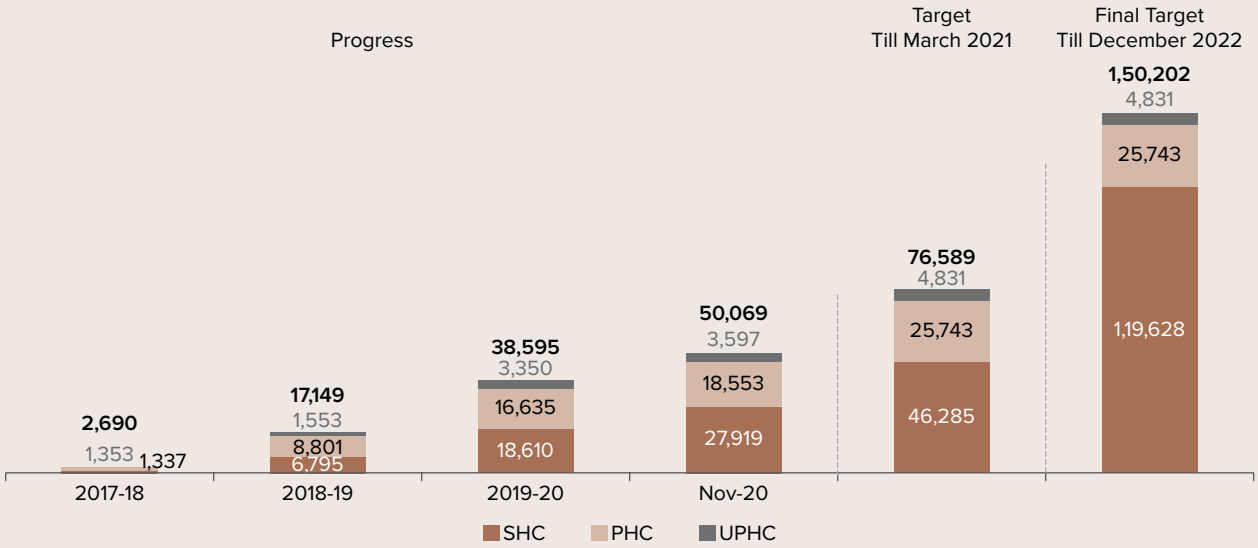
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates - refer India profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

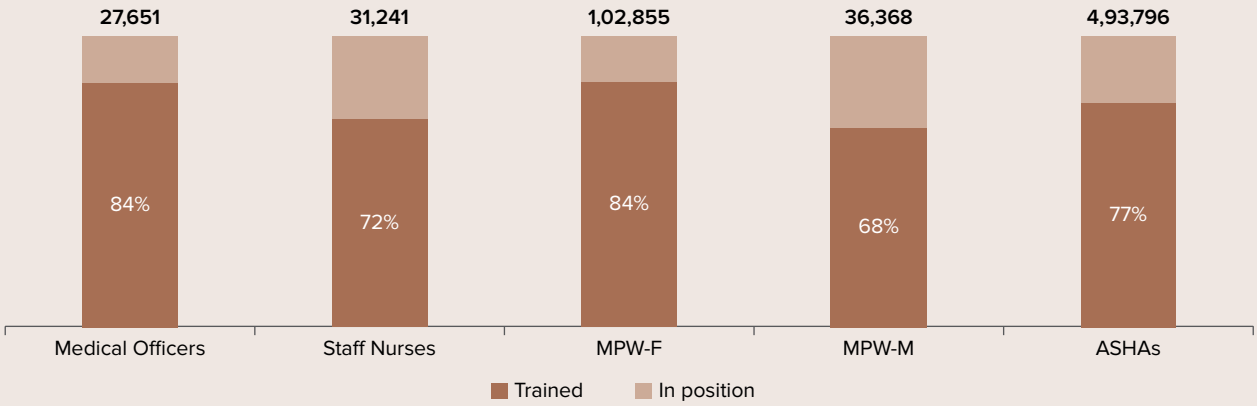
Achievements

Progress in HWC operationalization over the years[6]

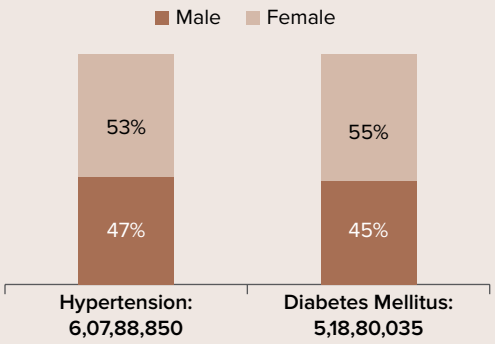


**Total SHCs- 1,58,417(25,743 SHCs co-located with PHCs removed from total target)*

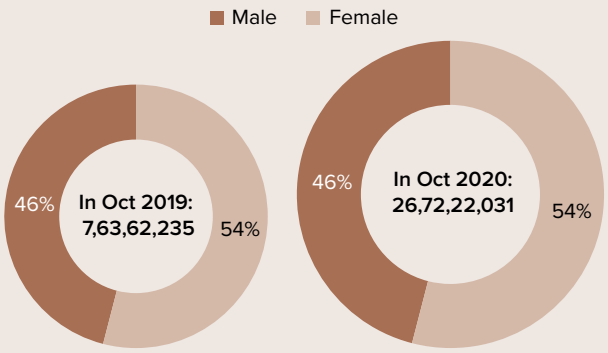
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



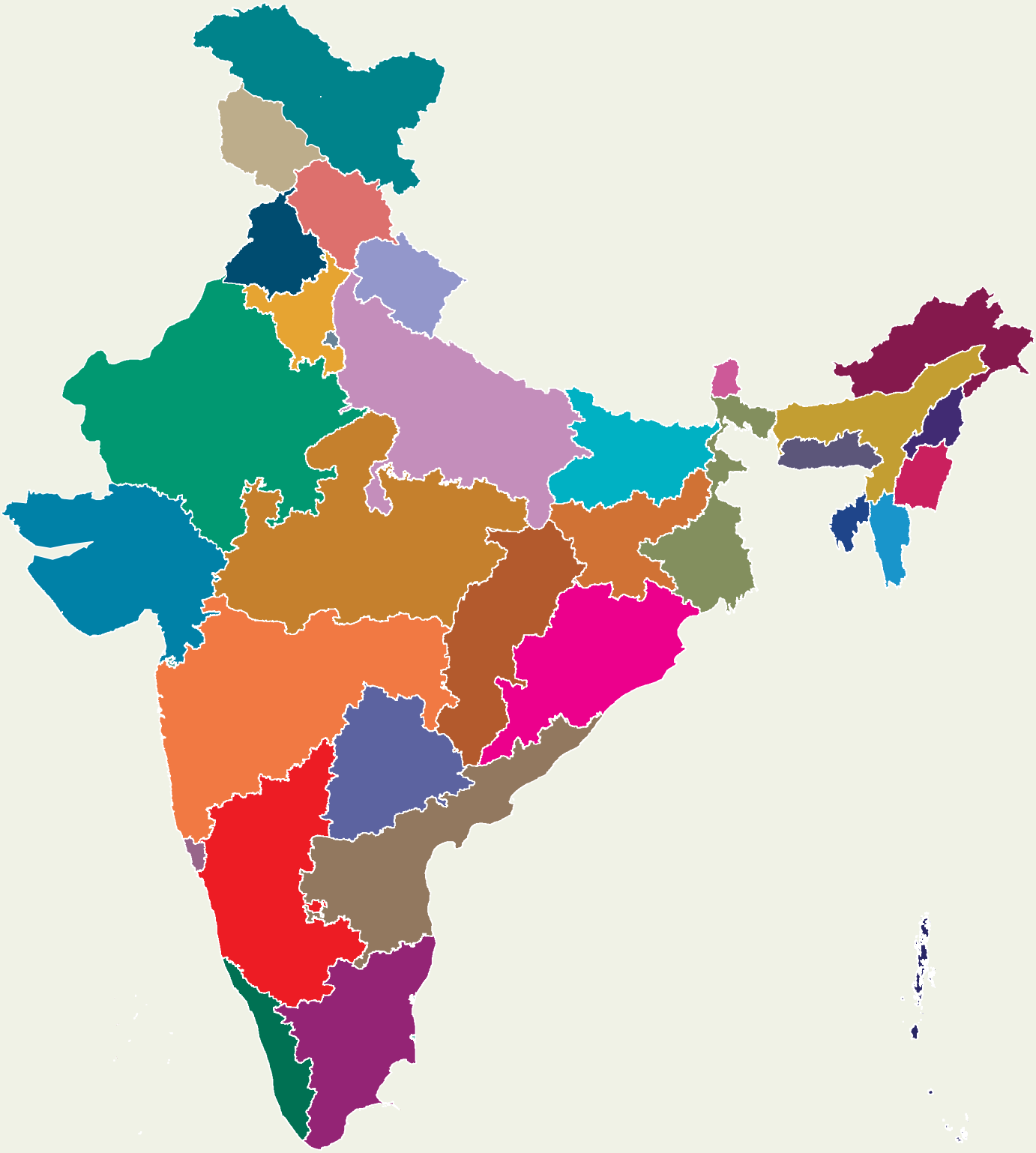
Footfall[6]

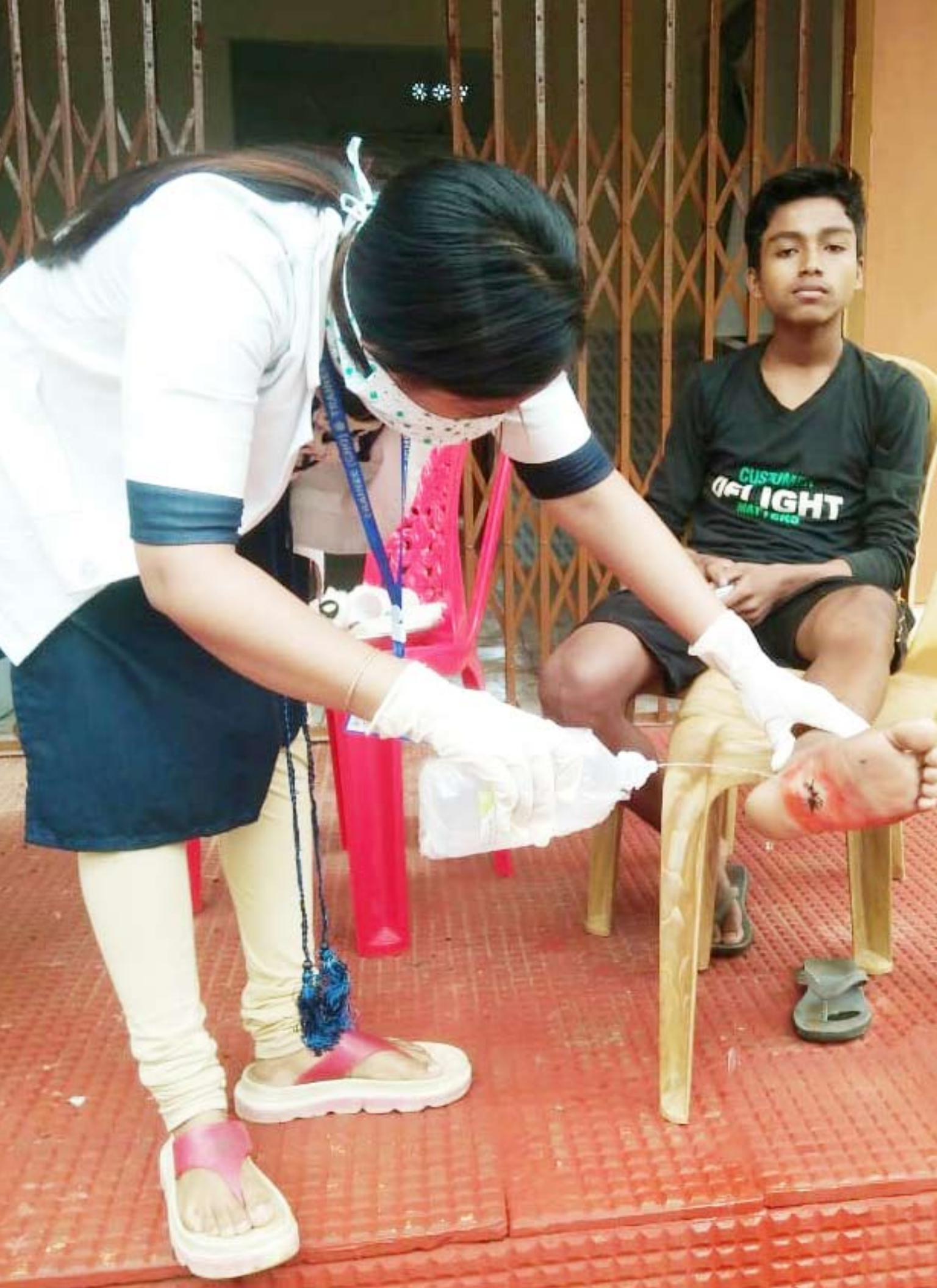


Total Wellness Sessions conducted at AB-HWCs[6] - 27,08,146

Source: [6]AB-HWC Portal

STATE PROFILES





ANDHRA PRADESH

HEALTH OUTCOMES

	Andhra Pradesh	India
Maternal Mortality Ratio[1]	↓ **65**	113
Infant Mortality Rate[1]	↓ **29**	32
Under five mortality rate[2]	↓ **33**	36
Neonatal mortality rate[2]	↓ **21**	23
Children under 5 years - severely wasted (weight-for-height) (%)[3]	↓ **4.5**	7.5
Children under 5 years underweight (weight-for-age) (%)[3]	↓ **31.9**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	52.9	50.4
Tuberculosis - annualized total case notification rate*[5]	85	100

Hypertension among adults (15-49 years) - Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Andhra Pradesh		India	
	F	M	F	M
	7.7	11	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	Andhra Pradesh		India	
	F	M	F	M
	8.2	9.8	5.8	8

SERVICE DELIVERY

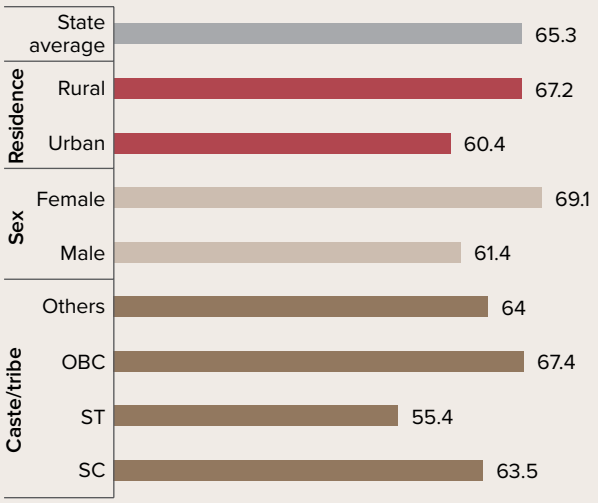
	Andhra Pradesh	India
Proportion of institutional deliveries out oftotal reported deliveries (%)[4]	99.7	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	41.6	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	69.4	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	4.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	65.3	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts(ORS) (%)[3]	47.6	50.6

HEALTH DETERMINANTS

	Andhra Pradesh	India
Households with an improved water drinking source (%)[3]	72.7	89.9
Households using improved sanitation (%)[3]	53.6	48.4
Women who consume alcohol - 15-49 years(%)[3]	0.4	1.2
Men who consume alcohol - 15-49 years (%)[3]	34.9	29.2
Women who use any kind of tobacco (%)[3]	2.3	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	26.8	44.5
Households using clean fuel for cooking (%)[3]	62	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



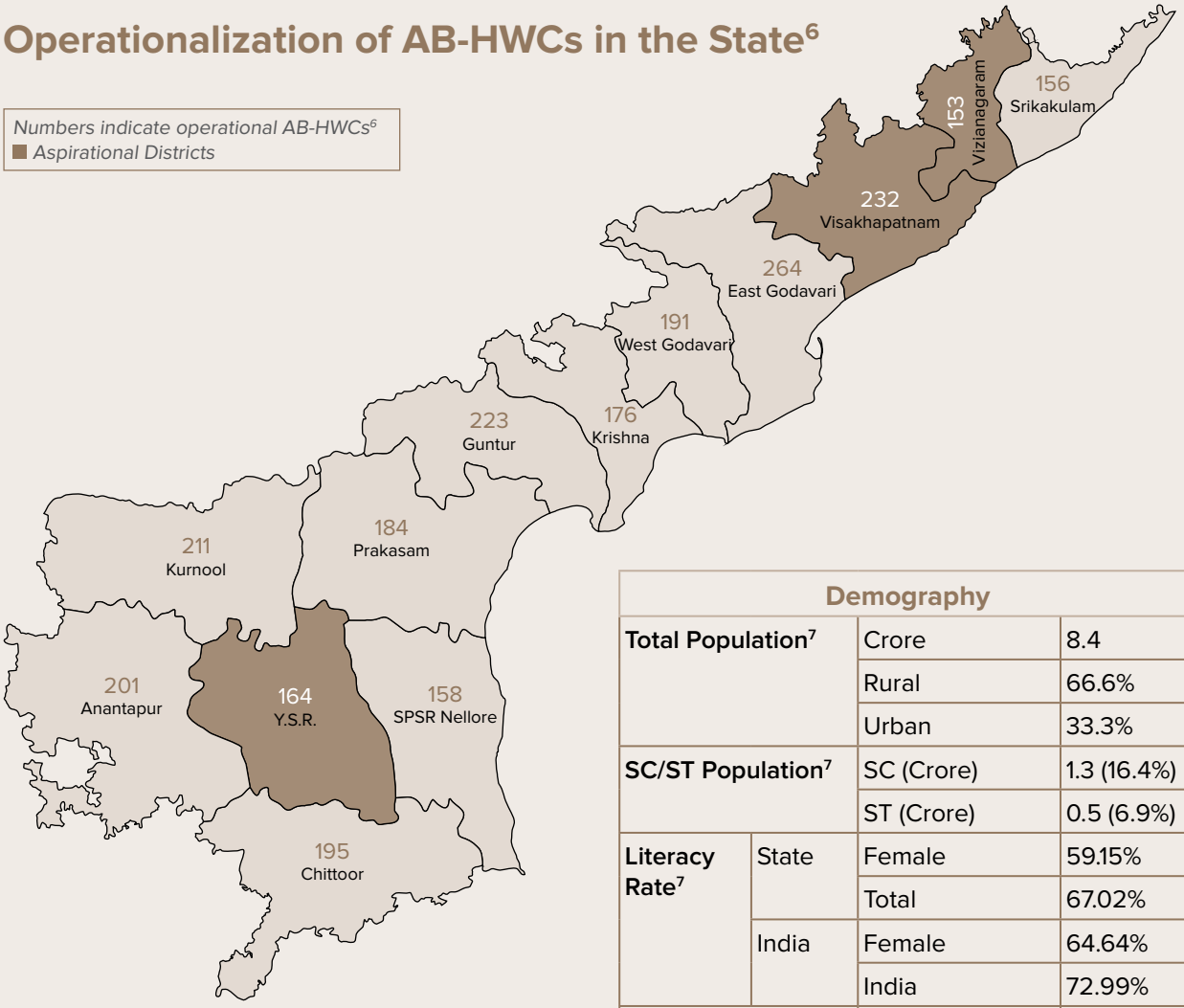
↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

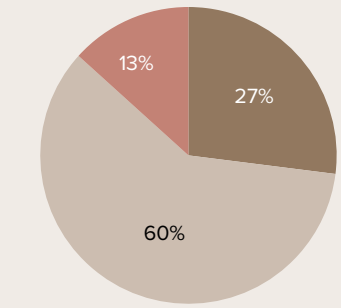
Numbers indicate operational AB-HWCs[6]
Aspirational Districts



Finance[10]		
Per capita Government Health Expenditure	State	**1,125**
	India	**1,418**
Out of Pocket expenditure as share of Total Health Expenditure	State	**72.2%**
	India	**58.7%**

Demography			
Total Population[7]		Crore	8.4
		Rural	66.6%
		Urban	33.3%
SC/ST Population[7]		SC (Crore)	1.3 (16.4%)
		ST (Crore)	0.5 (6.9%)
Literacy Rate[7]	State	Female	59.15%
		Total	67.02%
	India	Female	64.64%
		India	72.99%
Total Fertility Rate (TFR)[2]		State	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			16.0
Projection (2021) of Elderly Population[7]			12.4%

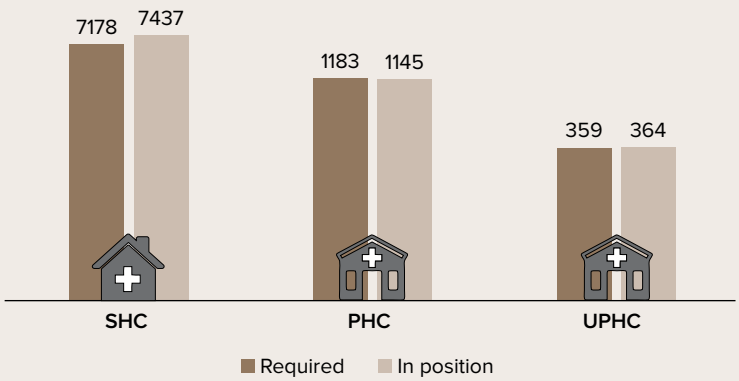
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

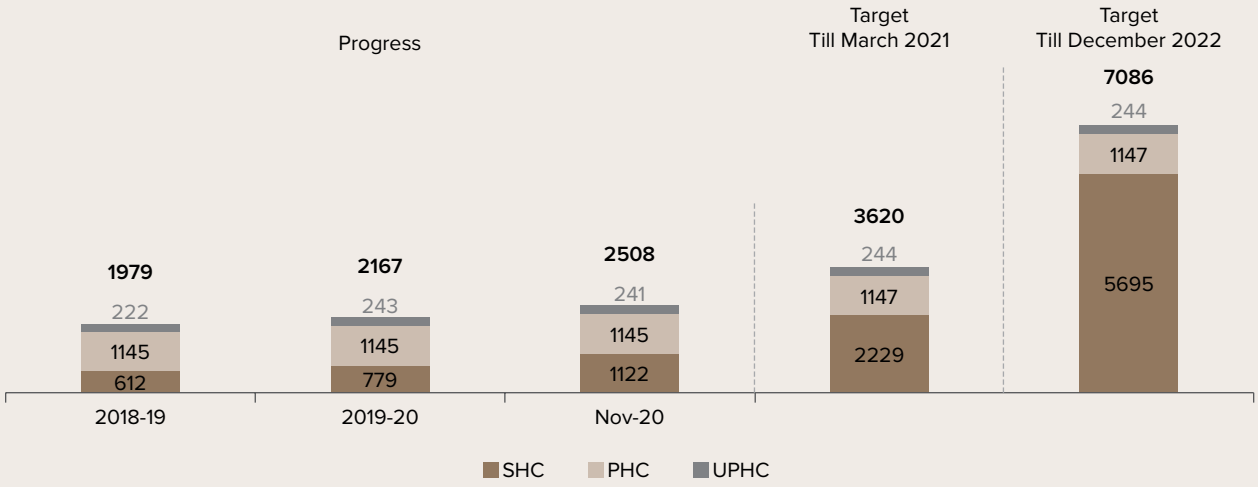
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

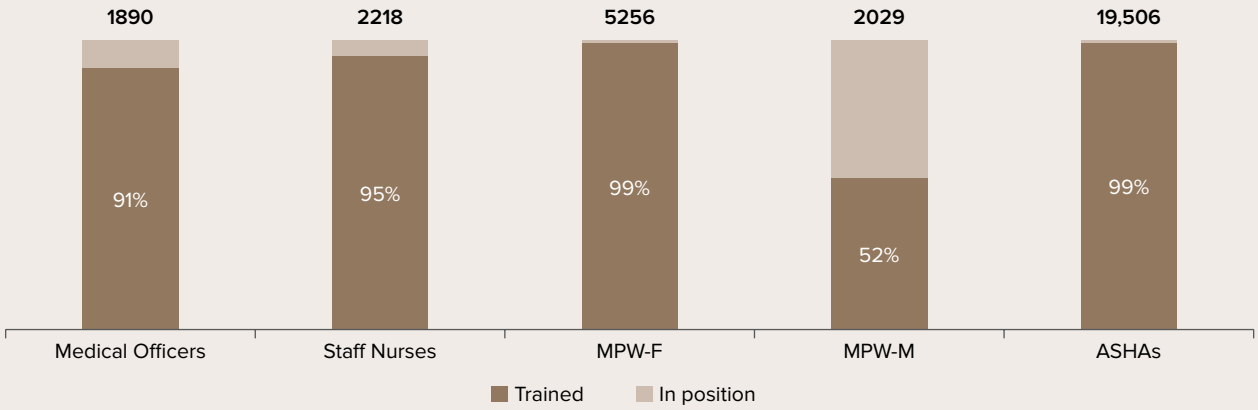
Achievements

Progress in HWC operationalization over the years[6]

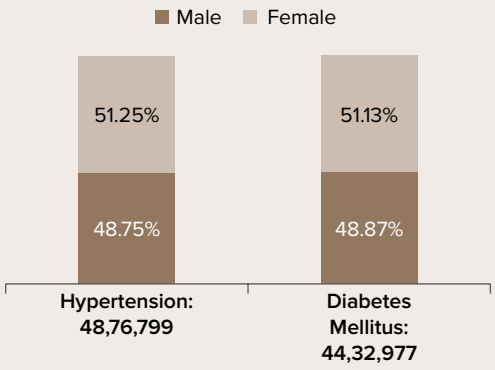


**Total SHCs- 7458 (1147 SHCs co-located with PHCs removed from total target)*

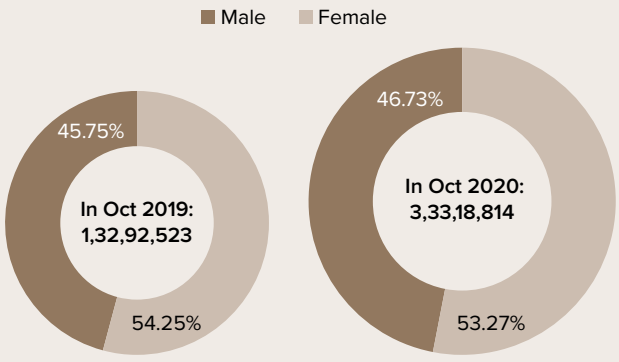
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 2,89,483

Source: [6]AB-HWC Portal

The state of Andhra Pradesh performs better than the national average for a range of maternal, new-born and child health indicators, but is now faced with a situation where Non-Communicable Diseases (NCD) account for 60% of the disease burden and a projected elderly population of about 12%. The state is in the higher-middle epidemiological transition level as per India State-Level Disease Burden 2017 report. A significant challenge for the state in achieving Universal Health Coverage (UHC), notwithstanding an overall sufficiency of infrastructure and human resources in the public sector, is the high Out of Pocket Expenditure incurred by its people - about 72.2% compared to 58.7% for India, and low utilization of public facilities, even for childbirth.

With the launch of Ayushman Bharat Health and Wellness Centre (AB-HWC) in 2018, the state has been able to transform all its Primary Health Centres (PHCs) in rural and urban areas, by March 2019 to Health and Wellness Centres (HWC). The state has also operationalized around 40% of total target of Sub Health Centres (SHCs) as of date. About 549 HWCs have been operationalized in three aspirational districts of Viziangaram, Visakhapatanam and Y.S.R.

Andhra Pradesh has historically led the country in creating state-wide networks of women's groups through its Self-Help Group movement, thereby enhancing community linkages for health and building a platform for action on social and environmental determinants of health. The state has recently announced a fixed remuneration for ASHAs, serving as an enhanced measure of recognition and motivation. In an effort to further deepen the community health system to complement primary health care services, the state has identified one volunteer for every 50 households, to support the ASHAs and enable community mobilization.

The state has also been a forerunner in the use of technology in health care delivery at HWCs, namely - use e-Aushadhi at the level of the SHC-HWCs, creation of teleconsultation hubs at the district hospital, and use of e-Sanjivanee. The CPHC-NCD application is being adapted to include a citizen data base, and an application is under development to link health worker screening data, obtained during FIT worker campaign to a health facility for follow up. The state has leveraged the widespread private sector through Public Private Partnerships (PPP) in urban areas where all Urban PHCs are converted to e-UPHCs (with teleconsultation facility and an IT system for managing internal patient flow). The state is also planning to establish a HWC in every village.

During COVID-19 pandemic, SHC-HWC teams have facilitated community outreach activities for COVID-19 as well as non-COVID-19essential services.

Learnings from these practices would certainly provide lessons for other states in effective delivery of comprehensive primary health care. With the current pace of progress, the state is likely to operationalize all HWCs by December 2022 and universalize primary health care, on its journey to Universal Health Coverage.

HWC Araku Vally, Andhra Pradesh

ARUNACHAL PRADESH

HEALTH OUTCOMES

	Arunachal Pradesh		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	37		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years - severely wasted (weight-for-height) (%)[3]	8		7.5	
Children under 5 years underweight (weight-for-age) (%)[3]	↓ **19.4**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	37.8		50.4	
Tuberculosis - annualized total case notification rate*[5]	165		100	
Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	10.5	15.5	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	4.8	7.6	5.8	8

SERVICE DELIVERY

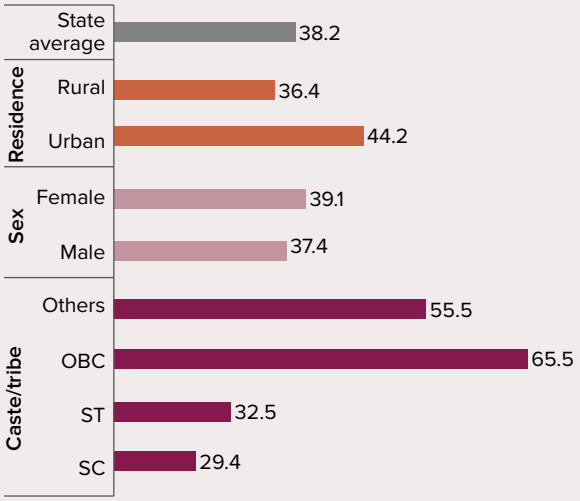
	Arunachal Pradesh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	89.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	85.8	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	26.6	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	21.5	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	38.2	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	66.1	50.6

HEALTH DETERMINANTS

	Arunachal Pradesh	India
Households with an improved water drinking source (%)[3]	87.5	89.9
Households using improved sanitation (%)[3]	61.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	26.3	1.2
Men who consume alcohol - 15-49 years (%)[3]	59	29.2
Women who use any kind of tobacco (%)[3]	17.7	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	60	44.5
Households using clean fuel for cooking (%)[3]	45	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

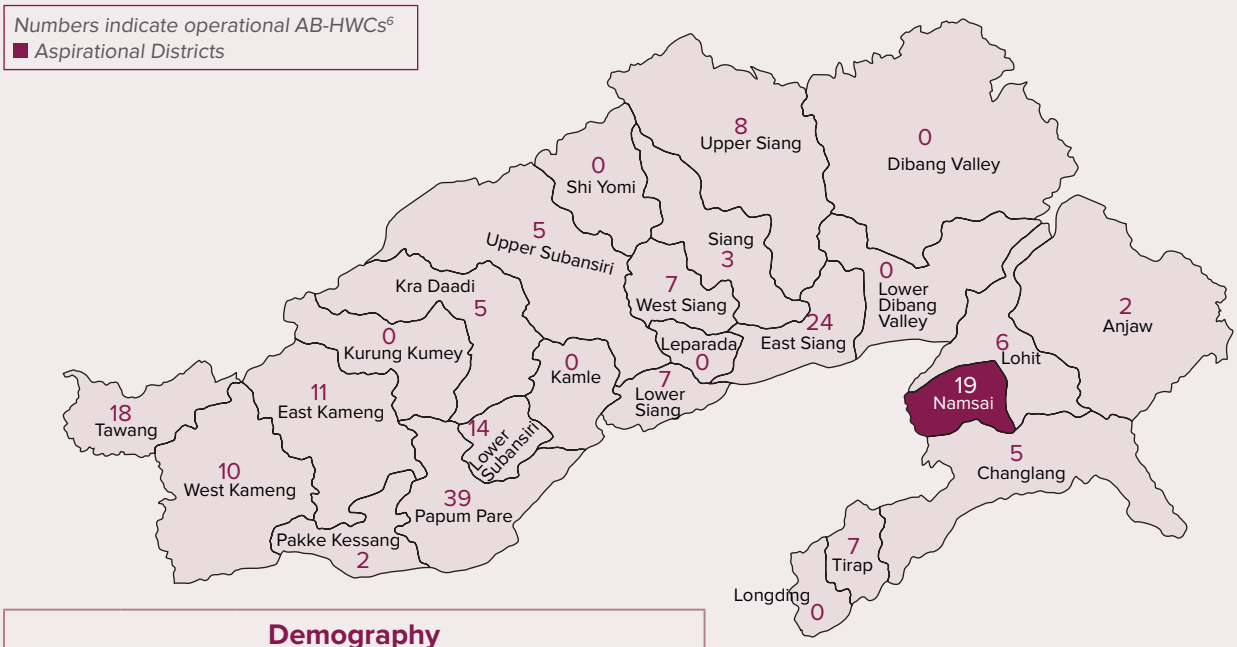


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

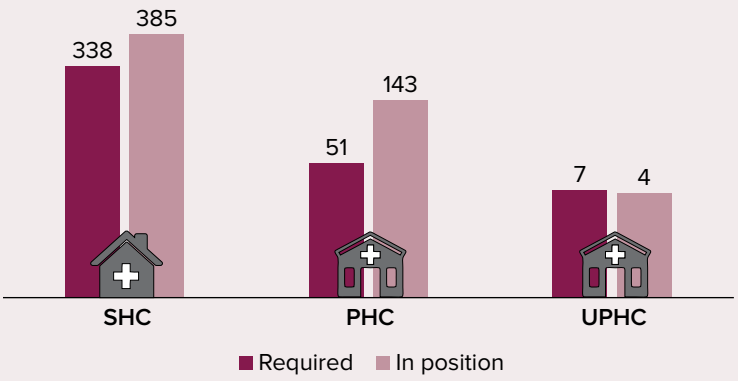
Operationalization of AB-HWCs in the State[6]



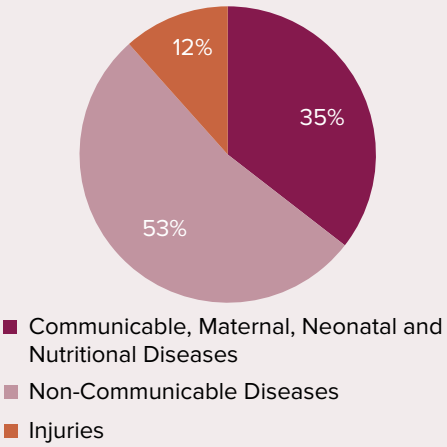
Demography			
Total Population[7]		Lakh	13.8
		Rural	77.06%
		Urban	22.93%
SC/ST Population[7]		SC (Lakh)	0
		ST (Lakh)	9.5 (68.78%)
Literacy Rate[7]	State	Female	57.7%
		Total	65.38%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.1
		India	2.2
Crude Birth Rate (CBR)[2]			17.9
Projection (2021) of Elderly Population[7]			NA

Coverage

Availability of primary health care facilities against population[9]



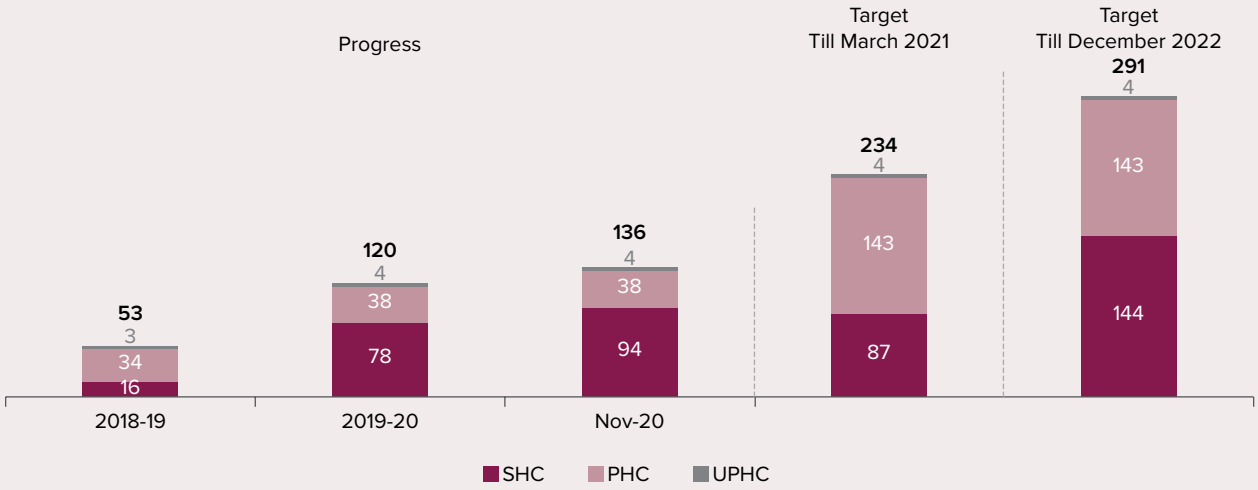
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

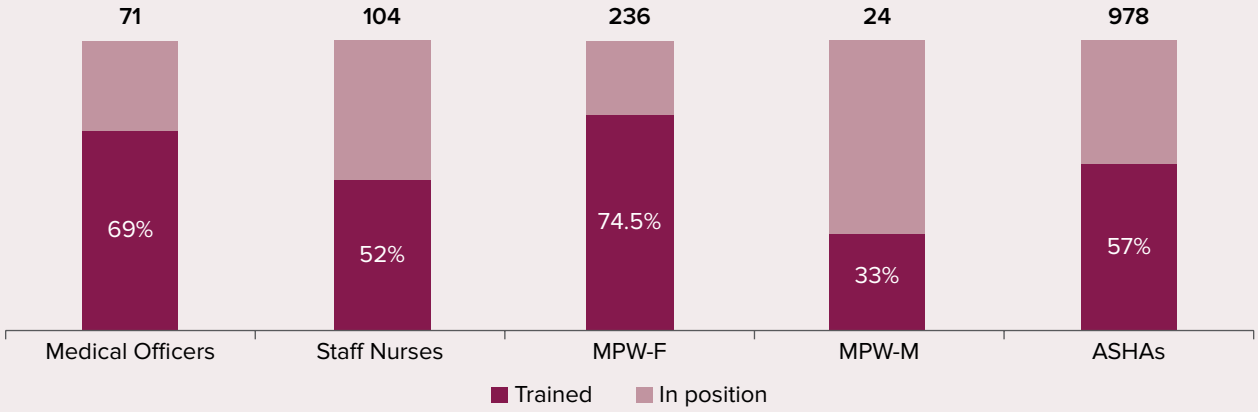
Achievements

Progress in HWC operationalization over the years[6]

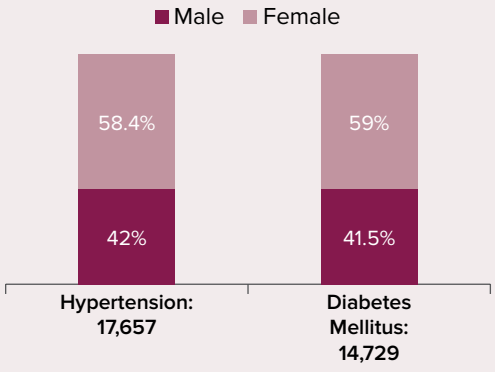


**Total SHCs- 312 (143 SHCs co-located with PHCs removed from total target)*

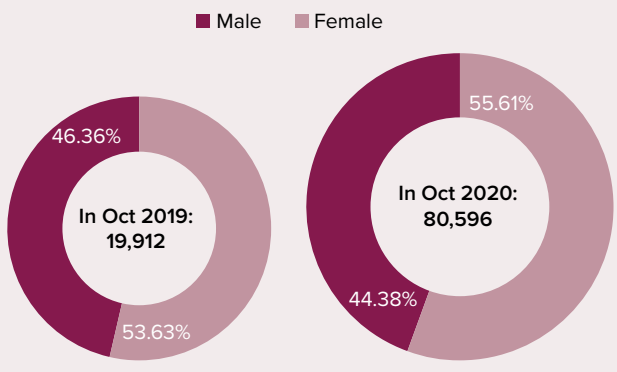
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions Conducted at AB-HWCs[6] - 4,603

Source: [6]AB-HWC Portal

The state of Arunachal Pradesh has over half its disease burden attributable to Non-Communicable diseases (NCDs). Likely contributory risk factors include high reported use of alcohol and tobacco by both women and men compared to national average. The state also has nearly 35% of its disease burden attributable to Communicable disease and related to Maternal, Neonatal and Nutritional diseases. Low rate of full immunization coverage (38.2% compared to 62% national average) and its iniquitous distribution among the vulnerable groups (Scheduled Tribes- 32.5% and Scheduled Caste-29.4%) indicate persisting challenges in Reproductive, Maternal, New-born, and Child Health (RMNCH) related services. Strengthening of primary health care services is therefore crucial for the state in accelerating the improvement in RMNCH related indicators and for the care and prevention of NCDs.

The State initiated upgradation of Sub Health Centres (SHC) and Primary Health Centres (PHC) to Health and Wellness Centres (HWC), since the launch of the Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018. About 136 peripheral health facilities in rural and urban areas have been converted to HWCs, which represents 91% of the total target for 2020-21. Nineteen of these HWCs are located in the only aspirational district - Namsai of the State. There is an increasing trend of footfalls in the HWCs indicating that HWC serve as an important first point of care for the people. The state has also trained all the Community Health Officers (CHOs) on Drug and Vaccine Distribution Management System (DVDMS) to ensure reach to the SHC-HWC level and increase access to essential medicines. In an effort to incentivize Medical Officers (MOs) and CHOs to deliver high quality primary health care, monthly recognition of best performing MOs and CHOs has been instituted.

During the COVID-19 pandemic the state focused on capacity building of HWC team members to ensure appropriate risk communication to the community and enhance prevention measures.

The state is expected to meet its target of operationalizing all HWCs well before the 2022 date, signalling a serious commitment to Universal Health Coverage to the people of the state.

Screening for HTN at SHC-HWCs

Child Immunisation at SHC-HWCs

Yoga at hill top under SHC-HWCs

Observing world heart day

ASSAM

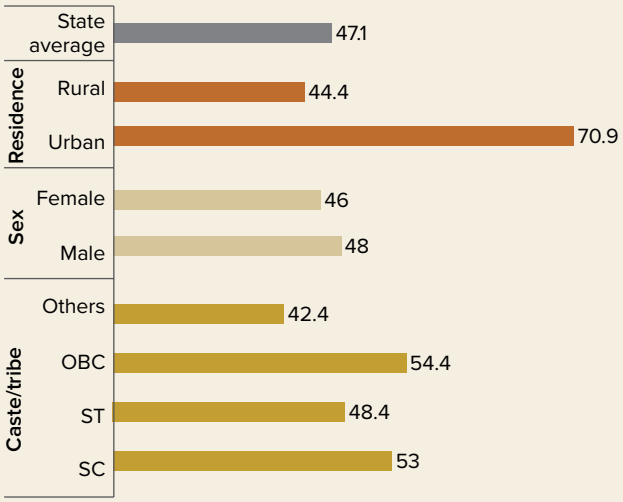
HEALTH OUTCOMES	Assam		India	
Maternal Mortality Ratio[1]	215		113	
Infant Mortality Rate[1]	41		32	
Under five mortality rate[2]	47		36	
Neonatal mortality rate[2]	21		23	
Children under 5 years - severely wasted (weight-for-height) (%)[3]	6.2		7.5	
Children under 5 years underweight (weight-for-age) (%)[3]	29.8		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	44.8		50.4	
Tuberculosis - annualized total case notification rate*[5]	87		100	
Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	11.8	15.1	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.2	6.6	5.8	8

SERVICE DELIVERY	Assam	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	91.2	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	83.6	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	37	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	14.2	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	47.1	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	51.9	50.6

HEALTH DETERMINANTS	Assam	India
Households with an improved water drinking source (%)[3]	83.8	89.9
Households using improved sanitation (%)[3]	47.7	48.4
Women who consume alcohol - 15-49 years (%)[3]	6.9	1.2
Men who consume alcohol - 15-49 years (%)[3]	35.6	29.2
Women who use any kind of tobacco (%)[3]	19.7	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	63.9	44.5
Households using clean fuel for cooking (%)[3]	25.1	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

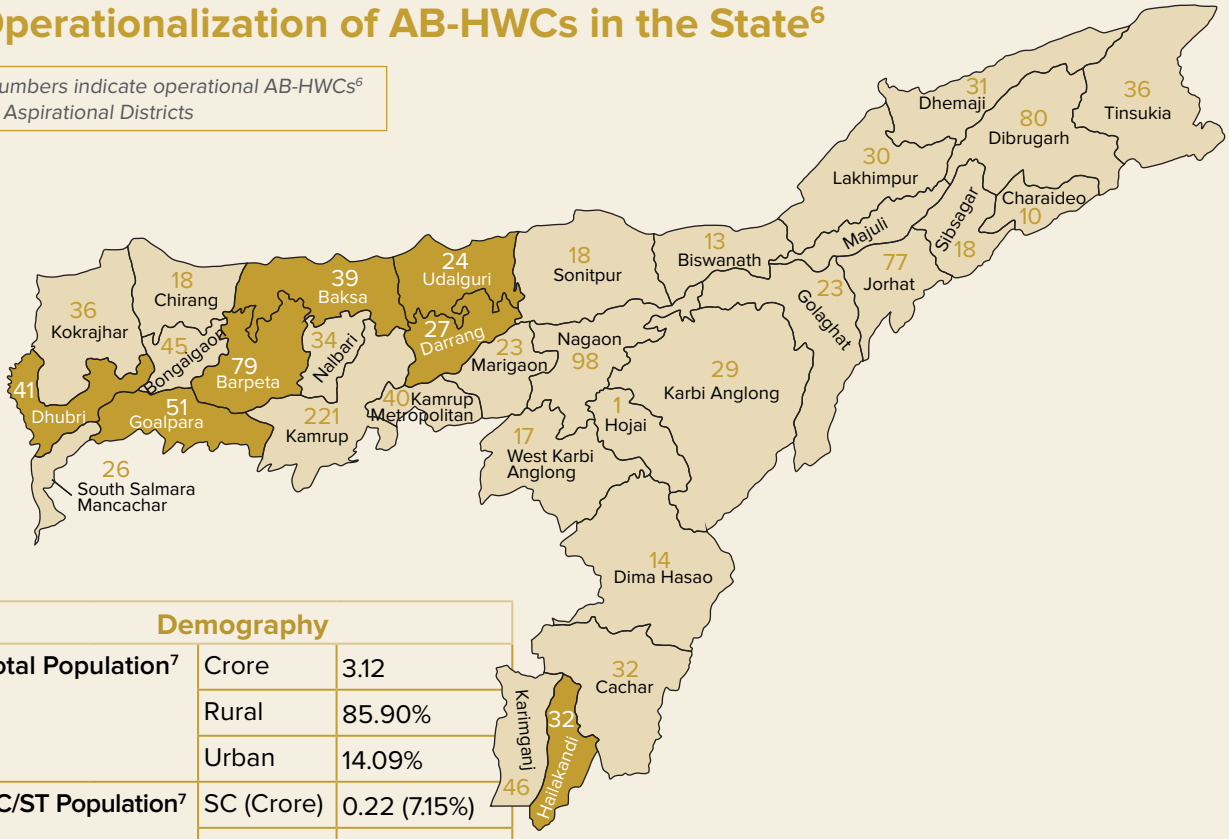


Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

Numbers indicate operational AB-HWCs[6]
Aspirational Districts

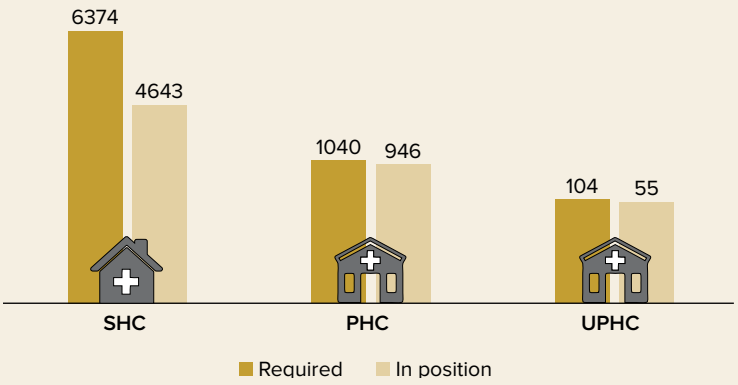


Demography			
Total Population[7]		Crore	3.12
		Rural	85.90%
		Urban	14.09%
SC/ST Population[7]		SC (Crore)	0.22 (7.15%)
		ST (Crore)	0.38 (12.44%)
Literacy Rate[7]	State	Female	66.27%
		Total	72.19%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.2
		India	2.2
Crude Birth Rate (CBR)[2]			21.1
Projection (2021) of Elderly Population[7]			10.2%

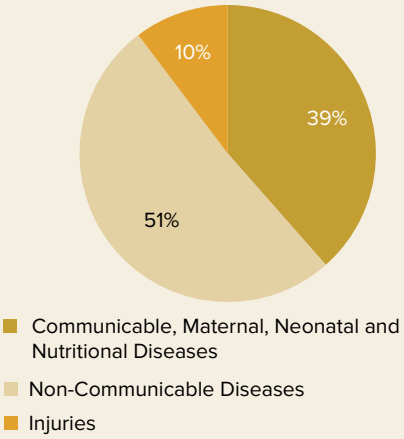
Finance[10]		
Per capita Government Health Expenditure	State	998
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	53.8%
	India	58.7%

Coverage

Availability of primary health care facilities against population[9]



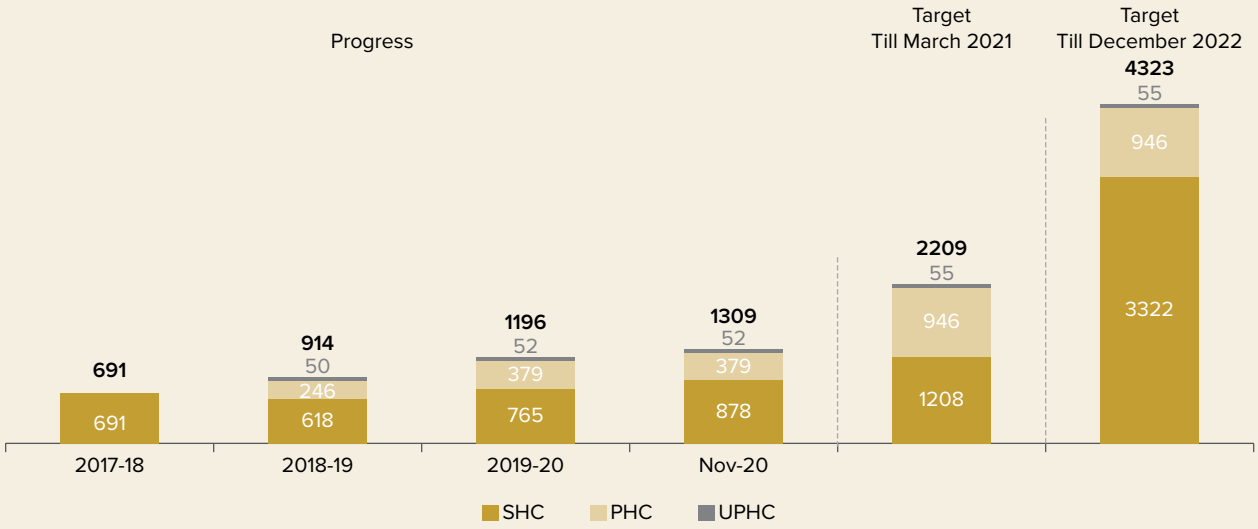
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

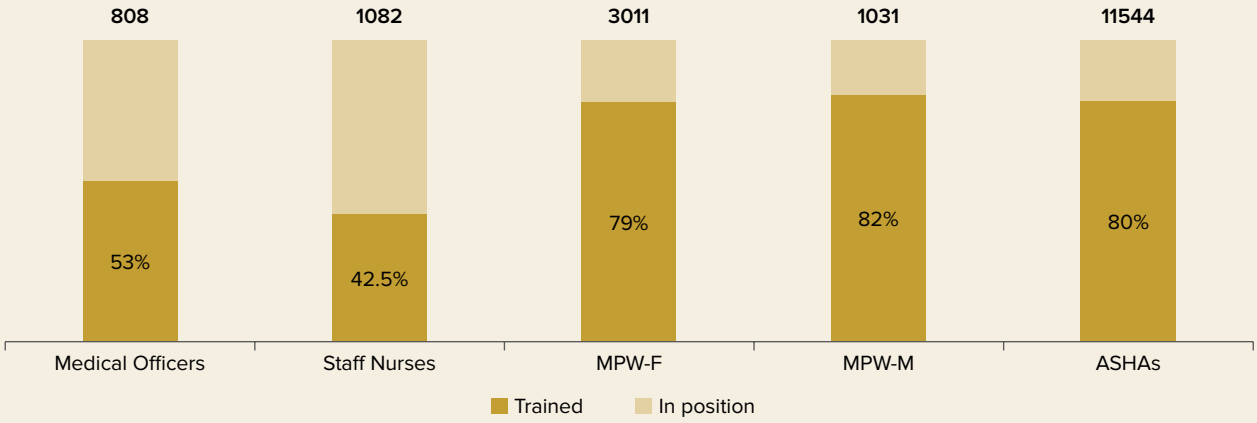
Achievements

Progress in HWC operationalization over the years[6]

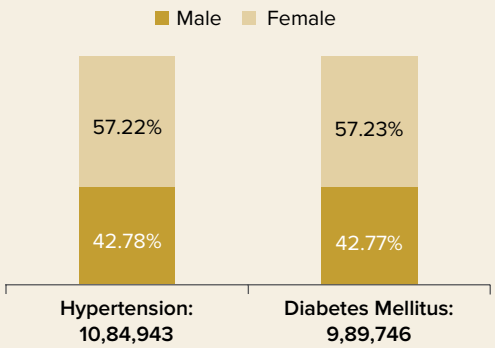


**Total SHCs- 4,644 (946 SHCs co-located with PHCs removed from total target)*

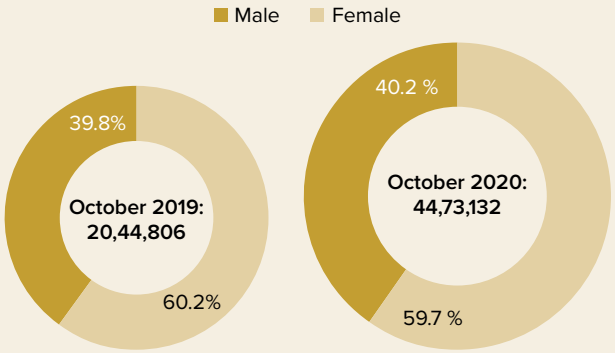
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness session conducted at AB-HWCs[6] - 34,934

Source: [6]AB-HWC Portal

The state of Assam is faced with a high burden of morbidity and mortality in relation to maternal, new-born and child health services. State is in lowest epidemiologic transition level (India State-Level Disease Burden 2017 report); however, it is also facing about 51% of the total disease burden on account of Non-Communicable Diseases (NCDs). With a Maternal Mortality Ratio of 215, Infant Mortality Rate of 41, and a significant rural-urban disparity in childhood immunization coverage, the state requires an accelerated focus on strengthening primary health care.

The state of Assam had positioned a cadre of non-physician health worker - Rural Health Practitioner (RHP) at the level of the Sub Health Centre (SHC) much before the launch of Ayushman Bharat - Health and Wellness Centres (AB-HWC). Availability of a trained cadre enabled state to become a forerunner in operationalization of 691 HWCs in the initial phase of 2017-18. AB-HWCs provided an opportunity for upgradation of existing 799 SHCs with RHPs, to HWCs through additional inputs for equipping them to provide expanded range of services. Since 2017, the State has operationalized about 1309 health facilities in rural and urban areas as Health and Wellness Centres (HWCs) which represent 35% of the total target. Of these, 293 HWCs are distributed in the seven aspirational districts of the state.

In order to expedite the roll out of the package of services for the screening, prevention, control and management of NCDs, the state has utilized the micro-planning approach, followed to ensure universal coverage for childhood immunization. Another state innovation is the NCD Tickler Bag, designed to maintain manual cards to ensure treatment adherence and follow up care for patients with hypertension and diabetes mellitus.

During COVID-19 pandemic, HWC teams supported the Assam Community Surveillance Plan (ACSP) and Assam Targeted Surveillance Plan (ATSP) – NISCHAYATA in their catchment areas for early identification and screening.

The state's road to Universal Health Coverage is fraught with challenges, given infrastructure and Human Resource challenges, in addition to the persistent task of ensuring equitable access to services for hard-to-reach populations in tea garden and riverine areas. Ensuring the delivery of quality primary health care through HWCs by leveraging its existing strengths such as the long-standing presence of the CHO and a fairly robust community outreach system, is an immediate priority area for the state.

Social distancing during Immunization session at HWCs

CHO providing clinical services

CHO during Oral cancer screening

NCD Screening; ASHA accompanied beneficiaries.

BIHAR

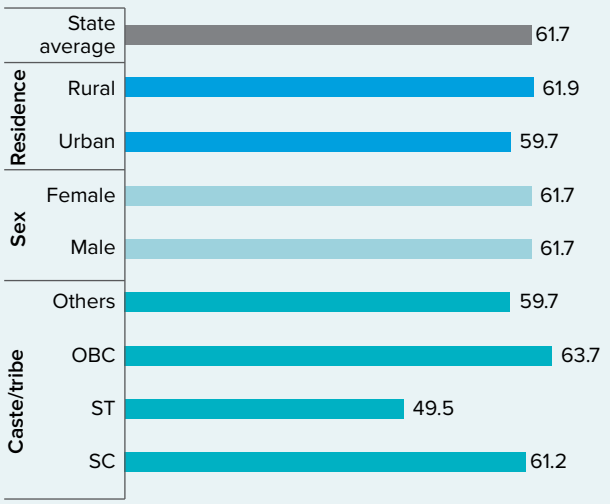
HEALTH OUTCOMES	Bihar		India	
Maternal Mortality Ratio[1]	149		113	
Infant Mortality Rate[1]	32		32	
Under five mortality rate[2]	37		36	
Neonatal mortality rate[2]	25		23	
Children under 5 years - severely wasted (weight-for-height) (%)[3]	7		7.5	
Children under 5 years underweight (weight-for-age) (%)[3]	43.9		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	58.3		50.4	
Tuberculosis - annualized total case notification rate*[5]	49		100	
Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	4.4	7.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	4.2	6.7	5.8	8

SERVICE DELIVERY	Bihar	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	84.8	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	88.3	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	23.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	21.2	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	61.7	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	45.2	50.6

HEALTH DETERMINANTS	Bihar	India
Households with an improved water drinking source (%)[3]	98.2	89.9
Households using improved sanitation (%)[3]	25.2	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.2	1.2
Men who consume alcohol - 15-49 years (%)[3]	28.9	29.2
Women who use any kind of tobacco (%)[3]	2.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	50.1	44.5
Households using clean fuel for cooking (%)[3]	17.8	43.8

EQUITY

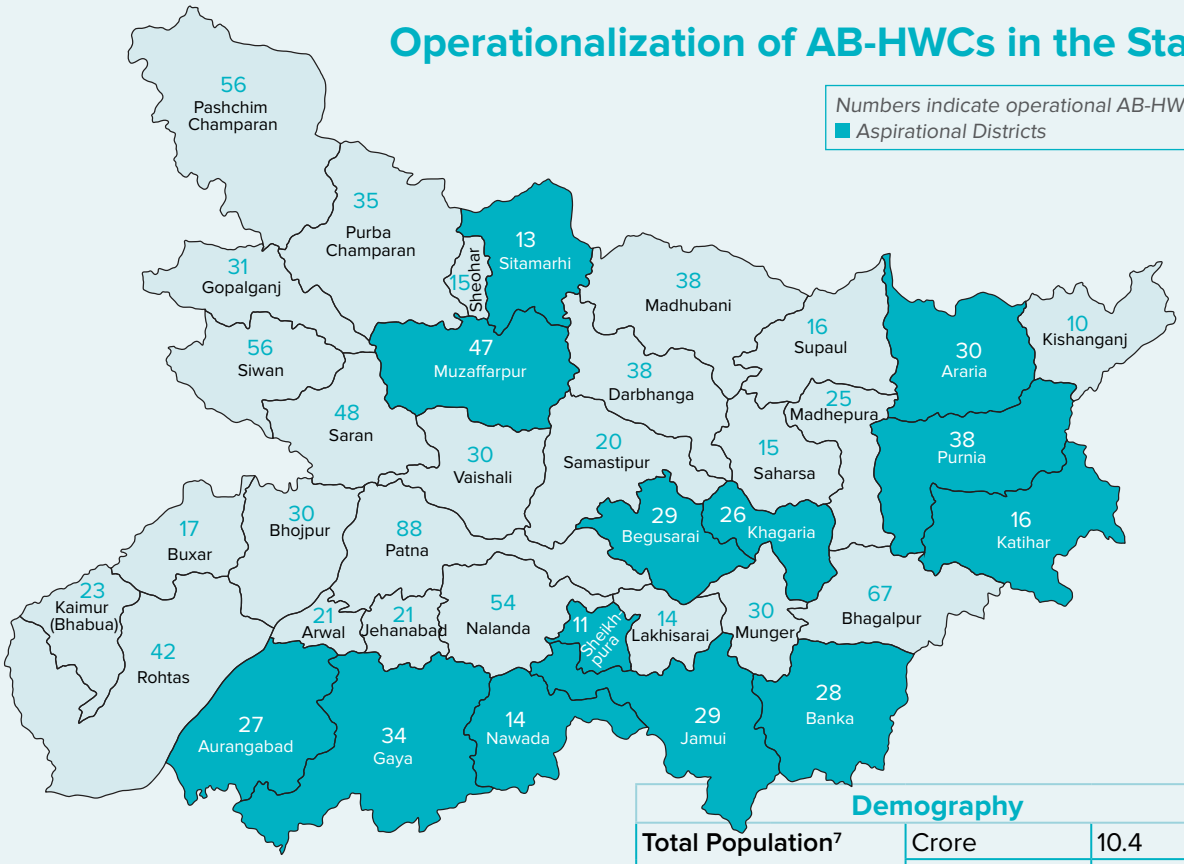
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]



Demography

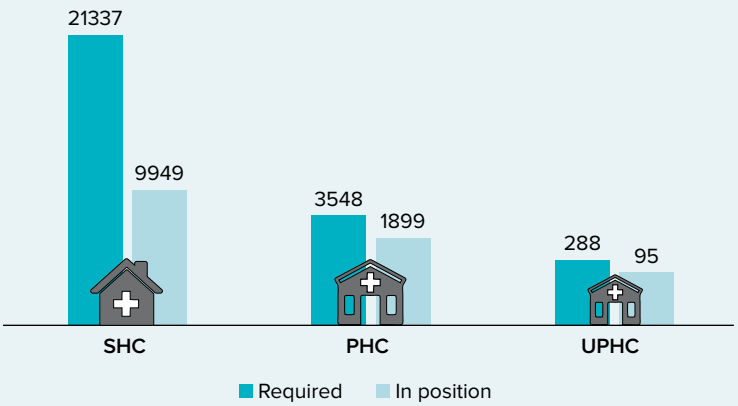
Total Population[7]		Crore	10.4
		Rural	88.7%
		Urban	11.3%
SC/ST Population[7]		SC (Crore)	1.6 (15.9%)
		ST (Crore)	0.13 (1.2%)
Literacy Rate[7]	State	Female	51.5%
		Total	61.8%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	3.2
		India	2.2
Crude Birth Rate (CBR)[2]			26.2
Projection (2021) of Elderly Population[7]			7.7%

Finance[10]

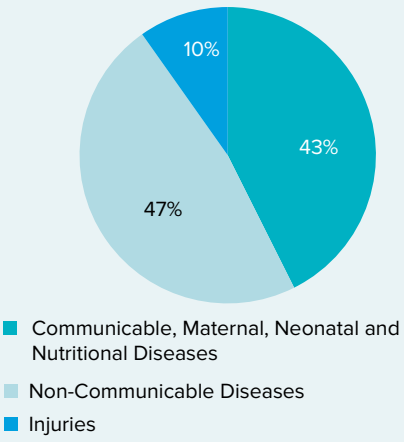
Per capita Government Health Expenditure	State	504
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	77.6%
	India	58.7%

Coverage

Availability of primary health care facilities against population[9]



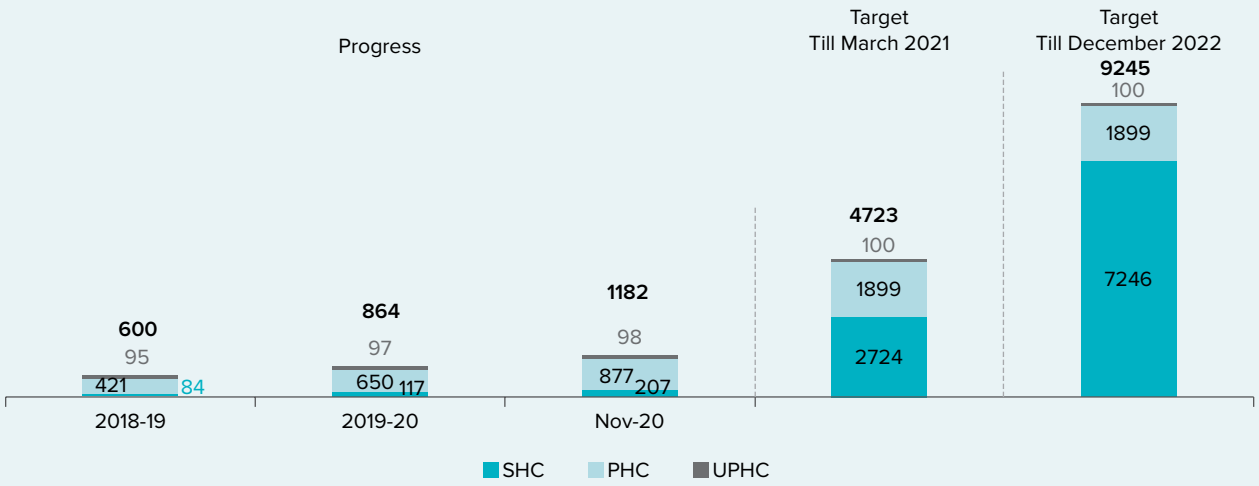
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

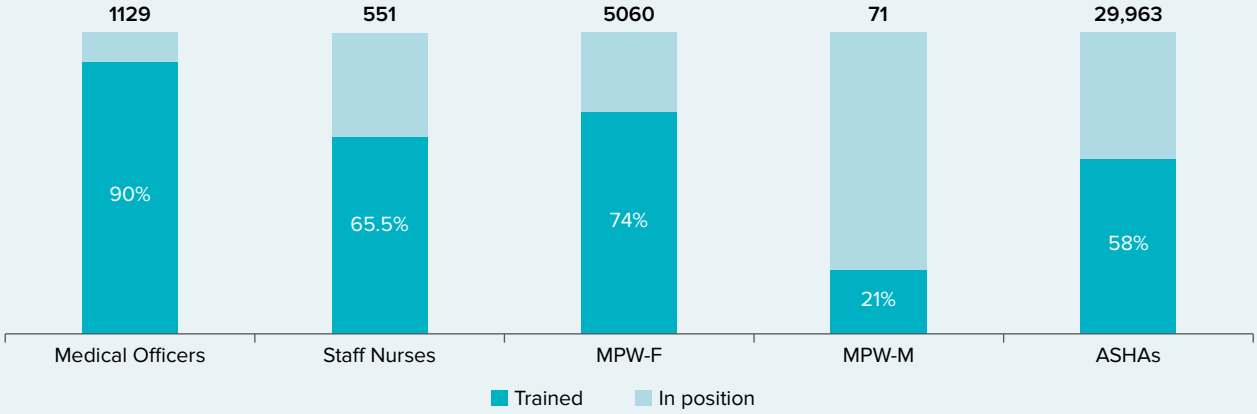
Achievements

Progress in HWC operationalization over the years[6]

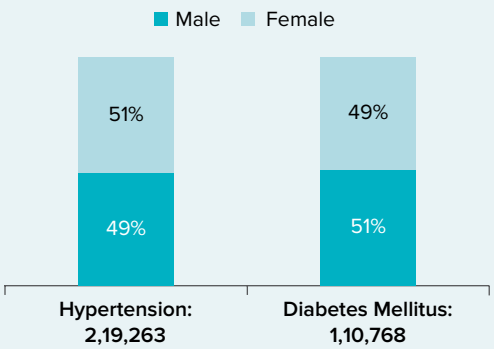


**Total SHCs- 9949 (1899 SHCs co-located with PHCs removed from total target)*

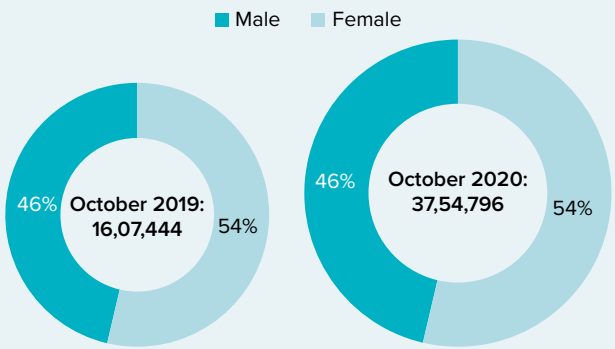
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 15,562

Source: [6]AB-HWC Portal

The state of Bihar is the third most populous state of India with 89% of population residing in rural areas and 17% belonging to Scheduled Caste and Scheduled Tribes. Maternal and child health indicators of the state are lower than the national average. As the state is in early phase of epidemiological transition, Non-Communicable Diseases (NCDs) contribute 40% to the disease burden while over 42% of the disease burden is on account of Communicable, Maternal, New-born and Nutritional disorders. The disease burden data and the state's performance on key indicators, including caste and geographical inequity in highlight the need to strengthen all levels of health care services, with potential early gains resulting from particular attention to building a strong primary health care system complemented by a robust community health system.

With the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018, the state initiated the upgradation of primary healthcare facilities to Health and Wellness Centres (HWC). About 1182 HWC are currently operational in the state, i.e, 25% of the target for FY 2020-21 and 12% of the total HWC target. Only 46% of the total Primary Health Centres (PHC) have been upgraded, given the limited availability of Medical Officers. About 342 HWC are located in the state's 13 aspirational districts. Progress in skill building of most primary health care team members is slow, with only 58% of the ASHAs, 21% of the MPW-M and 65% of staff nurses being trained on NCDs. In order to expand the range of services at HWCs, state has introduced oral health services by enabling weekly visits by dentists at PHCs and ophthalmic services at Urban Primary Health Centres (U-PHCs). In addition, training of SHC-HWC team is currently being done by Medical Officers to deliver mental health services at HWCs.

During the lockdown phase of the COVID-19 pandemic, when all primary health facilities were shut down, the HWC teams in the SHCs, played an important role in creating awareness about COVID- 19 and ensured provision of essential services such as immunization and antenatal care.

The high levels of shortfall in infrastructure and skilled human resources are significant deterrents to the operationalization of HWCs and the achievement of universal primary health care. In addition to meeting these gaps, the state will need to prioritize capacity building, create competencies in existing staff for task shifting, build systems for an IT platform, and for procurement, supply and distribution of medicines and diagnostics. These are essential pre-requisites if the state is to meet the goals of Universal Health Coverage by the end of this decade.

CHHATTISGARH

HEALTH OUTCOMES

	Chhattisgarh		India	
Maternal Mortality Ratio[1]	159		113	
Infant Mortality Rate[1]	41		32	
Under five mortality rate[2]	45		36	
Neonatal mortality rate[2]	29		23	
Children under 5 years - severely wasted (weight-for-height) (%)[3]	8.4		7.5	
Children under 5 years underweight (weight-for-age) (%)[3]	37.7		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	41.5		50.4	
Tuberculosis - annualized total case notification rate*[5]	96		100	
Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	6.8	9.5	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.7	9.7	5.8	8

SERVICE DELIVERY

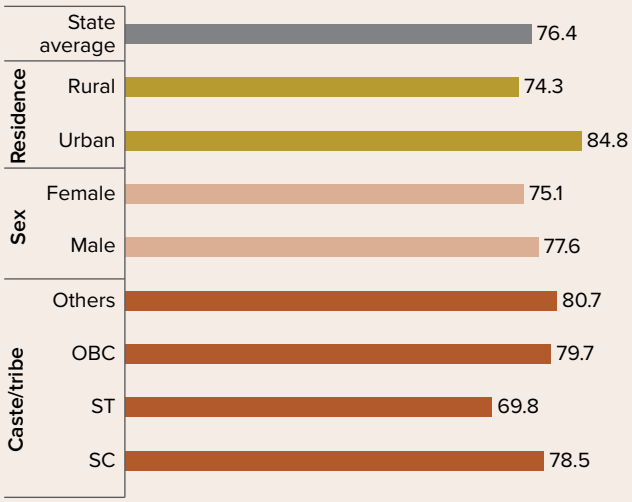
	Chhattisgarh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	98.3	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	76.4	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	54.5	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	11.1	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	76.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	67.9	50.6

HEALTH DETERMINANTS

	Chhattisgarh	India
Households with an improved water drinking source (%)[3]	91.1	89.9
Households using improved sanitation (%)[3]	32.7	48.4
Women who consume alcohol - 15-49 years (%)[3]	5	1.2
Men who consume alcohol - 15-49 years (%)[3]	52.7	29.2
Women who use any kind of tobacco (%)[3]	21.6	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	55.2	44.5
Households using clean fuel for cooking (%)[3]	22.8	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

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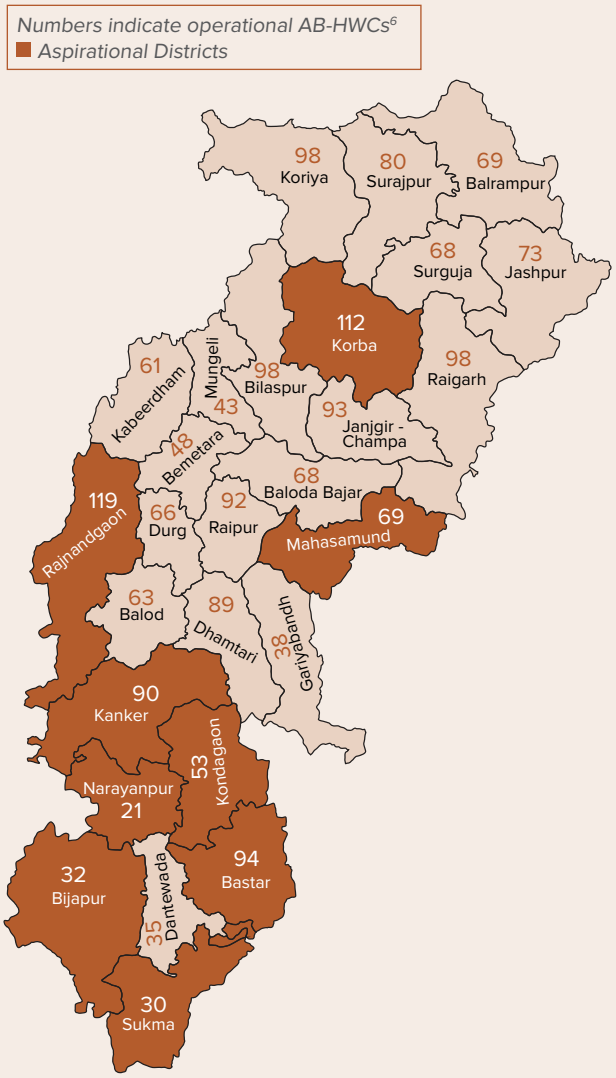
Operationalization of AB-HWCs in the State[6]

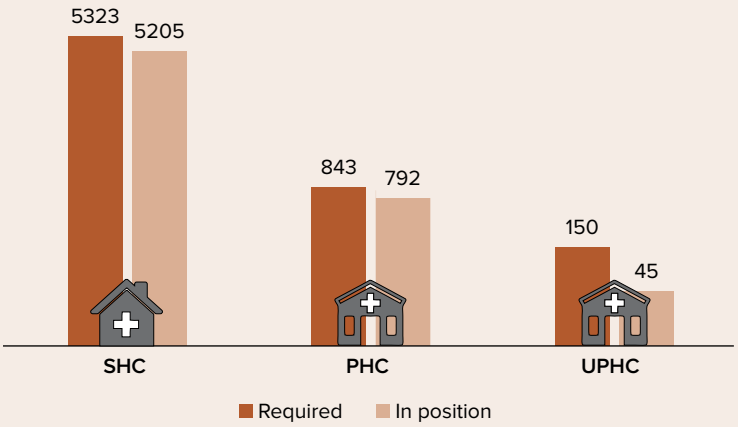


Demography			
Total Population[7]		Lakh	2.5
		Rural	76.76%
		Urban	23.24%
SC/ST Population[7]		SC (Lakh)	0.32 (12.82%)
		ST (Lakh)	0.78 (30.62%)
Literacy Rate[7]	State	Female	60.24%
		Total	70.28%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.4
		India	2.2
Crude Birth Rate (CBR)[2]			22.5
Projection (2021) of Elderly Population[7]			8.8%

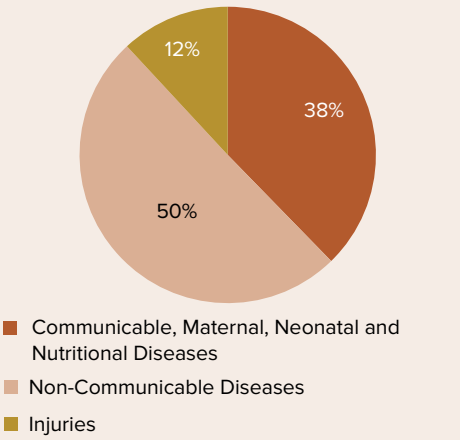
Finance[10]		
Per capita Government Health Expenditure	State	1,237
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	55.9%
	India	58.7%

Coverage

Availability of primary health care facilities against population[9]



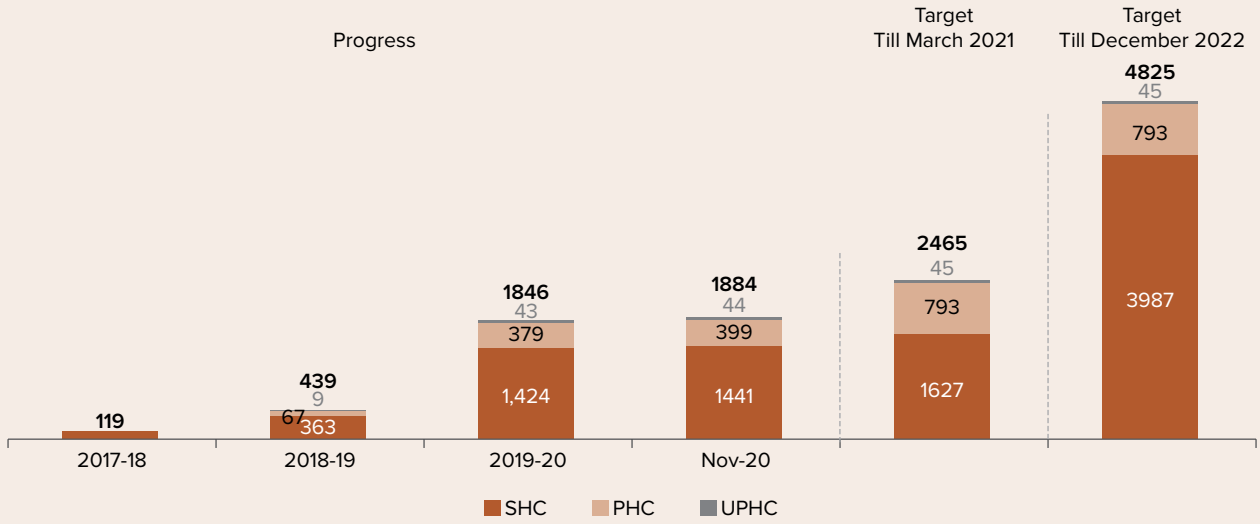
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

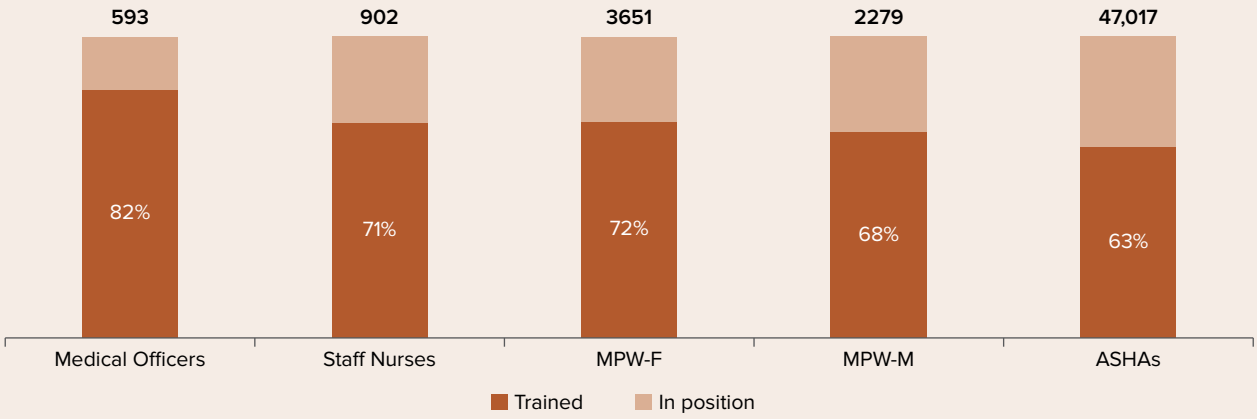
Achievements

Progress in HWC operationalization over the years[6]

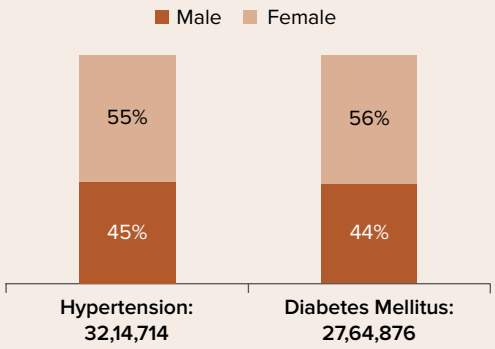


Total SHCs- 5200 (793 SHCs co-located with PHCs removed from total target)

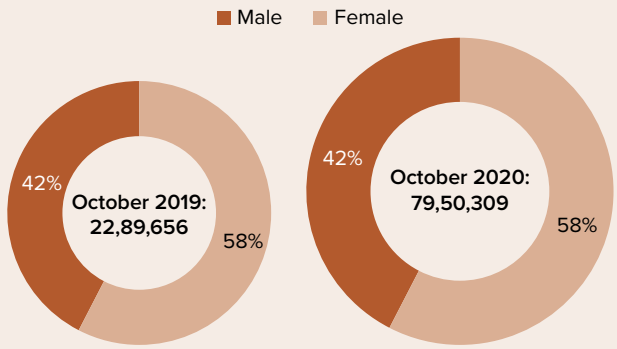
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 1,38,219

Source: [6]AB-HWC Portal

The state of Chhattisgarh has higher Maternal, Infant, and Under-five mortality rates than the national average. Disease burden data for the state show a significant burden of diseases related to Communicable, Maternal, Neonatal and Nutritional health (37.7%). Over fifty percent of the disease burden is on account of Non-Communicable Diseases (NCD), showing that the state is already moving in the direction of the epidemiological transition, albeit being low at this time. Another challenge for the state is inequity in access to services. A case in point is childhood immunization, with full immunization coverage for children of the Scheduled Tribe category being about 69.8% versus 80.7% for the "others" category and 76.4% state average.

India's first Health and Wellness Centre (HWC) under the Ayushman Bharat - Health and Wellness Centre (AB-HWC), was inaugurated by the Honorable PM at Jangla in Bijapur, Chhattisgarh on 14th April 2018. In three years, state has operationalized around 1884 HWCs, including 1441 SHC-HWCs. There are ten aspirational districts in the State with 655 operational HWCs. State had an existing cadre of Mid-Level Health providers trained in a three and half year course equivalent to B.Sc Community Health known as Rural Medical Assistants (RMAs)[1]. These RMAs are posted at Primary Health Centres (PHC) and Sub Health Centres (SHC). In some areas the RMAs visit SHC on a rotational basis to ensure that the benefits of the additional service packages reach the communities pending the posting of a CHO.

State has initiated some innovative practices such as setting up a HWC window at Community Health Centres, Civil Hospitals, District Hospital and Medical College. Staffed by the HWC "*Sangwari*", the HWC window is intended to promote and strengthen continuum of care among HWC beneficiaries and ensure effective utilization of available health services at HWCs and referral health facilities. To promote wellness activities at SHC-HWCs, yoga training has been integrated into the Certificate Programme in Community Health for CHOs.

During the COVID pandemic, the state's Mitanin, (the name for ASHA in the state) have played an exemplary role in community level public health actions. The state enabled home delivery of medicines through the HWC members for patients with chronic conditions.

Given the current progress, the state is likely to be able to operationalize the targeted number of HWC. Delivering on Universal Health Coverage (UHC) however, will require substantial additional investments in infrastructure, Human Resources, and IT capability, and the state's priority and starting point needs to be a focus on delivering equitable and high-quality primary health care.

[1] State implemented the Rural Medical Assistants (RMAs) initiative considering the shortage of MBBS doctors at PHCs. RMAs are authorized to implement & operate National Health Programmes. On the clinical side, they are responsible for providing first aid, primary medical care and treatment of common illnesses, NCDs as prescribed by the departmental instruction. In serious cases, they are supposed to stabilize the patient and then refer to higher centers.

GOA

HEALTH OUTCOMES

	Goa	India
Maternal Mortality Ratio[1]	NA	113
Infant Mortality Rate[1]	↓ **7**	32
Under five mortality rate[2]	NA	36
Neonatal mortality rate[2]	NA	23
Children under 5 years - severely wasted (weight-for-height) (%)[3]	9.5	7.5
Children under 5 years underweight (weight-for-age) (%)[3]	↓ **23.8**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	26.7	50.4
Tuberculosis - annualized total case notification rate*[5]	111	100

Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Goa		India	
	F	M	F	M
	6.3	10.7	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high / (>140 mg/dl) (%)[3]	Goa		India	
	F	M	F	M
	8.9	12.3	5.8	8

SERVICE DELIVERY

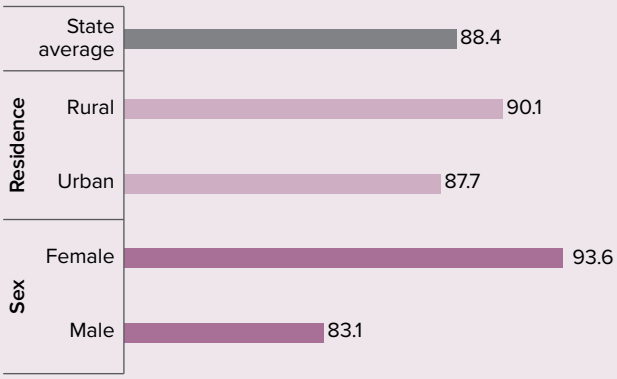
	Goa	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	58.1	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	24.8	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	17.5	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	88.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	NA	50.6

HEALTH DETERMINANTS

	Goa	India
Households with an improved water drinking source (%)[3]	96.3	89.9
Households using improved sanitation (%)[3]	78.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	4.2	1.2
Men who consume alcohol - 15-49 years (%)[3]	44.7	29.2
Women who use any kind of tobacco (%)[3]	1.9	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	20.8	44.5
Households using clean fuel for cooking (%)[3]	84.1	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



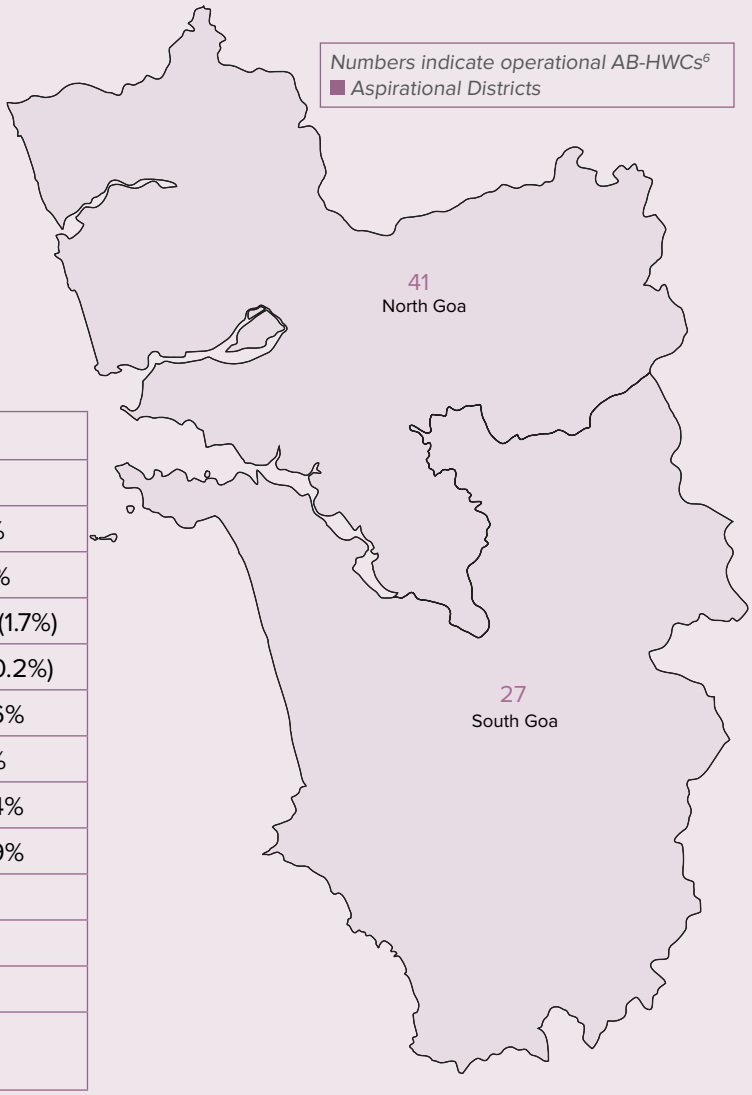
↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Note: State specific segregated data related to Equity (SC, ST, OBC & Others - full vaccination, NFHS 4) not available

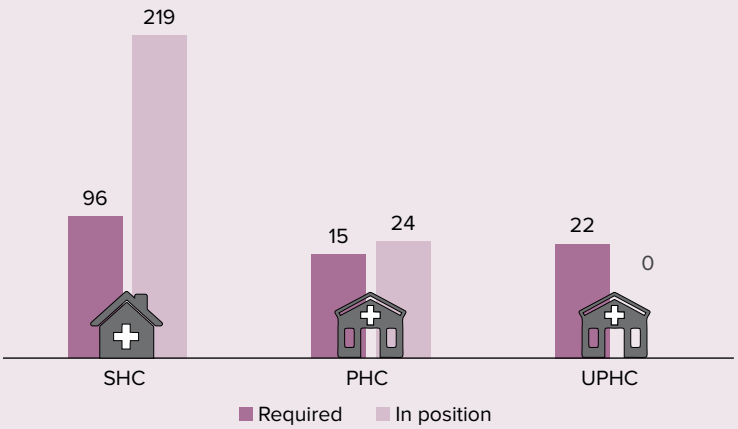
Operationalization of AB-HWCs in the State[6]



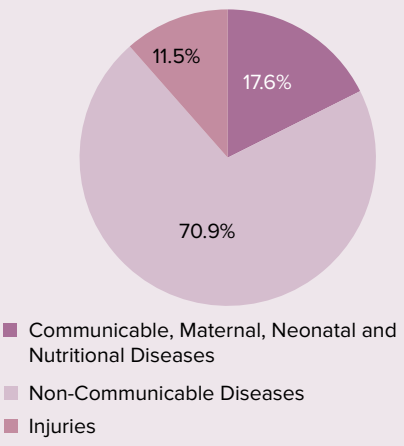
Demography			
Total Population[7]		Lakh	14
		Rural	37.8%
		Urban	62.2%
SC/ST Population[7]		SC (Lakh)	0.25 (1.7%)
		ST (Lakh)	1.4 (10.2%)
Literacy Rate[7]	State	Female	84.66%
		Total	88.7%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			12.4
Projection (2021) of Elderly Population[7]			NA

Coverage

Availability of primary health care facilities against population[9]



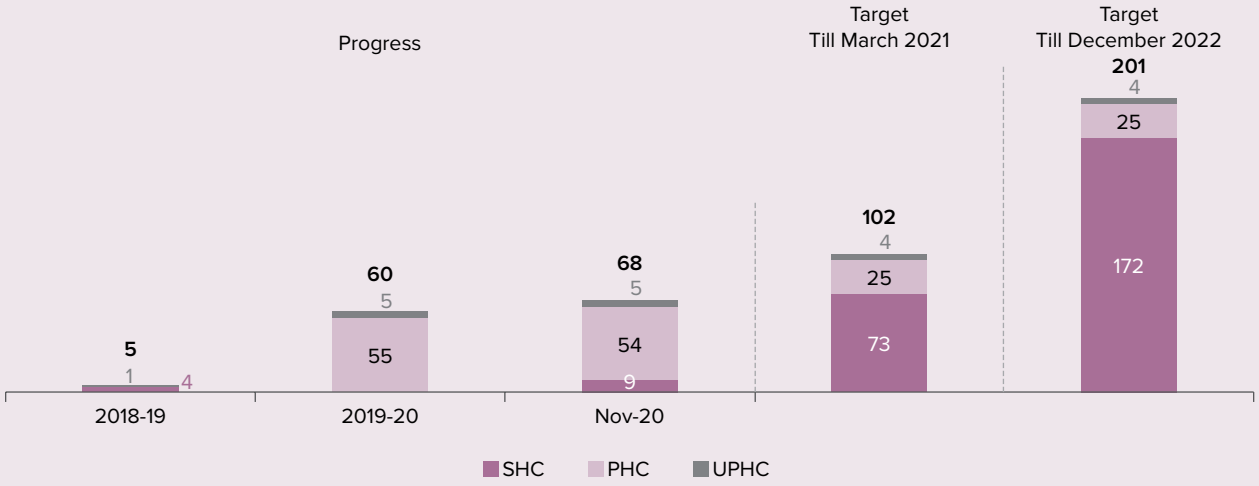
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

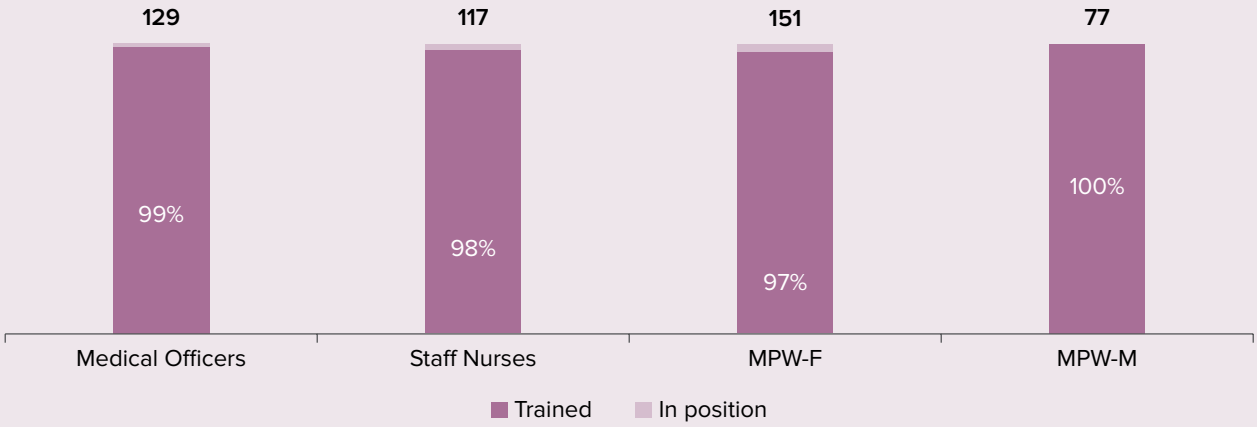
Achievements

Progress in HWC operationalization over the years[6]

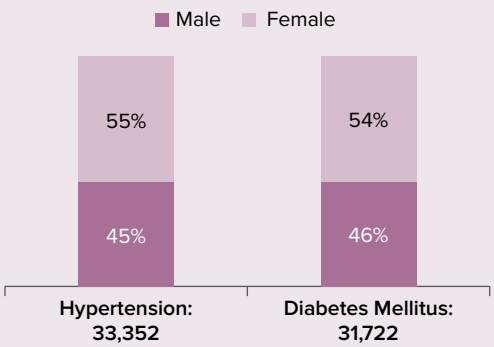


Total SHCs- 214 (25 SHCs co-located with PHCs removed from total target)

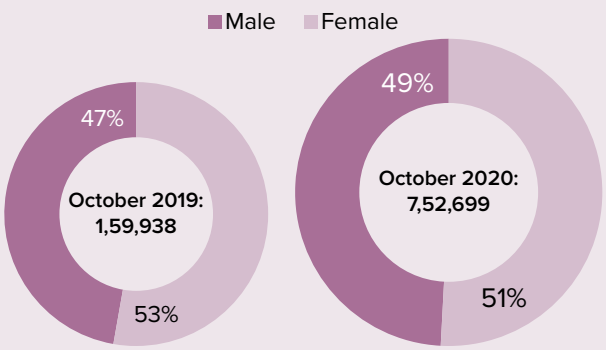
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6]- 660

Source: [6]AB-HWC Portal

The state of Goa has performed well on health outcomes related to maternal, child health and communicable diseases. However, Goa is the second state in the country (after Kerala) with highest disease burden due to Non-Communicable Diseases (70.9% of total disease burden in Goa was due to NCDs in 2016). It is one of the five states with highest epidemiological transition level as per India State-Level Disease Burden 2017 report. Indicators related to risk factors such as the rate of alcohol and obesity highlight the need for the state to strengthen primary health care services with a focus on action related to health promotion and prevention.

The state's model for Health and Wellness Centres, varies from the national model, and is based on a higher proportion of urban population, the availability of sufficient number of healthcare facilities and adequate human resources. Operationalization of Ayushman Bharat-Health and Wellness Centres (AB-HWCs) was initiated in 2018 in the state and around 34% of primary health care facilities have been upgraded till now. The state has focused on a doctor led model, with the Primary Health Centre (PHC)-Medical Officer (MOs) visiting the Sub Health Centre (SHCs) on a rotation basis to provide services. The state has in addition, to PHCs, a Rural Medical Dispensary (RMD), covering a population of 8000-10,000, staffed with one MO, one pharmacist and one patient attendant. Thirty such RMDs have been upgraded to HWCs. The MBBS MOs from the linked PHC/CHCs are posted at RMDs and SHCs on a rotation basis thrice a week with Ayurvedic/Homeopathic doctors and Dental Surgeons visiting on the other days. Regular specialist camps are also organized at the community level. Community and home-based interventions are undertaken by the MPWs (male and female). This model of delivering primary health care needs to be assessed, particularly as the services expand to include mental health care, palliative and elderly care.

During the COVID-19 pandemic, this strong network of primary healthcare facilities proved to be valuable as MPWs were involved in community awareness, contact tracing, and care for those in home isolation (distribution of home isolation kit and provision of care as per defined protocols in coordination with PHC-MO). Another practice adopted by state included provision of post-COVID care at HWCs by AYUSH MOs, including yoga.

State has upgraded all RMDs, PHCs and UPHCs to HWCs in 2019 and plans to operationalize all SHC-HWCs by December 2022. Considering the smaller population, closer geographic spread with higher density of health care facilities, Goa could potentially demonstrate a model for Universal Health Coverage with strengthened and universal primary health care services provided through public health facilities.

GUJARAT

HEALTH OUTCOMES

	Gujarat	India
Maternal Mortality Ratio[1]	↓ **75**	113
Infant Mortality Rate[1]	↓ **28**	32
Under five mortality rate[2]	↓ **31**	36
Neonatal mortality rate[2]	↓ **19**	23
Children under 5 years - severely wasted (weight-for-height) (%)[3]	9.5	7.5
Children under 5 years underweight (weight-for-age) (%)[3]	39.3	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	51.3	50.4
Tuberculosis - annualized total case notification rate*[5]	134	100

Hypertension among adults (15-49 years)- Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Gujarat		India	
	F	M	F	M
	7.4	9.9	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	Gujarat		India	
	F	M	F	M
	5.8	7.6	5.8	8

SERVICE DELIVERY

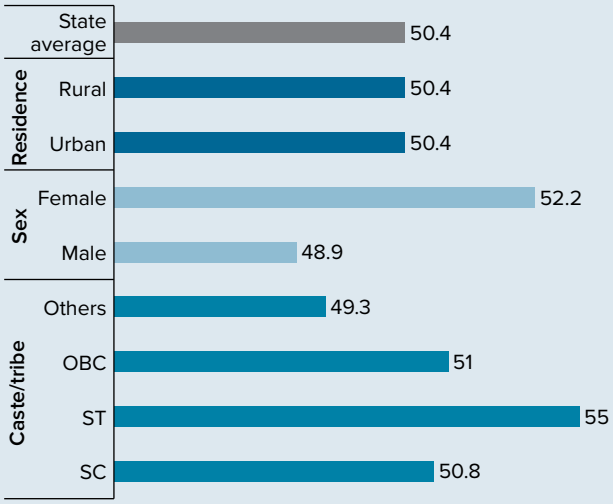
	Gujarat	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.5	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	38.3	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	43.1	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	17	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	50.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	46.2	50.6

HEALTH DETERMINANTS

	Gujarat	India
Households with an improved water drinking source (%)[3]	90.9	89.9
Households using improved sanitation (%)[3]	64.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.3	1.2
Men who consume alcohol - 15-49 years (%)[3]	11.1	29.2
Women who use any kind of tobacco (%)[3]	7.4	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	51.4	44.5
Households using clean fuel for cooking (%)[3]	52.6	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

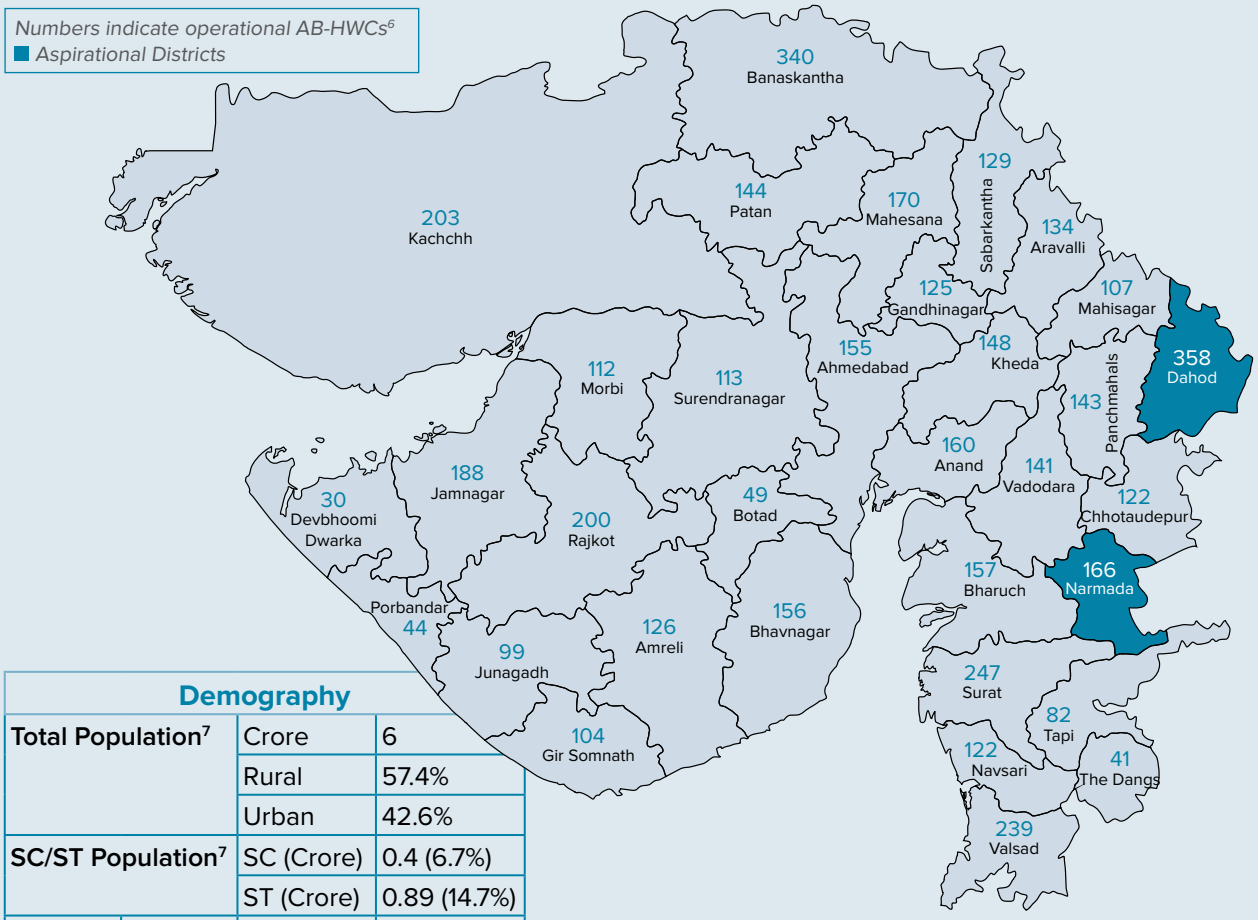


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

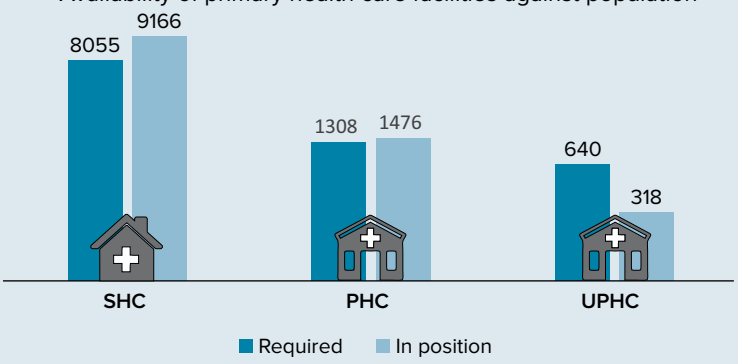


Demography			
Total Population[7]		Crore	6
		Rural	57.4%
		Urban	42.6%
SC/ST Population[7]		SC (Crore)	0.4 (6.7%)
		ST (Crore)	0.89 (14.7%)
Literacy Rate[7]	State	Female	69.68%
		Total	78.03%
	India	Female	64.64%
		India	72.99%
Total Fertility Rate (TFR)[2]		State	2.1
		India	**2.2**
Crude Birth Rate (CBR)[2]			19.7
Projection (2021) of Elderly Population[7]			10.2%

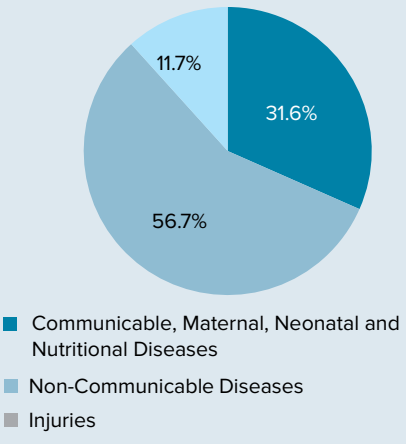
Finance[5]		
Per capita Government Health Expenditure	State	1,429
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	48.1%
	India	58.7%

Coverage

Availability of primary health care facilities against population[9]



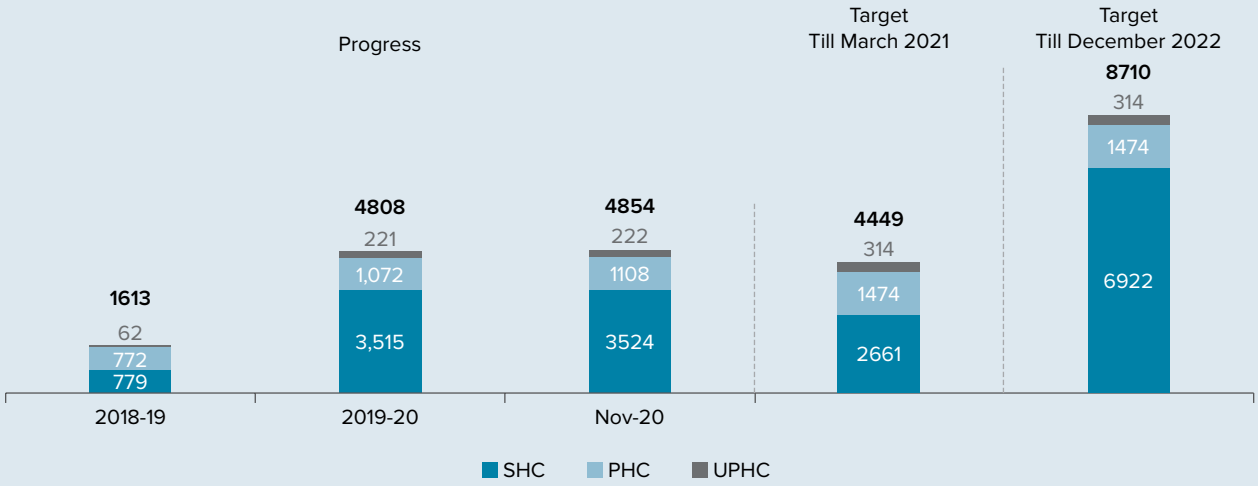
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19 [10]National Health Accounts Estimates for India for 2016-17

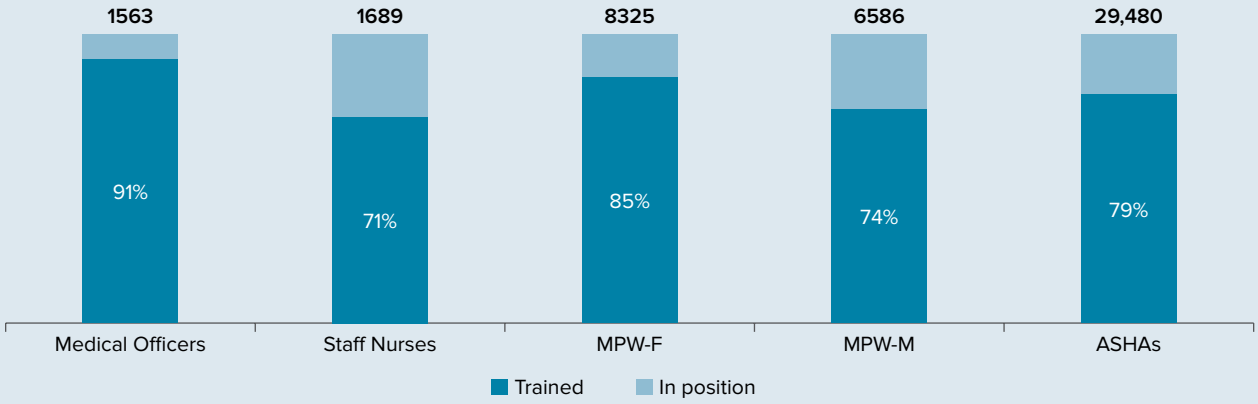
Achievements

Progress in HWC operationalization over the years[6]

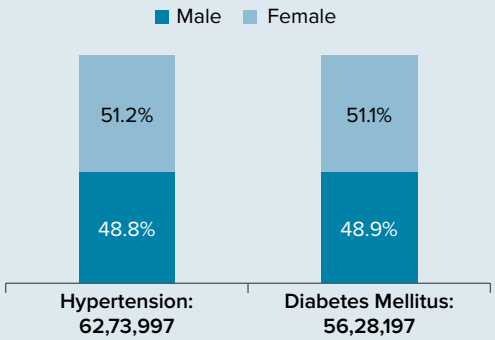


**Total SHCs- 9153 (7679 SHCs co-located with PHCs removed from total target)*

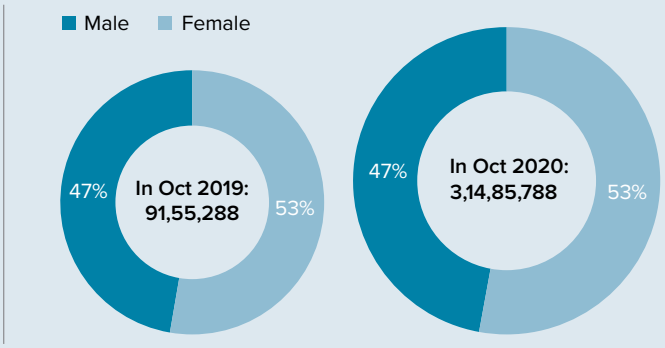
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 4,01,879

Source: [6]AB-HWC Portal

The state of Gujarat represents the average picture of epidemiological transition state of our country (state is at lower middle epidemiological transition level as per India State-Level Disease Burden 2017 report). While the state's indicators are better than the national indicators for parameters related to selected maternal, new-born and child health indicators, (except for child nutrition indicators), there is both the scope and potential for improvement, particularly in view of its rapid progress in operationalizing Health and Wellness Centres (HWC).

Operationalization of Ayushman Bharat-Health and Wellness Centres (AB-HWCs) was initiated in 2018 in the State. The State has already surpassed the target for FY 2020-21 and has operationalized around 50% of total target of HWCs. State has prioritized aspirational districts and over 10% of total HWCs in the State (524) are functional in the two aspirational districts of Dahod and Narmada.

The state's health system is characterized by the availability of sufficient human resources, training capacity, robust procurement and logistics systems, a well-established IT based population enumeration and tracking system, and an emphasis on structured IEC/BCC activities such as Saptadhara campaign, to enhance people' participation. These have been key to the rapid scaling up of the HWCs.

The state has implemented wellness activities through multiskilling of CHOs in basic Ayurveda practices and Yoga, through the Arogya Samanvay module. A mobile based IT application called 'Techoplus' is being used at Sub Health Centres (SHC-HWCs, which integrates the RCH (hitherto as ImTeCHO), the NCD application, and Nikshay. Tele-mentoring of CHOs and MOs is being done through ECHO platform.

The COVID 19 pandemic brought to the fore the critical role of the expanded primary health care team at SHC-HWC, particularly in community outreach and activities such as house to house survey, follow up of suspected cases, screening, ensuring care for non COVID essential services including for those with chronic diseases.

In terms of knowledge partnerships, the state engaged with the Indian Institute for Public Health in Gandhinagar to expedite the certification of CHOs, as well as with an NGO, the Charutar Arogya Mandal as an Innovation and Learning Centre (ILC) through a tripartite arrangement with the National Health Systems Resource Centre (NHSRC), to enable and support change management and document emerging and best practices. Early experiences show that such knowledge partnerships are important to create robust learning systems for the state as it progresses towards Universal Health Coverage.

Gujarat is one of the few states with a clear vision for the operationalization of HWCs, and is well placed to deliver universal primary health care through all its HWCs by March 2022, well ahead of the national timeline.

House to house visit by CHO HWCs SC - Holmadh, Taluka Wankaner, District - Morbi

HARYANA

HEALTH OUTCOMES

	Haryana				India
Maternal Mortality Ratio[1]	↓ **91**				113
Infant Mortality Rate[1]	↓ **30**				32
Under five mortality rate[2]	36				36
Neonatal mortality rate[2]	↓ **22**				23
Children under 5 years - severely wasted (weight-for-height) (%)[3]	9				7.5
Children under 5 years underweight (weight-for-age) (%)[3]	29.4				35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	55				50.4
Tuberculosis - annualized total case notification rate*[5]	203				100
Hypertension among adults (15-49 years) - Blood pressure slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M	
	7.6	14.5	6.7	10.4	
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M	
	4.8	6.1	5.8	8	

SERVICE DELIVERY

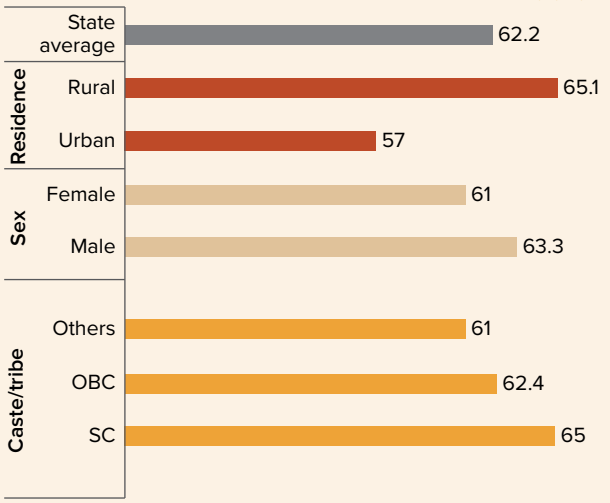
	Haryana	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	95.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	58.5	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	59.4	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	9.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	62.2	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	60.6	50.6

HEALTH DETERMINANTS

	Haryana	India
Households with an improved water drinking source (%)[3]	91.7	89.9
Households using improved sanitation (%)[3]	79.2	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	24.5	29.2
Women who use any kind of tobacco (%)[3]	1.6	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	35.8	44.5
Households using clean fuel for cooking (%)[3]	52.2	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



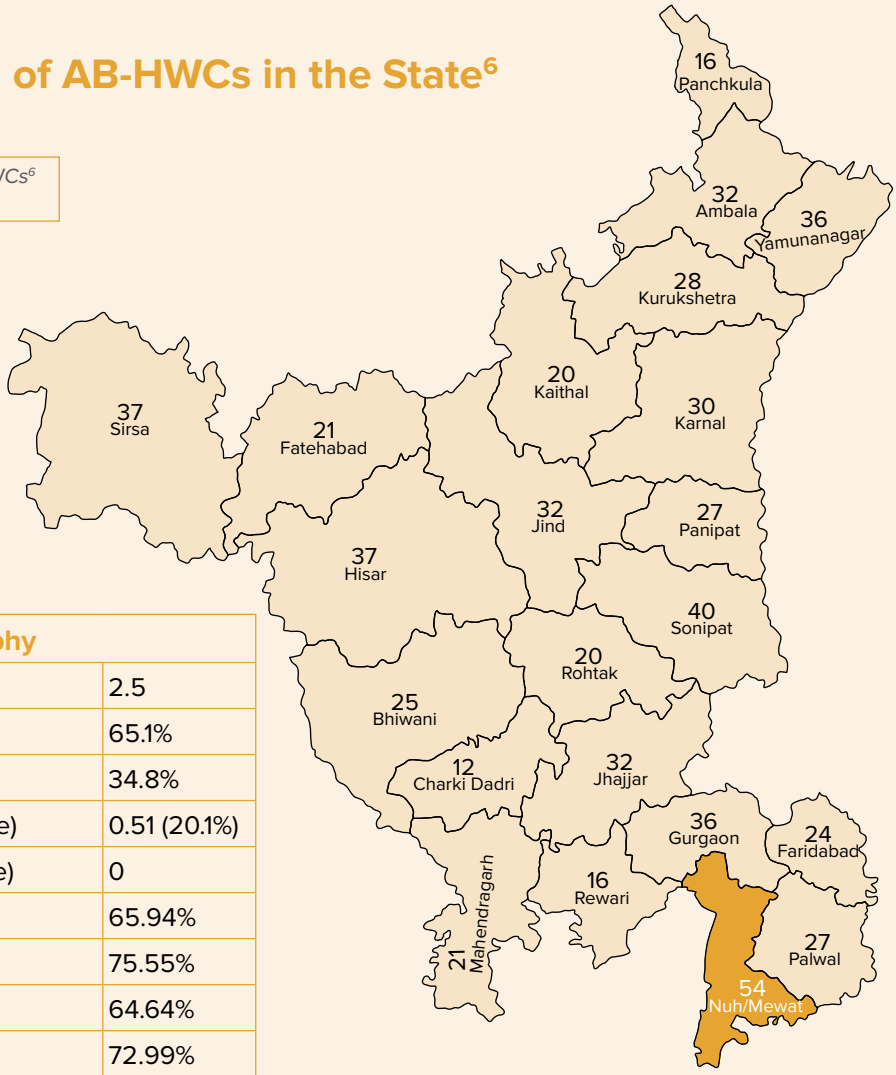
↓*Arrow indicates state performance better than the national average*

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

**As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

Numbers indicate operational AB-HWCs[6]
Aspirational Districts

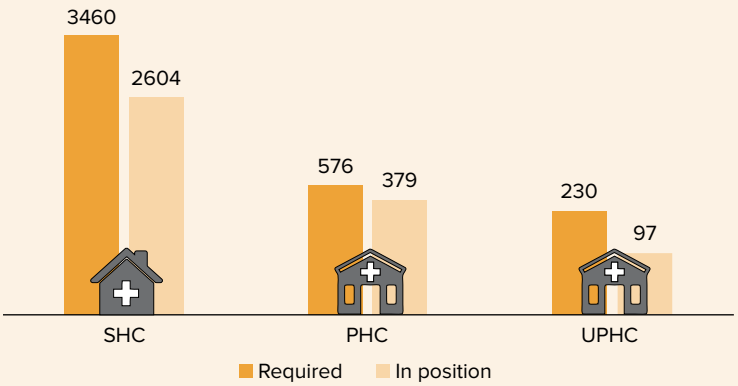


Demography			
Total Population[7]		Crore	2.5
		Rural	65.1%
		Urban	34.8%
SC/ST Population[7]		SC (Crore)	0.51 (20.1%)
		ST (Crore)	0
Literacy Rate[7]	State	Female	65.94%
		Total	75.55%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.2
		India	2.2
Crude Birth Rate (CBR)[2]			20.3
Projection (2021) of Elderly Population[7]			9.8%

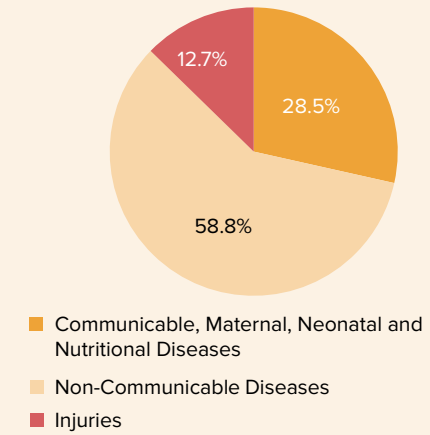
Finance[10]		
Per capita Government Health Expenditure	State	1,341
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	56.6%
	India	58.7%

Coverage

Availability of primary health care facilities against population[9]



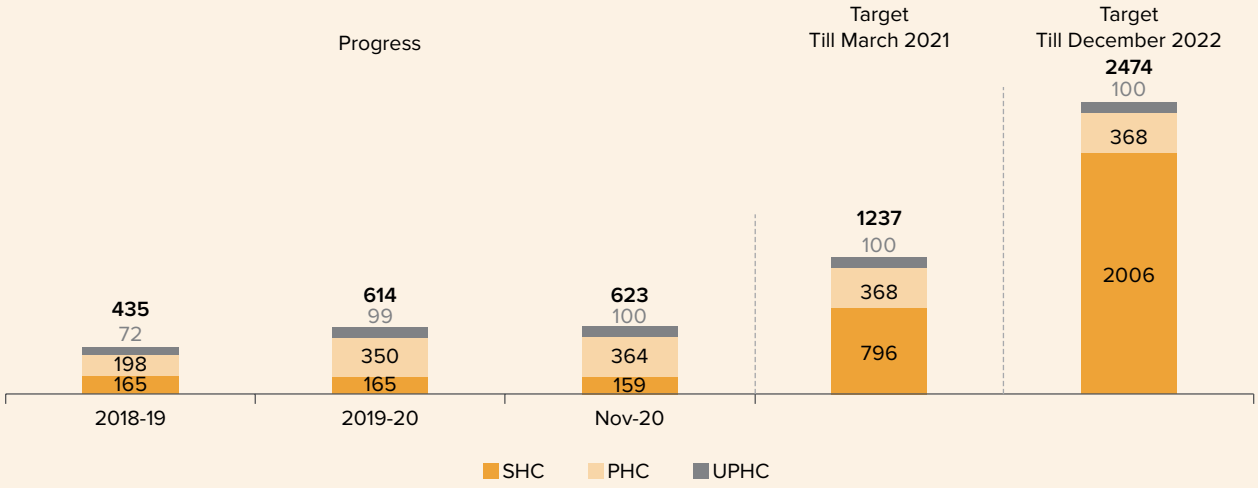
Disease Burden[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

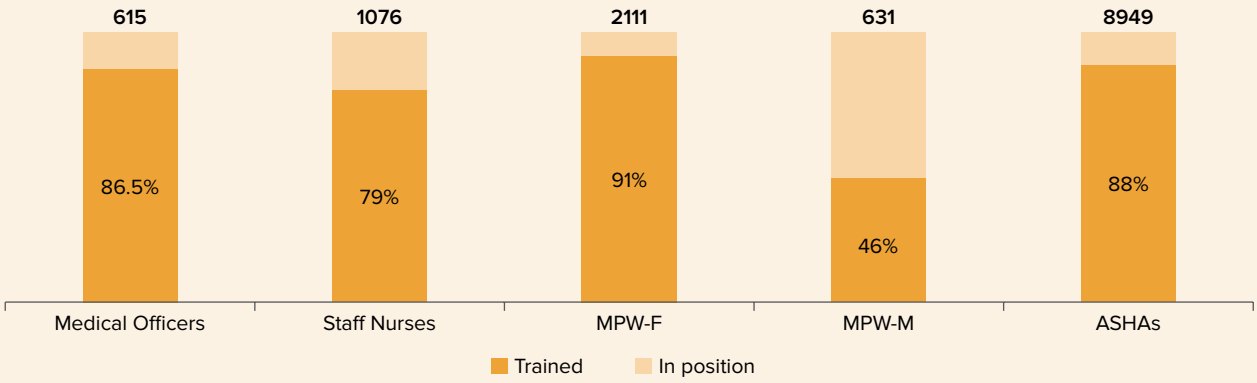
Achievements

Progress in HWC operationalization over the years[6]

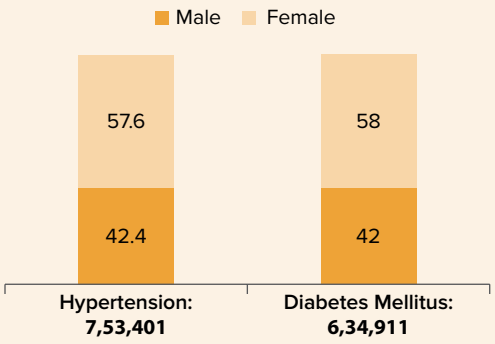


Total SHCs- 2589 (368 SHCs co-located with PHCs removed from total target)

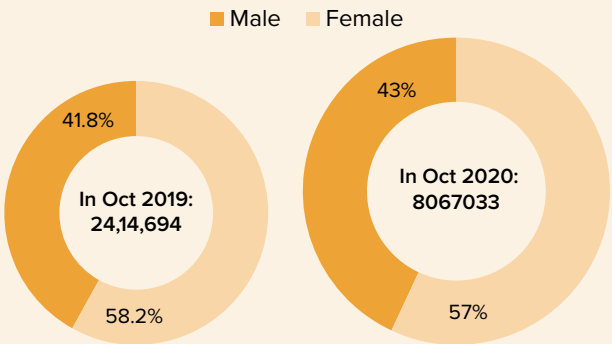
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 32,139

Source: [6]AB-HWC Portal

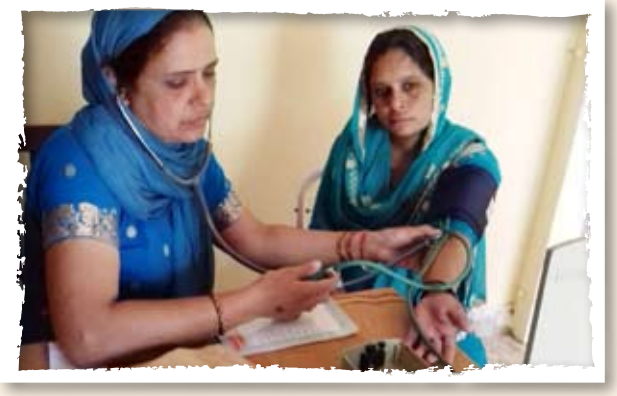
The state of Haryana performs well for a range of maternal, new-born and child health indicators compared to national average, but now faces a high disease burden from Non-Communicable Diseases (NCDs). NCDs account for 58.8% of the disease burden in the state. Nearly 30% of the disease burden is contributed by Communicable, Maternal, Neonatal and Nutritional disorders. The state is in the higher-middle epidemiologic transition level as per India State-Level Disease Burden 2017 report.

The state initiated the roll out of Ayushman Bharat – Health and Wellness Centres (AB – HWC) in 2018 and so far, has been able to upgrade 25% of the target facilities as HWCs.

In order to streamline the supply chain of medicines and diagnostics across the facilities, state has created a corpus fund at Haryana Medical Services Corporation Ltd (HMSCL) for the procurement at HWCs. All SHC-HWCs are being mapped with HMSCL Online Drug and Inventory Management System for improving the indent and management systems. The state encourages HWC teams to leverage local festivals and events to increase awareness on several health-related issues as a means of increased community engagement and ownership of HWCs. Mewat, which is the only aspirational district in the State has been prioritized for HWC operationalization and highest number of HWCs are functional in Mewat (54) among the districts in state. As part of a knowledge partnership the state has a tripartite arrangement with the All India Institute of Medical Sciences, Delhi and the National Health systems Resource Centre to support the district of Mewat in navigating the operationalizing of HWC and enabling the necessary change management.

HWC team members are actively involved in COVID-19 related activities and provided uninterrupted non COVID essential services even during the lockdown. Awareness generation activities were undertaken through home visits as a way of ensuring physical distance and minimizing contact. The team also ensured the availability of medicines to patients with chronic diseases at their doorsteps. COVID-19 also spurred the use of teleconsultation. The state is planning to roll out teleconsultation through the first hub at SIHFW Haryana on pilot basis and provide specialist services through teleconsultations.

With additional investments in making good infrastructure and HR shortfalls, the state is likely to achieve the target for operationalizing all HWCs by 2022 but will need to invest in capacity building and provider and community sensitization, as well as purposive action on social and environmental determinants of health, on addressing gender and equity gaps for key indicators on the path towards Universal Health Coverage.



HIMACHAL PRADESH

HEALTH OUTCOMES

	Himachal Pradesh	India
Maternal Mortality Ratio[1]	NA	113
Infant Mortality Rate[1]	↓ **19**	32
Under five mortality rate[2]	↓ **23**	36
Neonatal mortality rate[2]	↓ **13**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **3.9**	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **21.2**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	50.4	50.4
Tuberculosis - annualized total case notification rate*[5]	183	100

Hypertension among adults (15-49 years)- Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	9.4	17	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M
	5.9	6.8	5.8	8

SERVICE DELIVERY

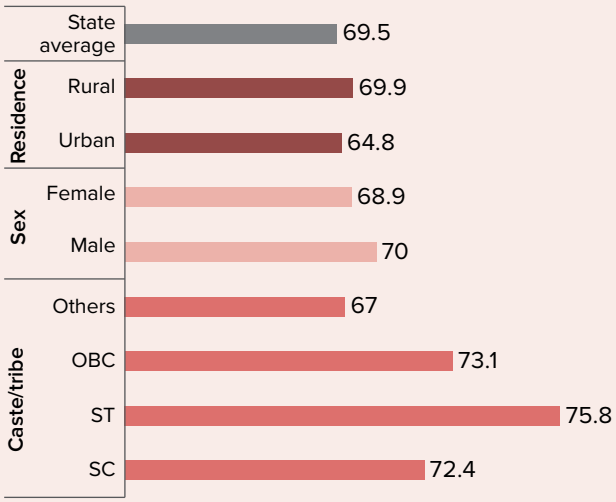
	Himachal Pradesh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	92.5	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	82.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	52.1	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	15.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	69.5	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	62.7	50.6

HEALTH DETERMINANTS

	Himachal Pradesh	India
Households with an improved water drinking source (%)[3]	94.9	89.9
Households using improved sanitation (%)[3]	70.7	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.3	1.2
Men who consume alcohol- 15-49 years (%)[3]	39.7	29.2
Women who use any kind of tobacco (%)[3]	0.5	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	40.5	44.5
Households using clean fuel for cooking (%)[3]	36.7	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



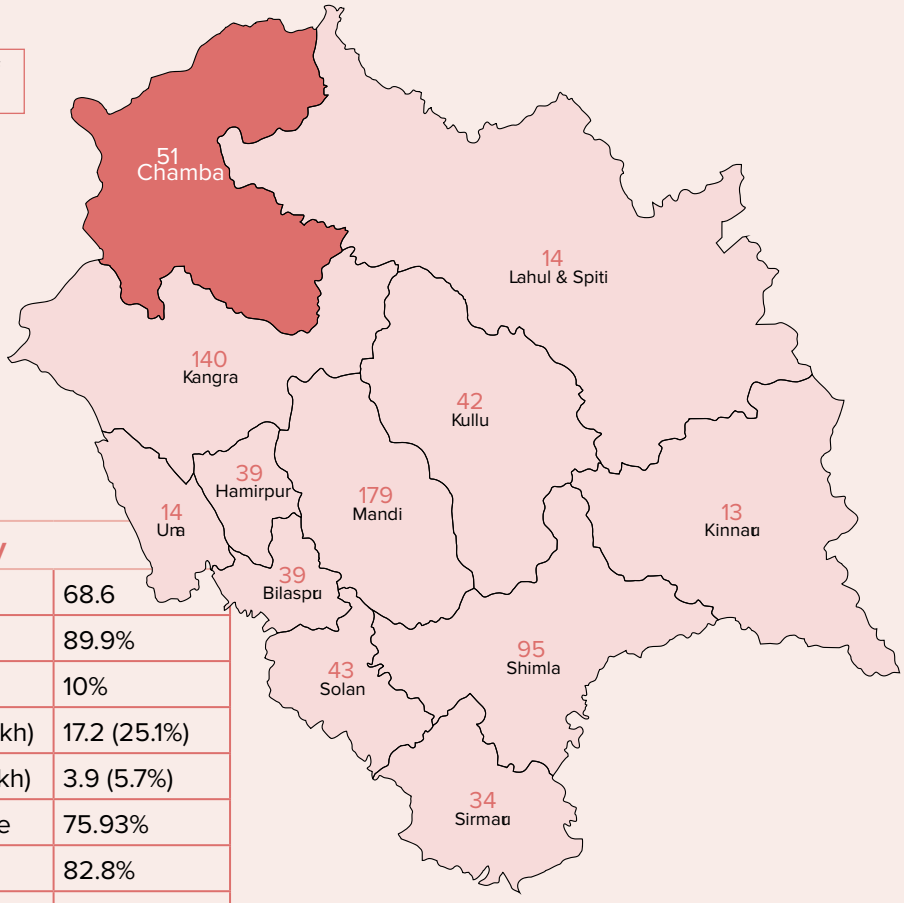
↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

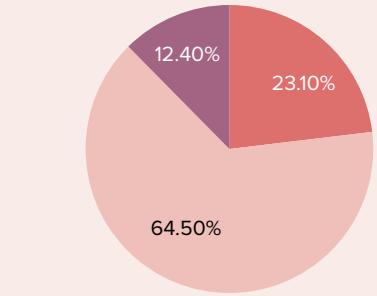
Numbers indicate operational AB-HWCs[6]
Aspirational Districts



Demography			
Total Population[7]		Lakh	68.6
		Rural	89.9%
		Urban	10%
SC/ST Population[7]		SC (Lakh)	17.2 (25.1%)
		ST (Lakh)	3.9 (5.7%)
Literacy Rate[7]	State	Female	75.93%
		Total	82.8%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			15.7
Projection (2021) of Elderly Population[7]			13.1%

Finance[10]		
Per capita Government Health Expenditure	State	2,816
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	46.4%
	India	58.7%

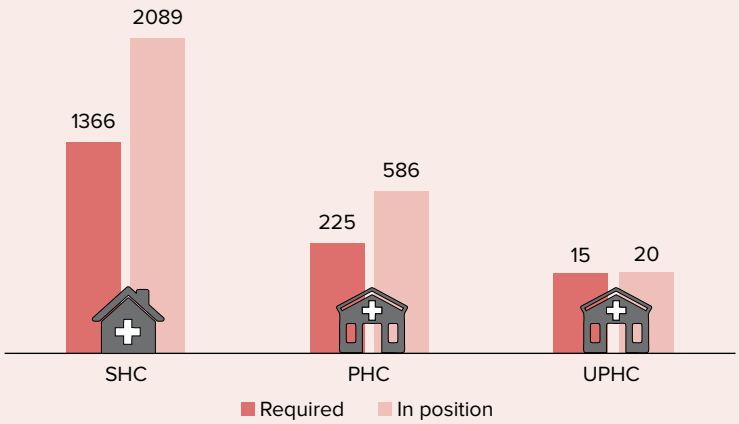
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

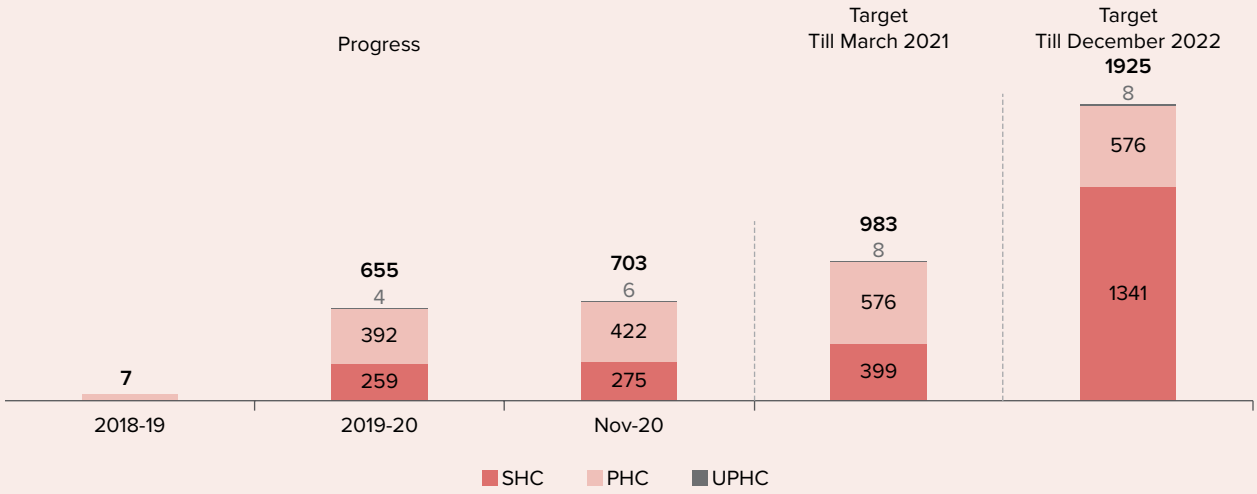
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

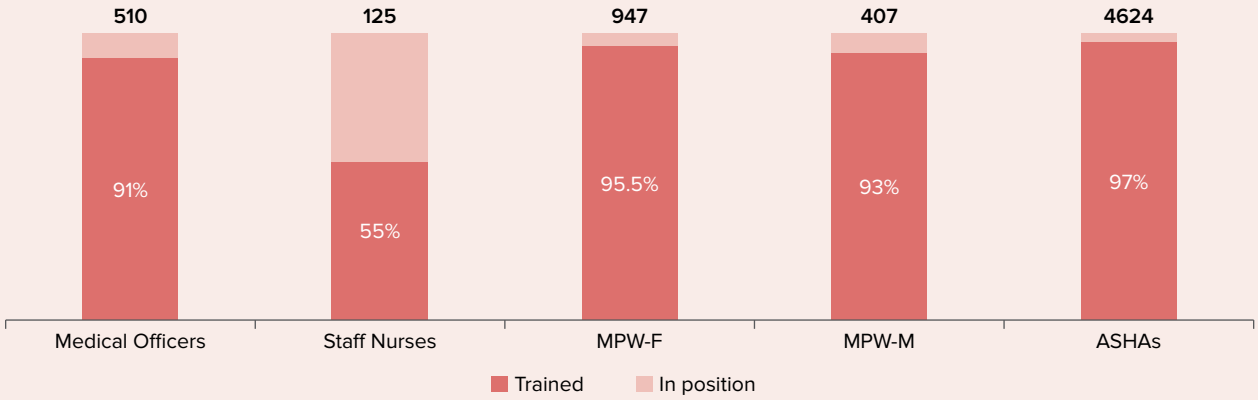
Achievements

Progress in HWC operationalization over the years[6]

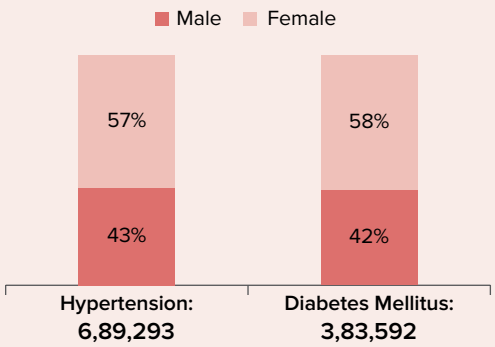


**Total SHCs- 2084 (576 SHCs co-located with PHCs removed from total target)*

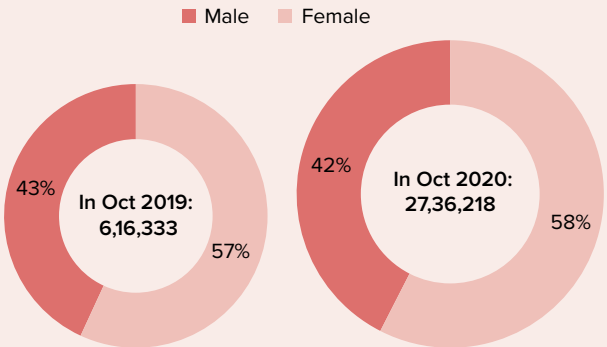
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness sessions conducted at AB-HWCs[6] - 48,359

Source: [6]AB-HWC Portal.

The hill state of Himachal Pradesh belongs to the category of states referred to as the Highest Epidemiological Transition level states, (India State-Level Disease Burden 2017 report). While the state has achieved marked reductions for a range of maternal, new born and child health indicators, non-communicable diseases (NCD) alone account for 64.5% of the disease burden. A projected elderly population of about 13.1% with likely high levels of co-morbidities adds to this burden. A robust primary health care system that is able to cater to basic health care needs for chronic disease is thus non-negotiable.

The state rolled out delivery of Comprehensive Primary Health Care after the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018 and so far, has been able to upgrade 26% of the target facilities to HWCs. Chamba is the only aspirational district in State with 51 functional HWCs. The state has recently launched Jeevan Dhara, a mobile HWC with a team of Medical Officer, Staff Nurse, and Pharmacist intended to supplement services of those facilities (either Sub Health Center or Primary Health Centre) where MO/CHO are not yet in place. The State is a front runner in the use of IT systems at the primary health care level. It uses the state specific NCD application across the facilities. State is also among the first to use the e-Sanjeevani OPD and e-Sanjeevani HWC portal. The state created three specialist hubs in Medical Colleges for imparting specialist and super specialist consultation in Cardiology, Gastroenterology, and Neurology. This worked well during the COVID-19 pandemic too, when other specialists, including psychiatrists, were also included.

During the COVID-19 pandemic, the expanded primary health care team at SHC-HWCs played a vital role in reaching out to the community. Overcoming the hurdles of hilly terrain, the HWC team worked on surveillance for home quarantined individuals with the help of SYANU app. They also used Geo tagging to ensure that the individuals were home quarantined and real time photographs to continue the vigilance.

With the current pace, state will be able to achieve the HWC operationalization target for FY 2020-21 as well as the universal target by December 2022. Nevertheless, in order to sustain the gains made in maternal, newborn and child health indicators and address the high level of chronic diseases, the state will not only need to stay on track with the existing efforts but also accelerate efforts to universalize primary health care, as it moves along the journey to Universal Health Coverage.

JHARKHAND

HEALTH OUTCOMES

	Jharkhand		India	
Maternal Mortality Ratio[1]	↓ 71		113	
Infant Mortality Rate[1]	↓ 30		32	
Under five mortality rate[2]	↓ 34		36	
Neonatal mortality rate[2]	↓ 21		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	11.4		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	47.8		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	62.6		50.4	
Tuberculosis - annualized total case notification rate*[5]	92		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	5.9	9.3	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M
	4.9	7.7	5.8	8

SERVICE DELIVERY

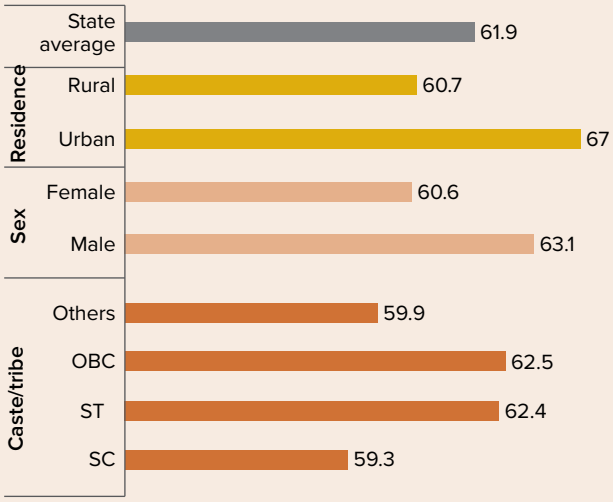
	Jharkhand	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	96	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	73.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	37.5	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	18.4	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	61.9	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	44.8	50.6

HEALTH DETERMINANTS

	Jharkhand	India
Households with an improved water drinking source (%)[3]	77.8	89.9
Households using improved sanitation (%)[3]	24.4	48.4
Women who consume alcohol - 15-49 years (%)[3]	4.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	39.3	29.2
Women who use any kind of tobacco (%)[3]	5.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	48.6	44.5
Households using clean fuel for cooking (%)[3]	18.9	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

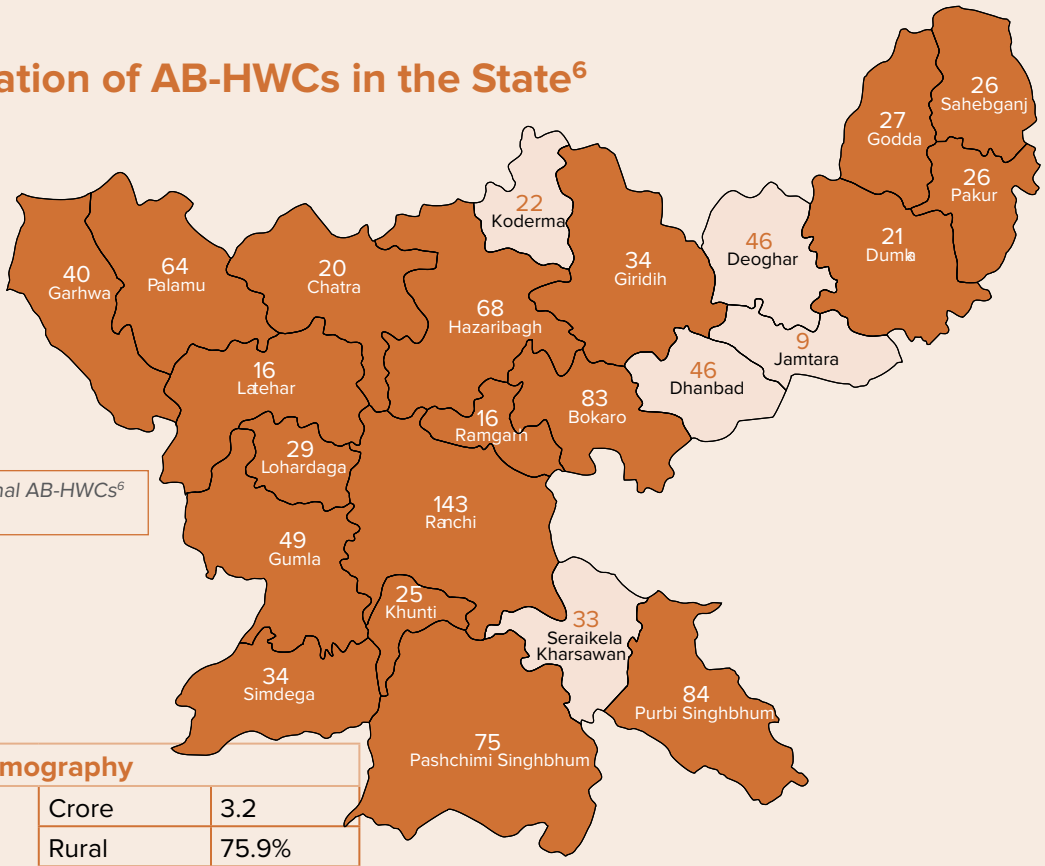


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

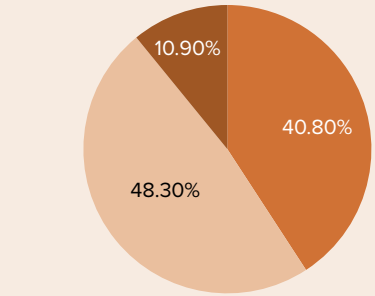


Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Crore	3.2
		Rural	75.9%
		Urban	24%
SC/ST Population[7]		SC (Crore)	0.3 (12%)
		ST (Crore)	0.8 (26.2%)
Literacy Rate[7]	State	Female	55.42%
		Total	66.41%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.5
		India	2.2
Crude Birth Rate (CBR)[2]			22.6
Projection (2021) of Elderly Population[7]			8.4%

Finance[10]		
Per capita Government Health Expenditure	State	717
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	66%
	India	58.7%

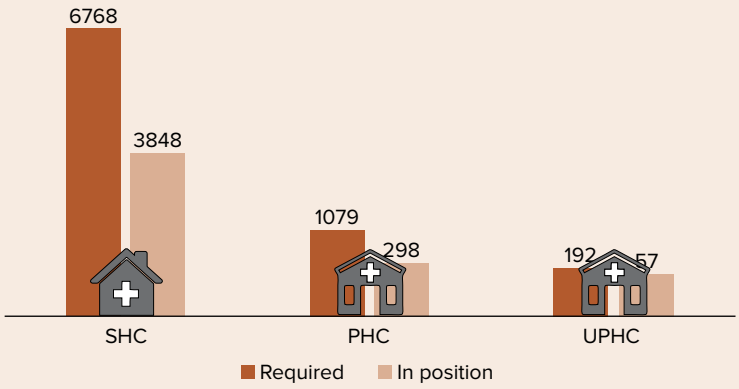
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

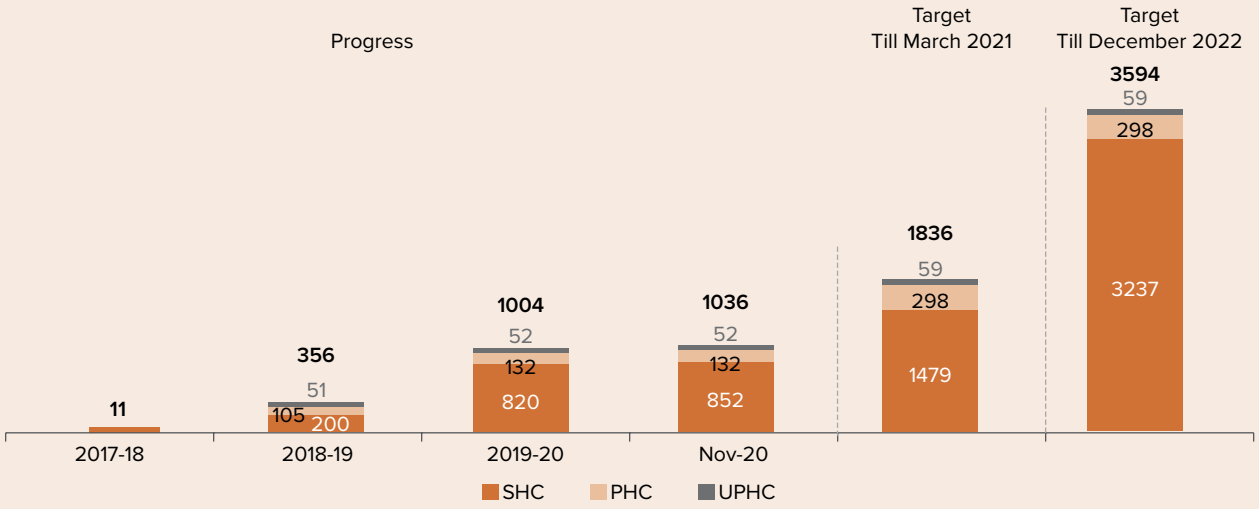
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

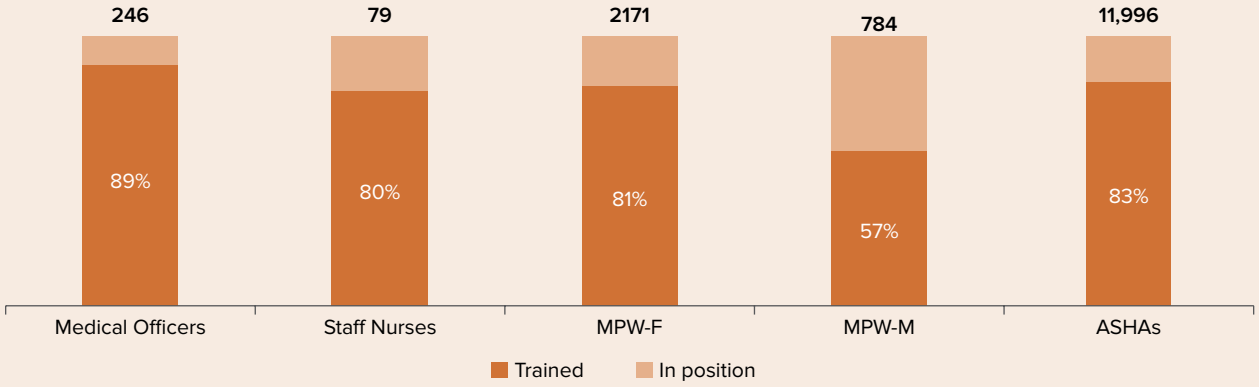
Achievements

Progress in HWC operationalization over the years[6]

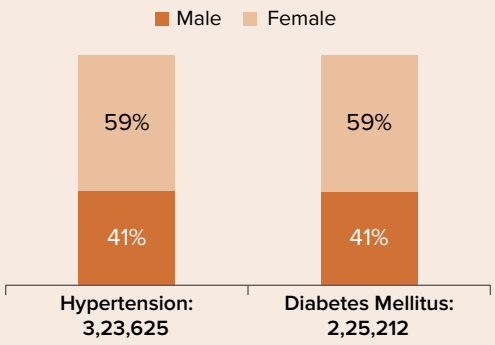


**Total SHCs- 3848 (298 SHCs co-located with PHCs removed from total target)*

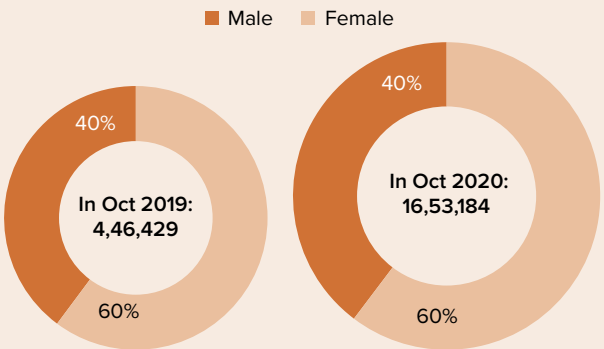
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 55,513

Source: [6]AB-HWC Portal

Jharkhand state is in the early stages of epidemiological transition (India State-Level Disease Burden 2017 report). The state's disease burden data shows marginally higher contribution of Non-Communicable Diseases (NCDs) over other diseases. Just over 48% of the disease burden is from NCDs while almost 41% of disease burden is from Communicable diseases, Maternal, Neonatal and Nutritional diseases.

Ayushman Bharat-Health and Wellness Centre (AB-HWC) represents a valuable opportunity for the state to combat this dual disease burden by providing universal primary healthcare services to the people. After the launch of initiative in 2018, the state has been able to upgrade around 26% of the total target facilities as HWCs. Nineteen of the state's twenty-four districts belong to the Aspirational District category, and 85% of the total operational HWCs are located in these districts. The trend in increase in footfalls in the past year is testimony to the need for out-patient care that is being met by the HWC. Nearly 60% of those seeking care at the HWC are women, supporting the premise that close to community care for a range of services is likely to help bridge the gender divide in care seeking particularly for chronic care.

With about one fourth of its population belonging to the Scheduled Tribes, the state faces multiple challenges in terms of its disease burden, infrastructure shortfalls and human resource gaps. It does however have a strong, well established Sahiya programme, (as the state's ASHA are called), which has enabled improvements in select home care behaviours and expanded access to care seeking in health care facilities.

During COVID-19 pandemic, Sahiyas with their facilitators, and block and district support systems played a key role in undertaking household surveys, increased community awareness regarding COVID-19, and ensuring access to essential healthcare services, especially for incoming migrant populations. The state also prioritized mental wellbeing and trained its health care personnel, for mental health screening. Online trainings were conducted for district nodal trainers, staff of the District Mental Health Programme, Medical Officers and Community Health Officers on a Psychiatric Rating Scale, which would stand the state in good stead when the packages of primary health care beyond non communicable diseases are rolled out.

The state is now focusing on expanding the number of primary healthcare facilities, ensuring HR availability and improving retention, increasing medicines and diagnostic access and improving linkages between primary and secondary care facilities. This would enable progress towards the target for HWCs and to provide primary healthcare to last mile population and in turn facilitate the State's progress towards achieving Universal Health Coverage.

KARNATAKA

HEALTH OUTCOMES

	Karnataka			India	
Maternal Mortality Ratio[1]	↓ 92			113	
Infant Mortality Rate[1]	↓ 23			32	
Under five mortality rate[2]	↓ 28			36	
Neonatal mortality rate[2]	↓ 16			23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	10.5			7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 35.2			35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	45.4			50.4	
Tuberculosis - annualized total case notification rate*[5]	81			100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M		F	M
	7.2	12.1		6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M		F	M
	6.3	8.4		5.8	8

SERVICE DELIVERY

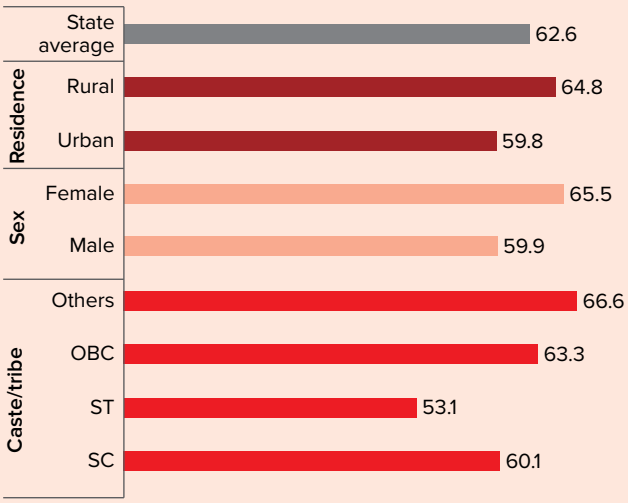
	Karnataka	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	61.2	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	51.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	10.4	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	62.6	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	52.8	50.6

HEALTH DETERMINANTS

	Karnataka	India
Households with an improved water drinking source (%)[3]	89.3	89.9
Households using improved sanitation (%)[3]	57.8	48.4
Women who consume alcohol - 15-49 years (%)[3]	1	1.2
Men who consume alcohol - 15-49 years (%)[3]	29.3	29.2
Women who use any kind of tobacco (%)[3]	4.2	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	34.3	44.5
Households using clean fuel for cooking (%)[3]	54.7	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

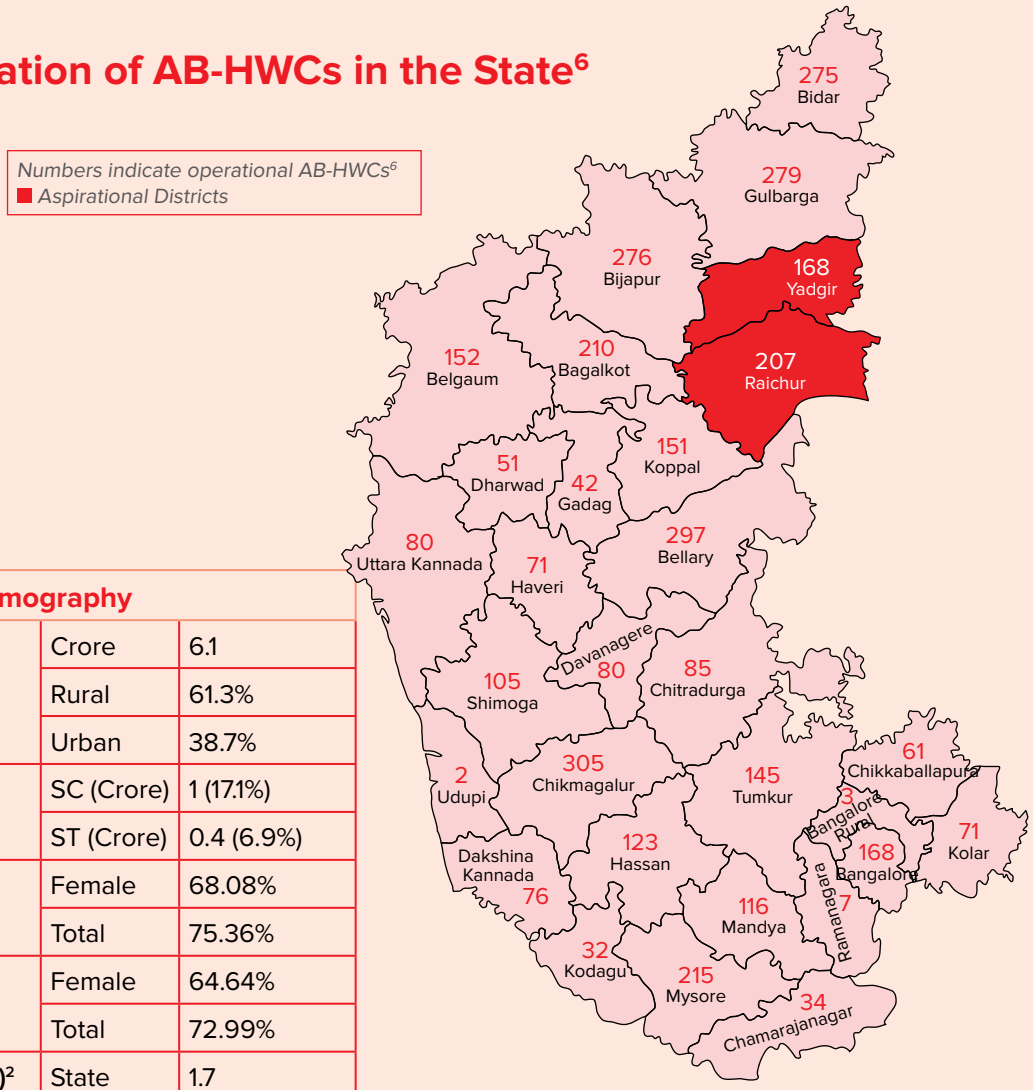


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

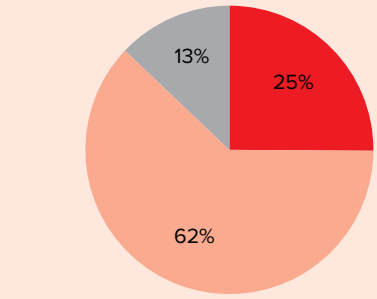
Operationalization of AB-HWCs in the State[6]



Demography			
Total Population[7]		Crore	6.1
		Rural	61.3%
		Urban	38.7%
SC/ST Population[7]		SC (Crore)	1 (17.1%)
		ST (Crore)	0.4 (6.9%)
Literacy Rate[7]	State	Female	68.08%
		Total	75.36%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.7
		India	2.2
Crude Birth Rate (CBR)[2]			17.2
Projection (2021) of Elderly Population[7]			11.5%

Finance[10]		
Per capita Government Health Expenditure	State	1,389
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	49.2%
	India	58.7%

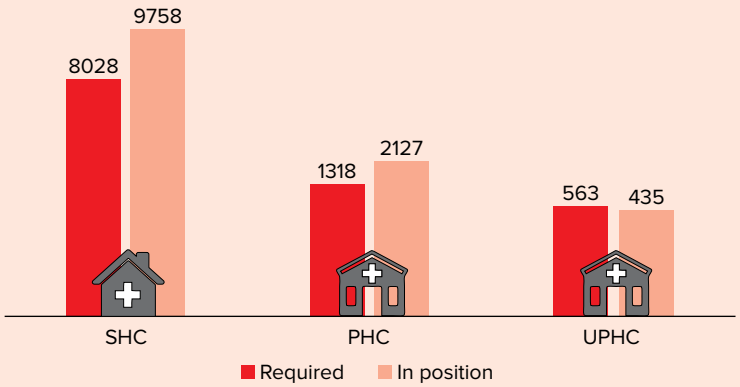
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

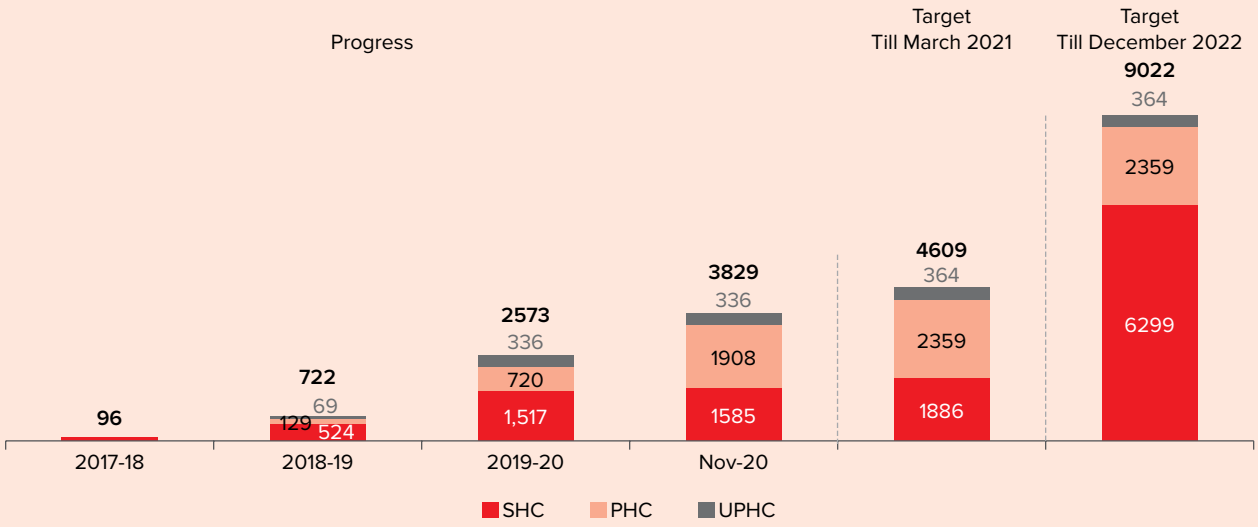
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

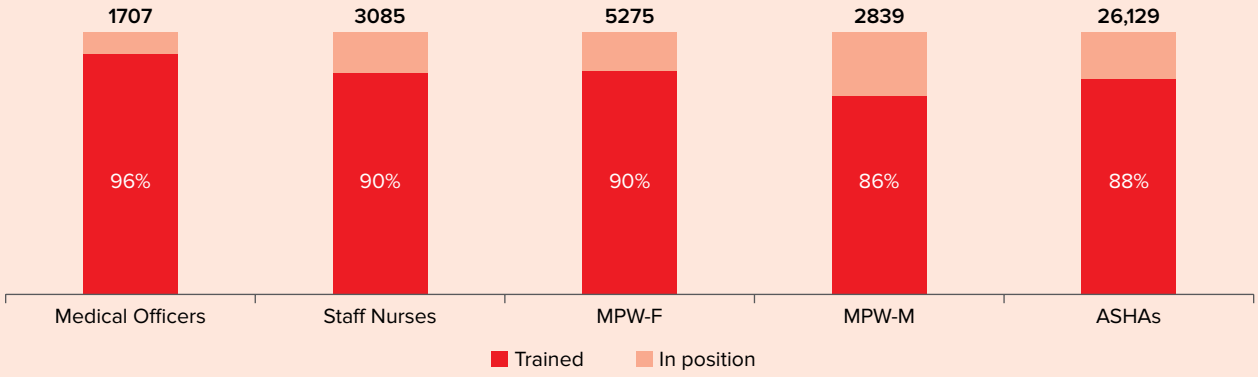
Achievements

Progress in HWC operationalization over the years[6]

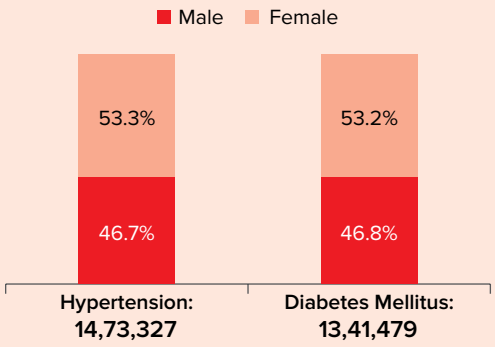


**Total SHCs- 9443 (2359SHCs co-located with PHCs removed from total target)*

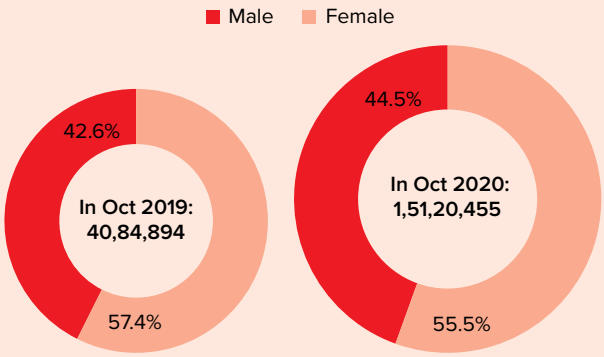
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 1,33,549

Source: [6]AB-HWC Portal

The state of Karnataka performs well on key health indicators compared to the country as a whole. The disease burden data of Karnataka demonstrates over three fifths of the disease burden are due to Non-Communicable Diseases (NCD), with one quarter of the disease burden attributed to Communicable, Maternal, Newborn and Nutritional diseases. The state is in the higher-middle epidemiologic transition level as per India State-Level Disease Burden 2017 report. Karnataka also has one of the highest urban population (38.7%) in the country. All these factors necessitate strengthening primary healthcare services, including service delivery models for urban primary health care.

Karnataka was the first state to pilot Health and Wellness Centres in 2016-17 in the two districts of Raichur and Mysore, as part of its Universal Health Coverage (UHC) strategy. An assessment undertaken after one and a half years of implementation of the pilot, showed an overall increase in the footfalls at these newly transformed facilities, increased community participation and decrease in out of pocket expenditure. Lessons from this pilot helped in scaling up of Ayushman Bharat-Health and Wellness Centres (AB-HWC) initiative at State level and also informed the operational strategy for AB-HWC at the national level.

Since then, the state has upgraded 1585 SHCs, 1908 PHCs and 336 UPHCs as HWCs. The state has adopted the nationally advised block saturation approach to enable continuum of care between Health and Wellness Centres at Sub Health Centres (SHC) and Primary Health Centres (PHC). The state has also prioritized operationalizing HWCs in the aspirational districts, and 375 HWCs are operational in Yadgir and Raichur districts out of the total 3887 HWCs in the State. State has streamlined the process of six months training of nursing candidates in Certificate Program in Community Health, including a systematic and transparent process of candidate selection.

An average increase of footfall from 10 per day to 25 per day at HWCs, shows that community has started to accept and trust the service delivery at public health care facilities for outpatient care. Ensuring wellness activities at the HWCs in another key focus area for the state. HWCs have been actively involved in organizing Wellness sessions with the community and so far, 1,47,282 wellness sessions have been organized at the HWCs.

The upgraded SHCs and PHCs have contributed in facilitating the access to services during COVID-19 pandemic. The expanded teams at HWCs provided essential healthcare services as well as COVID-19 related services.

As per the proposed plan, state is well on its way to achieve its targets for PHC and UPHC-HWCs by March 2021 and for SHC-HWCs by December 2022, to ensure universal access to equitable, comprehensive primary health care.

ANC chceck up

HWC Kunigal outreach camp

HWC Anjutagi

HWC Mandya

KERALA

HEALTH OUTCOMES

	Kerala	India
Maternal Mortality Ratio[1]	↓ **43**	113
Infant Mortality Rate[1]	↓ **7**	32
Under five mortality rate[2]	↓ **10**	36
Neonatal mortality rate[2]	↓ **5**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **6.5**	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **16.1**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	22.6	50.4
Tuberculosis - annualized total case notification rate*[5]	55	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Kerala		India	
	F	M	F	M
	5.5	7.5	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	Kerala		India	
	F	M	F	M
	8.7	13.1	5.8	8

SERVICE DELIVERY

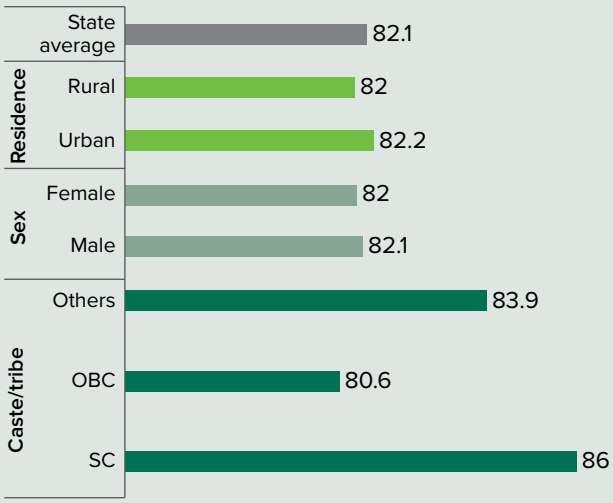
	Kerala	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	31.8	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	50.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	13.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	82.1	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	49.4	50.6

HEALTH DETERMINANTS

	Kerala	India
Households with an improved water drinking source (%)[3]	94.3	89.9
Households using improved sanitation (%)[3]	98.1	48.4
Women who consume alcohol - 15-49 years (%)[3]	1.6	1.2
Men who consume alcohol - 15-49 years (%)[3]	37	29.2
Women who use any kind of tobacco (%)[3]	0.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	25.7	44.5
Households using clean fuel for cooking (%)[3]	57.4	43.8

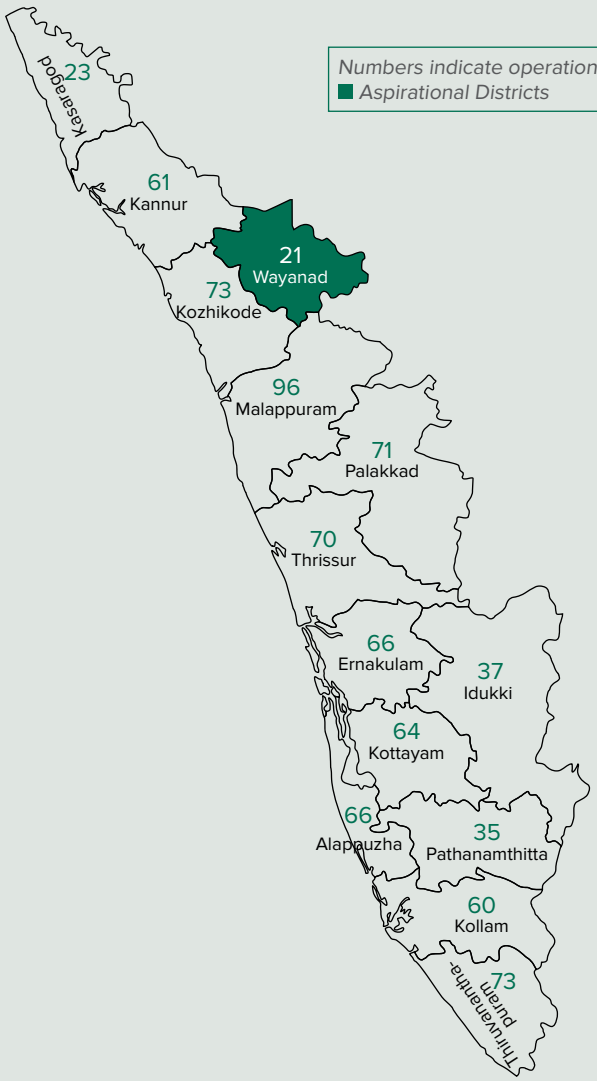
EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



↓Arrow indicates state performance better than the national average
Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)
** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

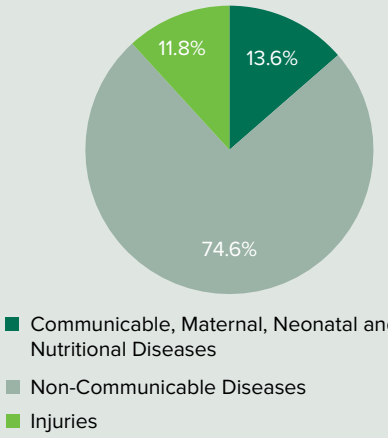
Operationalization of AB-HWCs in the State[6]



Demography			
Total Population[7]		Crore	3.3
		Rural	52.2%
		Urban	47.7%
SC/ST Population[7]		SC (Crore)	0.3 (9.1%)
		ST (Crore)	0.04 (1.45%)
Literacy Rate[7]	State	Female	92.07%
		Total	94%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.7
		India	2.2
Crude Birth Rate (CBR)[2]			13.9
Projection (2021) of Elderly Population[7]			16.5%

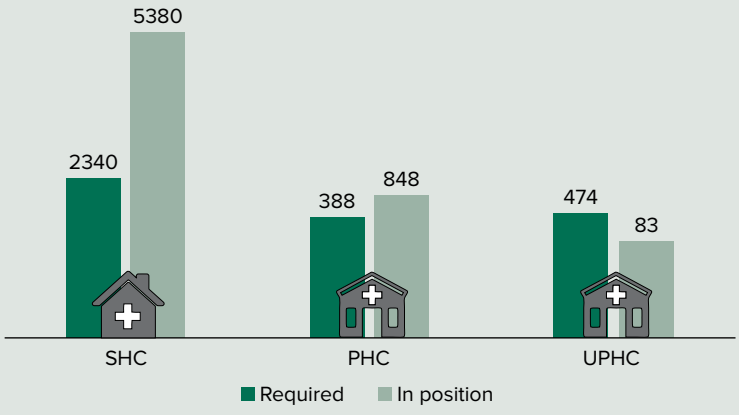
Finance[10]		
Per capita Government Health Expenditure	State	2,149
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	67%
	India	58.7%

Disease Burden[8]



Coverage

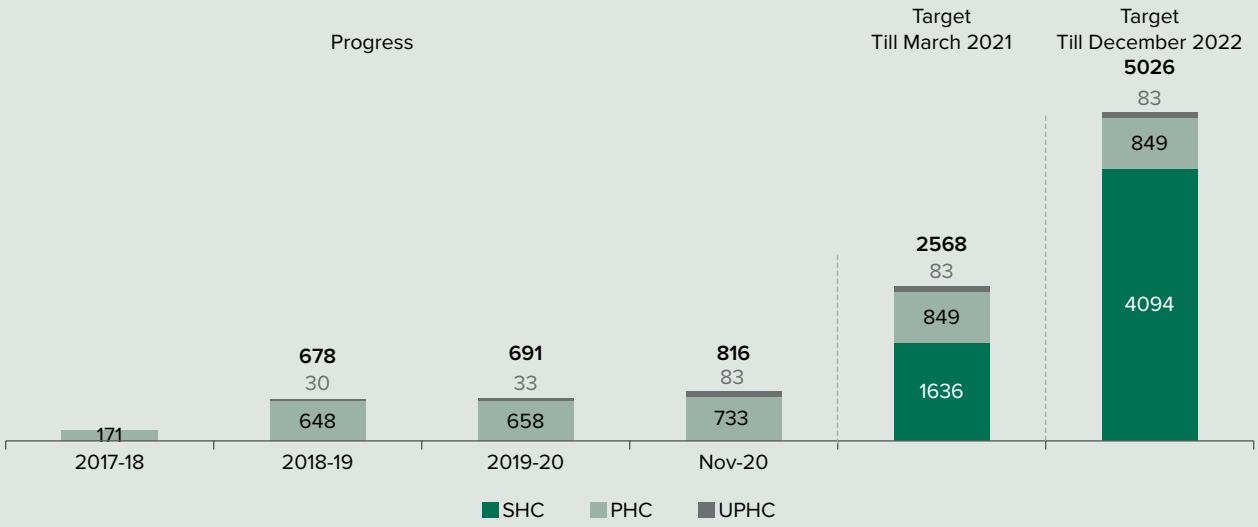
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

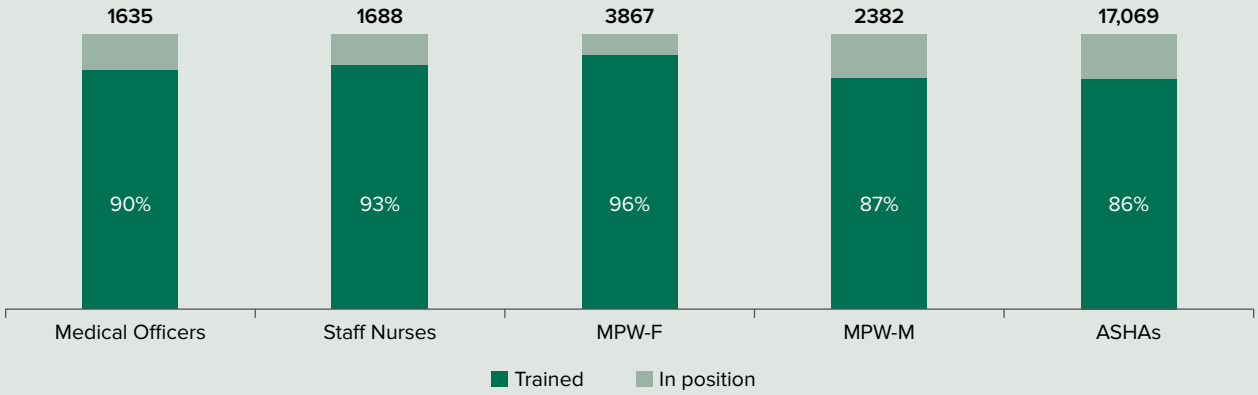
Achievements

Progress in HWC operationalization over the years[6]

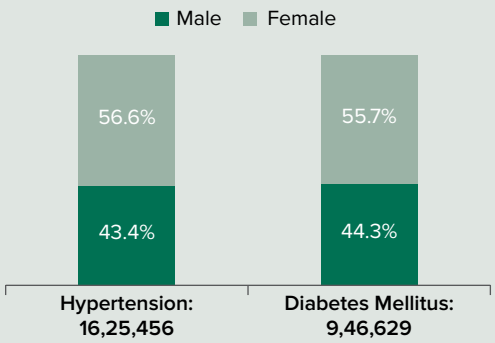


**Total SHCs- 5380 (849 SHCs co-located with PHCs removed from total target)*

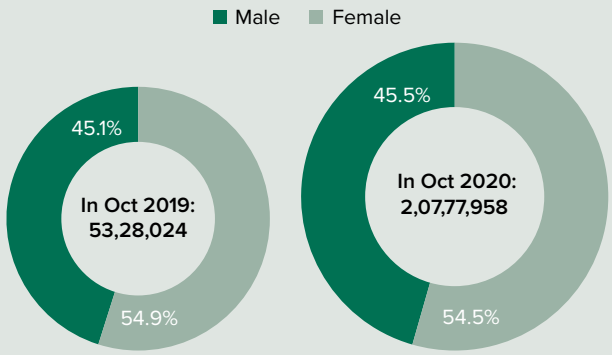
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 6,789

Source: [6]AB-HWC Portal

The state of Kerala leads the nation in health outcomes. The state has a surplus of health care facilities vis a vis population, and adequate human resources. The female literacy rate, a key determinant of health is 92.07% and active local self-government institutions, (LSGI), as well as women's self-help groups play a key role in enhanced community participation and partnerships, thus improving action for social and environmental determinants of health.

Despite the high per capita expenditure by State government, about one and a half times the national average, out of pocket expenditure remains the major source of financing for healthcare (67% of total health expenditure). The state is in highest epidemiological transition level with nearly three fourths of the total disease burden accounted for by non-communicable diseases (NCDs) (India State-Level Disease Burden 2017 report). The state also has nearly 16.5% of the population in the elderly age bracket.

In view of the increasing burden of NCDs and low utilization of public health facilities, the state expanded the range of services with commensurate additional doctors and nurses, available at the Primary Health Centres, (PHCs) through its Aardram initiative in 2017-18. Existing PHCs are upgraded to Family Health Centres (FHC) providing facility based and outreach services. Health is the focal point of all development activities of LSGI, and are based on annual health status reports and panchayat specific SDG targets.

The state has embarked on initiatives to enable active community participation. "Arogya Sena" is a volunteer group, formed for 25 households at the ward level, to provide support in community health related interventions. A Community level mental health program - Sampoorna manasikarogyam comprising of house to house survey and PHC level screening of mental illness has been initiated using a basic screening tool. Respiratory clinics named SWAAS clinics are conducted at HWC level, using spirometery, provision of pulmonary rehabilitation programme, smoking cessation and exercise and providing dietary advice.

During COVID-19 pandemic, upgraded PHCs played a key role in provision of COVID-19 related services while ensuring uninterrupted provision of other essential services.

Considering the disease burden, health care seeking behaviour of the community, high density of healthcare facilities and adequate numbers of healthcare workers, Kerala's context specific model for CPHC provision relies on its PHCs and strengthening linkages between SHC and PHC. State is yet to finalize the HR strategy for upgradation of SHC to HWC; however, the key focus remains the provision of expanded range of services through its PHCs. The model needs to be assessed for quality and continuum of care which would also help develop strategies for similar contexts for achieving Universal Health Coverage through strengthened primary health care delivery.

Laboratory Services provided at UPHC Kattapana

Waiting area at UPHC Moolankuzhy

Drug Dispensing in UPHC Kattapana

UPHC Anapuzha

MADHYA PRADESH

HEALTH OUTCOMES

	Madhya Pradesh		India	
Maternal Mortality Ratio[1]	173		113	
Infant Mortality Rate[1]	48		32	
Under five mortality rate[2]	56		36	
Neonatal mortality rate[2]	35		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	9.2		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	42.8		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	54.6		50.4	
Tuberculosis - annualized total case notification rate*[5]	120		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	6.1	8.3	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.1	6.7	5.8	8

SERVICE DELIVERY

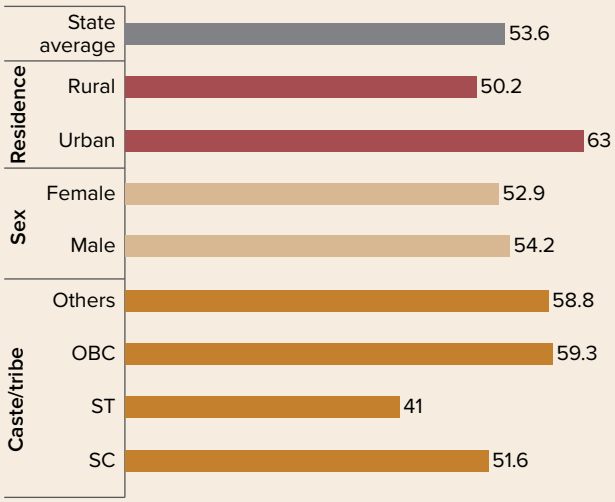
	Madhya Pradesh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	95.7	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	89.3	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	49.6	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	12.1	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	53.6	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	55.2	50.6

HEALTH DETERMINANTS

	Madhya Pradesh	India
Households with an improved water drinking source (%)[3]	84.7	89.9
Households using improved sanitation (%)[3]	33.7	48.4
Women who consume alcohol - 15-49 years (%)[3]	1.6	1.2
Men who consume alcohol - 15-49 years (%)[3]	29.6	29.2
Women who use any kind of tobacco (%)[3]	10.4	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	59.5	44.5
Households using clean fuel for cooking (%)[3]	29.6	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

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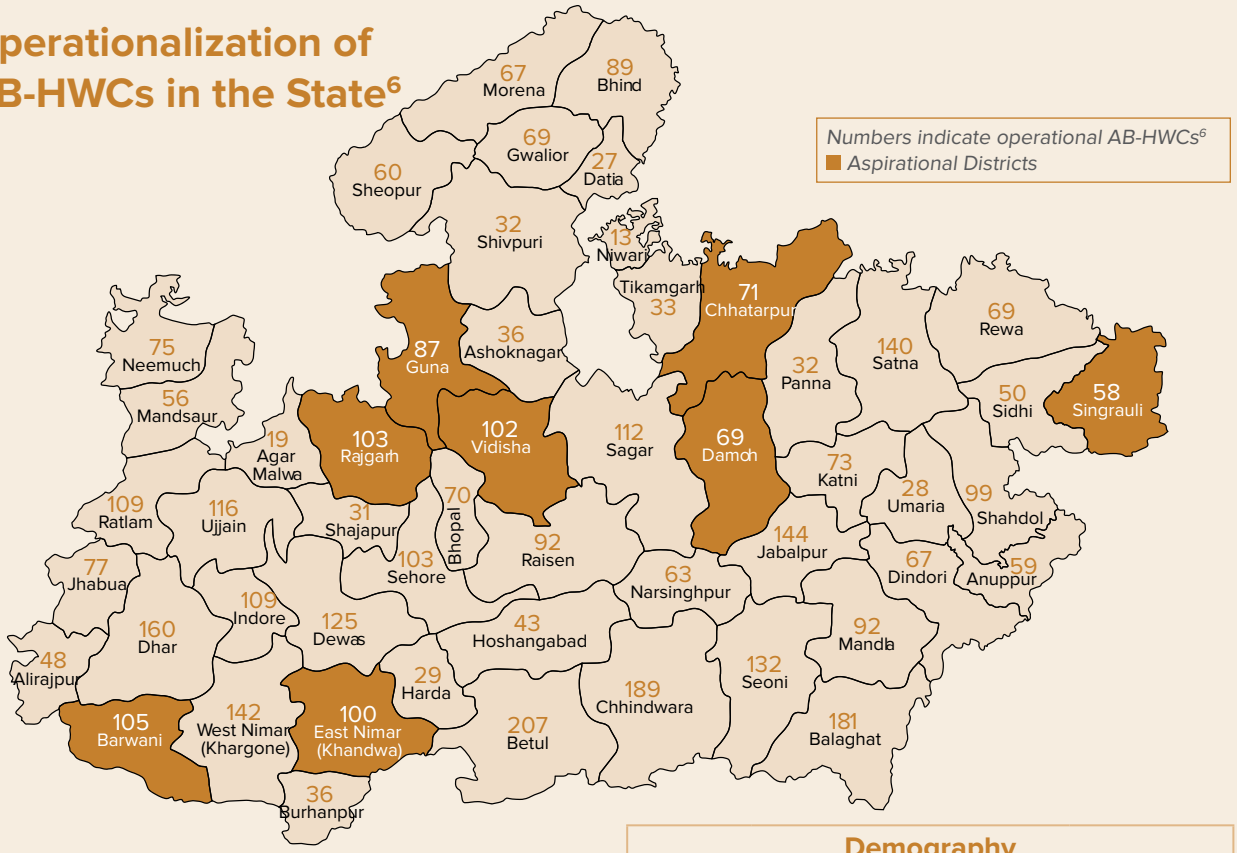
Operationalization of AB-HWCs in the State[6]



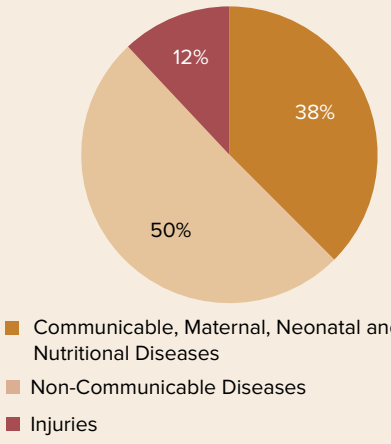
Demography

Total Population[7]		Crore	7.2
		Rural	72.36%
		Urban	27.63%
SC/ST Population[7]		SC (Crore)	1.1 (15.61%)
		ST (Crore)	1.5 (21.08%)
Literacy Rate[7]	State	Female	59.24%
		Total	69.32%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.7
		India	2.2
Crude Birth Rate (CBR)[2]			24.6
Projection (2021) of Elderly Population[7]			8.5%

Finance[10]

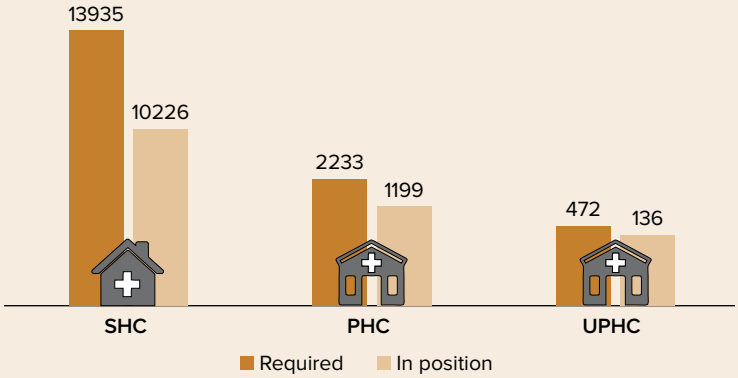
Per capita Government Health Expenditure	State	811
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	68.9%
	India	58.7%

Disease Burden[8]



Coverage

Availability of primary health care facilities against population[9]

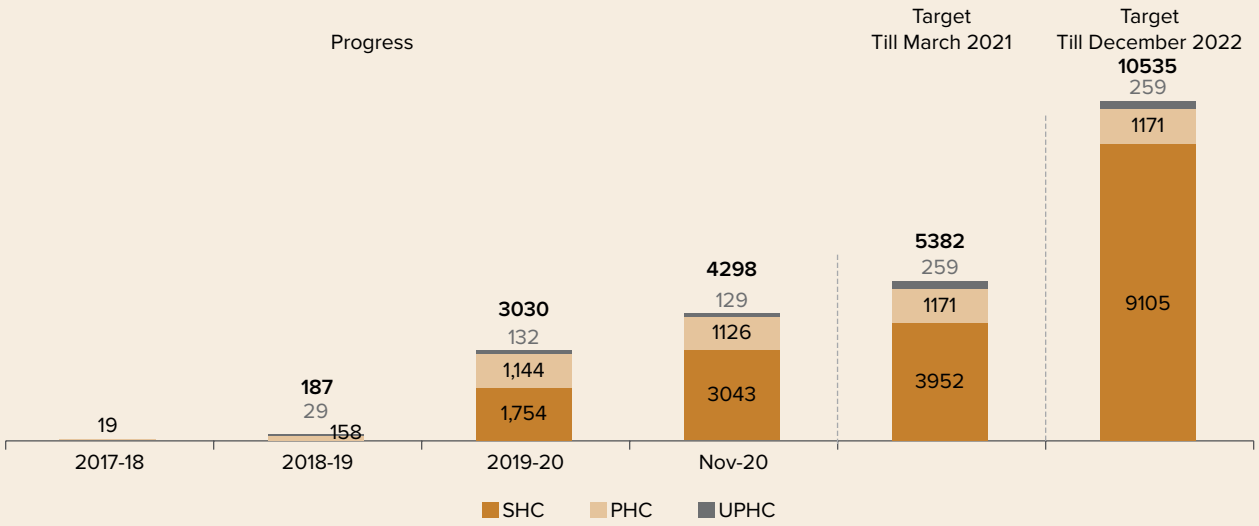


Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

Towards Universal Health Coverage: Ayushman Bharat Health and Wellness Centres

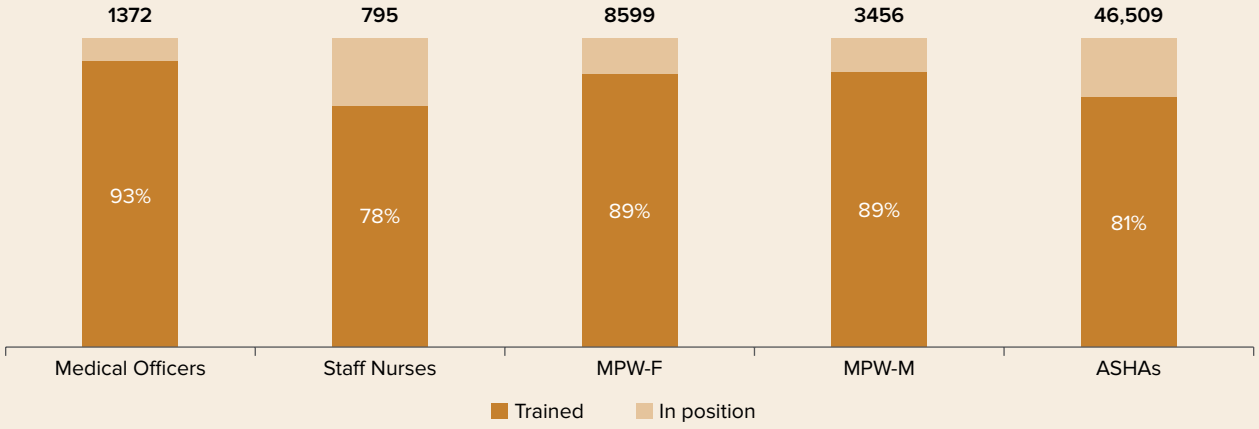
Achievements

Progress in HWC operationalization over the years[6]

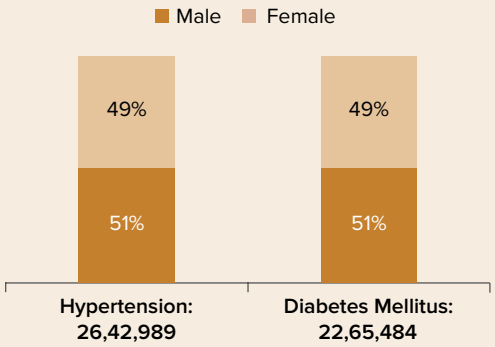


**Total 11,192 SHCs- (1171 SHCs co-located with PHCs removed from total target)*

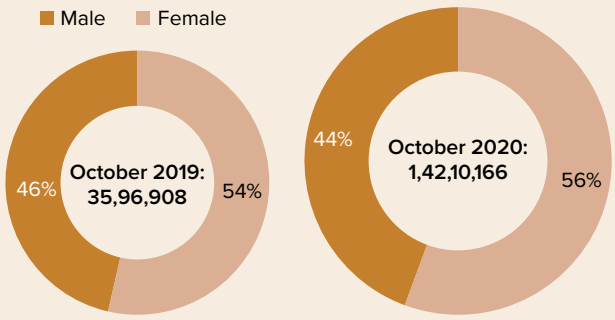
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 3,18,125

Source: [6]AB-HWC Portal

Madhya Pradesh is currently in the early phase of epidemiological transition and faces a dual burden of diseases, with Non-Communicable Diseases (NCD) contributing to a little over half of the total disease burden. Thirty seven percent of the disease burden is on account of Communicable, Maternal, Neonatal and Nutritional diseases (India State-Level Disease Burden 2017 report).

Since the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018, the state has operationalized 4298 Health and Wellness Centres (HWCs). About ninety six percent of all rural Primary Health Centres have been upgraded as HWCs. Across eight aspirational districts, 695 HWCs have been operationalized. To expedite the process of training and certifying the cadre of Community Health Officers (CHOs) the state undertakes Certificate Program in Community Health training through the Indra Gandhi National Open University (IGNOU) and through Madhya Pradesh Medical Science University. State has also created a network of Sanjivani Clinics in urban areas, below the level of Urban-PHCs, in Bhopal, Indore, Gwalior and Jabalpur, covering a population of 10,000-20,000 to improve access to primary health care, for the marginalized. These Sanjivani clinics address a gap in ambulatory care in urban areas as evidenced by the records of high daily out-patient attendance. However, in the absence of any outreach function, they also present a missed opportunity for improving coverage of essential services for women and children particularly the poor.

Promotion of healthy lifestyle and wellness is a key focus area. CHOs have received additional training on wellness aspects, and most HWCs have been actively organizing wellness sessions. The state has a tradition of using effective community engagement processes such as Participatory Learning and Action (PLA) to improve neonatal and maternal health outcomes, and a history of strong community development programmes in sectors such as Rural Development, which could be leveraged for multi-sectoral convergence.

During the COVID-19 pandemic, HWCs played an important role in conducting community surveys, ensuring continuation of non-COVID essential services, created awareness in the community against stigma and promoted COVID appropriate behavior.

The state is on track to meet the target for FY 2020-21. However, the state's progress towards Universal Health Coverage (UHC) is constrained by multiple challenges in relation to the health system - such as shortfalls in Infrastructure and Human Resources, environmental factors such as poor sanitation, and a high proportion of scheduled caste and scheduled tribe populations. In order to achieve UHC the state needs to prioritize the strengthening of its community health system and integrate it into the delivery of comprehensive primary health care.

MAHARASHTRA

HEALTH OUTCOMES

	Maharashtra		India	
Maternal Mortality Ratio[1]	↓ 46		113	
Infant Mortality Rate[1]	↓ 19		32	
Under five mortality rate[2]	↓ 22		36	
Neonatal mortality rate[2]	↓ 13		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	9.4		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	36		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	49.3		50.4	
Tuberculosis - annualized total case notification rate*[5]	86		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	7.1	11.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.0	5.9	5.8	8

SERVICE DELIVERY

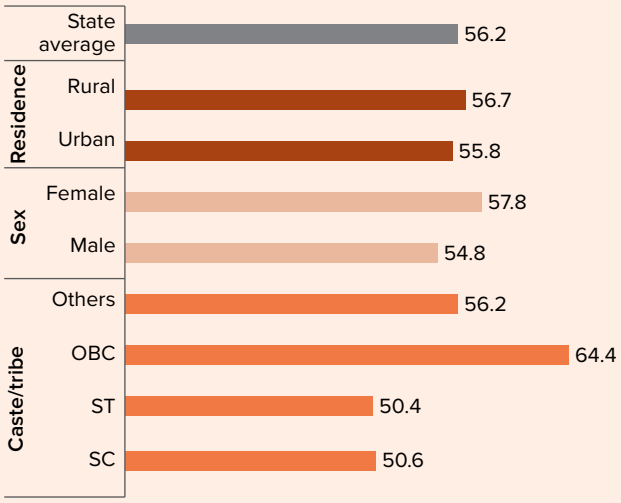
	Maharashtra	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.4	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	49	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	62.6	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	9.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	56.2	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	60.5	50.6

HEALTH DETERMINANTS

	Maharashtra	India
Households with an improved water drinking source (%)[3]	91.5	89.9
Households using improved sanitation (%)[3]	51.9	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.2	1.2
Men who consume alcohol - 15-49 years (%)[3]	20.5	29.2
Women who use any kind of tobacco (%)[3]	5.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	36.5	44.5
Households using clean fuel for cooking (%)[3]	59.9	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

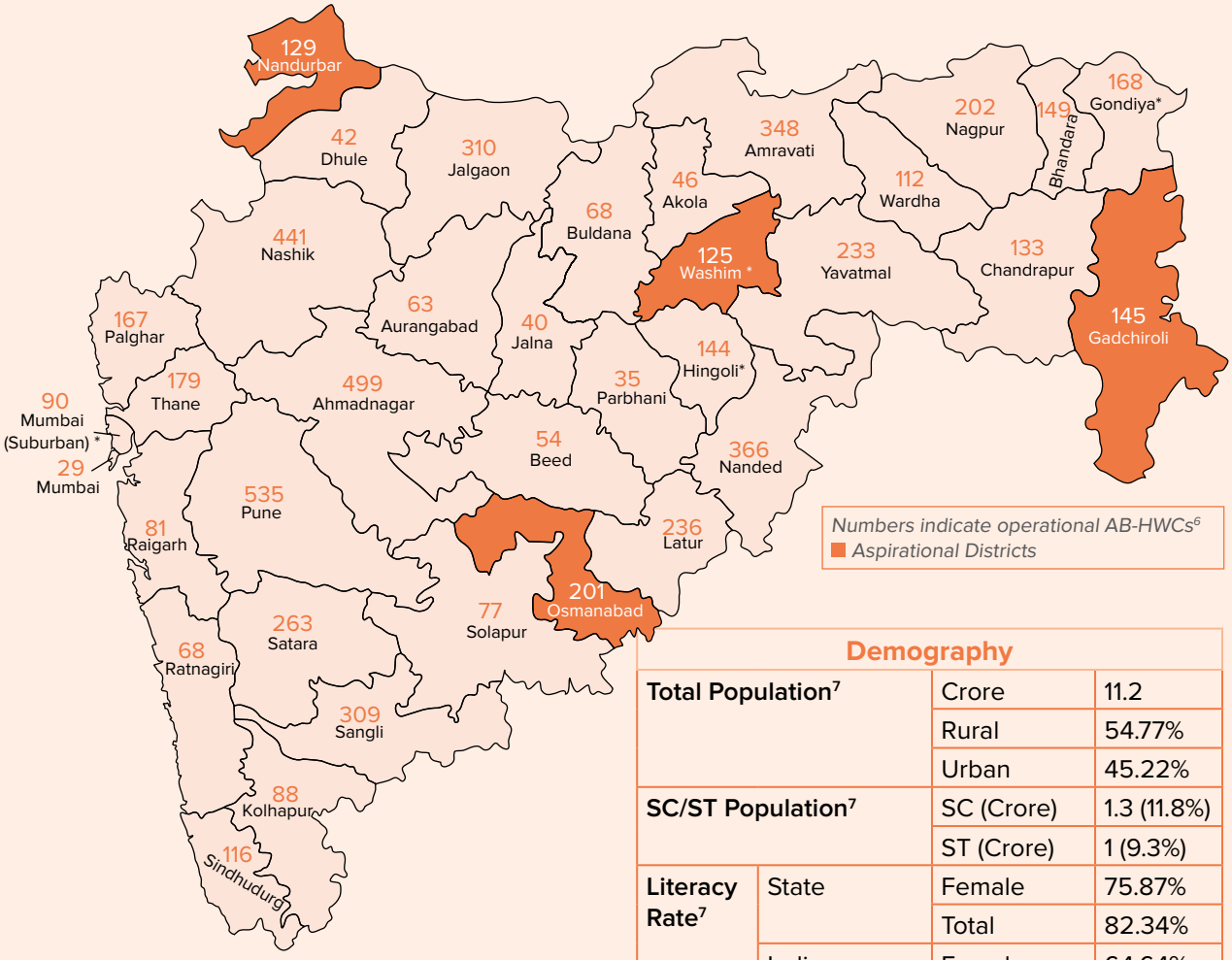


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]



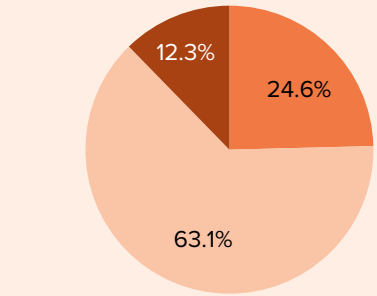
Demography

Total Population[7]		Crore	11.2
		Rural	54.77%
		Urban	45.22%
SC/ST Population[7]		SC (Crore)	1.3 (11.8%)
		ST (Crore)	1 (9.3%)
Literacy Rate[7]	State	Female	75.87%
		Total	82.34%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.7
		India	2.2
Crude Birth Rate (CBR)[2]			15.6
Projection (2021) of Elderly Population[7]			11.7%

Finance[10]

Per capita Government Health Expenditure	State	1,216
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	56.7%
	India	58.7%

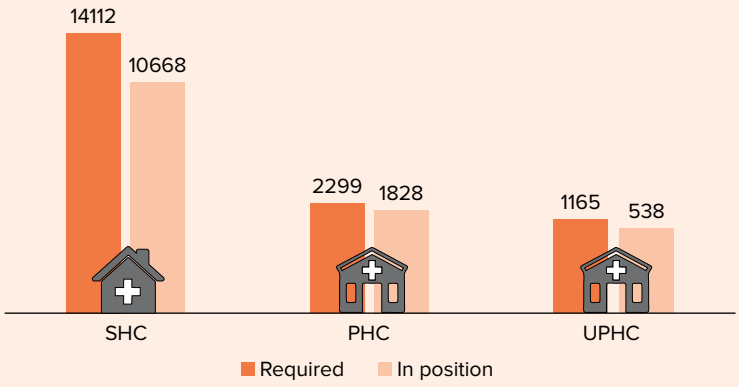
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

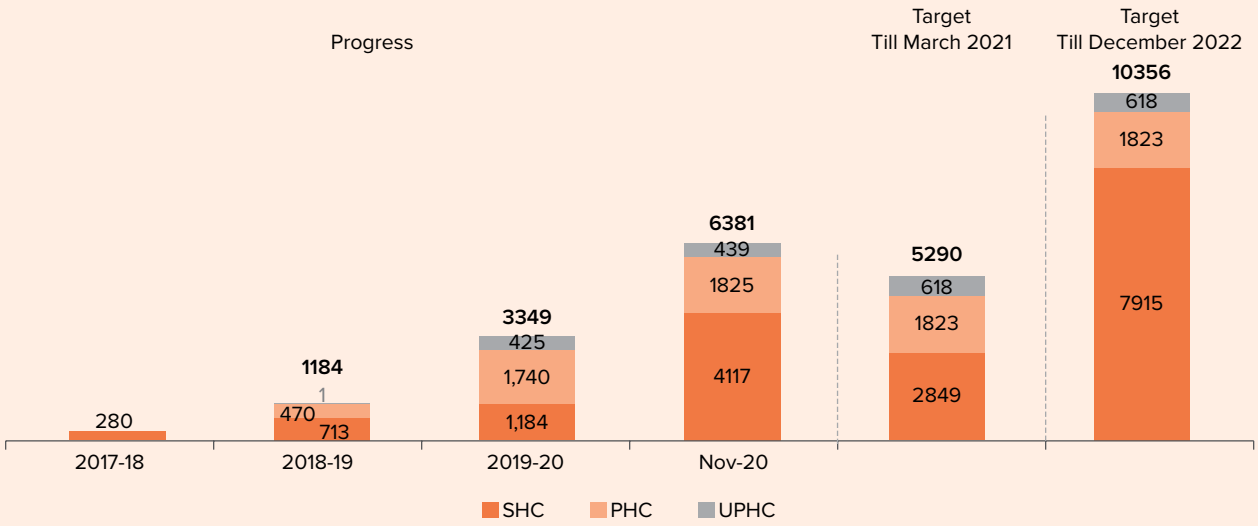
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

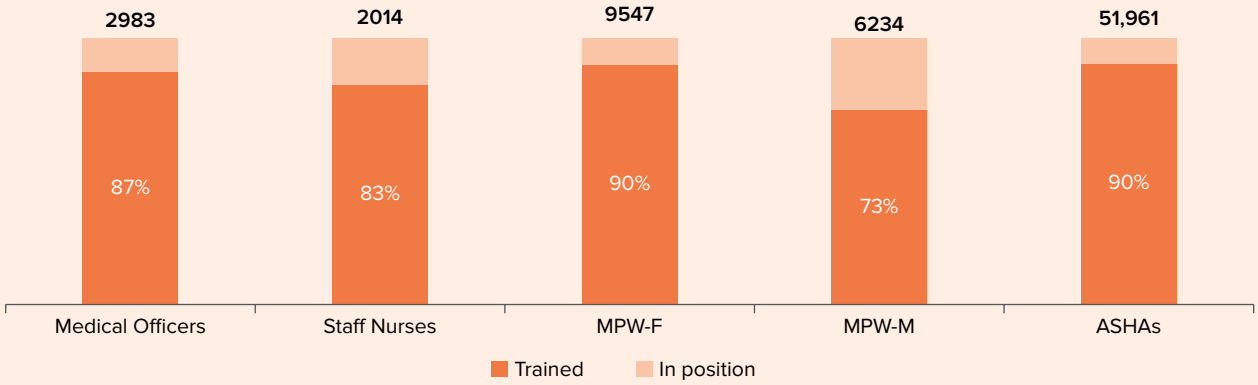
Achievements

Progress in HWC operationalization over the years[6]

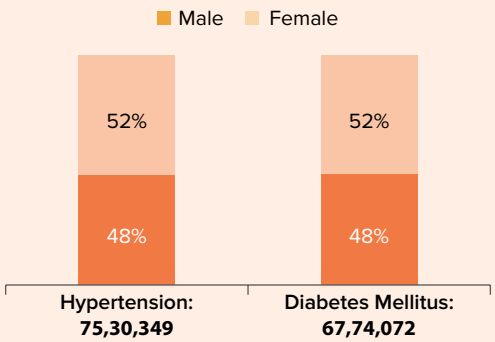


**Total 10638 SHCs- (1823 SHCs co-located with PHCs removed from total target)*

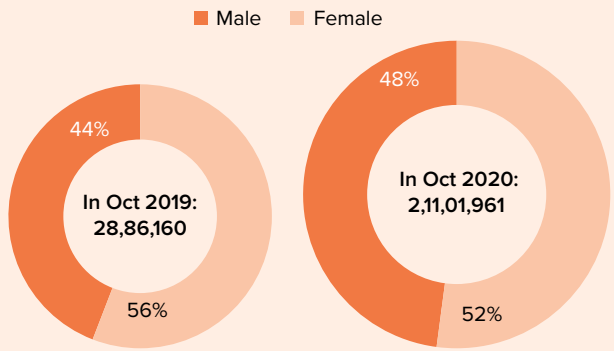
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 1,32,814

Source: [6]AB-HWC Portal

The state of Maharashtra has performed well on selected key indicators relative to the national average. Despite this good performance, nearly 25% of the total disease burden is on account of Communicable, Maternal, Newborn, Nutrition related diseases, and 63% is related to Non-Communicable Diseases (NCDs). The state is in the higher-middle epidemiologic transitional level group (India State-Level Disease Burden 2017 report). Nearly 46% of the population lives in urban areas and about 11% of its population is in the elderly age bracket.

The state initiated the roll out of Health and Wellness Centres (HWC) as part of the Ayushman Bharat–Health and Wellness Centres (AB-HWC), by appointing Ayurveda practitioners as Community Health Officers (CHOs) in thirty Sub Health Centres (SHC). Maharashtra's early decision to select Ayurveda practitioners was based on the premise that they were well placed, (after a brief two week training,) to undertake curative and promotive functions of primary health care and also leveraged the state's legal provision allowing Ayurveda practitioners to prescribe allopathic medicines. Subsequently the state modified its decision and selected nurses and Unani practitioners and ensured that all candidates selected as CHOs, must successfully complete the six-month Certificate Programme in Community Health (CPCH). The state has the highest number of Ayurveda practitioners posted at SHC-HWC and is unique in having some of its CHOs who have prescription rights, with possible implications on treatment adherence and continuum of care.

Maharashtra has a well functional ASHA programme in rural areas, and a robust programme for Community Action in Health supported by the National Health Mission. The positioning of CHOs of different backgrounds in its HWCs with a strong community focused primary health care system needs further exploration. The state has already exceeded the HWC target for FY 2020-21. The state has prioritized HWC operationalization in its four Aspirational districts, with 690 facilities delivering services.

During the COVID-19 pandemic, CHOs supported outreach activities such as house to house survey for screening, support for those in-home isolation, and providing home based essential care for elderly and those with chronic ailments. Primary health care team members were also involved in the State campaign of 'My Family My Responsibility' (Maze Kutumb Mazi Jababdari) and arranged care for pregnant women, those needing emergency services, and for patients with co-morbidities.

Delivery of comprehensive primary health care in urban areas is particularly important given the state's rapid urbanization, and the necessity to identify urban primary health care models to effectively serve the vulnerable and poor. With these challenges addressed, state will be able to operationalize all HWCs by December 2022 and mark a critical milestone towards Universal Health Coverage.

Towards Universal Health Coverage: Ayushman Bharat Health and Wellness Centres

MANIPUR

HEALTH OUTCOMES

	Manipur	India
Maternal Mortality Ratio[1]	NA	113
Infant Mortality Rate[1]	↓ 11	32
Under five mortality rate[2]	NA	36
Neonatal mortality rate[2]	NA	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 2.2	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	13.8	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	26	50.4
Tuberculosis - annualized total case notification rate*[5]	41	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	8.6	16.2	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.6	9.3	5.8	8

SERVICE DELIVERY

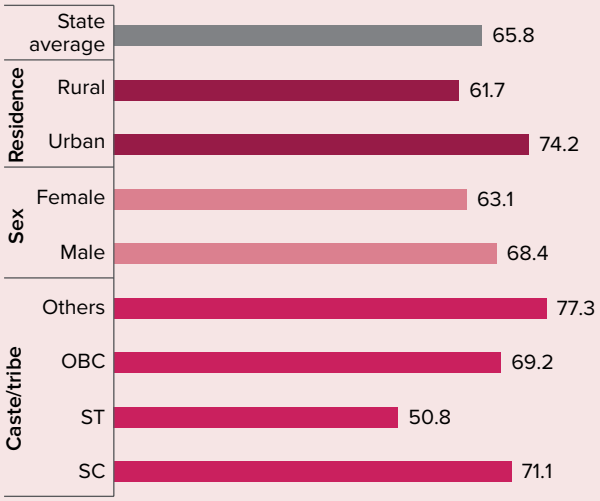
	Manupur	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	84.5	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	78	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	12.7	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	30.1	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	65.8	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	60.2	50.6

HEALTH DETERMINANTS

	Manipur	India
Households with an improved water drinking source (%)[3]	41.6	89.9
Households using improved sanitation (%)[3]	49.9	48.4
Women who consume alcohol - 15-49 years (%)[3]	6.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	52.6	29.2
Women who use any kind of tobacco (%)[3]	48.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	70.7	44.5
Households using clean fuel for cooking (%)[3]	42.1	43.8

EQUITY

Manipur: Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

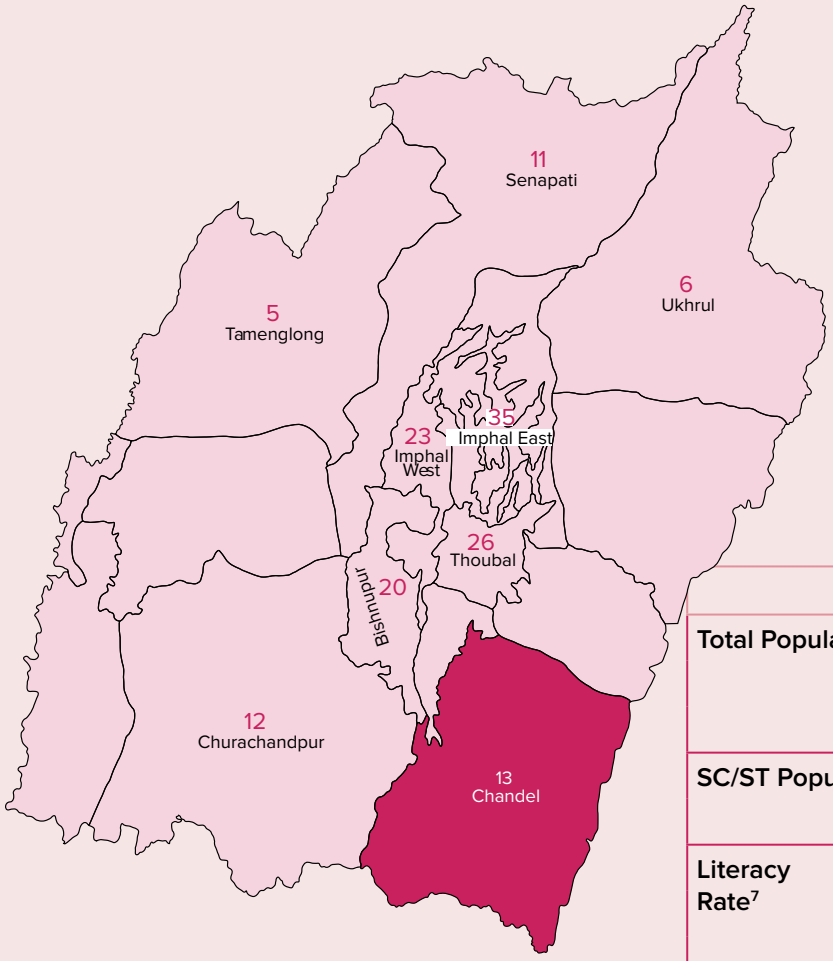


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

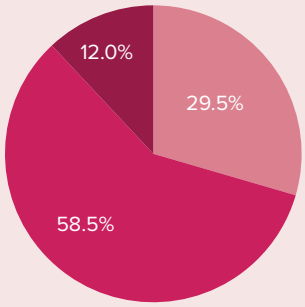
Operationalization of AB-HWCs in the State[6]



Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Lakh	28.5
		Rural	70.79%
		Urban	29.20%
SC/ST Population[7]		SC	97,328 (3.40%)
		ST (Lakh)	11.6 (40.87%)
Literacy Rate[7]	State	Female	72.37%
		Total	79.21%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			14.3
Projection (2021) of Elderly Population[7]			NA

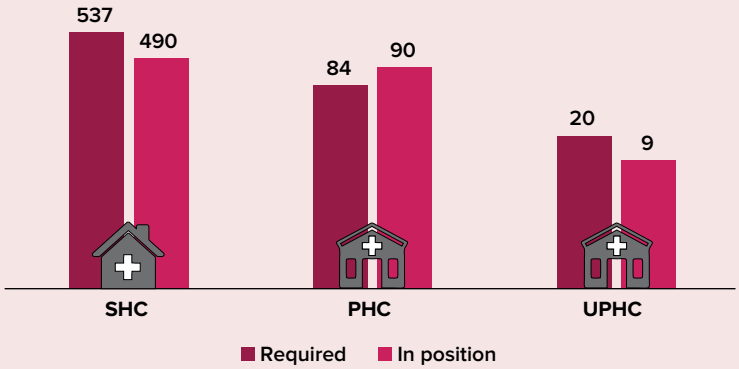
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

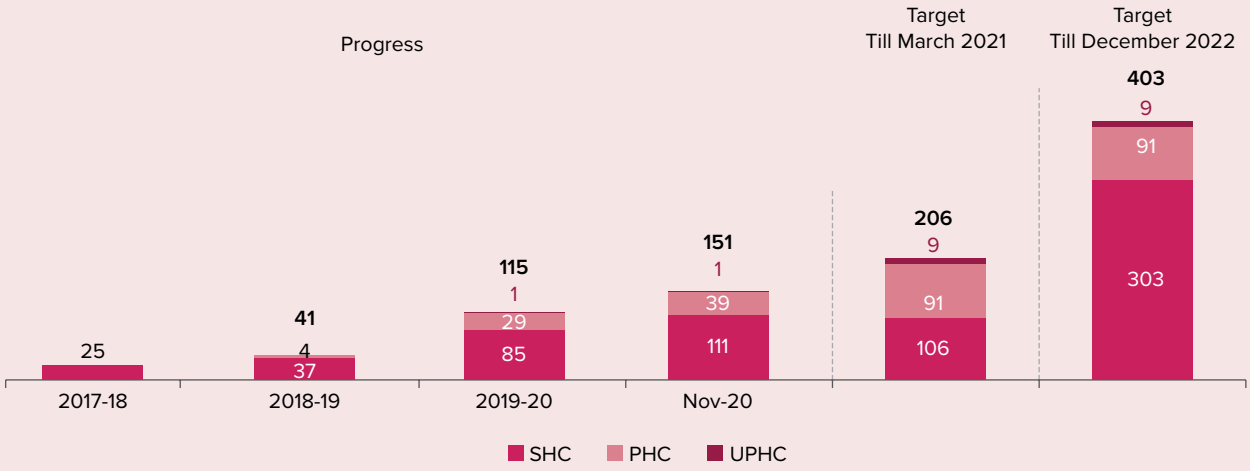
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

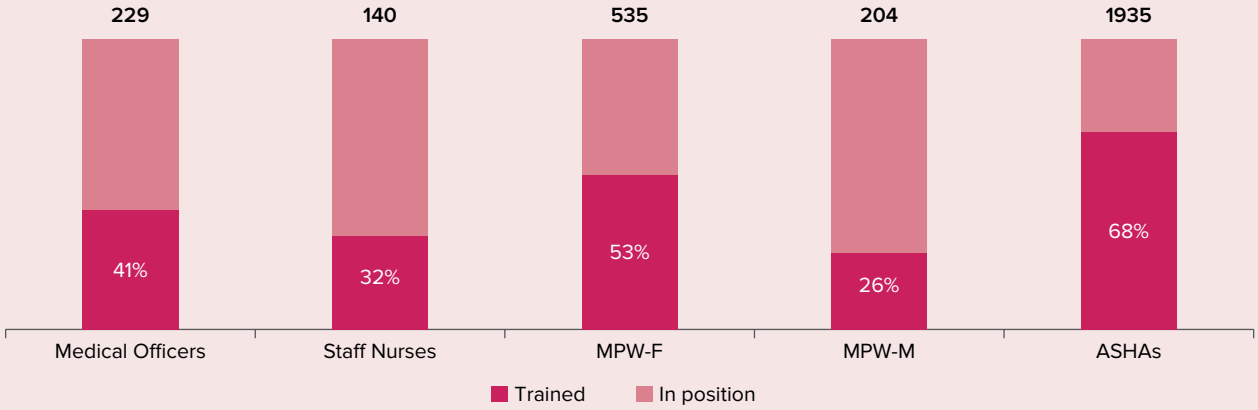
Achievements

Progress in HWC operationalization over the years[6]

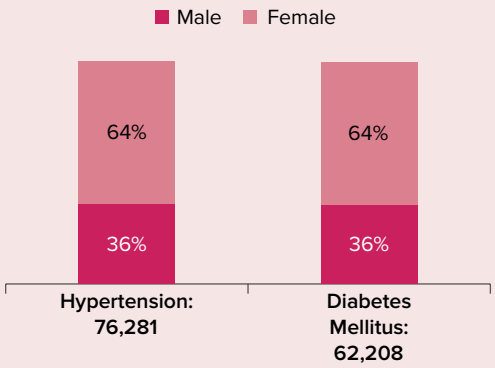


**Total SHCs- 429 (91 SHCs co-located with PHCs removed from total target)*

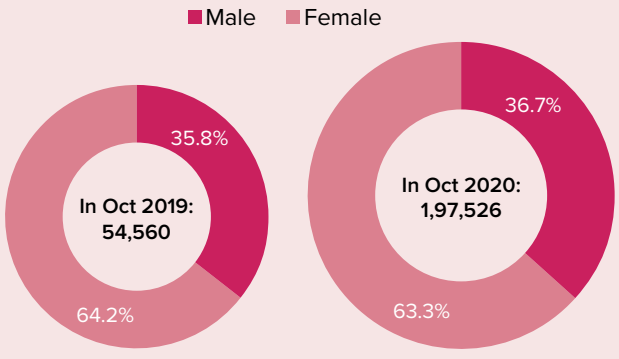
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 14,432

Source: [6]AB-HWC Portal

The state of Manipur belongs to category of Lower Middle Epidemiological Transition level group (India State-Level Disease Burden 2017 report) with expected increase in Non-Communicable Diseases (NCDs) over time. It currently faces dual burden of disease with 29.5% disease burden due to Communicable, Maternal, Neonatal and Nutritional diseases while 58.5% burden is due to NCDs. State has one of the lowest Infant Mortality Rate (11 as compared to 32 for India) in the country; however, it fares relatively lower in service provision for children, especially considering equity. Scheduled Tribes consists of large proportion of population in the State (around 41%); however, full immunization coverage is lowest among the children belonging to ST group. Strengthening primary healthcare systems for equitable service delivery is therefore critical for the State.

In 2018, the state embarked on initiative of Ayushman Bharat-Health and Wellness Centres (AB-HWCs) and has upgraded around 151 facilities to HWCs. Out of these, 13 (10 SHCs and 03 PHCs) HWCs are operational in the only aspirational district (Chandel) of the state. Lack of infrastructure combined with hilly and difficult terrain and lack of human resources is a key barrier in realizing the target of operationalizing HWCs and realizing improvement in health indicators.

Universal screening, prevention and management of common NCDs is the first additional package to be delivered at HWCs and in order to expedite the process of population-based screening of all adults over thirty years of age, the state undertook the NCD screening in campaign mode. As part of this, the HWC team visited every village for the NCD screening so that all 30+ people may be covered.

Various good practices were adopted at HWCs during COVID-19 pandemic such as line listing of the NCD patients in the HWC catchment area followed by doorstep delivery of medicines by HWC teams, and training of CHOs in various issues related to mental health stigma and discrimination and subsequent provision of psychological support by CHOs during the pandemic. (108 CHOs have also been virtually trained by state mental health department on mental health services). State has also piloted three open Gyms to improve physical activity of the community.

The state would be able to operationalize target HWCs by December 2022, with current pace. However, in order to provide equitable coverage and quality care through HWCs, state needs to address the challenges of shortage in infrastructure and human resources. Focus on strengthening primary health care would facilitate State's progress towards Universal Health Coverage (UHC).

CHO providing services

HWC Kothacheruvu, Andhra Pradesh

CHOs providing the services in OPD

Immunisation sessions at HWCs

MEGHALAYA

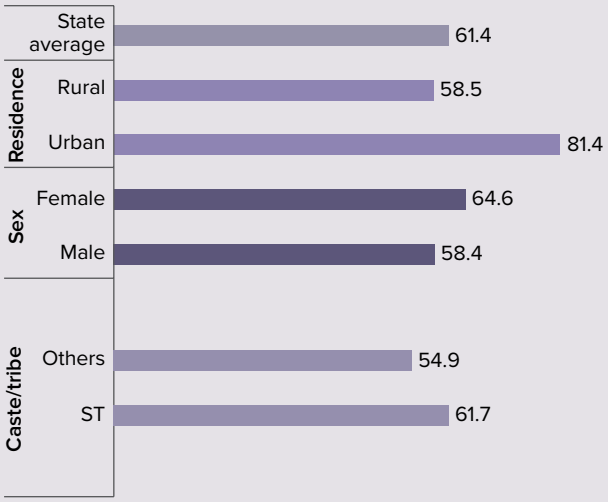
HEALTH OUTCOMES	Meghalaya		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	**33**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **6.5**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **28.9**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	53.3		50.4	
Tuberculosis - annualized total case notification rate*[5]	109		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	7.3	8.1	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	4.3	6.4	5.8	8

SERVICE DELIVERY	Meghalaya	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	59.7	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	76.4	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	21.9	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	21.2	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	61.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	77.4	50.6

HEALTH DETERMINANTS	Meghalaya	India
Households with an improved water drinking source (%)[3]	67.9	89.9
Households using improved sanitation (%)[3]	60.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	2.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	44.6	29.2
Women who use any kind of tobacco (%)[3]	32.3	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	72.2	44.5
Households using clean fuel for cooking (%)[3]	21.8	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

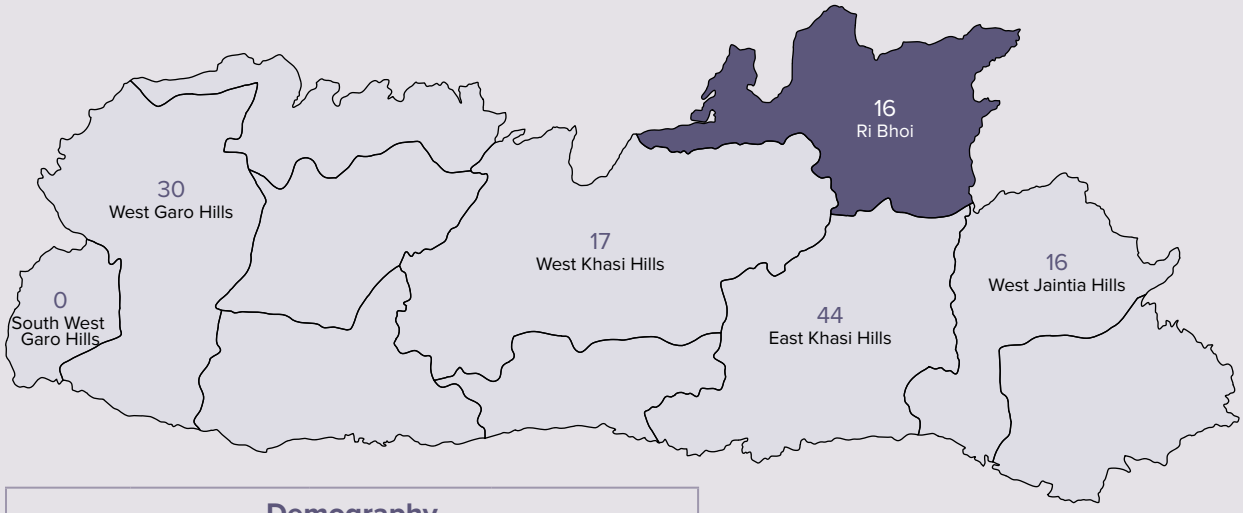


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

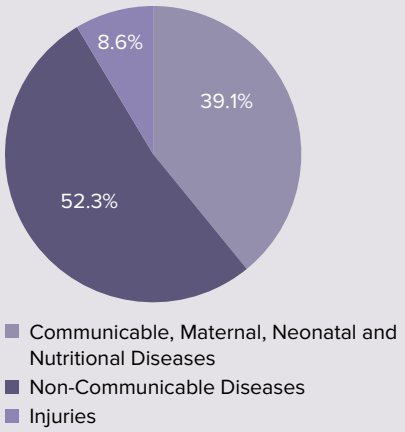
Operationalization of AB-HWCs in the State[6]



Numbers indicate operational AB-HWCs[6]
Aspirational Districts

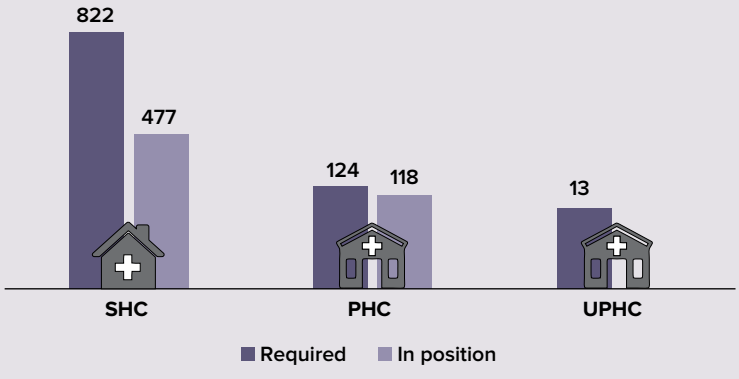
Demography			
Total Population[7]		Lakh	29.6
		Rural	79.93%
		Urban	20.06%
SC/ST Population[7]		SC	17,355 (0.58%)
		ST (Lakh)	2.5 (86.14%)
Literacy Rate[7]	State	Female	72.89%
		Total	74.43%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			22.1
Projection (2021) of Elderly Population[7]			NA

Disease Burden[8]



Coverage

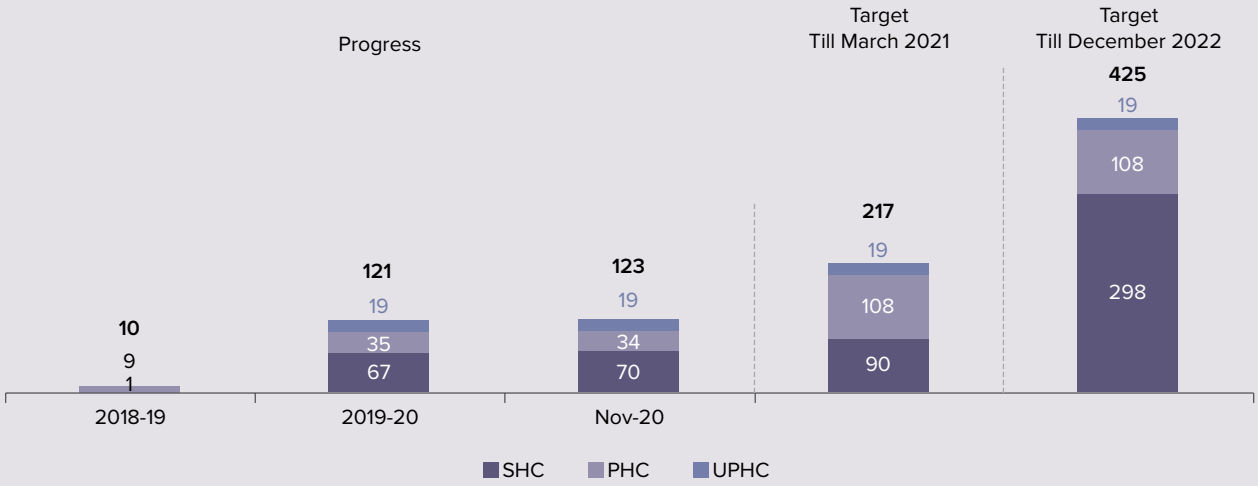
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

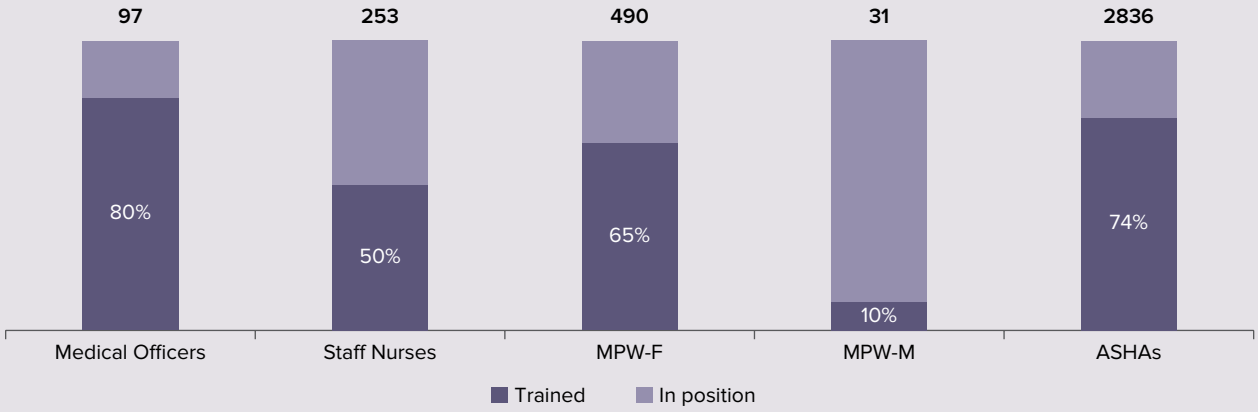
Achievements

Progress in HWC operationalization over the years[6]

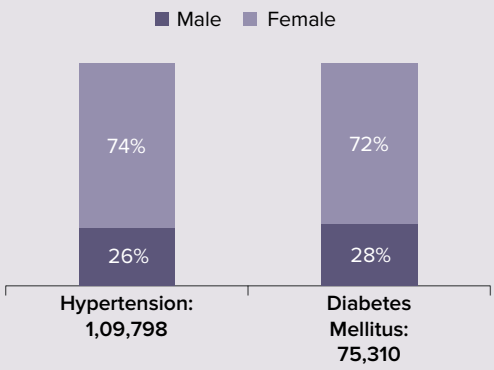


**Total SHCs- 443 (108 SHCs co-located with PHCs removed from total target)*

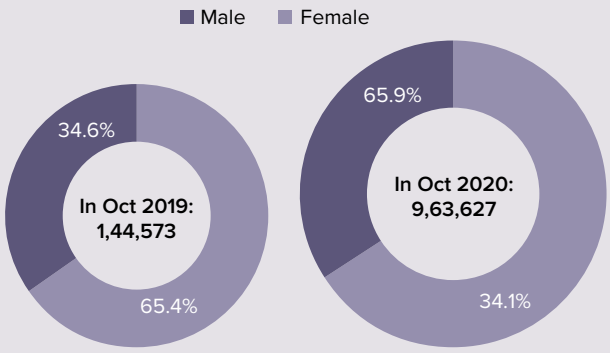
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness sessions conducted at AB-HWCs[6] - 19,084

Source: [6]AB-HWC Portal

The state of Meghalaya falls in the category of low epidemiological transition level as per the India State-Level Disease Burden 2017 report, as nearly two fifths of the disease burden is on account of Communicable, Maternal, Newborn and Nutrition related diseases while 52% is attributable to Non-Communicable Diseases (NCDs). The state has a high unmet need for family planning, and significant rural-urban disparity, as evidenced by the data on immunization coverage. Therefore, strengthening primary health care becomes even more urgent to ensure that essential public health functions and primary health care services are universally available through public health facilities.

The state has operationalized 123 HWCs so far, with 16 HWCs in the single aspirational district (Ri Bhoi) of the state. The increase in footfalls commensurate with the operationalization of HWCs, is an indication of improved access for the community for ambulatory care at HWC. State has introduced “NCD Kit” which comprises BP Machine, Glucometer, Glucometer Strips, Spatula, Mouth Mirror, Torch, Lancet, Cotton, Gloves, Weighing scale, Height scale, Measuring tape and VIA screening kit for PHC/CHC level to undertake screening in a camp mode. Yoga has been integrated in the Certificate Programme in Community Health (CPCH) and a yoga instructor is appointed at each Program Study Centre for training of Community Health Officers (CHOs).

During the COVID-19 pandemic when fear and stigmatization were deterrents for the elderly from availing health services at public health facilities, the state initiated home based care for elderly, including the use of Point of Care Diagnostics and supplies of medicine.

Reaching the goal of universal primary health care, is a challenge not just in terms of the dual burden of disease, but also infrastructure and Human Resource shortfalls. The state is making substantial efforts to achieve Universal Health Coverage and can build on its strengths of good community participation and health promotion activities.

Institutional delivery at HWC

Oral cancer screening in HWC

CHO providing services

Wellness sessions at HWCs

MIZORAM

HEALTH OUTCOMES	Mizoram	India
Maternal Mortality Ratio[1]	NA	113
Infant Mortality Rate[1]	↓ 5	32
Under five mortality rate[2]	NA	36
Neonatal mortality rate[2]	NA	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 2.3	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 12	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	27	50.4
Tuberculosis - annualized total case notification rate*[5]	203	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Mizoram F	Mizoram M	India F	India M
	7.4	12.9	6.7	10.4

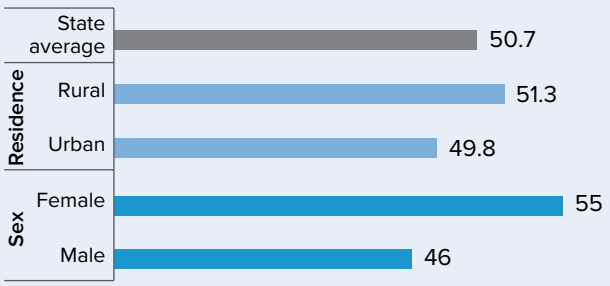
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	Mizoram F	Mizoram M	India F	India M
	8.6	10.3	5.8	8

SERVICE DELIVERY	Mizoram	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	89.2	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	79.8	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	35.2	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	20	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	50.7	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	70	50.6

HEALTH DETERMINANTS	Mizoram	India
Households with an improved water drinking source (%)[3]	91.4	89.9
Households using improved sanitation (%)[3]	83.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	5	1.2
Men who consume alcohol - 15-49 years (%)[3]	49.5	29.2
Women who use any kind of tobacco (%)[3]	59.5	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	80.5	44.5
Households using clean fuel for cooking (%)[3]	66.1	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

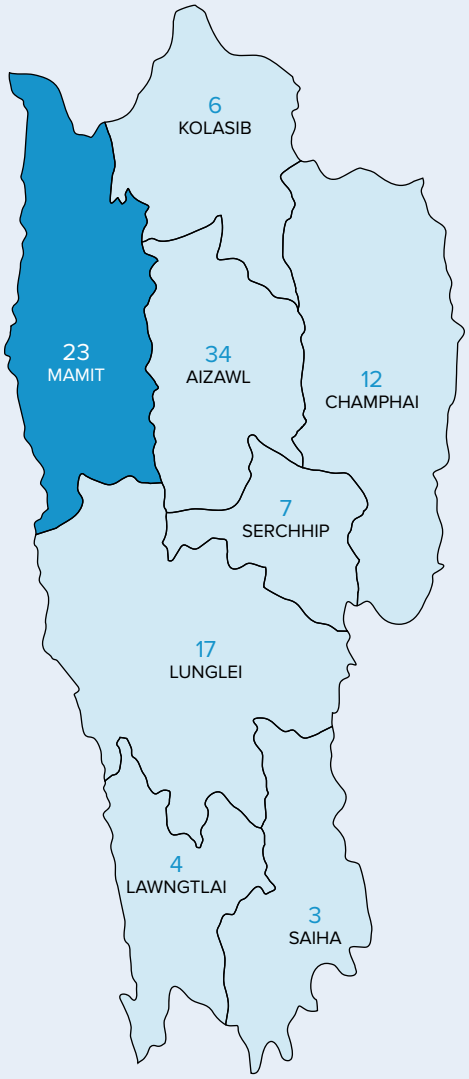


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

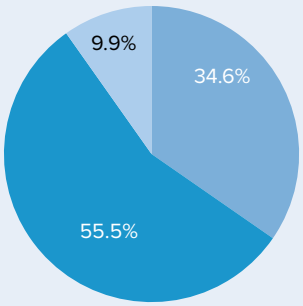
Operationalization of AB-HWCs in the State[6]



Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Lakh	10.9
		Rural	47.88%
		Urban	52.11%
SC/ST Population[7]		SC	1,218 (0.11%)
		ST (Lakh)	10.3 (94.43%)
Literacy Rate[7]	State	Female	89.27%
		Total	91.33%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			14.8
Projection (2021) of Elderly Population[7]			NA

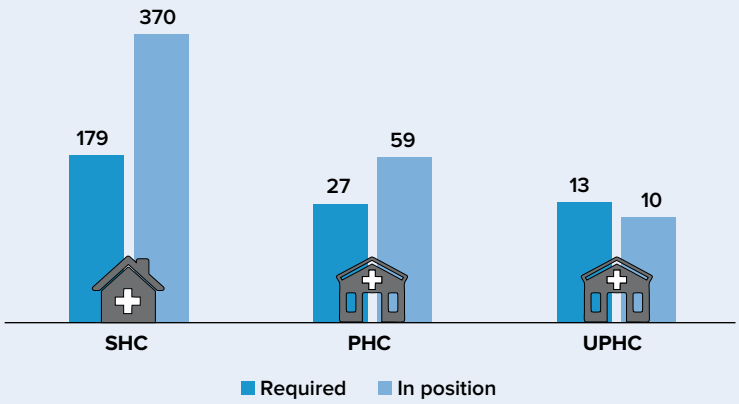
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

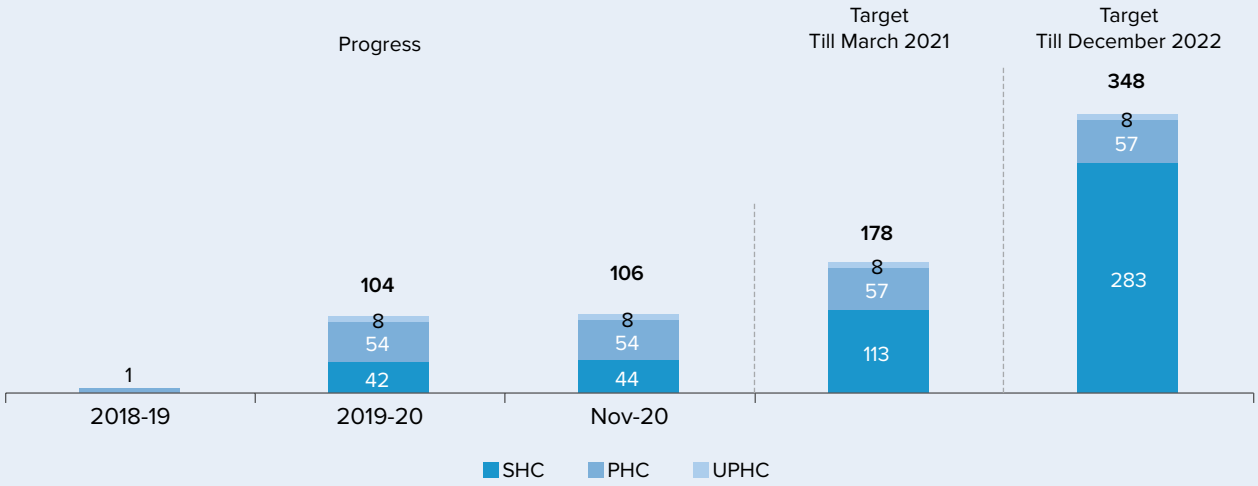
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

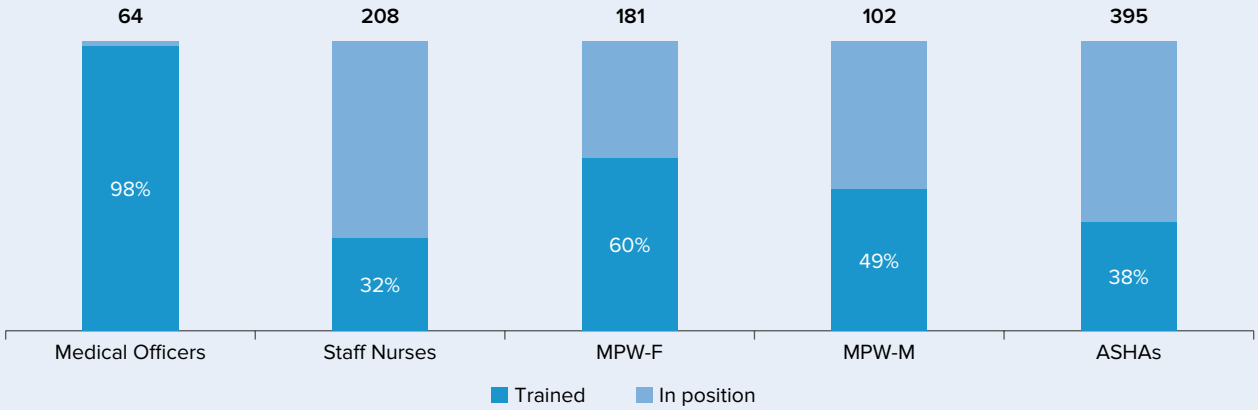
Achievements

Progress in HWC operationalization over the years[6]

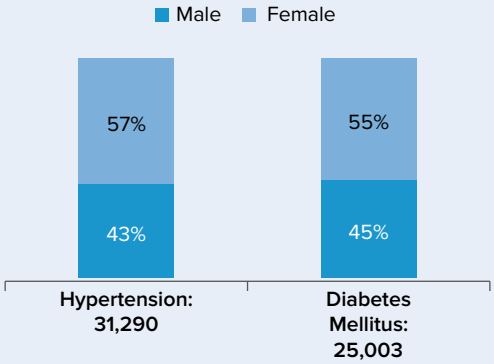


**Total SHCs- 370 (57 SHCs co-located with PHCs removed from total target)*

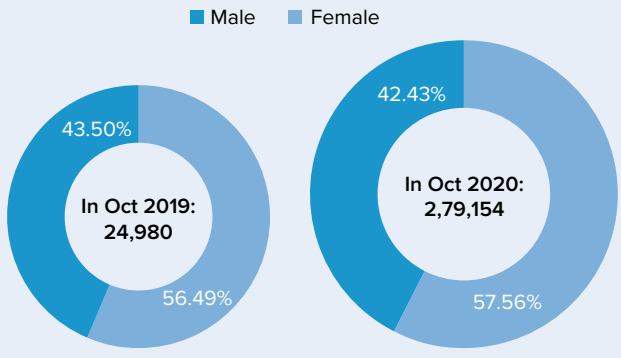
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 9,136

Source: [6]AB-HWC Portal

Disease burden data for the state of Mizoram show that the state is in the lower-middle epidemiologic transition (India State-Level Disease Burden 2017 report), with over half the disease burden being attributed to Non-Communicable Diseases (NCDs). While several indicators for maternal, new-born and child health are better than the national averages, full immunization coverage of just half the children in the state and high unmet need for family planning need attention. Considering the changing disease burden and the persistent challenge with selected services, it is important for the state to strengthen primary health care services in order to address the dual burden.

State initiated upgradation of Sub Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban area with launch of Ayushman Bharat-Health and Wellness Centre (AB-HWC) initiative in 2018-19. Over two years, the state has operationalized about 106 HWCs, which represent about 60% of the total target for FY 2020-21. Mamit is the only aspirational district in the state and has been prioritized for delivery of comprehensive primary health care by operationalizing 23 HWCs. As a result of this upgradation in terms of infrastructure, medicines and availability of services, HWCs have witnessed a staggering tenfold increase in the footfall over a period of only one year. To further expand the services at HWCs, state has introduced home based palliative care through Community Health Officers (CHOs). The state also emphasizes the value of wellness and health promotion at all operational HWCs. As a part of the health promotion effort, it is ensured that the exercise sessions that include aerobic sessions, Zumba and Yoga are conducted at HWCs.

CHOs have been actively engaged in undertaking COVID 19 related activities such as community education, referral for screening, support to quarantine centres, and have provided non COVID essential services as well.

Given the current pace of operationalization, the state is positioned to achieve its target of operationalizing HWCs by December 2022. However, state will need to ensure that the services provided at HWCs have effective and equitable coverage in an effort to provide universal access to comprehensive primary health care on the road to Universal Health Coverage.

Institutional delivery at HWCs

Home based Care by CHOs

Yoga sessions ongoing at Mizoram

IDCF observed at HWCs

NAGALAND

HEALTH OUTCOMES

	Nagaland		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **4**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **4.2**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **16.7**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	32.7		50.4	
Tuberculosis - annualized total case notification rate*[5]	141		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	10.5	16.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.2	9.7	5.8	8

SERVICE DELIVERY

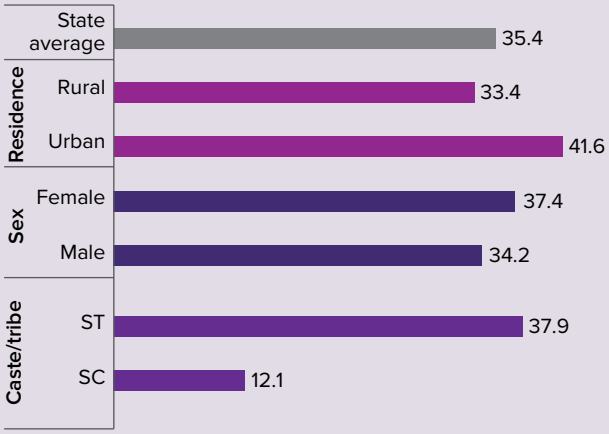
	Nagaland	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	82.4	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	76.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	21.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	22.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	35.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	40.3	50.6

HEALTH DETERMINANTS

	Nagaland	India
Households with an improved water drinking source (%)[3]	80.6	89.9
Households using improved sanitation (%)[3]	75.1	48.4
Women who consume alcohol - 15-49 years (%)[3]	3.3	1.2
Men who consume alcohol - 15-49 years (%)[3]	38.8	29.2
Women who use any kind of tobacco (%)[3]	27.4	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	69.2	44.5
Households using clean fuel for cooking (%)[3]	32.8	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



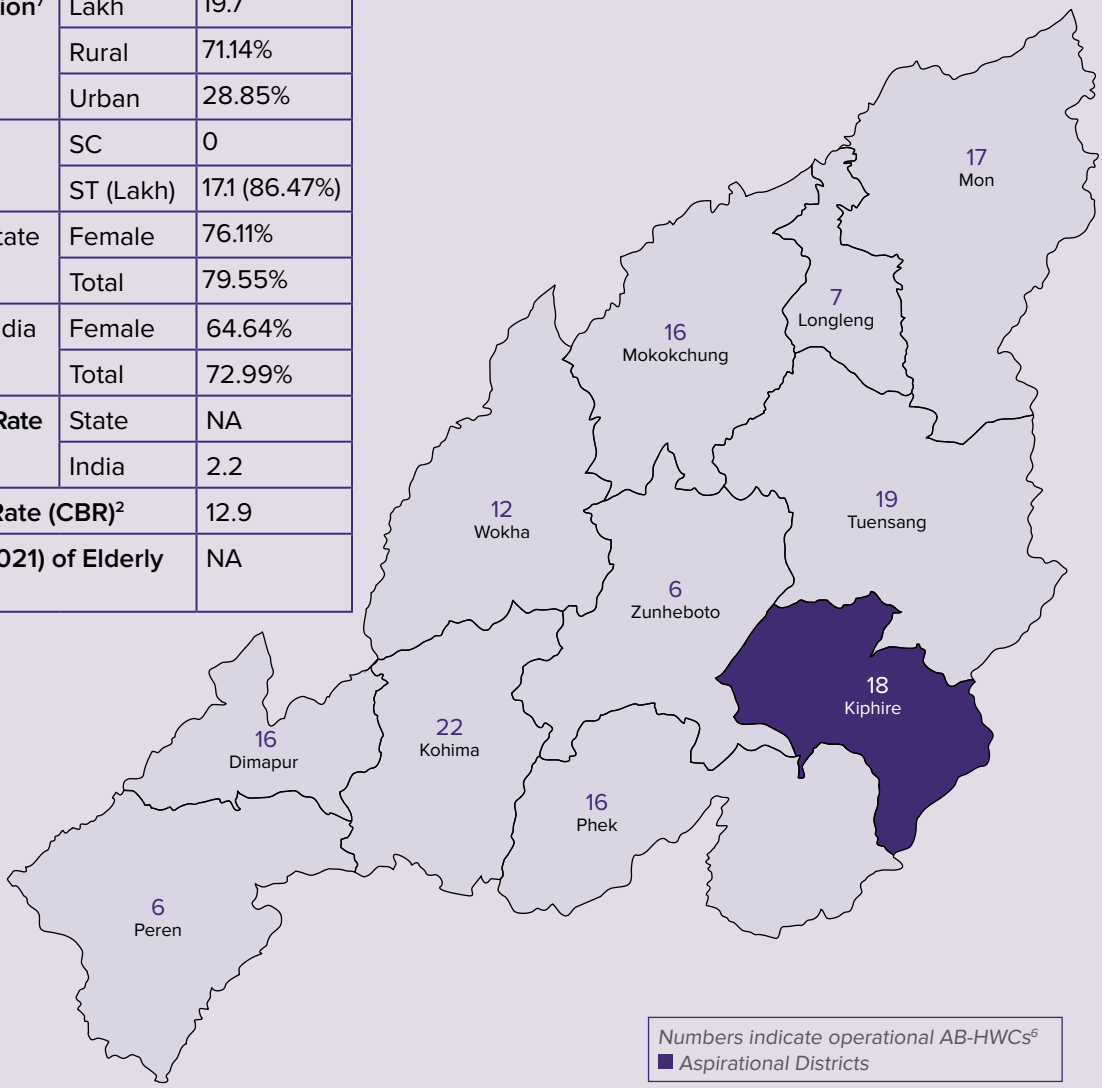
↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

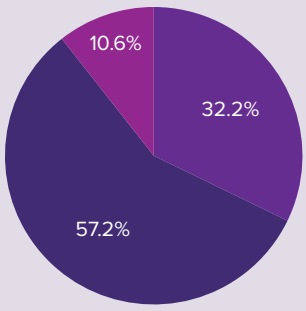
** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

Demography			
Total Population[7]		Lakh	19.7
		Rural	71.14%
		Urban	28.85%
SC/ST Population[7]		SC	0
		ST (Lakh)	17.1 (86.47%)
Literacy Rate[7]	State	Female	76.11%
		Total	79.55%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			12.9
Projection (2021) of Elderly Population[7]			NA



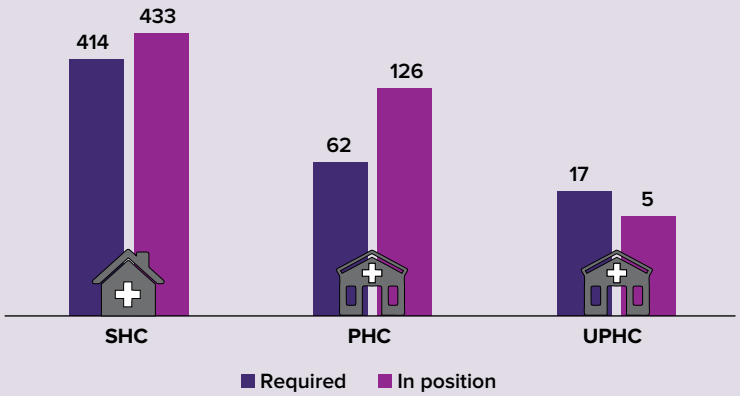
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

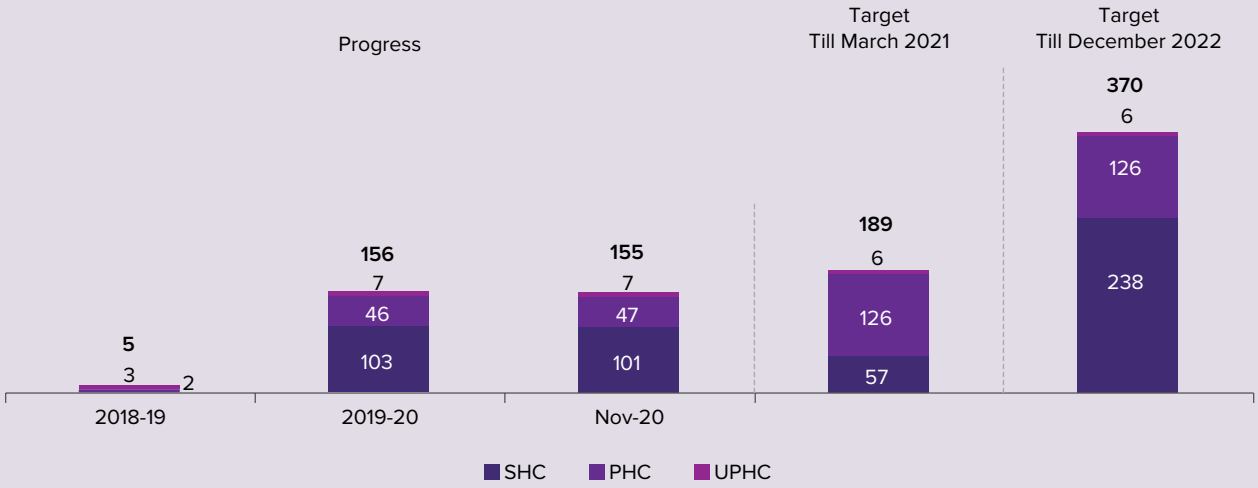
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

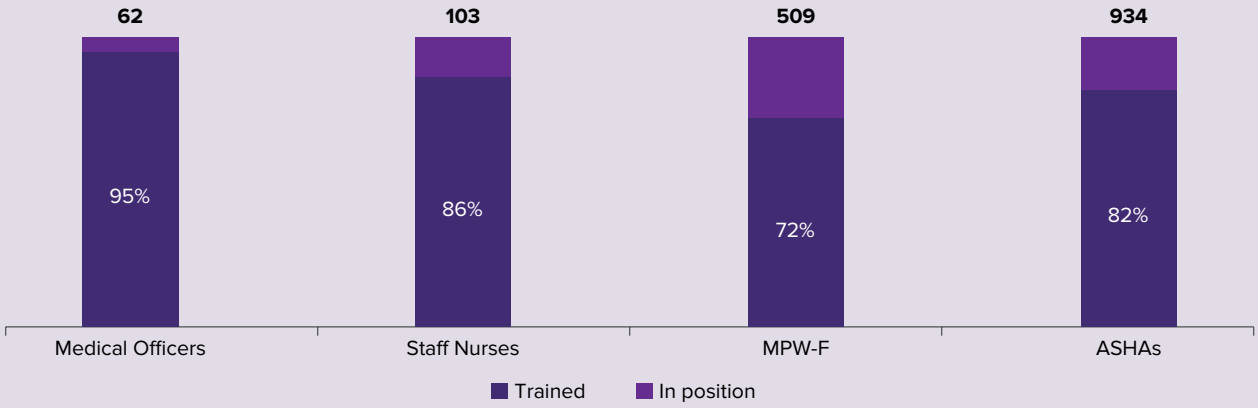
Achievements

Progress in HWC operationalization over the years[6]

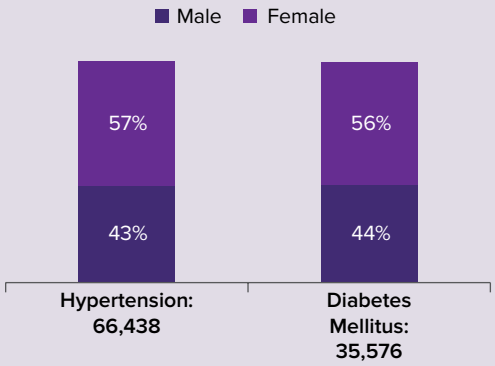


**Total 396 SHCs- (126 SHCs co-located with PHCs removed from total target)*

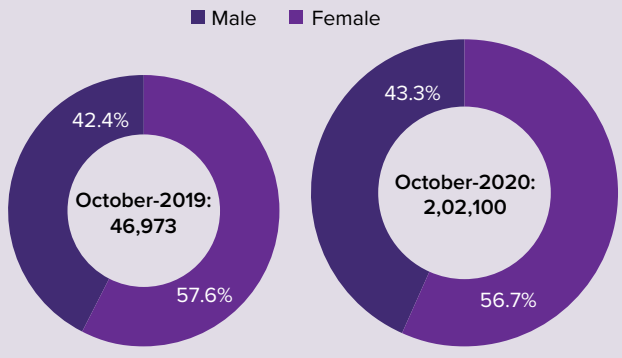
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 17,196

Source: [6]AB-HWC Portal

The state of Nagaland is now in a lower-middle epidemiological transition group (India State-Level Disease Burden 2017 report). Fifty seven percent of the disease burden data is on account of Non-Communicable Diseases (NCD), but the state continues to face challenges in the delivery of services related to maternal, new-born and child health services. The immunization coverage is about 35%, with significant rural-urban disparity, a high unmet need for family planning and low access to basic care for childhood illnesses. This indicates the need to strengthen the existing selective package of primary health care even further and rapidly expand the delivery of comprehensive primary health care services to address the burden of NCDs.

Since the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018, the state has upgraded about 155 health facilities in rural and urban areas to HWCs, which represents 82% of the total target for FY 2020-21. Eighteen of these HWCs are located in the only aspirational district (Kiphire) of the state.

Data shows a five-fold increase in the footfall at the HWCs, reaffirming that availability of assured services closer to the community can improve access to care even in difficult geographic terrain with limited availability of transport.

Given the low levels of institutional delivery, the state adopted a multi-pronged approach by strengthening the HWCs as first point of care. This was ensured by placement of skilled Community Health Officers (CHO) and augmenting the laboratory services. A state specific telemedicine platform Naga Telehealth was launched to enable the CHOs to consult specialists and doctors and so far 50% of the HWCs have been enrolled in the Telehealth platform. The state has been emphasizing the value of wellness. Several football and volleyball matches have been organized at HWCs as per the interest of the local community to promote healthy lifestyle.

CHOs have taken initiatives of creating awareness among the public, setting up Quarantine Home in their locality and promoting use of locally made hand washing basins in every village, during the COVID-19 pandemic. The telehealth platform also proved to be critical for ensuring continuity of services during this time.

A key step in the road to Universal Health Coverage for the state of Nagaland is the provision of universal primary health care. Transforming all primary health care facilities to HWCs will require strategies to leverage the strength of community engagement, and existing community collectives, provide additional investments to meet gaps in infrastructure and human resources and designing service delivery modes that take into account the challenging geographical terrain.

Home based Care by CHOs for 80 year old man

Institutional delivery in Sub centre HWC

Locally made wash basins/Mosquito net distribution at SC-HWC level

HWC team after conducting VHND

ODISHA

HEALTH OUTCOMES

	Odisha		India	
Maternal Mortality Ratio[1]	150		113	
Infant Mortality Rate[1]	40		32	
Under five mortality rate[2]	44		36	
Neonatal mortality rate[2]	31		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **6.4**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **34.4**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	47.6		50.4	
Tuberculosis - annualized total case notification rate*[5]	92		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	6.9	9.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.3	10.7	5.8	8

SERVICE DELIVERY

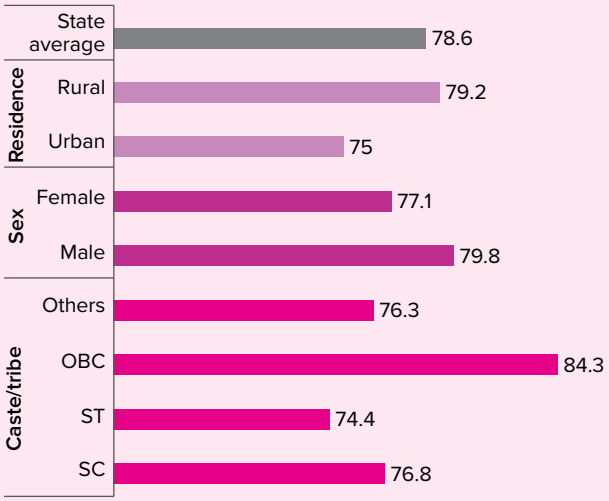
	Odisha	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	97.3	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	81.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	45.4	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	13.6	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	78.6	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	68.6	50.6

HEALTH DETERMINANTS

	Odisha	India
Households with an improved water drinking source (%)[3]	88.8	89.9
Households using improved sanitation (%)[3]	29.4	48.4
Women who consume alcohol - 15-49 years (%)[3]	2.4	1.2
Men who consume alcohol - 15-49 years (%)[3]	39.3	29.2
Women who use any kind of tobacco (%)[3]	17.3	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	55.9	44.5
Households using clean fuel for cooking (%)[3]	19.2	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

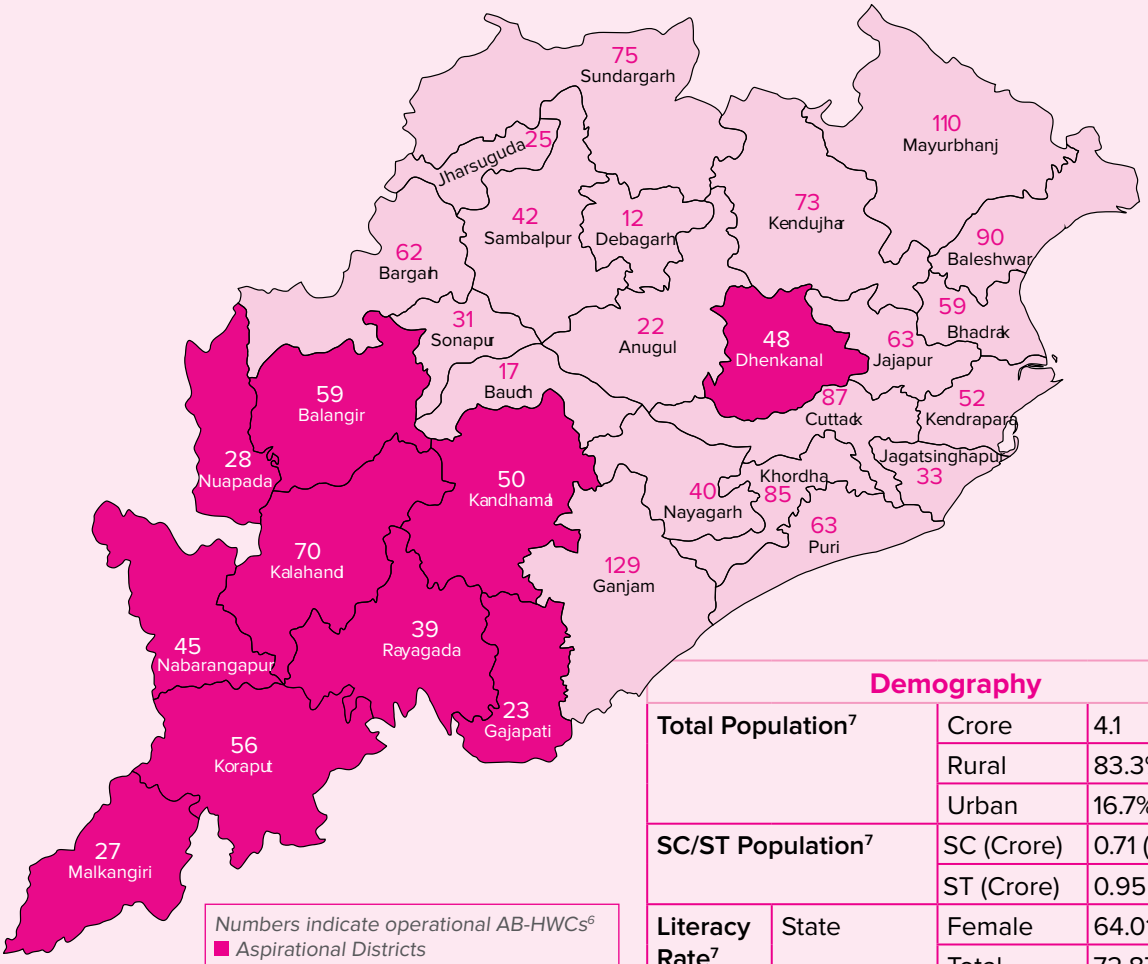


↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

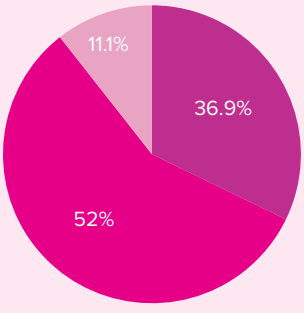
Operationalization of AB-HWCs in the State[6]



Demography			
Total Population[7]		Crore	4.1
		Rural	83.3%
		Urban	16.7%
SC/ST Population[7]		SC (Crore)	0.71 (17.1%)
		ST (Crore)	0.95 (22.8%)
Literacy Rate[7]	State	Female	64.01%
		Total	72.87%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.9
		India	2.2
Crude Birth Rate (CBR)[2]			18.2
Projection (2021) of Elderly Population[7]			11.8%

Finance[10]		
Per capita Government Health Expenditure	State	1,108
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	68.9%
	India	58.7%

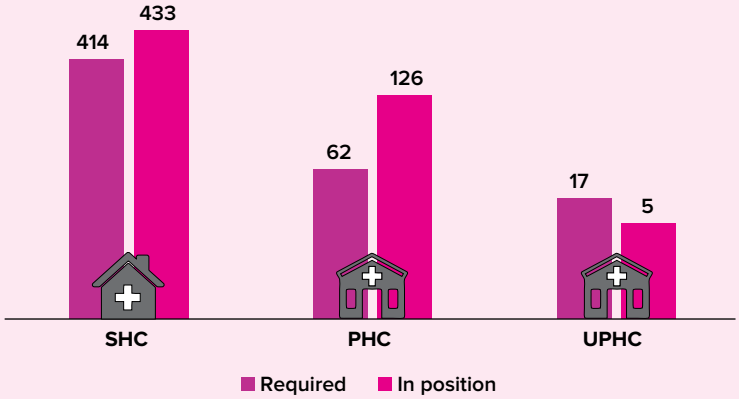
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

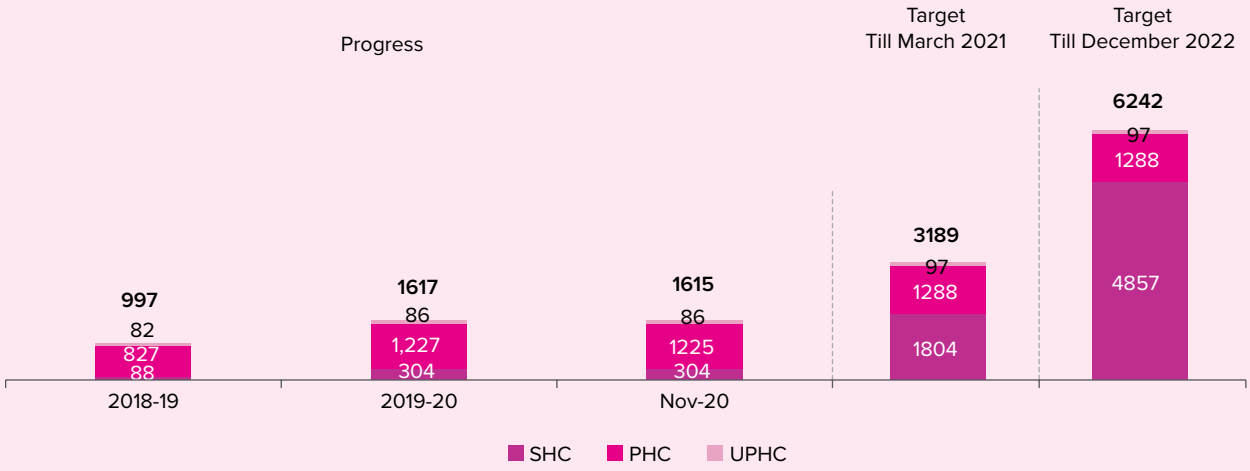
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

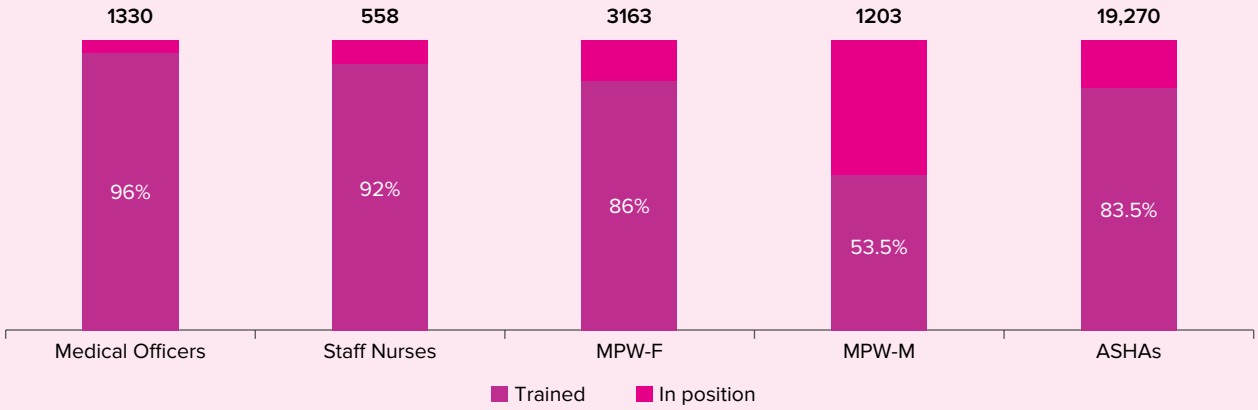
Achievements

Progress in HWC operationalization over the years[6]

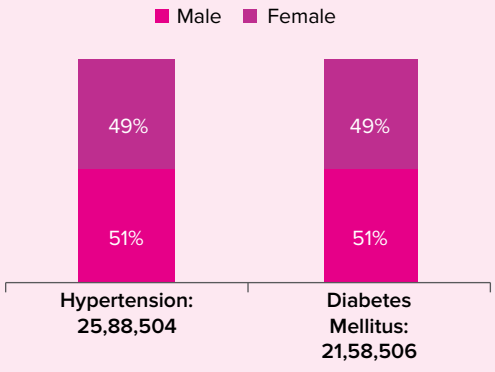


**Total 6688 SHCs- (1288 SHCs co-located with PHCs removed from total target)*

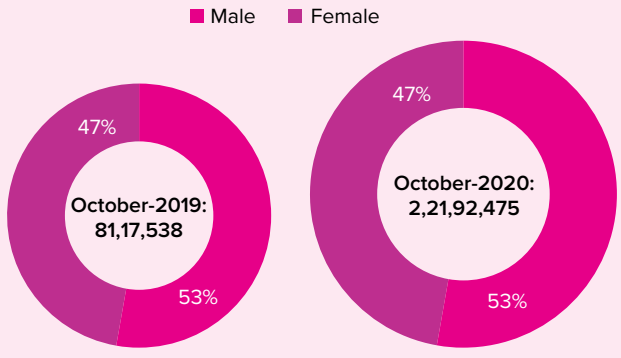
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 49,278

Source: [6]AB-HWC Portal

The state of Odisha with nearly two fifths of its population belonging to either the Scheduled Class or Scheduled Tribes category, faces significant challenges to Universal Health Coverage (UHC). The maternal and child mortality indicators of the state are higher than the national average. The state is in early stages of epidemiologic transition (India State-Level Disease Burden 2017 report), and a high proportion of adult population reports consumption of alcohol and tobacco, which are risk factors for chronic diseases.

After a high initial momentum with the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC), in 2018-19, progress has plateaued. So far, 1615 HWCs have been operationalized, which is half the target for this current year, and about one quarter of the total target. State has saturated all Primary Health Centres (PHCs) and Urban - PHCs as HWCs, but concerted efforts are required for operationalising of SHC-HWCs. Around 445 HWCs are operational across ten aspirational districts in the State. In order to address issues related to retention of Human Resources, the state is in the process of creating a regular cadre for staff nurses to be placed at SHC-HWCs as Community Health Officers (CHOs). This policy decision, which is laudable, in that CHOs will become part of the regular cadre in the state, rather than remain contractual staff, has slowed the pace of upgradation of SHCs to HWCs.

During the COVID-19 pandemic, CHOs played a significant role in screening and addressing the basic health requirements of migrants at Temporary Medical Camps (TMC) established during the lockdown period. About 565 PHC-HWCs are being developed as model HWCs where adolescent health days are organized, Active Case Finding (ACF) for TB is undertaken by ASHAs on Sundays, community engagement is undertaken through TB champions and two high schools under each HWC are designated as 'Tobacco Free Educational Institutions'.

The state is making concerted efforts through long term strategic decisions to reach the goal of providing universal primary health care but infrastructure and HR shortfalls, and remote geography in many parts of the state, are key barriers. To achieve Universal Health Coverage the state would need to look at alternate models of primary health care service delivery, building upon its strong community processes structures, and engaging in partnerships with other stakeholders.

CHO providing services at TMC HWC during COVID19 lockdown: Rangipur, Dist. Ganjam, Odisha

CHO measuring Blood Pressure at Sisilo HWC-SHC, Sarakana, Khordha, Odisha

Counselling of COVID-19 positive patient and medicine distribution during home quarantine by primary healthcare team, Odisha

Oral Cancer screening at HWC-SHC by CHO, at Sisilo HWC-SHC, Sarakana, Khordha, Odisha

PUNJAB

HEALTH OUTCOMES

	Punjab	India
Maternal Mortality Ratio[1]	129	113
Infant Mortality Rate[1]	↓ **20**	32
Under five mortality rate[2]	↓ **23**	36
Neonatal mortality rate[2]	↓ **13**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **5.6**	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **21.6**	35.8
Pregnant women aged 15-49 years who are anaemic[3]	42	50.4
Tuberculosis - annualized total case notification rate*[5]	144	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	Punjab F	Punjab M	India F	India M
	10.5	17.4	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	Punjab F	Punjab M	India F	India M
	6.1	6.7	5.8	8

SERVICE DELIVERY

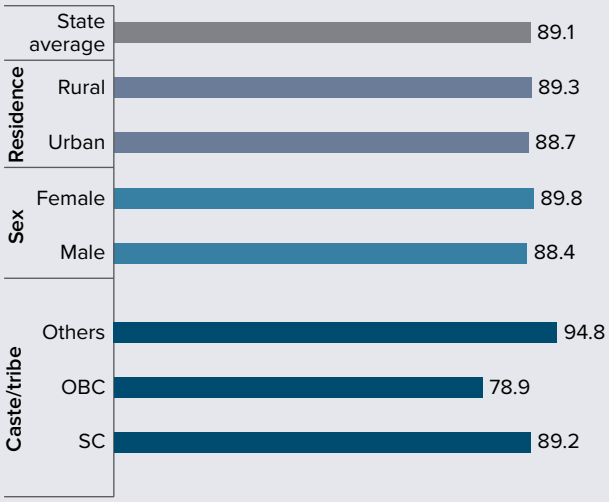
	Punjab	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	98.6	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	50	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	66.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	6.2	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	89.1	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	66.2	50.6

HEALTH DETERMINANTS

	Punjab	India
Households with an improved water drinking source (%)[3]	99.1	89.9
Households using improved sanitation (%)[3]	81.5	48.4
Women who consume alcohol - 15-49 years(%)[3]	0.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	34	29.2
Women who use any kind of tobacco (%)[3]	0.1	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	19.2	44.5
Households using clean fuel for cooking (%)[3]	65.9	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

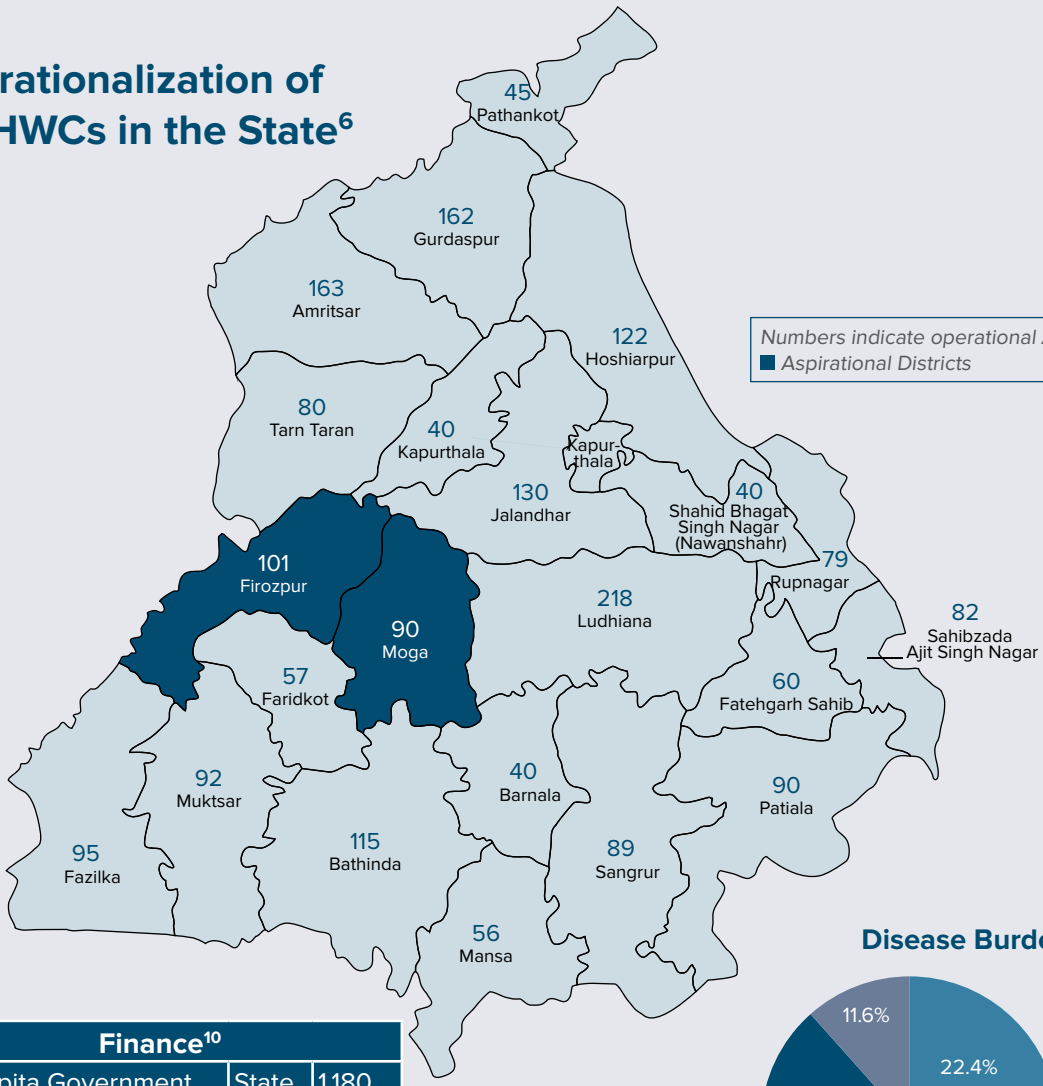


↓ *Arrow indicates state performance better than the national average*

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

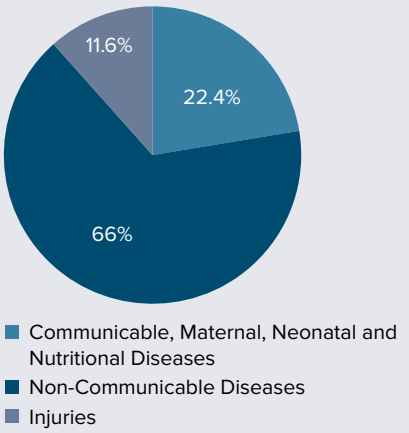
Operationalization of AB-HWCs in the State[6]



Finance[10]		
Per capita Government Health Expenditure	State	1,180
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	77.3%
	India	58.7%

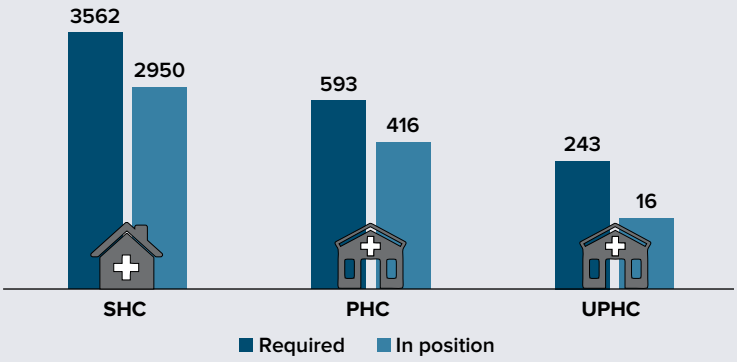
Demography			
Total Population[7]		Crore	2.7
		Rural	62.5%
		Urban	37.4%
SC/ST Population[7]		SC (Crore)	0.88 (31.9%)
		ST (Crore)	0
Literacy Rate[7]	State	Female	70.73%
		Total	75.84%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			14.8
Projection (2021) of Elderly Population[7]			12.6%

Disease Burden[8]



Coverage

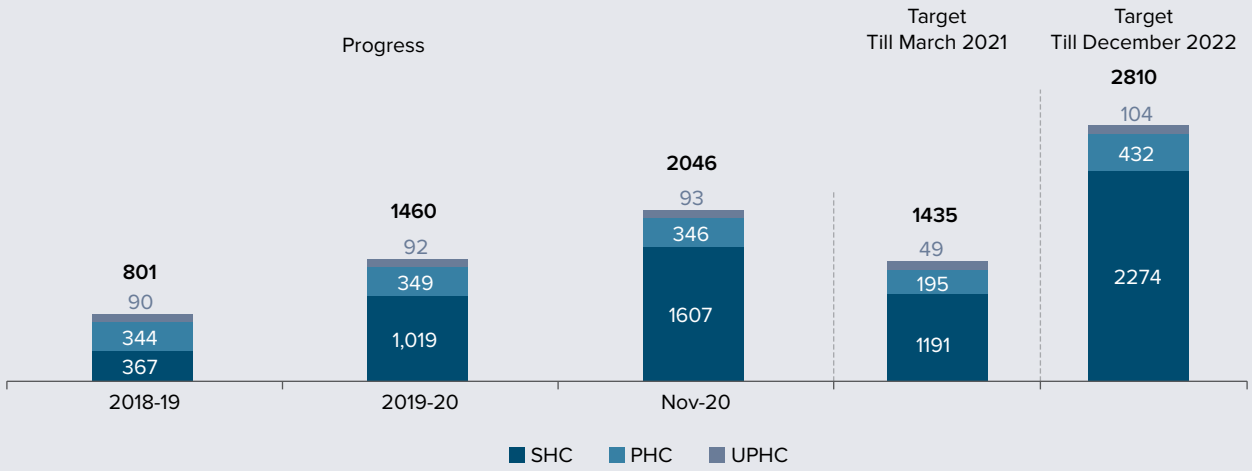
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

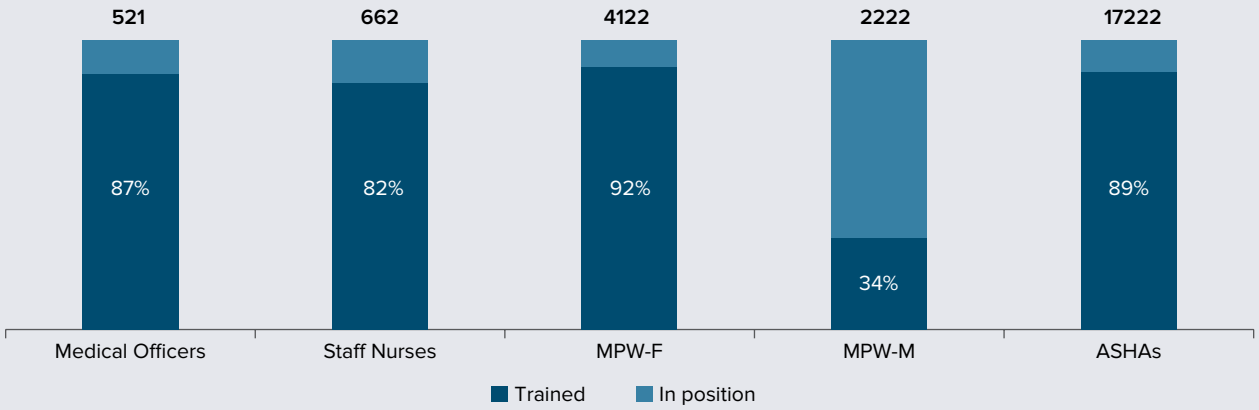
Achievements

Progress in HWC operationalization over the years[6]

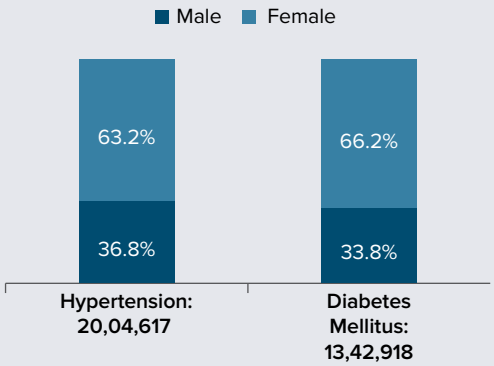


**Total SHCs- 2950 (432 SHCs co-located with PHCs removed from total target)*

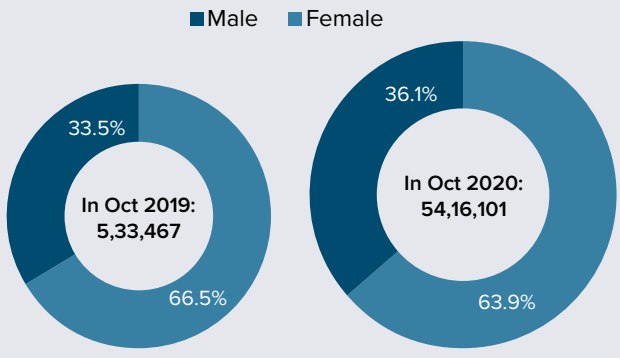
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 92,616

Source: [6]AB-HWC Portal

The state of Punjab performs well in maternal and child health indicators relative to national average, except for maternal mortality. The state is in highest epidemiological transition level with Non-Communicable Diseases (NCD) contributing to 60% of the disease burden and Communicable diseases, Maternal, Neonatal and Nutritional diseases contributing to 22% of the disease burden (India State-Level Disease Burden 2017 report).

The state initiated the transformation of its peripheral facilities at the time of the launch of the Ayushman Bharat-Health and Wellness Centres (AB-HWC), in 2018. The state has already surpassed the cumulative target up to FY 2020-21 and is expected to achieve the total target early in 2021. Aspirational districts-Moga and Firozpur have 191 functional HWCs. The high level of utilization of services, reflected in increasing trend of daily footfalls, indicate the demand for comprehensive primary health care services close to community. In view of the high burden of diabetes, state has initiated Diabetic Retinopathy screening through HWCs with well-established referral linkages to District hospitals and Medical colleges to facilitate early identification and minimising complications.

During COVID-19 pandemic, the healthcare teams at HWCs showed exemplary performance by continued provision of health care services on all days (including holidays) during the lockdown period. Community Health Officers (CHOs) leading the team of Multi-Purpose Workers (Female) and ASHAs, have been instrumental in delivering both home-based and facility-based healthcare services to the community by prioritizing home visits to COVID-19 patients and high-risk population including elderly during the pandemic.

The state however faces significant challenges on the road to Universal Health Coverage. The per capita Government health expenditure of the state is lower than the national average and the out of pocket expenditure constitutes 77% of the expenditure on health, higher than the national average of 58%. The state has significant shortfalls of primary health care facilities in rural areas. Despite 37% of its population residing in urban areas, the state has a shortfall of about 93% in its Urban-PHCs. One area for urgent action is targeted reductions in maternal mortality with attention to quality of care in public and private sector facilities. HWCs are a window of opportunity for the state to enhance its investments in primary health care and enable progress towards Universal Health Coverage.

CHO at HWC Fatehpur Mania, District Sri Muktsar Sahib, Punjab continues to provide home based care for elderly individuals amid the pandemic

NCD screening at HWC Baam, District Sri Muktsar Sahib, Punjab

HWC Sangwal, District Jalandhar, Punjab ensuring delivery of Immunisation services to every child

Telemedicine services at HWC Burj Hari, District Mansa, Punjab with Medical Officer at HUB at Chandigarh

RAJASTHAN

HEALTH OUTCOMES

	Rajasthan		India	
Maternal Mortality Ratio[1]	164		113	
Infant Mortality Rate[1]	37		32	
Under five mortality rate[2]	40		36	
Neonatal mortality rate[2]	26		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	8.6		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	36.7		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	46.6		50.4	
Tuberculosis - annualized total case notification rate*[5]	148		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	5.5	10.2	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	3.5	5.7	5.8	8

SERVICE DELIVERY

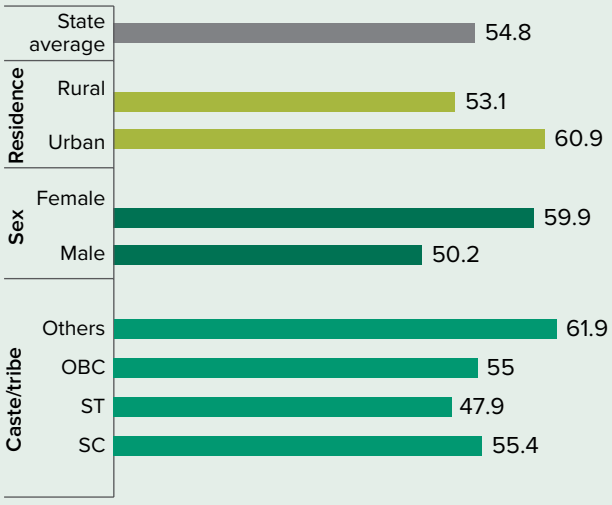
	Rajasthan	India
Proportion of institutional deliveries out of total re-ported deliveries (%)[4]	98.3	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	76	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	53.5	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	12.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	54.8	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	56.2	50.6

HEALTH DETERMINANTS

	Rajasthan	India
Households with an improved water drinking source (%)[3]	85.5	89.9
Households using improved sanitation (%)[3]	45	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	15.9	29.2
Women who use any kind of tobacco (%)[3]	6.3	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	46.9	44.5
Households using clean fuel for cooking (%)[3]	31.8	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)



Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

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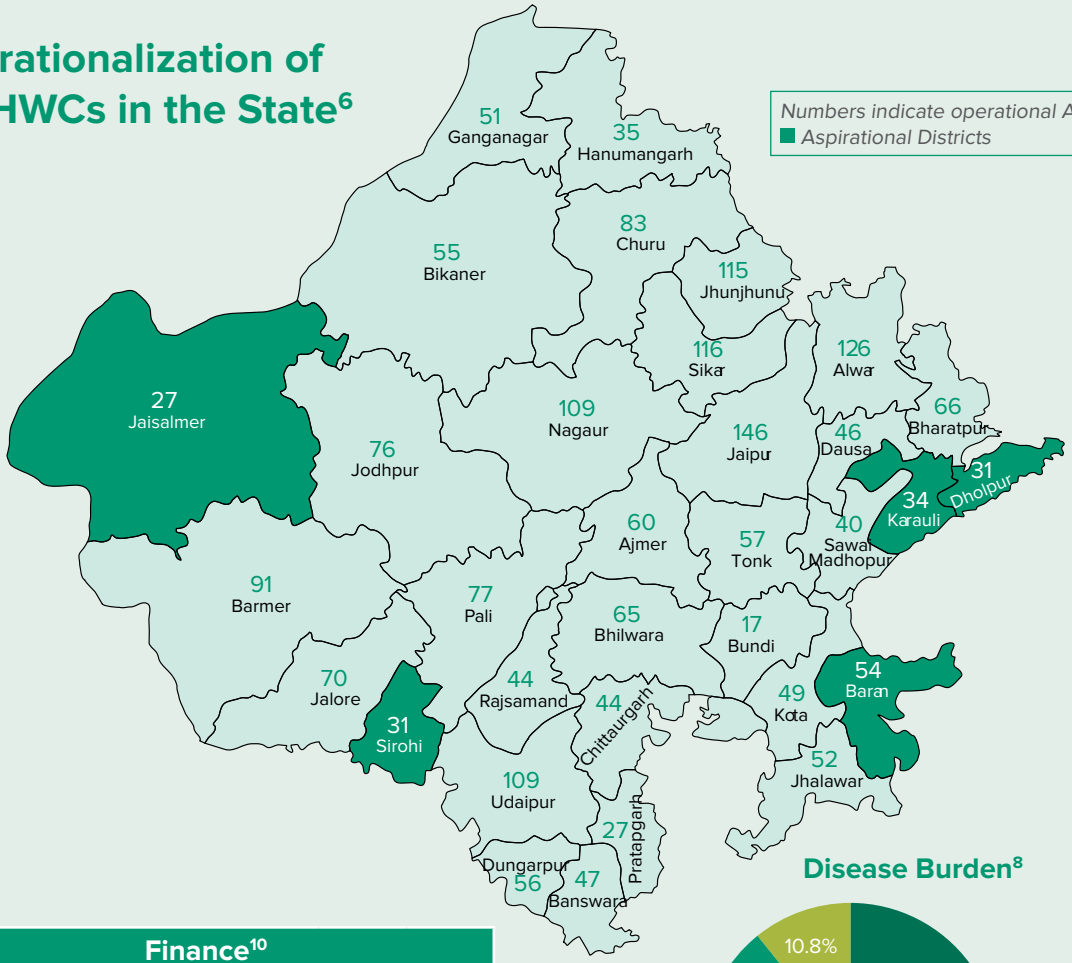
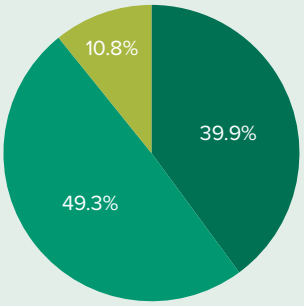
Operationalization of AB-HWCs in the State[6]



Finance[10]		
Per capita Government Health Expenditure	State	1,126
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	56.7%
	India	58.7%

Demography			
Total Population[7]		Crore	6.8
		Rural	75.12%
		Urban	24.8%
SC/ST Population[7]		SC (Crore)	1.2 (17.8%)
		ST (Crore)	0.92 (13.4%)
Literacy Rate[7]	State	Female	52.12%
		Total	66.11%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.5
		India	2.2
Crude Birth Rate (CBR)[2]			24
Projection (2021) of Elderly Population[7]			8.6%

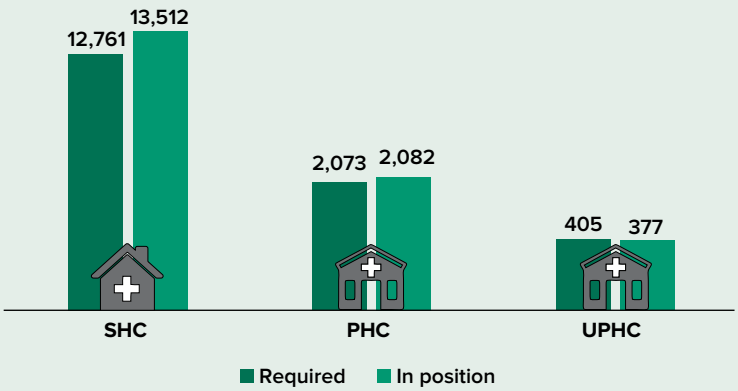
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

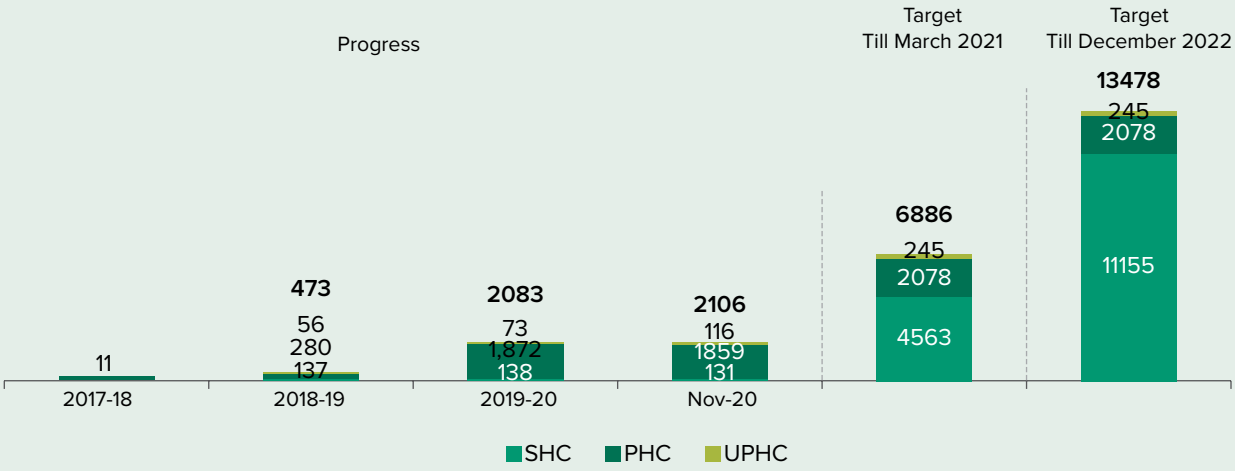
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

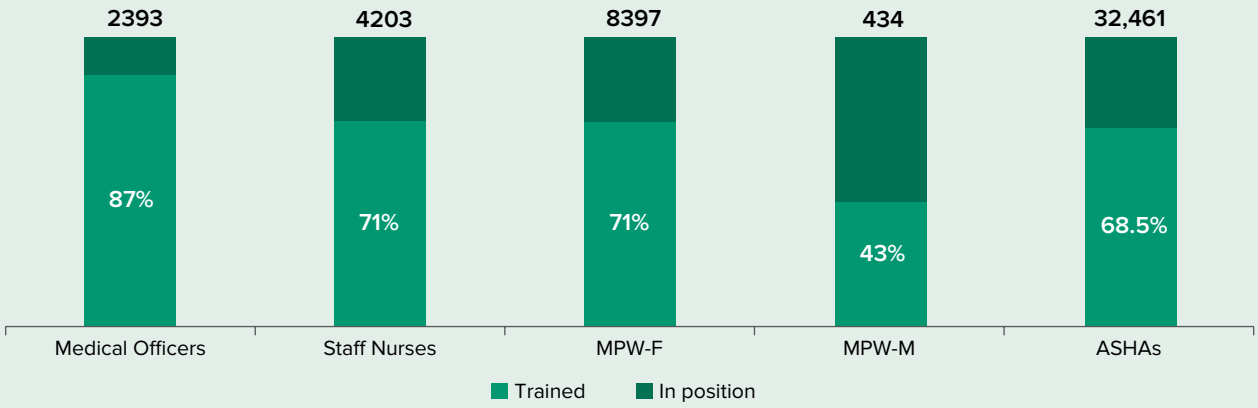
Achievements

Progress in HWC operationalization over the years[6]

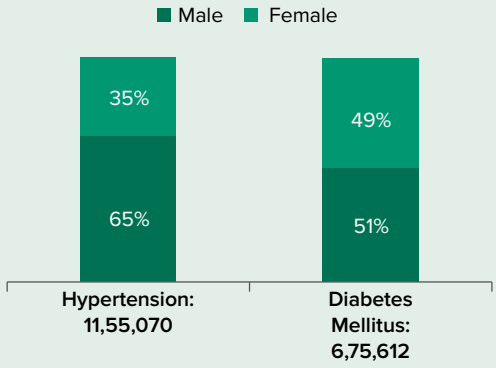


**Total SHCs- 14,405 (2078 SHCs co-located with PHCs removed from total target)*

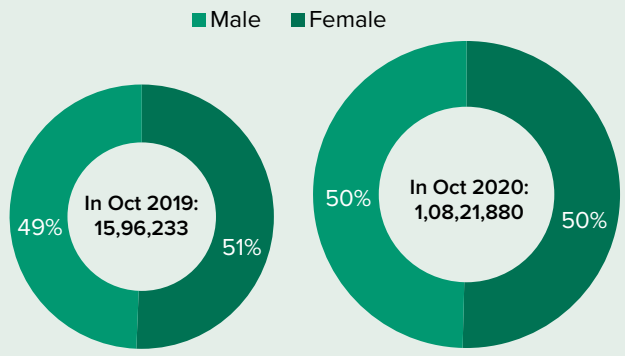
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 1,14,075

Source: [6]AB-HWC Portal

The state of Rajasthan is in the early phases of epidemiological transition level with Non-Communicable Disease (NCDs) comprising half of its disease burden, while 40% of the burden continues to be on account of Communicable, Maternal, Neonatal and Nutritional diseases. Maternal and child mortality indicators remain higher than the national average. Significant urban-rural and caste related disparities in immunization coverage indicate that the state needs to prioritize access to equitable, universal primary health care.

The launch of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018, added impetus to the state's ongoing initiative of creating Adarsh Primary Health Care facilities, aimed at strengthening Primary Health Centres (PHCs). However, the pace of operationalization of Sub Health Centre – Health and Wellness Centres (SHC-HWCs) in the state has been affected by several legal challenges related to the selection of Community Health Officers (CHOs). So far, the state has operationalized 2106 HWCs by upgrading 90% of the total PHCs and 50% of the total Urban PHCs. Out of these, 177 HWCs are operational in the five aspirational districts of the State.

Increasing trends in utilization of the ambulatory care provided at HWCs for a larger range of primary health care services, with women constituting nearly 50% of the attendees indicate that HWCs are recognized as a critical first point of health care provision close to community. Several initiatives have been introduced by the state to improve the planning and monitoring of the functioning of HWCs. These include ranking of districts based on the National Health Mission's conditionality criteria and formation of District HWC review committees for regular review.

During the COVID -19 pandemic, HWC teams played an important role in prevention and management of COVID-19 by creating awareness at community level, supporting active surveillance and ensuring continued delivery of essential health services.

In order to progress towards Universal Health Coverage and comprehensive primary care the state needs to invest in meeting infrastructure gaps, and strengthening capacity of its HWC teams, building adequate supply and distribution systems, focusing on the vulnerable and marginalized and taking action to improve social and environmental determinants. Efforts are needed to prepare a robust strategy for selection and training of CHOs in the state to enable operationalization of all HWC by 2022. The state's challenges of diverse geographical terrain and persistent challenges of equitable and affordable access to health care services require testing and assessing of primary health care models across the diverse contexts of the state through creating effective knowledge partnerships between researchers and implementors.

Run for Fitness" drive at Kolwa district of Sikar

Community Health Officer providing services at Peepalwada HSC at Sawai madhopur district

SIKKIM

HEALTH OUTCOMES

	Sikkim		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ 7		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 5.9		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 14.2		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	23.6		50.4	
Tuberculosis - annualized total case notification rate*[5]	249		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	11.8	19.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	6.7	8.9	5.8	8

SERVICE DELIVERY

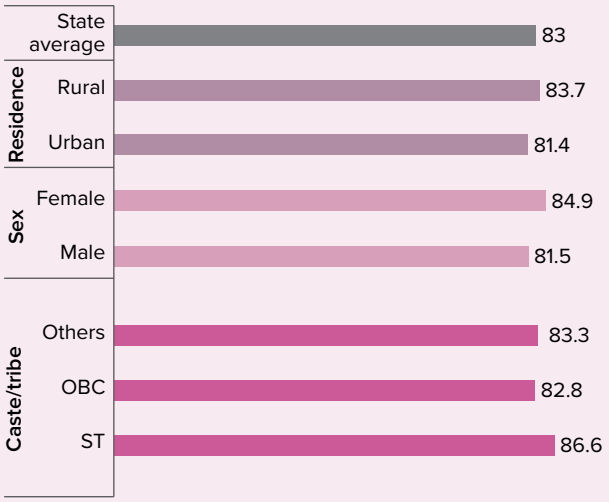
	Sikkim	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.4	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	73.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	45.9	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	21.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	83	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	NA	50.6

HEALTH DETERMINANTS

	Sikkim	India
Households with an improved water drinking source (%)[3]	97.6	89.9
Households using improved sanitation (%)[3]	88.2	48.4
Women who consume alcohol - 15-49 years (%)[3]	23	1.2
Men who consume alcohol - 15-49 years (%)[3]	51.2	29.2
Women who use any kind of tobacco (%)[3]	7.3	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	40.3	44.5
Households using clean fuel for cooking (%)[3]	59.1	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)

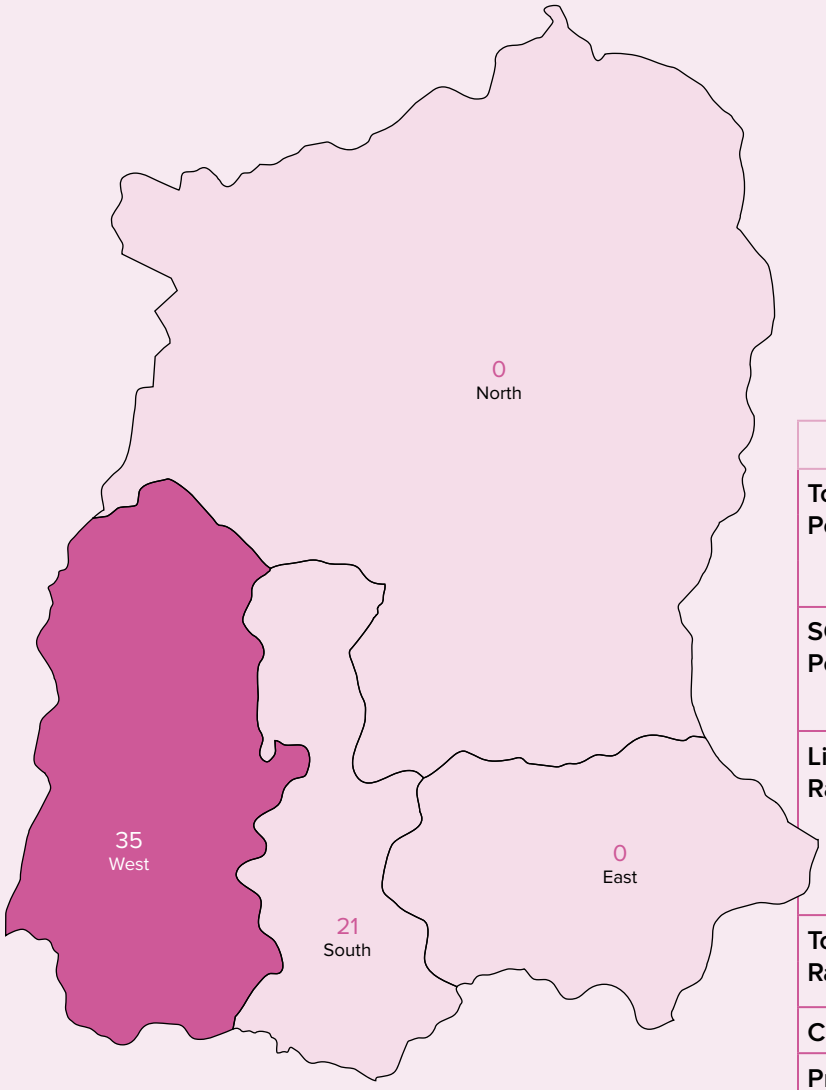


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

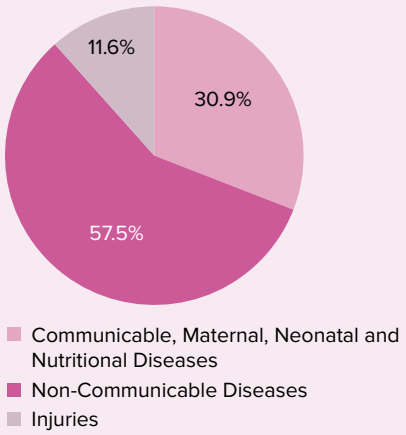
** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]



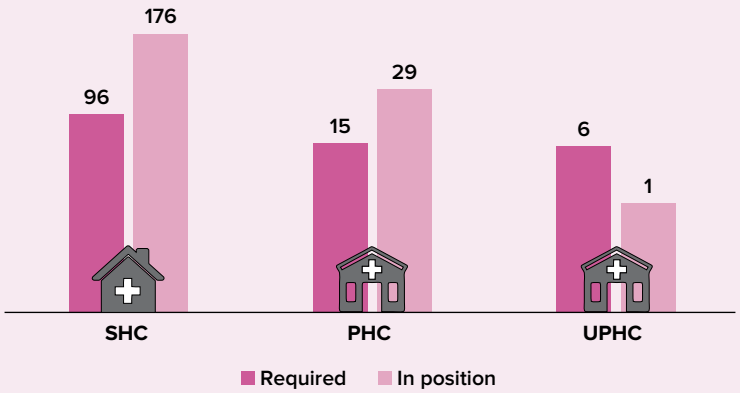
Demography			
Total Population[7]		Lakh	6.1
		Rural	74.84%
		Urban	25.15%
SC/ST Population[7]		SC	28,275 (4.63%)
		ST (Lakh)	2 (33.79%)
Literacy Rate[7]	State	Female	75.61%
		Total	81.42%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			16.3
Projection (2021) of Elderly Population[7]			NA

Disease Burden[8]



Coverage

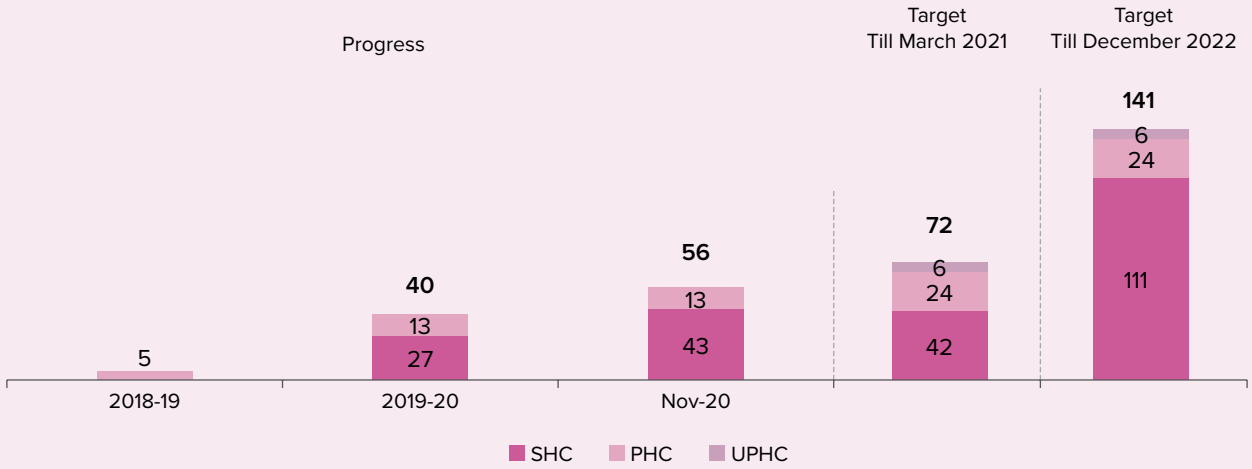
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

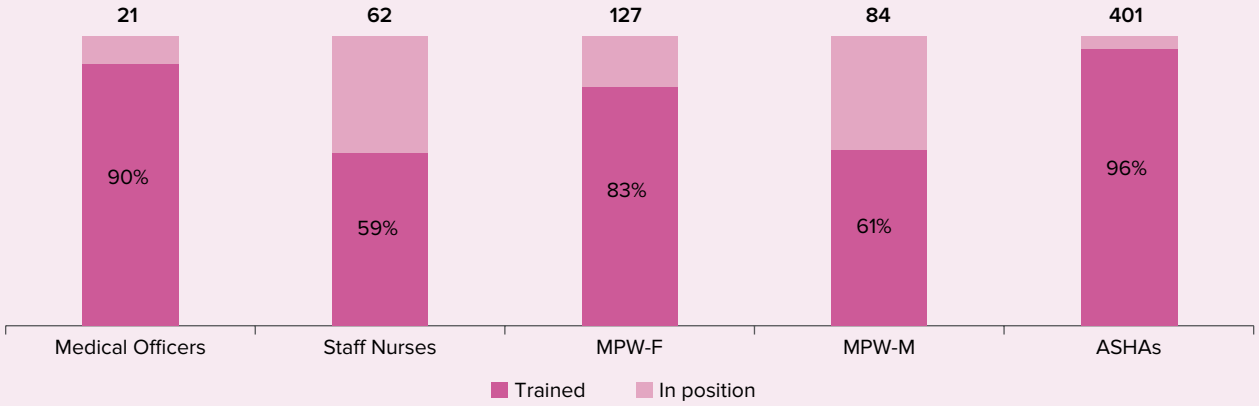
Achievements

Progress in HWC operationalization over the years[6]

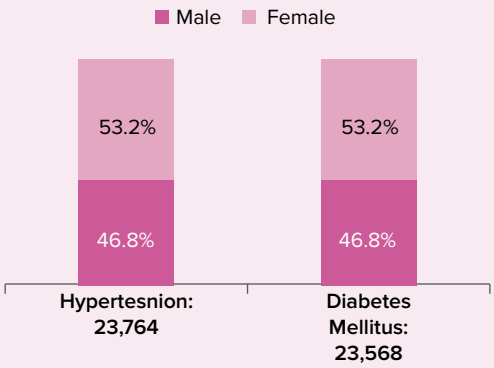


**Total SHCs- 147 (24 SHCs co-located with PHCs removed from total target)*

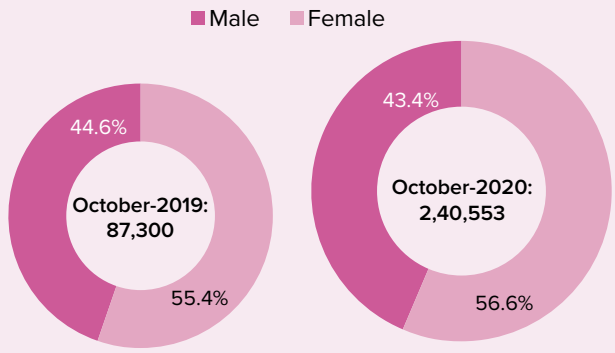
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 4,700

Source: [6]AB-HWC Portal

State of Sikkim performs well on most maternal and child health indicators, with high rate of immunization coverage, minimal rural-urban disparity, high institutional deliveries with preference for public facilities and a lower Infant Mortality Rate (IMR) than national level. However, the state is still in lower-middle epidemiological transitional level category (India State-Level Disease Burden 2017 report) with Non-Communicable Diseases (NCDs) accounting for 58% of the disease burden and Communicable, Maternal, Neonatal and Nutritional diseases constituting 31% of the disease burden. Alcohol consumption among women and men is higher than the national average and is likely one of the risk factors for the high NCD burden.

Recognizing that primary health care strengthening is critical to addressing the dual disease burden and sustain the gains made for maternal, new-born and child health, the state began the task of upgrading primary healthcare facilities to Health and Wellness Centres in 2018. The state has so far operationalized 56 HWCs which is more than 75% of its target for the year 2020-21. Aspirational district - West Sikkim has been prioritized for delivery of comprehensive primary health care with highest number (35) of operational HWCs in the State.

Wellness activities at HWCs have been aligned with interest of the local community by inclusion of aerobics and state has also introduced peer group counselling sessions for lifestyle modification as part of wellness activities. State has initiated home based care for patients with Cerebro-Vascular Accidents (CVA) and elderly to ensure continuum of care at the community level. For the past few years, the state has experienced increasing trend in suicide rate. An effort for tackling the issue is in place where the state has established help line number. It has been displayed in all HWCs, and the state has provided a counsellor for mental health at all PHCs.

The HWC teams played important role in tracking of migrant returnees, monitoring of individuals under Home Quarantine, and creating awareness in the community to counter stigma and discrimination against COVID -19 patients.

Given a robust Human Resources for Health, effective systems for IT, streamlined procurement and logistic supplies, it is well on its way to reach the target of transforming all facilities to HWCs by 2022, marking a key milestone in its journey towards Universal Health Coverage (UHC).

Yoga sessions conducted by CHOs

Home based elderly care

Home based care for CVA patient

CHO in service delivery

TAMIL NADU

HEALTH OUTCOMES

	Tamil Nadu	India
Maternal Mortality Ratio[1]	↓ **60**	113
Infant Mortality Rate[1]	↓ **15**	32
Under five mortality rate[2]	↓ **17**	36
Neonatal mortality rate[2]	↓ **10**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	7.9	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **23.8**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	44.4	50.4
Tuberculosis - annualized total case notification rate*[5]	59	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	6.2	11.7	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.1	9.7	5.8	8

SERVICE DELIVERY

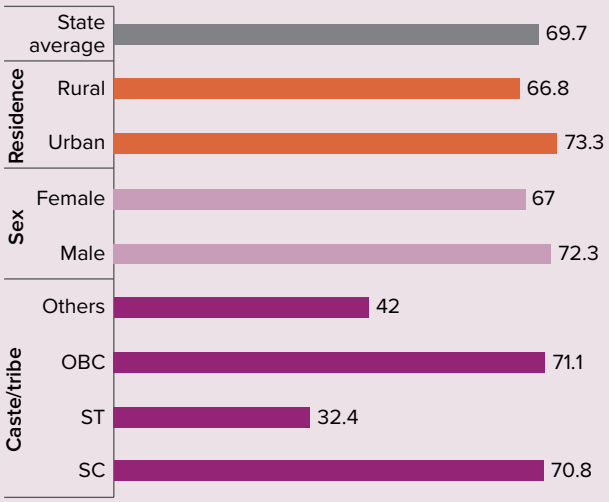
	Tamil Nadu	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	100	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	54.3	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	52.6	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	10.1	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	69.7	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	61.8	50.6

HEALTH DETERMINANTS

	Tamil Nadu	India
Households with an improved water drinking source (%)[3]	90.6	89.9
Households using improved sanitation (%)[3]	52.2	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.4	1.2
Men who consume alcohol - 15-49 years (%)[3]	46.7	29.2
Women who use any kind of tobacco (%)[3]	2.2	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	31.7	44.5
Households using clean fuel for cooking (%)[3]	73	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



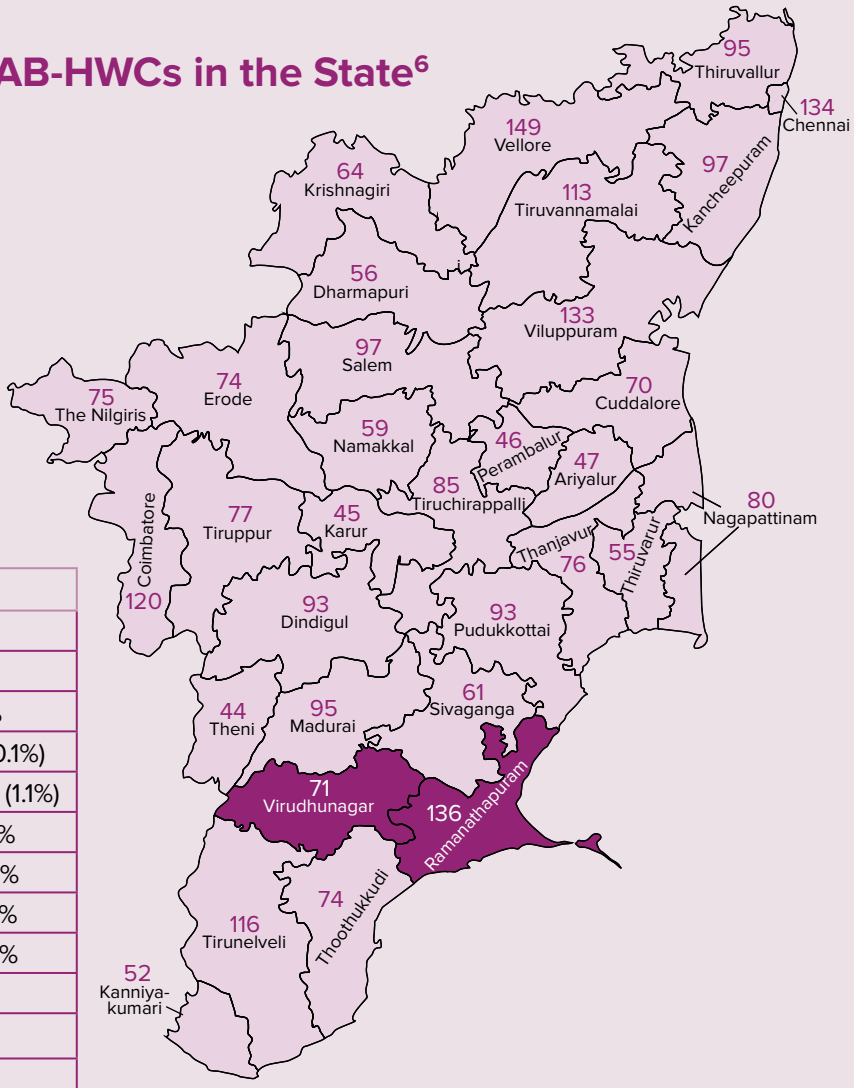
↓ *Arrow indicates state performance better than the national average*

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

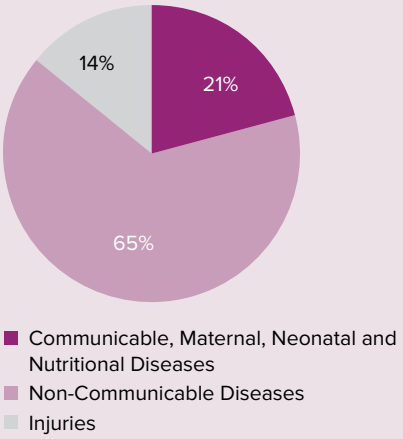
Numbers indicate operational AB-HWCs[6]
Aspirational Districts



Demography			
Total Population[7]		Crore	7.2
		Rural	51.6%
		Urban	48.4%
SC/ST Population[7]		SC (Crore)	1.4 (20.1%)
		ST (Crore)	0.079 (1.1%)
Literacy Rate[7]	State	Female	73.44%
		Total	80.09%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			14.7
Projection (2021) of Elderly Population[7]			13.6

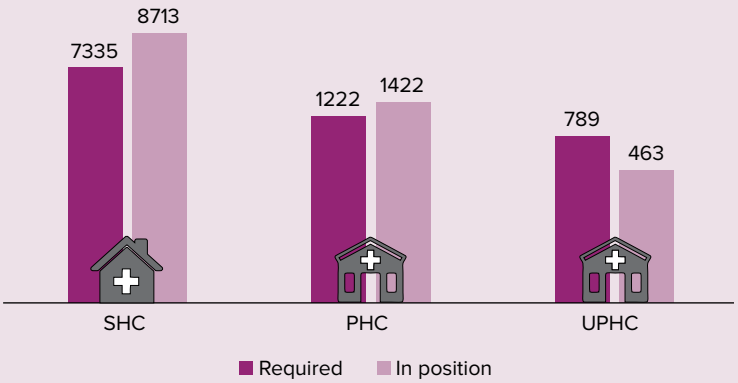
Finance[10]		
Per capita Government Health Expenditure	State	1,293
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	62.1%
	India	58.7%

Disease Burden[8]



Coverage

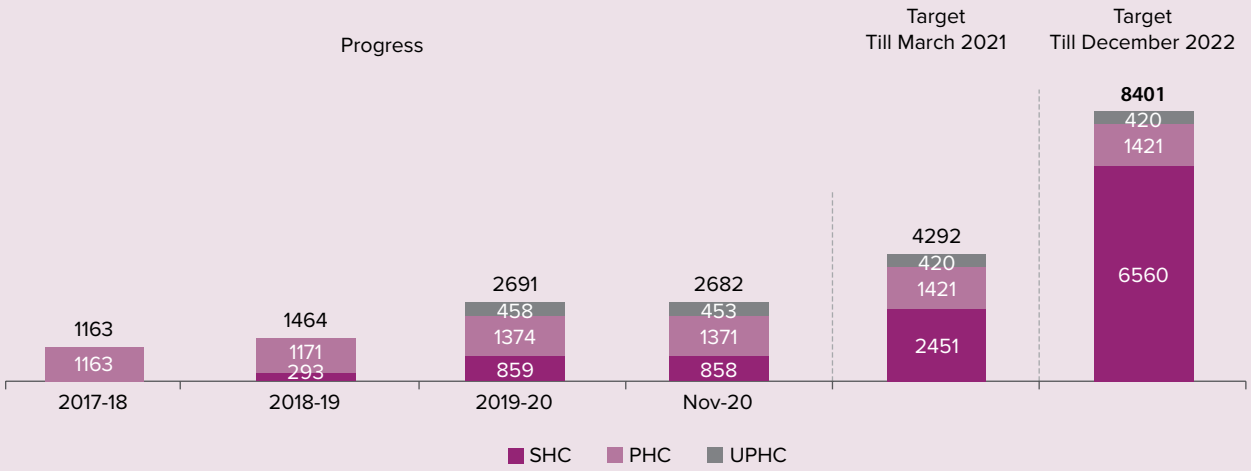
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

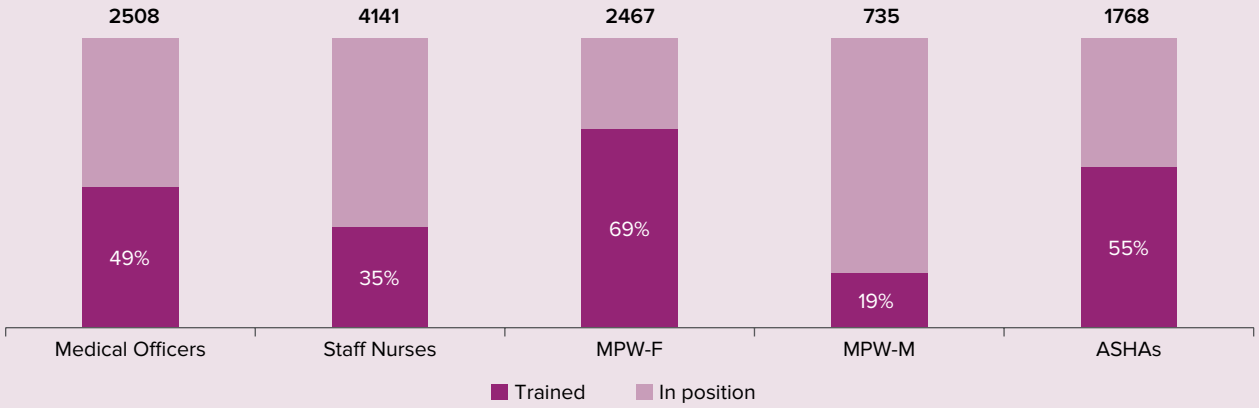
Achievements

Progress in HWC operationalization over the years[6]

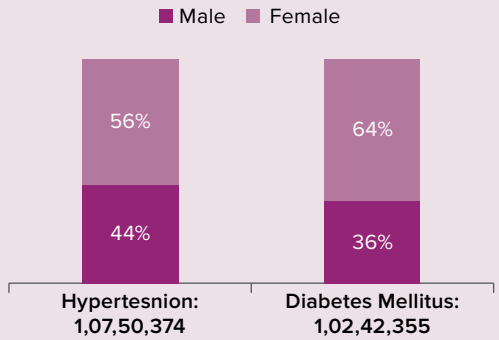


**Total SHCs- 8712 (1421 SHCs co-located with PHCs removed from total target)*

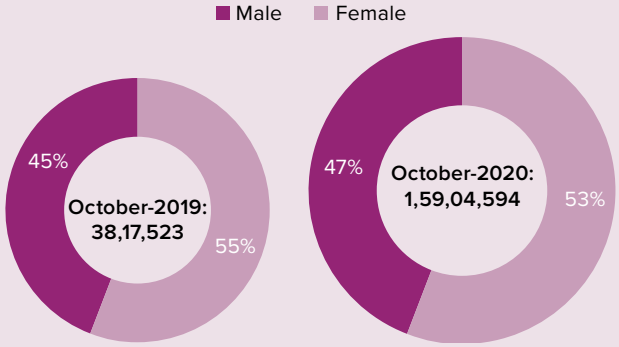
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 2,79,656

Source: [6]AB-HWC Portal

In so far as maternal and child health goals are concerned, the state is a forerunner in achievement in the country. However, the disease burden data demonstrate that over 60% of the disease burden is due to chronic Non-Communicable Diseases (NCDs), and over 20% is due to Communicable and Maternal, Neonatal and Nutritional diseases. The state is in highest epidemiological transition level as per India State-Level Disease Burden 2017 report. The high burden of chronic diseases points to a critical need to address primary and secondary prevention, both of which require a well functional primary health care system.

In 2016, the state embarked on an expansion of a selective package of primary health care services as part of state's Universal Health Coverage (UHC) strategy. Since then, the state has upgraded around 30% of target facilities to Ayushman Bharat-Health and Wellness Centres (AB-HWCs), building on a robust health system. Two aspirational districts - Virudhanagar and Ramanathapuram have been prioritized for delivery of comprehensive primary health care with 207 functional HWCs being established in these two districts. The state is currently developing a Population Health Registry (PHR), to form the basis for a Comprehensive UHC IT Platform. The state has also strengthened laboratory services at HWC level, through a Hub and Spoke Model, linked to a Laboratory Management Information System (LMIS).

In the context of the COVID-19 situation, the state has emerged as a leader in using the Government of India's e-Sanjeevani platform for tele-consultation and created state specific guidelines for 'Cocooning of Vulnerable' for 12 common co-morbid conditions. State also pioneered the use of aggressive and focused 100 percent RTPCR testing through establishment of Government and private testing centers in all the districts, setting up extensive static and mobile fever camps and sample collection centers to ensure easy accessibility of care, house to house surveys, using of focus volunteers to ensure effective contact tracing, treatment and containment and making available the medicines in a decentralized manner in all the districts through the Tamil Nadu Medical Services Corporation.

States' best practices that need assessment for scaling up include the engagement of a Woman Health Volunteer (WHV) from Self Help Groups, (in lieu of a community and home-based worker such as the ASHA), the creation of a population health registry, and a more active role of the Village Health Nurse (Multi-Purpose Worker - Female) in follow up for hypertension and diabetes. These would further guide the strategies for achieving Universal Health Coverage through strengthened primary health care system.

The state has operationalized 2682 HWCs, and with a robust HR, effective systems for IT, procurement and logistic supplies, the target of physical achievement of transforming all facilities to HWCs by December 2022 is feasible.

TELANGANA

HEALTH OUTCOMES

	Telangana			India	
Maternal Mortality Ratio[1]	↓ 63			113	
Infant Mortality Rate[1]	↓ 27			32	
Under five mortality rate[2]	↓ 30			36	
Neonatal mortality rate[2]	↓ 19			23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 4.8			7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 28.4			35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	48.2			50.4	
Tuberculosis - annualized total case notification rate*[5]	150			100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M	
	7.4	12.2	6.7	10.4	
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M	
	6.9	6.0	5.8	8	

SERVICE DELIVERY

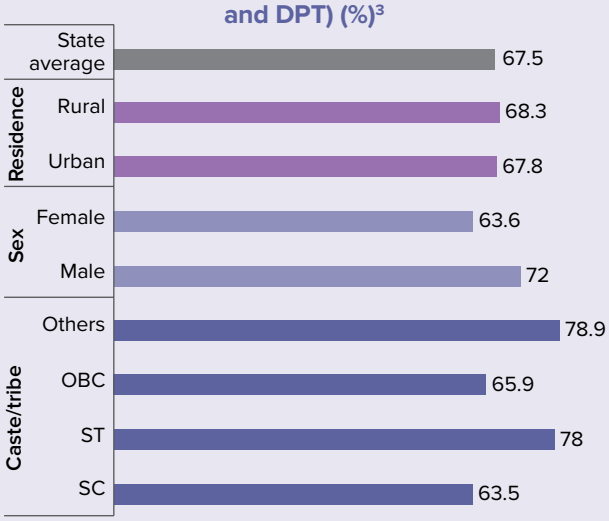
	Telangana	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	47.6	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods[3]	57	47.8
Total unmet need for Family Planning among currently married women (15-49 years)[3]	7.4	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT)[3]	67.5	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	56.8	50.6

HEALTH DETERMINANTS

	Telangana	India
Households with an improved water drinking source (%)[3]	77.9	89.9
Households using improved sanitation (%)[3]	50.5	48.4
Women who consume alcohol - 15-49 years (%)[3]	8.7	1.2
Men who consume alcohol - 15-49 years (%)[3]	53.8	29.2
Women who use any kind of tobacco (%)[3]	2.8	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	28.2	44.5
Households using clean fuel for cooking (%)[3]	67.3	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

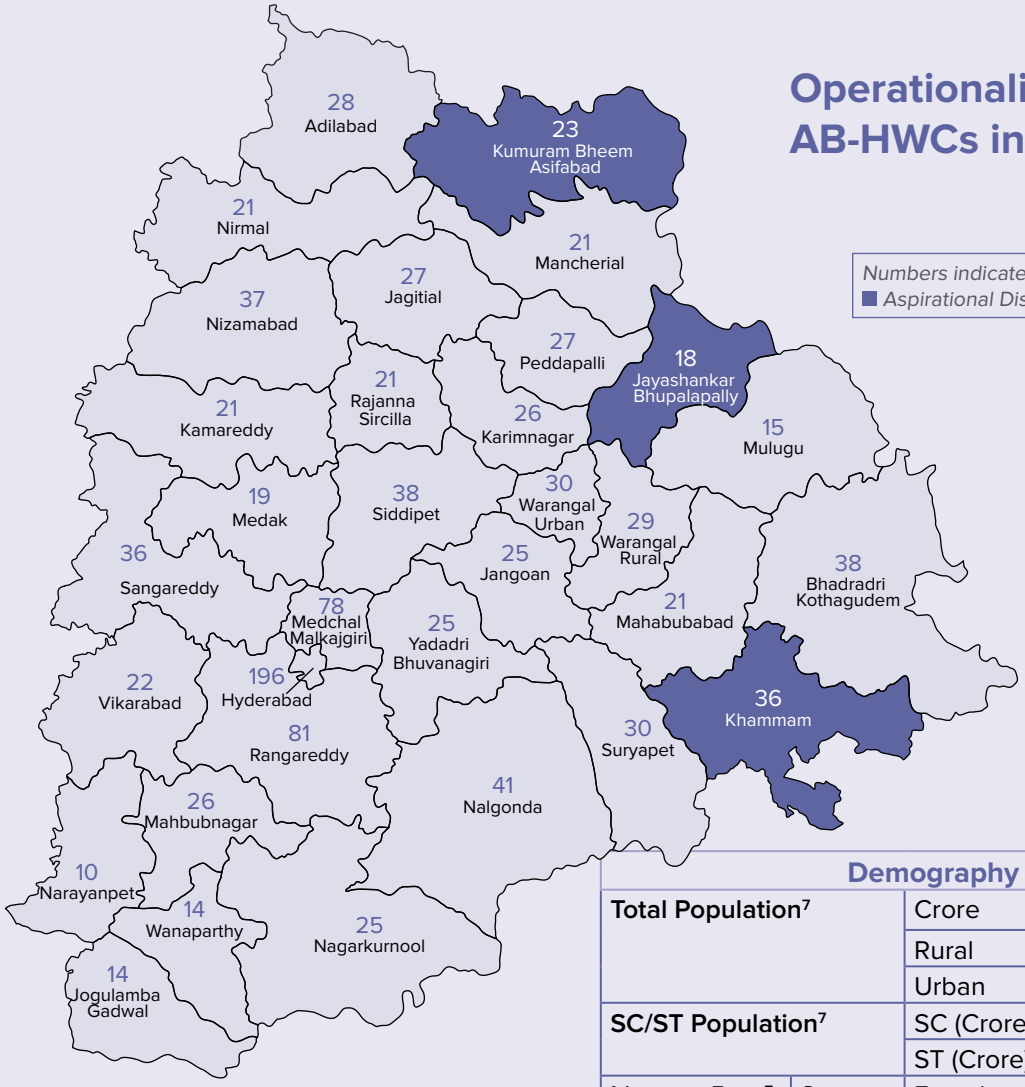


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

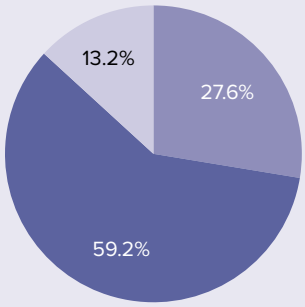


Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography

Total Population[7]		Crore	3.5
		Rural	61.12%
		Urban	38.87%
SC/ST Population[7]		SC (Crore)	0.54 (15.62%)
		ST (Crore)	0.31 (9%)
Literacy Rate[7]	State	Female	57.99%
		Total	66.54%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			16.9
Projection (2021) of Elderly Population[7]			11%

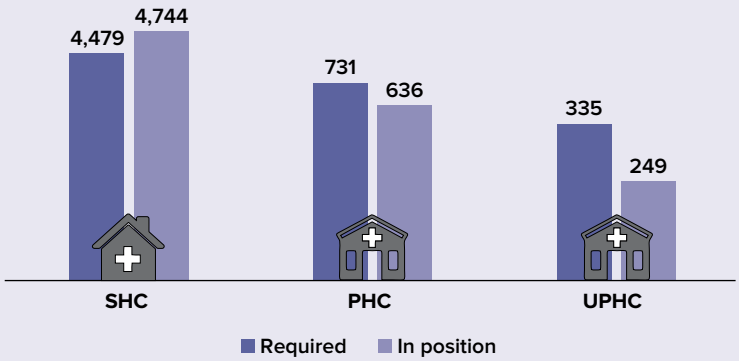
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

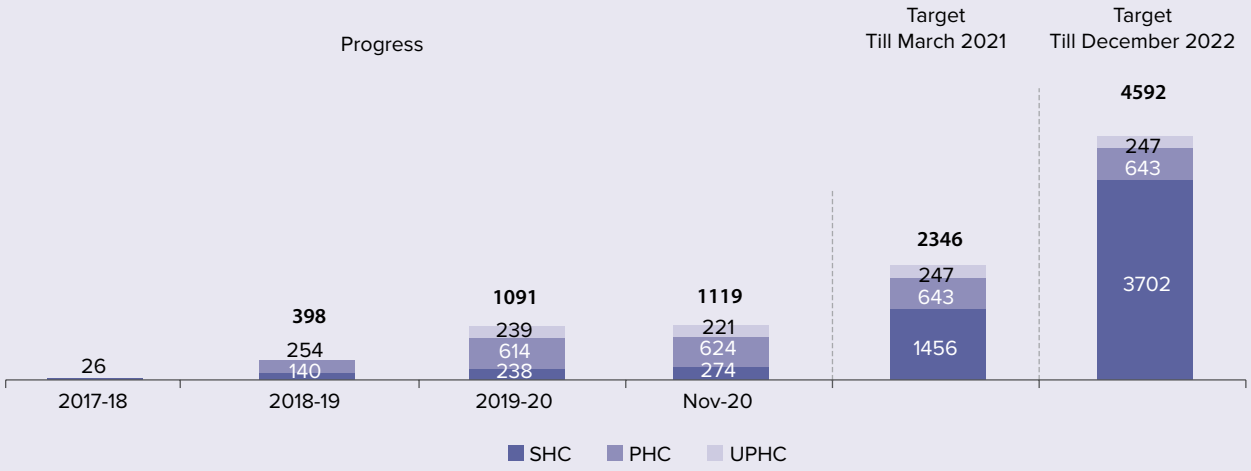
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

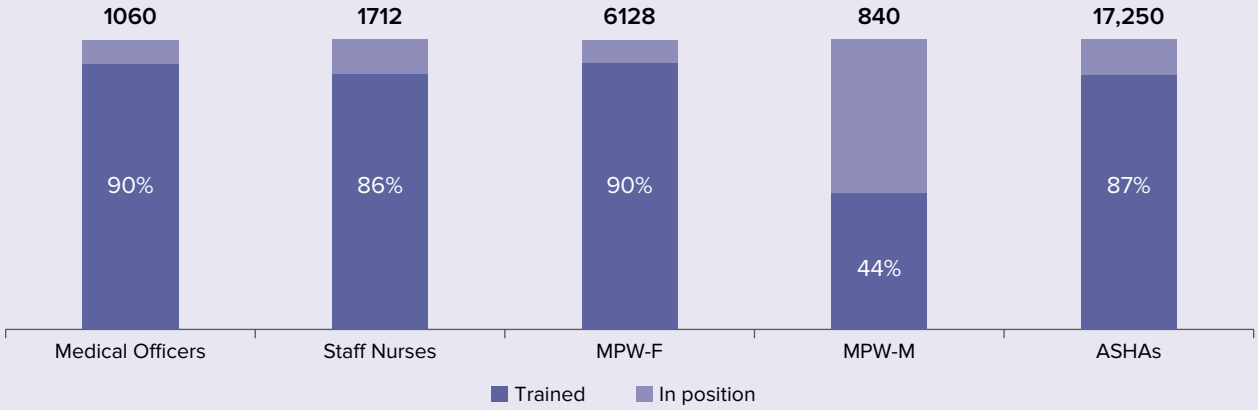
Achievements

Progress in HWC operationalization over the years[6]

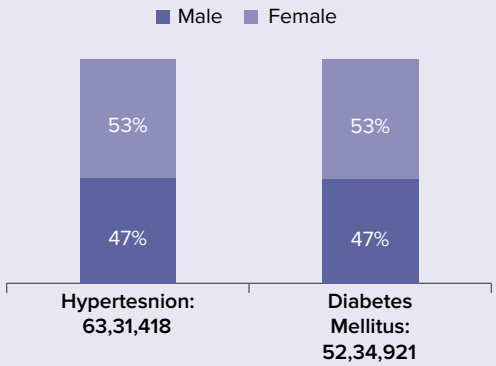


**Total SHCs- 4744 (643 SHCs co-located with PHCs removed from total target)*

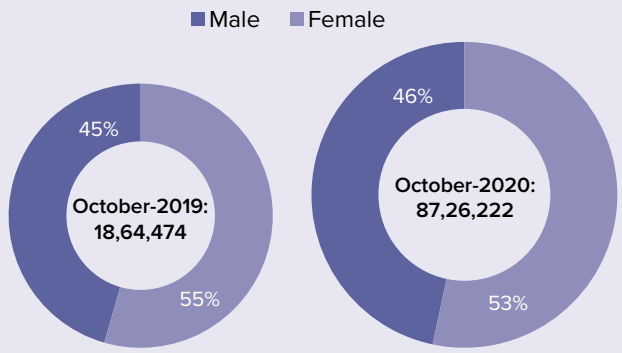
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 44,059

Source: [6]AB-HWC Portal

The state performs better than the national average on most indicators related to Communicable Diseases, Reproductive, Maternal and Child Health Services. The state is in higher-middle epidemiologic transition level as per India State-Level Disease Burden 2017 report. The disease burden data reveals that over 60% of the disease burden is due to chronic Non-Communicable Diseases (NCD), and over a quarter (27%) is due to Communicable, Maternal, Neonatal and Nutritional diseases.

The state embarked on an expansion of a selective package of primary health care services, with the launch of Ayushman Bharat-Health and Wellness Centres (AB-HWCs) and has upgraded around 24% of target facilities to Health and Wellness Centres (HWCs) till date. Aspirational districts - Adilabad, Khammam and Asifabad have been prioritized and around 87 HWCs have been operationalized in these districts. Training of human resources is an essential criterion for upgradation to HWCs. Barring MPW(M), state has trained more than 85% of its MOs, MPW(F), Staff Nurses and ASHAs in NCDs.

The state last year, reported 68 lakh footfalls at HWCs which is an increase of more than 300% demonstrating the functionality of HWC and people's trust in public health facilities. Considering the significant proportion of elderly population (11%), state has initiated delivery of elderly care closer to the community through SHC-HWCs. Pilots for mental health care and palliative care have also been rolled out at SHC-HWCs in the State. The state has strengthened the laboratory services at HWC level, through a Hub and Spoke Model. Basti-Dawakhanas, with a Medical Officer, have emerged as a successful model covering 20,000 population in urban areas. The state has also experimented with weekly elderly clinics and specialist evening clinics in urban areas to cater to the needs of people.

During lockdowns in COVID-19 pandemic, HWC team members ensured special care for hypertensive and diabetic patients through doorstep blood pressure/ blood sugar check-ups and drug delivery to the residences of patients.

The state is thus progressing towards Universal Health Coverage by expanding the coverage of services through HWCs, and testing several models that need to be assessed for scaling up particularly in the context of enhanced public health action in HWC. Currently, there are gaps in meeting the targets for SHC-HWCs due to slow pace in training and recruitment of Community Health Officers (CHO). However, with integration of the skills and competencies needed to become a CHO, in the nursing curriculum the state is likely to achieve the HWC target by 2022.

Teleconsultation services

Blood pressure measurement

CHO measuring blood pressure of patients in the community

Health promotion activities by CHO

TRIPURA

HEALTH OUTCOMES

	Tripura		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **27**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **6.3**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **24.1**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	54.4		50.4	
Tuberculosis - annualized total case notification rate*[5]	47		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	9.9	12.3	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.7	9.6	5.8	8

SERVICE DELIVERY

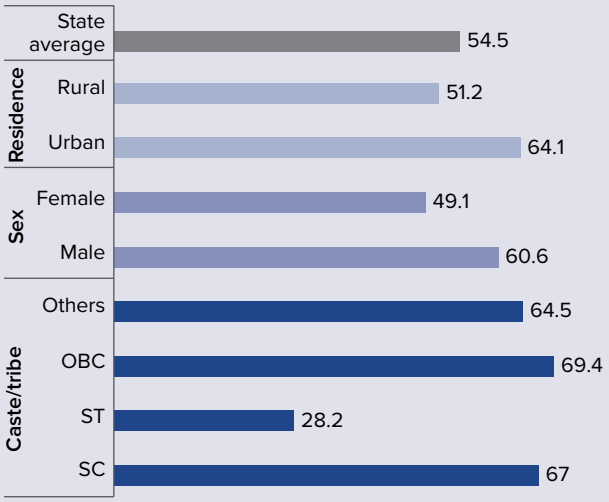
	Tripura	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	93.8	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	90.7	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	42.8	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	10.7	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	54.5	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	46.3	50.6

HEALTH DETERMINANTS

	Tripura	India
Households with an improved water drinking source (%)[3]	87.3	89.9
Households using improved sanitation (%)[3]	61.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	4.8	1.2
Men who consume alcohol - 15-49 years (%)[3]	57.6	29.2
Women who use any kind of tobacco (%)[3]	42.2	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	67.8	44.5
Households using clean fuel for cooking (%)[3]	31.9	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

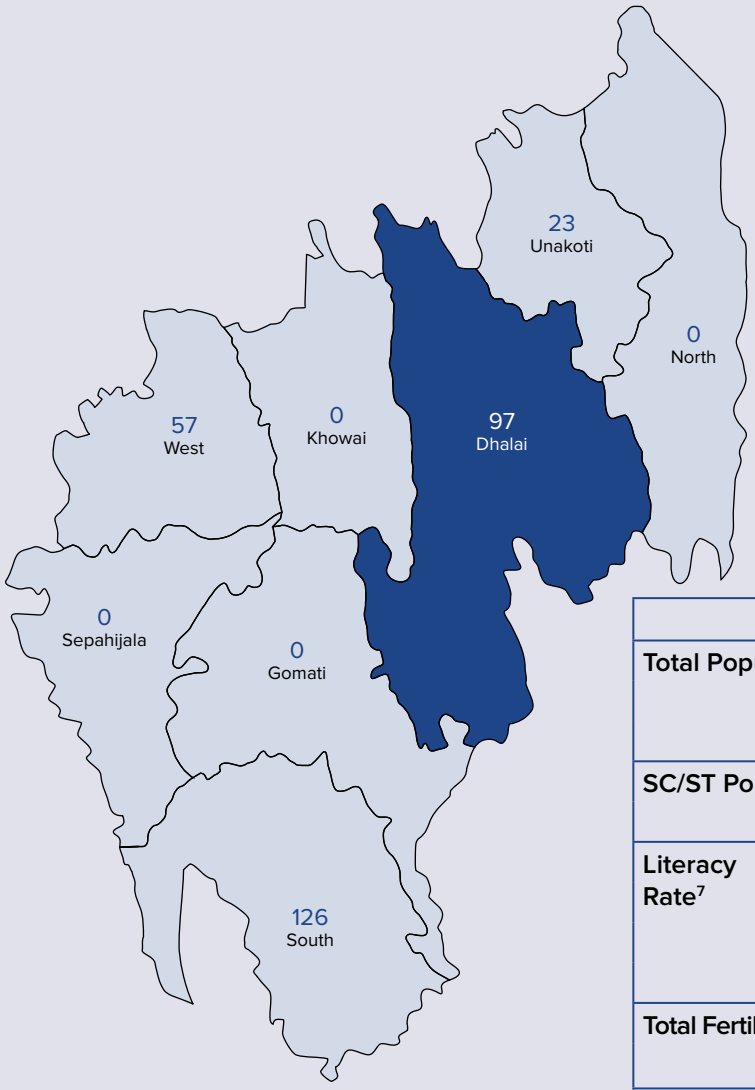


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

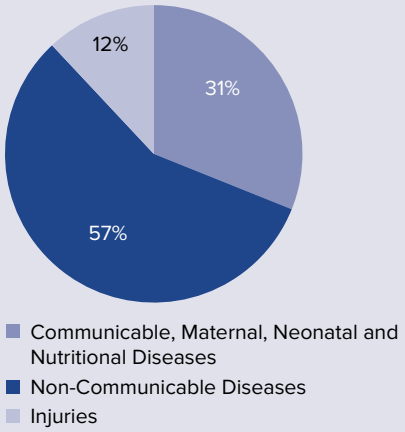
** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]



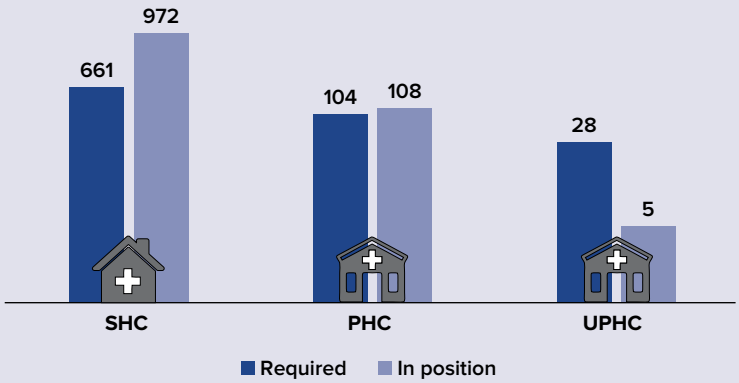
Demography			
Total Population[7]		Lakh	36.7
		Rural	73.83%
		Urban	26.19%
SC/ST Population[7]		SC (Lakh)	6.5 (17.82%)
		ST (Lakh)	11.6 (31.75%)
Literacy Rate[7]	State	Female	82.73%
		Total	87.22%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			13
Projection (2021) of Elderly Population[7]			NA

Disease Burden[8]



Coverage

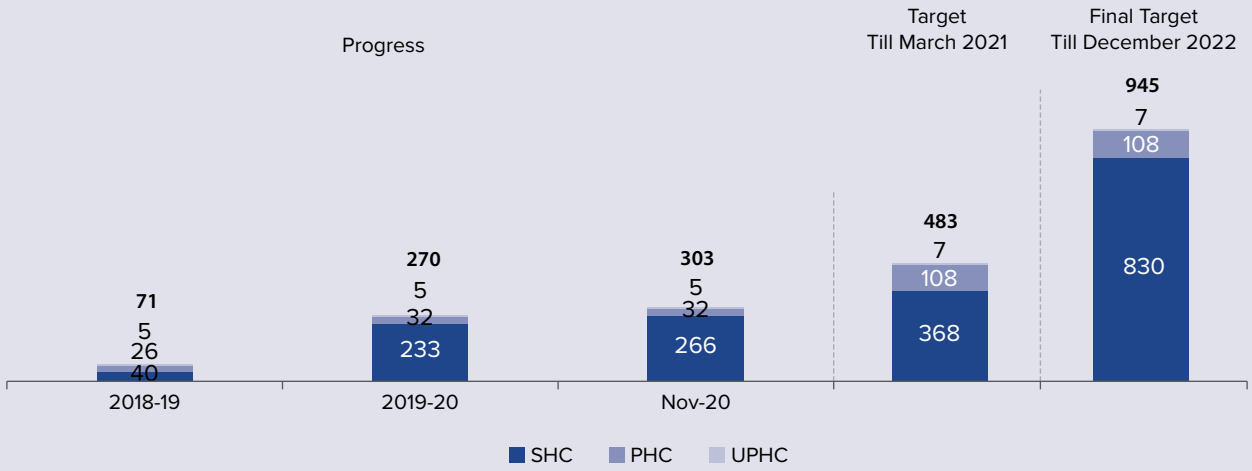
Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

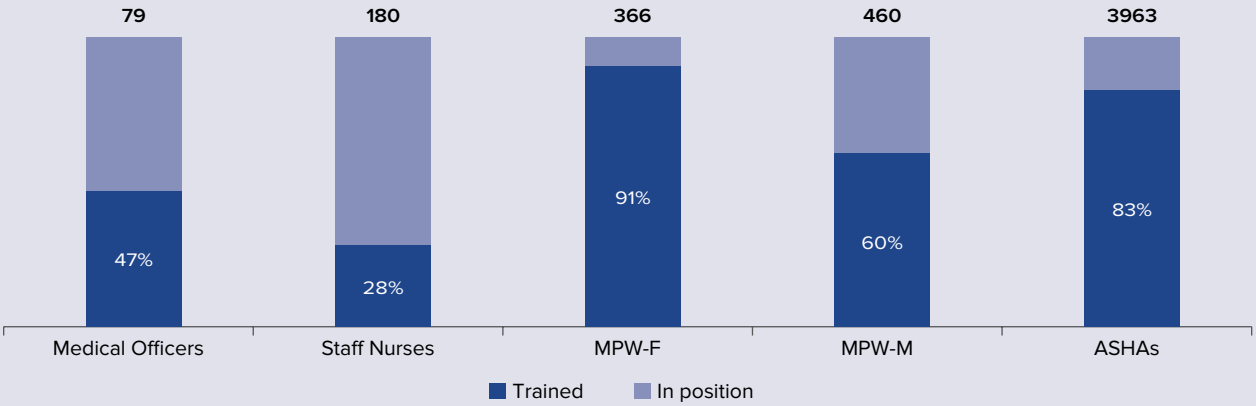
Achievements

Progress in HWC operationalization over the years[6]

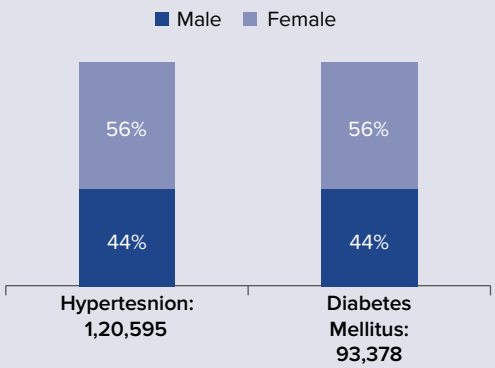


**Total SHCs- 1020 (108 SHCs co-located with PHCs removed from total target)*

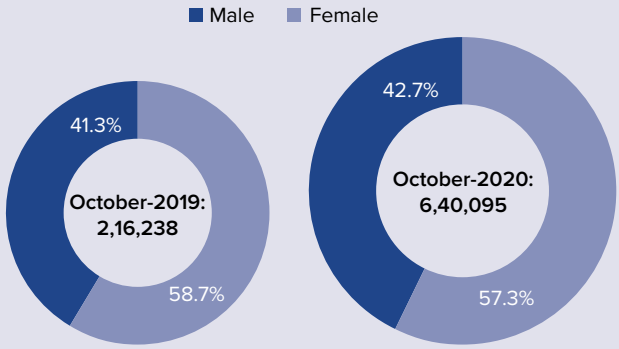
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness sessions conducted at AB-HWCs[6] - 11,278

Source: [6]AB-HWC Portal

The state of Tripura is currently in the lower-middle epidemiological transition group with thirty one percent of the disease burden attributed to Communicable, Maternal, New-born and Nutrition related conditions. The data also shows a gradual shift of disease burden to Non-Communicable Diseases (NCD). Possible risk factors include the high reported use of tobacco in women and men, and high alcohol use in men, both of which can be addressed through well designed health promotion efforts executed at the primary health care level in conjunction with a robust primary health care system.

Ayushman Bharat-Health and Wellness Centres (AB-HWC) initiative was launched in 2018 in the State and since then, the state has operationalized about 303 HWCs, which represents 30% of the total target till December 2022. Nearly one third of these HWCs (97 HWCs) are located in the state's single aspirational district - Dhalai. In order to expand the service delivery package from selective to comprehensive primary health care, implementation of screening, prevention, control and management of common Non-Communicable Diseases (NCDs) was undertaken through all the HWCs. The screening was launched in campaign mode to ensure high coverage. State also introduced a "Yearly Treatment Card" or "Health Card" as paper-based treatment records for enabling treatment adherence.

State has integrated Yoga training in the Certificate Programme for Community Health (CPCH) for Community Health Officers (CHOs) with the aim of making wellness activities sustainable at HWCs in the long run. Home based palliative care also integrated with CPCH and presently services are provided by primary health care teams at all functional HWCs.

During the lockdown period all HWCs were functional and provided essential services. Well-equipped HWCs led by competent CHOs proved to be beneficial during the COVID-19 pandemic. CHO was involved for COVID screening at different places, collection of swab, management of COVID care centre and creating awareness in the community. The state conducted an ILI/SARI survey for COVID-19, which was undertaken by trainee CHOs during the lockdown period ensuring optimum utilization of resources.

The state is well on its way to meeting the goal of operationalizing target HWCs by 2022. The state has the requisite number of Primary Health Centres (PHCs) and Sub Health Centres (SHCs) in place in rural areas, but efforts are needed to improve the availability of infrastructure in in urban areas.

CHOs counselling breastfeeding mother

HWC staff after completing NCD screening

CHOs screening beneficiaries for HTN

During immunisation session at HWCs

UTTAR PRADESH

HEALTH OUTCOMES

	Uttar Pradesh		India	
Maternal Mortality Ratio[1]	197		113	
Infant Mortality Rate[1]	43		32	
Under five mortality rate[2]	47		36	
Neonatal mortality rate[2]	32		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 6		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	39.5		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	51		50.4	
Tuberculosis - annualized total case notification rate*[5]	102		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	5.9	8.2	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.0	7.1	5.8	8

SERVICE DELIVERY

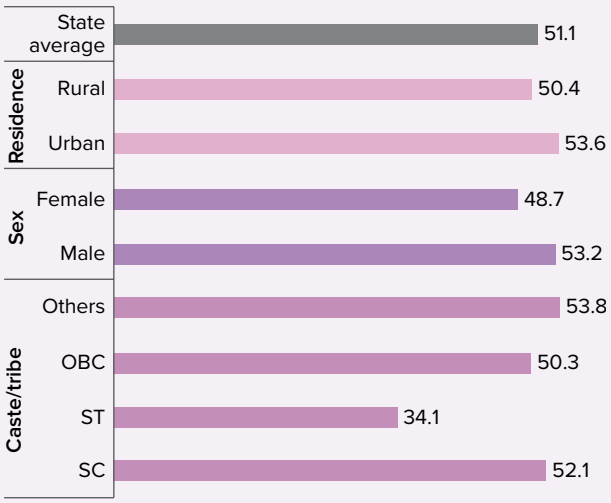
	Uttar Pradesh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	88.2	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	72.0	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	31.7	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	18.1	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	51.1	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	37.9	50.6

HEALTH DETERMINANTS

	Uttar Pradesh	India
Households with an improved water drinking source (%)[3]	96.4	89.9
Households using improved sanitation (%)[3]	35	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.2	1.2
Men who consume alcohol - 15-49 years (%)[3]	22.1	29.2
Women who use any kind of tobacco (%)[3]	7.6	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	53	44.5
Households using clean fuel for cooking (%)[3]	32.7	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

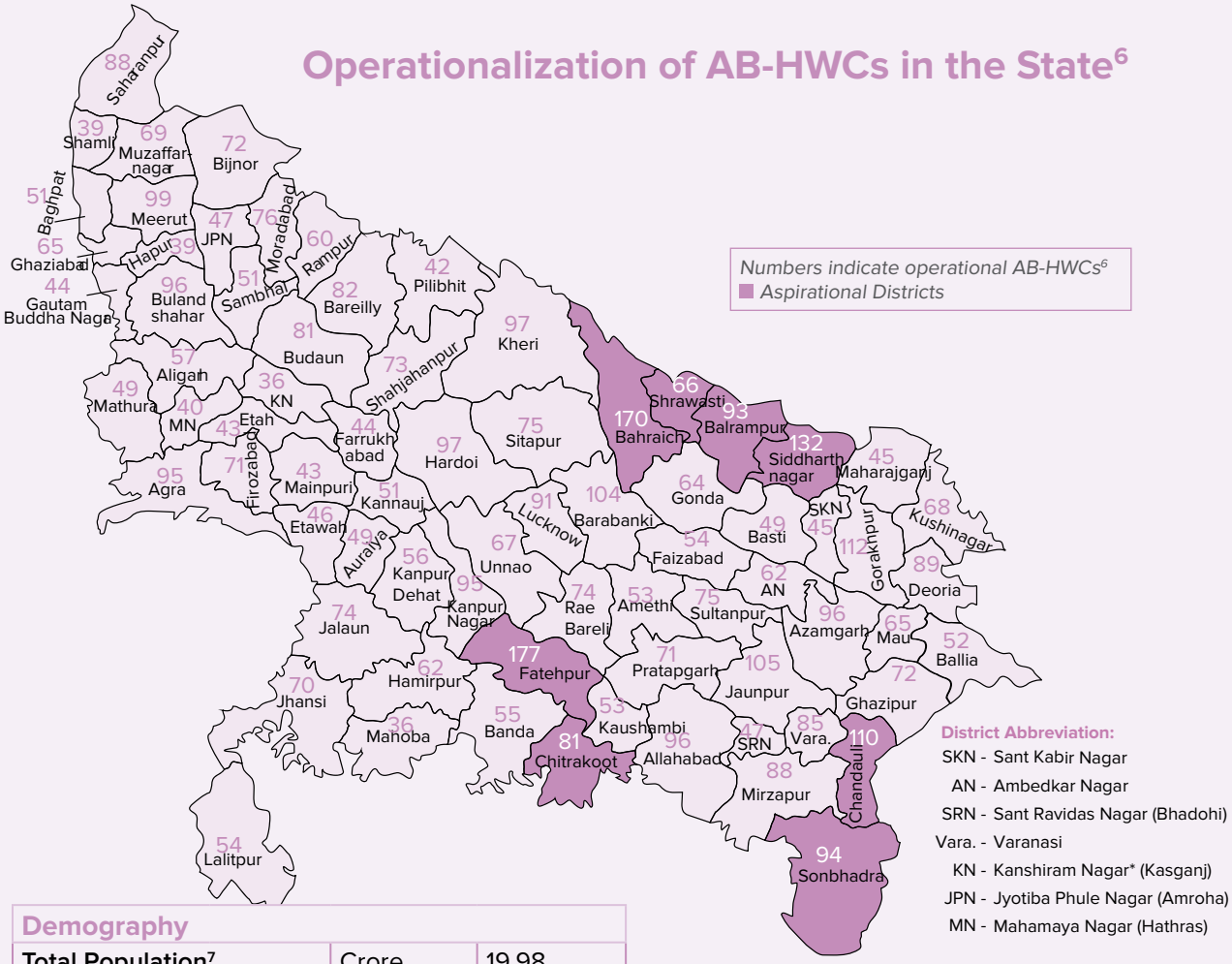


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]



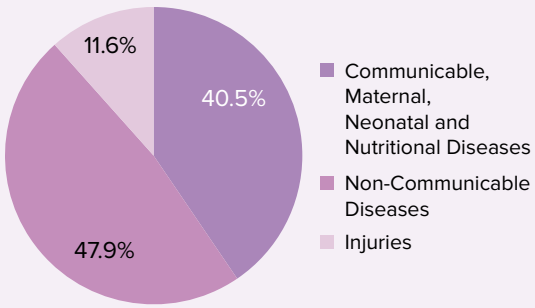
Demography

Total Population[7]		Crore	19.98
		Rural	77.73%
		Urban	22.27%
SC/ST Population[7]		SC (Crore)	4.1 (20.7%)
		ST (Crore)	0.11 (0.56%)
Literacy Rate[7]	State	Female	57.18%
		Total	67.68%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	2.9
		India	2.2
Crude Birth Rate (CBR)[2]			25.6
Projection (2021) of Elderly Population[7]			8.1%

Finance[10]

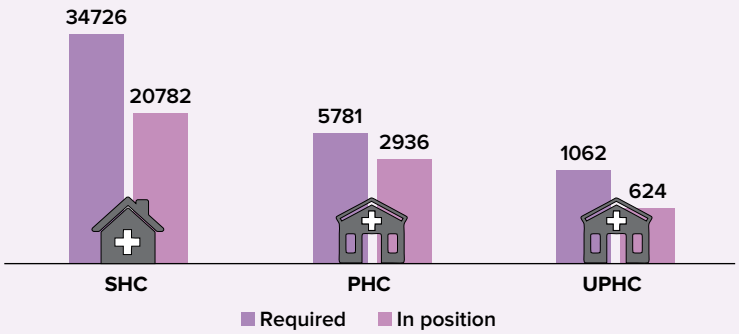
Per capita Government Health Expenditure	State	772
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	74.8%
	India	58.7%

Disease Burden[8]



Coverage

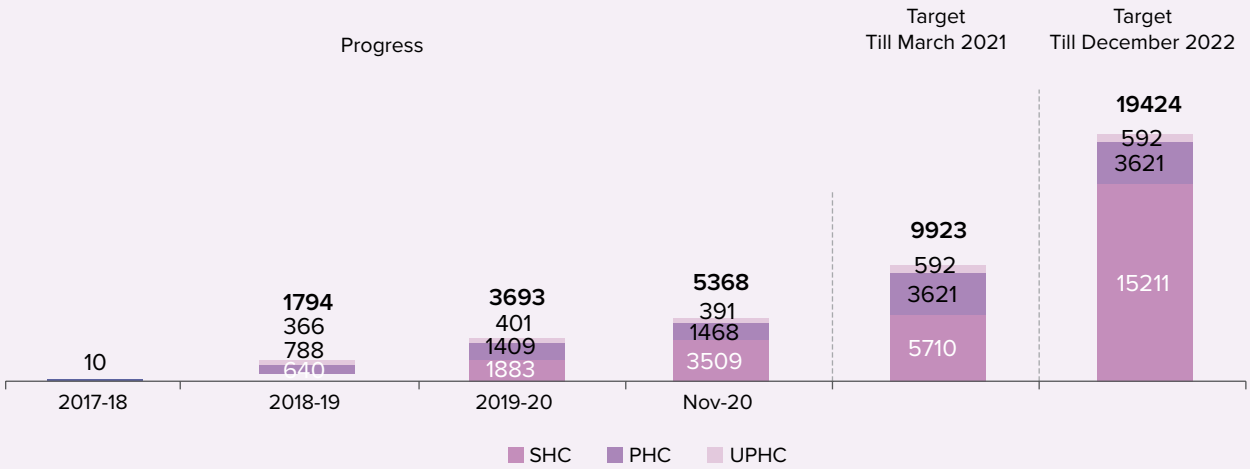
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

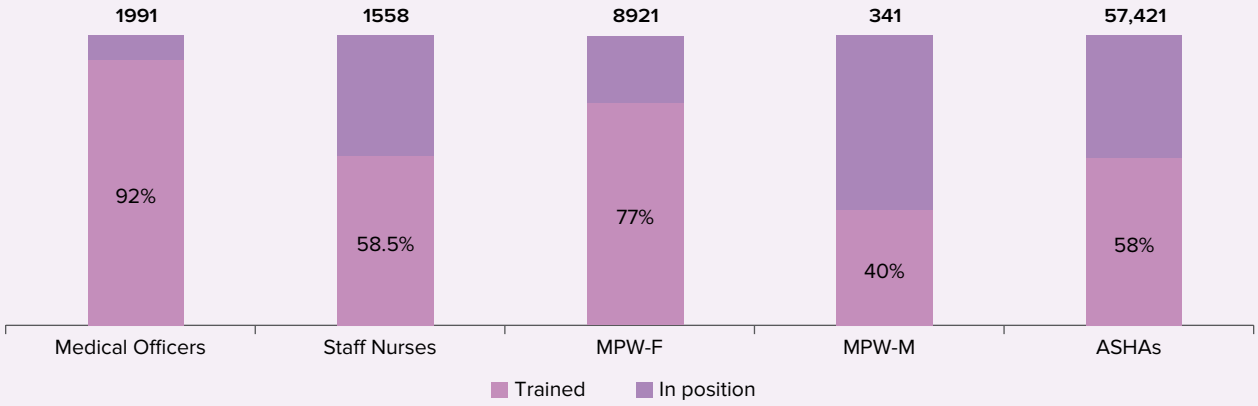
Achievements

Progress in HWC operationalization over the years[6]

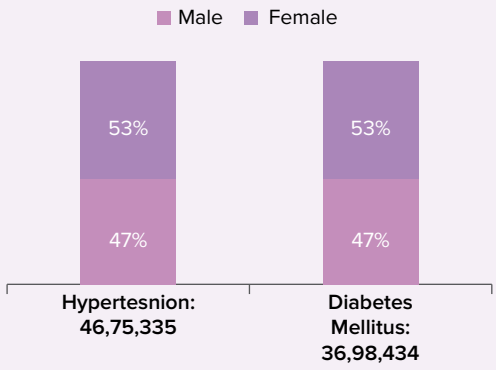


**Total SHCs- 20,521 (3,621 SHCs co-located with PHCs removed from total SHC-HWC target)*

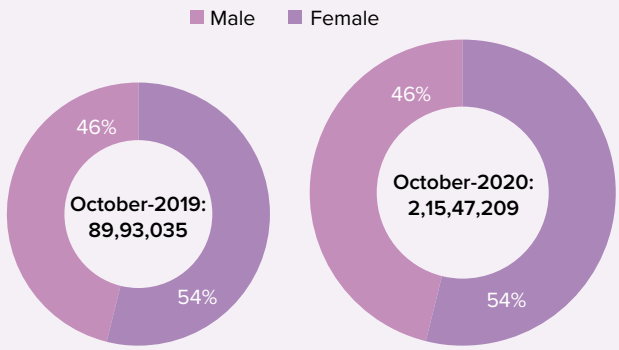
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 3,19,901

Source: [6]AB-HWC Portal

Uttar Pradesh is in the stage of early epidemiologic transition. While two fifths of the disease burden is due to Communicable, Maternal, Neonatal and Nutritional diseases, mortality and morbidity due to Non-Communicable Diseases (NCDs) and injuries is rising. Along with dual disease burden, low per capita health expenditure (almost half of the national average) and high out of pocket expenditure (74.8% compared to the national average of 58.7%) indicates the need to strengthen the primary health care system.

Like a few other states, Uttar Pradesh also began establishing Health and Wellness Centres (HWC) before the national launch of the Ayushman Bharat-Health and Wellness Centres (AB-HWC). The state has operationalized about 5375 health facilities in rural and urban areas to HWCs, which represents 25% of the total target. 923 of these HWCs are located in the eight aspirational districts of the state. The lack of infrastructure and human resources are key barriers in realising the target of operationalizing HWCs.

The state has experimented with the use of online training and blended learning to support the Community Health Officer (CHO) in completing the Certificate Programme in Community Health (CPCH) for nurses, a mandatory requirement to operationalize HWC. This version of the CPCH course facilitates online sessions and tele mentoring for theory-based learning, using a hub and spoke model and regular onsite clinical postings. This approach, especially during the time of the COVID-19 pandemic, holds promise, and needs further assessment with regard to competency and proficiency of the Community Health Officers. The state has also enabled provision of teleconsultation services to non-Smart phone users through e-Sanjeevani OPD at SHC-HWCs. CHOs have facilitated provision of teleconsultation at the most peripheral level, bringing services closer to the community.

In order to expedite the target of universal population-based screening of all adults over thirty years of age, the state undertook NCD screening in a campaign mode. The state also emphasises the value of wellness at all operational HWC and ensures that CHOs are trained in a three-day Certificate Course on Yoga through the State university. The state has integrated the managerial and programmatic structures for community processes and primary health care, enabling a strong community orientation to the delivery of Comprehensive Primary Health Care.

For the state of Uttar Pradesh, action to strengthen the primary health care system is an urgent necessity - it will enable focused action to ensure equitable maternal, new-born and child health and enable progression of strategies related to the prevention, control and management of chronic diseases. Context specific innovations and good practices to address these challenges would facilitate state's progress towards Universal Health Coverage through delivery of Comprehensive Primary Health Care.

UTTARAKHAND

HEALTH OUTCOMES

	Uttarakhand				India	
Maternal Mortality Ratio[1]	↓ 99				113	
Infant Mortality Rate[1]	↓ 31				32	
Under five mortality rate[2]	↓ 33				36	
Neonatal mortality rate[2]	↓ 22				23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	9				7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 26.6				35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	46.5				50.4	
Tuberculosis - annualized total case notification rate*[5]	163				100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M	F	M
	7.3	13.4	6.7	10.4		
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M		
	6.1	8.8	5.8	8		

SERVICE DELIVERY

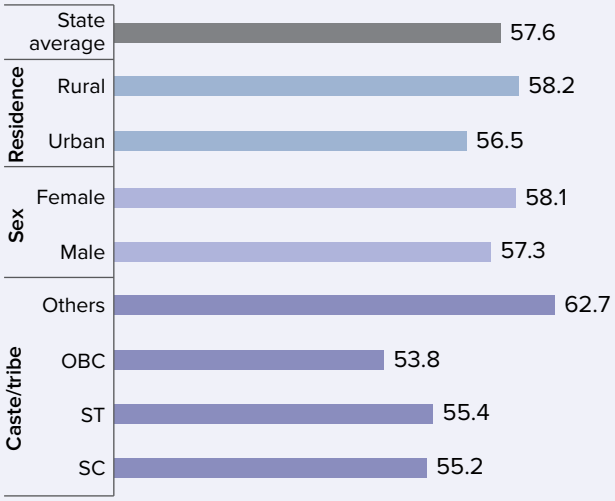
	Uttarakhand	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	88.8	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	66.7	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	49.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	15.5	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	57.6	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	56	50.6

HEALTH DETERMINANTS

	Uttarakhand	India
Households with an improved water drinking source (%)[3]	92.9	89.9
Households using improved sanitation (%)[3]	64.5	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.3	1.2
Men who consume alcohol - 15-49 years (%)[3]	35.2	29.2
Women who use any kind of tobacco (%)[3]	2.9	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	43.7	44.5
Households using clean fuel for cooking (%)[3]	51	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

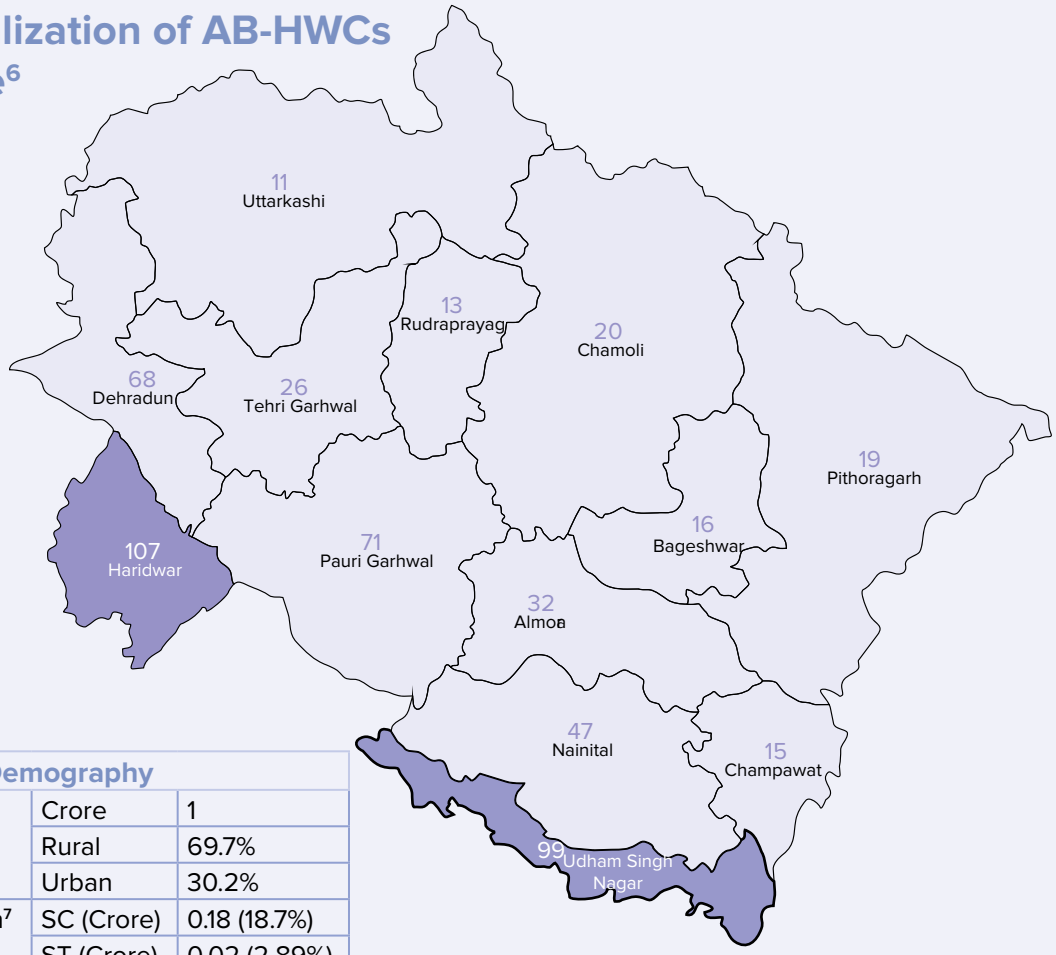


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

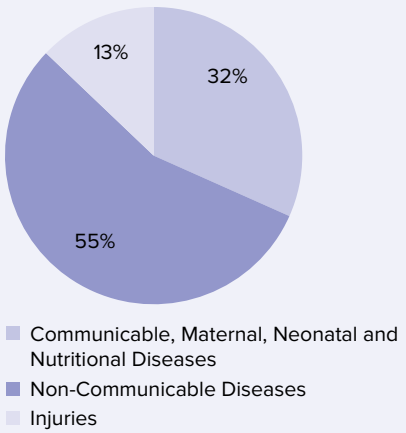


Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Crore	1
		Rural	69.7%
		Urban	30.2%
SC/ST Population[7]		SC (Crore)	0.18 (18.7%)
		ST (Crore)	0.02 (2.89%)
Literacy Rate[7]	State	Female	70.01%
		Total	78.82%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.8
		India	2.2
Crude Birth Rate (CBR)[2]			16.7
Projection (2021) of Elderly Population[7]			10.6%

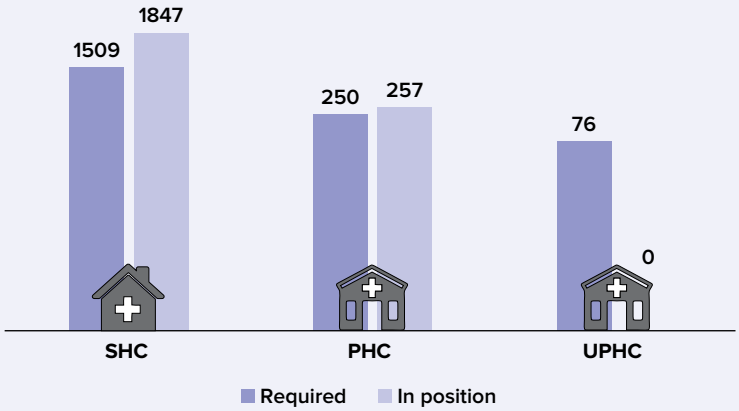
Finance[10]		
Per capita Government Health Expenditure	State	1,450
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	62.1%
	India	58.7%

Disease Burden[8]



Coverage

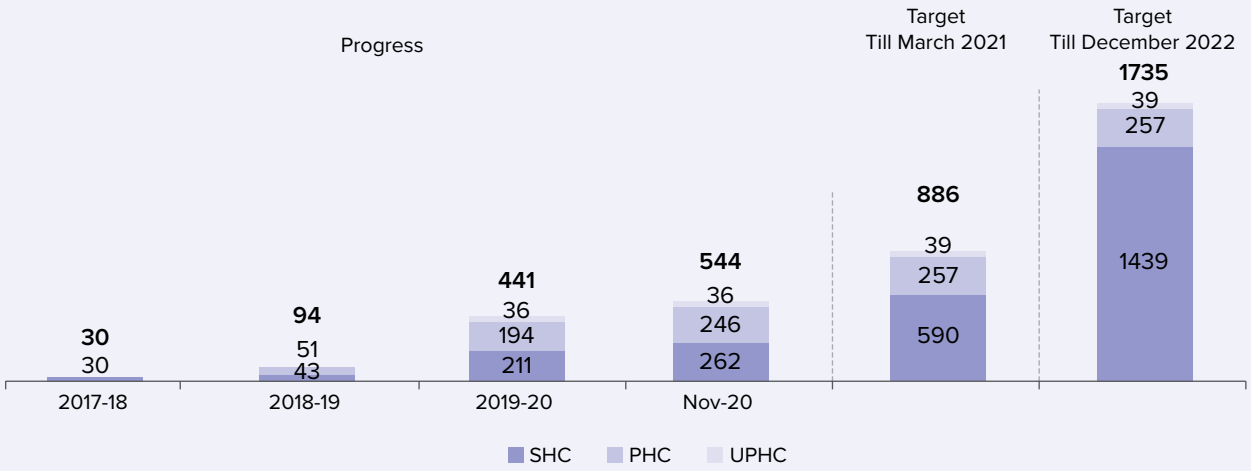
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

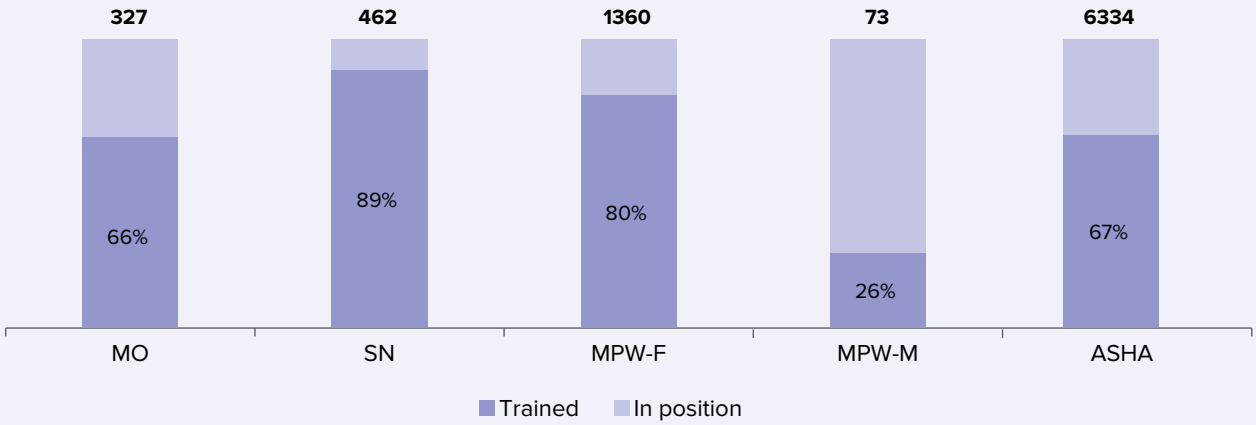
Achievements

Progress in HWC operationalization over the years[6]

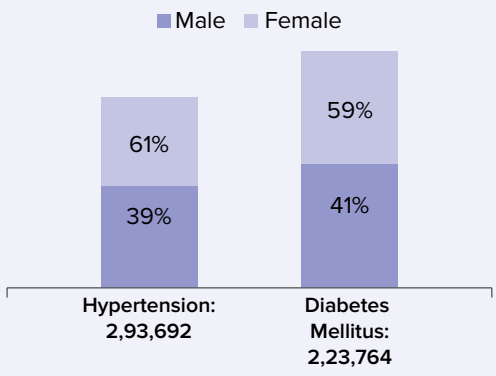


**Total SHCs- 1847 (257 SHCs co-located with PHCs removed from total target)*

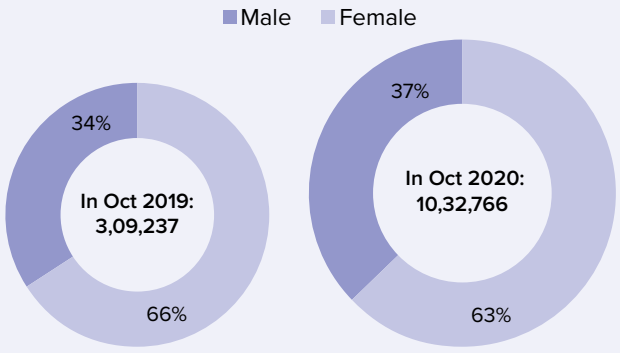
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 21,633

Source: [6]AB-HWC Portal

The state of Uttarakhand is one of the hilly states (the others being Himachal Pradesh and Jammu & Kashmir), included in the Empowered Action Group (EAG) of states at the time of the launch of the National Rural Health Mission (NRHM) in 2005, given the barriers of difficult geographical terrain to health care seeking and provision. The state performs above the national average, in indicators related to maternal, newborn, child health services. However, there is high out of pocket expenditure and State is progressing towards higher level of epidemiological transition with increasing burden of morbidity and mortality related to Non-Communicable Diseases (NCDs) and injuries. The need to address these emerging diseases, and improving indicators related to Reproductive Child health and Communicable diseases require a strong primary healthcare system.

State initiated roll out of Ayushman Bharat-Health and Wellness Centres (AB-HWC) in 2018 and has operationalized around 29% of target facilities by November 2020. In order to ensure equity, the Aspirational districts - Udham Singh Nagar and Haridwar were prioritized for early upgradation of facilities. The highest number of HWCs (99 and 107 HWCs respectively) have been operationalized in these two districts. Despite slow progress on operationalizing HWC, the trend of footfalls in the functional HWC shows significant increases, indicating the demand for quality primary health care.

The presence of Community Health Officers proved to be of value during the COVID-19 pandemic, as they undertook community awareness on the importance of healthy lifestyle. CHOs received training from AIIMS Rishikesh and were involved in provision of Mental Health Counseling of COVID-19 patients and community members.

While the State would be able to transform all primary health care facilities to HWCs by December 2022, the state particularly needs to focus on hard to reach areas in difficult geographical terrains, for indicators related to the health of women and children as well as for chronic diseases, and care of the elderly. The progress on operationalizing urban primary health and wellness centers (UPHC-HWCs) also needs to be expedited. With greater emphasis on addressing these particular challenges, state would be in position to provide universal and equitable access to primary health care, which is key to achieving Universal Health Coverage.

WEST BENGAL

HEALTH OUTCOMES

	West Bengal	India
Maternal Mortality Ratio[1]	↓ **98**	113
Infant Mortality Rate[1]	↓ **22**	32
Under five mortality rate[2]	↓ **26**	36
Neonatal mortality rate[2]	↓ **16**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **6.5**	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **31.6**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	53.6	50.4
Tuberculosis - annualized total case notification rate*[5]	66	100

Hypertension among adults (15-49 years)- Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	West Bengal		India	
	F	M	F	M
	5.9	8.2	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	West Bengal		India	
	F	M	F	M
	5.0	7.1	5.8	8

SERVICE DELIVERY

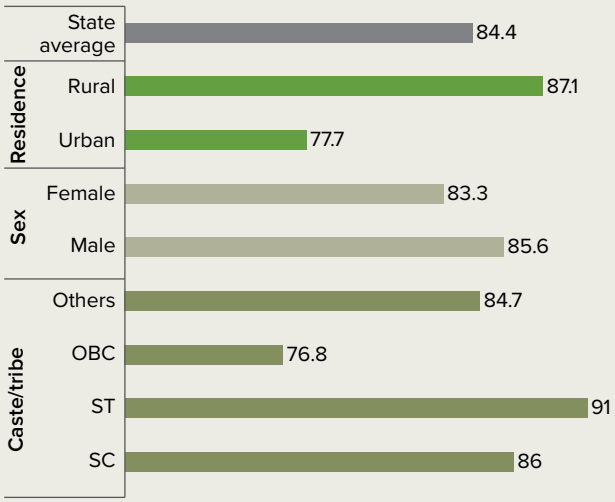
	West Bengal	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	98.6	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	80.1	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	57	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	7.5	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	84.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	64.7	50.6

HEALTH DETERMINANTS

	West Bengal	India
Households with an improved water drinking source (%)[3]	94.6	89.9
Households using improved sanitation (%)[3]	50.9	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.8	1.2
Men who consume alcohol - 15-49 years (%)[3]	28.7	29.2
Women who use any kind of tobacco (%)[3]	8.7	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	58.9	44.5
Households using clean fuel for cooking (%)[3]	27.8	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]

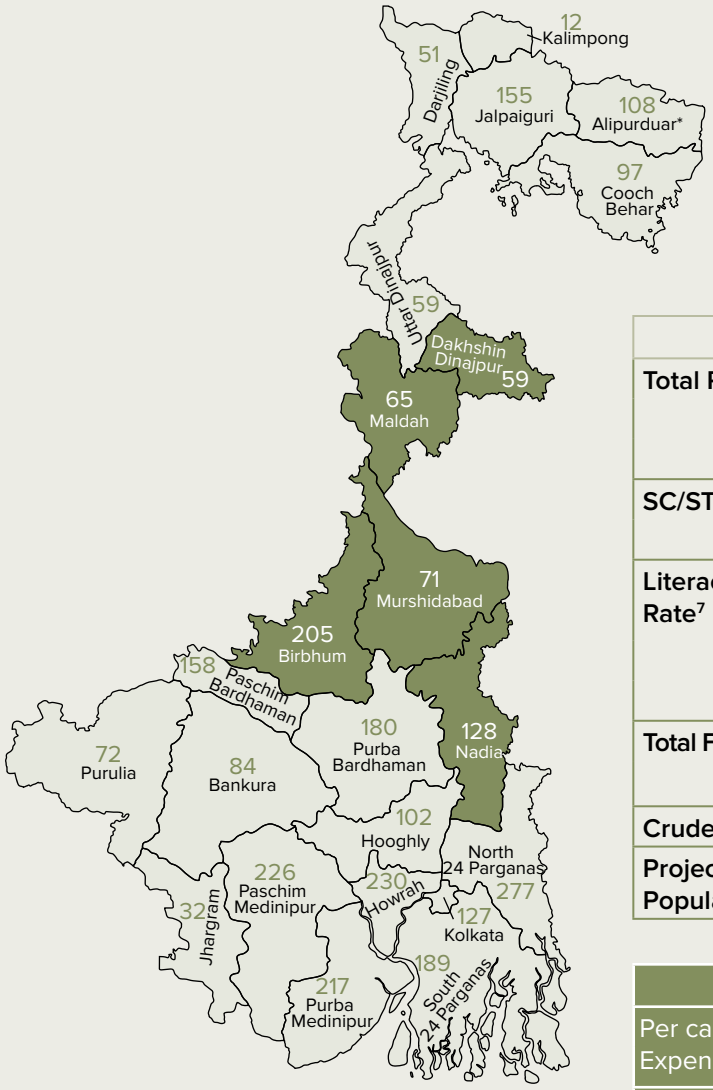


↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the State[6]

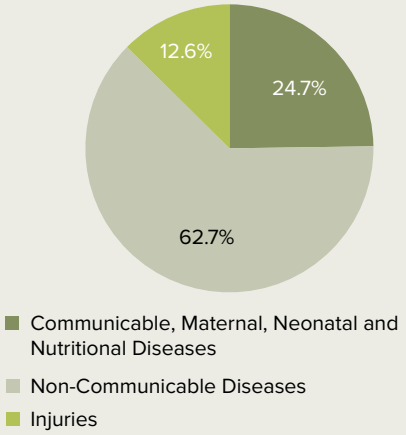


Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Crore	9.1
		Rural	68.1%
		Urban	31.8%
SC/ST Population[7]		SC (Crore)	2.1 (23.5%)
		ST (Crore)	0.52 (5.8%)
Literacy Rate[7]	State	Female	70.54%
		Total	76.26%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	1.5
		India	2.2
Crude Birth Rate (CBR)[2]			15
Projection (2021) of Elderly Population[7]			11.3%

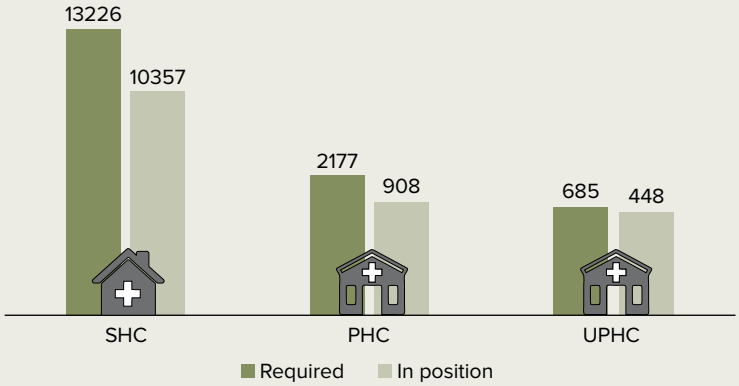
Finance[10]		
Per capita Government Health Expenditure	State	906
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	74.1%
	India	58.7%

Disease Burden[8]



Coverage

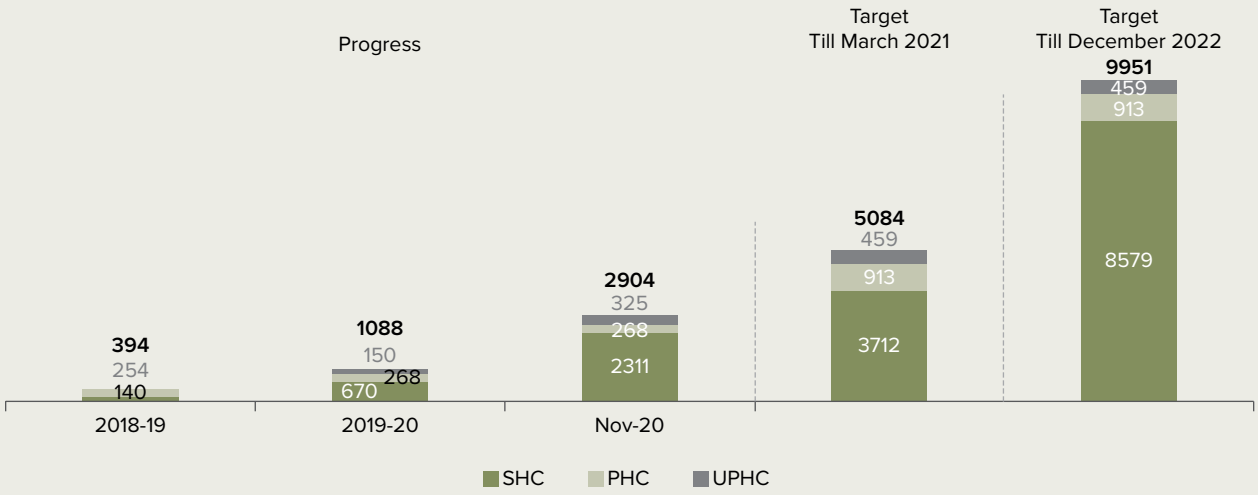
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

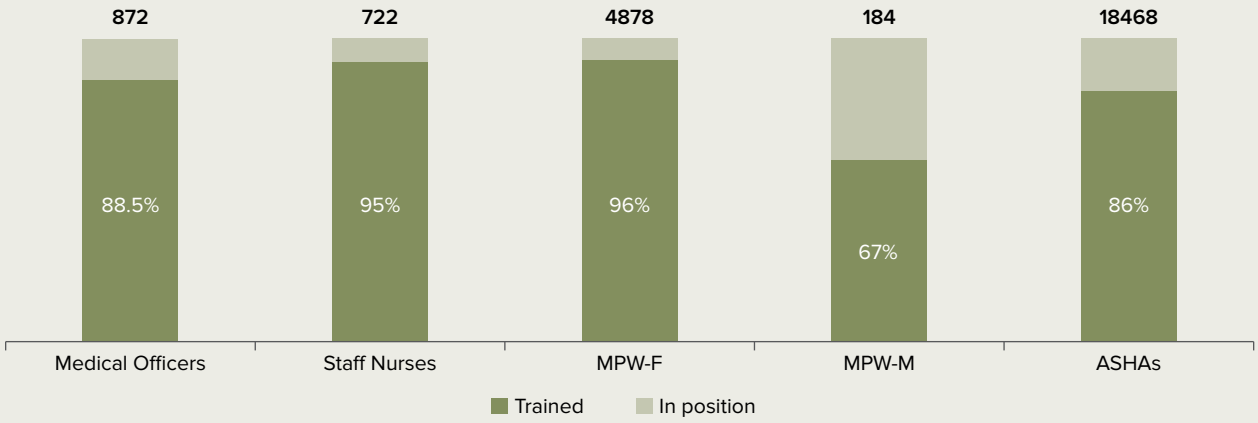
Achievements

Progress in HWC operationalization over the years[6]

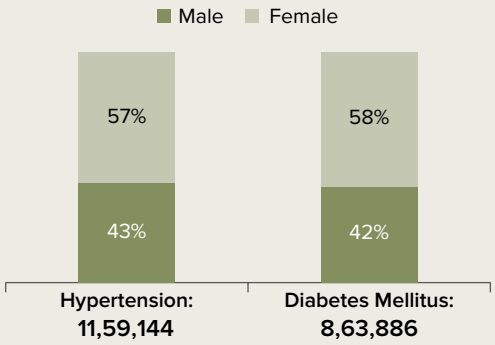


**Total 10357 SHCs- (913 SHCs co-located with PHCs removed from total target)*

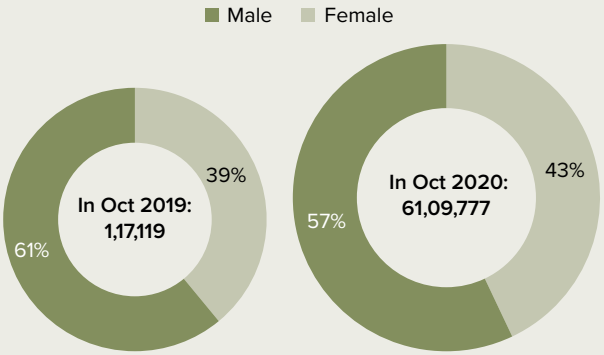
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 56,798

Source: [6]AB-HWC Portal

The state of West Bengal fares better than the national average on most indicators related to Reproductive, Maternal and Child Health. About 63% of the disease burden of the state is accounted for by Non-Communicable Diseases (NCDs) while nearly 25% is contributed by Communicable Diseases and Maternal, Neonatal and Nutritional diseases. The data indicate that state is progressing towards higher epidemiologic transition level. The state however has a higher prevalence of hypertension and diabetes among adults and higher proportion of men and women (15-49 years) reported tobacco consumption than the national figures. The state also has a thirty percent urban population and a projected elderly population by 2021 of about 11%. This makes it imperative for the state to focus on a robust primary health care system to address the health of the elderly and improve urban primary health care.

As part of the Ayushman Bharat-Health and Wellness Centres (AB-HWC), the state has so far operationalized 2904 HWCs since its initiation in the year 2018-19. This is just a little over 25% of the total target for HWCs by 2022. Around 528 HWCs have been operationalized in five aspirational districts in the state. The state has opted to select in service staff nurses, as Community Health Officers (CHOs) to lead the team at the Sub-Health Centre – Health and Wellness Centres (HWCs).

During the COVID-19 pandemic, the HWC teams ensured uninterrupted access to antenatal care and provision of medicines for hypertensive and diabetic patients. The teams provided doorstep delivery of medicines and monthly check-ups for NCD patients who were not able to visit the centre. State has successfully engaged with Panchayats at local level to generate additional resources and community support for strengthening of infrastructure at HWCs with assured availability of water and electricity supply at HWCs.

The high shortfall of PHCs (59%) and UPHCs (35%) and a shortage of MBBS Medical Officers at existing UPHCs (mostly run by part time MBBS MOs) pose major challenges for the state to expand the range of comprehensive primary health services effectively. The per capita Government health expenditure is lower than the national average and the out of pocket expenditure is about 74% of the expenditure on health. Greater investments and innovative service delivery models to ensure equitable and affordable primary health for achieving Universal Health Coverage are urgently required.

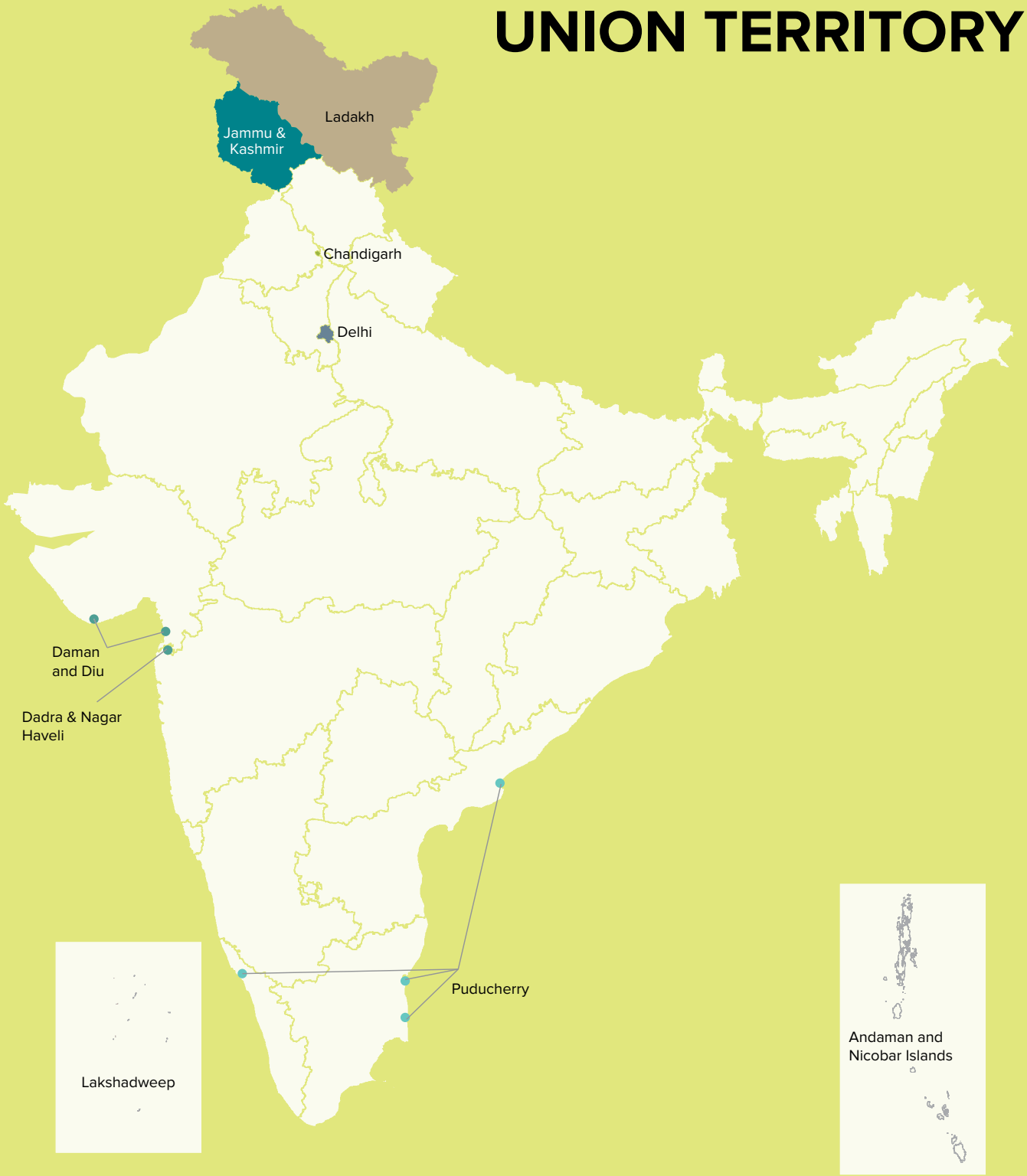
Oral examination being carried out

Ear examination

Blood pressure measurement

UPHC HWC Bolpur

UNION TERRITORY



- JAMMU & KASHMIR
- ANDAMAN AND NICOBAR ISLANDS
- DAMAN AND DIU & DADRA AND NAGAR HAVELI
- CHANDIGARH
- DELHI
- LADAKH
- LAKSHADWEEP
- PUDUCHERRY

ANDAMAN AND NICOBAR ISLANDS

HEALTH OUTCOMES				
	A&N Islands		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ 9		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ 7.5		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ 21.6		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	61.4		50.4	
Tuberculosis - annualized total case notification rate*[5]	90		100	
Hypertension among adults (15-49 years)- Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	7.1	21	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M
	9.3	16.5	5.8	8

HEALTH DETERMINANTS		
	A&N Islands	India
Households with an improved water drinking source (%)[3]	94.3	89.9
Households using improved sanitation (%)[3]	74.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	2.5	1.2
Men who consume alcohol - 15-49 years (%)[3]	51.7	29.2
Women who use any kind of tobacco (%)[3]	25.1	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	61.6	44.5
Households using clean fuel for cooking (%)[3]	63.5	43.8

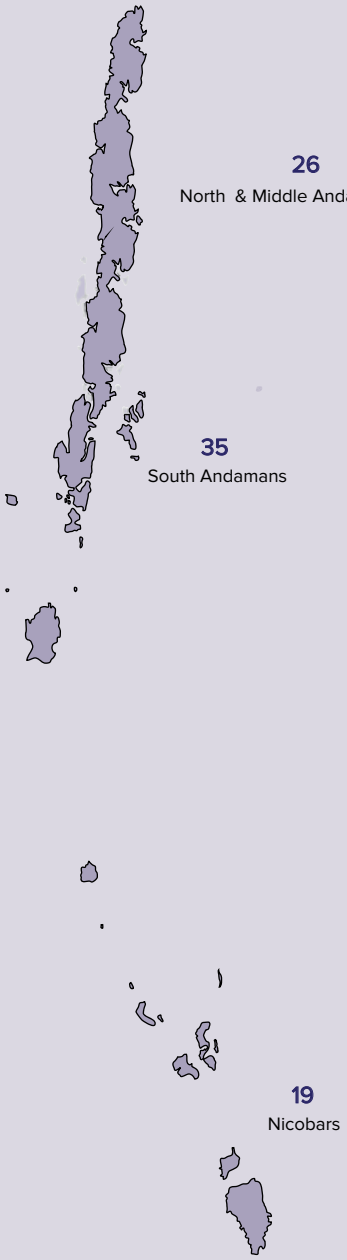
SERVICE DELIVERY		
	A&N Islands	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	98.2	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	100	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	48.3	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	15.5	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	73.2	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	65	50.6

↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the Union Territory[6]

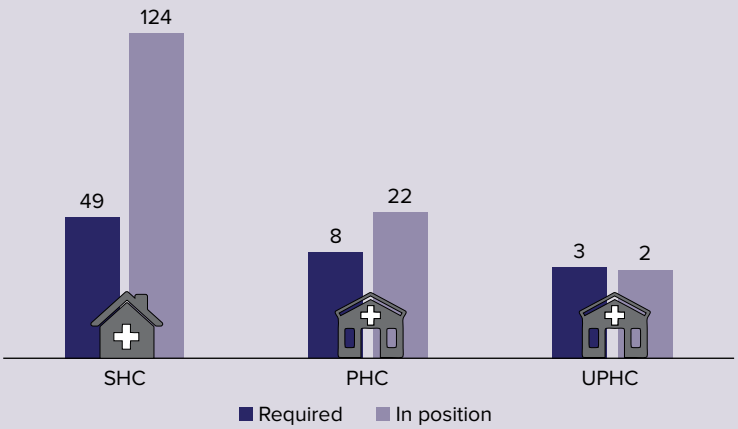


Numbers indicate operational AB-HWCs[6]
■ *Aspirational Districts*

Demography			
Total Population[7]		Lakh	3.8
		Rural	62.3%
		Urban	37.7%
SC/ST Population[7]		SC (Lakh)	0
		ST (Lakh)	28,530 (7.5%)
Literacy Rate[7]	State	Female	82.43%
		Total	86.63%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	NA
		India	2.2
Crude Birth Rate (CBR)[2]			11.2
Projection (2021) of Elderly Population[7]			NA

Coverage

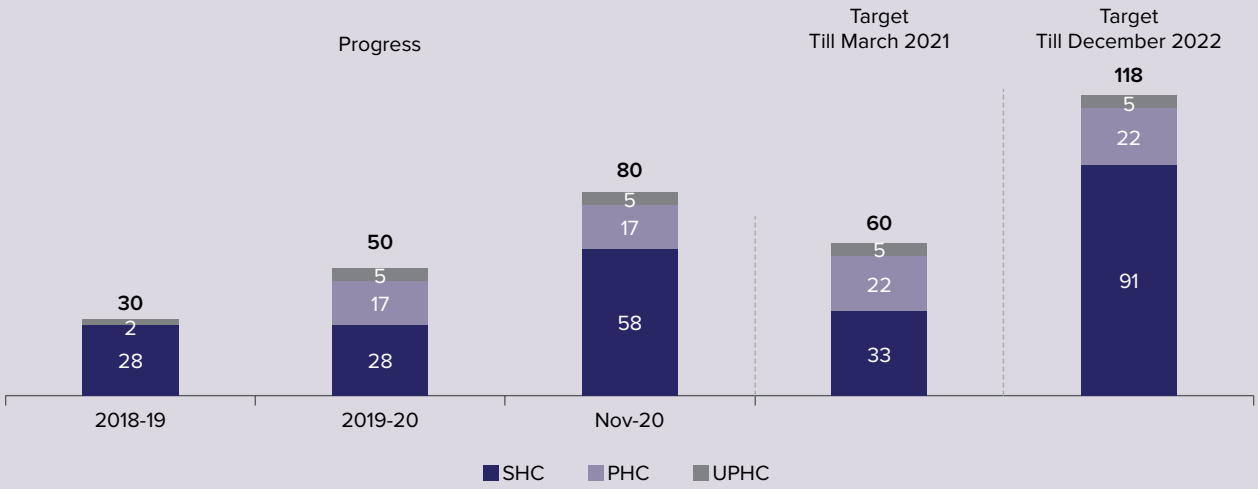
Availability of primary health care facilities against population[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

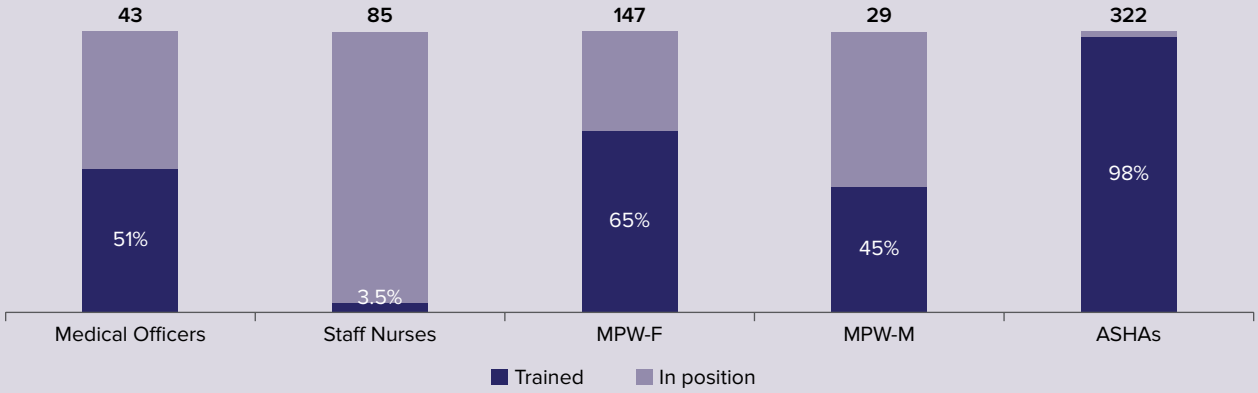
Achievements

Progress in HWC operationalization over the years[6]

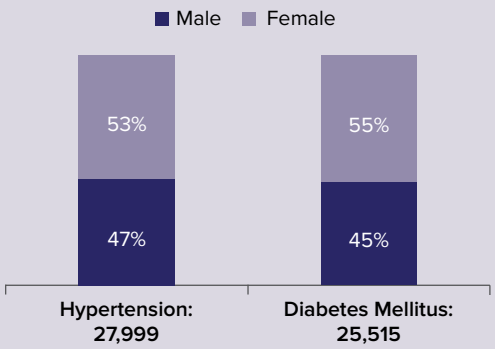


**Total 123 SHCs- (22 SHCs co-located with PHCs removed from total target)*

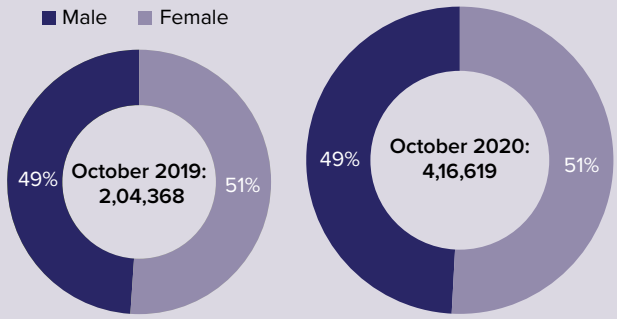
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 3,208

Source: [6]AB-HWC Portal

Andaman and Nicobar Islands have a total population of 3.8 Lakh spread over a number of small islands. On account of small size of UT, data on few major health indicators pertaining to Maternal and Child health mortality and data on disease burden are not available for the UT. Data however shows good performance with regards to access to maternal and child health services v.i.z, institutional delivery, family planning services and immunization. On the other hand, the figures for proportion of adults with hypertension and diabetes and who reported consuming alcohol and tobacco, are higher than the national average. In terms of health infrastructure, availability of SHC and PHCs is much more than the requirement on account of the difficult terrain and scattered population across islands.

UT launched Ayushman Bharat-Health and Wellness Centres (AB-HWC) initiative in 2018. Service delivery and continuum of care are constrained by poor connectivity of mobile and internet services, difficult terrain and limited availability of transport services. To address these issues, nine PHC - HWCs have been provided connectivity through ISRO and process is underway for development of hubs at hospitals on mainland to roll out teleconsultation services.

Special emphasis is being made on the use of integrated medicine systems and promotion of wellnesses at HWCs. Services of AYUSH providers are utilized for management of long-term chronic illnesses like Arthritis, Diabetes, Hypertension, Hypothyroidism and psychosomatic problems etc. In addition, halls for yoga and medicinal plants have also been set up HWCs. UT has made steady progress in operationalization of HWCs and is expected to upgrade all primary health facilities as HWCs by March 2021

CHANDIGARH

HEALTH OUTCOMES				
	Chandigarh		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **13**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **3.9**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **24.5**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	NA		50.4	
Tuberculosis - annualized total case notification rate*[5]	307		100	
Hypertension among adults (15-49 years)- Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	7.4	10.6	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M
	5.6	6.9	5.8	8

HEALTH DETERMINANTS		
	Chandigarh	India
Households with an improved water drinking source (%)[3]	99.5	89.9
Households using improved sanitation (%)[3]	82.9	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.5	1.2
Men who consume alcohol - 15-49 years (%)[3]	39.3	29.2
Women who use any kind of tobacco (%)[3]	0.4	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	22.5	44.5
Households using clean fuel for cooking (%)[3]	93.9	43.8

SERVICE DELIVERY		
	Chandigarh	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	100	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	58.2	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	6.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	79.5	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	NA	50.6

↓ Arrow indicates state performance better than the national average

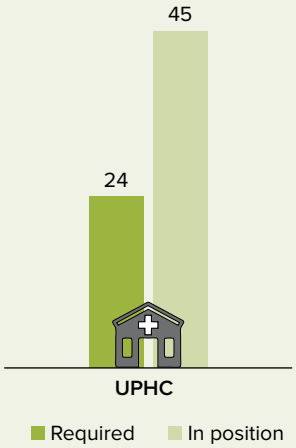
Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the Union Territory[6]

Coverage

Availability of primary health care facilities against population[8]

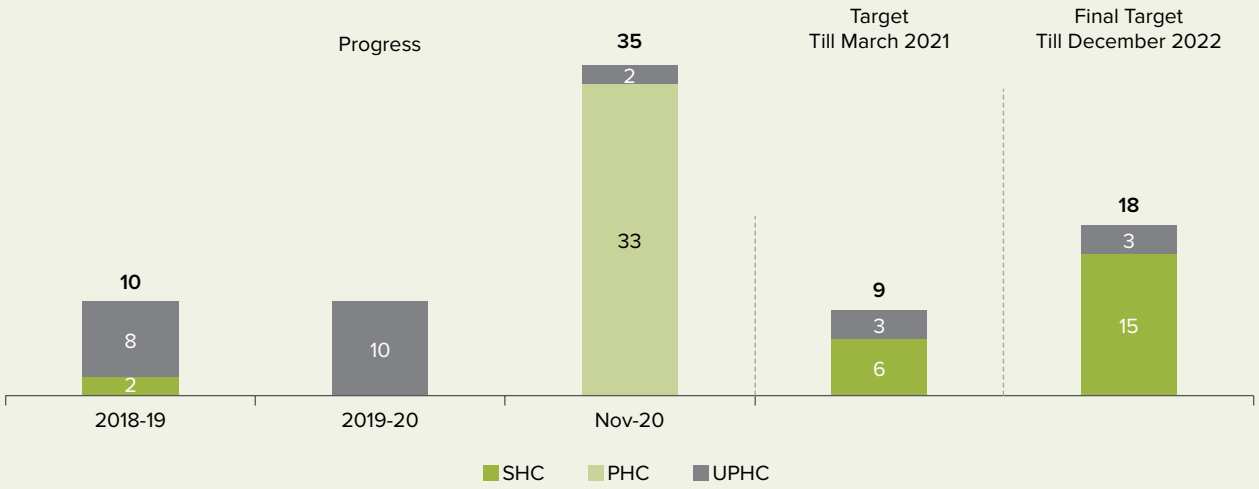


Demography			
Total Population[7]		Lakh	10.5
		Rural	2.74%
		Urban	97.25%
SC/ST Population[7]		SC (Lakh)	1.9 (18.8%)
		ST (Lakh)	0
Literacy Rate[7]	State	Female	81.19%
		Total	86.05%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	NA
		India	2.2
Crude Birth Rate (CBR)[2]			13.3
Projection (2021) of Elderly Population[7]			NA

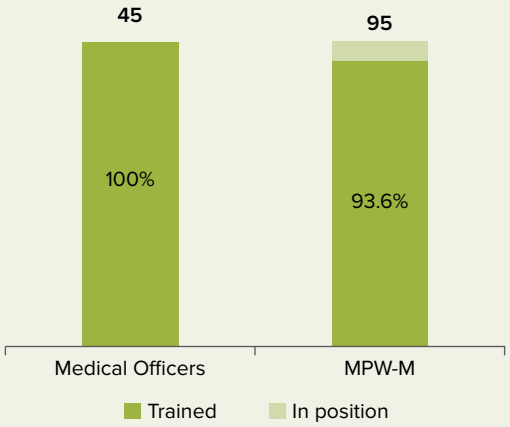
Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

Achievements

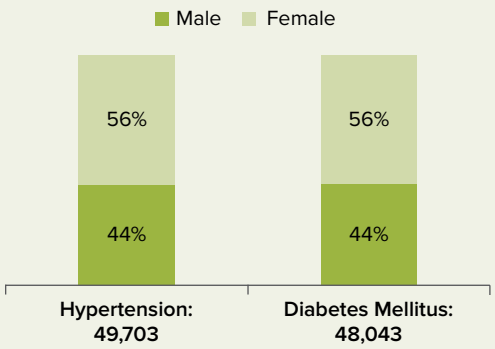
Progress in HWC operationalization over the years[6]



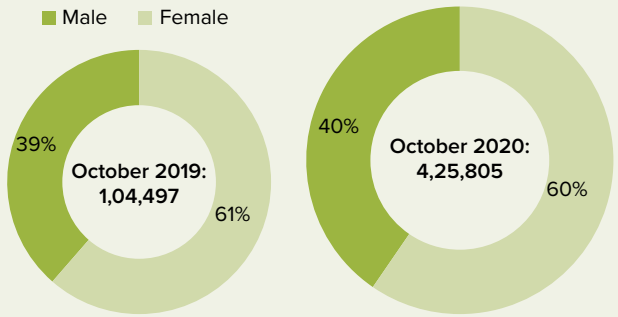
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness session conducted at AB-HWCs[6] - 3,578

Source: [6]AB-HWC Portal

UT of Chandigarh performs well on majority of health indicators related to Reproductive Child Health and Non-Communicable Diseases (NCDs) except for high proportion of men reporting consumption of alcohol. About 99.9 % of reported deliveries were conducted at public health facilities. This is a commendable achievement for UT and is testimony to quality of service delivery at public health facilities, as 97% of the population is urban with easy access to a wide network of private facilities. UT has a good health infrastructure, with 43 civil dispensaries and two UPHCs in place. The civil dispensaries are managed by MBBS Medical officer and mainly provides out-patient services.

UT has planned to upgrade existing civil dispensaries and UPHCs as Ayushman Bharat-Health and Wellness Centres (AB-HWC). Good progress is noted from UT as 35 HWCs have been operationalized which is much higher than the total cumulative target set for UT up to Dec,2022.

To improve integration of services at HWCs, UT has restructured the Rashtriya Bal Swasthya Karyakaram (RBSK) such that the Dentist and AYUSH providers engaged under the programme are based at HWCs to provide OPD services in addition to screen children at School and Aganwadi centres. As part of the Eat Right movement, a Mobile Food Testing Van supported by Food Safety and Standards Authority of India visits all HWCs as per fixed schedule for testing of food samples for adulteration by the community. UT has also collaborated with AYUSH Mission for provision of Yoga instructors at all HWCs. About 3812 wellness sessions have been organized at HWCs.

UTs like Chandigarh stand a chance to demonstrate a model of Universal Health Coverage through a strong network of primary health care centres, supported by existing factors of relatively lower population and higher density of health care facilities at all levels.

DAMAN AND DIU & DADRA AND NAGAR HAVELI

HEALTH OUTCOMES						
	Daman and Diu		Dadra and Nagar Haveli		India	
Maternal Mortality Ratio[1]	NA		**NA**		113	
Infant Mortality Rate[1]	↓ **16**		↓ **13**		32	
Under five mortality rate[2]	NA		NA		36	
Neonatal mortality rate[2]	NA		NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	11.9		11.4		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	26.7		38.9		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	NA		67.9		50.4	
Tuberculosis- annualized total case notification rate*[5]	125				100	
Hypertension among adults (15-49 years)- Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M	F	M
	5.1	6.5	5.6	9.8	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M	F	M
	5.5	8.8	4.7	8.7	5.8	8

HEALTH DETERMINANTS			
	Daman and Diu	Dadra and Nagar Haveli	India
Households with an improved water drinking source (%)[3]	89.4	77.5	89.9
Households using improved sanitation (%)[3]	60.4	35.4	48.4
Women who consume alcohol - 15-49 years (%)[3]	1.4	0	1.2
Men who consume alcohol - 15-49 years (%)[3]	35.8	33.9	29.2
Women who use any kind of tobacco (%)[3]	0.5	2.1	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	32.2	39.9	44.5
Households using clean fuel for cooking (%)[3]	73.6	56.1	43.8

SERVICE DELIVERY			
	Daman and Diu	Dadra and Nagar Haveli	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	100	99.6	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	85.5	88.8	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	31.6	37.9	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	19.7	19.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	66.3	43.2	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	NA	NA	50.6

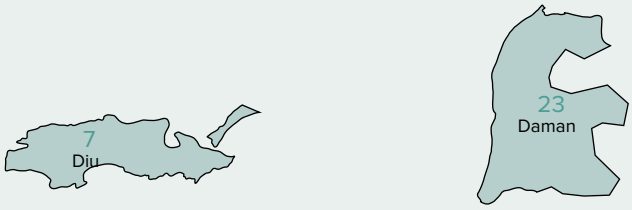
↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

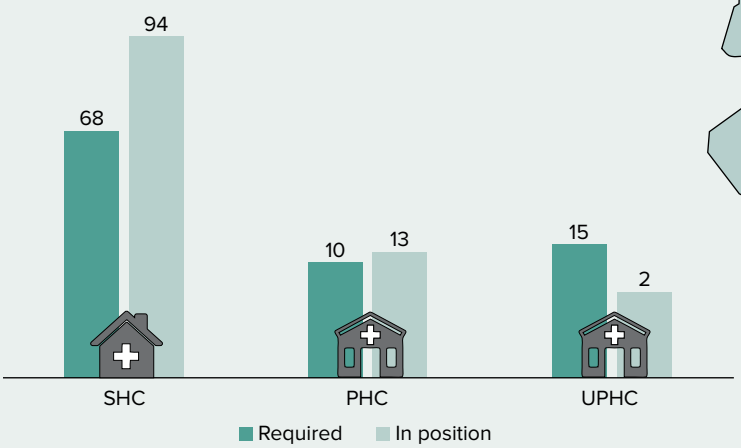
Operationalization of AB-HWCs in the Union Territory[6]

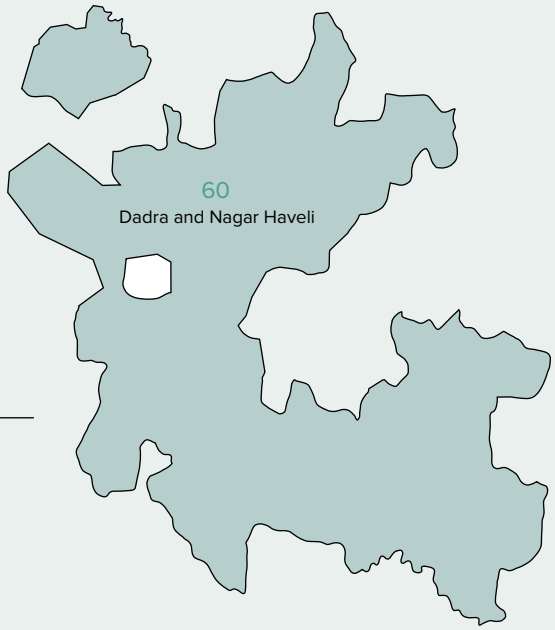
Numbers indicate operational AB-HWCs[6]
Aspirational Districts



Coverage

Availability of primary health care facilities against population[8]





		SHC	PHC	UPHC
Daman & Diu	Required	7	1	8
	In position	23	4	0
Dadra and Nagar Haveli	Required	61	9	7
	In position	71	9	2

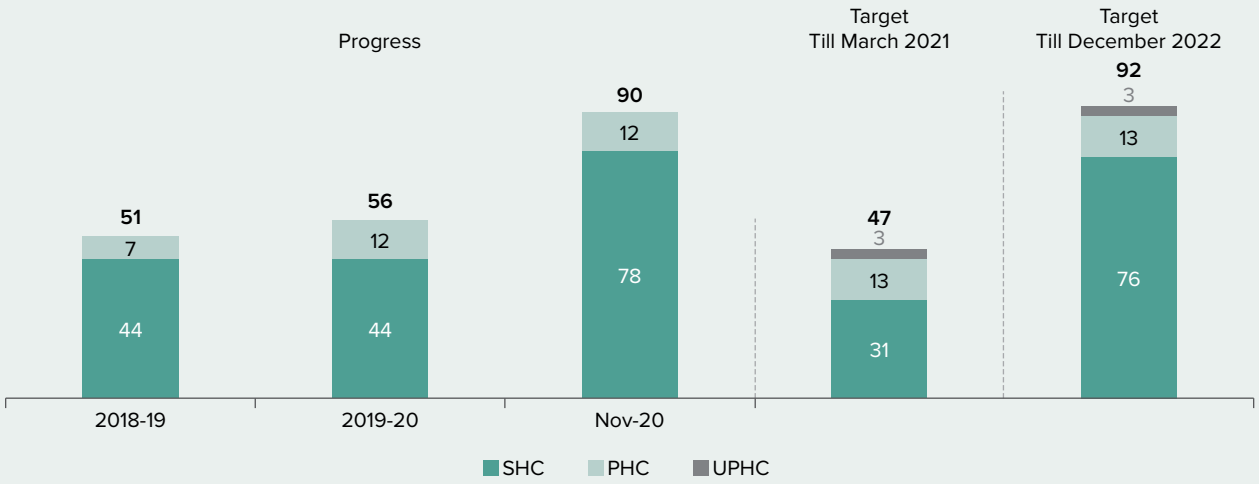
Demography (Daman and Diu)			
Total Population[7]		Lakh	2.4
		Rural	24.8%
		Urban	75.1%
SC/ST Population[7]		SC	6,124 (2.5%)
		ST	15,363 (6.3%)
Literacy Rate[7]	State	Female	79.55%
		Total	87.1%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		State	NA
		India	2.2
Crude Birth Rate (CBR)[2]			19.6
Projection (2021) of Elderly Population[7]			NA

Demography (Dadra and Nagar Haveli)			
Total Population[7]		Lakh	3.4
		Rural	53.2%
		Urban	46.7%
SC/ST Population[7]		SC	6,186 (1.7%)
		ST (Lakh)	1.7 (51.9%)
Literacy Rate[7]	State	Female	64.32%
		Total	76.24%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	NA
		India	2.2
Crude Birth Rate (CBR)[2]			22.9
Projection (2021) of Elderly Population[7]			NA

Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

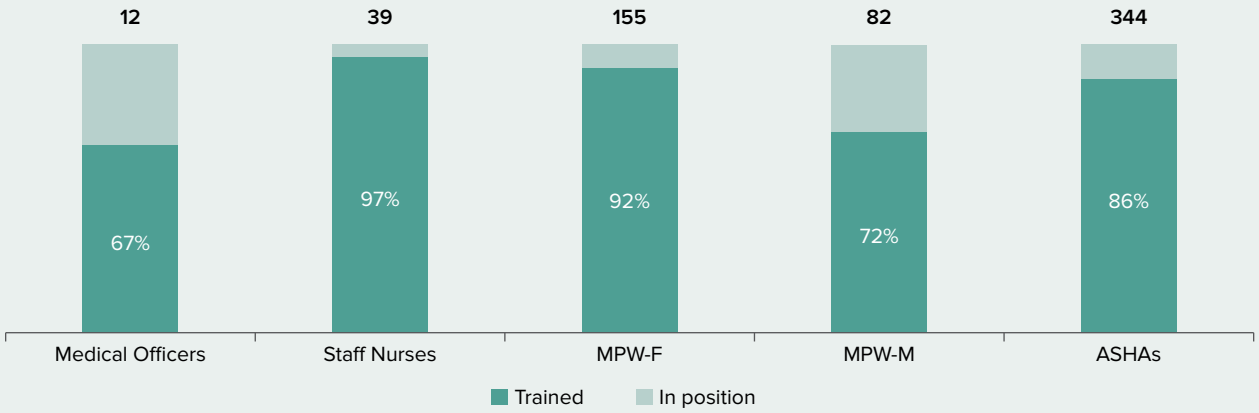
Achievements

Progress in HWC operationalization over the years[6]

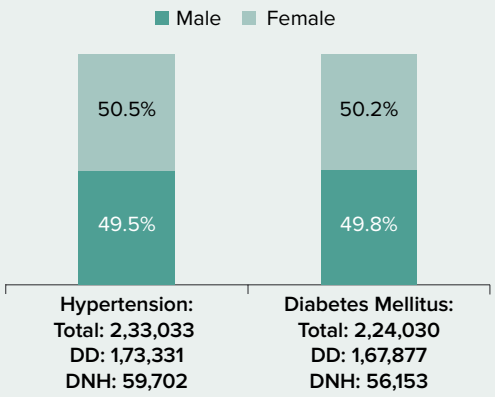


**Total 97 SHCs- (13 SHCs co-located with PHCs removed from total target)*

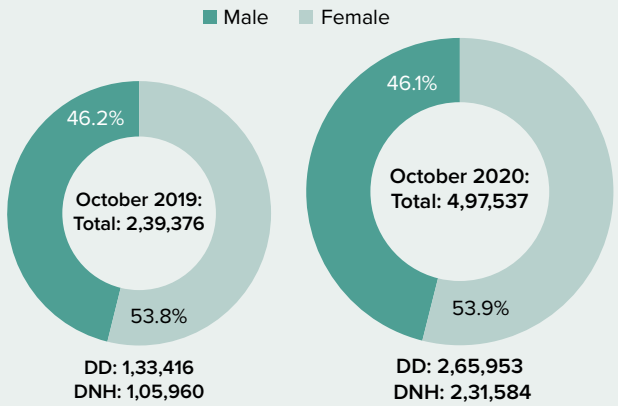
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total wellness session conducted at AB-HWCs[6] - 9,600

Source: [6]AB-HWC Portal

The Union Territories (UTs) of Daman and Diu (D&D) and Dadra and Nagar Haveli (D&NH), have recently been merged as administrative units. The merger of departments and programs is in the process of transition and shall be completed in this financial year. The population of D&D and D&NH being 3.5 Lakh and 4.3 Lakh respectively and so information regarding health indicators such as Maternal Mortality Ratio is not available from large scale surveys and extrapolation is done. Nevertheless, the Infant Mortality Rate of 16 and 13 respectively for the two U.Ts (with all India average being 32), represents progress in health status.

There are some differences between the two erstwhile UT's which suggests need for different strategies. There is a need to strengthen health systems with action on social and environmental determinants, since the UTs have to still improve on some indicators despite facilitatory factors such as a smaller geographical area and high density of healthcare facilities.

The population in erstwhile UT of Daman and Diu is almost urban and the erstwhile UT of Dadra Nagar Haveli is predominantly rural, and the existing facilities cater to the entire population.

The combined U.T has achieved the target of HWCs for FY 2020-21 by 100% - with 78 SHCs, and 12 PHCs. The UT has its own E-Arogya system in place. Its integration with HWC portal/NCD App, is under process, and is likely to be completed soon. The UT of DNH and D&D has also completed surveys using the Community Based Assessment Checklist (CBAC) and has entered the data of it into its E-Arogya app. There has been increase in footfall at HWCs over the years, indicating increased utilization in public health facilities. Although, teleconsultation is planned to be initiated, due the small size of districts and easy access/ transport, teleconsultation facilities are not a high priority for the UT.

Primary health care team members were extensively involved in risk communication and community engagement during COVID-19 pandemic. The UT has also trained Community Health Officers in standard protocols for COVID-19 management and they were fully involved in COVID 19 Management till October 2020.

UT of DNH & DD faces challenges due to shortage of human resources, both in terms of existing regular cadres, as well as contractual staff recruited under the National Health Mission. In recent months, due to the transition of the two U.Ts into a newly merged UT, the integration of the health departments is under process and it will help a long way in the progress of UT's journey to Universal Health Coverage.

DELHI

HEALTH OUTCOMES				
	Delhi		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **13**		32	
Under five mortality rate[2]	↓ **19**		36	
Neonatal mortality rate[2]	↓ **10**		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **4.6**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **27**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	46.1		50.4	
Tuberculosis - annualized total case notification rate (%)[5]	350		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	5.4	3.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.5	10	5.8	8

HEALTH DETERMINANTS		
	Delhi	India
Households with an improved water drinking source (%)[3]	80	89.9
Households using improved sanitation (%)[3]	73.3	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.6	1.2
Men who consume alcohol - 15-49 years (%)[3]	24.7	29.2
Women who use any kind of tobacco (%)[3]	1.6	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	30.4	44.5
Households using clean fuel for cooking (%)[3]	97.9	43.8

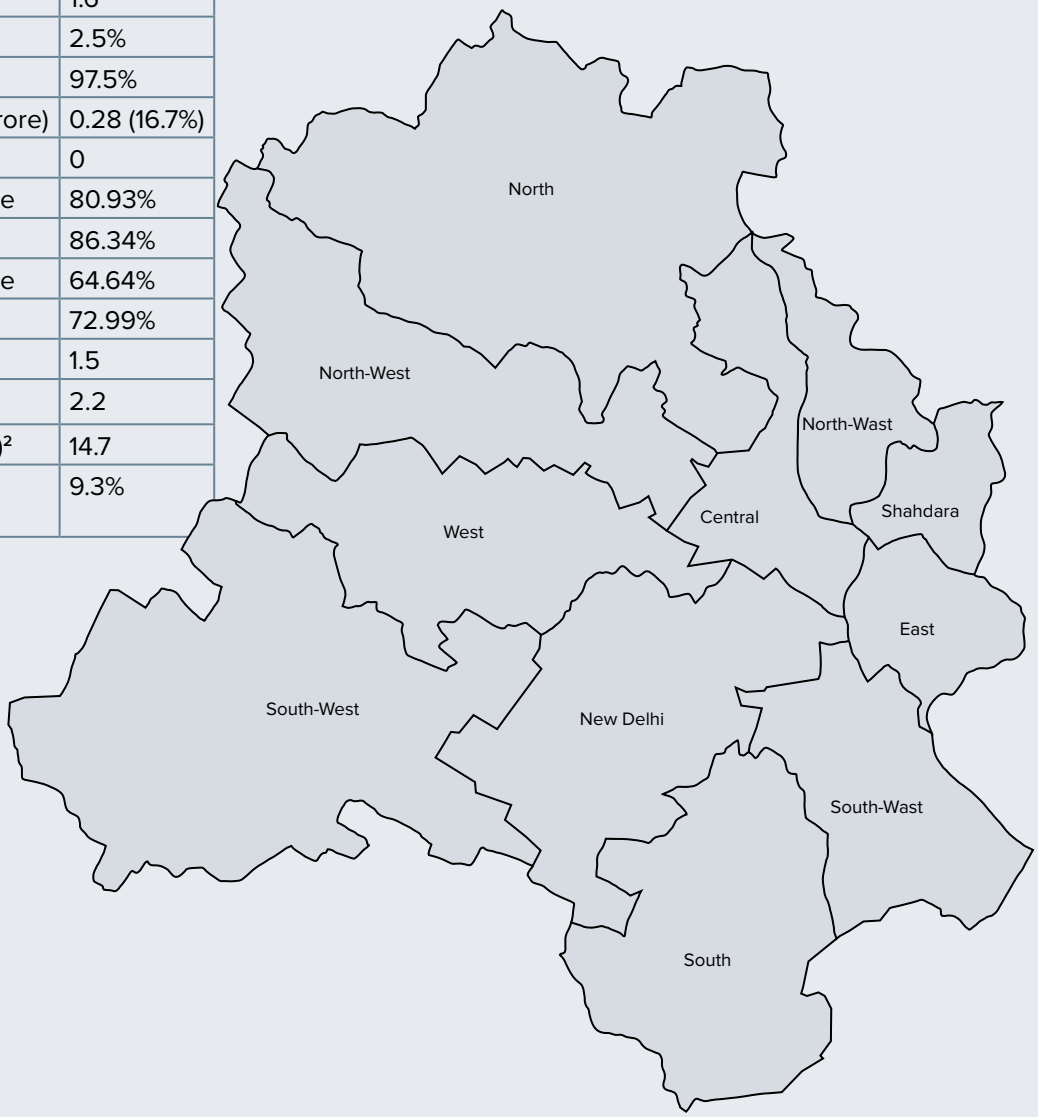
SERVICE DELIVERY		
	Delhi	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	96.1	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	80.9	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	48.6	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	15	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	68.8	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	62.1	50.6

↓Arrow indicates state performance better than the national average

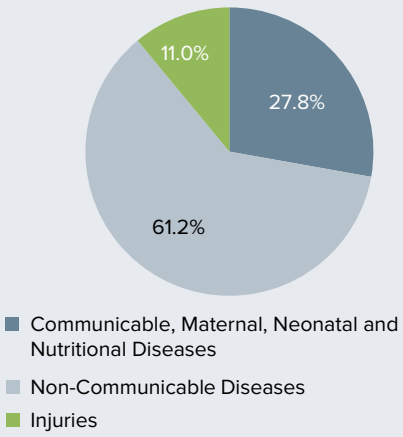
Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Demography			
Total Population[7]		Crore	1.6
		Rural	2.5%
		Urban	97.5%
SC/ST Population[7]		SC (Crore)	0.28 (16.7%)
		ST	0
Literacy Rate[7]	State	Female	80.93%
		Total	86.34%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	1.5
		India	2.2
Crude Birth Rate (CBR)[2]			14.7
Projection (2021) of Elderly Population[7]			9.3%

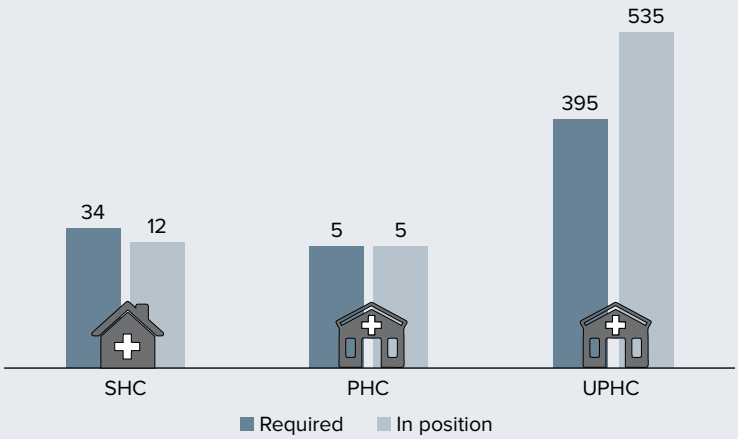


Disease Burden[8]



Coverage

Availability of primary health care facilities against population[9]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

Delhi presents a unique situation, where it has to cater to the 1.6 crore population, which is completely urban (97.5%) and has a high proportion of migrant population. Non-Communicable Diseases (NCDs) contribute to 61% of the disease burden while Communicable, Maternal, Neonatal and Nutritional diseases constitute 27.8% of the disease burden. Data indicate good progress for most maternal and health indicators except for access to family planning services. Although the capital has one of the highest densities of secondary and tertiary healthcare facilities (public and private sector) in the country, reorganization of primary health care services to provide care for chronic diseases is an important step to move towards Universal Health Coverage.

Delhi has not implemented the Ayushman Bharat-Health and Wellness Centre (AB-HWC) initiative so far, but primary healthcare services are delivered through a network of healthcare facilities. The governance of these Dispensaries and Maternity Child and Welfare Centres is divided between state government, urban local bodies and central government. Dispensaries of the state government provide clinical outpatient care all national health programs including RMNCHA and outreach services while the facilities run by urban local bodies provide Maternal and Child Health care and outpatient care. Central Government run centres provide facility based curative and preventive services only to central government employees.

In addition, the Delhi government launched Mohalla Clinics in 2016, a decentralized effort to improve access to care for all. The Mohalla clinics provide out-patient consultations, free medicines (Essential Medicine List of 145 medicine) and free diagnostic tests (238 tests). About 465 Mohalla clinics have been operationalized against the plan of 1000 clinics. These clinics currently do not provide any outreach services. Since one of the key objectives of Mohalla clinics is to reach out to underserved population groups, addition of essential services like immunization and family planning will increase the coverage of these essential services. Delhi has also invested in creating a strong ASHA programme by rolling out urban ASHAs in 2009, much ahead of the launch of National Urban Health Mission in 2013.

The State has utilized the electoral data base for comprehensive mapping of all areas and allocation of the population to UPHCs, MPW-F and ASHAs to increase coverage and accountability at all levels. During the COVID-19 pandemic, the UPHC teams including ASHAs, and Mohalla clinics played important role in prevention and management of COVID-19 while also providing essential health services.

Delhi faces unique challenges in terms of governance and migrant population and requires context specific solutions. Streamlining the delivery of primary health care services and ensuring provision of outreach services would be key for Universal Health Coverage.


150
140
130
13

JAMMU & KASHMIR

HEALTH OUTCOMES

	Jammu & Kashmir	India
Maternal Mortality Ratio[1]	NA	113
Infant Mortality Rate[1]	↓ **22**	32
Under five mortality rate[2]	↓ **23**	36
Neonatal mortality rate[2]	↓ **17**	23
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **5.6**	7.5
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **16.6**	35.8
Pregnant women aged 15-49 years who are anaemic (%)[3]	47.5	50.4
Tuberculosis - annualized total case notification rate*[5]	47	100

Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	8.9	10.9	6.7	10.4

Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	5.6	6.3	5.8	8

SERVICE DELIVERY

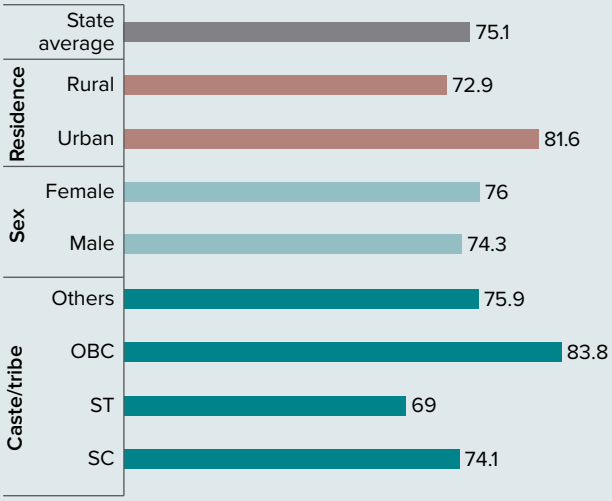
	Jammu & Kashmir	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	94.6	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	91.2	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	46.1	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	12.3	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	75.1	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	69.1	50.6

HEALTH DETERMINANTS

	Jammu & Kashmir	India
Households with an improved water drinking source (%)[3]	89.2	89.9
Households using improved sanitation (%)[3]	52.5	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.1	1.2
Men who consume alcohol - 15-49 years (%)[3]	10.5	29.2
Women who use any kind of tobacco (%)[3]	2.8	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	38.2	44.5
Households using clean fuel for cooking (%)[3]	57.6	43.8

EQUITY

Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]



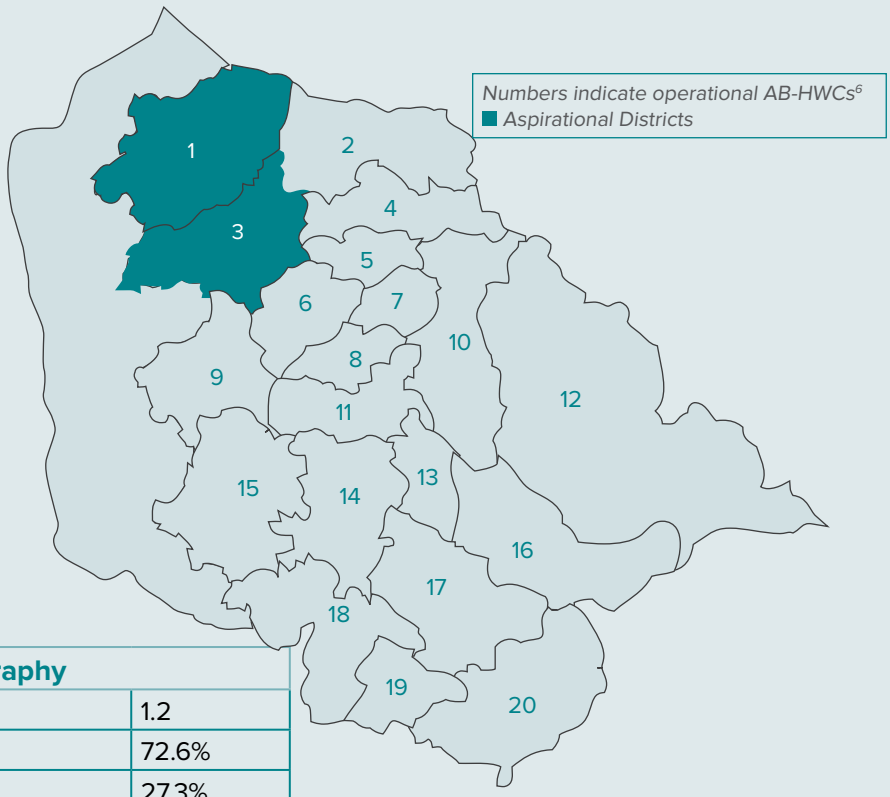
↓ Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the Union Territory[6]

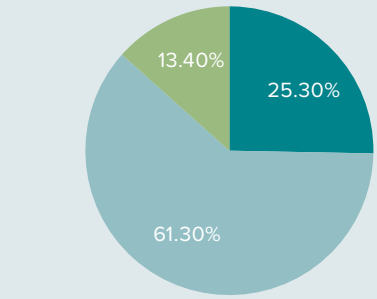
1 - Kupwara	63
2 - Bandipora	21
3 - Baramulla	96
4 - Ganderbal	40
5 - Srinagar	31
6 - Budgam	48
7 - Pulwama	37
8 - Shopian	21
9 - Poonch	25
10 - Anantnag	86
11 - Kulgam	46
12 - Kishtwar	12
13 - Ramban	6
14 - Reasi	18
15 -rajauri	29
16 -doda	51
17 - Udhampur	51
18 - Jammu	93
19 - Samba	28
20 - Kathua	21



Demography			
Total Population[7]		Crore	1.2
		Rural	72.6%
		Urban	27.3%
SC/ST Population[7]		SC (Crore)	0.09 (7.3%)
		ST (Crore)	0.14 (11.9%)
Literacy Rate[7]	State	Female	56.43%
		Total	67.16%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	1.6
		India	2.2
Crude Birth Rate (CBR)[2]			15.4
Projection (2021) of Elderly Population[7]			9.5%

Finance[10]		
Per capita Government Health Expenditure	State	1,535
	India	1,418
Out of Pocket expenditure as share of Total Health Expenditure	State	58.5%
	India	58.7%

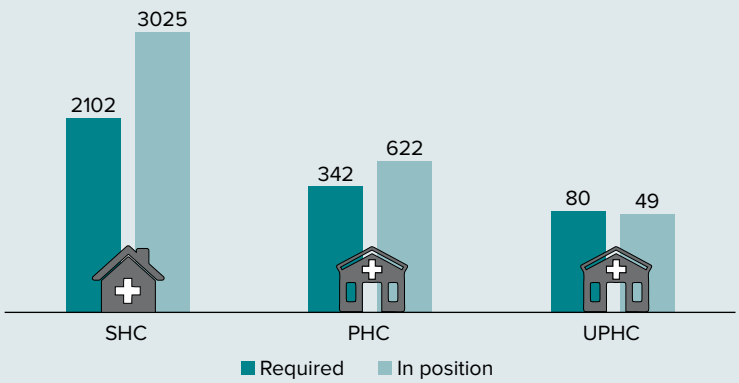
Disease Burden[8]



- Communicable, Maternal, Neonatal and Nutritional Diseases
- Non-Communicable Diseases
- Injuries

Coverage

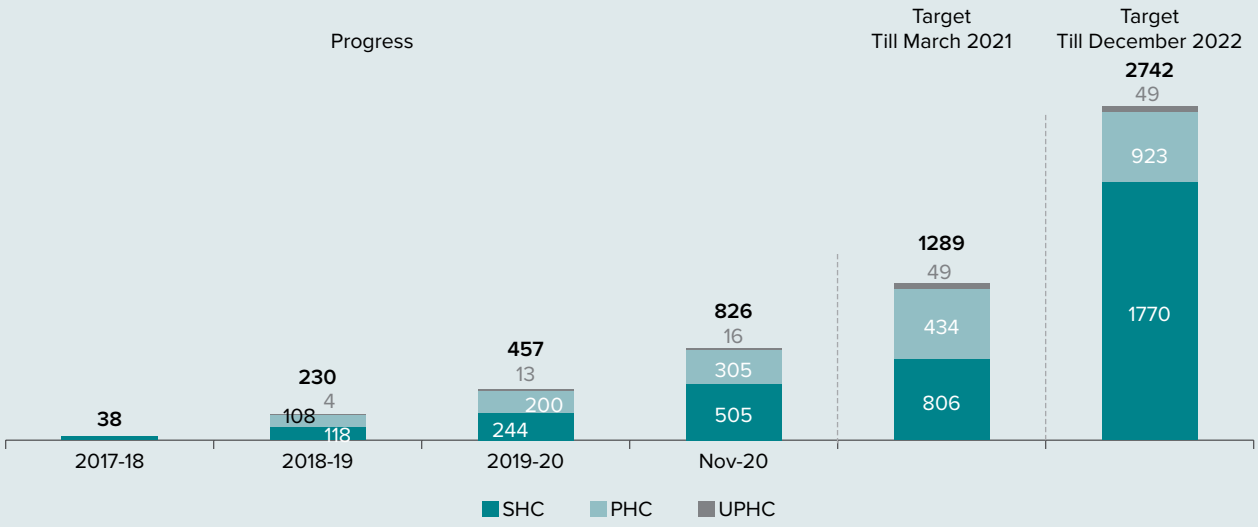
Availability of primary health care facilities against population[9]



Source: : [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [6]AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Disease Burden trends in the State of India (1990 to 2016), [9]Rural Health Statistics 2018-19, [10]National Health Accounts Estimates for India for 2016-17

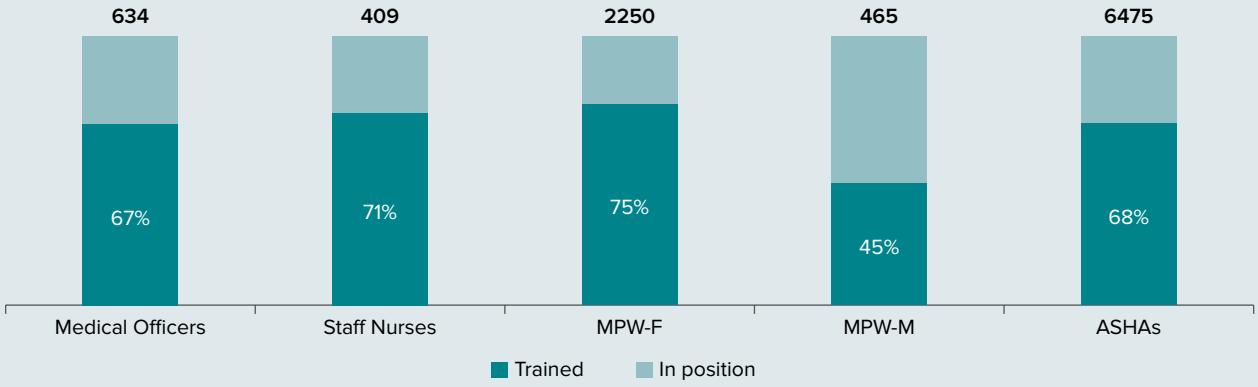
Achievements

Progress in HWC operationalization over the years[6]

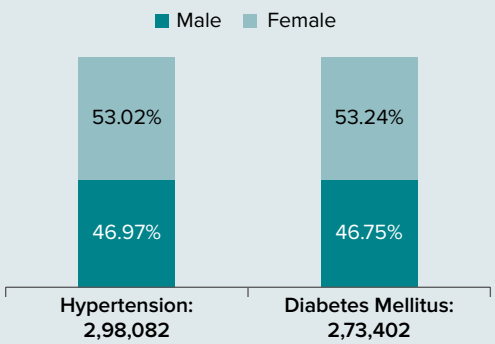


Total SHCs- 2967 (637 SHCs co-located with PHCs removed from total target)

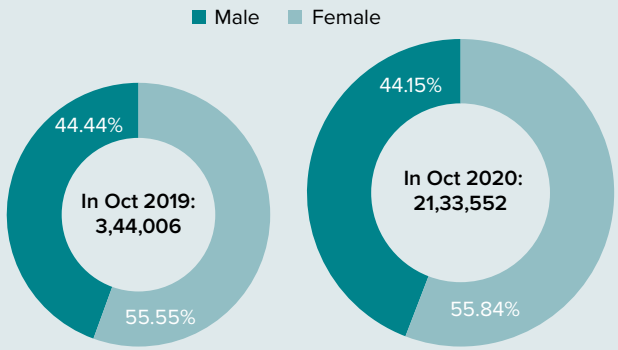
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 42,428

Source: [6]AB-HWC Portal

On October 2019, Jammu and Kashmir Reorganisation Act 2019 was introduced with reconstitution of the state into the Union Territories of Jammu & Kashmir, and Ladakh.

Jammu & Kashmir belongs to the category of states referred to as the Higher middle Epidemiological Transition level states, (India State-Level Disease Burden 2017 report). These UTs report a high disease burden from Non-Communicable Diseases, (NCDs). NCDs account for 61.3% of the disease burden. A projected elderly population of about 9.5 % with likely high levels of co-morbidities adds to this burden. This indicates a need to developing a robust primary health care system to catering to basic health care needs with a focus on chronic disease conditions.

The erstwhile Jammu and Kashmir State initiated Ayushman Bharat-Health and Wellness Centre (AB-HWC) initiative in 2018, in order to deliver Comprehensive Primary Health Care. UTs have so far upgraded more than 30% of the target facilities to Health and Wellness Centres (HWCs). Two aspirational districts in UT of J&K - Baramulla and Kupwara have highest number of functional HWCs when compared to the other districts (63 and 59 HWCs respectively). Despite multiple administrative and local challenges faced by the UT, the HWCs have reported a remarkable improvement in service delivery and demonstrated an increase in footfalls by nearly 83% in last one year. 56% of the beneficiaries at the HWC are women, which reflects the benefits to women when care is offered close to communities.

HWCs have reported screening of 2.9 lakh and 2.7 lakh individuals for Hypertension and Diabetes respectively. With respect to promotive and preventive health, the HWCs are conducting wellness activities and so far, 53,000 wellness sessions have been undertaken at the HWCs. A recent concurrent assessment Population Research Centre, highlights that positioning an additional workforce i.e. Community Health Officer has led to a remarkable increase in OPD footfall, ensured availability of screening and primary management of NCDs, free medicines and improved referral linkages. The report also states that community participation, interest and trust in the system have increased after upgradation of these facilities to HWCs

During the current COVID-19 pandemic services, staff of Health and Wellness Centres were actively involved in providing essential services and spreading community awareness

The UT face context specific challenges in terms of difficult terrains, limited access to care due to conflicts and extreme weather conditions. A strong primary healthcare system available closer to the community would therefore be a key milestone on the path towards Universal Health Coverage for the UTs.

LAKSHADWEEP

HEALTH OUTCOMES				
	Lakshadweep		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **14**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	↓ **2.9**		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **23.6**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	39		50.4	
Tuberculosis - annualized total case notification rate*[5]	18		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	8.7	9.6	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years)- high (>140 mg/dl) (%)[3]	F	M	F	M
	11.1	13.3	5.8	8

HEALTH DETERMINANTS		
	Lakshadweep	India
Households with an improved water drinking source (%)[3]	91.5	89.9
Households using improved sanitation (%)[3]	99.2	48.4
Women who consume alcohol - 15-49 years (%)[3]	0	1.2
Men who consume alcohol - 15-49 years (%)[3]	5.4	29.2
Women who use any kind of tobacco (%)[3]	16.4	6.8
Men who use any kind of tobacco - 15-49 years (%)[3]	24.7	44.5
Households using clean fuel for cooking (%)[3]	31.8	43.8

SERVICE DELIVERY		
	Lakshadweep	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	99.9	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	100	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	15.7	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	16.9	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	89	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	NA	50.6

↓Arrow indicates state performance better than the national average

Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)

** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

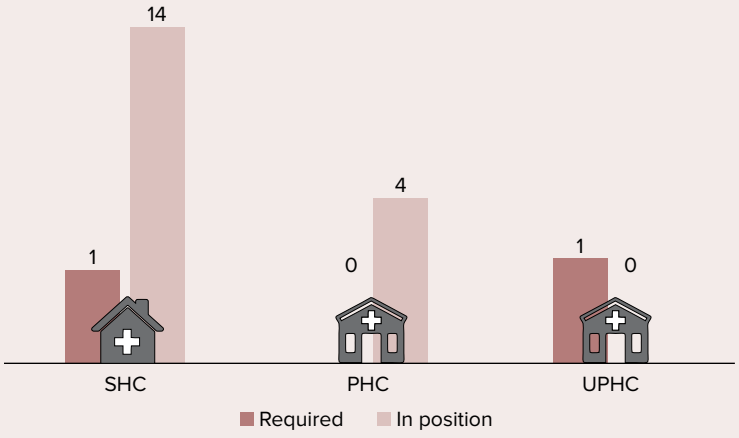
Operationalization of AB-HWCs in the Union Territory[6]

Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		In Numbers	64,473
		Rural	21.9%
		Urban	78%
SC/ST Population[7]		SC	0
		ST	61,120 (94.79%)
Literacy Rate[7]	State	Female	87.95%
		Total	91.85%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	NA
		India	2.2
Crude Birth Rate (CBR)[2]			15.3
Projection (2021) of Elderly Population[7]			NA

Coverage

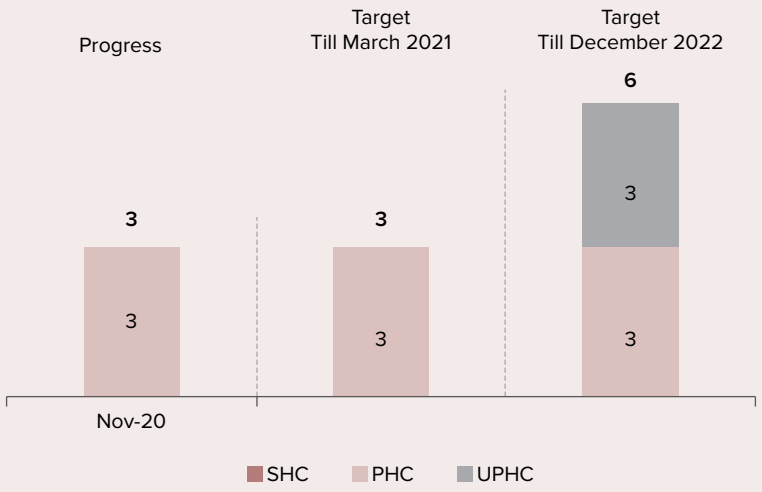
Availability of primary health care facilities against population[8]



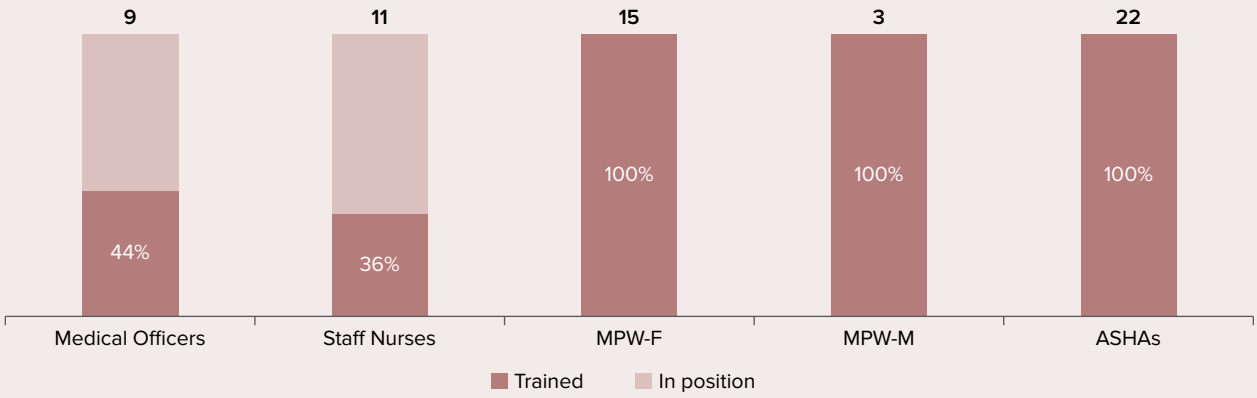
Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/state specific census 2011 profile), [8]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

Achievements

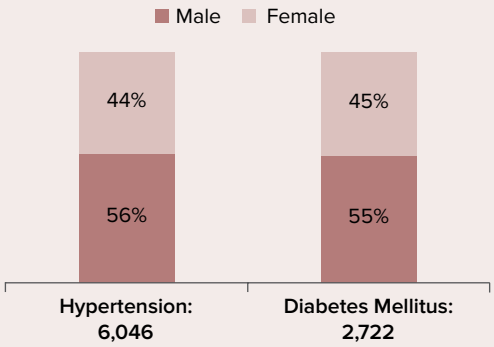
Progress in HWC operationalization over the years[6]



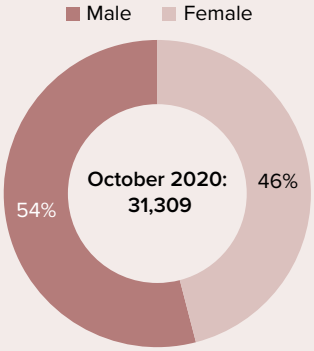
Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]



Cumulative Screenings[6]



Footfall[6]



Source: [6]AB-HWC Portal

Lakshadweep the smallest Union Territory in the country, with a total population of only about 64,473 (Census 2011), almost entirely belonging to Scheduled Tribe (ST) community (95%). On account of the small size of the UT, data regarding health indicators like, Maternal Mortality Ratio, Under Five Mortality Rate, and Neonatal Mortality Rate and disease burden are not available from large scale surveys. However, 99% institutional delivery (all in public facilities) and an IMR of 14, indicate good status to maternal and child health services. A high proportion i.e, 16% of women report consumption of tobacco along with high proportion of adult population having hypertension and diabetes, indicating the need to address the Non-Communicable Diseases (NCD). Universal screening for NCDs is being extended beyond HWCs to include the health facilities in all islands.

UT has upgraded three PHCs as HWCs and has met the target up to FY 20-21. In view of the difficult terrain and poor connectivity across islands, all functional PHC-HWCs have been equipped with a wide range of medicines and diagnostics commensurate to the level of CHC. Considering the difficult geographical terrain, and lower density of health care facilities for sparsely situated population, UT has further contextualized the HWC model and has planned to upgrade three secondary level facilities - Community Health Centres (CHC).

In order to promote integration of AYUSH services at HWCs, all 3 PHC-HWCs have one Ayurvedic practitioner and one Homeopathic practitioner in position. Referral linkages have been established with the Deen Dayal Upadhyaya AYUSH Hospital and Wellness Centre in the headquarter island Kavaratti.

Geographical terrain poses major challenge in connectivity, availability of human resources and logistics, which in turn affects the service delivery at all levels in the UT. This has also hampered UT's efforts for rolling out tele-consultation services and adoption of IT systems.

PUDUCHERRY

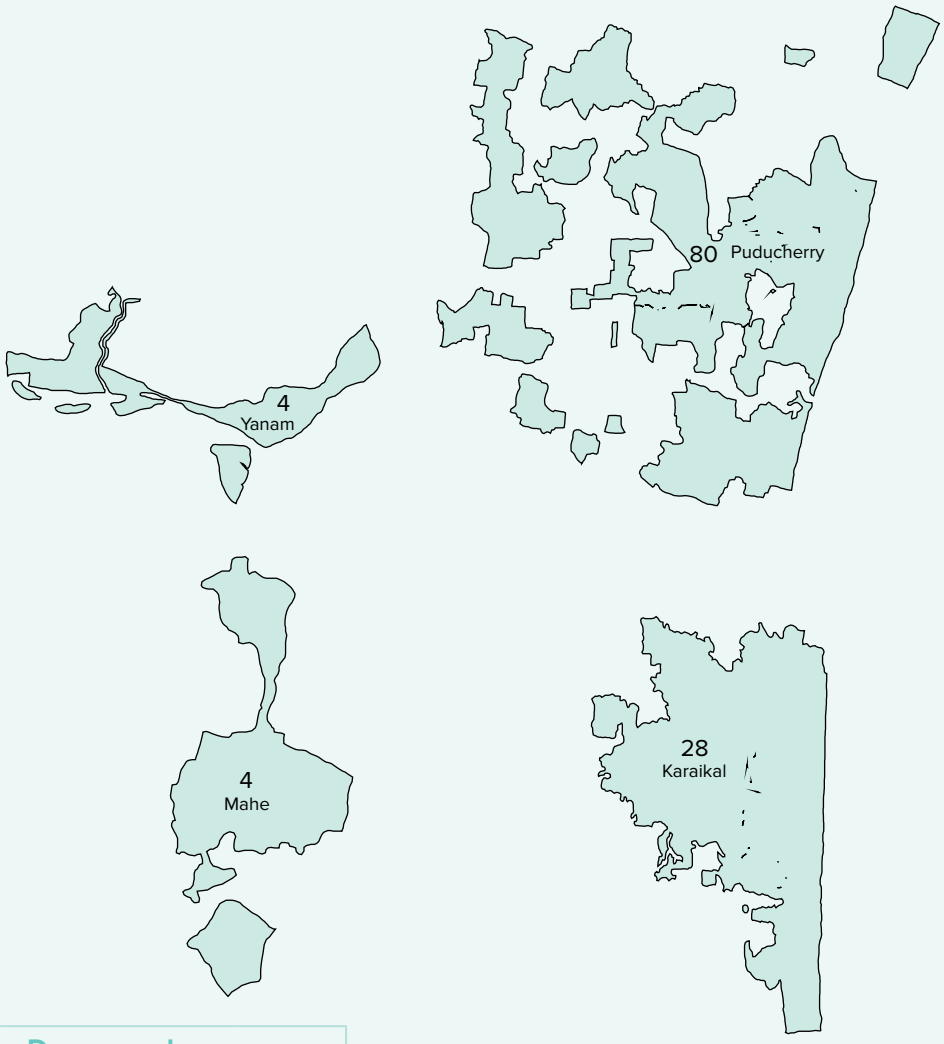
HEALTH OUTCOMES				
	Puducherry		India	
Maternal Mortality Ratio[1]	NA		113	
Infant Mortality Rate[1]	↓ **11**		32	
Under five mortality rate[2]	NA		36	
Neonatal mortality rate[2]	NA		23	
Children under 5 years who are severely wasted (weight-for-height) (%)[3]	8		7.5	
Children under 5 years who are underweight (weight-for-age) (%)[3]	↓ **22.7**		35.8	
Pregnant women aged 15-49 years who are anaemic (%)[3]	27.8		50.4	
Tuberculosis - annualized total case notification rate*[5]	126		100	
Hypertension among adults (15-49 years) - Blood pressure Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)[3]	F	M	F	M
	6.9	11.7	6.7	10.4
Blood Sugar Level among Adults (age 15-49 years) - high (>140 mg/dl) (%)[3]	F	M	F	M
	7.5	7.5	5.8	8

HEALTH DETERMINANTS		
	Puducherry	India
Households with an improved water drinking source (%)[3]	95.8	89.9
Households using improved sanitation (%)[3]	66.5	48.4
Women who consume alcohol - 15-49 years (%)[3]	0.6	1.2
Men who consume alcohol- 15-49 years (%)[3]	41	29.2
Women who use any kind of tobacco (%)[3]	1	6.8
Men who use any kind of tobacco- 15-49 years (%)[3]	14.4	44.5
Households using clean fuel for cooking (%)[3]	84.9	43.8

SERVICE DELIVERY		
	Puducherry	India
Proportion of institutional deliveries out of total reported deliveries (%)[4]	100	94.5
Deliveries conducted at Public Institutions out of total Institutional Deliveries (%)[4]	77	67.9
Percentage of currently married women (15-49 years) who have their need for family planning satisfied by any modern methods (%)[3]	61.8	47.8
Total unmet need for Family Planning among currently married women (15-49 years) (%)[3]	8	12.9
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)[3]	91.4	62
Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)[3]	73.7	50.6

↓Arrow indicates state performance better than the national average
Source: [1]Sample Registration Survey (SRS) 2018, [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, [3]NFHS 4 (State Fact Sheets & State Reports), [4]HMIS 2019-20 (up to March), [5]QPR NHM MIS Reports (As on 30.06.2020)
** As per WHO, TB case notification rate is defined as number of new and relapse TB cases notified in a given year, per 100,000 population*

Operationalization of AB-HWCs in the Union Territory[6]

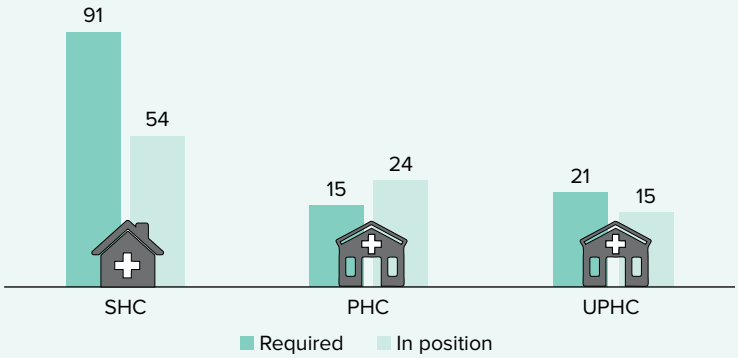


Numbers indicate operational AB-HWCs[6]
Aspirational Districts

Demography			
Total Population[7]		Crore	0.12
		Rural	31.7%
		Urban	68.3%
SC/ST Population[7]		SC (Crore)	0.019 (15.73%)
		ST	0
Literacy Rate[7]	State	Female	80.67%
		Total	85.85%
	India	Female	64.64%
		Total	72.99%
Total Fertility Rate (TFR)[2]		UT	NA
		India	2.2
Crude Birth Rate (CBR)[2]			13.7
Projection (2021) of Elderly Population[7]			NA

Coverage

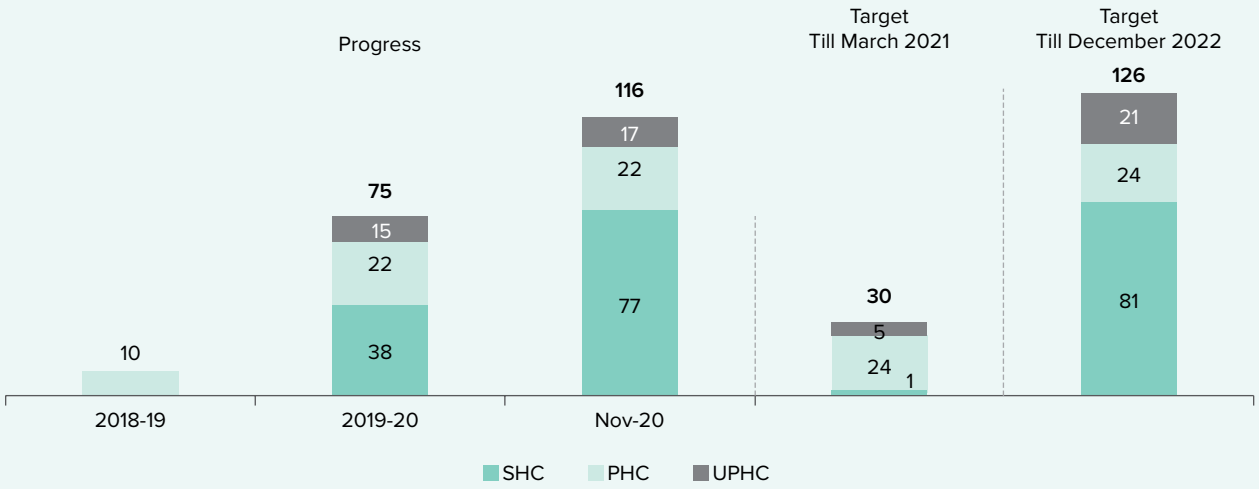
Availability of primary health care facilities against population[8]



Source: [2]Registrar General of India (RGI) Statistical Report (SRS) 2018, 6AB-HWC Portal, [7]Census 2011 (for literacy rates-refer country/ state specific census 2011 profile), [8]Rural Health Statistics 2018-19
Note: State specific segregated data related to Health Care Financing not available (NHA 2016-2017)

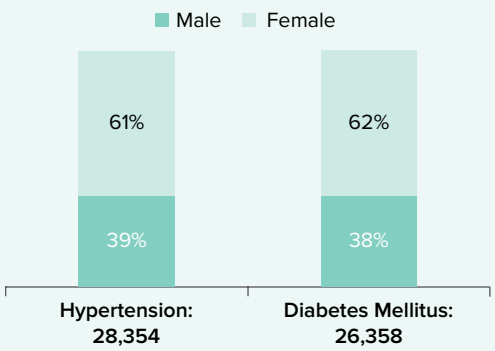
Achievements

Progress in HWC operationalization over the years[6]

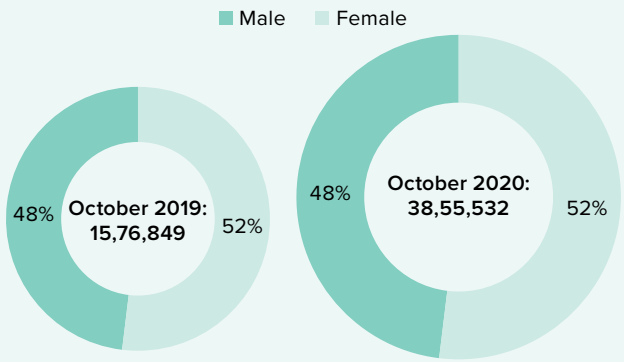


Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[6]

Cumulative Screenings[6]



Footfall[6]



Total Wellness Sessions conducted at AB-HWCs[6] - 6,304

Source: [6]AB-HWC Portal

UT of Puducherry has been consistently performing well on health indicators related to Reproductive and Child Health. However, consumption of alcohol has been reported by 41% of men (15-49 years), much higher than the national figure, which is one of the key risk factors for Non-Communicable Diseases (NCD). With nearly 68% of the population residing in urban areas, UT has adapted a doctor led model of Ayushman Bharat-Health and Wellness Centres (AB-HWCs). Primary health care services are strengthened by positioning of MBBS Medical Officer at SHC-HWC level.

Among the UTs, Puducherry has been a forerunner in operationalizing HWCs. By operationalizing 116 HWCs, it has already surpassed the target set up to FY 2020-21 and is on track to operationalize all 126 HWCs, much ahead of the deadline of December,2022. The HWCs provided uninterrupted delivery of essential health services during the COVID-19 pandemic with initiatives like door step delivery of medicines for leprosy and NCD patients and strengthening of teleconsultation services.

UT has implemented teleconsultation services in partnership with NGO by establishing a health kiosk at HWCs. These health kiosks can create digital record of patient, conduct 14 investigations (v.i.z, blood sugar, blood pressure, ECG, haemoglobin, examination of eye and ear etc); and facilitate video consultation with specialists. To promote wellness activities like yoga, special efforts were made to organize yoga sessions at schools in the coverage area of HWCs and by introduction of yoga therapy at antenatal clinics and NCD clinics. The increase in participation in wellness activities from 10 to 50 per session, indicate high level of acceptance of such initiatives at community level. Presence of over 300 ASHAs in urban areas has led to increased community level engagement, whether it is for supporting follow up of patients during pandemic or in promoting healthy life style and participation of community in wellness activities.

Considering the smaller population, closer geographic spread with higher density of health care facilities, Puducherry could potentially demonstrate a model for Universal Health Coverage with strengthened and universal primary health care services provided through public health facilities.

Advancement in Medical services and Teleconsultation

Conduction of Yoga Therapy at facility level

World Population Day celebrated at Sellipet SHC

LADAKH

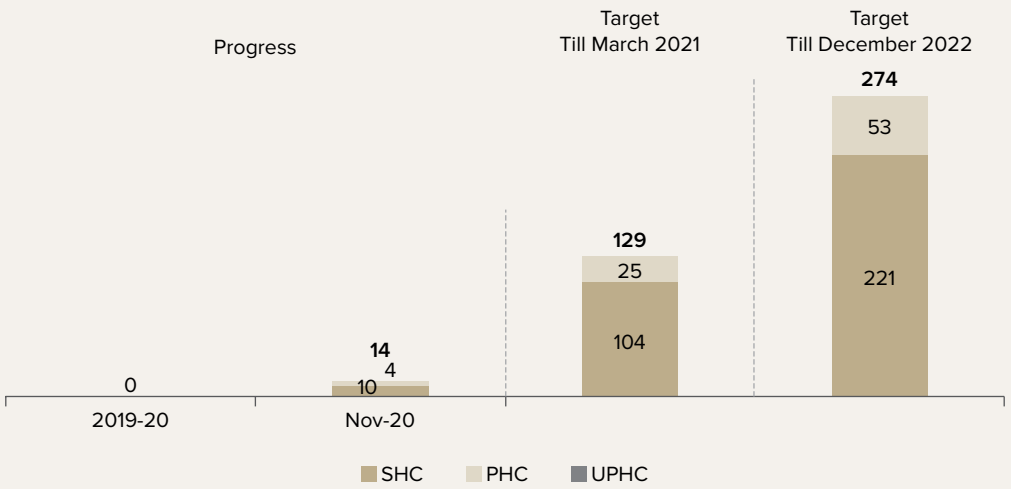
Operationalization of AB-HWCs in the Union Territory[6]

Segregated data for health outcomes, service delivery indicators and health determinants of Union Territory of Ladakh is not available.

Available combined data is presented in the sheet of Union Territory of Jammu and Kashmir.

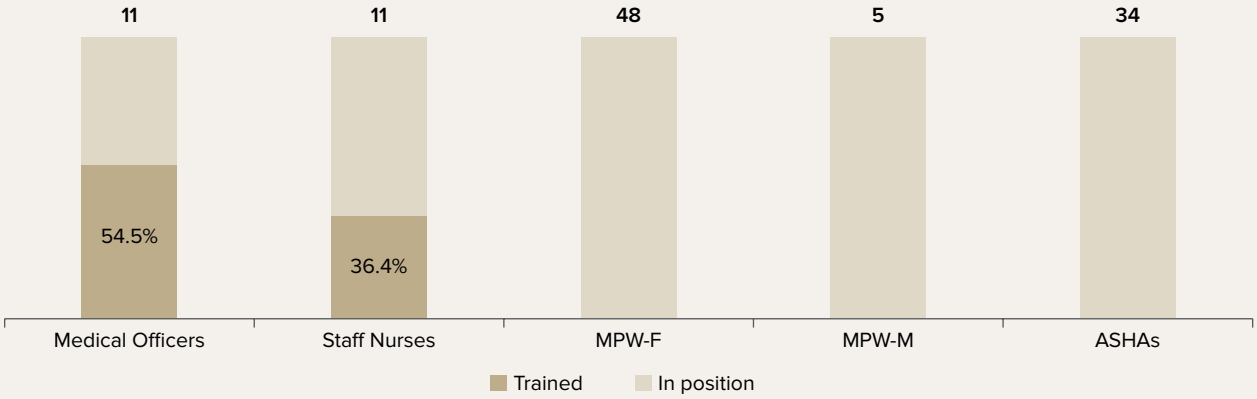
Achievements

Progress in HWC operationalization over the years[6]

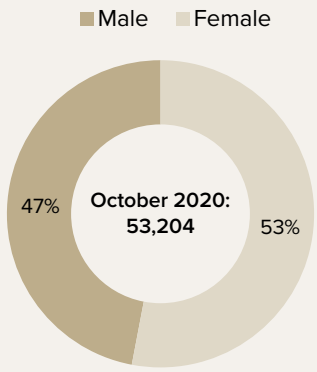


UT of Ladakh has initiated the roll out of AB-HWCs in 2019-20 and the total target for Ladakh is 320 (SHC-288 and PHC-32), out of which 98 facilities have been approved in 2019-20. UT has been able to functionalize 14 Health and Wellness Centres as of Nov 2020

Training status of Primary Health Care teams on Prevention, Screening and Management of common Non-Communicable Diseases[1]



Footfall[1]



Total Wellness Sessions conducted at AB-HWCs[1] - 179

Source: [1]AB-HWC Portal

On October 2019, Jammu and Kashmir Reorganisation Act 2019 was introduced with reconstitution of the state into the Union Territories of Jammu & Kashmir, and Ladakh. In the absence of UT specific data, the status for both the UTs is being combined for this compendium.

Similar to Jammu & Kashmir, Ladakh belong to the category of states referred to as the Higher middle Epidemiological Transition level states, (India State-Level Disease Burden 2017 report). These UTs report a high disease burden from Non-Communicable Diseases, (NCDs). NCDs account for 61.3% of the disease burden. A projected elderly population of about 9.5 % with likely high levels of co-morbidities adds to this burden. This indicates a need to developing a robust primary health care system to catering to basic health care needs with a focus on chronic disease conditions.

The UT of Ladakh initiated Ayushman Bharat-Health and Wellness Centre (AB-HWC) initiative in 2019 after the reorganisation, in order to deliver Comprehensive Primary Health Care. UTs have remarkably upgraded 4 Sub Health Centre and10 Primary Health Centres including PHC Chushul which is located just 5 miles away from Line of Actual Control with China as Health and Wellness Centres (HWCs) in just a short span. Despite multiple challenges including the harsh climatic conditions faced by the UT, the HWCs have reported a significant rise in service delivery and demonstrated a footfall of 53,204 in last one year. More than 53% of the beneficiaries at the HWC are women, which reflects the benefits to women when care is offered close to communities.

With respect to promotive and preventive health, the HWCs are conducting wellness activities and so far, 179 wellness sessions have been undertaken at the HWCs.

Considering harsh climatic conditions and difficult hilly terrains, the UT of Ladakh has been committed for provision of primary healthcare system available closer to the community thereby advancing on the path towards Universal Health Coverage for the UTs.

Newly upgraded PHC-HWC Chushul, Leh Ladakh: 5 miles away from Line of actual control with China

Way Forward

The next decade is marked by two major sets of commitments. Several targets of the National Health Policy (NHP, 2017) are due to be realized in the mid-decadal period, viz year 2025. India is also a signatory to the Sustainable Development Goals (SDGs) that are to be achieved by year2030. At the heart of the NHP and the SDG-3,is Universal Health Coverage (UHC), a goal that we, collectively as a nation, must ensure.

Political commitment to UHC and ensuring that robust primary health care, building upon a resilient health system, is not in question. The narratives of this compendium is evidence to such commitment. This report highlights the national, State/UT and district level dedication and efforts in enabling operationalisation of the visionary Ayushman Bharat- Health and Wellness Centre (AB-HWCs) initiative.

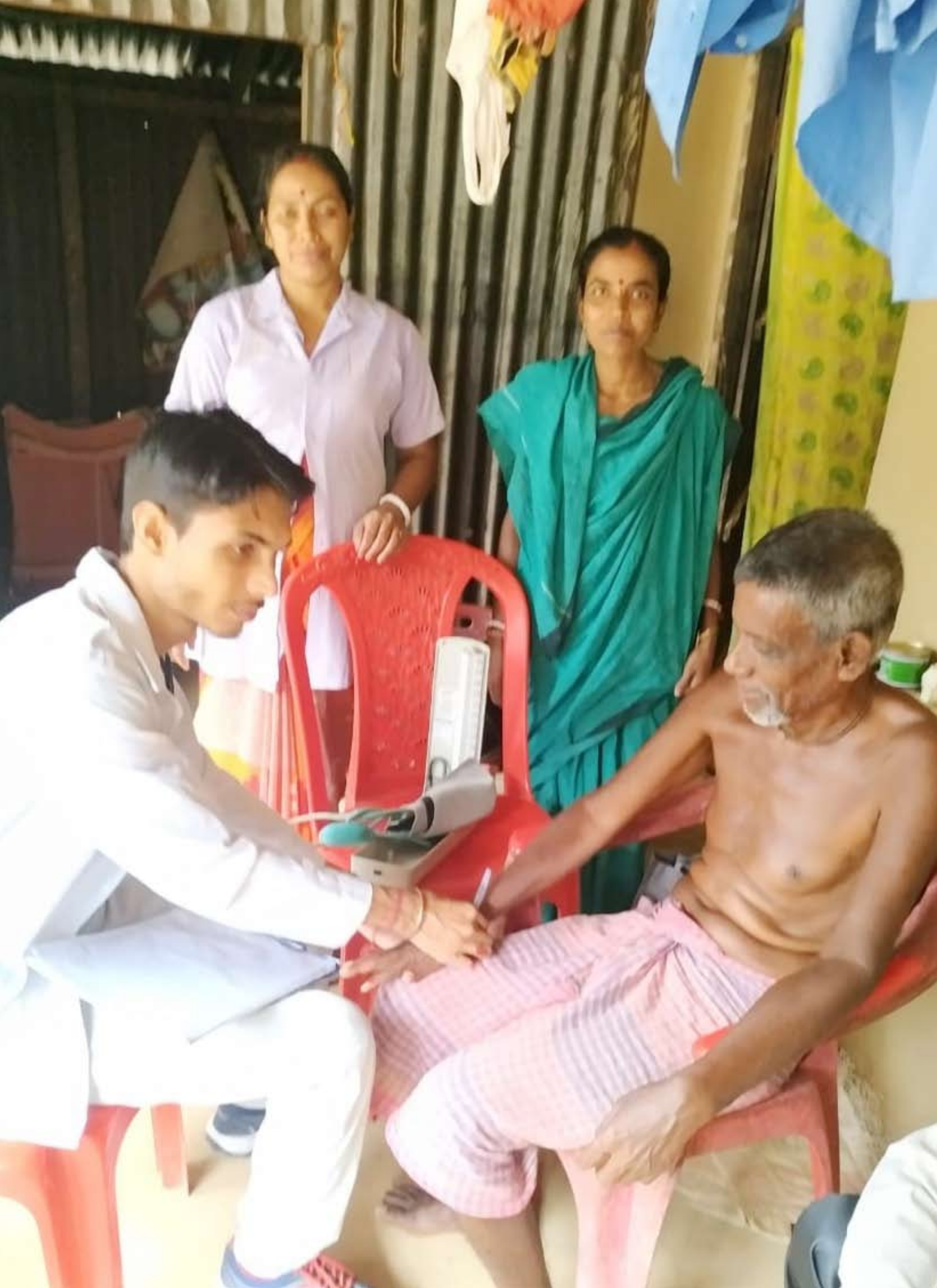
The way forward for UHC and AB-HWCs alike, is to sustain the pace of operationalizing the Health and Wellness Centres to achieve the target of 1,50,000 by year 2022 and enabling the supplementary investments required not only to implement the vision of AB-HWCs, but, additional resources required to meet infrastructure shortfalls and human resource gaps. But, merely meeting the target does not indicate that the journey is complete; there are multiple and incremental, sometimes disruptive changes that are needed, which will require a longer-term vision and planning at National, State/UTand District levels.

The COVID19 pandemic has brought to light the criticality of the public health system in improving population health outcomes. This is an opportune time to integrate public health functions with the delivery of primary health care services. and the AB-HWCs are the platform within which to integrate these services. But,AB-HWCs cannot be isolated from the block or district level healthcare system, both of which need to be strengthened to provide the necessary support and ensure continuum of care. This is also a concurrent process that requires as much attention as operationalizing AB-HWCs and adequate investments must be forthcoming.

As we step into the next decade, we need to refine the processes of implementation so that local innovations that are evidence based can be scaled up to State/UTand National levels. We need to create mechanisms to strengthen implementation research capacity and create *“practitioner – researchers”* so that we may learn from directly from implementation successes and failures, which will facilitate local and decentralized prioritization of investment decisions. Particular areas of focus are the major domains of *multi-sectoral convergence, effectiveness of various wellness interventions, developing a framework for high quality health services, models of service delivery in urban areas that combine Public Health Action and Primary Health Care delivery, and use of IT based platforms for reporting, capacity building and accessing specialist care.*

India has the benefit of a strong community and home-based health care system, established during the period of the National Health Mission (NHM). This system forms the bedrock for achievement of several of the Millennium Development Goals (MDGs) and must be leveraged to achieve universal primary health care and the SDGs. The Jan Arogya Samities that are now being created at the AB-HWCs are a useful mechanism for social audits which are key for people centred, integrated primary health care. Together a high-quality reporting and review system complemented by community led social audits are a powerful tool for transparency and accountability, building on the NHM’s legacy of Community Action for Health. If India’s journey to UHC depends upon ensuring primary health care as a critical milestone, it needs the active engagement of communities.

States/UTs are fully aware that provision of comprehensive primary health care services is the foundation in their journey and country’s journey towards Universal Health Coverage. States/UTs are implementing various initiatives in this direction, overcoming the challenges, with the active engagement of the people.



Ministry of Health & Family Welfare
Government of India