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NITI Aayog



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Ministry of Health
& Family Welfare

HEALTHY STATES PROGRESSIVE INDIA

Report on the Ranks of States and Union Territories

HEALTH INDEX | June 2019

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FOREWORD



NITI Aayog is committed to establishing the Health Index as an annual systematic tool to focus the attention of the States/UTs on achieving better health outcomes. This is further complemented with the MoHFW's decision to link a part of NHM funds to the progress achieved by the States on this Index. I am delighted to present the second edition of the Health Index, which analyses the overall performance and incremental improvement in the States and the UTs for the period 2015-16 (Base Year) and 2017-18 (Reference Year), i.e., a two-year period.

It would be recalled that to motivate States to improve population health and reduce disparities in the spirit of cooperative and competitive federalism, the *National Institution for Transforming India (NITI) Aayog* had brought out a publication in 2018 titled, "Healthy States: Progressive India". It was a compilation of the state of health systems prevalent in the State/UTs of India, which was published in collaboration with the Ministry of Health & Family Welfare (MoHFW) and with technical assistance from the World Bank.

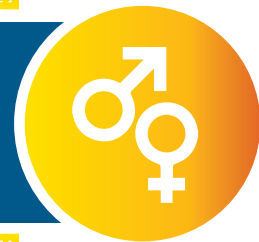
The Health Index highlights the progress reached by the individual States and UTs and is an important instrument in understanding the variations and complexity of the nation's performance in health. It highlights the areas each State should focus on to facilitate improvement in overall health outcomes. The lessons learned in the first and second rounds of Health Index will guide us in making further improvement of the Health Index in the coming years. Through the first round of implementation, stakeholders have gained valuable experience on gathering data to measure and analyse health/performance across States and UTs over time. The release of the first round of Health Index had triggered many useful discussions, including how best to measure health performance, how to strengthen the data collection system, how to identify barriers and motivate actions using data, and how to promote positive competition and learning among the States and UTs. I expect similar kind of discussions, wherein States/UTs can easily identify States that have shown marked improvement in performance from Round one. I would also think of this as a useful stock – taking tool through which progress towards SDG Goal# 3 can be tracked.

I would like to take this opportunity to extend my appreciation to all those who contributed to this edition of the Health Index. I thank the Union Ministry, State Governments and Union Territory Administrations for sharing timely information as well as sharing their suggestions for improving the Index. I look forward to continued support for this Index, which will impact and transform the health of the population and make India healthy.

A handwritten signature in black ink, appearing to read 'Amitabh Kant'.

Amitabh Kant
Chief Executive Officer
NITI Aayog
Government of India

ACKNOWLEDGEMENTS



NITI Aayog in collaboration with the World Bank and the Ministry of Health and Family Welfare (MoHFW) embarked on a journey in 2017 to develop the first comprehensive State Health Index and published the first edition of “Healthy States, Progressive India - Report on the Ranks of States and Union Territories” to bring about a transformational change in the health of the people in India. The second edition of this exercise was conducted over a period of eight months in 2018-19. It involved extensive engagement with the States in the process of data collection; mentoring of States in the data submission process on an online portal hosted by NITI Aayog and an independent validation of data submitted. The timely completion of the second round of the State Health Index could not have been possible without the support and cooperation of all the partners.

We would like to acknowledge various program divisions under Ministry of Health and Family Welfare, Additional Chief Secretaries/Principal Secretaries (Health) and Mission Directors, National Health Mission and State Nodal officers of various States and UTs for their complete support during the process and for working in close co-ordination with NITI Aayog during its entire course.

We are extremely grateful to the World Bank team including Mr. Junaid Kamal Ahmad, Country Director and the technical team led by Ms. Sheena Chhabra, Senior Health Specialist and Task Team Leader along with Dr. Rattan Chand, Senior Consultant, Dr. Di Dong, Young Professional, and Dr. Valerie Ulep, Consultant, for their technical assistance to NITI Aayog during the entire process including the authorship of this report. Support of Dr. Nikhil Utture, Ms. Manveen Kohli and Ms. Anagha Khot is appreciated. Peer Review of the final report by the World Bank team comprising of Dr. Rekha Menon, Practice Manager, Dr. Ajay Tandon, Lead Economist, Dr. Mickey Chopra, Global Lead on Service Delivery, and Dr. Owen Smith, Senior Economist, is also greatly acknowledged.

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ABBREVIATIONS



AHPI	Association of Healthcare Providers (India)
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ART	Antiretroviral Therapy
BCG	Bacillus Calmette–Guérin vaccine
BY	Base Year
CCU	Cardiac Care Unit
CEO	Chief Executive Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
CRS	Civil Registration System
C-Section	Caesarean Section
DH	District Hospital
DPT	Diphtheria, Pertussis, and Tetanus
EAG	Empowered Action Group
ENT	Ear-Nose-Throat
FLV	First Level Verification
FRU	First Referral Unit
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRMIS	Human Resources Management Information System
IDSP	Integrated Disease Surveillance Programme
IMR	Infant Mortality Rate
INR	Indian Rupees
IVA	Independent Validation Agency
ISO	International Organization for Standardization
IT	Information Technology
LBW	Low Birth Weight
L FORM	IDSP Reporting Format for Laboratory Surveillance
MIS	Management Information System
MMR	Maternal Mortality Ratio

MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NA	Not Applicable
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NACO	National AIDS Control Organization
NCDs	Non-communicable Diseases
NE	North-Eastern
NFHS	National Family Health Survey
NHM	National Health Mission
NHP	National Health Policy
NITI Aayog	National Institution for Transforming India
NMR	Neonatal Mortality Rate
NGAS	National Quality Assurance Standards
OPV	Oral Polio Vaccine
ORGI	Office of the Registrar General and Census Commissioner of India
P FORM	IDSP Reporting Format for Presumptive Surveillance
PHC	Primary Health Centre
PLHIV	People Living with HIV
RRC-NE	Regional Resource Centre for North Eastern States
RNTCP	Revised National Tuberculosis Control Programme
RU	Reporting Unit
RY	Reference Year
SC	Sub-Centre
SDG	Sustainable Development Goals
SDH	Sub-District Hospital
SRB	Sex Ratio at Birth
SRS	Sample Registration System
SN	Staff Nurse
SNOs	State Nodal Officers
TA	Technical Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
U5MR	Under-five Mortality Rate
USAID	United States Agency for International Development
UTs	Union Territories

EXECUTIVE SUMMARY





Background and Methodology

- Accompanying the rapid economic growth, India has made significant improvements in health.** In the last decade, millions of Indians were alleviated from poverty. Health system and health outcomes have also significantly improved. Despite the remarkable progress, health remains a critical area that needs improvement. When benchmarked against countries with similar levels of economic development, India is lagging on some critical health indicators. Moreover, there are huge disparities across States and Union Territories (UTs). The health outcomes of some States are comparable to that of some upper middle-income countries and high income countries (for example, Neonatal Mortality Rate (NMR) in Kerala is similar to that of Brazil or Argentina), while some other States have health outcomes similar to that in the poorest countries in the world (for example, NMR in Odisha is close to that of Sierra Leone). To motivate States to improve population health and reduce disparities in the spirit of cooperative and competitive federalism, the *National Institution for Transforming India (NITI) Aayog* launched the Health Index to measure the performance of States and UTs. In February 2018, the first round of the Health Index (referred to as Health Index-2017) was released, which measured the annual and incremental performance of the States and UTs over the period of 2014-15 (Base Year) to 2015-16 (Reference Year). NITI Aayog in collaboration with MoHFW and the World Bank, is committed to establish the Health Index as an annual systematic tool to propel States towards undertaking multi-pronged interventions that will bring better health outcomes. The second round of Health Index (referred to as Health Index-2018) examined the overall performance and incremental improvement in the States and UTs for the period 2015-16 (Base Year) to 2017-18 (Reference Year), i.e., a two-year period. The details of the Health Index and indicators can be found in Tables 2.2 and 2.3.
- Multiple stakeholders contributed to the Health Index-2018.** The NITI Aayog provided overall stewardship in collaboration with the Ministry of Health and Family Welfare (MoHFW), while the World Bank continued to provide technical assistance, the States and UTs, national and international experts contributed to the completion of the Health Index exercise.
- Health Index is a composite score incorporating 23 indicators covering key aspects of health sector performance.** The indicators, methodology and categorization of States and UTs in the Health Index-2018 are consistent with the 2017 round with a total of 23 indicators grouped into domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. The interactive web portal developed and hosted by NITI Aayog with pre-specified format from the 2017 round was used by the States and UTs to submit data on identified indicators for the Health Index-2018. The States were informed about the Health Index including indicator definitions, data sources and process for data submission. Data were submitted by States on the online portal hosted by NITI Aayog except for 12 indicators for which the data were pre-filled as these were available in the public domain. The data were then validated by an Independent Validation Agency (IVA) and were used as an input for

generation of Index values and ranks. For generation of ranks, the States were classified into three categories (Larger States, Smaller States and UTs) to ensure comparability among similar entities.

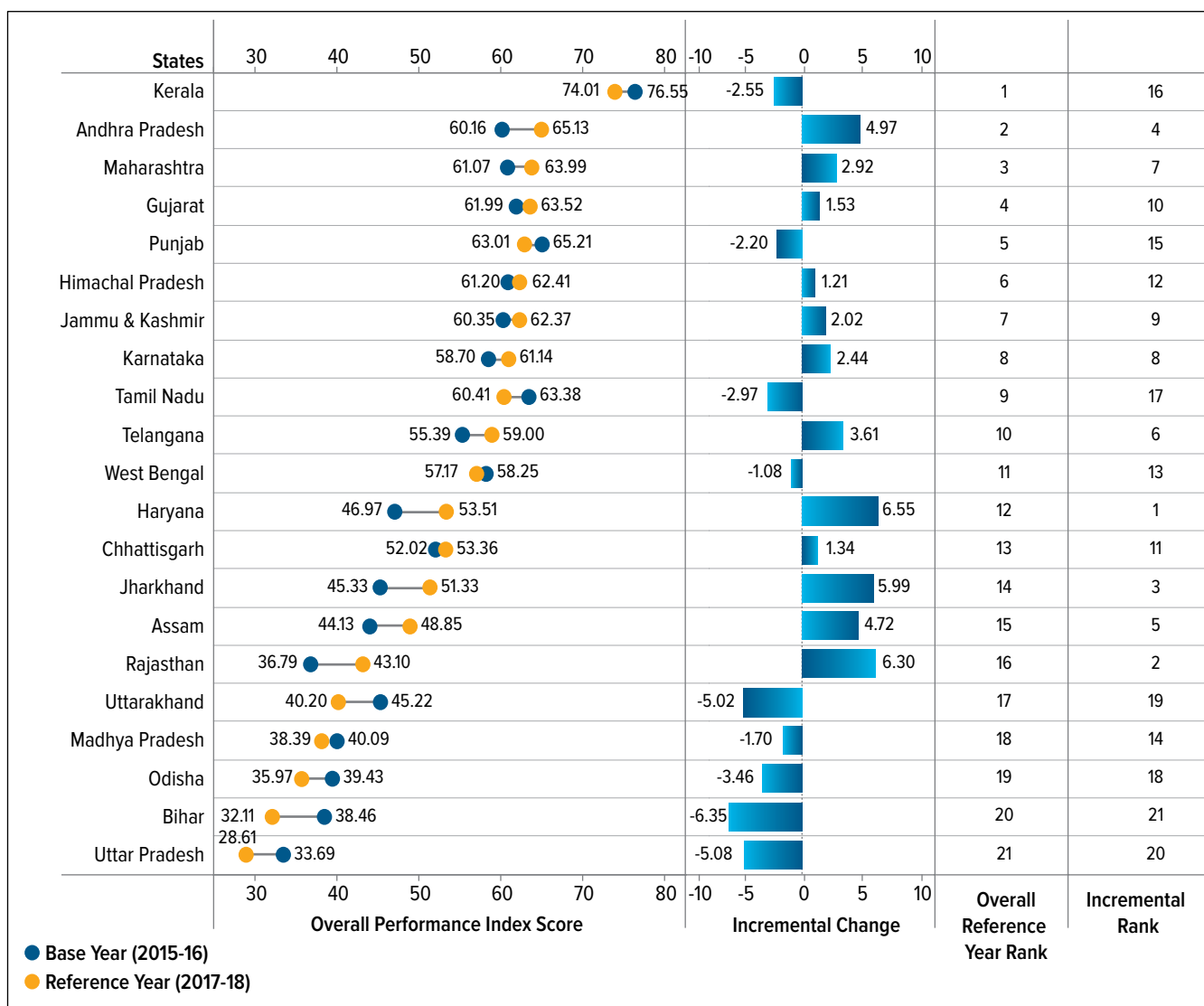
Key Results

- The Health Index scores for 2017-18 (Reference Year) revealed large disparities in overall performance across States and UTs.** Among the Larger States, the overall Health Index score of the best-performing State is more than two and half times of the overall score of the least-performing State. Kerala championed the Larger States with an overall score of 74.01, while Uttar Pradesh was the least performing State with an overall score of 28.61 (Figure E.1). Among the Smaller States, scores varied between 38.51 in Nagaland and 74.97 in Mizoram (Figure E.2). Among the UTs, the scores varied between 41.66 in Daman and Diu to 63.62 in Chandigarh (Figure E.3). Overall, there is room for improvement in all States, even among the best-performing States there is substantial room for improvement. Among the least performing States/UTs, particularly, there is an urgent need to accelerate efforts to narrow the performance gap between States and UTs.
- States vary in progress towards achieving Sustainable Development Goals (SDG).** Several States have made good progress towards achieving SDG goals included in the Index. Kerala and Tamil Nadu have already reached the 2030 SDG target for NMR, which is 12 neonatal deaths per 1,000 live births. Maharashtra and Punjab are also close to achieving the target. Kerala, Tamil Nadu, Maharashtra and Punjab have already achieved the SDG target related to Under-Five Mortality Rate (U5MR), which is 25 deaths per 1,000 live births. Other States and UTs still need significant improvements to meet SDG targets.
- The changes in Health Index scores from 2015-16 to 2017-18 varied significantly across States and UTs, implying different levels of momentum to improve performance.** Only about half the States and UTs had an improvement in the overall score between 2015-16 and 2017-18. The degree of change in incremental performance scores differed across the three categories of States. The magnitude of change was bigger in UTs compared to Larger and Smaller States. The indicators which contributed to increase or decrease in overall performance scores can be found from the snapshot of State-wise performance on indicators (Annexure 2).

State-wise factsheets depicting their respective position according to the overall performance and incremental performance, level of each indicator, and their incremental performance from 2015-16 to 2017-18 is included in Annexure 3. The changes in Health Index scores can be contributed by many factors. For example, a decline of a State's Health Index score from Base Year to Reference Year could be due to worse performance on some indicators in the Reference Year that outweighs the improvements on other indicators.

- Among the Larger States, Haryana, Rajasthan and Jharkhand are the top three States in terms of incremental performance, while Kerala, Andhra Pradesh, and Maharashtra are the top three States in terms of overall performance.** In terms of incremental performance in Index scores from Base Year to Reference Year, the top three ranked States in the group of Larger States are Haryana (up 6.55 points), Rajasthan (up 6.30 points) and Jharkhand (up 5.99 points). However, in terms of overall performance, these States are among the bottom two-third of the range of Index scores, with Kerala (74.01), Andhra Pradesh (65.13) and Maharashtra (63.99) showing the highest scores. Andhra Pradesh and Maharashtra are the only two States that are among the top one-third States on both overall performance as well as incremental performance. Andhra Pradesh has the highest proportion of indicators (63 percent) among the Larger States which fall in the category of "Most Improved" or "Improved".

FIGURE E.1 Larger States - Incremental scores and ranks, with overall performance scores and ranks in Base and Reference Years



Note: As West Bengal did not submit data on the portal, the overall and incremental performance scores were generated based on pre-filled indicator data for 12 indicators and for the remaining 11 indicators the data from the Base Year were repeated for the Reference Year.

8. Among the Larger States, seven of the top ten States on overall performance also continued to improve on their Health Index scores from the Base Year (2015-16) to the Reference Year (2017-18), while several of the least-performing States (mostly EAG¹ States) further deteriorated, leading to a wider performance gap across Larger States (Table E.1). Among the top ten performers, seven had made further improvements in overall performance scores (Andhra Pradesh, Maharashtra, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka and Telangana). However, among the six least-performing States (Uttar Pradesh, Bihar, Odisha, Madhya Pradesh, Uttarakhand, and Rajasthan), five had decline in the overall performance scores, with the exception of Rajasthan which improved the score by 6.30 points. Among the eight EAG States, only three of the States Rajasthan, Jharkhand and Chhattisgarh showed improvement in the overall performance between 2015-16 and 2017-18. While it is important to identify the challenges faced by the EAG States that hinders improvement in performance, the impressive improvement in some EAG States provides learning opportunities for the rest to identify effective actions to improve their overall performance scores.

1. EAG States - Empowered Action Group States includes Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttarakhand, Uttar Pradesh, and Odisha.

TABLE E.1 Categorization of Larger States on incremental performance and overall performance

Incremental Performance	Overall Performance		
	Aspirants	Achievers	Front-runners
Not Improved (0 or less)	Madhya Pradesh Odisha Uttarakhand Uttar Pradesh Bihar	West Bengal	Kerala Punjab Tamil Nadu
Least Improved (0.01-2.0)	–	Chhattisgarh	Gujarat Himachal Pradesh
Moderately Improved (2.01-4.0)	–	–	Maharashtra Jammu & Kashmir Karnataka Telangana
Most Improved (more than 4.0)	Rajasthan	Haryana Jharkhand Assam	Andhra Pradesh

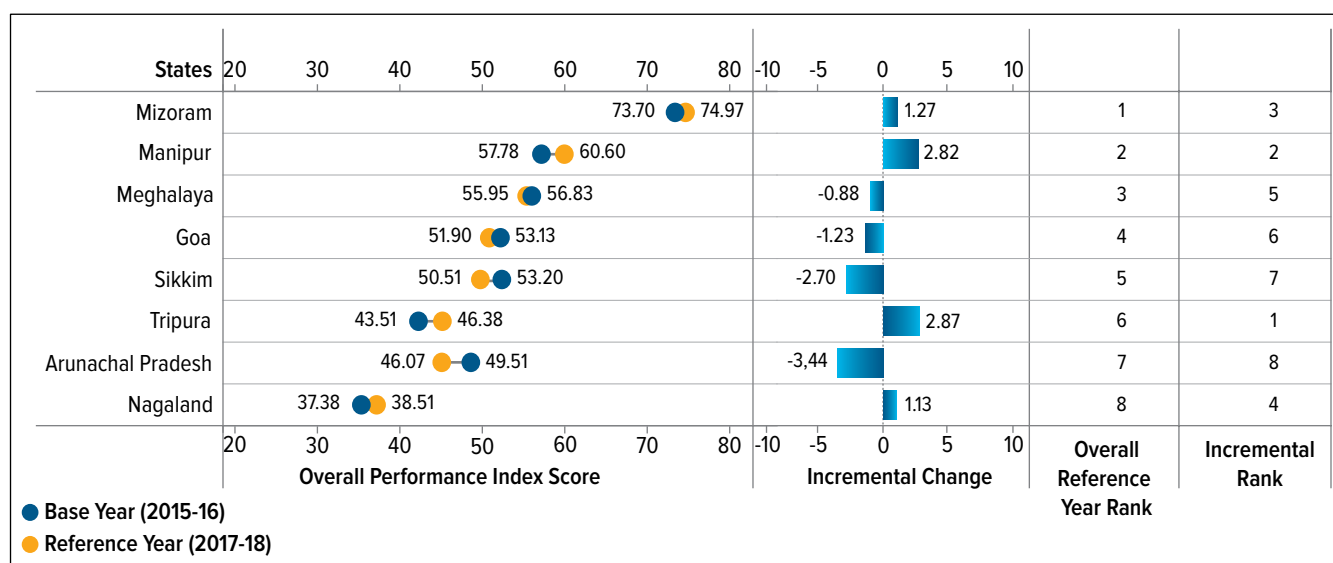
Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >58.88), Achievers: middle one-third (Index score between 43.74 and 58.88), Aspirants: lowest one-third (Index score <43.74). The States are categorized into four groups based on incremental performance: 'Not Improved' (<=0 incremental change), 'Least Improved' (0.01 to 2.0 points increase), 'Moderately Improved' (2.01 to 4.0 points increase), and 'Most Improved' (>4 points increase).

9. **The decline in the overall Health Index score for five EAG States (Bihar, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Odisha) between the Base Year and Reference Year is attributed to the deterioration of performance in several indicators.** The State-wise factsheets provide a good overview of the variations in performance (Annexure 3). For instance in Bihar, the deterioration between Base Year and Reference Year was primarily due to the performance related to total fertility rate, low birth weight, Sex Ratio at Birth, TB treatment success rate, quality accreditation of public health facilities, and time-taken for NHM fund transfer, while in the case of Uttar Pradesh the performance related to low birth weight, TB treatment success rate, average tenure of key positions at state and district level and level of birth registration accounted for the deterioration. Similarly, Uttarakhand had a decrease in Health Index score mainly because of the deterioration in NMR, U5MR, stability of tenure of key administrative positions at district level, functionality of FRUs, and NHM fund transfer. Odisha's Health Index score reduction was mostly due to worsening of the full immunization rate and TB treatment success rate, and Madhya Pradesh had a reduction in level of birth registration and TB treatment success rate, leading to lower Health Index score.

It was observed that though Under-Five Mortality and Neonatal Mortality Rates have improved in most EAG States (except for Uttarakhand where neonatal and U5MR rates increased), most intermediate outcome indicators have deteriorated. Full immunization coverage, institutional delivery and TB treatment success rate are intermediate outcome indicators that need significant improvement.

10. **Kerala, despite the decrease in overall Health Index score, maintained its ranking as the top performing among the Larger States.** However, Tamil Nadu dropped from third position to ninth position, while Punjab dropped from second position to the fifth. The decline in the overall Health Index score in Tamil Nadu and Punjab is largely attributed to the decline in several health outcome indicators.

FIGURE E.2 Smaller States - Incremental scores and ranks, with overall performance scores and ranks in Base and Reference Years



11. Among the Smaller States, Mizoram ranked first in overall performance, while Tripura and Manipur were top two States in terms of incremental performance (Figure E.2 and Table E.2). The overall performance score of four Smaller States declined in 2017-18. Arunachal Pradesh registered largest decline in the overall performance score from 49.51 to 46.07. Mizoram remains the best performer in terms of overall performance, and registered an increased from 73.70 to 74.97 in overall performance. Compared to the Larger States, the magnitude of change in the overall performance scores among the Smaller States was smaller.

Among the Smaller States, Sikkim and Arunachal Pradesh had bigger decrease in overall Health Index scores. Health Index score in Sikkim deteriorated due to poor performance of several indicators such as institutional deliveries, TB case notification rate, TB treatment success rate, 1st trimester ANCs, level of birth registration, and IDSP reporting of L-form. However, the decrease in the overall Health Index score in Arunachal Pradesh was largely attributable to significant deterioration in performance of five indicators - TB treatment success rate, e-pay slip for all staff, functional 24x7 PHCs, IDSP reporting of L-form, and quality accreditation of public health facilities.

TABLE E.2 Categorization of Smaller States on incremental performance and overall performance

Incremental Performance	Overall Performance		
	Aspirants	Achievers	Front-runners
Not Improved (0 or less)	Arunachal Pradesh Sikkim	Meghalaya Goa	–
Least Improved (0.01-2.0)	Nagaland	–	Mizoram
Moderately Improved (2.01-4.0)	Tripura	Manipur	–
Most Improved (more than 4.0)	–	–	–

Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >62.82), Achievers: middle one-third (Index score between 50.67 and 62.82), Aspirants: lowest one-third (Index score <50.67). The States are categorized into four groups based on incremental performance: 'Not Improved' (<=0 incremental change), 'Least Improved' (0.01 to 2.0 points increase), 'Moderately Improved' (2.01 to 4.0 points increase), and 'Most Improved' (>4 points increase).

12. Among the UTs, Chandigarh ranked first in overall performance, while Dadra and Nagar Haveli improved the most (Figure E.3 and Table E.3). Chandigarh, and Dadra and Nagar Haveli ranked first and second in terms of overall performance ranking because of the impressive 11 and 22 points increase respectively in the overall performance.
13. Three UTs registered decline in their overall Health Index scores: Lakshadweep, Andaman and Nicobar Islands, and Delhi. The large decline in the overall Health Index scores of Lakshadweep and Andaman & Nicobar Islands is largely driven by the deterioration of health outcome indicators. Of the five health outcome indicators, 3 indicators deteriorated in Lakshadweep (low birth weight, full immunization, institutional delivery), and 4 indicators in Andaman & Nicobar (full immunization, institutional deliveries, TB case notification, and TB treatment success rate).

FIGURE E.3 UTs - Incremental scores and ranks, with overall performance scores and ranks in Base and Reference Years

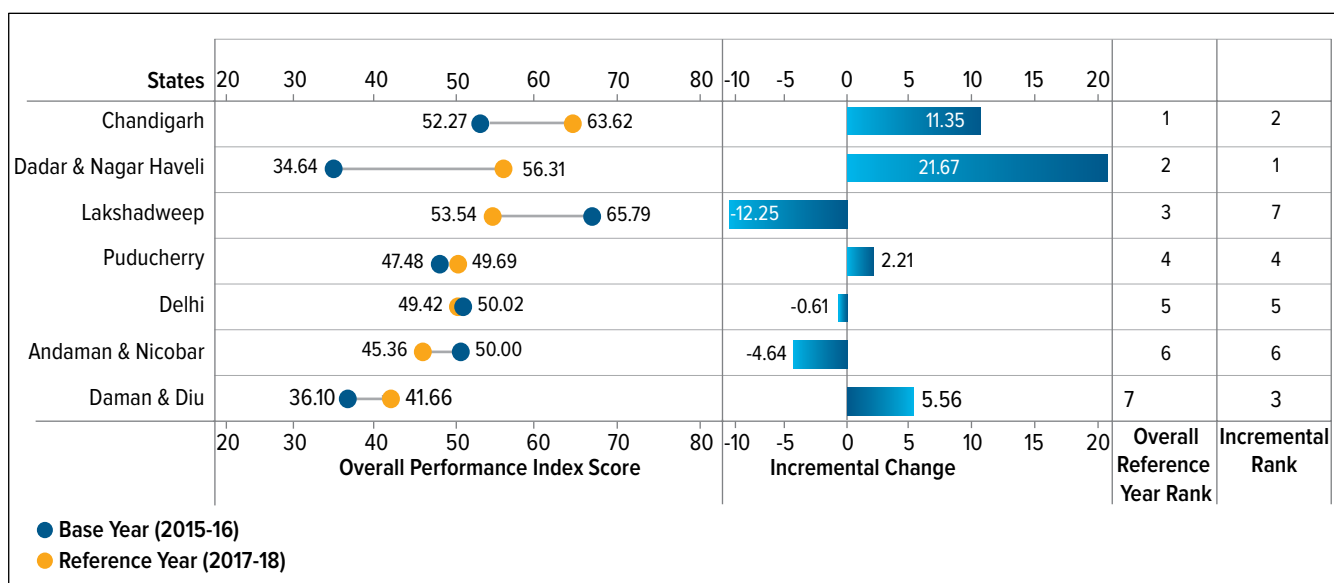


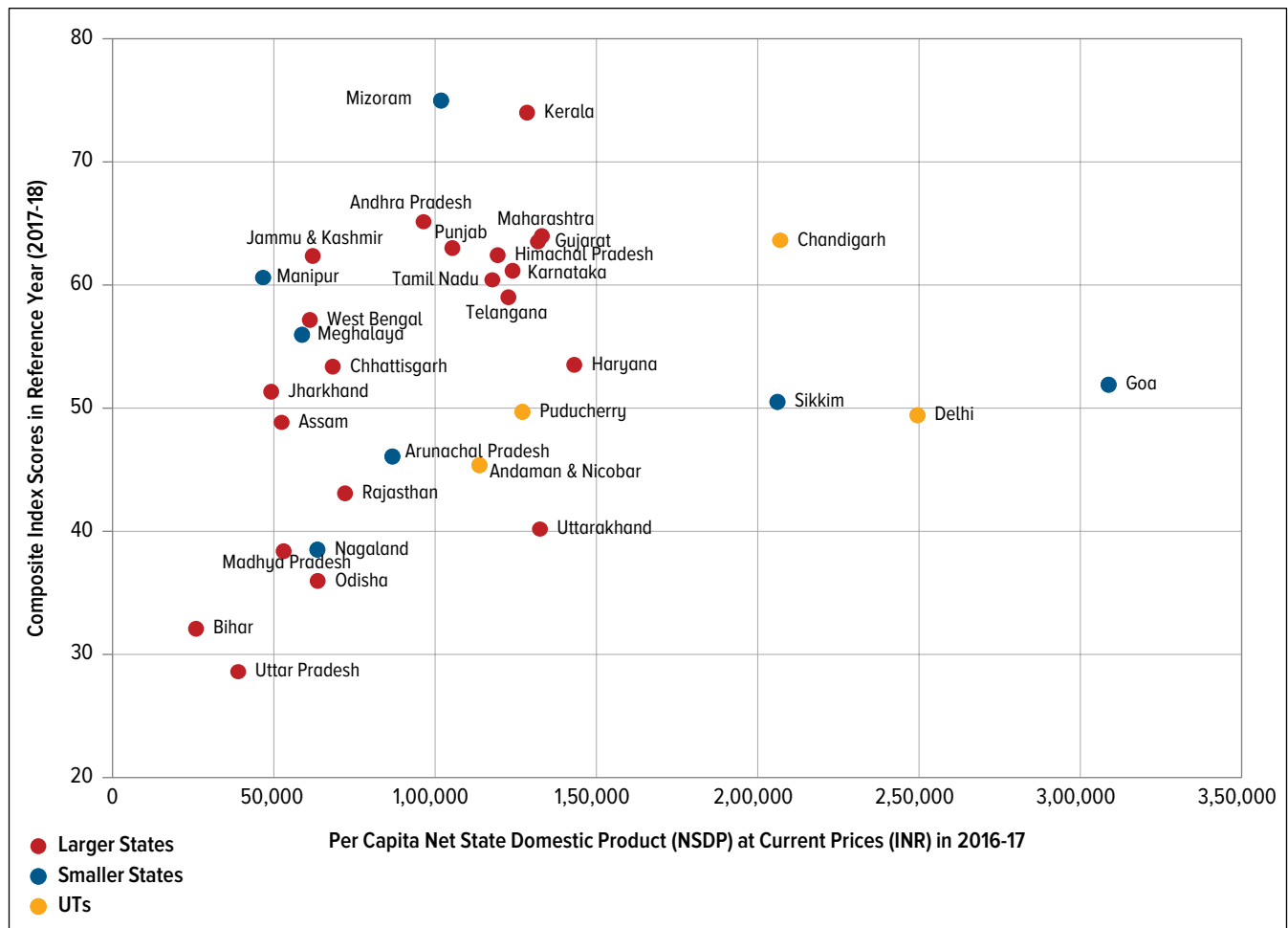
TABLE E.3 Categorization of UTs on incremental performance and overall performance

Incremental Performance	Overall Performance		
	Aspirants	Achievers	Front-runners
Not Improved (0 or less)	Andaman and Nicobar	Delhi Lakshadweep	
Least Improved (0.01–2.0)			
Moderately Improved (2.01–4.0)		Puducherry	
Most Improved (more than 4.0)	Daman and Diu		Chandigarh Dadra and Nagar Haveli

Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >56.30), Achievers: middle one-third (Index score between 48.98 and 56.30), Aspirants: lowest one-third (Index score <48.98). The States are categorized into four groups: 'Not Improved' (<=0 incremental change), 'Least Improved' (0.01 to 2.0 points increase), 'Moderately Improved' (2.01 to 4.0 points increase), and 'Most Improved' (>4 points increase).

14. There was a general positive correlation between the Health Index scores and the economic development levels of States and UTs as measured by per capita Net State Domestic Product (NSDP) (Figure E.4). However, a few States with relative low level of economic development performed well in the Health Index, such as Jammu and Kashmir, Manipur, Mizoram, Andhra Pradesh, and Punjab. The lessons from these States may provide some insights on how to improve Health Index scores in States with similarly low level of economic development. On the other hand, some States and UTs with relative high level of economic development did not perform as well in Health Index score, such as Goa, Delhi and Sikkim.

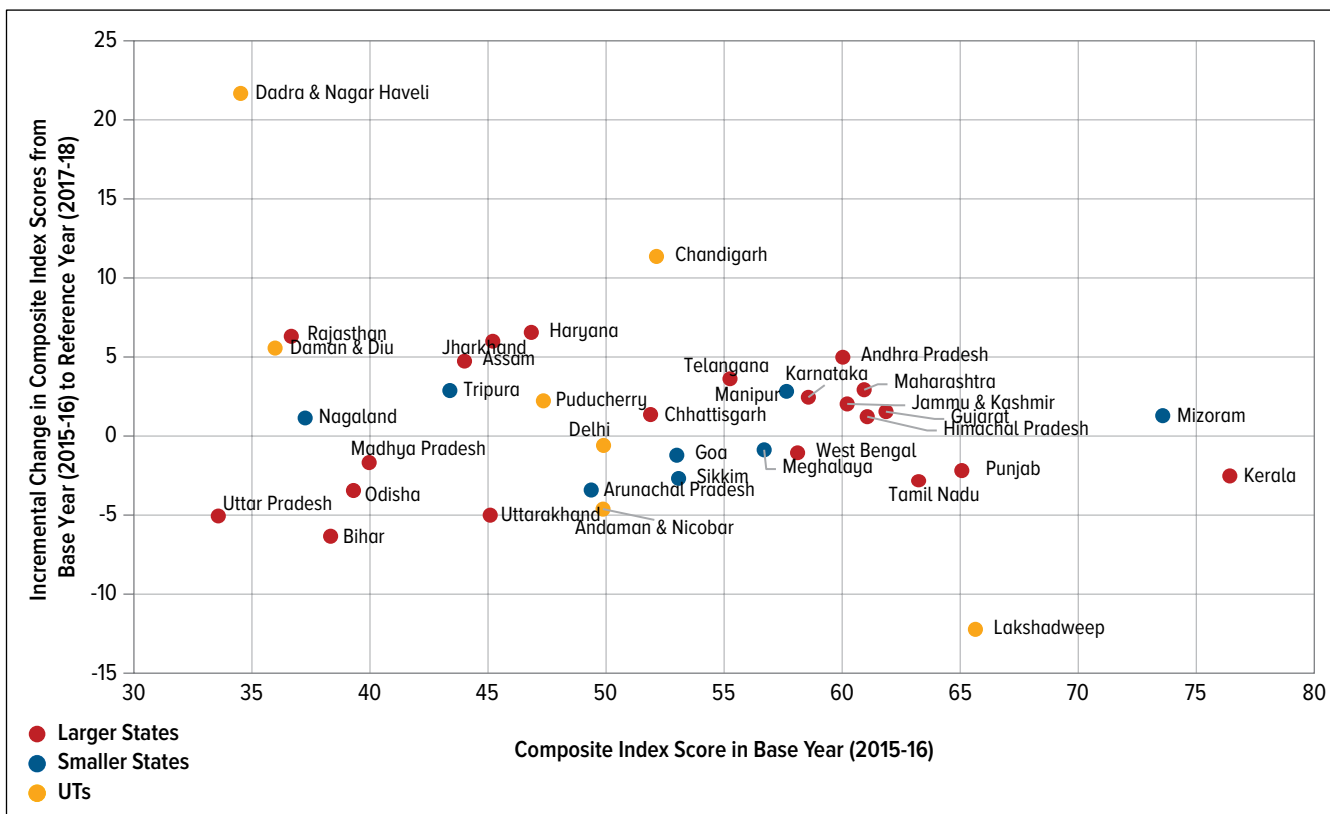
FIGURE E.4 Composite Index scores in Reference Year and per capita Net State Domestic Product at current prices (INR) in 2016-17



Source: Directorate of Economics & Statistics of respective State Governments.

15. There is narrowing gap in performance from Base Year to Reference Year among UTs (Figure E.5). There was a convergence in Health Index scores from Base Year to Reference Year across UTs, that is, UTs with higher Health Index scores in the Base Year tended to deteriorate whereas least-performing UTs in the Base Year tended to improve their performance in the Reference Year. Among the Larger and Smaller States, there was neither divergence nor convergence in Health Index scores over time.

FIGURE E.5 Incremental change in Composite Index scores from Base to Reference Year and Composite Index score in Base Year



Conclusion and Way Forward

16. **The Health Index is a useful tool to measure and compare the overall performance and incremental performance across States and UTs over time.** The Health Index is an important instrument in understanding the variations and complexity of the nation’s performance in health. The first round of Health Index had triggered many useful discussions, including how best to measure health performance, how to strengthen the data collection system, how to identify barriers and motivate actions using data, and how to promote positive competition and learning among the States and UTs. The report in the second round highlights the areas each State/UT should focus on to facilitate improvement in overall health outcomes.

BACKGROUND



BACKGROUND



1. OVERVIEW

The National Development Agenda unanimously agreed to by all the State Chief Ministers and the Lieutenant Governors of Union Territories (UTs) in 2015 had inter alia identified education, health, nutrition, women and children as priority sectors requiring urgent action. To fulfill the National Development Agenda, it is imperative to make rapid improvement in these sectors. India, along with other countries, has also committed itself to adopting the Sustainable Development Goals (SDGs) to end poverty, protect the planet, and ensure prosperity for all as part of the new global sustainable development agenda to be fulfilled by 2030.

As the nodal agency responsible for charting India's quest for attaining the commitments under the SDGs, the National Institution for Transforming India (NITI Aayog) has been mandated with transforming India by exercising thought leadership and by promoting co-operative and competitive federalism, among the Governments of States and UTs to rapidly improve outcomes. It is in this context that NITI Aayog had spearheaded the Health Index initiative in 2017 in collaboration with the Ministry of Health and Family Welfare (MoHFW) and with technical assistance from the World Bank, to measure the annual performance of States and UTs on a variety of indicators – Health Outcomes, Governance and Information and Key Inputs/Processes.

“Healthy States, Progressive India”- the report on the first round of Health Index (referred to as Health Index-2017) released in February 2018, measured the annual performance of the States and UTs, over the period 2014-15 (Base Year) and 2015-16 (Reference Year) and ranked States on the basis of incremental change, while also providing an overall status of States' performance and helping identify specific areas of improvement. NITI Aayog is committed to establish the Health Index as an annual systematic tool that will propel States towards undertaking multi-pronged interventions that will bring about the much-desired optimal health outcomes. In this regard, the World Bank continues to provide technical assistance to the NITI Aayog on the second round of the Health Index (referred to as Health Index-2018) which covers the period 2015-16 (Base Year) and 2017-18 (Reference Year) and focuses on measuring and highlighting the overall performance and incremental improvement over a two-year period in the States and UTs.

The indicators, methodology and categorization of States and UTs in the Health Index-2018 are broadly consistent with the 2017 round with a total of 23 indicators grouped into the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. The interactive web portal developed and hosted by NITI Aayog with pre-designed format from the 2017 round was used by the States and UTs to submit data on identified indicators for the Health Index-2018. Subsequently, the data was verified by an Independent Validation Agency (IVA) prior to computing the Index and ranks for all the States and UTs. As in the 2017 round, the States have been grouped in three categories to ensure comparison among similar entities - Larger States, Smaller States, and UTs.

2. ABOUT THE INDEX – DEFINING AND MEASURING

2.1. Aim

To promote a co-operative and competitive spirit amongst the States and UTs to rapidly bring about transformative action in achieving the desired health outcomes.

2.2. Objective

To release a composite Health Index based on key health outcomes and other health systems and service delivery indicators and generate Health Index scores and rankings for different categories of the States and UTs based on incremental performance and overall performance.

2.3. Salient Features

- ▶ The Health Index consists of a limited set of relevant indicators categorized in the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes.
- ▶ Health Outcomes are assigned the highest weight, as these remain the focus of performance.
- ▶ Indicators have been selected on the basis of their importance and availability of reliable data at least annually from existing data sources such as the Sample Registration System (SRS), Civil Registration System (CRS) and Health Management Information Systems (HMIS).
- ▶ Submission of the data by the States is via the web portal.
- ▶ Data on indicators and Index calculations are validated by the IVA.
- ▶ A composite Index is calculated as a weighted average of various indicators, focused on measuring the health system performance in each State and UT for a Base Year (2015-16) and a Reference Year (2017-18).
- ▶ The change in the Index score of each State and UT from the Base Year to the Reference Year measures the incremental progress of each State.
- ▶ States and UTs are grouped in three categories to ensure comparability among similar entities, namely 21 Larger States, 8 Smaller States, and 7 UTs.

2.4. Methodology

2.4.1. Computation of Index scores and ranks

After validation of data by the IVA, data submitted by the States and pre-filled from established sources were used for the Health Index score calculations. Each indicator value was scaled, based on the nature of the indicator. For positive indicators, where *higher the value, better the performance* (e.g. service coverage indicators), the scaled value (S_i) for the i^{th} indicator, with data value as X_i was calculated as follows:

$$\text{Scaled value } (S_i) \text{ for positive indicator} = \frac{(X_i - \text{Minimum value}) \times 100}{(\text{Maximum value} - \text{Minimum value})}$$

Similarly, for negative indicators where *lower the value, better the performance* [e.g. Neonatal Mortality Rate (NMR), Under-five Mortality Rate (U5MR), human resource vacancies], the scaled value was calculated as follows:

$$\text{Scaled value (S}_i\text{) for negative indicator} = \frac{(\text{Maximum value} - X_i) \times 100}{(\text{Maximum value} - \text{Minimum value})}$$

The minimum and maximum values of each indicator were ascertained based on the values for that indicator across States within the grouping of States (Larger States, Smaller States, and UTs) for that year.

The scaled value for each indicator lies between the range of 0 to 100. Thus, for a positive indicator such as institutional deliveries, the State with the lowest institutional deliveries will get a scaled value of 0, while the State with the highest institutional deliveries will get a scaled value of 100. Similarly, for a negative indicator such as NMR, the State with the highest NMR will get a scaled value of 0, while the State with the lowest NMR will get a scaled value of 100. Accordingly, the scaled value for other States will lie between 0 and 100 in both cases.

Based on the above scaled values (S_i), a composite Index score was then calculated for the Base Year and Reference Year after application of the weights using the following formula:

$$\text{Composite Index} = \frac{(\sum W_i \times S_i)}{\sum W_i}$$

where W_i is the weight for i^{th} indicator.

The Composite Index score provides the overall performance and domain-wise performance for each State and UT and has been used for generating overall performance ranks. Incremental performance from Base Year composite scores to Reference Year composite scores was also measured and used in ranking.

If data were missing for a State for a particular indicator, that indicator was dropped from the Health Index calculation of that State, and the indicator weight was re-allocated to other indicators within the same domain for that State. Missing data from one State does not directly affect the Health Index calculation for the other States, unless the range of indicator values was changed.

The ranking was primarily based on the incremental progress made by the States and UTs from the Base Year to the Reference Year. However, rankings based on Index scores for the Base Year and the Reference Year have also been presented to provide the overall performance of the States and UTs. A comparison of the change in ranks between the Base and Reference Years has also been undertaken.

2.4.2. Categorization of States for ranking

As in the case of generating the first Health Index in 2017, based on the availability of data and the fact that similar States should be compared, the States were ranked in three categories in the present round, namely Larger States, Smaller States and UTs (Table 2.1).

TABLE 2.1 Categorization of States and UTs

Category	Number of States and UTs	States and UTs
Larger States	21	Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, West Bengal
Smaller States	8	Arunachal Pradesh, Goa, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura
Union Territories	7	Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Delhi, Lakshadweep, Puducherry

The SRS data on health outcomes [NMR, U5MR, Total Fertility Rate (TFR) and Sex Ratio at Birth (SRB)] were not available for eight Smaller States and seven UTs, while the data on the proportion of people living with HIV (PLHIV) on antiretroviral therapy (ART) were not available for UTs.

2.4.3. The Health Index score – List of indicators and weightage

The Health Index is a weighted composite Index based on 23 indicators grouped into the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes.

Each domain had been assigned weights based on its importance. Within a domain or sub-domain, the weight has been equally distributed among the indicators in that domain or sub-domain. Table 2.2 provides a snapshot of the number of indicators in each domain and sub-domain along with weights, while Table 2.3 provides the list of Health Index indicators, definition, data sources and related details.

TABLE 2.2 Health Index Summary

Domain	Sub-domain	Larger States		Smaller States		Union Territories	
		Number of Indicators	Weight	Number of Indicators	Weight	Number of Indicators	Weight
Health Outcomes	Key Outcomes	5	500	1	100	1	100
	Intermediate Outcomes	5	250	5	250	4	200
Governance and Information	Health Monitoring and Data Integrity	1	70	1	70	1	70
	Governance	2	60	2	60	2	60
Key Inputs/ Processes	Health Systems/ Service Delivery	10	200	10	200	10	200
TOTAL		23	1,080	19	680	18	630

TABLE 2.3 Health Index: Indicators, definitions, data sources, Base and Reference Years

S. No.	Indicator	Definition	Data Source	Base Year (BY) and Reference Year (RY)
Domain: Health Outcomes				
1.1.1	Neonatal Mortality Rate (NMR) ²	Number of infant deaths of less than 29 days per thousand live births during a specific year.	SRS [pre-filled]	BY:2015 RY:2016
1.1.2	Under-five Mortality Rate (U5MR) ³	Number of child deaths of less than 5 years per thousand live births during a specific year.	SRS [pre-filled]	BY:2015 RY:2016
1.1.3	Total Fertility Rate (TFR) ⁴	Average number of children that would be born to a woman if she experiences the current fertility pattern throughout her reproductive span (15-49 years), during a specific year.	SRS [pre-filled]	BY:2015 RY:2016
1.1.4	Proportion of Low Birth Weight (LBW) among newborns	Proportion of low birth weight (<2.5 kg) newborns out of the total number of newborns weighed during a specific year born in a health facility.	HMIS	BY:2015-16 RY:2017-18
1.1.5	Sex Ratio at Birth (SRB) ⁵	The number of girls born for every 1,000 boys born during a specific year.	SRS [pre-filled]	BY:2013-15 RY:2014-16
1.2.1	Full immunization coverage	Proportion of infants 9-11 months old who have received BCG, 3 doses of DPT, 3 doses of OPV and measles against estimated number of infants during a specific year.	HMIS	BY:2015-16 RY:2017-18
1.2.2	Proportion of institutional deliveries	Proportion of deliveries conducted in public and private health facilities against the number of estimated deliveries during a specific year.	HMIS	BY:2015-16 RY:2017-18
1.2.3	Total case notification rate of tuberculosis (TB)	Number of new and relapsed TB cases notified (public + private) per 1,00,000 population during a specific year.	Revised National Tuberculosis Control Programme (RNTCP) MIS, MoHFW [pre-filled]	BY:2016 RY:2017
1.2.4	Treatment success rate of new microbiologically confirmed TB cases	Proportion of new cured and their treatment completed against the total number of new microbiologically confirmed TB cases registered during a specific year.	RNTCP MIS, MoHFW [pre-filled]	BY:2015 RY:2016
1.2.5	Proportion of people living with HIV (PLHIV) on antiretroviral therapy (ART) ⁶	Proportion of PLHIVs receiving ART treatment against the number of estimated PLHIVs who needed ART treatment for the specific year.	Central MoHFW Data [pre-filled]	BY:2015-16 RY:2017-18

2. Not applicable for the category of Smaller States and UTs

3. Not applicable for the category of Smaller States and UTs

4. Not applicable for the category of Smaller States and UTs

5. Not applicable for the category of Smaller States and UTs

6. Not applicable for the category of UTs. Due to change in definition of the indicators, for Larger States and Smaller States, the Base Year data is repeated for the Reference Year.

S. No.	Indicator	Definition	Data Source	Base Year (BY) and Reference Year (RY)
Domain: Governance and Information				
2.1.1	Data Integrity Measure ⁷ : a. Institutional deliveries b. ANC registered within first trimester	Percentage deviation of reported data from standard survey data to assess the quality/integrity of reported data for a specific period.	HMIS and NFHS-4 (pre-filled)	BY and RY: 2015-16 (NFHS) BY and RY: 2011-12 to 2015-16 (HMIS)
2.2.1	Average occupancy of an officer (in months), combined for following three posts at State level for last three years 1. Principal Secretary 2. Mission Director (NHM) 3. Director (Health Services)	Average occupancy of an officer (in months), combined for following posts in last three years: 1. Principal Secretary 2. Mission Director (NHM) 3. Director (Health Services)	State Report	BY: April 1, 2013-March 31, 2016 RY: April 1, 2015-March 31, 2018
2.2.2	Average occupancy of a full-time officer (in months) for all the districts in last three years - District Chief Medical Officers (CMOs) or equivalent post (heading District Health Services)	Average occupancy of a CMO (in months) for all the districts in last three years.	State Report	BY: April 1, 2013- March 31, 2016 RY: April 1, 2015-March 31, 2018
Domain: Key Inputs and Processes				
3.1.1	Proportion of vacant health care provider positions (regular + contractual) in public health facilities	Vacant healthcare provider positions in public health facilities against total sanctioned health care provider positions for following cadres (separately for each cadre) during a specific year: a. Auxiliary Nurse Mid-wife (ANM) at sub-centres (SCs) b. Staff nurse (SN) at Primary Health Centres (PHCs) and Community Health Centres (CHCs) c. Medical officers (MOs) at PHCs d. Specialists at District Hospitals (Medicine, Surgery, Obstetrics and Gynaecology, Pediatrics, Anesthesia, Ophthalmology, Radiology, Pathology, Ear-Nose-Throat (ENT), Dental, Psychiatry)	State Report	BY: As on March 31, 2016 RY: As on March 31, 2018
3.1.2	Proportion of total staff (regular + contractual) with e-payslip generated in the IT enabled Human Resources Management Information System (HRMIS).	Availability of a functional IT enabled HRMIS measured by the proportion of staff (regular + contractual) for whom an e-payslip can be generated in the IT enabled HRMIS against total number of staff (regular + contractual) during a specific year.	State Report	BY: As on March 31, 2016 RY: As on March 31, 2018

7. The NFHS data were available only for Base Year and the data for this were repeated for the Reference Year.

S. No.	Indicator	Definition	Data Source	Base Year (BY) and Reference Year (RY)
3.1.3	a. Proportion of specified type of facilities functioning as First Referral Units (FRUs) as against required norm	Proportion of public sector facilities conducting specified number of C-sections ⁸ per year (FRUs) against the norm of one FRU per 5,00,000 population during a specific year.	State Report on number of functional FRUs, MoHFW data on required number of FRUs	BY:2015-16 RY:2017-18
	b. Proportion of functional 24x7 PHCs as against required norm	Proportion of PHCs providing healthcare services ⁹ as per the stipulated criteria against the norm of one 24x7 PHC per 1,00,000 population during a specific year.	State Report on number of functional 24x7 PHCs, MoHFW data on required number of PHCs	BY:2015-16 RY:2017-18
3.1.4	Average number of functional Cardiac Care Units (CCUs) per district (*100)	Number of functional CCUs [with desired equipment ventilator, monitor, defibrillator, CCU beds, portable ECG machine, pulse oxymeter etc.), drugs, diagnostics and desired staff as per programme guidelines] per districts *100.	State Report	BY: As on March 31, 2016 RY: As on March 31, 2018
3.1.5	Proportion of ANC registered within first trimester against total registrations	Proportion of pregnant women registered for ANC within 12 weeks of pregnancy during a specific year.	HMIS	BY:2015-16 RY:2017-18
3.1.6	Level of registration of births	Proportion of births registered under Civil Registration System (CRS) against the estimated number of births during a specific year.	Civil Registration System (CRS) [pre-filled]	BY:2014 RY:2016
3.1.7	Completeness of Integrated Disease Surveillance Programme (IDSP) reporting of P and L forms	Proportion of Reporting Units (RUs) reporting in stipulated time period against total RUs, for P and L forms during a specific year.	Central IDSP, MoHFW Data [pre-filled]	BY:2015 RY:2017
3.1.8	Proportion of CHCs with grading 4 points or above	Proportion of CHCs that are graded 4 points or above against total number of CHCs during a specific year.	HMIS [pre-filled]	BY:2015-16 RY:2017-18
3.1.9	Proportion of public health facilities with accreditation certificates by a standard quality assurance program (NQAS/NABH/ISO/AHPI)	Proportion of specified type of public health facilities with accreditation certificates by a standard quality assurance program against the total number of following specified type of facilities during a specific year. 1. District hospital (DH)/Sub-district hospital (SDH) 2. CHC/Block PHC	State Report	BY: As on March 31, 2016 RY: As on March 31, 2018
3.1.10	Average number of days for transfer of Central NHM fund from State Treasury to implementation agency (Department/Society) based on all tranches of the last financial year	Average time taken (in number of days) by the State Treasury to transfer funds to implementation agencies during a specific year.	Centre NHM Finance Data ¹⁰ [pre-filled]	BY:2015-16 RY:2017-18

8. Criteria for fully operational FRUs: SDHs/CHCs - conducting minimum 60 C-sections per year (36 C-sections per year for Hilly and North-Eastern States except for Assam); DHs - conducting minimum 120 C-sections per year (72 C-sections per year for Hilly and North-Eastern States except Assam).

9. Criteria for functional 24x7 PHCs: 10 deliveries per month (5 deliveries per month for Hilly and North-Eastern States except Assam).

10. Centre NHM Finance data includes the RCH flexi-pool and NHM-Health System Strengthening flexi-pool data (representing a substantial portion of the NHM funds) for calculating delay in transfer of funds.

2.5. Limitation of the Index

- ▶ Some critical areas such as infectious diseases, Non-communicable Diseases (NCDs), mental health, governance, and financial risk protection could not be fully captured in the Index due to non-availability of acceptable quality data on an annual basis.
- ▶ For several indicators, the data are limited to service delivery in public facilities due to the paucity and uneven availability of private sector data on health services in the HMIS. This is expected to be a larger problem for States with higher private utilization.
- ▶ For several key outcome indicators, data were available only for Larger States. Hence, the Health Index scores and ranks for Smaller States and UTs did not include these indicators.
- ▶ Data for indicators such as Maternal Mortality Ratio (MMR) were available only for formerly undivided States, which could not be used in the Index.
- ▶ Since the integrity of administrative data is to be measured in comparison with reliable independent data, the National Family Health Survey (NFHS-4) was used for comparison purposes in this round as well.
- ▶ For several indicators, HMIS data and program data were used without any field verification by the IVA due to the lack of feasibility of conducting independent field surveys.
- ▶ In some instances, such as the TB case notification rate, the programmatically accepted definition was used, which is based on the denominator per 1,00,000 population. The more refined indicator of TB cases notified per 1,00,000 estimated number of TB cases would have been used if data were available.
- ▶ In some cases, proxy indicators or proxy validation criteria were used. Thus, for the number of functional First Referral Units (FRUs) and 24x7 Primary Health Centers (PHCs), the annual number of C-sections and deliveries conducted were respectively used as proxy criteria. The field validation of functionality based on available human resources and infrastructure was not viable.
- ▶ Due to unavailability of detailed records at the State level for a few indicators, such as vacancies of human resources and districts with functional CCUs, the validation agency had to rely on certified statements provided by the State.
- ▶ Due to change in National AIDS Control Programme definition of the indicator, the Base Year data for the indicator “proportion of people living with HIV on ART” has been repeated for Reference Year.
- ▶ As West Bengal did not submit the approved data on the portal, the overall and incremental performance scores were generated by using the pre-filled indicator data for 12 indicators and for the remaining 11 indicators the data were repeated for the Reference Year.

3. PROCESS – FROM IDEA TO PRACTICE

3.1. Key Stakeholders – Roles and Responsibilities

Multiple stakeholders were involved in the entire exercise and their roles and responsibilities are summarized in Table 3.1.

TABLE 3.1 Key stakeholders: roles and responsibilities

NITI Aayog	States	Technical Assistance (TA) Agency (The World Bank)	Mentor Agencies	Independent Validation Agency (Sambodhi)
Review, finalize and disseminate - the Health Index-2018 along with necessary guidance in close partnership with MoHFW	Adopt and share Health Index-2018 with various departments and districts as needed	TA to NITI Aayog in reviewing and finalizing the Health Index-2018 and protocols and guidelines	Mentor the States on data definitions and data requirements for the Health Index-2018	Validation and acceptance of the data submitted by the States for various indicators including comparison with other data sources as needed
Facilitate interaction between States and TA agency, mentor agencies, and the IVA	Enter and submit data in a timely manner on the indicators as per identified sources in web portal	Technical oversight to the mentor agencies, portal agency and the IVA	Provide guidance to the States for submission of data including visiting State Health Departments/ Directorates as needed	Review of supporting documents and participation in data validation consultations with States
Host a web portal for States to enter data, its validation	Coordination with different districts, mentor agencies and the IVA	Provide technical support for generation of composite Index	Follow up with States for timely submission of data/supporting documents on the on web portal	Final certification of data and generation and validation of Index scores and ranks
Overall coordination and management		Provide technical support for drafting and disseminating the report		Submission of a comprehensive report on validation with details to NITI Aayog

3.2. Process Flow

The process of the generation of Health Index-2018 involved various steps summarized in Table 3.2.

3.2.1. Development of the Index

To ensure consistency and comparability, the same 23 indicators were used for the Health Index-2018 as in the case of the first round. Initially these 23 indicators were selected following a rigorous process wherein all stakeholders including States, MoHFW, national and international experts, donor partners, and World Bank (TA agency) were involved. Through an iterative process, taking into account importance and availability (at least annually) of reliable data, the 23 indicators were included in the Health Index.

TABLE 3.2 Timeline for development of Health Index 2018

		June 2018	July-August 2018	September- November 2018	December 2018-February 2019	May-June 2019
1	Finalization of Guidebook and dissemination to States					
2	Selection and training of mentors, guidance to States and submission of data on portal					
3	Selection and training of IVA, Validation of data by IVA, North East Regional Data Validation Workshop and Video Conference with all States on finalization of validated data					
4	Index and rank generation and report writing					
5	Dissemination of ranks					

3.2.2. Submission of data on the portal

The States were sensitized about the Health Index-2018 on July 14, 2018 through a video conference chaired by the Chief Executive Officer (CEO), NITI Aayog, where the details about the Health Index-2018 were presented and related issues discussed. During the discussions with the States, an agreement was reached that for this round, the Base Year would be 2015-16, while the Reference Year would be 2017-18. The States were requested to timely upload the required information on the web portal developed for this purpose.

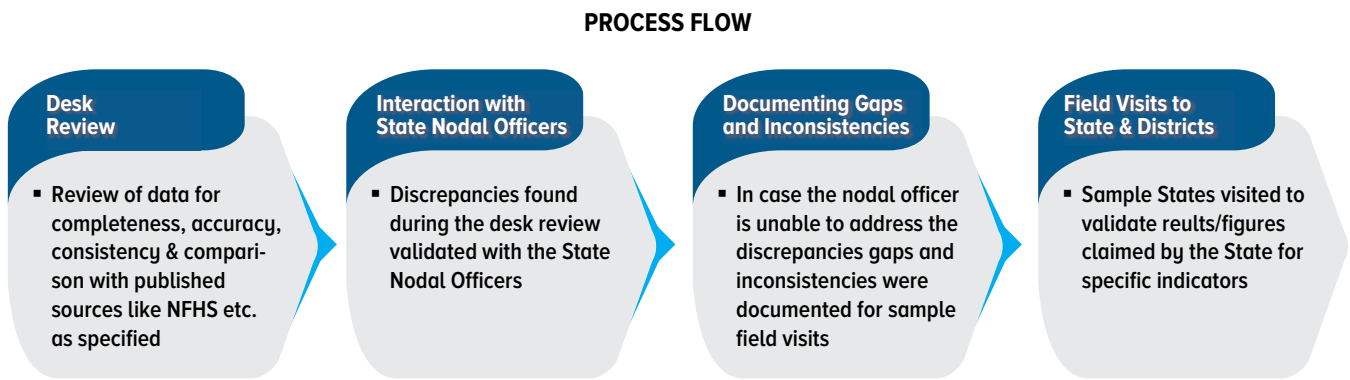
Mentors were assigned to States by the NITI Aayog to provide support and facilitate data collection and submission on the portal. The task of providing mentor support to States was assigned to Swasti Catalyst. One national level mentor was stationed at the NITI Aayog headquarters to handle requests from different States. Other mentors covered the States of Bihar, Chandigarh, Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Punjab, Uttar Pradesh, Uttarakhand and West Bengal.

Data were entered in the portal by the States and UTs, except some designated indicators which were pre-filled based on data sources identified at the outset. For State-level data entry, options were provided to the States to either enter data at the State level or assign this to the districts. However, the final submission of data on the portal was done by the designated State-level competent authority. The process of data entry and submission by the States began in July 2018 and ended in August 2018.

3.2.3. Independent validation of data

An Independent Validation Agency (IVA), namely, Sambodhi Research and Communications Private Limited, was hired by NITI Aayog through a competitive selection process to review and validate the data, Index scores and rankings of States and UTs. The data submitted on the portal was validated by the IVA from September to December 2018 following the process summarized in Figure 3.1.

FIGURE 3.1 Steps for validating data



Field visits were conducted for physical validation of the data in Haryana, Chandigarh, Punjab, Puducherry and Uttarakhand. A regional workshop was also held to cover all North-Eastern States on October 4, 2018. Further, the data discrepancies were discussed with the States' officers through series of video conferences held during November 6-15, 2018. A brief note on data validation process is provided in Annexure 1.

3.2.4. Index and rank generation

The data validated and finalized by the IVA after resolving issues with the States were used in Index generation and ranking. The final Index scores and rankings were certified by the IVA. The activity of Index and rank generation was undertaken in December 2018.

RESULTS AND FINDINGS





4. UNVEILING PERFORMANCE

This section provides States' overall and incremental performance on the Health Index-2018. The results are presented for each group of States separately: Larger States, Smaller States, and UTs. Overall performance is measured using the composite Index scores for Base and Reference Years, and incremental performance is calculated as the change in composite Index scores from Base to Reference Year. For each State and UT, snapshot on performance of indicators and individual factsheets are provided in Annexure 2 and Annexure 3 respectively.

4.1. Performance of Larger States

4.1.1. Overall performance

In the Reference Year (2017-18), the average composite Health Index score among Larger States was 53.22, compared to the Base Year (2015-16) average of 52.59. There was a wide disparity of Health Index score across States, ranging from 28.61 in Uttar Pradesh to 74.01 in Kerala. There is no indication that the gap between poorest performing State and best-performing State is narrowing. Compared to the Base Year, the Health Index scores have increased in twelve States in the Reference Year. However, the index score has declined both for the poorest performing State (Uttar Pradesh) and the best performing State (Kerala).

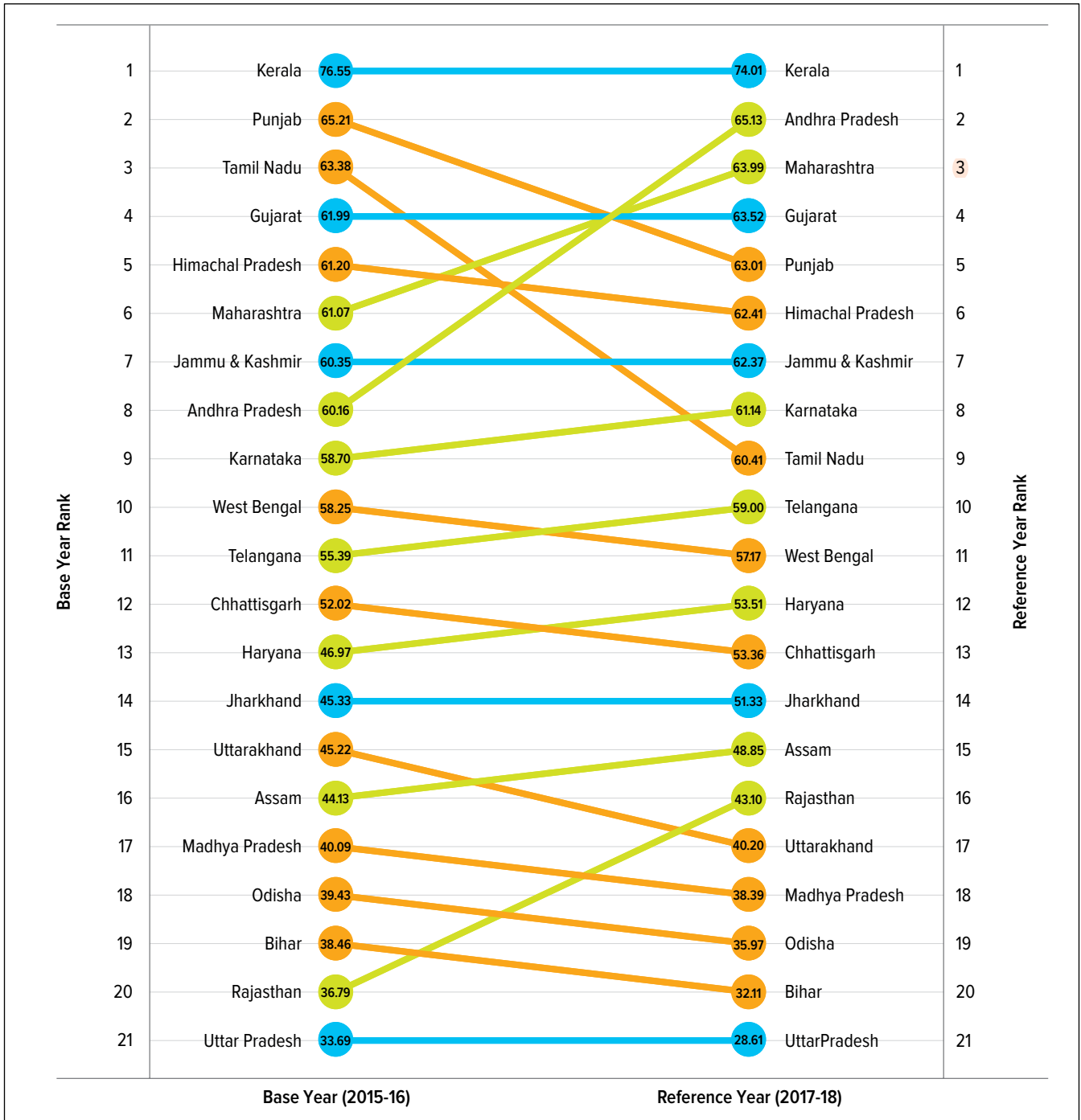
Figure 4.1 displays the composite Health Index scores for Base and Reference Years for the Larger States and ranks the States based on their overall performance. The lines depict changes in the ranking: an orange line denotes a negative change in the State's ranking from Base to Reference Year, a green line indicates a positive change, and a blue line indicates no change in ranking. The top five best performing States in the Reference Year based on the overall performance were Kerala (74.01), Andhra Pradesh (65.13), Maharashtra (63.99), Gujarat (63.52) and Punjab (63.01). While the 5 least performing States in the reference period were: Uttar Pradesh (28.61), Bihar (32.11), Odisha (35.97), Madhya Pradesh (38.39), and Uttarakhand (40.20).

Among the 21 Larger States, seven States improved their rankings from Base to Reference Year. These States are Andhra Pradesh, Maharashtra, Karnataka, Telangana, Haryana, Assam and Rajasthan. The most significant progress in ranks has been observed in Andhra Pradesh followed by Rajasthan, improving their ranking by six and four positions respectively. Maharashtra has improved its ranking by three positions while Karnataka, Telangana, Haryana and Assam improved their ranking by one position each.

Nine States observed a decline in their ranking position from Base to Reference Year whereas the ranking of five States, i.e., Kerala, Gujarat, Jammu and Kashmir, Jharkhand and Uttar Pradesh have remained unchanged. Kerala remained the top performing State despite a decline in Health Index score from Base

to Reference Year. Tamil Nadu, on the other hand, registered the largest decline in ranking from third place in 2015-16 to ninth place in 2017-18. The States of Punjab and Uttarakhand saw a decline of three and two positions respectively in their ranking whereas the remaining six States observed a decline of one point each.

FIGURE 4.1 Larger States: Overall performance - Composite Index score and rank, Base and Reference Years



Based on the composite Health Index scores range for the Reference Year (2017-18), the States are grouped into three categories: Aspirants, Achievers, and Front-runners (Table 4.1). Aspirants are the bottom one-third States with an Index score below 43.74. These States are the EAG States¹¹ and given the substantial

11. EAG States include Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, and Uttarakhand.

scope for improvement, require concerted efforts. Achievers represent the middle one-third States with an Index score between 43.74 and 58.88. Overall, these States have made good progress and can move to the next group with sustained efforts. Front-runners, the States falling in top one-third score range (score above 58.88) are the best performing States. Despite relatively good performance, however, even the Front-runners could further benefit from improvements in certain indicators as the highest observed Index score of 74.01 is well below 100.

TABLE 4.1 Larger States: Overall performance in Reference Year - Categorization

Aspirants	Achievers	Front-runners
Rajasthan Uttarakhand Madhya Pradesh Odisha Bihar Uttar Pradesh	West Bengal Haryana Chhattisgarh Jharkhand Assam	Kerala Andhra Pradesh Maharashtra Gujarat Punjab Himachal Pradesh Jammu and Kashmir Karnataka Tamil Nadu Telangana

Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >58.88), Achievers: middle one-third (Index score between 43.74 and 58.88), Aspirants: lowest one-third (Index score <43.74).

4.1.2. Incremental performance

Incremental performance measures the change in the Health Index score from Base to Reference Year, which is masked by the year-specific rankings based on the Index score. It is important to identify the year-on-year pace of improvement made by States. This measure is particularly important for identifying the States with the highest and the lowest incremental progress.

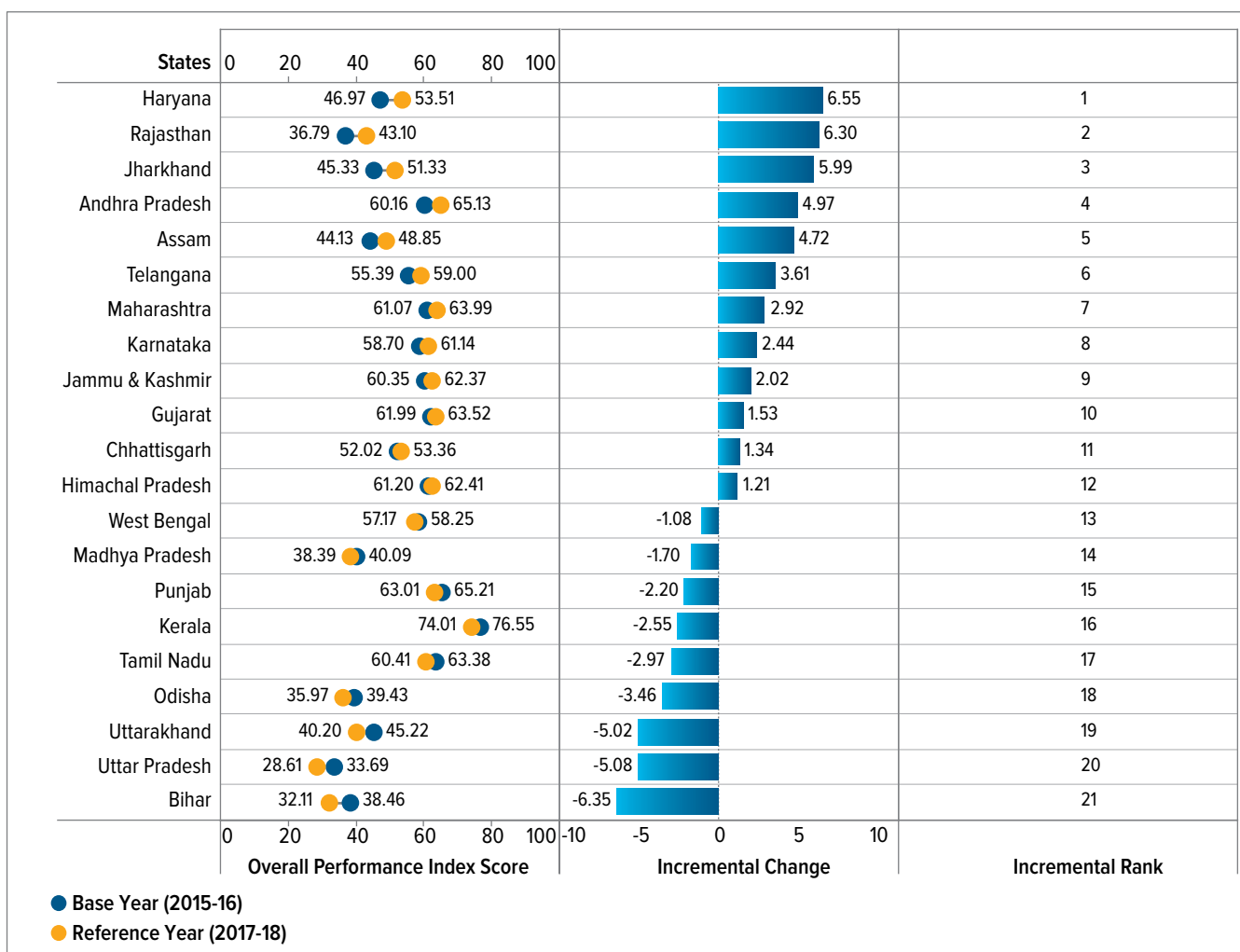
In Figure 4.2, the left side, presents the State-wise movement in Health Index from Base to Reference Year along with their relative position and on the right side, actual increments are presented.

Among the 21 Larger States, twelve States displayed a positive incremental change in the Index score and the remaining nine States showed negative incremental change. Based on their incremental performance, States are categorized into four groups: 'Not Improved' (<=0 incremental change); 'Least Improved' (0.01 to 2.0 points increase); 'Moderately Improved' (2.01 to 4.0 points increase), and 'Most Improved' (>4 point increase) (Table 4.2).

The State of Haryana (ranked at the top) followed by Rajasthan, Jharkhand, Andhra Pradesh and Assam have made significant incremental progress with four or more percentage points increase in their Index scores from Base to Reference Year. Among the EAG States, only Rajasthan, Jharkhand and Chhattisgarh have a positive incremental progress. The rest of the EAG States fall in the category of 'Not Improved' along with States like Kerala, Punjab, Tamil Nadu and West Bengal.

Haryana, attained the position of the 'Most Improved' State because it registered progress in most of the health outcome indicators from based to Reference Years such as NMR, U5MR, LBW among newborns and SRB. Haryana also observed improvement in full immunization, institutional delivery, average occupancy of CMOs, vacancies of staff nurses and Medical Officers, e-payslip, functional FRUs, CCUs, first trimester ANC registrations, CHC grading and accreditation of facilities.

FIGURE 4.2 Larger States: Overall and incremental performance, Base and Reference Years and incremental rank



Note: As West Bengal did not submit data on the portal, the overall and incremental performance scores were generated based on pre-filled indicator data for 12 indicators and for the remaining 11 indicators the data from the Base Year were repeated for the Reference Year.

TABLE 4.2 Larger States: Incremental performance from Base to Reference Year – Categorization

Not Improved	Least Improved	Moderately Improved	Most Improved
West Bengal Madhya Pradesh Punjab Kerala Tamil Nadu Odisha Uttarakhand Uttar Pradesh Bihar	Gujarat Chhattisgarh Himachal Pradesh	Telangana Maharashtra Karnataka Jammu and Kashmir	Haryana Rajasthan Jharkhand Andhra Pradesh Assam

Note: The States are categorized on the basis of incremental Index score range into categories: 'Not Improved' (incremental Index score ≤ 0), 'Least Improved' (incremental Index score between 0.01 and 2.0), 'Moderately Improved' (incremental Index score between 2.01 and 4.0), 'Most Improved' (incremental Index score > 4).

Bihar (ranked at the bottom) registered the most negative incremental change, and this is reflected in the deterioration of most health indicators such as TFR, LBW, SRB, institutional delivery, TB notification rate, TB treatment success rate, ANM and staff nurse vacancies, functional 24x7 PHCs, birth registration, IDSP reporting, CHC grading, accreditation of facilities and fund transfer.

The indicators where most States need to focus include addressing the issue of SRB, TB treatment success rate, vacancies among ANMs, functional 24x7 PHCs, birth registration and fund transfer delays. The facility of e-payslip generation through HRMIS and quality accreditation of facilities are yet to be taken up in many States.

On average, the incremental performance is not always associated with overall Index score. Some of the Front-runner Larger States (Table 4.1) such as Kerala, Punjab and Tamil Nadu, have made negative incremental progress, whereas the others observed positive incremental progress: Andhra Pradesh, Gujarat, Himachal Pradesh, Maharashtra, Jammu and Kashmir, Karnataka, and Telangana.

Out of the twelve States that observed positive incremental change in Index scores from Base to Reference Year, only seven States (Haryana, Rajasthan, Andhra Pradesh, Assam, Telangana, Maharashtra and Karnataka) observed increase in their overall performance ranks from Base Year to Reference Year (Figure 4.1). This shows that these seven States made significant incremental progress leading to improvement in the overall performance position. The States of Jharkhand, Jammu and Kashmir and Gujarat retained their Base Year position and the ranking of Chhattisgarh and Himachal Pradesh moved down by one position each.

4.1.3. Domain-specific performance

Overall performance is an aggregate measure based on indicators in different domains and does not reveal specific areas requiring further attention. To identify such areas, the Index is disaggregated into the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. The information on domain of Governance and Information is not presented in this section as it has limited number of indicators.

The overall performance of the States is not always consistent with the domain-specific performance (Figure 4.3). Some top performing States fare significantly better in one domain suggesting that there is scope to improve their performance in the lagging domain with specific targeted interventions. Half of the States showed a better performance in health outcomes, however, Andhra Pradesh, Gujarat, Tamil Nadu, West Bengal, Haryana, Assam, Rajasthan and Odisha performed better in terms of Key Inputs/Processes.

FIGURE 4.3 Larger States: Overall and domain-specific performance, Reference Year

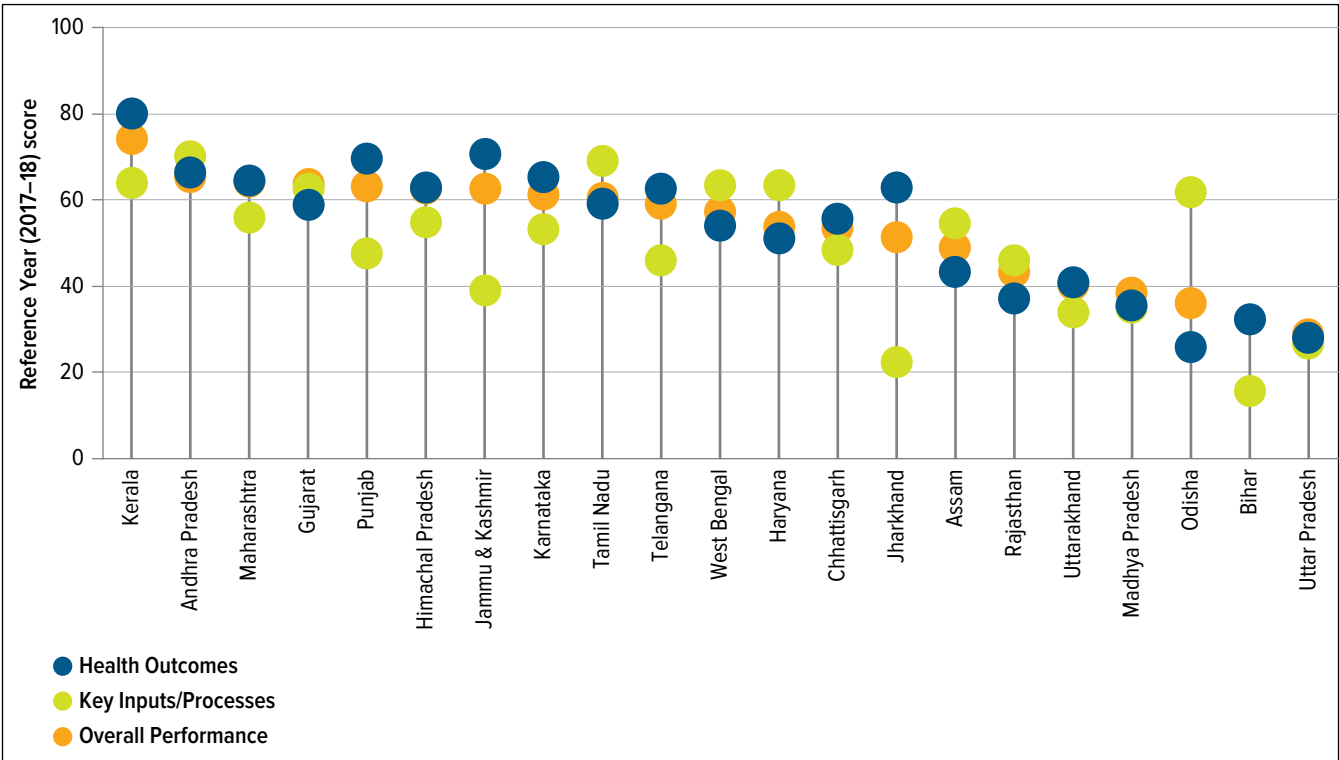
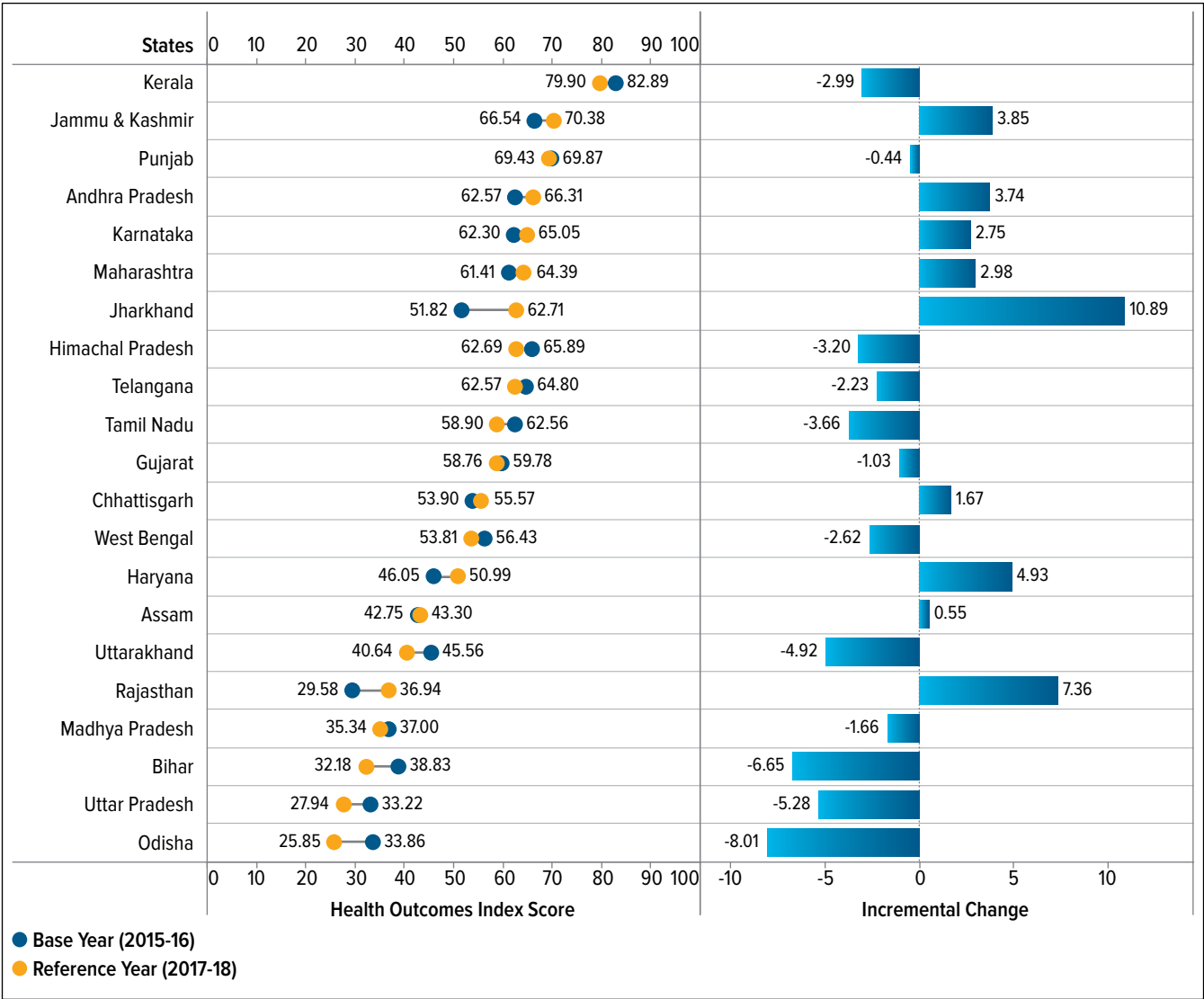


Figure 4.4 and Figure 4.5 present the performance of Larger States in the domain of Health Outcomes and Key/Inputs Processes respectively for Base and Reference Year. In these figures, from top to bottom, States are presented in descending order of Health Index score for the Reference Year. For Health Outcomes domain, Kerala was ranked at the top and Odisha was at the bottom. For Key Inputs/Processes, Andhra Pradesh had the highest and Bihar had the lowest ranking.

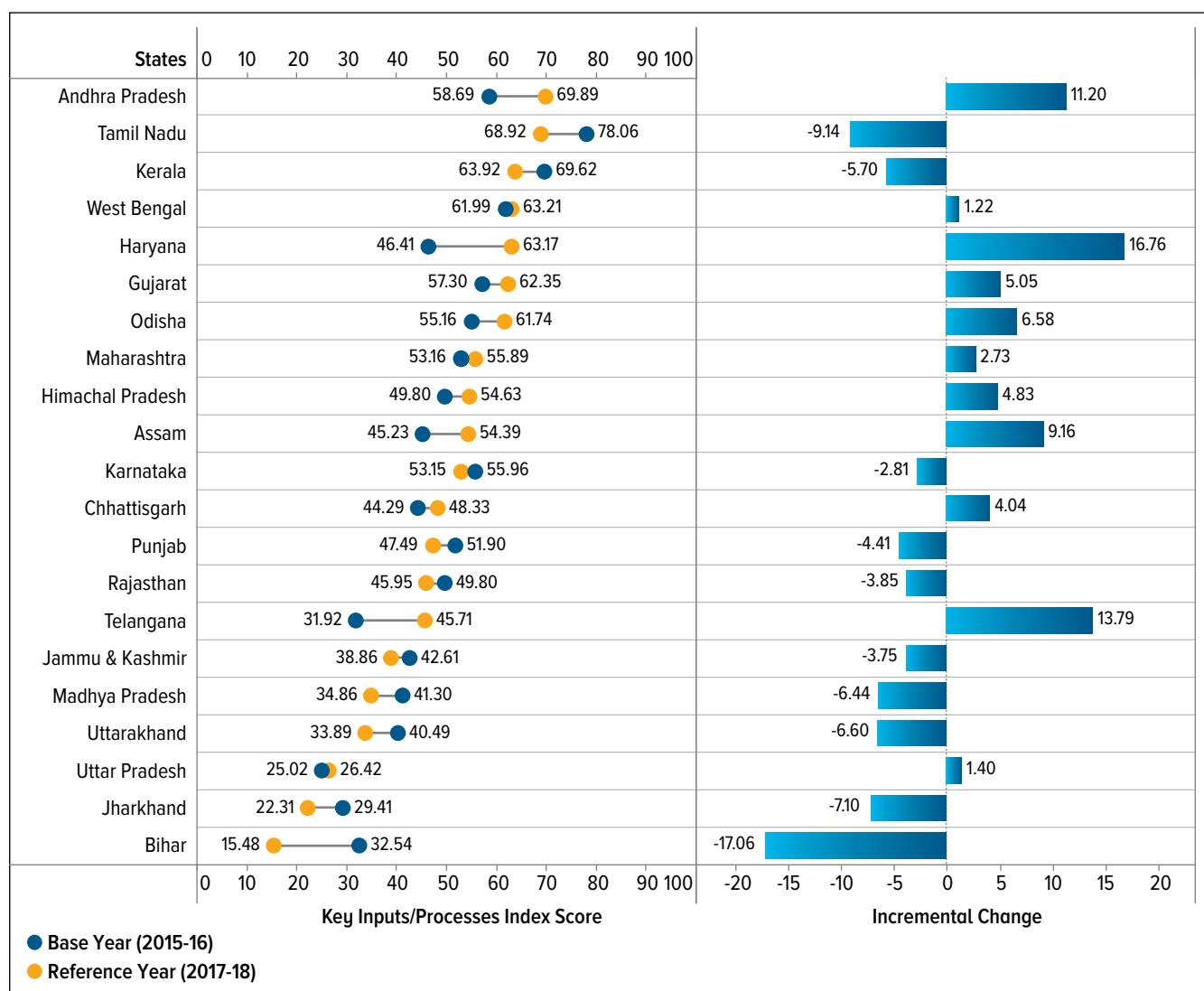
About half of the Larger States registered an increase in the Health Outcomes Index scores from Base to Reference Year: Jammu and Kashmir, Andhra Pradesh, Karnataka, Maharashtra, Jharkhand, Chhattisgarh, Haryana, Assam and Rajasthan. Jharkhand registered the largest increase (11 percentage points) followed by Rajasthan (7 points). Five EAG States posted large decline in Health Outcomes Index score: Odisha, Uttar Pradesh, Bihar, Madhya Pradesh and Uttarakhand.

FIGURE 4.4 Larger States: Performance in the Health Outcomes domain, Base and Reference Years



Note: a) States ranked based on their Reference Year Score in the Health Outcomes domain; b) As West Bengal did not submit data on the portal, the overall and incremental performance scores were generated based on pre-filled indicator data for 12 indicators and for the remaining 11 indicators the data from the Base Year were repeated for the Reference Year.

FIGURE 4.5 Larger States: Performance in the Key Inputs/Processes domain, Base and Reference Years



Note: a) States ranked based on their Reference Year Score in the Key Inputs/Processes domain; b) As West Bengal did not submit data on the portal, the overall and incremental performance scores were generated based on pre-filled indicator data for 12 indicators and for the remaining 11 indicators the data from the Base Year were repeated for the Reference Year.

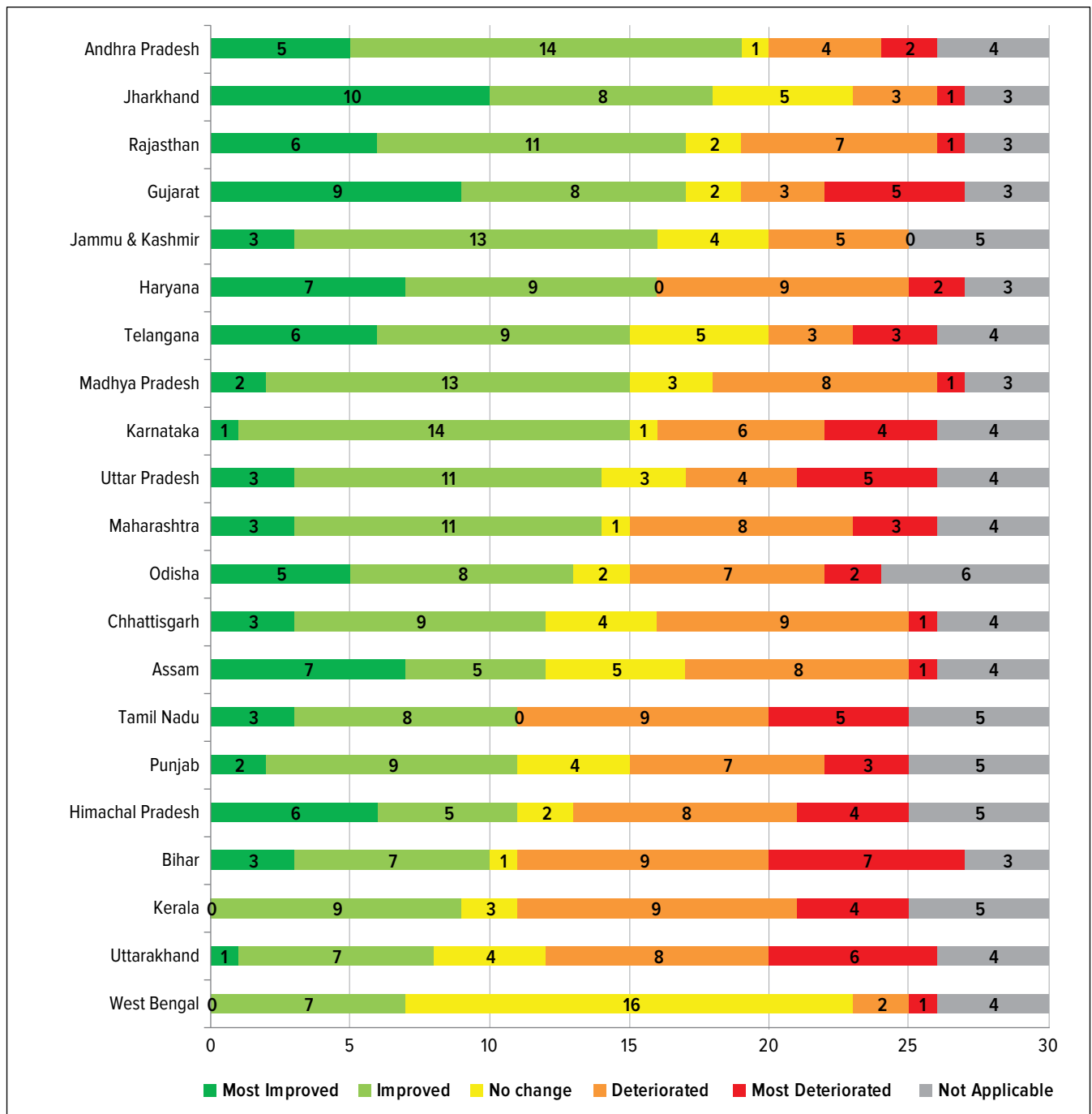
In the Key Inputs/Process domain, half (11) of the States have improved their performance from Base to Reference Year. The highest increase was observed in the State of Haryana (17 percentage points) followed by Telangana (14 points). The Key Inputs/Process score declined in the following States: Tamil Nadu, Kerala, Karnataka, Punjab, Rajasthan, Jammu and Kashmir, Madhya Pradesh, Uttarakhand, Jharkhand and Bihar. Large decline was noted in Tamil Nadu (9 percentage points) and Bihar (17 percentages points). The best performing State (Kerala) in terms of overall Health Index score, also registered large decrease of 6 percentage points.

4.1.4. Incremental performance on indicators

Figures 4.6 captures the incremental performance on indicators and sub-indicators and provides the number of indicators and sub-indicators in each category i.e., ‘Most Improved’, ‘Improved’, ‘No Change’, ‘Deteriorated’ and ‘Most Deteriorated’. Andhra Pradesh has the highest proportion of indicators (63 percent) among the Larger States which fall in the category of ‘Most Improved’ and ‘Improved’. On the other hand, Bihar has the highest proportion of indicators which fall in the category of ‘Deteriorated’

and 'Most Deteriorated'. Detailed indicator-specific performance snapshot of States is presented in Annexure 2, which provides the direction as well as the magnitude of the incremental change of indicators from Base Year to Reference Year.

FIGURE 4.6 Larger States: Number of indicators/sub-indicators, by category of incremental performance



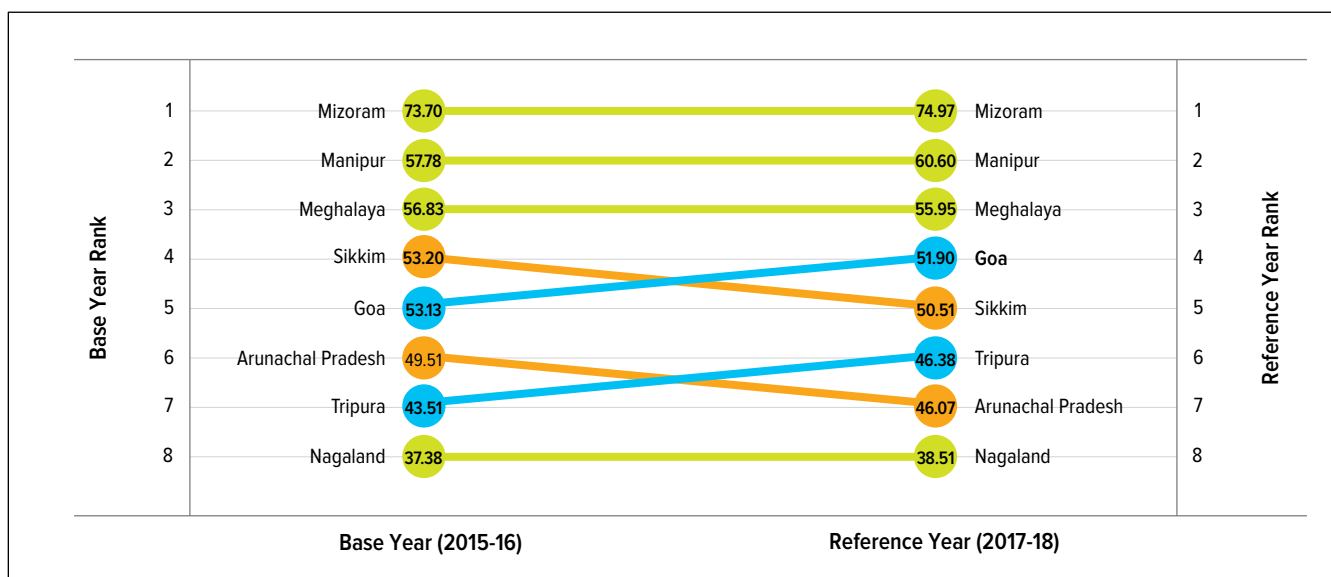
Note: For a State, the incremental performance on an indicator is classified as 'Not Applicable' (NA) in instances such as: (i) If State has achieved TFR \leq 2.1 in both Base and Reference Years; (ii) Data Integrity Measure indicator wherein the same data have been used for Base Year and Reference Year due to non-availability of updated NFHS data; (iii) PLHIV indicator, (iv) Service coverage indicators with 100 percent values or vacancy of 0 percent in both Base and Reference Years; (v) The data value for a particular indicator is NA in Base Year or Reference Year or both.

4.2. Performance of Smaller States

4.2.1. Overall performance

In the Reference Year (2017-18), the average Health Index score among the Smaller States was 53.11 compared to the Base Year (2015-16) average of 53.13. The Index score ranged from 38.51 in Nagaland to 74.97 in Mizoram (Figure 4.7). Both States retained their respective Base Year rankings in the Reference Year. Mizoram exhibited a small improvement in Health Index scores in Reference Year with score rising to 74.97. The Health Index score for the States of Tripura, Arunachal Pradesh and Nagaland was less than 50 which shows that there is large scope for improvement in these States.

FIGURE 4.7 Smaller States: Overall performance – Composite Index score and rank, Base and Reference Years



Note: Lines depict changes in Composite Index score rank from Base to Reference Year. The composite Health Index score is presented in the circle.

Among the eight Smaller States, only two States improved their position from Base Year to Reference Year. Goa improved its position from fifth to fourth and Tripura from seventh to sixth. Four States retained their Base Year ranking in the Reference Year including Mizoram, Manipur, Meghalaya and Nagaland. The ranking of Sikkim dropped from fourth place in the Base Year to fifth place in the Reference Year. Arunachal Pradesh ranking dropped from sixth place in the Base Year to the seventh place in the Reference Year.

Based on the Health Index score range for Reference Year (2017-18), Sikkim, Tripura, Arunachal Pradesh and Nagaland are categorized as Aspirants, and have substantial scope for improvement (Table 4.3). Manipur, Meghalaya and Goa are categorized as Achievers as they exhibited better performance, but still have significant room for improvement. The States of Mizoram have been categorized as Front-runner with the highest overall performance among the Smaller States.

TABLE 4.3 Smaller States: Overall performance in Reference Year – Categorization

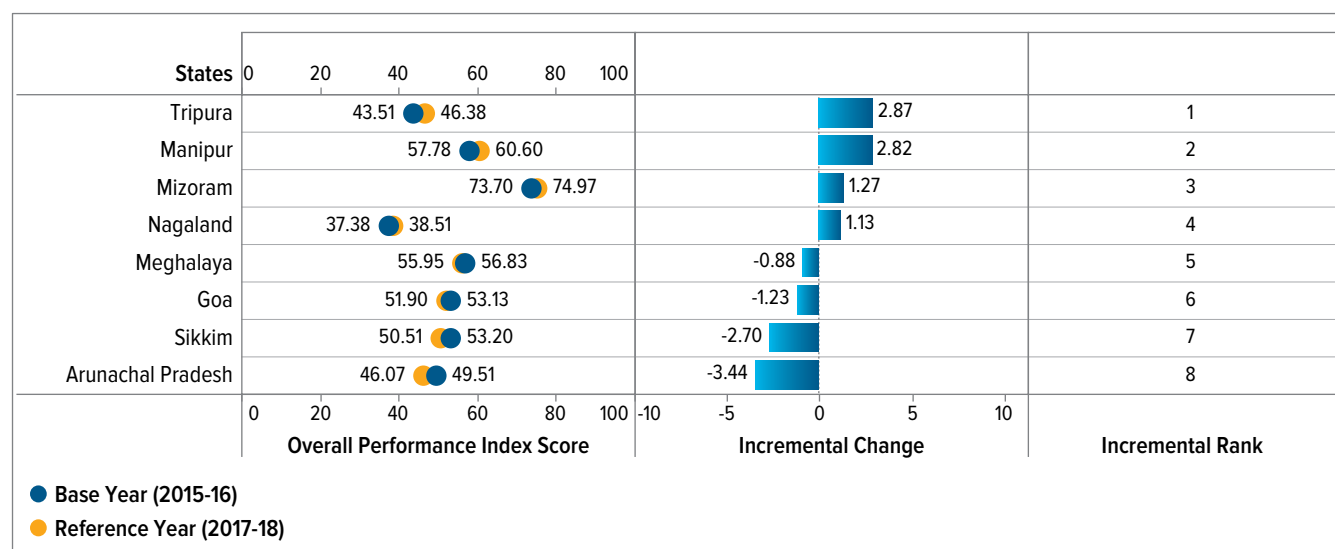
Aspirants	Achievers	Front-runners
Sikkim Tripura Arunachal Pradesh Nagaland	Manipur Meghalaya Goa	Mizoram

Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >62.82), Achievers: middle one-third (Index score between 50.67 and 62.82), Aspirants: lowest one-third (Index score <50.67).

4.2.2. Incremental performance

From Base to Reference Year, four States show positive incremental progress: Tripura, Manipur, Mizoram and Nagaland, while the remaining four States: Meghalaya, Goa, Sikkim, and Arunachal Pradesh registered negative incremental change (Figure 4.8). Arunachal Pradesh (ranked at the bottom) exhibited the largest decline in Health Index score with 3.44 percentage points, while Tripura (ranked at the top) observed the highest increase of 2.87 percentage points.

FIGURE 4.8 Smaller States: Overall and incremental performance, Base and Reference Years and incremental rank



Based on their incremental performance from Base to Reference Years, States are grouped into four categories: 'Not Improved', 'Least Improved', 'Moderately Improved', and 'Most Improved'. None of the Smaller States were categorized as 'Most Improved' because incremental change of all States is less than 4.0 points (Table 4.4). The States of Tripura and Manipur are categorized as 'Moderately Improved', Mizoram and Nagaland as 'Least Improved' whereas Meghalaya, Goa, Sikkim and Arunachal Pradesh are categorized as 'Not Improved'. Arunachal Pradesh at the bottom of the 'Not Improved' States has observed deterioration in TB treatment success rate, e-payslip, average occupancy of State level key posts, functional 24x7 PHCs, first trimester ANC registration, IDSP reporting and quality accreditation of facilities. The State of Tripura has been able to register the highest increase in Index scores from Base Year to Reference Year due to better performance in indicators such as full immunization, institutional deliveries, average occupancy of state-level key positions and district CMOs, vacancies of ANMs and MOs, e-payslip, functional FRUs and 24x7 PHCs, birth registration, accreditation of facilities and fund transfer.

TABLE 4.4 Smaller States: Incremental performance from Base to Reference Year – Categorization

Not Improved	Least Improved	Moderately Improved	Most Improved
Meghalaya Goa Sikkim Arunachal Pradesh	Nagaland Mizoram	Tripura Manipur	–

Note: The States are categorized on the basis of incremental Index score range into categories: 'Not Improved' (incremental Index score ≤ 0), 'Least Improved' (incremental Index score between 0.01 and 2.0), 'Moderately Improved' (incremental Index score between 2.01 and 4.0), 'Most Improved' (incremental Index score > 4).

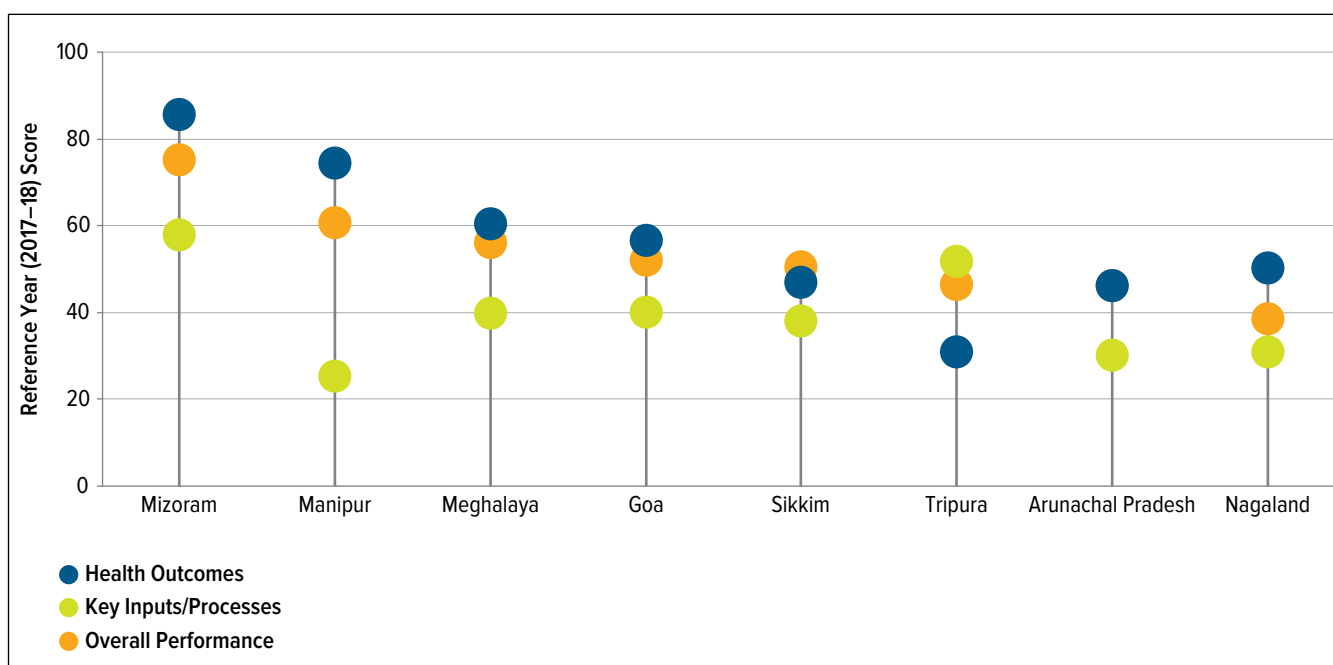
The indicators where most Smaller States need to focus include LBW, TB treatment success rate, average occupancy of State level key positions, functional 24x7 PHCs, first trimester ANC registration and IDSP reporting. The quality accreditation of public health facilities and HRMIS are yet to be initiated by most States.

Although four States (Tripura, Manipur, Mizoram and Nagaland) have observed positive incremental change in Index scores from Base Year to Reference Year, only Tripura has been able to improve its overall performance rank from Base to Reference Year. The other three States have retained their Base Year positions.

4.2.3. Domain – specific performance

The overall performance of the States is not always consistent with the domain-specific performance. Except for Tripura, all Smaller States showed a better performance on Health Outcomes as compared to Key Inputs/process (Figure 4.9).

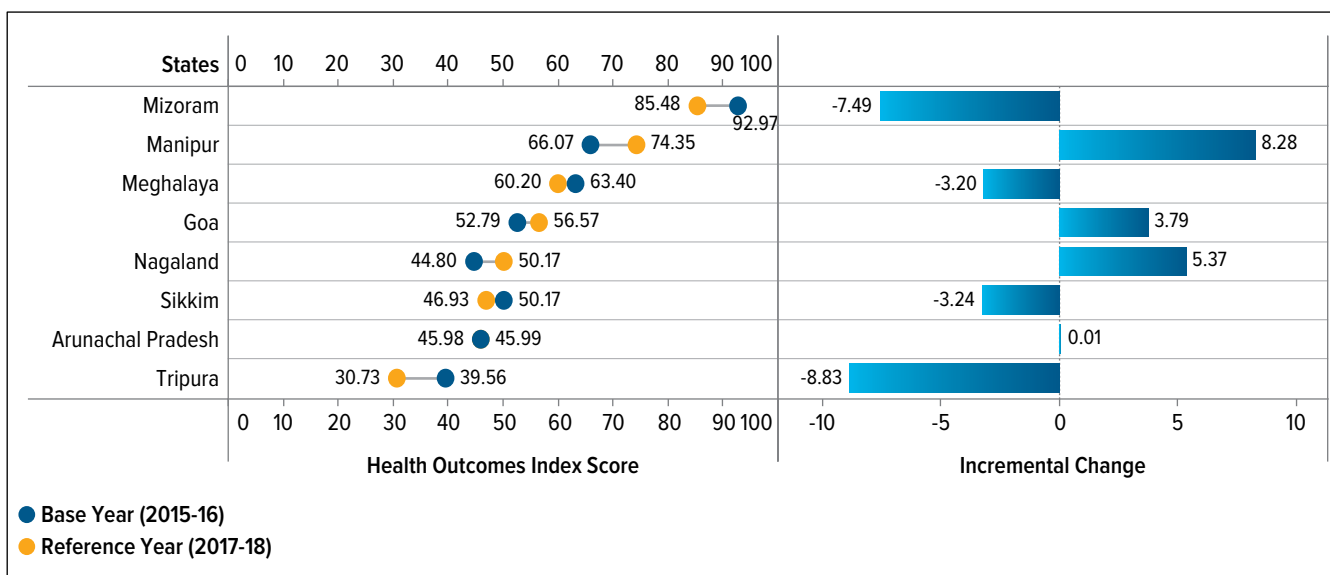
FIGURE 4.9 Smaller States: Overall and domain-specific performance, Reference Year



In the domain of Health Outcomes, only three States (Manipur, Goa, and Nagaland) improved their performance from Base Year to Reference Year, and the performance of the remaining Smaller States suffered large decline in Health Outcomes Index score (Figure 4.10). Tripura had the largest decline of 9 percentage points followed by Mizoram with 7.5 points. Mizoram has the highest Index score of 85.48 while Tripura had the lowest score of 30.73.

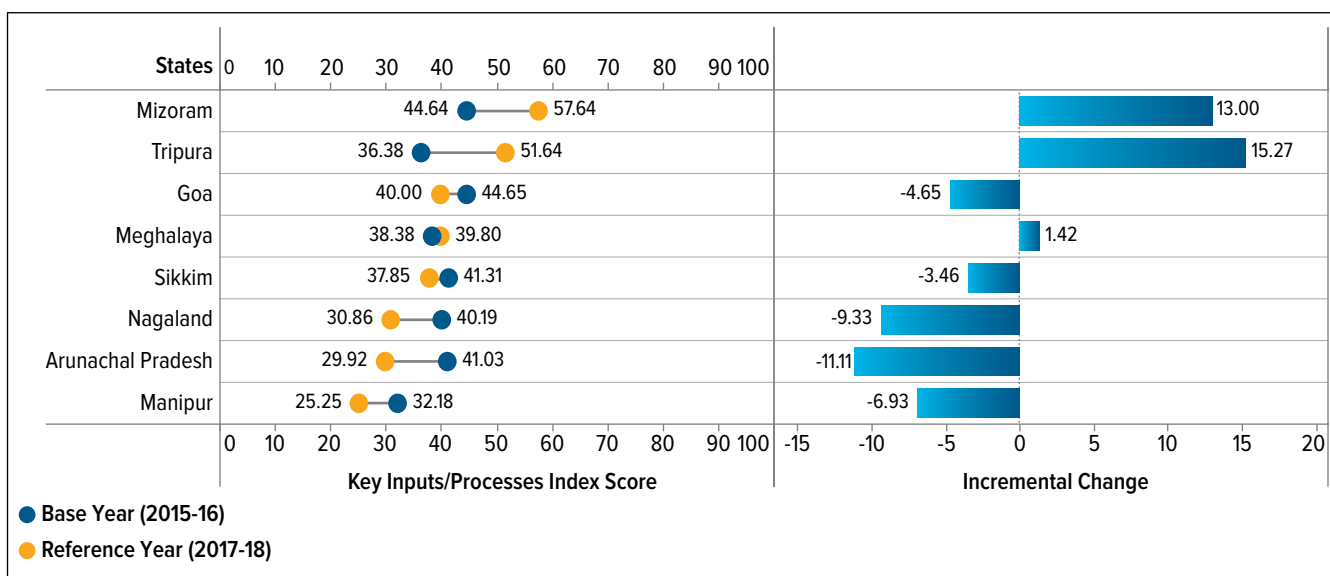
In the Key Inputs/Processes domain, five of the eight Smaller States registered a decline in Index scores: Goa, Sikkim, Nagaland, Arunachal Pradesh and Manipur (Figure 4.11). Arunachal Pradesh and Nagaland registered a decrease of 11 and 9 points respectively, whereas Mizoram and Tripura registered about 13 and 15 percentage point increase, respectively. The maximum score in this domain was 57.6 for Mizoram and the minimum score was 25.3 for Manipur. This suggests that all States need to put tremendous efforts to improve their performance.

FIGURE 4.10 Smaller States: Performance in the Health Outcomes domain, Base and Reference Years



Note: States ranked based on their Reference Year Score in the Health Outcome domain.

FIGURE 4.11 Smaller States: Performance in the Key Inputs/Processes domain, Base and Reference Years

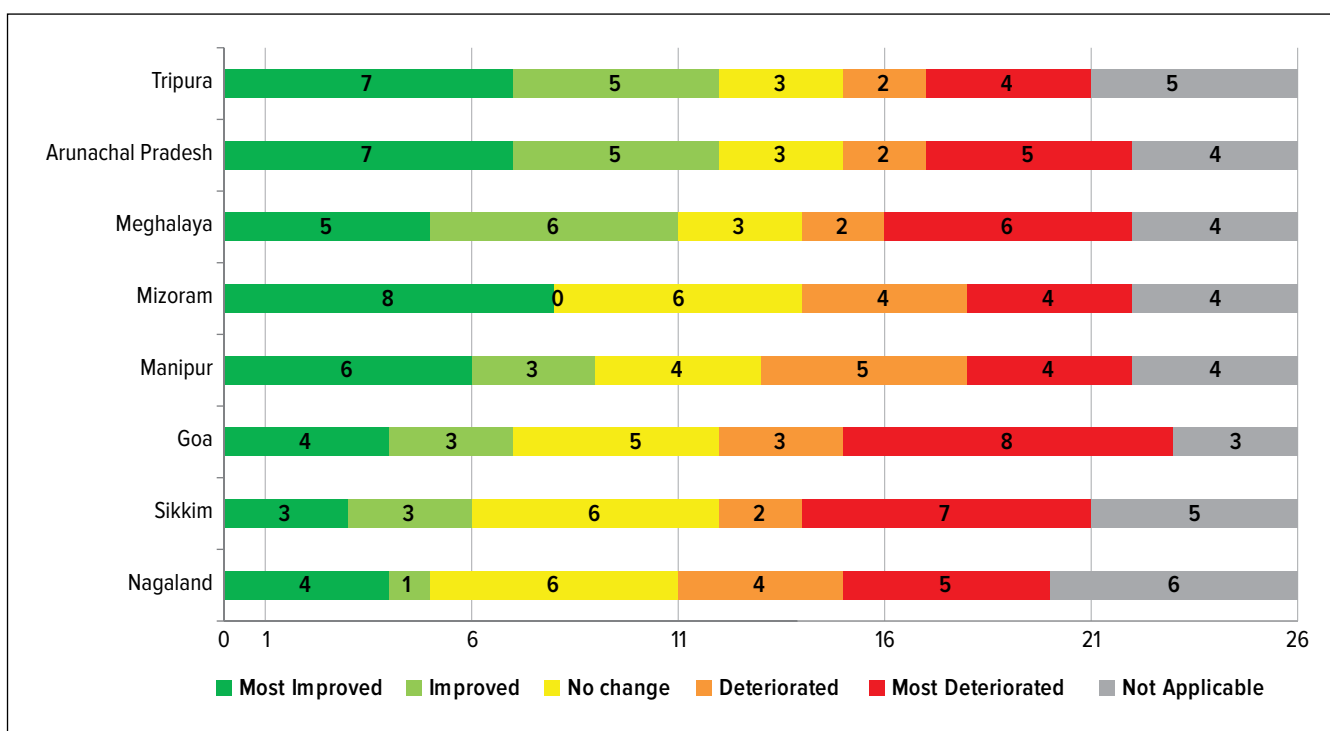


Note: States ranked based on their Reference Year Score in the Key inputs/Process domain.

4.2.4. Incremental performance on indicators

Figure 4.12 captures the incremental progress on indicators and sub-indicators and provides the number of indicators and sub-indicators in each category, i.e, ‘Most Improved’, ‘Improved’, ‘No Change’, ‘Deteriorated’ and ‘Most Deteriorated’. Among the Smaller States, Arunachal Pradesh and Tripura had improved on twelve indicators, whereas Nagaland improved on five indicators only. All other Smaller States (except Arunachal Pradesh and Tripura) made improvements in less than 46 percent of the indicators. Detailed indicator-specific performance snapshot of States is presented in the Annexure 2, which provides the direction as well as the magnitude of the incremental change of indicators from Base Year to Reference Year.

FIGURE 4.12 Smaller States: Number of indicators/sub-indicators, by category of incremental performance



Note: For a State, the incremental performance on an indicator is classified as 'Not Applicable' (NA) in instances such as: (i) Data Integrity Measure wherein the same data have been used for Base and Reference Year due to non-availability of updated NFHS data; (ii) PLHIV indicator (iii) Service coverage indicators with 100 percent values or vacancy of 0 percent in both Base and Reference Year; (iv) The data value for a particular indicator is NA in the Base or Reference Year or both.

4.3. Performance of Union Territories

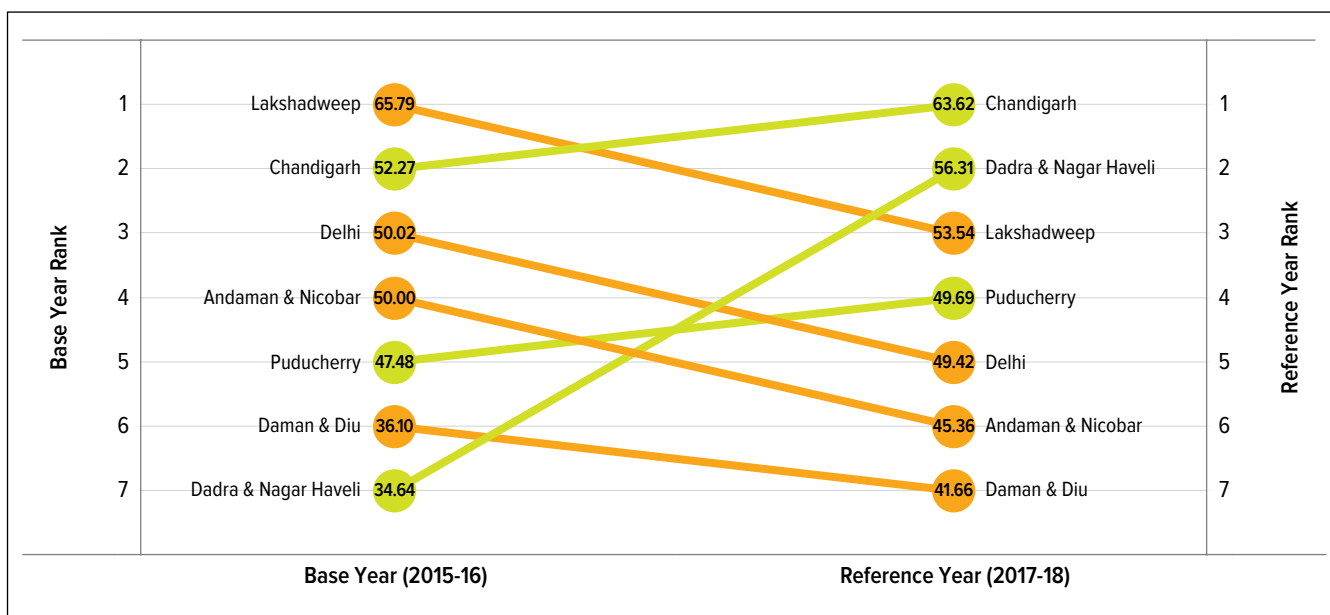
4.3.1. Overall performance

The overall performance based on the Health Index score of UTs for the Reference Year (2017-18) ranged from 41.66 in Daman and Diu to 63.62 in Chandigarh. Some improvements were observed in the Reference Year, but the scores for the best and worst performing State still differed by more than 20 points.

The rankings changed completely in the Reference Year compared to the Base Year (Figure 4.13). Three UTs, namely Chandigarh, Dadra and Nagar Haveli, and Puducherry improved their rankings from Base Year to Reference Year. Dadra and Nagar Haveli had huge improvement from seventh to second position, Chandigarh moved from second to first, and Puducherry from fifth to fourth position. Four UTs dropped in the ranking: Lakshadweep from first to third, Delhi from third to fifth, Andaman and Nicobar Islands from fourth to sixth, and Daman and Diu from sixth to seventh.

Based on the composite Index score range for Reference Year (2017-18), the UTs are categorized into three categories: Aspirants, Achievers, and Front-Runners (Table 4.5). Andaman and Nicobar Islands and Daman and Diu are categorized as Aspirants and are among the bottom one third UTs and have substantial scope for improvement. The UTs of Lakshadweep, Puducherry and Delhi are grouped as Achievers but have significant room for improvement. The UTs of Chandigarh and Dadra and Nagar Haveli are categorized as Front-runner and could also benefit from improvements in their Index score which are well below 100.

FIGURE 4.13 UTs: Overall performance – Composite Index score and rank, Base and Reference Years



Note: Lines depict changes in composite index score rank from Base to Reference Year. The composite index score is presented in the circle.

TABLE 4.5 UTs: Overall performance in Reference Year – Categorization

Aspirants	Achievers	Front runners
Andaman and Nicobar Islands Daman and Diu	Lakshadweep Puducherry Delhi	Chandigarh Dadra and Nagar Haveli

Note: The States are categorized on the basis of Reference Year Index score range: Front-runners: top one-third (Index score >56.30), Achievers: middle one-third (Index score between 48.98 and 56.30), Aspirants: lowest one-third (Index score <48.98).

4.3.2. Incremental performance

Figure 4.14 shows that from Base Year to Reference Year, four UTs (Dadra and Nagar Haveli, Chandigarh, Daman and Diu, and Puducherry) have registered positive incremental progress and the remaining three UTs (Delhi, Andaman and Nicobar Islands, and Lakshadweep) registered negative incremental change. From Base Year to Reference Year, the UT of Dadra and Nagar Haveli (ranked at the top) observed the highest incremental progress of 21.67 points, next to the UT of Chandigarh with an incremental progress of 11.35 points. The UTs of Daman and Diu and Puducherry had modest increases between 2 to 6 points. The UT of Lakshadweep had the largest decrease of 12 points, and the UT of Delhi had a small decrease of less than a percentage point.

The categorization of States based on incremental performance is shown in Table 4.6. Dadra and Nagar Haveli is the ‘Most Improved’ UT and ranked at the top registered good incremental progress from Base to Reference Year for indicators such as full immunization, institutional deliveries, TB notification rate, TB treatment success rate, average occupancy of State level key positions and District CMOs, vacancy of staff nurses and specialists, CCUs, first trimester ANC registrations, birth registration, IDSP reporting, quality accreditation of facilities and funds transfer. Among the UTs which did not register any incremental progress between the Base and Reference Years, Lakshadweep fared poorly on indicators such as LBW, full immunization, institutional deliveries, average occupancy of State level key positions, and birth registration.

FIGURE 4.14 UTs: Overall and incremental performance, Base and Reference Years and incremental rank

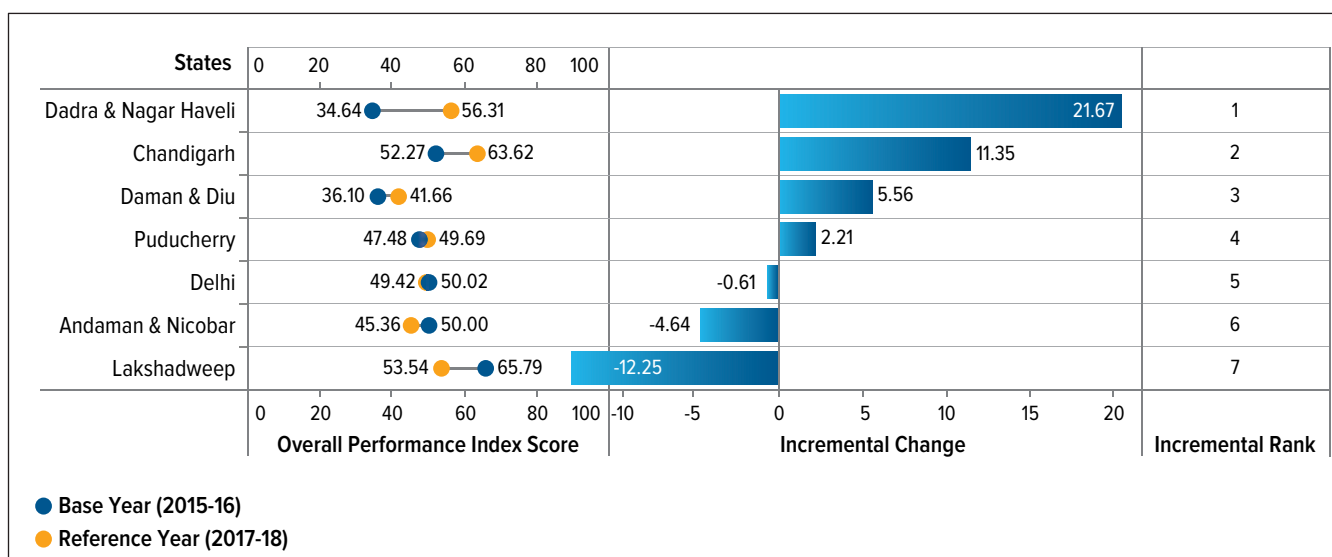


TABLE 4.6 UTs: Incremental performance from Base to Reference Year – Categorization

Not Improved	Least Improved	Moderately Improved	Most Improved
Delhi Andaman and Nicobar Lakshadweep	–	Puducherry	Dadra and Nagar Haveli Chandigarh Daman and Diu

Note: The UTs are categorized on the basis of incremental Index score range into categories: ‘Not Improved’ (incremental Index score ≤ 0), ‘Least Improved’ (incremental Index score between 0.01 and 2.0), ‘Moderately Improved’ (incremental Index score between 2.01 and 4.0), ‘Most Improved’ (incremental Index score > 4).

The indicators where most UTs need to focus include full immunization, average occupancy of State level key positions and District CMOs, filling vacancies of specialists at district hospitals, functional 24x7 PHCs and quality accreditation of public health facilities.

4.3.3. Domain-specific performance

The overall performance of the UTs differs with the domain-specific performance and suggests some opportunities to improve the performance in the lagging domain(s) (Figure 4.15). Dadra and Nagar Haveli and Daman and Diu had lower Health Outcomes Index scores than other UTs. Lakshadweep and Delhi had the lowest Key Inputs/Processes Index scores among all UTs.

In the domain of Health Outcomes, all UTs except Lakshadweep and Andaman and Nicobar Islands have improved their performance from Base Year to Reference Year (Figure 4.16). In the Reference Year, the UT of Chandigarh scored highest with 67.2 points compared to Daman and Diu’s lowest score of 36. The gaps in index scores across UTs got narrower in the Reference Year as compared to the Base Year.

In the Key Inputs and Processes domain, four UTs (Chandigarh, Dadra and Nagar Haveli, Daman and Diu, and Andaman and Nicobar Islands) improved their performance; whereas the performance of the other three UTs (Puducherry, Lakshadweep, and Delhi) has fallen (Figure 4.17). In this domain, Chandigarh scored highest with 75.3 points, while Delhi scored the lowest with 31.8 points.

FIGURE 4.15 UTs: Overall and domain-specific performance, Reference Year

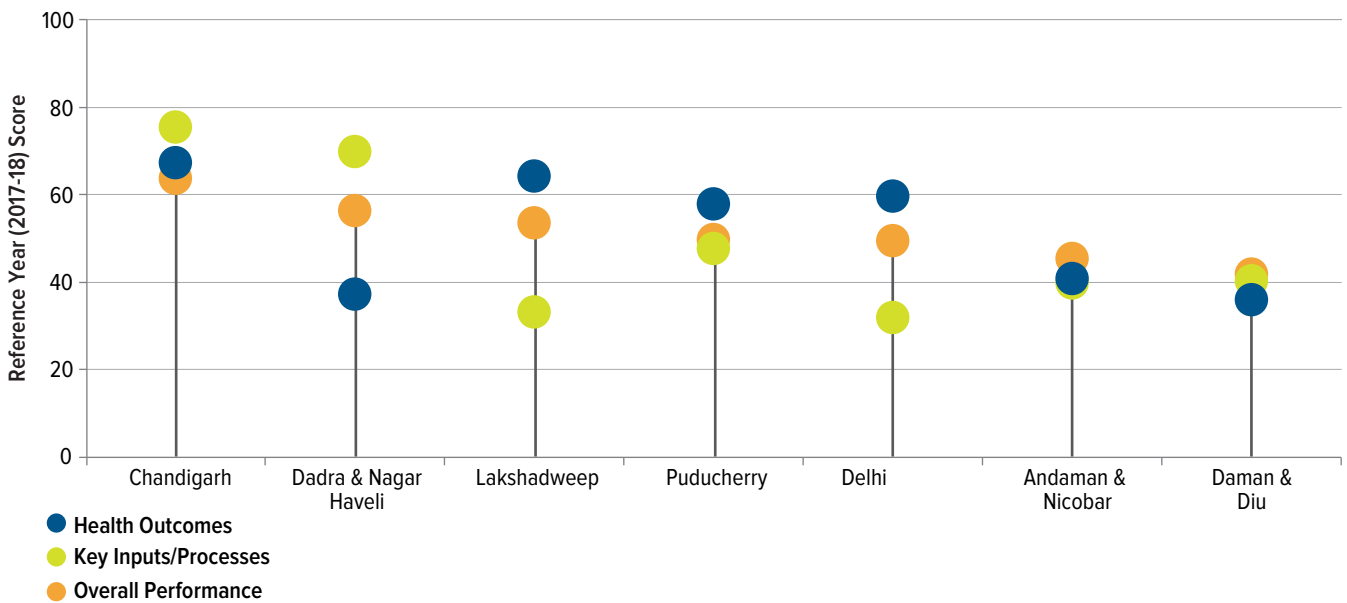
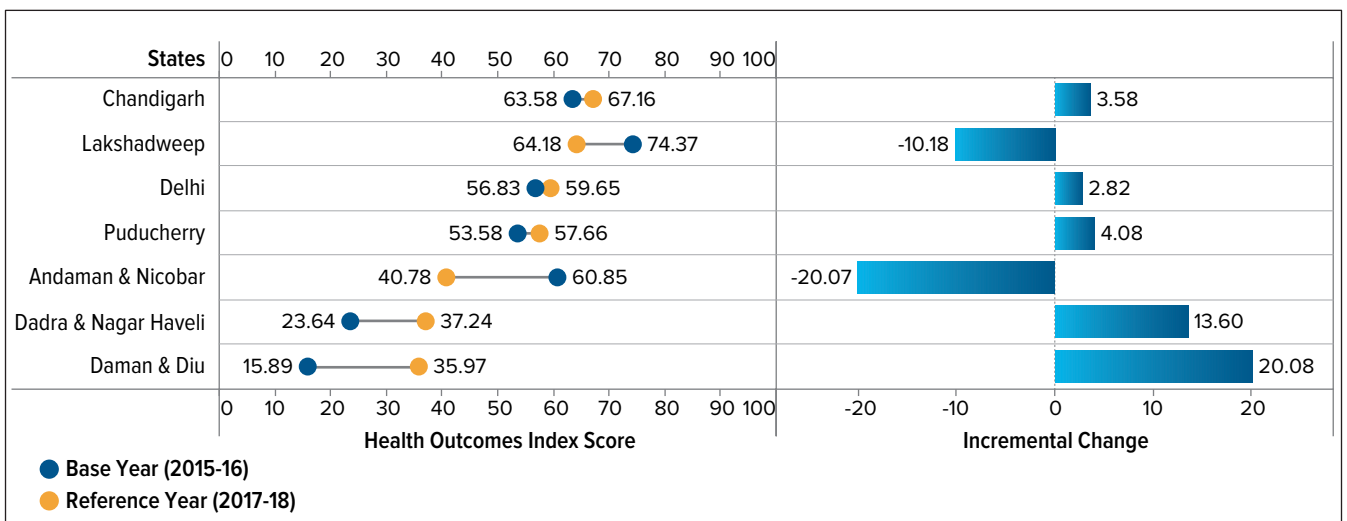
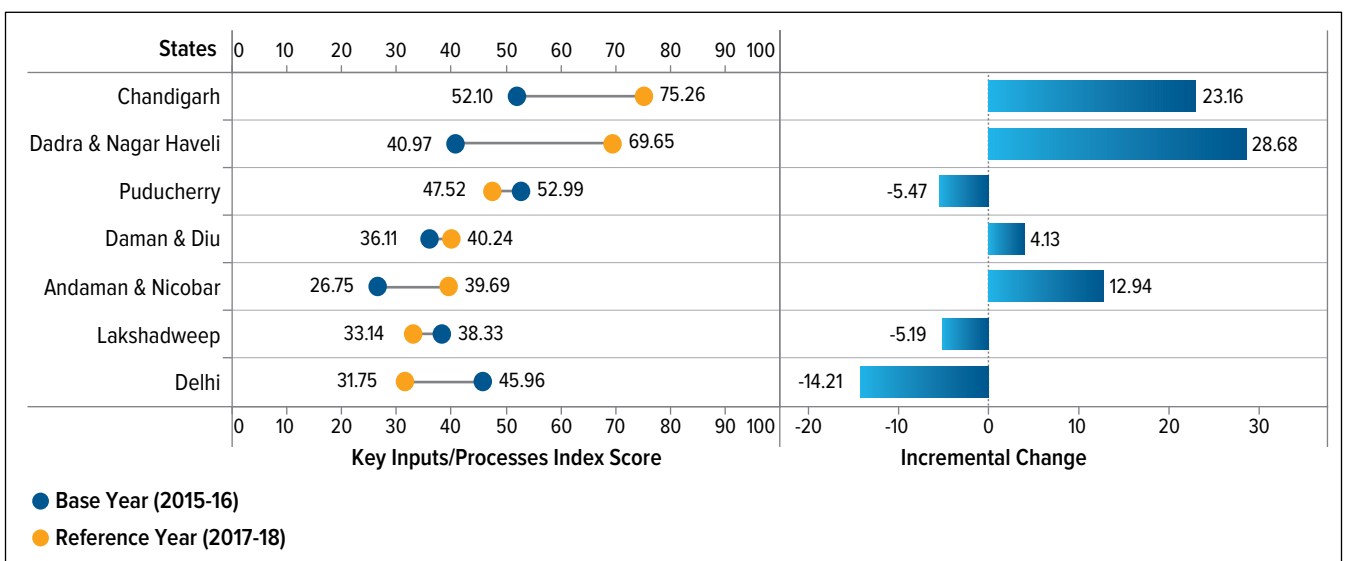


FIGURE 4.16 UTs: Performance in the Health Outcomes domain, Base and Reference Years



Note: States ranked based on their Reference Year Score in the Health Outcomes domain.

FIGURE 4.17 UTs: Performance in the Key Inputs/Processes domain, Base and Reference Years



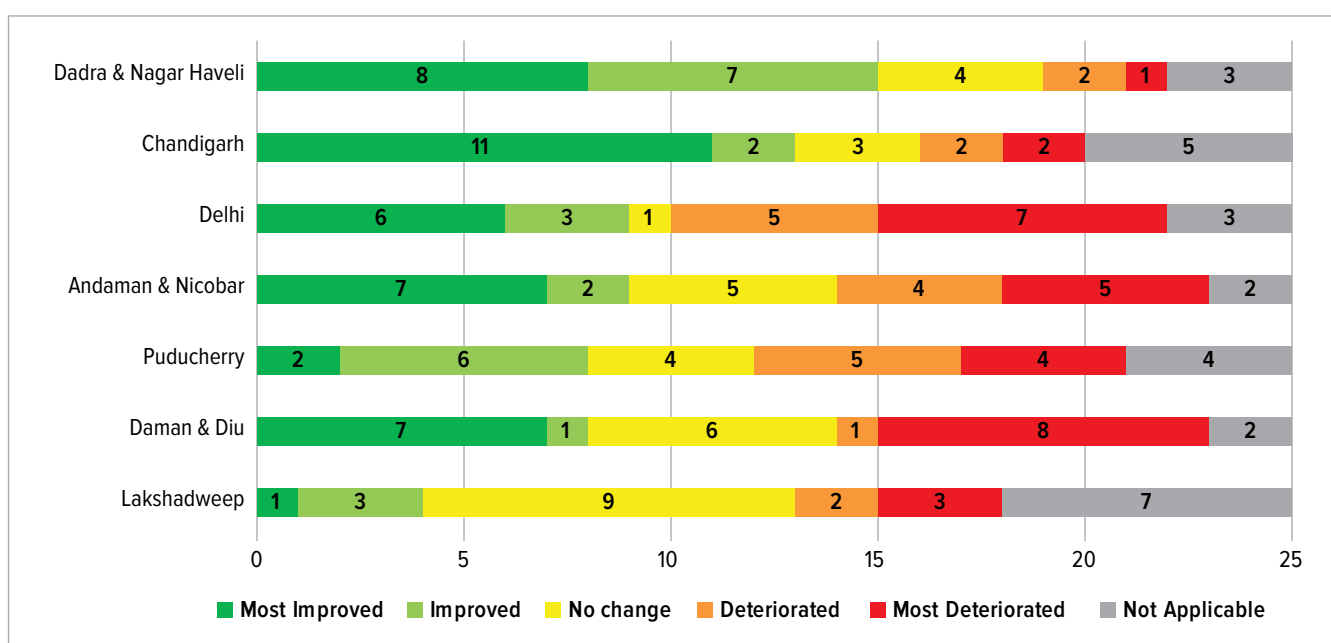
Note: States ranked based on their Reference Year Score in the Key Inputs/Processes domain.

4.3.4. Incremental performance on indicators

Figure 4.18 captures the incremental progress on indicators and sub-indicators and provides the number of indicators and sub-indicators in each category, i.e., ‘Most Improved’, ‘Improved’, ‘No Change’, ‘Deteriorated’ and ‘Most Deteriorated’.

Dadra and Nagar Haveli had the highest number of indicators (around 60 percent) where performance has improved between the Reference and Base Years. Chandigarh had the second highest number of indicators (around 50 percent) improved in the Reference Year. All other UTs had most of their indicators stagnant or worsened in the Reference Year. This shows that there is substantial scope of improvement for UTs to improve their performance on various indicators. Detailed indicator-specific performance snapshot of UTs is presented in Annexure 2, which provides direction as well as the magnitude of the incremental change of indicators from Base Year to Reference Year.

FIGURE 4.18 UTs: Number of indicators/sub-indicators, by category of incremental performance



Note: For a UT, the incremental performance on an indicators is classified as ‘Not Applicable’ (NA) in instances such as: (i) Data Integrity Measure indicator wherein the same data have been used for Base Year and Reference Year due to unavailability of updated NFHS data; (ii) PLHIV indicator (iii) Service coverage indicators with 100 percent values or vacancy of 0 percent in both Base and Reference Years; (iv) The data value for a particular indicator is NA in Base Year or Reference Year or both.

4.4. States and Union Territories Performance on Indicators

Domain 1: Health Outcomes

Indicator 1.1.1 - Neonatal Mortality Rate (NMR)

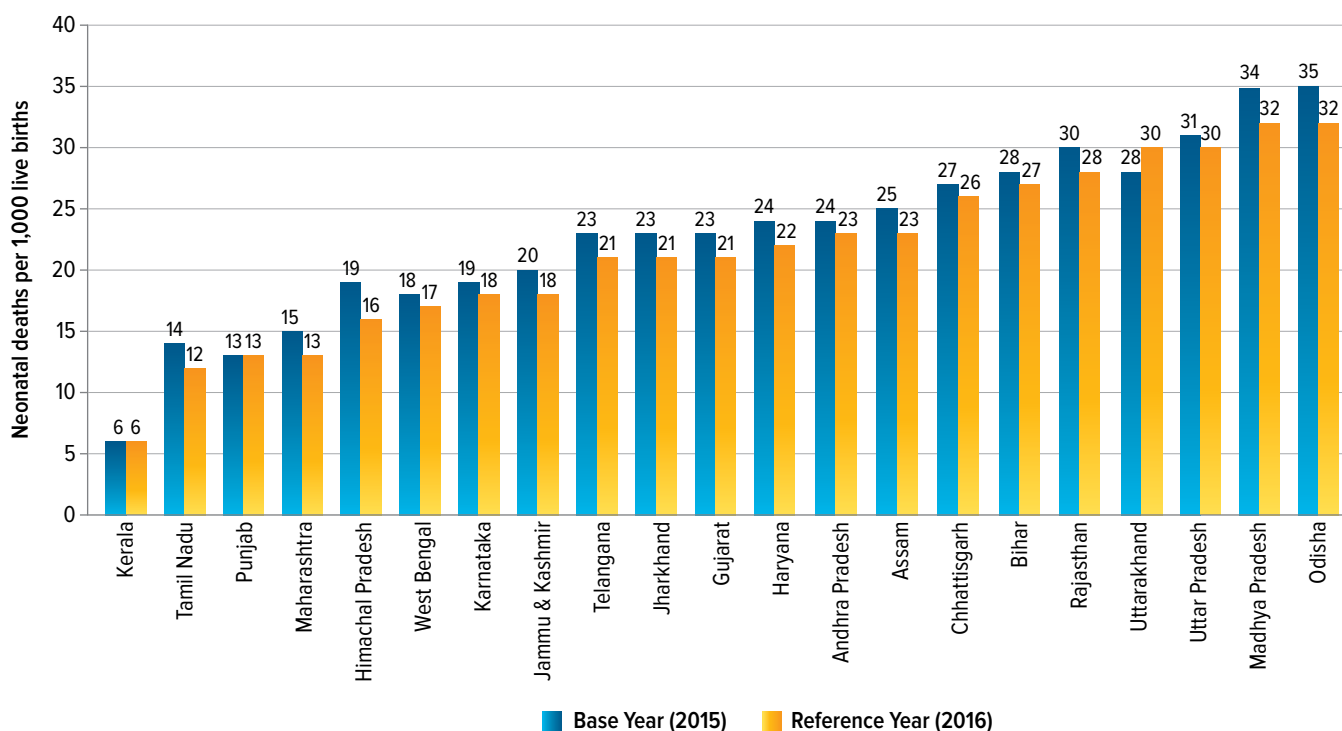
The first month after birth of a child (more specifically the first 28 days) is called the neonatal period. NMR is measured as the number of neonatal deaths per 1,000 live births. Death occurred during this period is of great concern because it reflects the availability and quality of the prenatal, intrapartum, and neonatal care services. In India, neonatal mortality remains a public health concern, as more than two-thirds of infant deaths occur during the neonatal period.

This indicator is available only for Larger States (Figure 4.19). There is a huge disparity in NMR across India. Some States have a relatively low NMR, with levels comparable to upper-middle income countries, while

others have NMR way above the average for low-income countries. Among the Larger States, Odisha and Madhya Pradesh had the highest NMR, while Kerala had the lowest. From the period 2015 to 2016, NMR declined or hovered in all Larger States except for Uttarakhand, where NMR increased from 28 to 30 neonatal deaths per 1,000 live births. Although Odisha and Madhya Pradesh had the highest NMR, the NMRs significantly declined in both States (from 35 to 32 neonatal deaths per 1,000 live births in Odisha, and from 34 to 32 neonatal deaths per 1,000 live births in Madhya Pradesh) during 2015 to 2016.

Among the 21 Larger States, Kerala and Tamil Nadu have already reached the 2030 SDG target for NMR, which is 12 neonatal deaths per 1,000 live births. Maharashtra and Punjab are also close to achieving the target.

FIGURE 4.19 Indicator 1.1.1 - Neonatal Mortality Rate - Larger States



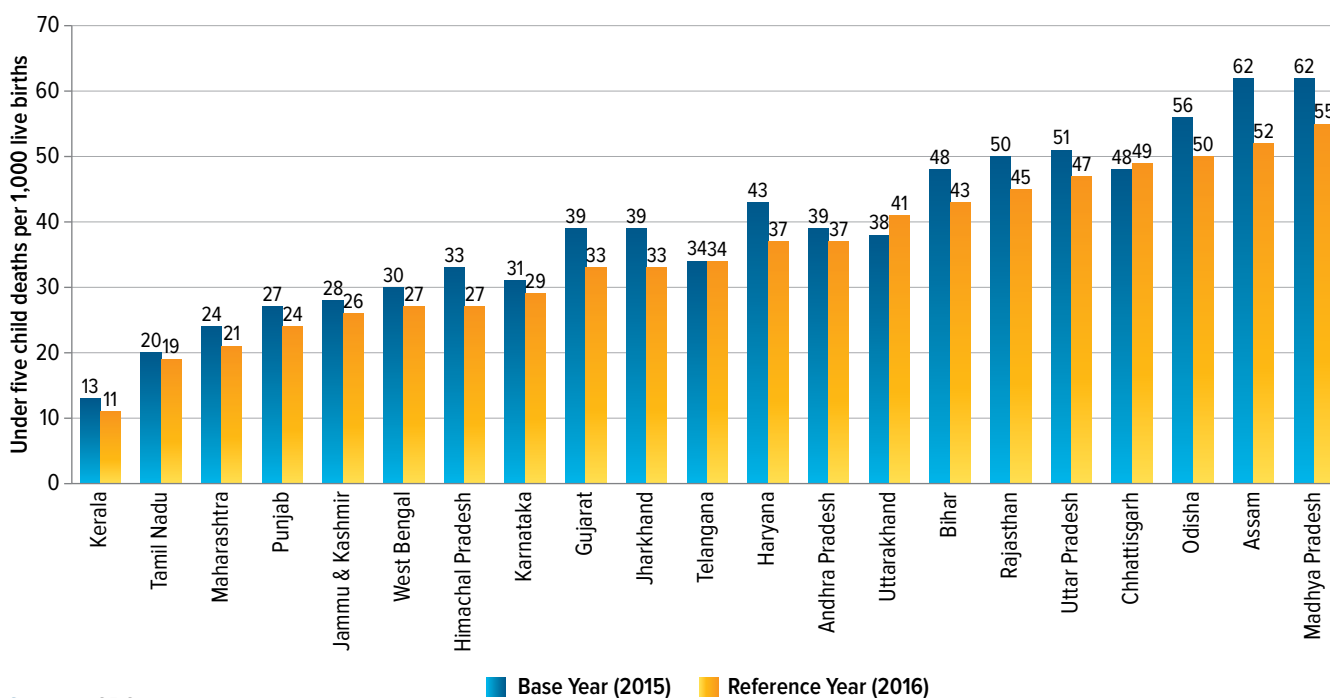
Source: SRS

Indicator 1.1.2 - Under-five Mortality Rate (U5MR)

U5MR, the probability of dying before completing the age of five is a critical indicator of child survival. It reflects a gamut of health and non-health factors that affect child survival, such as nutritional status of women and children, maternal education, availability of basic public health interventions (e.g. immunization, oral rehydration therapy, water and sanitation), and socio-economic status. This indicator is only available for the Larger States.

Compared to countries with similar level of economic development, U5MR remains high (39 per 1,000 live births) in India with large variation across States (Figure 4.20). Madhya Pradesh had the highest U5MR among the Larger States, while Kerala had the lowest. From 2015 to 2016, U5MR declined or remained steady in all States, except for Uttarakhand and Chhattisgarh. U5MR increased from 38 to 41 deaths per 1,000 live births in Uttarakhand, and from 48 to 49 deaths per 1,000 live births in Chhattisgarh. Although Assam and Madhya Pradesh were the two States with the highest U5MR in 2016, these States reported impressive decline in U5MR by 10 and 7 points, respectively, compared to the national average of 4 points. The States of Kerala, Tamil Nadu, Maharashtra and Punjab had already achieved the SDG target on U5MR, which is 25 deaths per 1,000 live births.

FIGURE 4.20 Indicator 1.1.2 - Under-five Mortality Rate - Larger States

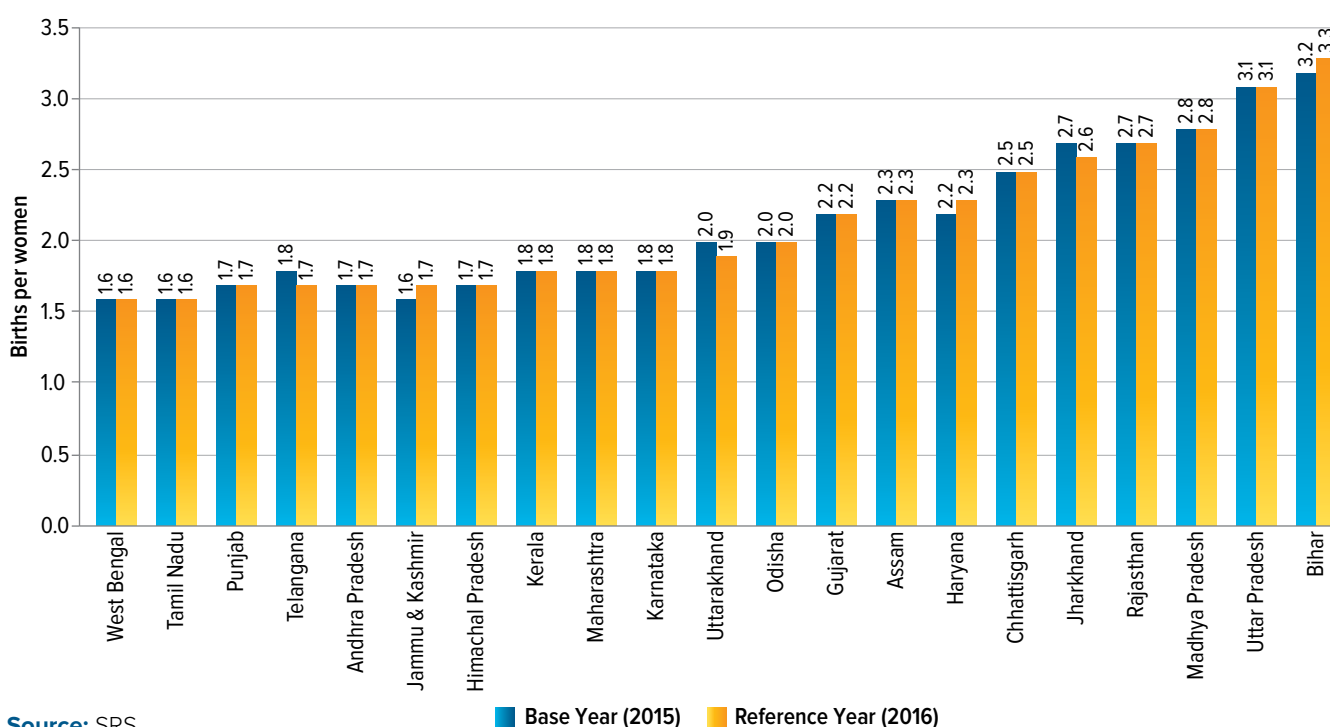


Source: SRS

Indicator 1.1.3 - Total Fertility Rate (TFR)

TFR is the most commonly used measure of fertility. It represents the number of children that would be born to a woman if she experiences the current fertility rate throughout her reproductive age of 15 to 49 years. In developing countries, high level of fertility is linked to poverty, low maternal education, gender inequality, low female labour participation rates, and other measures of social and economic development. This indicator is available only for the Larger States (Figure 4.21).

FIGURE 4.21 Indicator 1.1.3 - Total Fertility Rate - Larger States



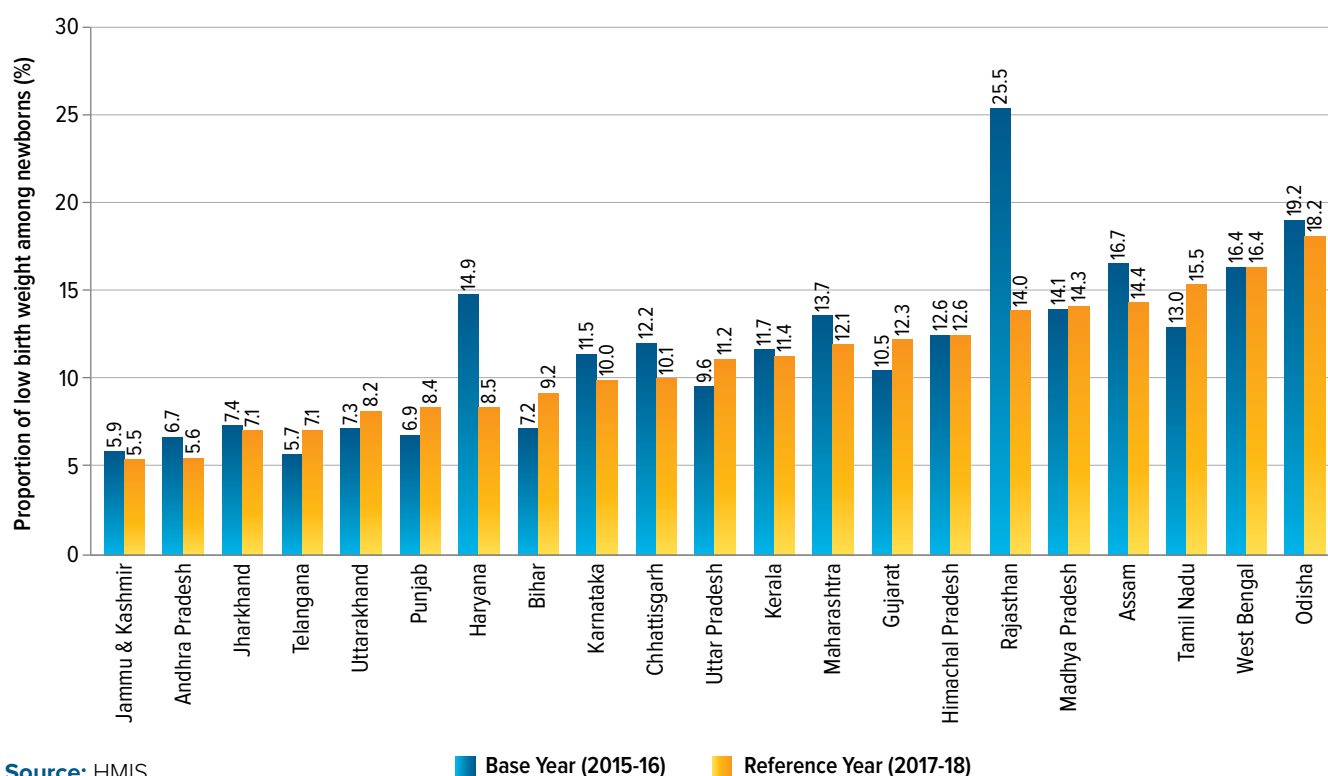
Source: SRS

In 2016, 12 of the 21 Larger States (Tami Nadu, West Bengal, Andhra Pradesh, Himachal Pradesh, Jammu and Kashmir, Punjab, Telangana, Karnataka, Kerala, Maharashtra, Uttarakhand, and Odisha) had TFR below replacement level (TFR<2.1). TFR remained high in Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan. From 2015 to 2016, TFR hovered in most Larger States, but slight increases were observed in Jammu & Kashmir, Haryana and Bihar; while decreases were observed in Telangana, Uttarakhand, and Jharkhand.

Indicator 1.1.4 - Proportion of Low Birth Weight (LBW) among newborns

LBW is used to describe babies who are borne with less than 2,500 grams. LBW could be either the result of preterm birth or of restricted fetal growth. It is associated with fetal and neonatal deaths and illnesses, and long-term consequences such as impaired cognitive development, and onset of chronic diseases later during adult life. This indicator reflects the effects of physical environment of the infant and the mother, which played a key role in determining the infant's birth weight and future health. This indicator is available for all States and UTs.

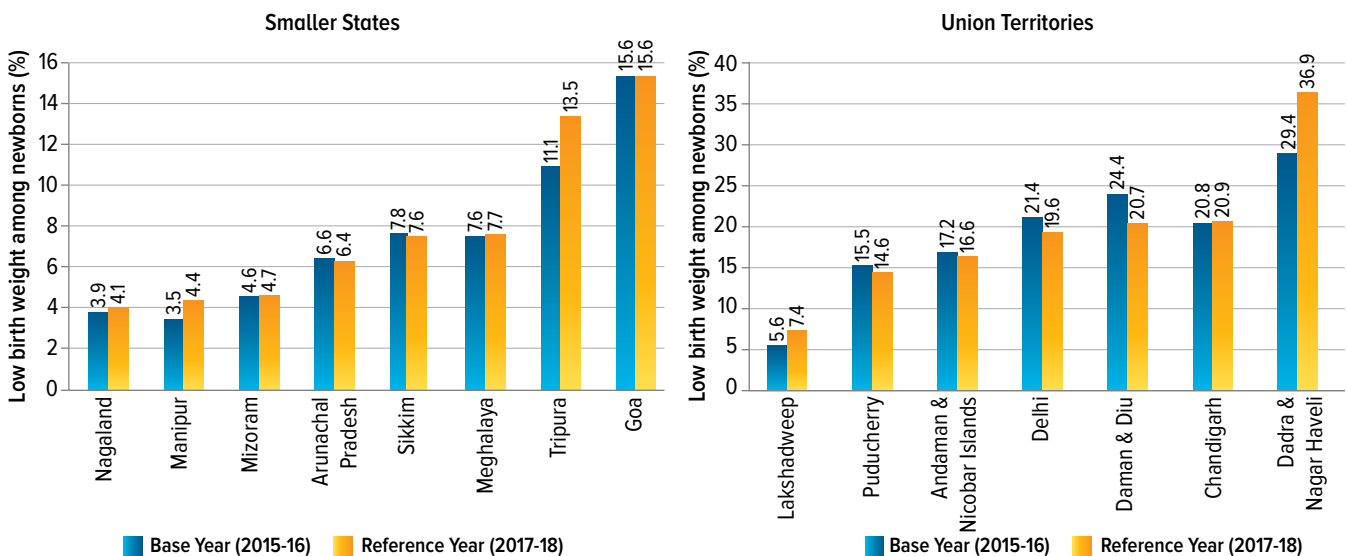
FIGURE 4.22 Indicator 1.1.4 - Proportion of Low Birth Weight among newborns - Larger States



Source: HMIS

Administrative data from MoHFW showed that the percentage of LBW among newborns varied across States and UTs. Among the Larger States, Jammu & Kashmir had the lowest proportion (5.5 percent) of newborns with LBW, while Odisha had the highest proportion (18.2 percent) (Figure 4.22). For Smaller States, the proportion of newborns with LBW varied from 4.1 percent in Nagaland to 15.6 percent in Goa (Figure 4.23). Among the UTs, the proportion varied between 7.4 percent for Lakshadweep and 36.9 percent for Dadra and Nagar Haveli. From 2015-16 to 2017-18, there was a noticeable decline in LBW. Rajasthan and Haryana had the largest improvement, with over 40 percent decline in the proportion of LBW newborns. Rajasthan and Haryana attributed this decline to measures such as early registration of pregnancies, early detection and management of high risk pregnancies, regular monitoring of HMIS data. Some of the States and UTs reported a slight increase in the proportion of newborns with LBW. However, 2 percentage points or more increase were noted in Bihar, Tamil Nadu, Tripura and Dadra and Nagar Haveli.

FIGURE 4.23 Indicator 1.1.4 - Proportion of Low Birth Weight among newborns - Smaller States and UTs

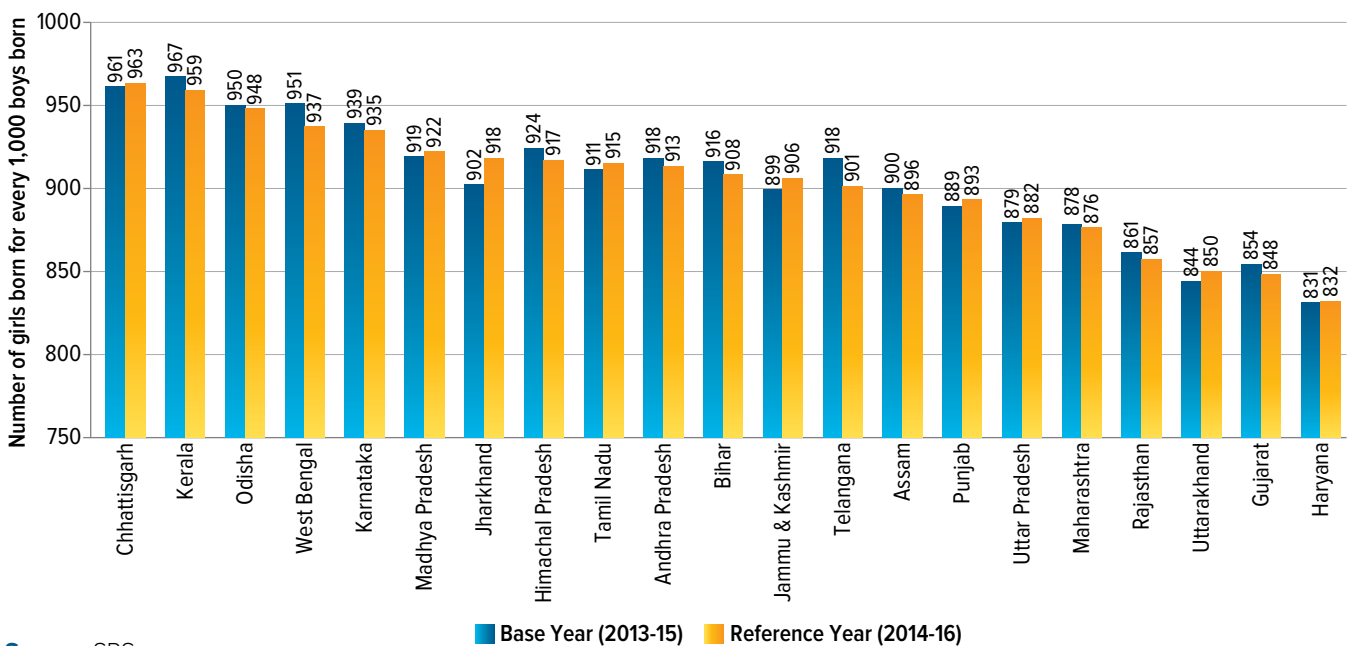


Source: HMIS

Indicator 1.1.5 - Sex Ratio at Birth (SRB)

SRB measures the number of girls born for every 1,000 boys born. It reflects the extent to which gender discrimination leads to sex-selective abortion. The low SRB in India relative to global average has received considerable attention. This indicator is available only for the Larger States.

FIGURE 4.24 Indicator 1.1.5 - Sex Ratio at Birth - Larger States



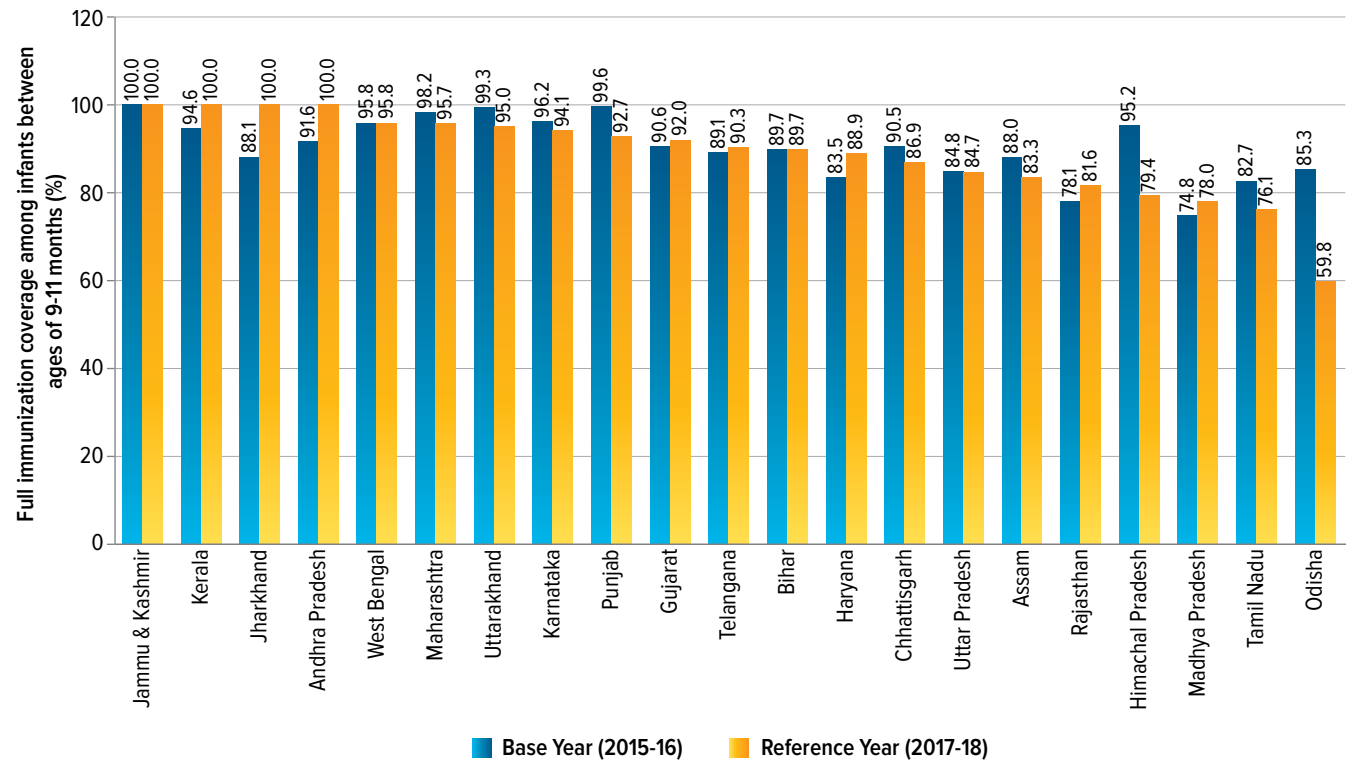
Source: SRS

Out of the 21 Larger States, only two States (Chhattisgarh and Kerala) had SRB of more than 950 girls for every 1,000 boys. Chhattisgarh had the highest SRB (963), whereas Haryana had the lowest (832). From 2013-15 to 2014-16, the SRB decreased in twelve Larger States (Kerala, Odisha, West Bengal, Karnataka, Himachal Pradesh, Andhra Pradesh, Bihar, Telangana, Assam, Maharashtra, Rajasthan and Gujarat), while it increased in the remaining nine States (Figure 4.24).

Indicator 1.2.1 - Full Immunization Coverage

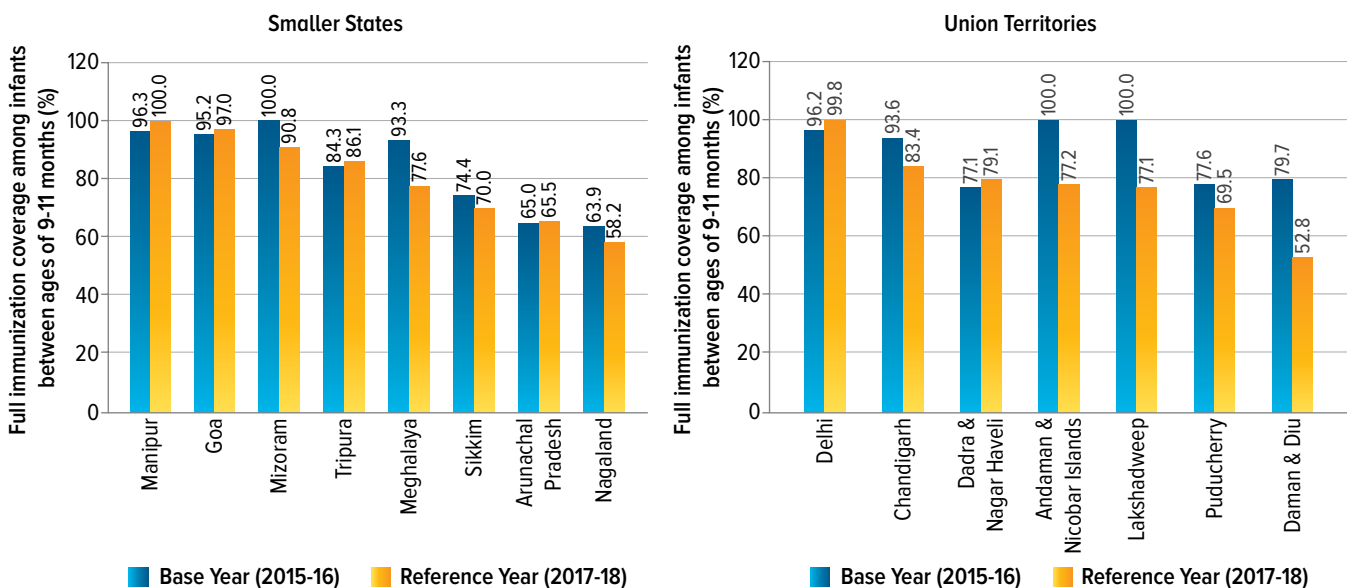
Full coverage has been the cornerstone of immunization program in India. An infant is said to have been fully immunized if he or she has received BCG, 3 doses of DPT, 3 doses of OPV and measles. Full immunization is one of the most cost-effective interventions to reduce preventable child mortality. This indicator is available for all States and UTs.

FIGURE 4.25 Indicator 1.2.1 - Full immunization coverage - Larger States



Source: HMIS

FIGURE 4.26 Indicator 1.2.1 - Full immunization coverage - Smaller States and UTs



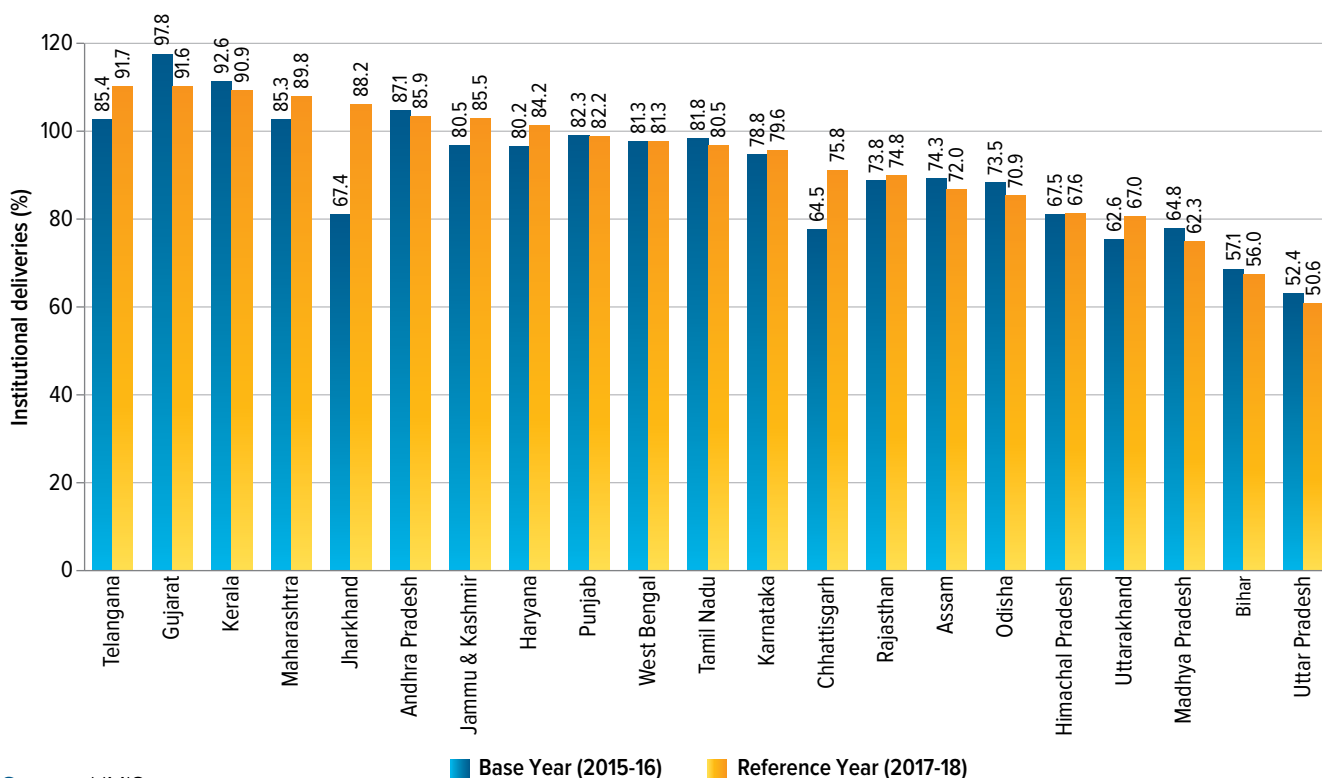
Source: HMIS

Based on the administrative data from the MoHFW, five States and UTs reported 100 percent full immunization coverage (Kerala, Jharkhand, Jammu and Kashmir, Andhra Pradesh, Manipur), and additional ten States and UTs reported 90 percent or higher full immunization coverage (Figure 4.25 and 4.26). Odisha, Nagaland, and Daman and Diu were the States and UTs with the lowest percentage of full immunization coverage (52.8-59.8 percent). From 2015-16 to 2017-18, coverage of fully-immunized children declined or hovered in many States and UTs. Alarming, Himachal Pradesh, Odisha, Meghalaya, Andaman and Nicobar Islands, Lakshadweep and Daman and Diu reported more than 15-percentage point decline in the percentage of fully-immunized children.

Indicator 1.2.2 - Proportion of institutional deliveries

It is critical for pregnant mothers to deliver in health facilities. Life-saving equipment and hygienic conditions reduce the risk of death and complications among mothers and infants. In developing countries, home delivery is a strong predictor of infant and maternal deaths. The percentage of deliveries in public or private healthcare facilities reflects the level of access to basic healthcare services. This indicator is available for all States and UTs.

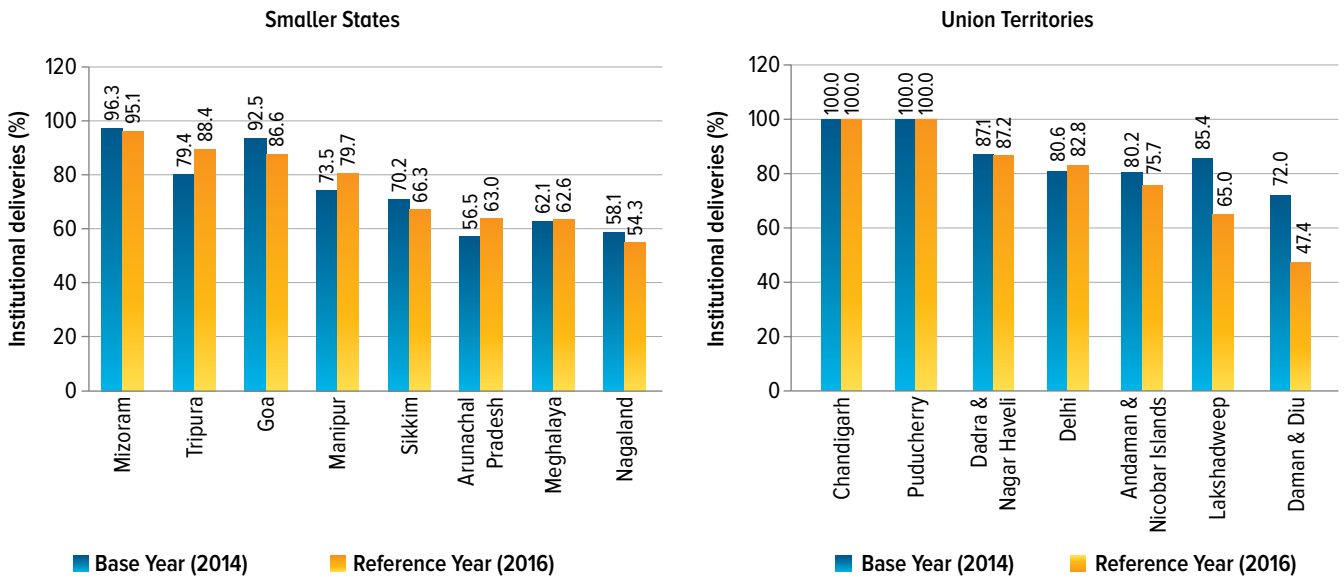
FIGURE 4.27 Indicator 1.2.2 - Proportion of institutional deliveries - Larger States



Source: HMIS

Based on the administrative data from the MoHFW, only six States and UTs had more than 90 percent deliveries conducted in private or public health facilities: Telangana, Gujarat, Kerala, Mizoram, Puducherry and Chandigarh (Figure 4.27 and 4.28). Some States and UTs have low levels of institutional deliveries: only about half of total deliveries in Uttar Pradesh, Nagaland, and Daman and Diu were conducted in health facilities. From 2015-16 to 2017-18, the percentage of institutional deliveries hovered or slightly changed in most States, and significantly changed in only a few States and UTs. In Chhattisgarh and Jharkhand, institutional deliveries increased by more than 10 percentage points. However, the institutional deliveries declined by 20.4 points in Lakshadweep and 24.6 points in Daman and Diu.

FIGURE 4.28 Indicator 1.2.2 - Proportion of institutional deliveries - Smaller States and UTs

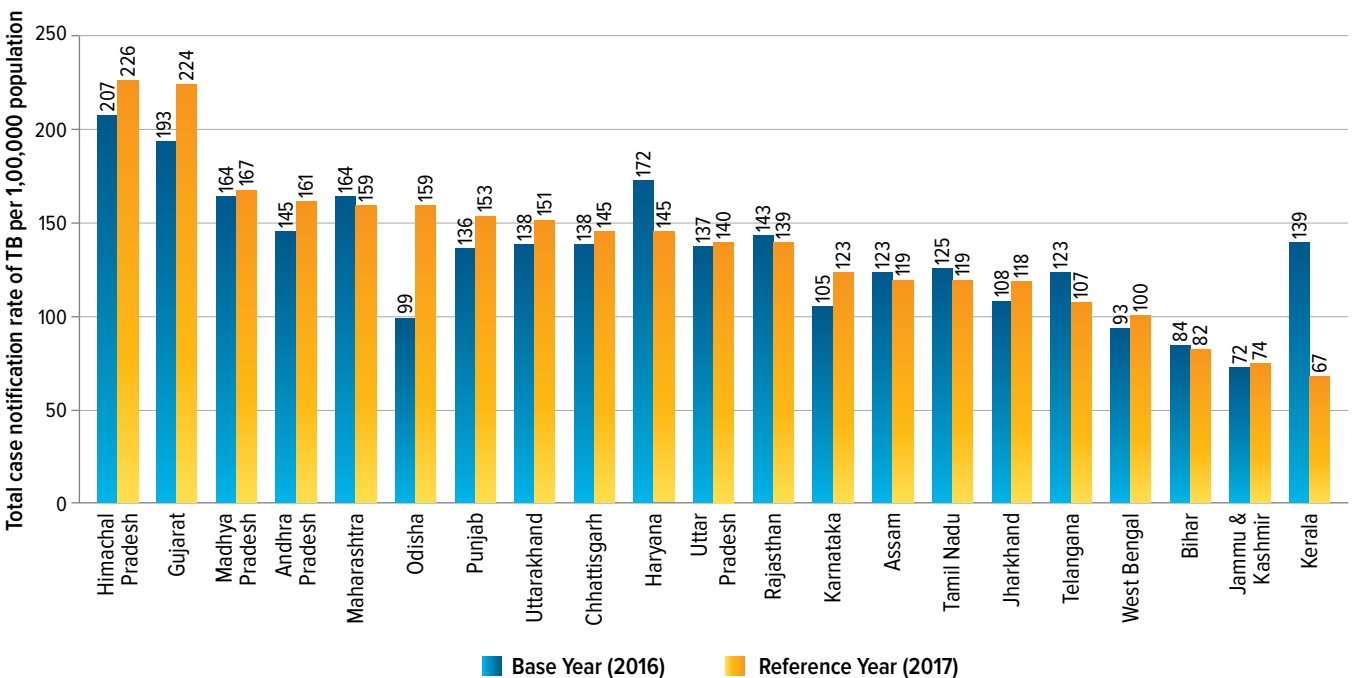


Source: HMIS

Indicator 1.2.3 - Total case notification rate of tuberculosis (TB)

India has the highest disease burden of tuberculosis (TB) globally. Total case notification rate is one of the critical indicators on TB management and control in a country. It reflects the progress in detecting and reporting TB cases. Total case notification rate is defined as the number of new and relapsed TB cases notified in both public and private facilities per 1,00,000 population during a specific year.

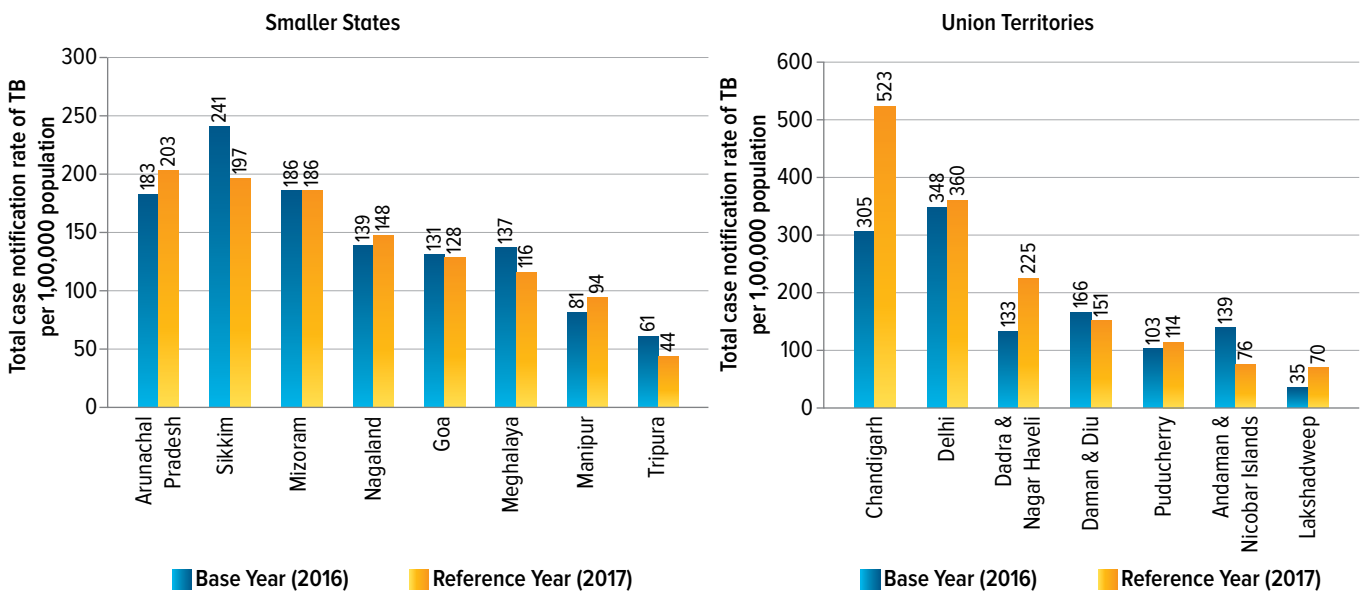
FIGURE 4.29 Indicator 1.2.3 - Total case notification rate of tuberculosis - Larger States



Source: RNTCP MIS, MoHFW

There were big variations in TB notification rates across States. Among the Larger States, Himachal Pradesh reported the highest case notification rate of 226 per 1,00,000, compared to 67 per 1,00,000 in Kerala (Figure 4.29). Also, there were wide variations in incremental performance from 2016 to 2017. Among the Larger States, Odisha had an impressive increase in case notification of 60 per 1,00,000 population. Significant increases were also noted in several States and UTs (Chandigarh, Dadra and Nagar Haveli, Odisha, Lakshadweep, Gujarat, Arunachal Pradesh, Himachal Pradesh, Karnataka, Punjab and Andhra Pradesh) (Figure 4.30). On the other hand, large decreases were noted in Haryana, Kerala, Sikkim, and Andaman and Nicobar Islands.

FIGURE 4.30 Indicator 1.2.3 - Total case notification rate of tuberculosis - Smaller States and UTs



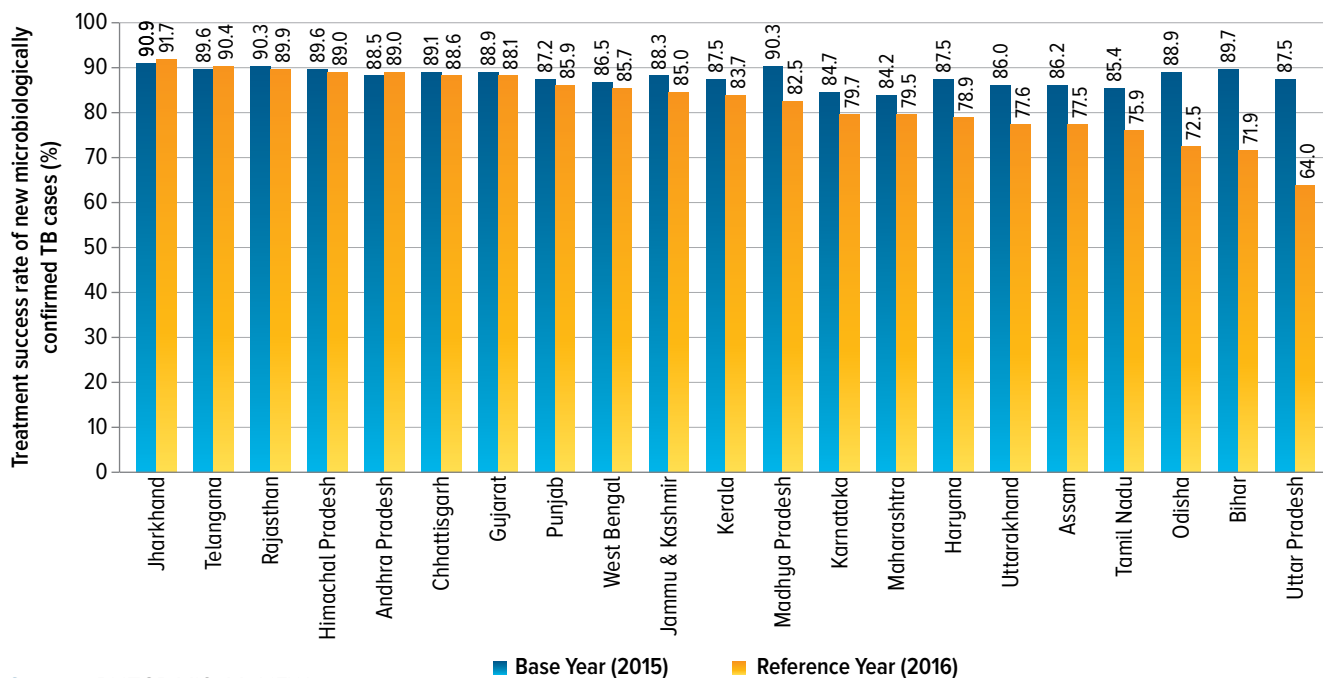
Source: RNTCP MIS, MoHFW

Indicator 1.2.4 - Treatment success rate of new microbiologically confirmed tuberculosis cases

Successful treatment of TB is essential to prevent further spread of the infection. Treatment success rate of new microbiologically confirmed TB cases is defined as the proportion of new microbiologically confirmed cases that have successfully completed treatment against the total number of new microbiologically confirmed TB cases registered during a given period. It is an important indicator on the performance of India's National TB Program.

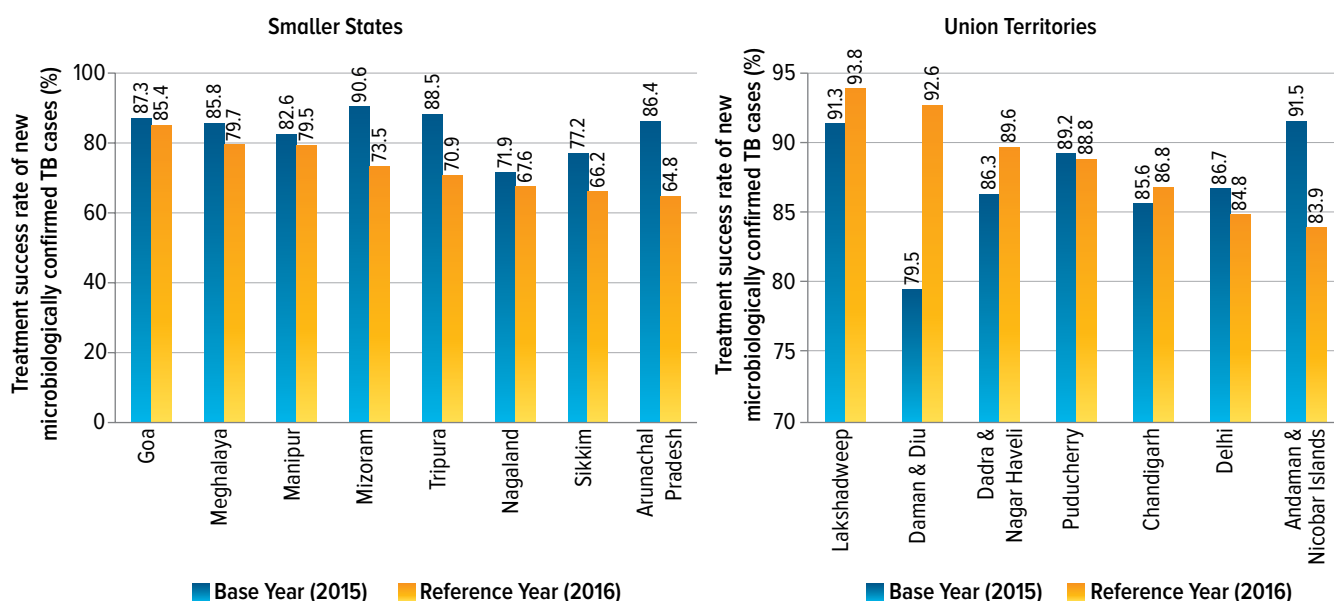
The Government of India established a target of ≥ 85 percent success rate for TB treatment. Only ten Larger States, one Smaller State and five UTs have treatment success rates of 85 percent or above in 2016 (Figure 4.31 and 4.32). From 2015 to 2016, TB treatment success rates declined in States, except for Jharkhand, Telangana, and Andhra Pradesh. More than 15 percent point decreases were seen in Uttar Pradesh, Arunachal Pradesh, Bihar, Tripura, Mizoram and Odisha. Four of the seven UTs had some improvement in treatment success rates (Lakshadweep, Daman and Diu, Dadra and Nagar Haveli and Chandigarh), while the other three had a decline in treatment success rate. Nine Larger States, 4 Smaller States and one UT that previously had TB treatment success rates above 85 percent in 2015 noted decline below the target of 85 percent in 2016.

FIGURE 4.31 Indicator 1.2.4 - Treatment success rate of new microbiologically confirmed tuberculosis cases - Larger States



Source: RNTCP MIS, MoHFW

FIGURE 4.32 Indicator 1.2.4 - Treatment success rate of new microbiologically confirmed tuberculosis cases - Smaller States and UTs



Source: RNTCP MIS, MoHFW

Indicator 1.2.5 - Proportion of people living with HIV (PLHIV) on antiretroviral therapy (ART)

This indicator relates to treatment of PLHIV. Data for this indicator were only available for the Larger and Smaller States, and not for UTs. Due to the change in the program guidelines related to treatment, the data for the Reference Year (2017-18) is not comparable to the Base Year (2015-16) data. Due to changes in definition, 2015-16 data were repeated for 2017-18. The National Health Policy 2017 set a specific goal to ensure that 90 percent of all people tested positive for HIV receive sustained ART by 2020. Out of 29

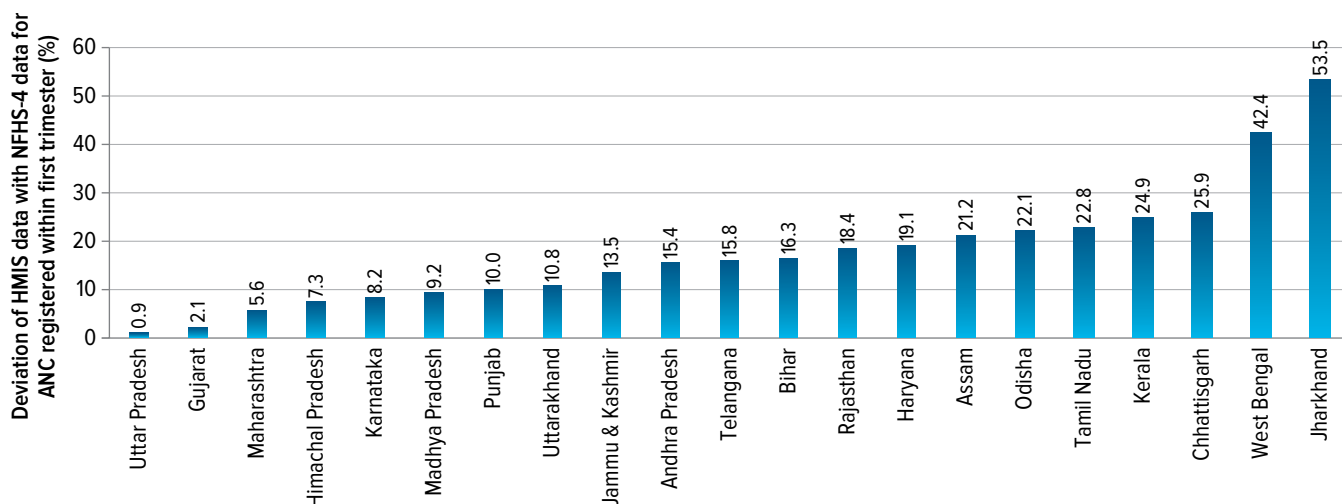
States, three (Jammu & Kashmir, Meghalaya and Mizoram) have achieved this target while five have 80 to 90 percent of PLHIV on ART in the Base Year (2015-16). Eight States have less than 50 percent of the PLHIV on ART (Base Year 2015-16), namely Bihar, Jharkhand, Odisha, Rajasthan, West Bengal, Arunachal Pradesh, Sikkim, and Tripura. Significant improvements are needed to achieve 90 percent coverage.

Domain 2: Governance and Information

Indicator 2.1.1 - Data Integrity Measure: (a) Institutional deliveries; (b) ANC registered within first trimester

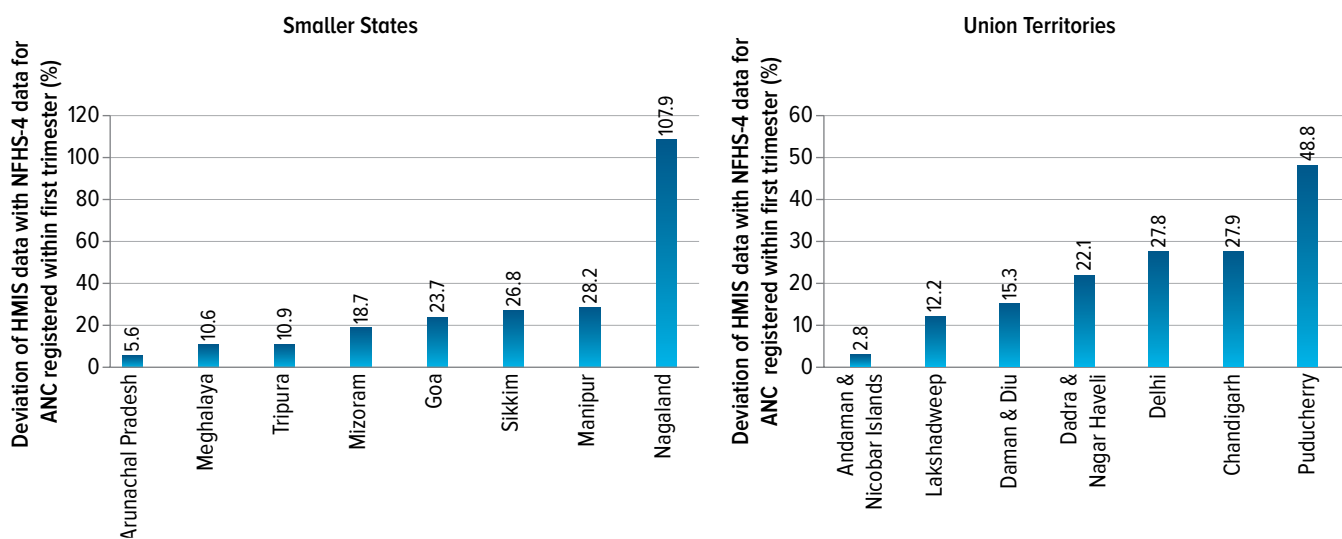
This indicator captures the percentage deviation of HMIS reported data from NFHS-4 data in order to assess the quality and integrity of reported data. Specifically, data from HMIS for last five years on the proportion of institutional deliveries and ANC registered within the first trimester were compared with NFHS-4 conducted during 2015-16. There are huge disparities in the data integrity measures across States and UTs (Figure 4.33, 4.34, 4.35 and 4.36). The data integrity of a State or UT also varies by the specific indicators evaluated. Among the Larger States, Gujarat and Maharashtra had the lowest deviation in both the indicators, whereas in the case of Smaller States and UTs, Arunachal Pradesh and Tripura had lowest deviation in both indicators.

FIGURE 4.33 Indicator 2.1.1: Data Integrity Measure – ANC registered within first trimester - Larger States



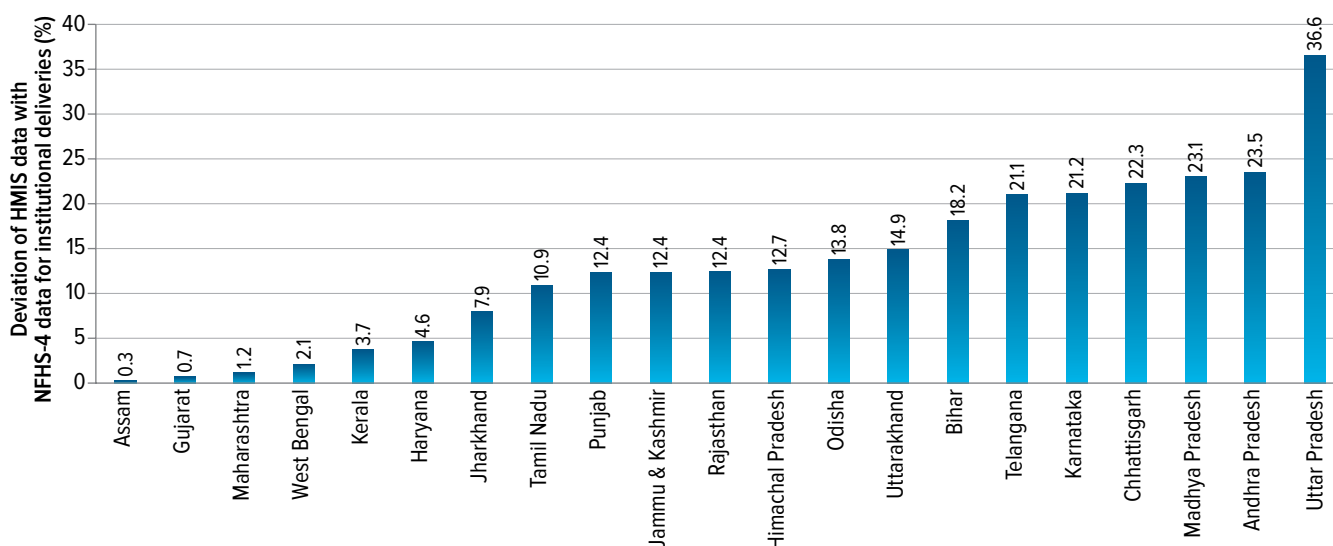
Source: HMIS and NFHS-4

FIGURE 4.34 Indicator 2.1.1: Data Integrity Measure – ANC registered within first trimester - Smaller States and UTs



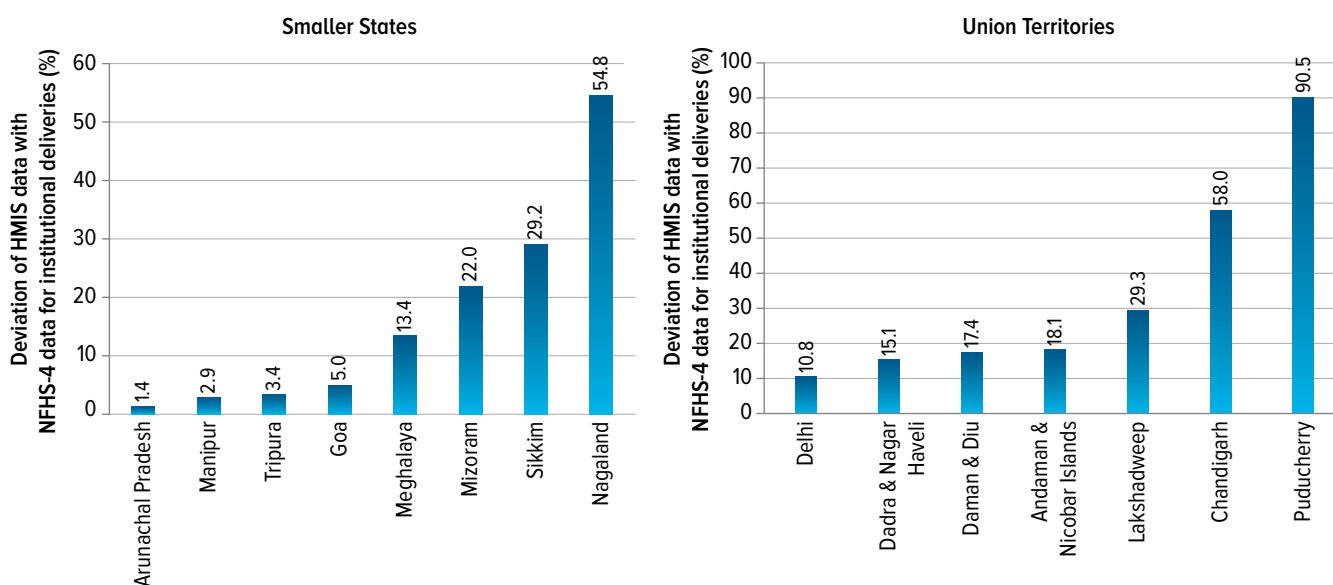
Source: HMIS and NFHS-4

FIGURE 4.35 Indicator 2.1.1: Data Integrity Measure – institutional deliveries - Larger States



Source: HMIS and NFHS-4

FIGURE 4.36 Indicator 2.1.1: Data Integrity Measure – institutional deliveries - Smaller States and UTs

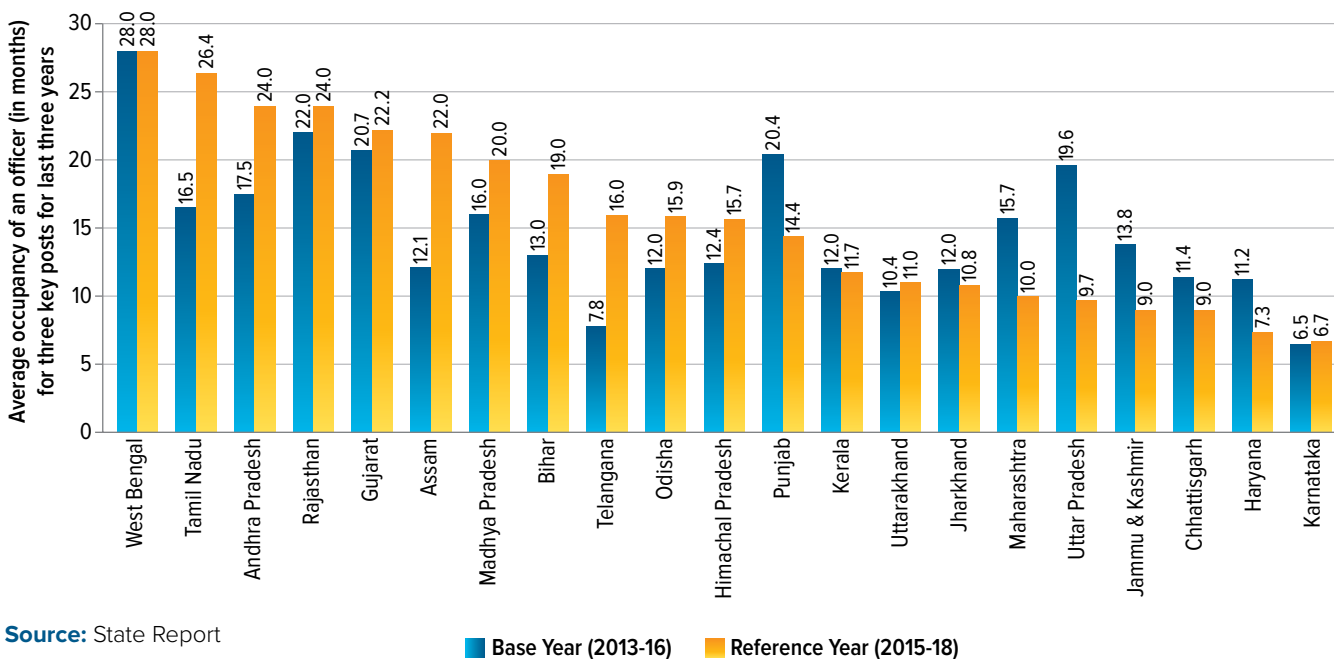


Source: HMIS and NFHS-4

Indicator 2.2.1 - Average occupancy of an officer (in months), for three key posts at State level for last three years

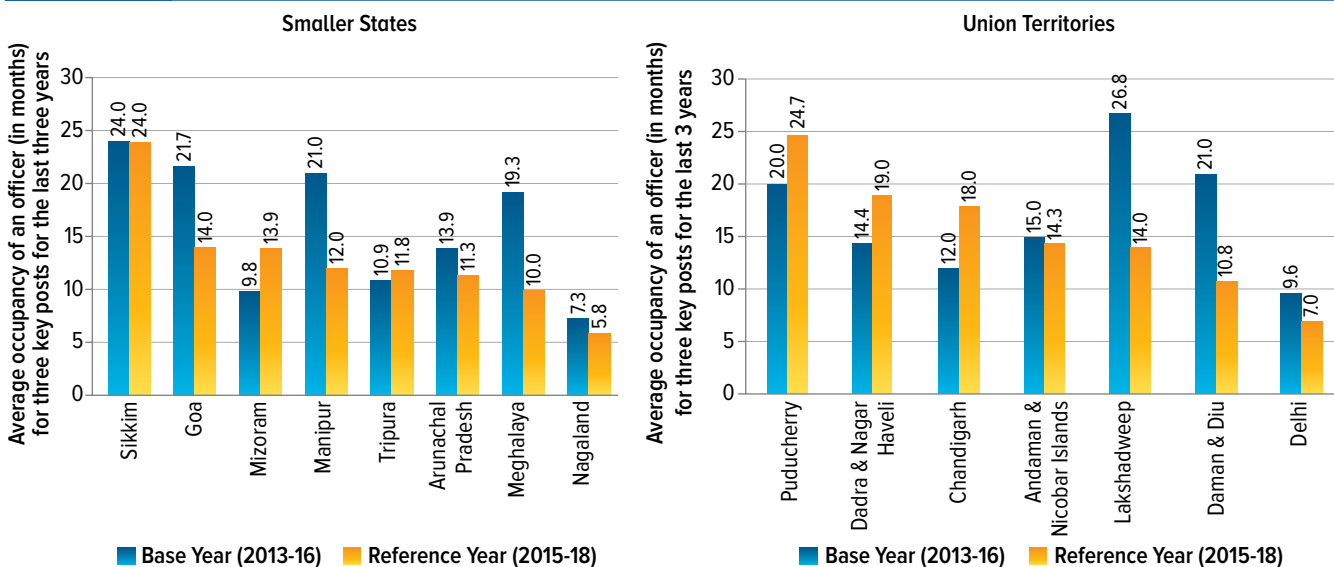
A stable tenure for key administrative positions is critical to ensure the effectiveness and sustainability of public health programs. Based on the data from States in 2015-18, the average occupancy of Principal Secretary, Mission Director (NHM), and Director (Health Services) or equivalent positions in a period of three years was highest in West Bengal (28 months), and lowest in Nagaland (5.8 months) (Figure 4.37 and 4.38). Out of the 36 States and UTs, 21 had an average occupancy of twelve months or more per officer. From Base Year to Reference Year, among the Larger States, Tamil Nadu, Andhra Pradesh, Assam, Bihar, and Telangana reported significant increases of about six months or more in the average occupancy per officer. However, large declines above six months were observed in some of the States such as Punjab, and Uttar Pradesh. Among the Smaller States and UTs, Goa, Manipur, Meghalaya, Lakshadweep and Daman and Diu reported significant decreases above six months in the average occupancy.

FIGURE 4.37 Indicator 2.2.1 - Average occupancy of an officer (in months), for three key posts at State level for last three years - Larger States



Source: State Report

FIGURE 4.38 Indicator 2.2.1 - Average occupancy of an officer (in months), for three key posts at State level for last three years - Smaller States and UTs

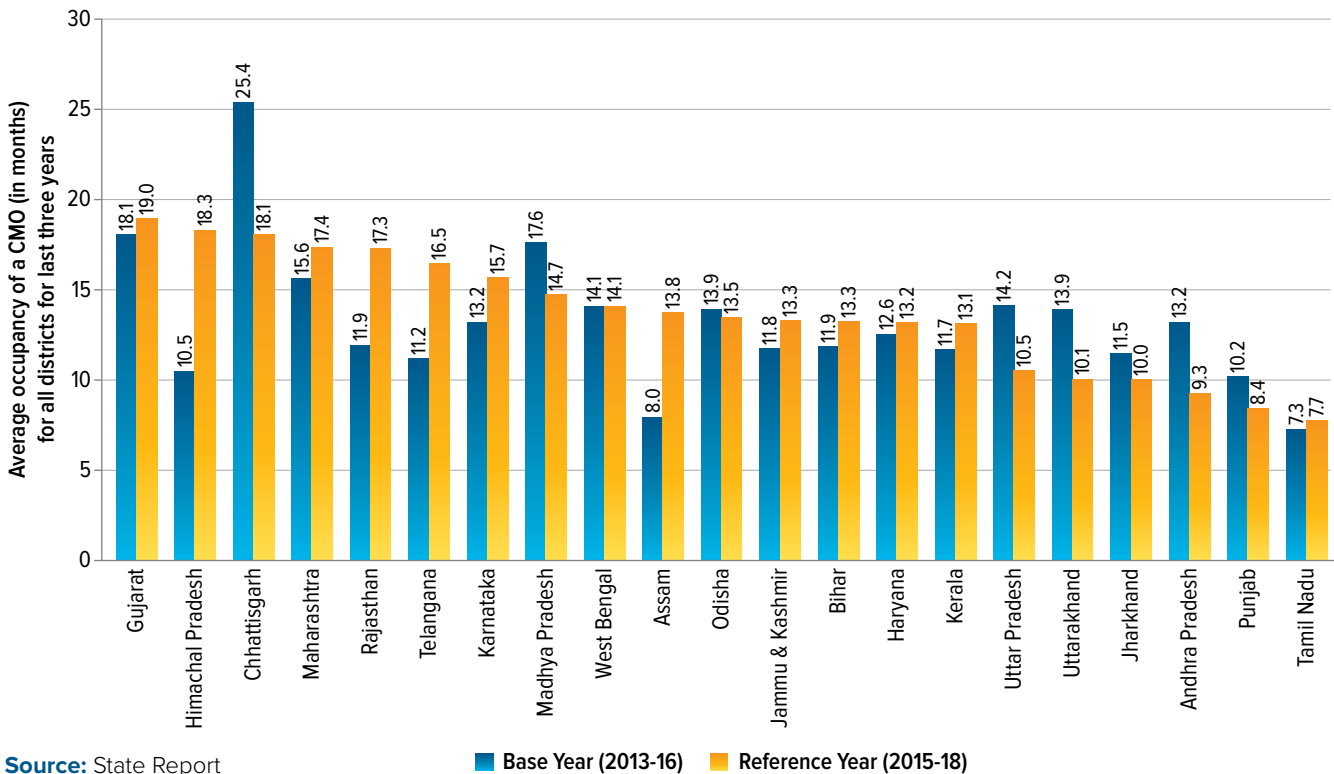


Source: State Report

Indicator 2.2.2 - Average occupancy of a District Chief Medical Officer (CMO) or equivalent post (heading District Health Services full-time) (in months) in last three years

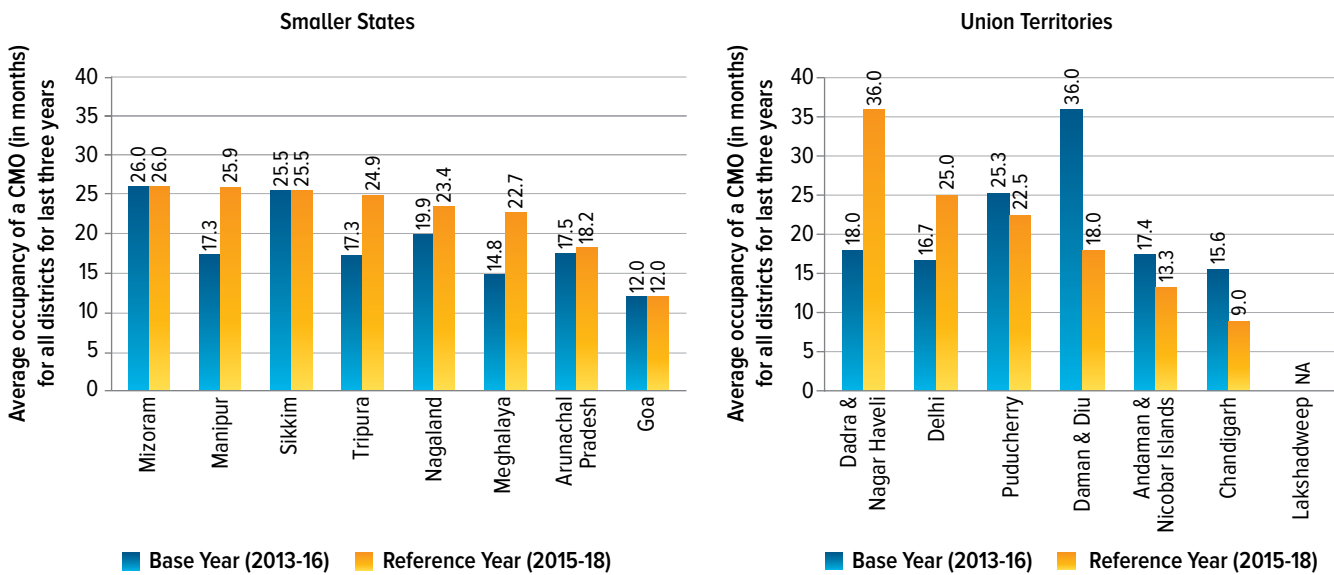
Short average occupancy of district CMO hinders effective implementation of key public health programs. Out of the 36 States and UTs, 28 had an average occupancy of twelve months or more for CMOs (or equivalent post heading the Health Services at the district level). The seven States/UTs that had less than twelve months of average CMO occupancy were Uttar Pradesh, Uttarakhand, Jharkhand, Andhra Pradesh, Punjab, Tamil Nadu, and Chandigarh (Figure 4.39 and 4.40). From Base Year to Reference Year, Tripura, Assam, Delhi, Dadra and Nagar Haveli, Rajasthan, Telangana, Himachal Pradesh, Manipur and Meghalaya reported large increases, whereas Daman and Diu, Chhattisgarh, Uttar Pradesh, Uttarakhand, Andhra Pradesh and Chandigarh, reported large decreases. In Lakshadweep, there was no CMO or equivalent position and hence this indicator is not applicable.

FIGURE 4.39 Indicator 2.2.2 - Average occupancy of a District Chief Medical Officer (CMO) or equivalent post (heading District Health Services full-time) (in months) in last three years - Larger States



Source: State Report

FIGURE 4.40 Indicator 2.2.2 - Average occupancy of a District Chief Medical Officer (CMO) or equivalent post (heading District Health Services full-time) (in months) in last three years - Smaller States and UTs



Source: State Report

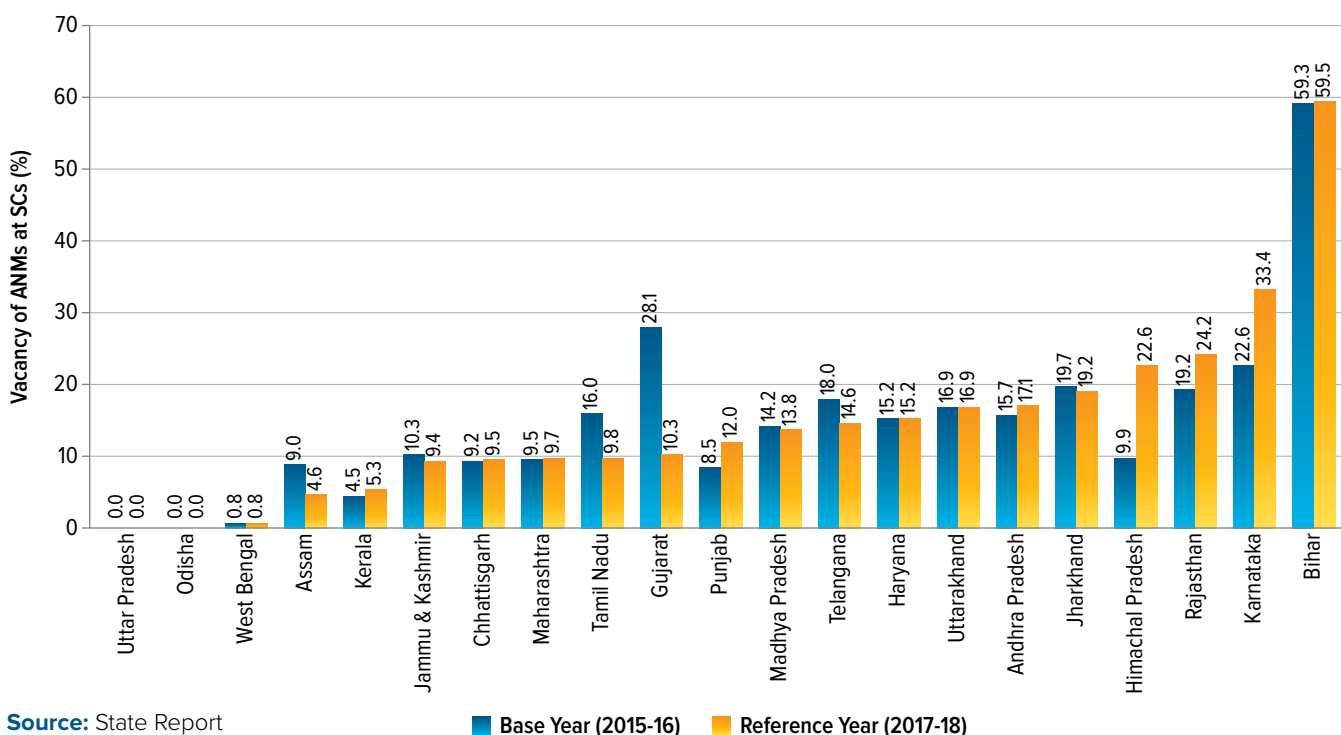
Domain 3: Key Inputs/Processes

Indicator 3.1.1 - Proportion of vacant health care provider positions (Regular + Contractual) in public health facilities

The lack of manpower in public health facilities is one of main reasons of healthcare underutilization. The vacancy status of health professionals in relation to sanctioned positions shows how States address supply-side resources in relation to the need.

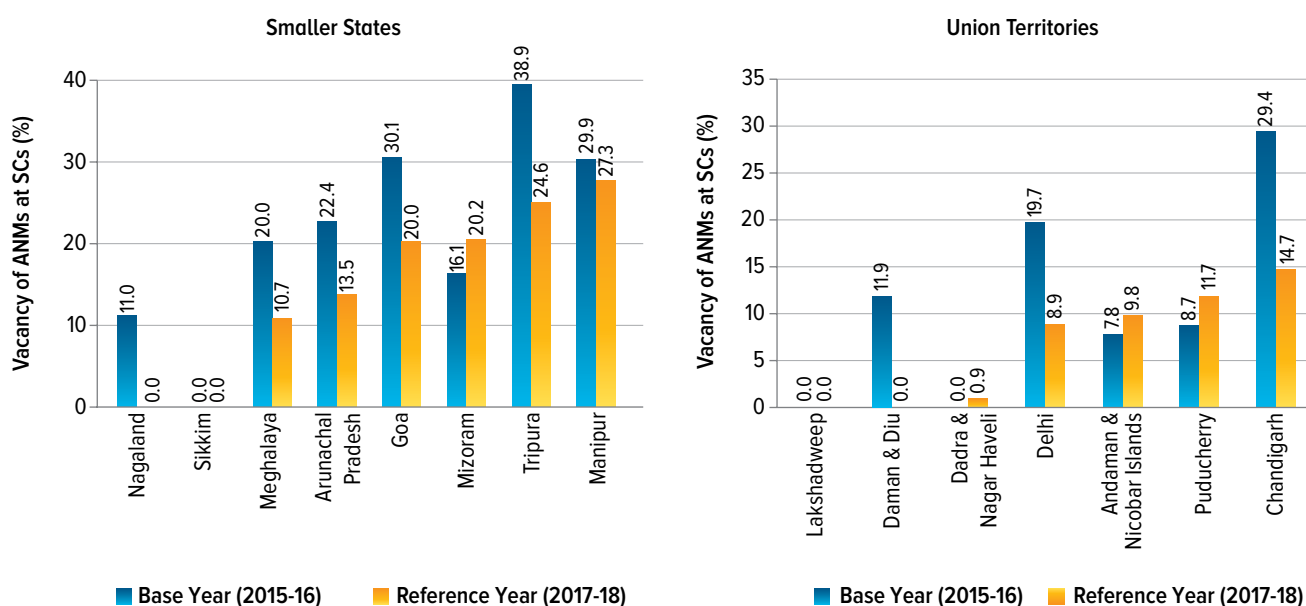
- a. **ANMs at sub-centres:** Among all the Larger States, less than 25 percent of ANM positions were vacant except for Karnataka and Bihar, which reported 33.4 percent and 59.5 percent vacancies respectively (Figure 4.41). Odisha, Uttar Pradesh and West Bengal had almost no vacancy of ANM positions. Similarly, no vacancy of ANMs was reported in Nagaland, Sikkim, Daman & Diu and Lakshadweep. From 2015-16 to 2017-18, the vacancy of ANM at sub-centres hovered in most States. However, in Gujarat, the percentage of vacant ANMs decreased by almost three folds and increased by more or less two folds in Himachal Pradesh. Among the smaller States and UTs, Meghalaya, Arunachal Pradesh, Goa, Tripura, Delhi and Chandigarh reported decline in vacancy of ANMs (Figure 4.42).

FIGURE 4.41 Indicator 3.1.1a – Vacancy of ANMs at sub-centres - Larger States



Source: State Report

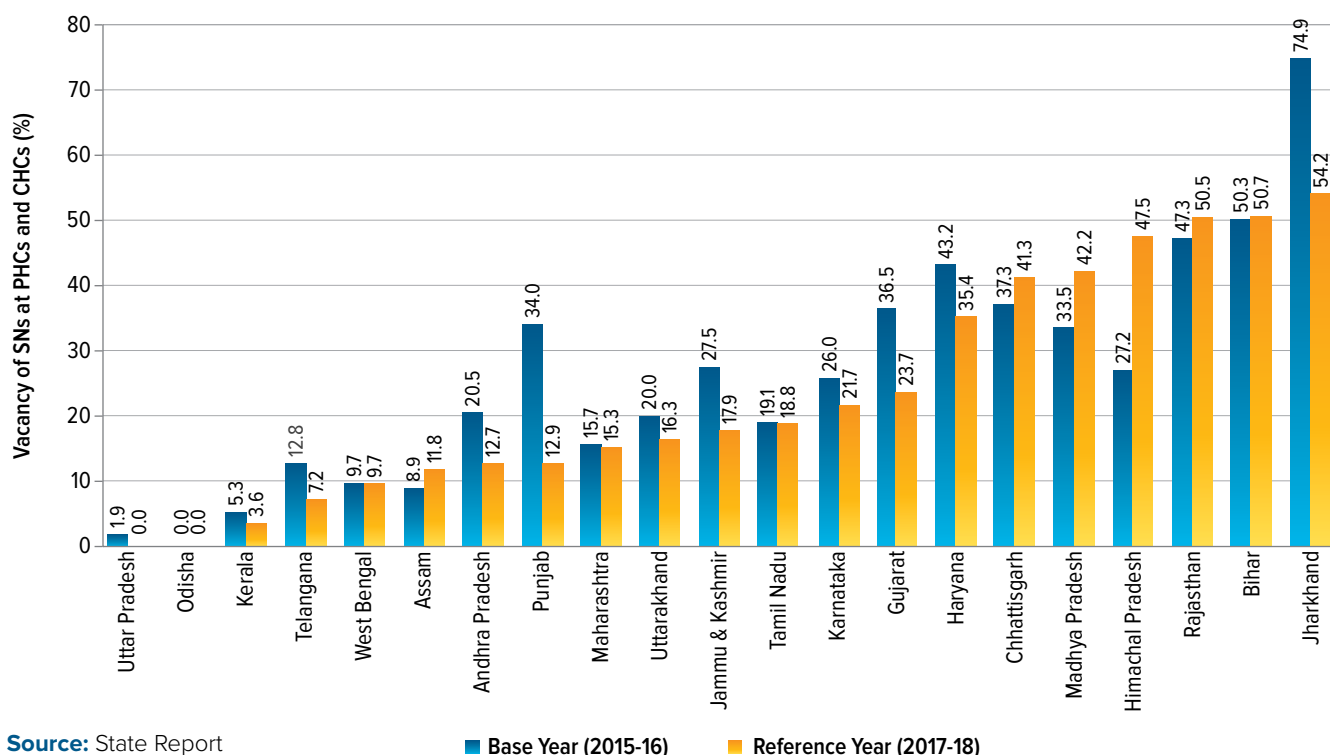
FIGURE 4.42 Indicator 3.1.1a – Vacancy of ANMs at sub-centres - Smaller States and UTs



Source: State Report

b. **Staff nurses at PHCs and CHCs:** Among the Larger States, Chhattisgarh, Madhya Pradesh, Himachal Pradesh and Rajasthan, Bihar and Jharkhand reported more than 40 percent of vacancies of staff nurses, whereas Uttar Pradesh and Odisha reported no vacancy of staff nurses (Figure 4.43). Among the Smaller States and UT, only Delhi had more than 40 percent vacancy. From Base Year to Reference Year, the percentage of vacant staff nurse positions increased in Assam, Chhattisgarh, Madhya Pradesh, Himachal Pradesh and Rajasthan (Figure 4.44). Some States and UT such as Telangana, Andhra Pradesh, Punjab, Gujarat, Haryana, Jammu & Kashmir, Jharkhand, Meghalaya, Arunachal Pradesh, and Sikkim reported large decreases in staff nurses vacancies.

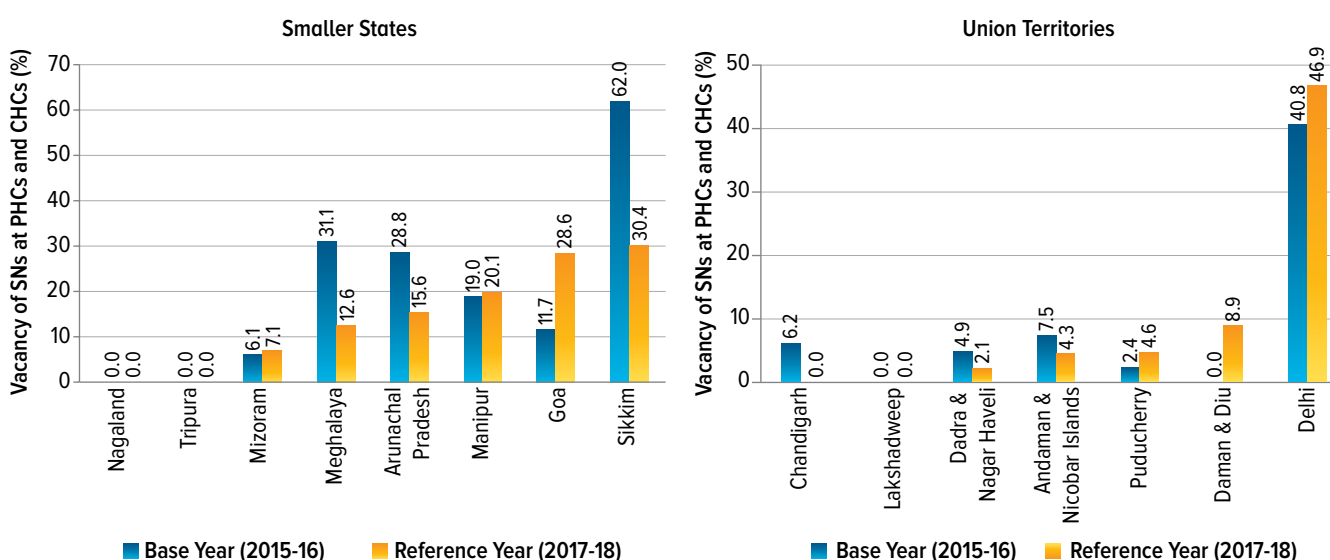
FIGURE 4.43 Indicator 3.1.1b - Vacancy of Staff Nurse at PHCs and CHCs - Larger States



Source: State Report

■ Base Year (2015-16) ■ Reference Year (2017-18)

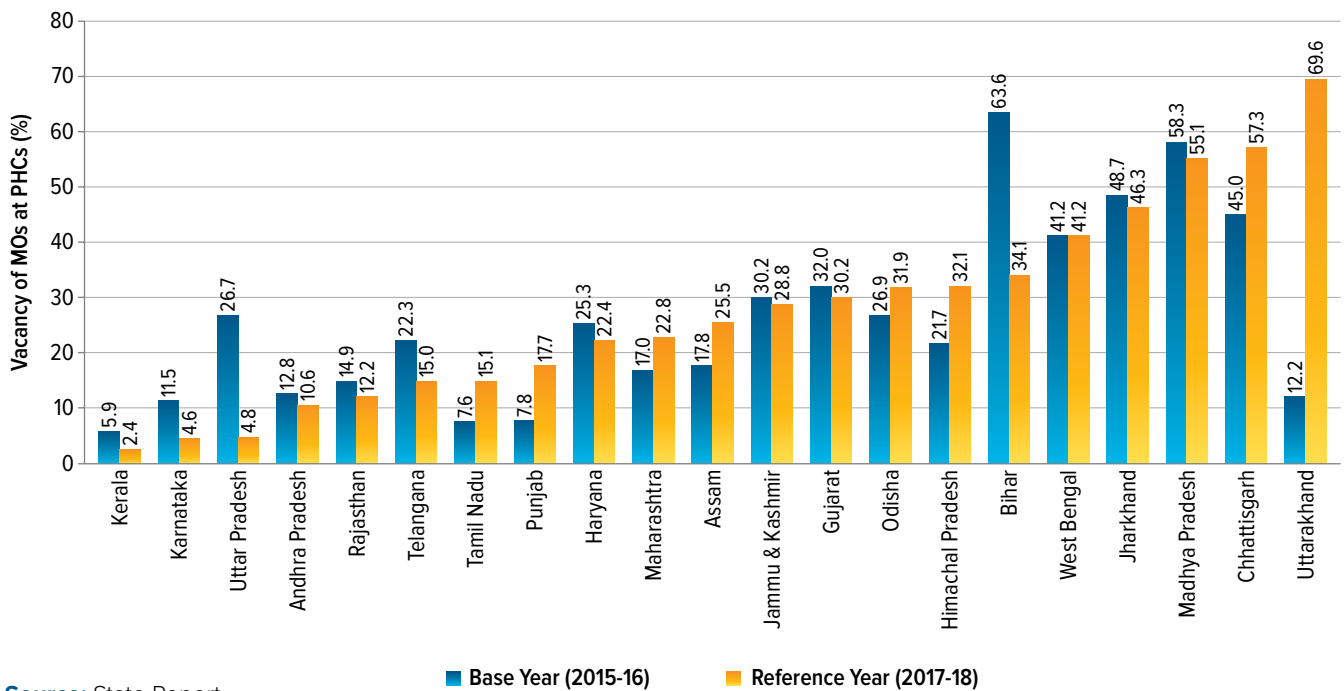
FIGURE 4.44 Indicator 3.1.1b - Vacancy of Staff Nurse at PHCs and CHCs - Smaller States and UTs



Source: State Report

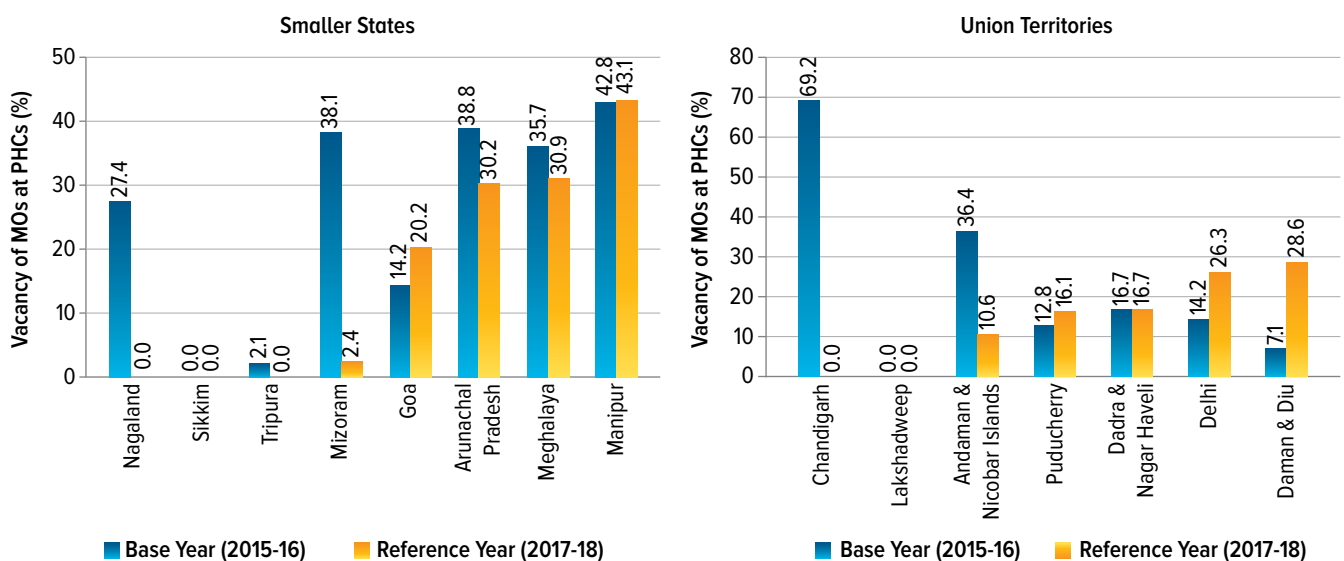
- c. **Medical officers at PHCs:** Among the Larger States, the percentage of vacant positions of medical officers in PHCs was more than 40 percent in West Bengal, Jharkhand, Madhya Pradesh, Chhattisgarh and Uttarakhand (Figure 4.45). The States of Uttar Pradesh, Karnataka and Kerala had less than five percent vacancies. Among the Smaller States and UTs, only Manipur reported more than 40 percent vacancy (Figure 4.46). From Base to Reference Year, a handful of States reported large decrease or increase in vacancy. Uttarakhand reported large and significant increase from 12 percent to 70 percent, whereas Bihar and Uttar Pradesh reported large decline. Among the Smaller States, large decreases were also noted in Nagaland, Mizoram, Arunachal Pradesh, Chandigarh and Andaman and Nicobar Island.

FIGURE 4.45 Indicator 3.1.1c - Vacancy of Medical Officers at PHCs - Larger States



Source: State Report

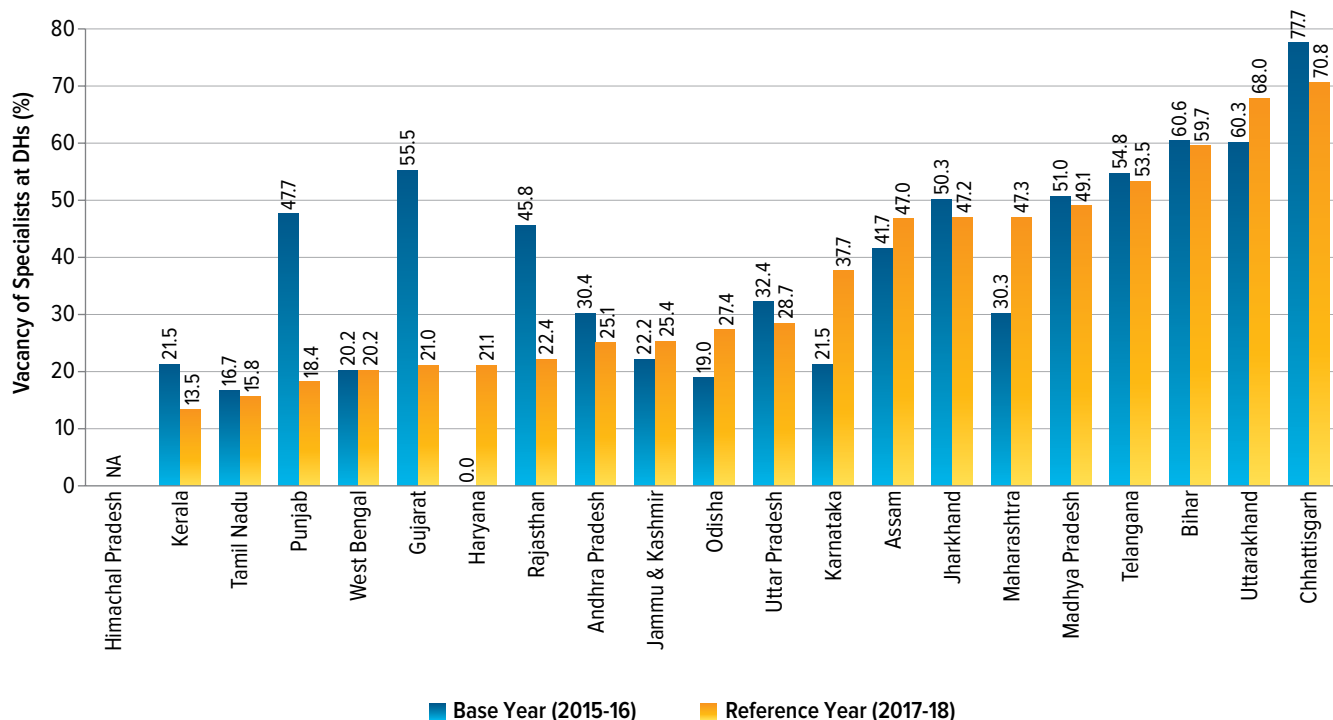
FIGURE 4.46 Indicator 3.1.1c - Vacancy of Medical Officers at PHCs – Smaller States and UTs



Source: State Report

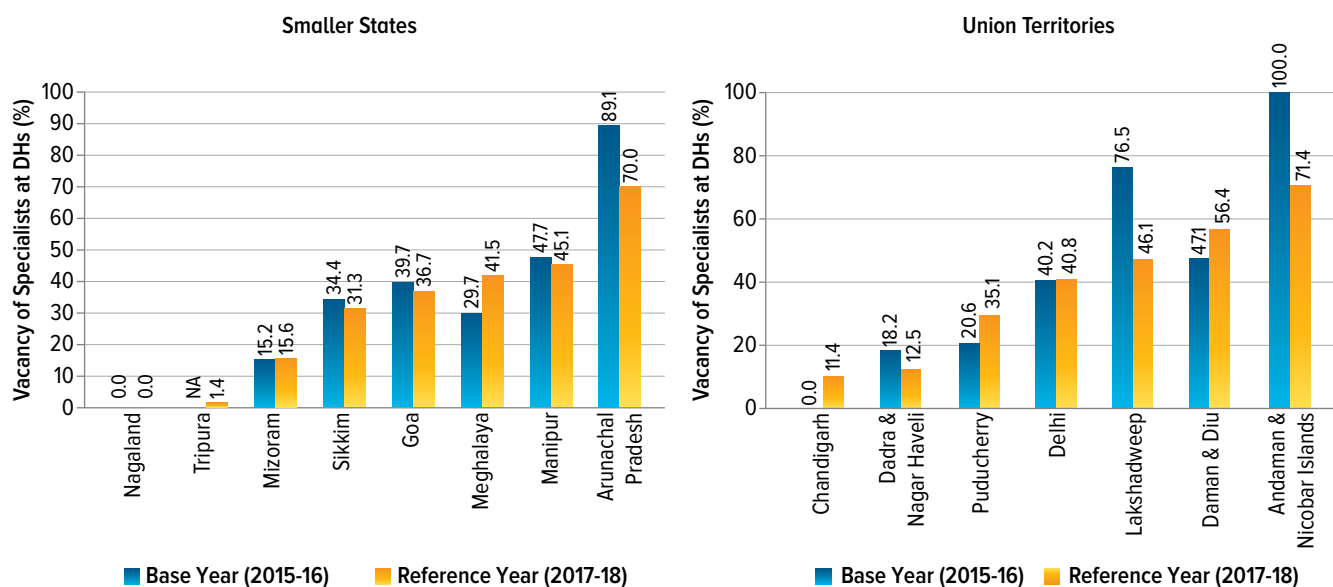
- d. **Specialists at district hospitals:** Among the Larger States, significant vacancy of specialists were reported by most States (Figure 4.47). Only three States (Kerala, Tamil Nadu and Punjab) have reported less than 20 percent vacancies of specialists in district hospitals. Among the Smaller States and UTs, Meghalaya, Manipur, Arunachal Pradesh, Delhi, Lakshadweep, Daman and Diu, and Andaman and Nicobar Islands had more than 40 percent vacancy (Figure 4.48). Among the Larger States, Haryana, Karnataka, and Maharashtra reported large increases, whereas Punjab, Gujarat and Rajasthan reported more than 20 percentage point decrease. Among the Smaller States and UTs, Arunachal Pradesh, Lakshadweep and Andaman and Nicobar Islands also reported 19 percentage points or more decrease.

FIGURE 4.47 Indicator 3.1.1d - Vacancy of Specialists at district hospitals - Larger States



Source: State Report

FIGURE 4.48 Indicator 3.1.1 d - Vacancy of Specialists at district hospitals – Smaller States and UTs

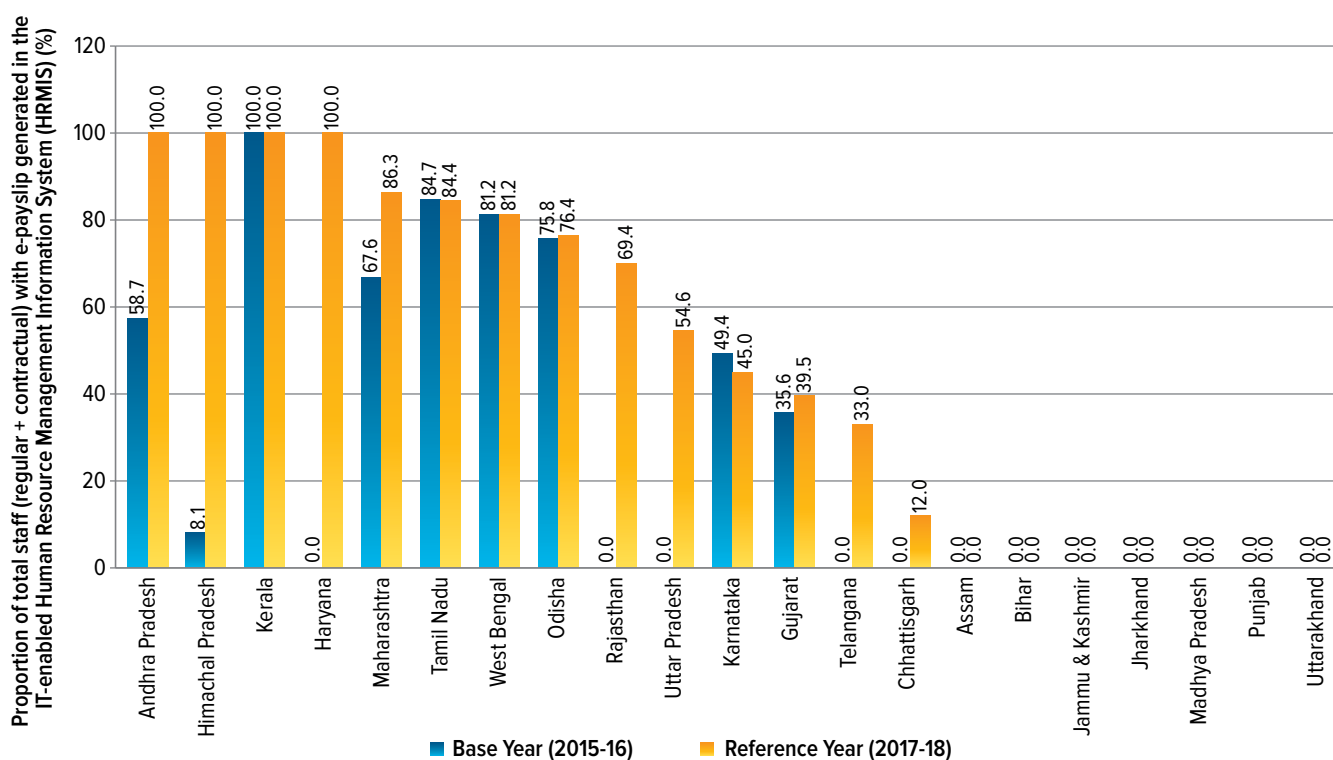


Source: State Report

Indicator 3.1.2 - Proportion of total staff (regular + contractual) with e-payslip generated in the IT enabled Human Resources Management Information System (HRMIS)

This indicator captures the availability of a functional IT-enabled HRMIS. It is measured as the proportion of staff (regular + contractual) for whom an e-payslip can be generated in the IT-enabled HRMIS against total number of staff (regular + contractual) during a specific year. A well-functioning HRMIS is expected to lead to efficient financial and personnel management. Among the 21 Larger States, fourteen States used e-payslips in HRMIS to disburse staff salaries in 2017-18, compared to nine States in 2015-16, implying wider adoption of HRMIS (Figure 4.49). In 2017-18, Kerala, Himachal Pradesh, Andhra Pradesh and Haryana had fully operationalized HRMIS for 100 percent of staff, whereas other ten States partially operationalized the HRMIS for 12 to 86 percent of staff. Among the eight Smaller States, only two used e-payslips in HRMIS (Tripura and Arunachal Pradesh) (Figure 4.50). Three of the seven UTs (Chandigarh, Puducherry and Delhi) had operationalized HRMIS. It is important for States and UTs to initiate and fully operationalize HRMIS for effective human resource management.

FIGURE 4.49 Indicator 3.1.2 - Proportion of total staff (regular + contractual) with e-payslip generated in the IT enabled Human Resources Management Information System (HRMIS) - Larger States

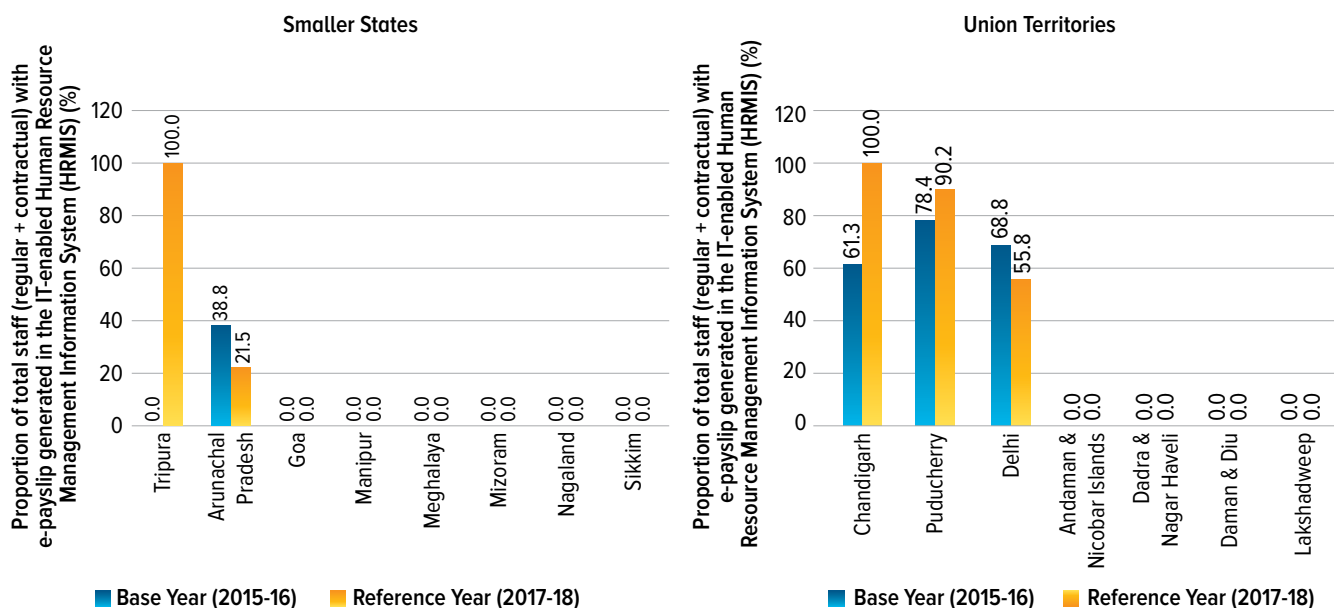


Source: State Report

Indicator 3.1.3.a - Proportion of facilities functioning as First Referral Units (FRUs)

The number of functional FRUs is determined through a proxy indicator. It captures the number of facilities conducting a specified number of C-sections per year against the number of required FRUs per MoHFW guidelines. Functional FRUs provide specialized services close to the community and can help to improve access and decongest the patient load at higher level facilities. To be considered as fully operational FRUs a sub-district hospital or CHC should be conducting a minimum of 60 C-sections per year (36 C-sections per year for Hilly and North-Eastern States, except Assam), and at a district hospital should be conducting a minimum of 120 C-sections per year (72 C-sections per year for Hilly and North-Eastern States, except Assam).

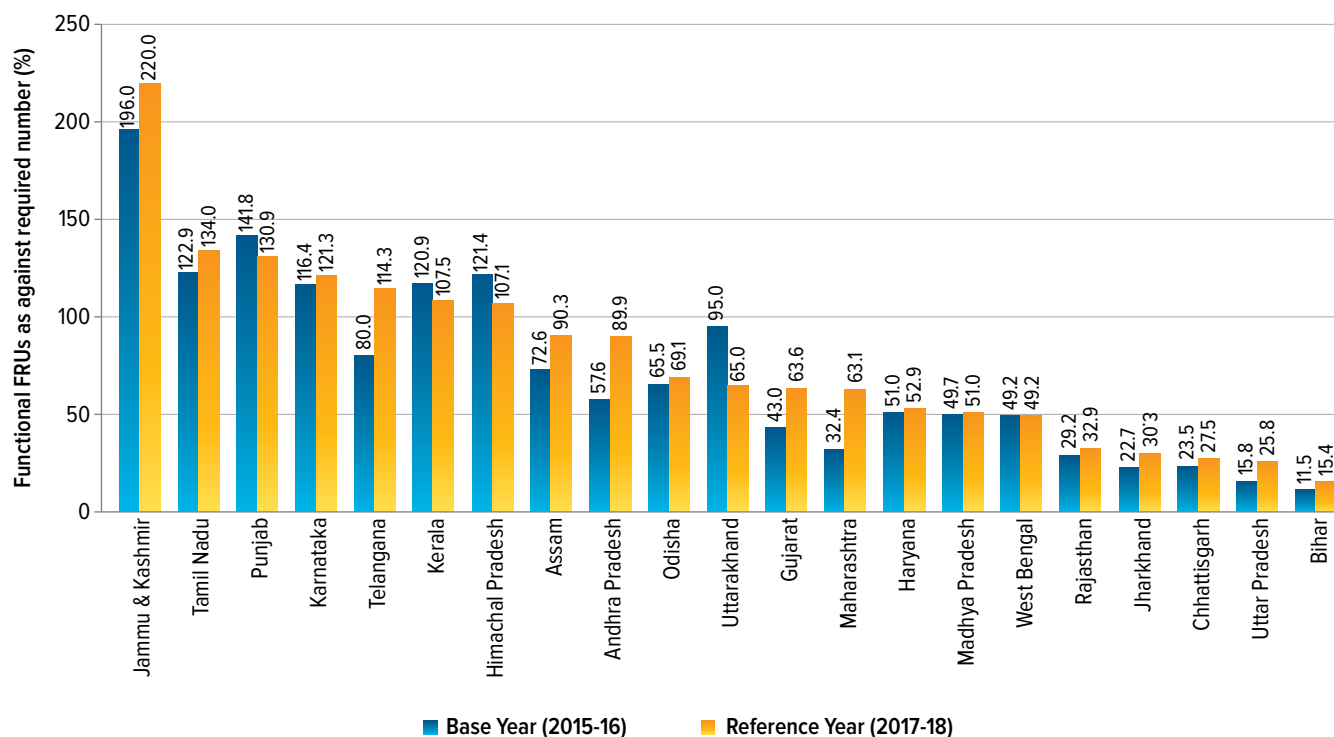
FIGURE 4.50 Indicator 3.1.2 - Proportion of total staff (regular + contractual) with e-payslip generated in the IT enabled Human Resources Management Information System (HRMIS) – Smaller States and UTs



Source: State Report

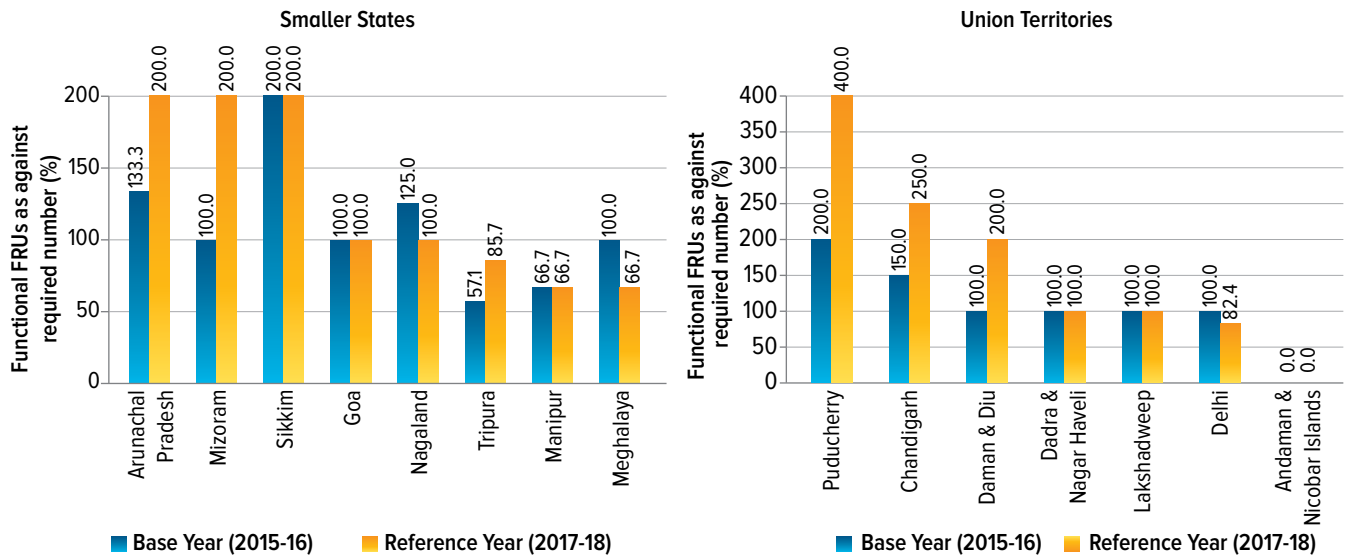
Many States have achieved the target of functional FRU: Jammu and Kashmir, Tamil Nadu, Punjab, Karnataka, Telangana, Kerala, Himachal Pradesh, all Smaller States and UTs (except Tripura, Meghalaya, Manipur, Delhi, and Andaman and Nicobar Islands) (Figure 4.51 and 4.52). Between 2015-16 to 2017-18, among the States that had not reached the target, there was marginal improvement except for Uttarakhand. None of the facilities in Andaman and Nicobar Islands functions as FRU despite the need of one functional FRU, per MoHFW guidelines.

FIGURE 4.51 Indicator 3.1.3.a - Proportion of facilities functional as First Referral Units - Larger States



Source: State Report and MoHFW

FIGURE 4.52 Indicator 3.1.3.a - Proportion of facilities functional as First Referral Units - Smaller States and UTs

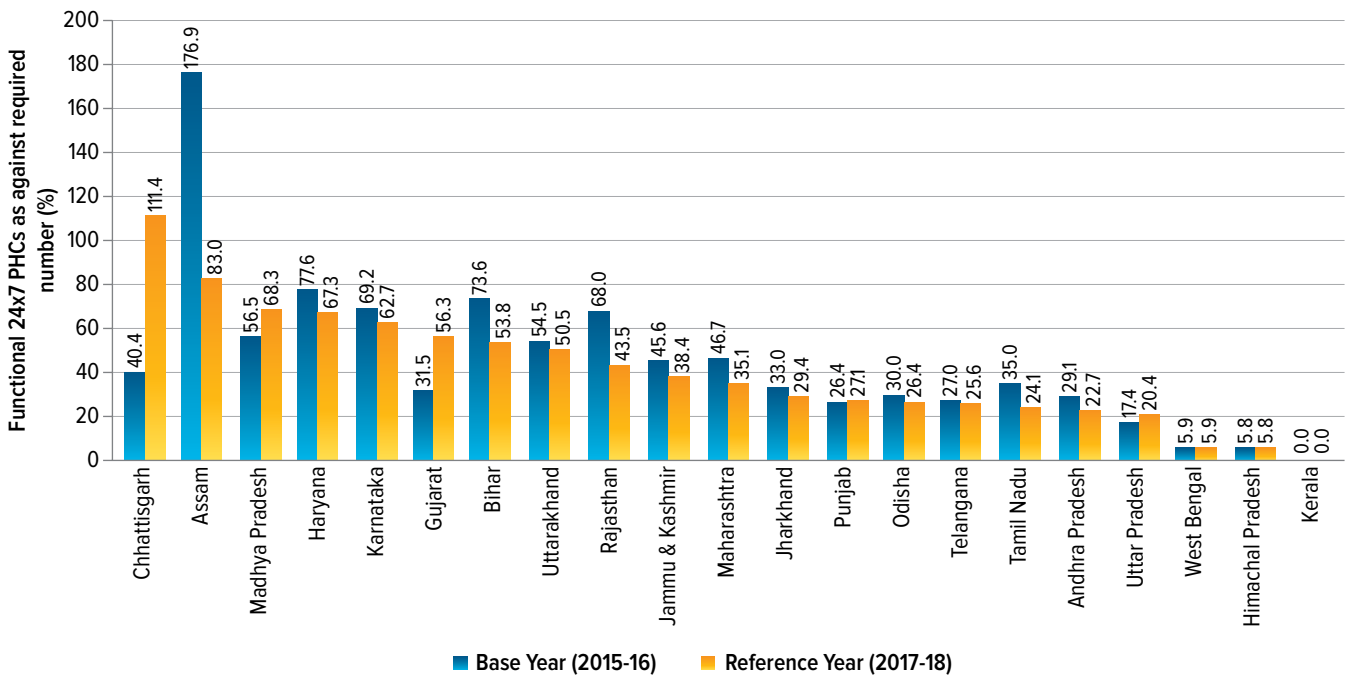


Source: State Report and MoHFW

Indicator 3.1.3.b - Proportion of functional 24x7 PHCs

The presence of 24x7 Primary Health Centres are critical for providing basic package of health services to the community and for reducing the workload at higher level facilities. The required number of functional 24x7 PHCs per State was calculated using a standard of one 24x7 PHC per 1,00,000 population.

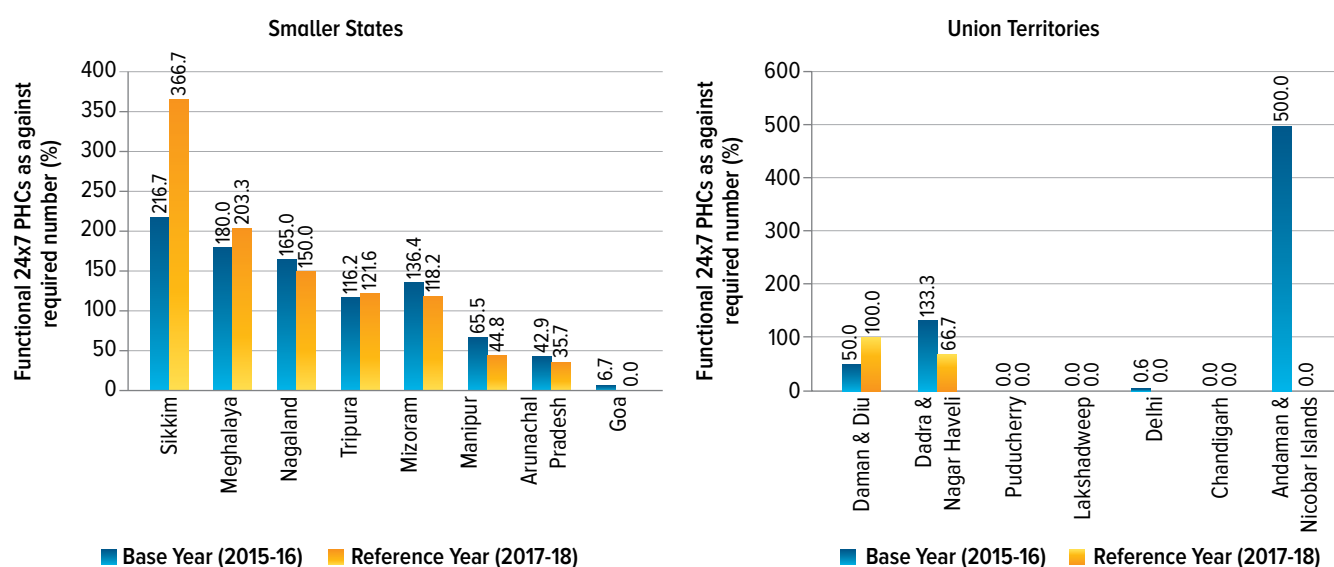
FIGURE 4.53 Indicator 3.1.3.b - Proportion of functional 24x7 PHCs - Larger States



Source: State Report and MoHFW

Many States, particularly the Larger States have yet to achieve the target (Figure 4.53 and 4.54). Only Chhattisgarh, Sikkim, Meghalaya, Nagaland, Tripura, Mizoram, and Daman & Diu have achieved the target of the required number of 24x7 PHCs, whereas Kerala, Goa, Puducherry, Lakshadweep, Delhi, Chandigarh, and Andaman and Nicobar Islands are yet to operationalize any 24x7 PHC. From 2015-16 to 2017-18, Chhattisgarh championed among the 21 Larger States to achieve this goal and the percentage of functional 24x7 PHC increased by about three folds in the last two years. The functional 24x7 PHCs in Gujarat also increased by two folds but still below the target. In Smaller States, 24x7 PHC increased by around two-fold in Sikkim, and the State now has functional FRUs four times the target.

FIGURE 4.54 Indicator 3.1.3.b - Proportion of functional 24x7 PHCs - Smaller States and UTs



Source: State Report and MoHFW

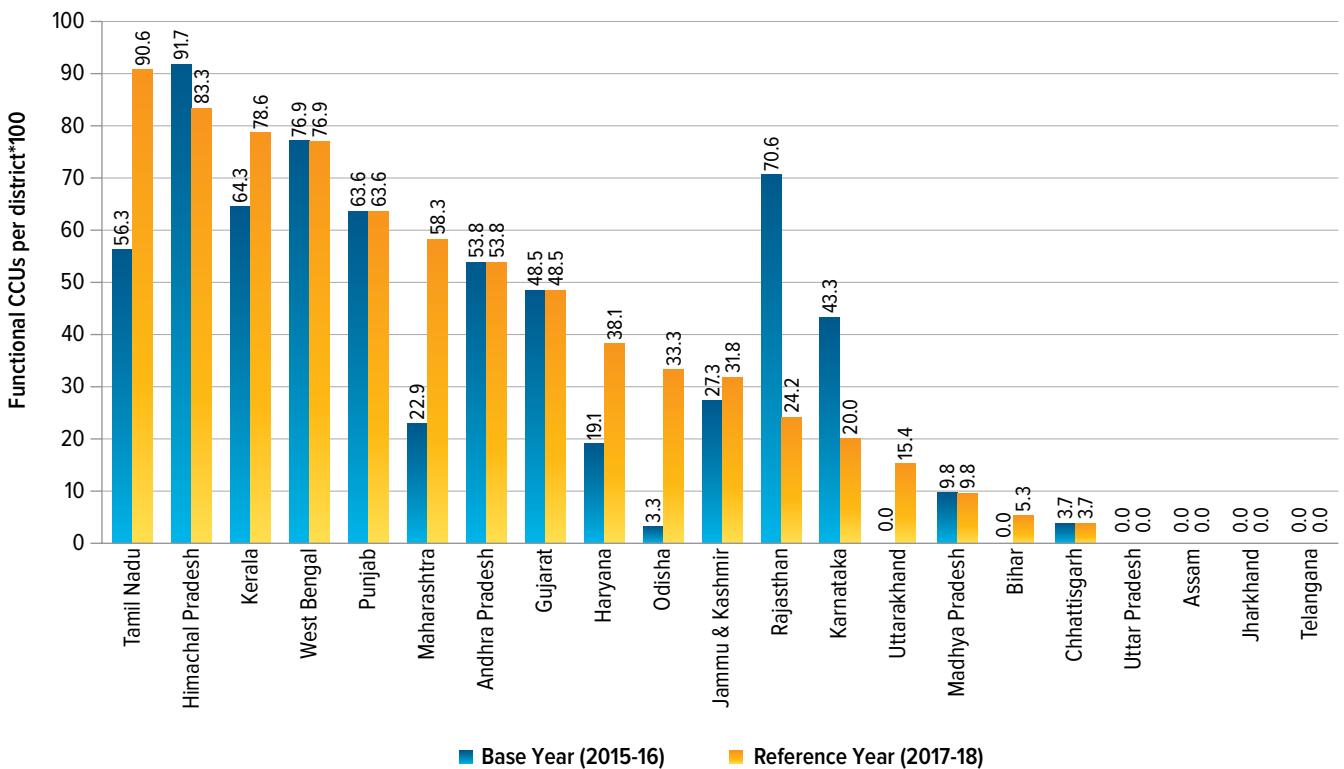
Indicator 3.1.4 - Cardiac Care Units (CCUs) in districts

A functioning CCU is an important indicator of the ability of the health system to provide life-saving and critical procedures and interventions. Among all States and UTs (Figure 4.55 and 4.56), Assam, Jharkhand, Telangana, Uttar Pradesh, Arunachal Pradesh, Manipur, Meghalaya, Sikkim, Tripura, Andaman and Nicobar Islands, and Daman and Diu have no functional CCUs in the district hospitals. Tamil Nadu, Himachal Pradesh, Kerala, West Bengal, Punjab, Maharashtra, Andhra Pradesh, Goa, and UTs with the exception of Andaman and Nicobar Islands and Daman and Diu have made satisfactory progress by establishing at least one CCU for every two districts. From Base Year to Reference Years, there was a significant improvement in Tamil Nadu, Maharashtra, Haryana, Odisha, Goa, Chandigarh, Dadra and Nagar Haveli, and Puducherry whereas a significant decline in Rajasthan and Karnataka was noted.

Indicator 3.1.5 - Proportion of ANC registered within first trimester against total registrations

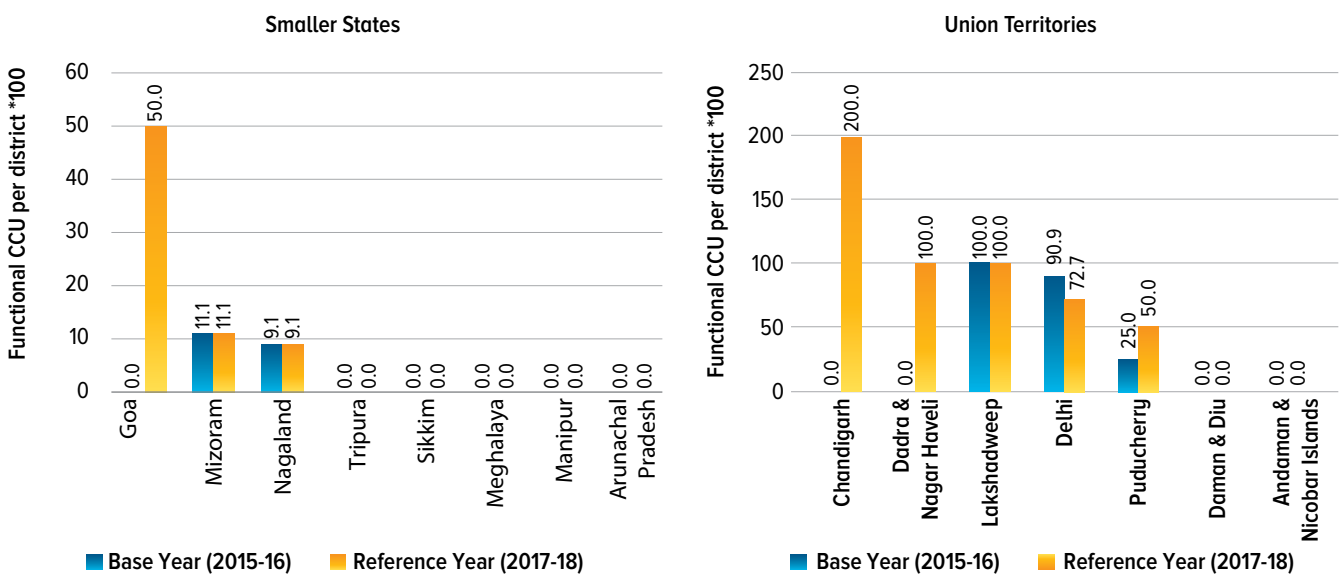
The ANC registration in the first trimester is a critical indicator depicting the effectiveness of a health service delivery system to enrol pregnant women in early pregnancy, this being necessary for maternal and foetal well-being. Among the 21 Larger States, 13 have more than 70 percent of ANCs registered in the first trimester (Figure 4.57). Jharkhand, Telangana, and Uttar Pradesh need to improve performance in this regard. Almost all States except Uttar Pradesh, Telangana, Uttarakhand, and Madhya Pradesh have shown incremental progress in the registration of ANCs in the first trimester.

FIGURE 4.55 Indicator 3.1.4 - Cardiac Care Units in districts - Larger States



Source: State Report

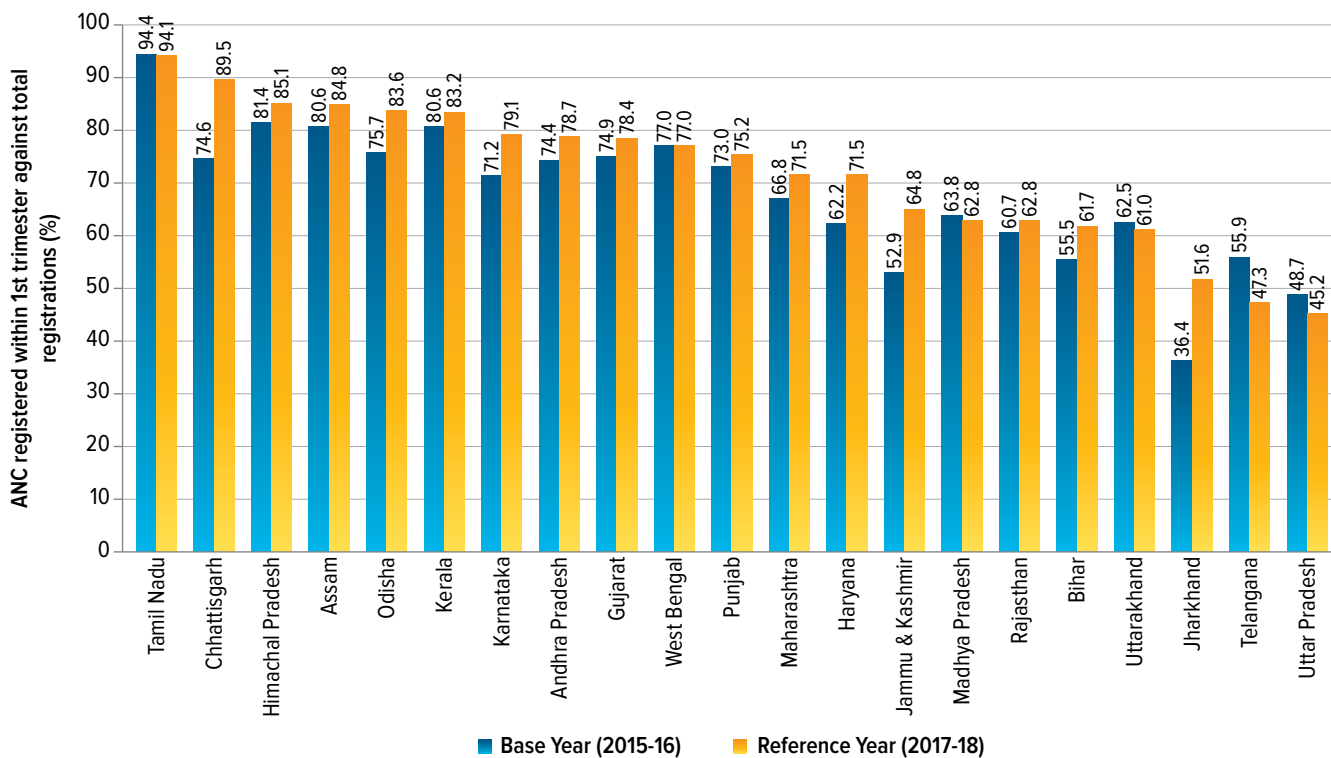
FIGURE 4.56 Indicator 3.1.4 - Cardiac Care Units in districts - Smaller States and UTs



Source: State Report

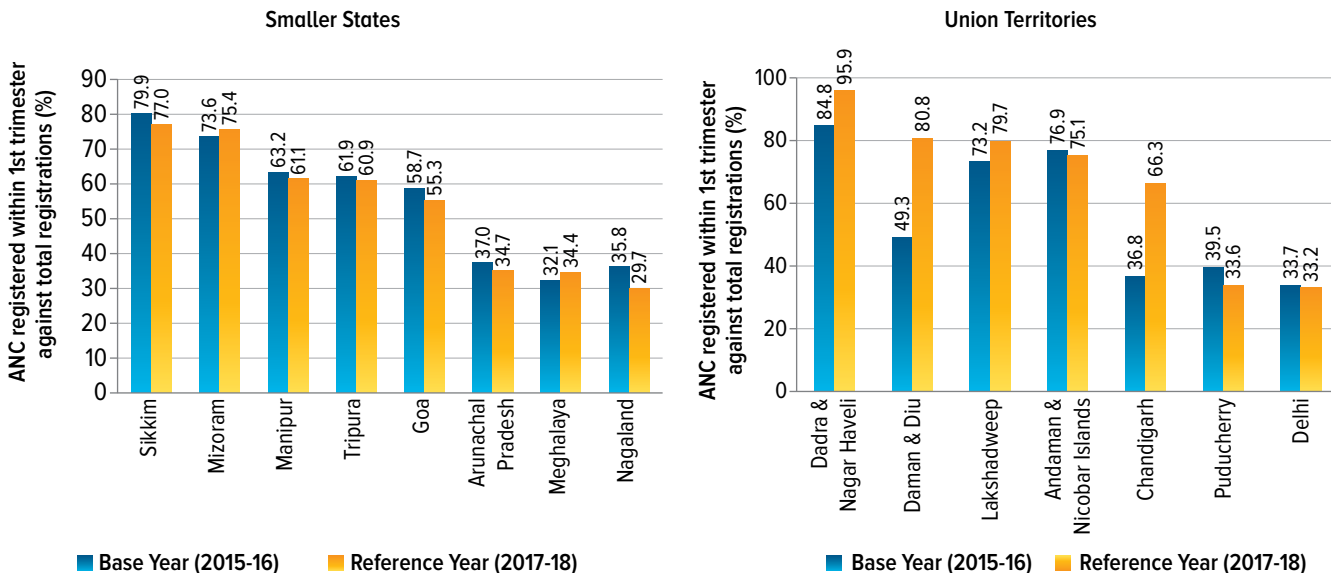
Among the Smaller States, Sikkim and Mizoram have achieved more than 75 percent first trimester registration and the remaining States need to put in special effort to increase first trimester registrations (Figure 4.58). From Base Year to Reference Year, some incremental progress was noted in Mizoram and Meghalaya, whereas slight decrease was observed for the rest of other States. Among UTs, Dadra and Nagar Haveli, Daman and Diu, Lakshadweep, and Andaman and Nicobar Islands, have achieved satisfactory performance levels (ranging between 75 to 96 percent). Incremental progress was also observed except for Andaman and Nicobar Islands, Puducherry and Delhi.

FIGURE 4.57 Indicator 3.1.5 - Proportion of ANC registered within first trimester against total registrations - Larger States



Source: HMIS

FIGURE 4.58 Indicator 3.1.5 - Proportion of ANC registered within first trimester against total registrations - Smaller States and UTs

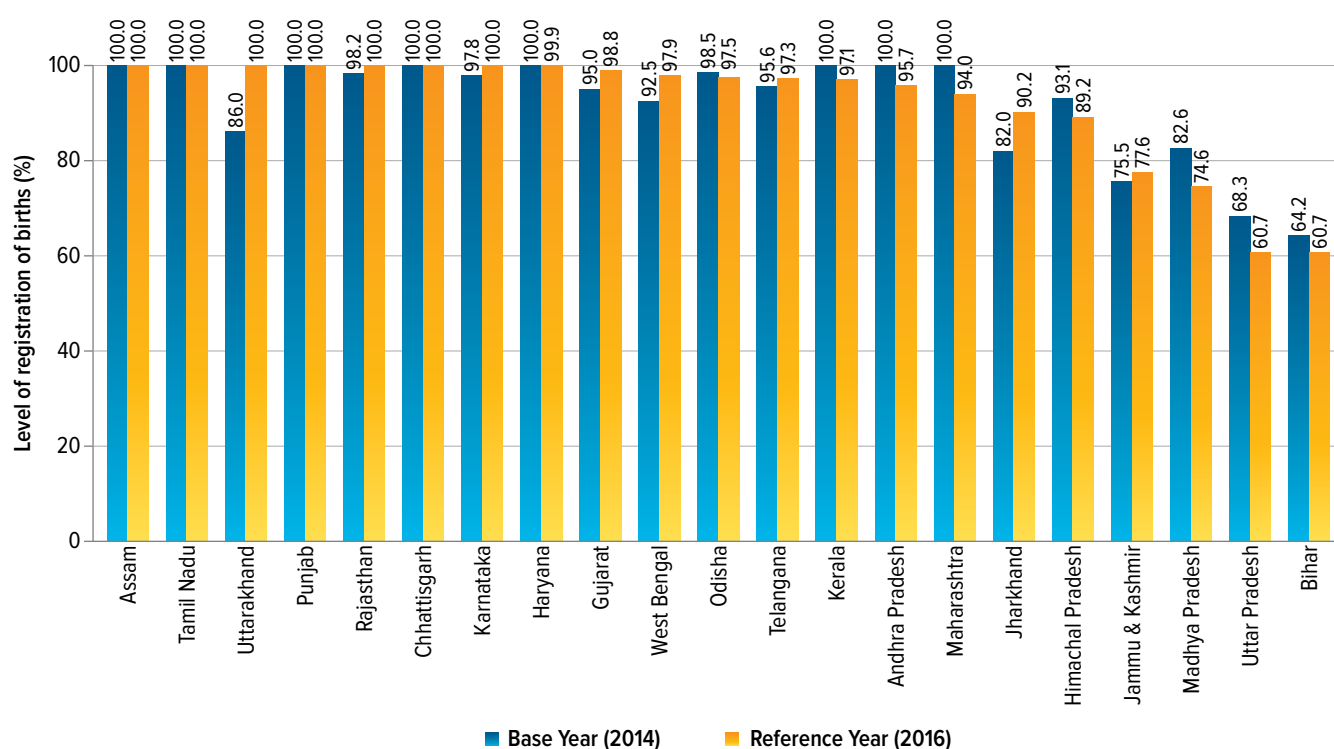


Source: HMIS

Indicator 3.1.6 - Level of registration of births

Registration of birth not only provides the child with an official identification document, but also allows for area-specific estimation of birth rates. The level of registration is defined as the proportion of births registered under the Civil Registration System (CRS) against the estimated number of births during a specific year. Several States including Uttarakhand, Tamil Nadu, Rajasthan, Punjab, Karnataka, Chhattisgarh, Assam, Haryana, Nagaland, Mizoram, Meghalaya, Manipur, Arunachal Pradesh, Puducherry, Delhi and Chandigarh have achieved universal, that is 100 percent registration of births (Figure 4.59 and 4.60). The other States and UTs need to make considerable progress in this regard especially the following States with less than 80 percent registration: Jammu and Kashmir, Madhya Pradesh, Uttar Pradesh, Bihar, Sikkim, Andaman and Nicobar Islands, Lakshadweep and Daman and Diu. From Base Year to Reference Year, slight declines in birth registration were observed in Bihar, Uttar Pradesh, Madhya Pradesh, Himachal Pradesh, Maharashtra, Andhra Pradesh, Kerala, Odisha, Sikkim, Goa, Lakshadweep, and Daman and Diu.

FIGURE 4.59 Indicator 3.1.6 - Level of registration of births - Larger States



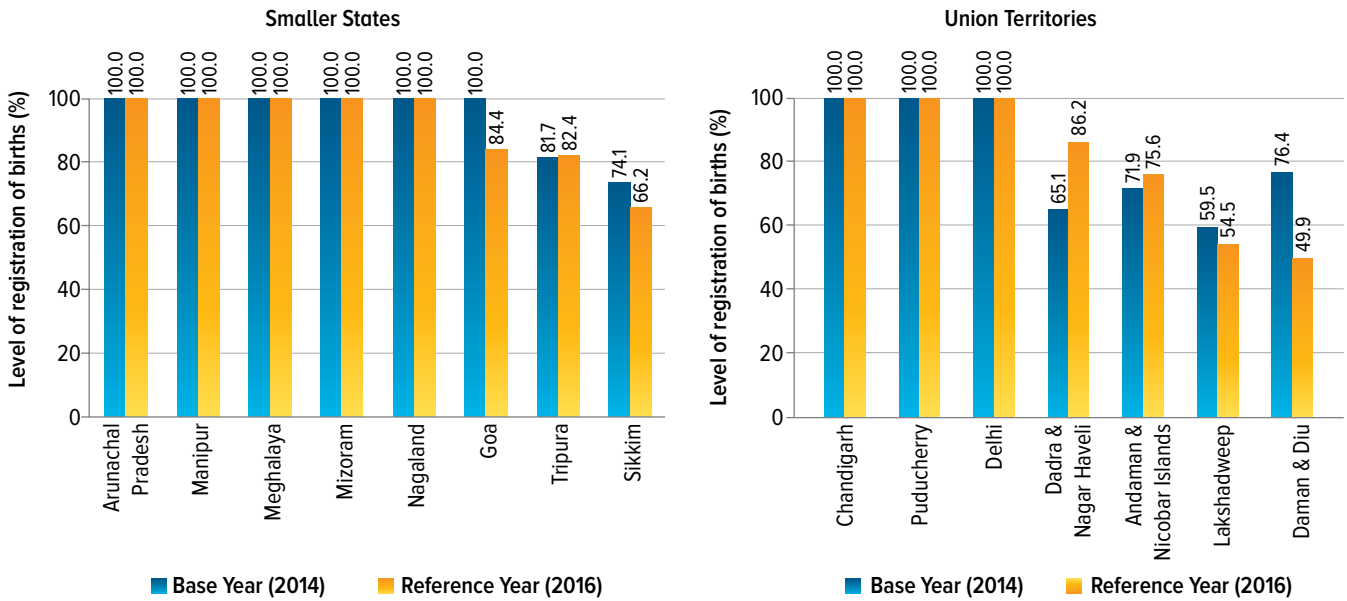
Source: CRS

Indicator 3.1.7 - Completeness of Integrated Disease Surveillance Programme (IDSP) reporting of P and L form

Timely collection of surveillance data is a critical component of disease control and prevention programs. This indicator is the percentage of Reporting Units (RU) submitting data in the stipulated time for P and L forms.

Among States and UTs, Andhra Pradesh, Telangana, Assam, Kerala, Karnataka, West Bengal, Odisha, Sikkim, Mizoram, Tripura, Meghalaya, Puducherry, Daman and Diu, Dadra and Nagar Haveli, and Chandigarh had at least 90 percent of the reporting units submitting P forms in a timely manner. In contrast, Uttar Pradesh, Jharkhand, Manipur, and Nagaland had relatively poor performance in this regard. From Base Year to Reference Year, there has been a decline of 10 percentage points in reporting in Gujarat and Tamil Nadu. All Smaller States and UTs showed significant increase except for Tripura and Nagaland (Figure 4.61 and 4.62).

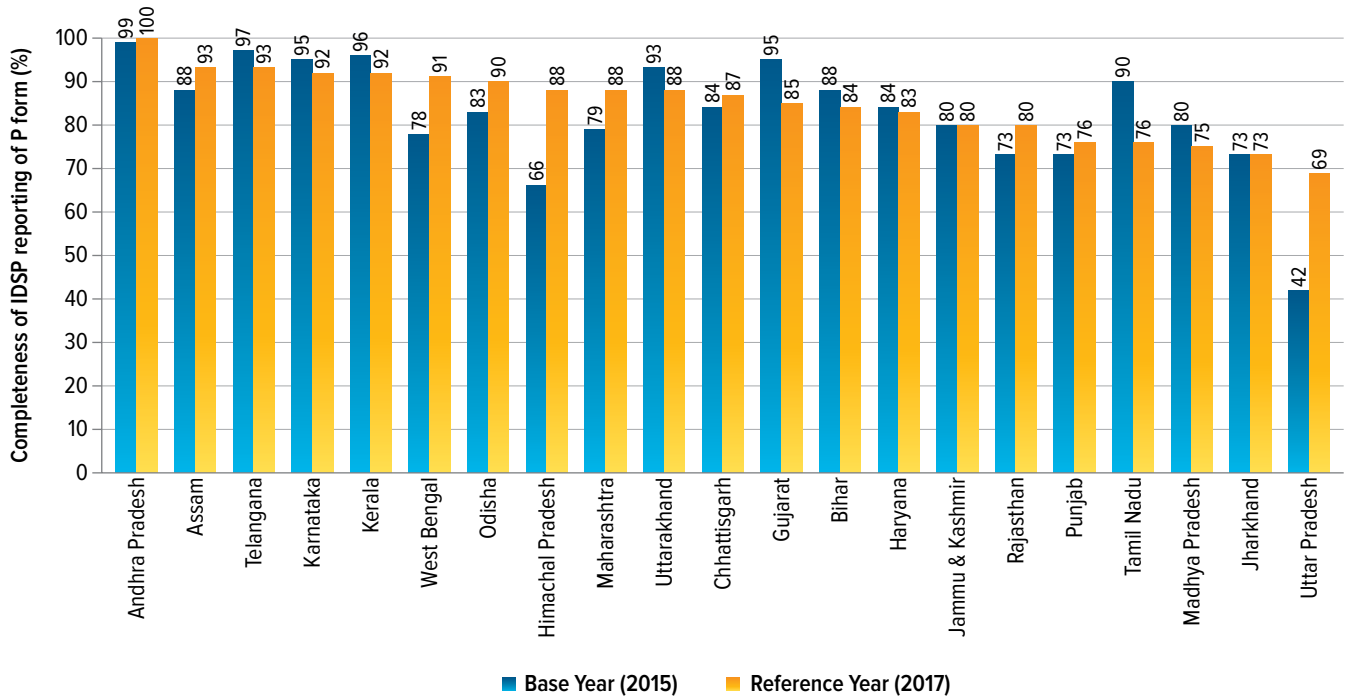
FIGURE 4.60 Indicator 3.1.6 - Level of registration of births - Smaller States and UTs



Source: CRS

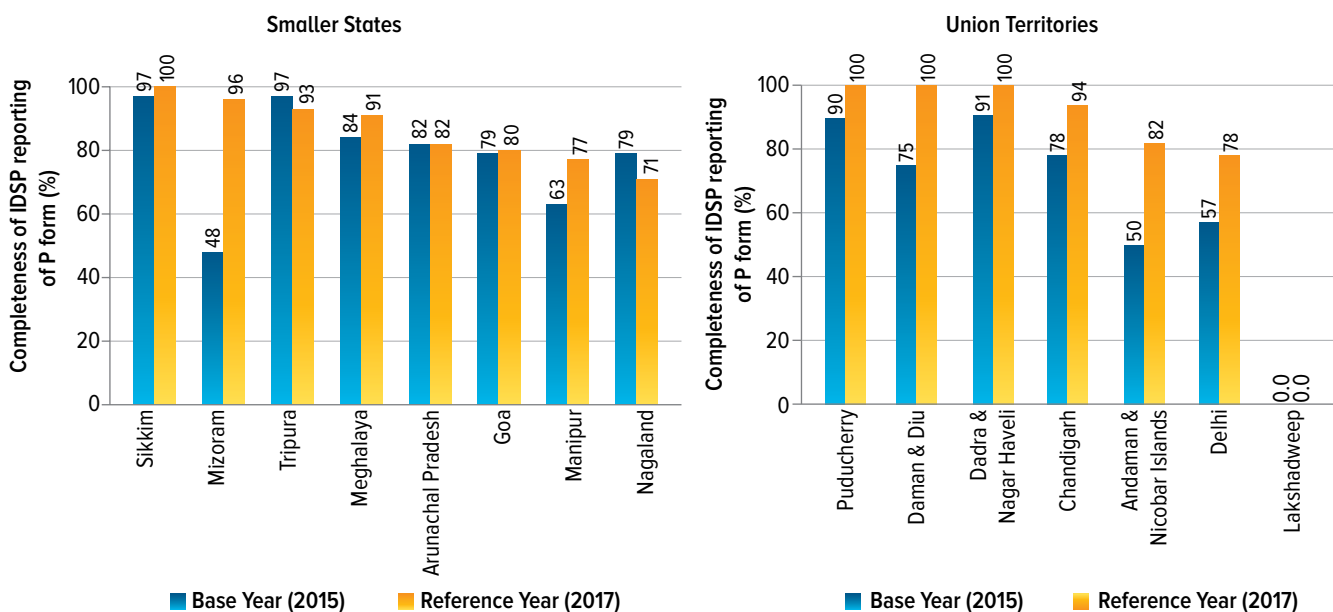
The status of L form reporting is similar to the P form reporting. Thus, Chhattisgarh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, Arunachal Pradesh, Nagaland, Manipur, and Lakshadweep (0 percent), which have less than 80 percent timely reporting, need to make concerted efforts to raise the reporting in L form (Figure 4.63 and 4.64).

FIGURE 4.61 Indicator 3.1.7 - Completeness of Integrated Disease Surveillance Programme reporting of P form - Larger States



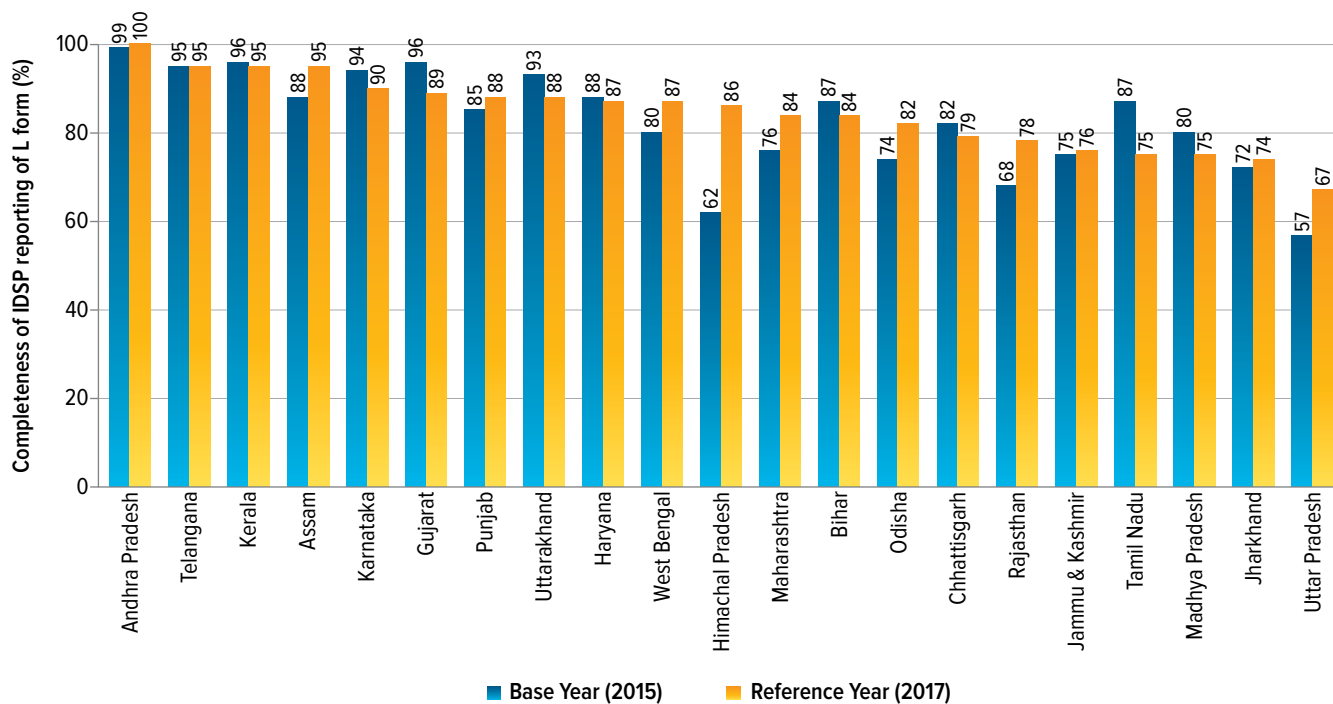
Source: Central IDSP, MoHFW

FIGURE 4.62 Indicator 3.1.7: Completeness of Integrated Disease Surveillance Programme reporting of P form - Smaller States and UTs



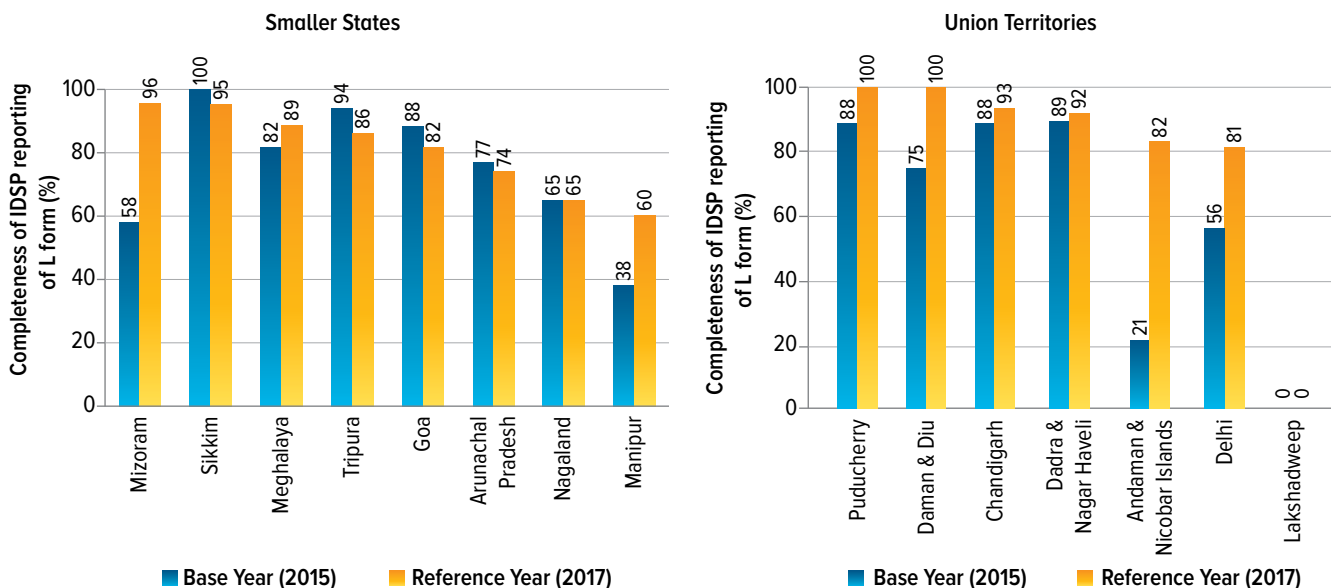
Source: Central IDSP, MoHFW

FIGURE 4.63 Indicator 3.1.7 - Completeness of Integrated Disease Surveillance Programme reporting of L form - Larger States



Source: Central IDSP, MoHFW

FIGURE 4.64 Indicator 3.1.7: Completeness of Integrated Disease Surveillance Programme reporting of L form - Smaller States and UTs

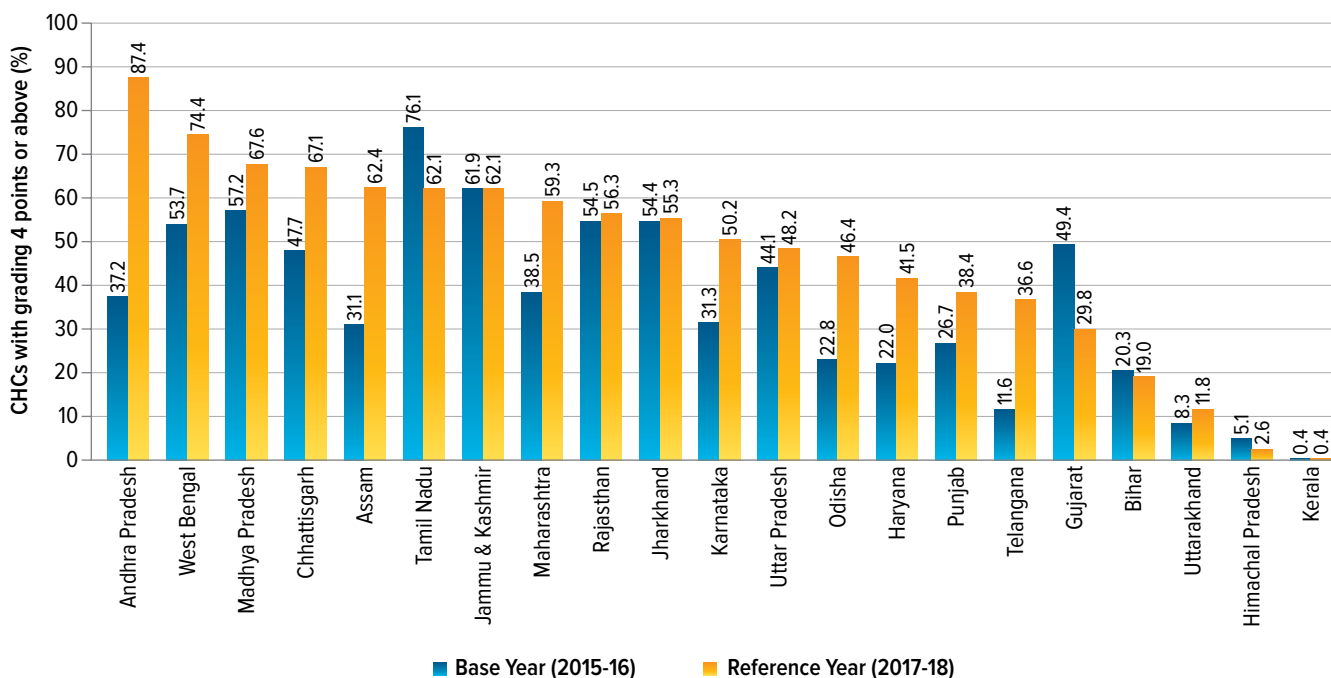


Source: Central IDSP, MoHFW

Indicator 3.1.8 - Proportion of CHCs with grading 4 points or above

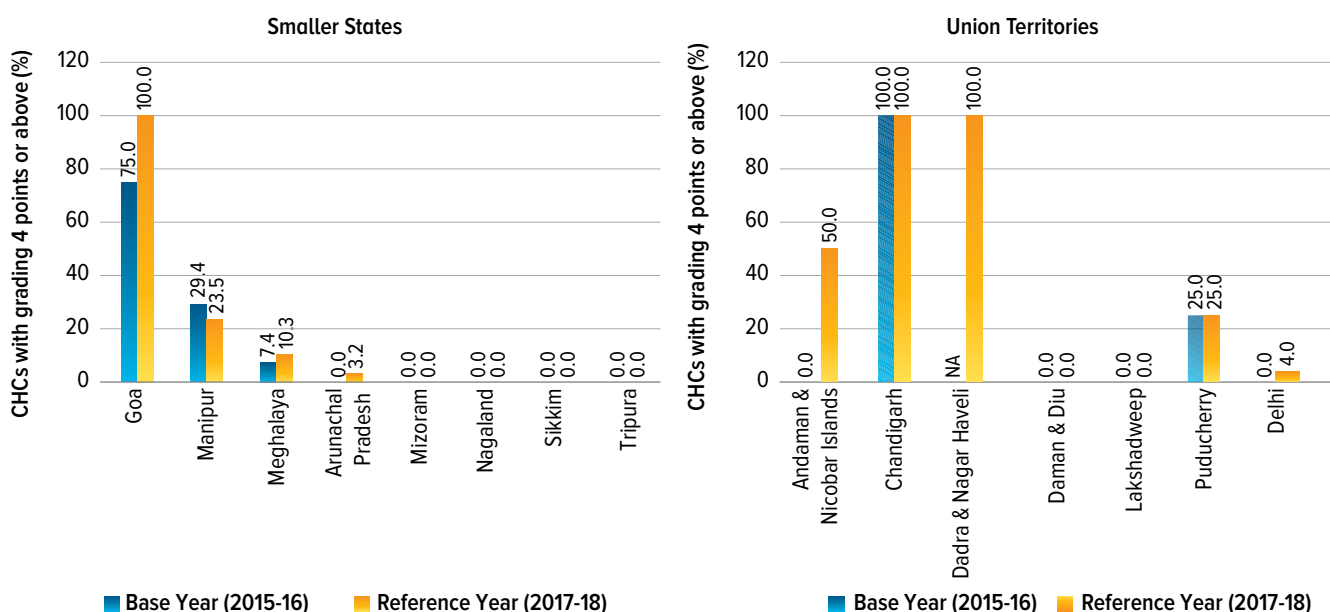
CHCs are graded under the MoHFW’s grading system using the data on service utilization, client orientation, service availability, drugs and supplies, human resources and infrastructure. This indicator represents the proportion of CHCs that receive a score of four points or higher (out of 5 points) among the total number of CHCs in that State.

FIGURE 4.65 Indicator 3.1.8 - Proportion of CHCs with grading of 4 points or above - Larger States



Source: HMIS

FIGURE 4.66 Indicator 3.1.8 - Proportion of CHCs with grading of 4 points or above – Smaller States and UTs



Source: HMIS

Among the Larger States, only Andhra Pradesh and West Bengal have more than 70 percent of CHCs with a grade of four or above (Figure 4.65). Most States need to improve on this indicator, particularly the States of Kerala, Himachal Pradesh, Uttarakhand and Bihar, which had less than 20 percent of CHCs receiving a score of 4 or above. From Base Year to Reference Year, many States made substantial improvements. Andhra Pradesh, West Bengal, Chhattisgarh, Assam, Maharashtra, Karnataka, Odisha and Telangana had reported increases of around 20 percentage points or more, whereas Tamil Nadu and Gujarat reported decline by 14 and 20 percentage points respectively.

Among the Smaller States and UTs, Mizoram, Nagaland, Sikkim, Tripura, Andaman and Nicobar Islands, Daman and Diu, and Lakshadweep did not have any CHC with a grading of 4 or above (Figure 4.66).

Indicator 3.1.9 - Proportion of public health facilities with accreditation certificates by a standard quality assurance programme (NQAS/NABH/ISO/AHPI)

To ensure a high quality of health services, the Government of India encourages public health facilities across States to apply for quality assurance programs such as the National Quality Assurance Standards (NQAS), National Accreditation Board for Hospitals and Healthcare Providers (NABH), International Organization for Standardization (ISO), and Association of Healthcare Providers (India) (AHPI).

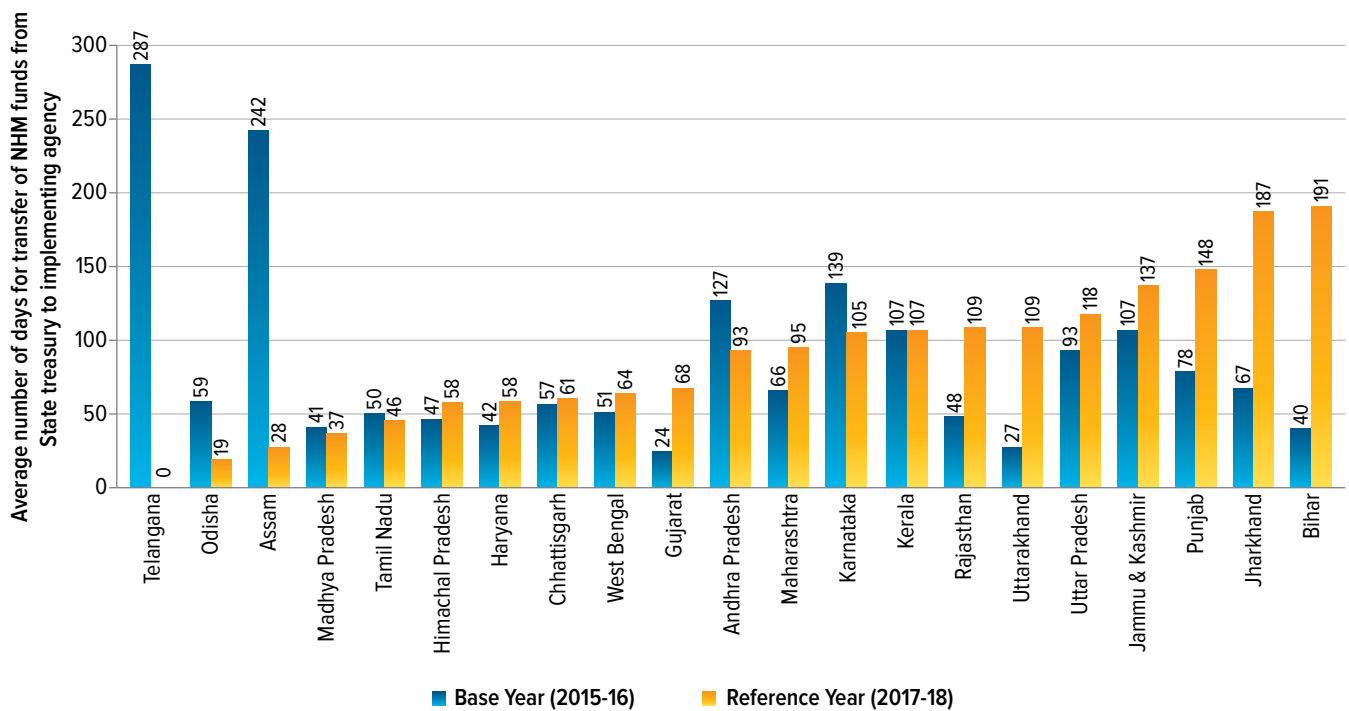
The performance of health facilities is assessed against pre-determined standards. Among the Larger States, Assam, Chhattisgarh, Jammu and Kashmir, Jharkhand, Telangana, Uttarakhand, and West Bengal had not yet initiated any accreditation of hospitals. In 2017-18, most Larger States had less than 15 percent of their district hospitals accredited, with the exception of Gujarat (31.0 percent), and Odisha (15.3 percent). Among the Smaller States, Goa, Nagaland, and Sikkim, none of their hospitals accredited, whereas Mizoram, Meghalaya, and Tripura had less than 10 percent of district/sub-district hospitals accredited. Among the UTs, Dadra and Nagar Haveli had 50 percent district/sub-district hospitals accredited, and Delhi achieved 7 percent. All other UTs had not initiated the accreditation process.

The accreditation of CHCs and PHCs is yet to be taken up by any of the UTs.

Indicator 3.1.10 - Average number of days for transfer of Central National Health Mission (NHM) fund from State Treasury to implementation agency (Department/Society) based on all tranches of the last fiscal year

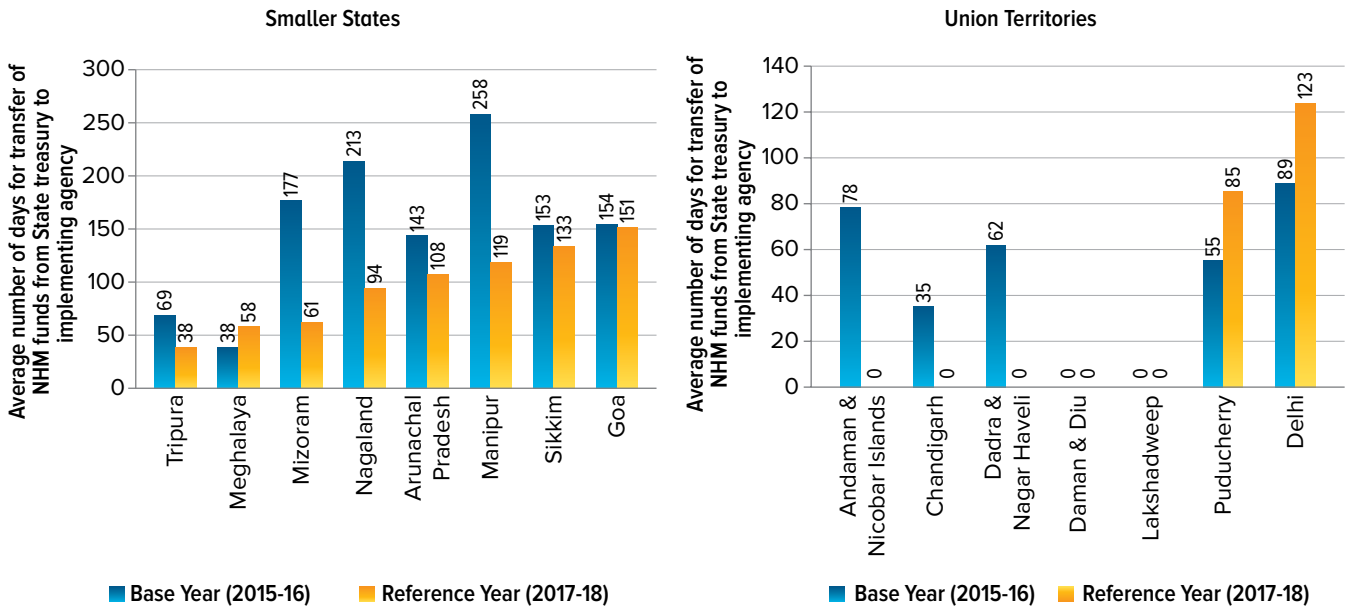
To ensure that vertical public health programs are efficiently implemented at the ground-level, funds should be transferred in a timely manner to implementing agencies. The average number of days taken to transfer Central NHM fund from the State treasury to departments or societies varied from transfer on the same day in Telangana to more than eight months in Jharkhand and Bihar (Figure 4.67). Huge variations were observed across States and UTs. From 2015-16 to 2017-18, on average, the number of days for transfer of funds in fact increased in most Larger States except for Telangana, Odisha, Assam, Madhya Pradesh, Tamil Nadu, Andhra Pradesh, and Karnataka. Among Smaller States and UTs, there was a significant reduction of days in the transfer of funds except for Meghalaya, Puducherry, and Delhi (Figure 4.68).

FIGURE 4.67 Indicator 3.1.10 - Average number of days for transfer of Central NHM fund from State Treasury to implementation agency based on all tranches of the last fiscal year - Larger States



Source: Central NHM Finance Data

FIGURE 4.68 Indicator 3.1.10 - Average number of days for transfer of Central NHM fund from State Treasury to implementation agency based on all tranches of the last fiscal year - Smaller States and UTs



Source: Central NHM Finance Data

WAY FORWARD





5. INSTITUTIONALIZATION - TAKING THE INDEX AHEAD

Last year, the composite Health Index 2017 was disseminated for the first time as an attempt to promote co-operative and competitive spirit among the States and UTs and to rapidly bring about transformative action in achieving the desired health outcomes. The Health Index-2018 is the second such attempt focusing on measuring and highlighting incremental improvements by the States and UTs over a two year period. The MoHFW had underlined the importance of such an exercise to link the Index with budget incentives to States and UTs under the NHM. The Index is also a tool for States and UTs to identify problem areas and focus their interventions in these areas.

During the process of development of the Health Index, rich learnings have emerged which will guide the refining of the Index in future. It is envisaged that a thorough review of indicators will be undertaken to include new thrust areas and data sources. The current methodology will also be reviewed further. The exercise calls for urgent improvement of the data system in health in terms of their timely availability, accuracy and relevance. The quality of HMIS and program-specific MIS data needs to be improved in terms of consistency between Central and State data, coverage of private sector data, data scrutiny, thrust area indicators and data definitions. The MIS also needs strengthening to provide appropriate denominators. For example, the HMIS captures the number of anaemic women but does not provide data on the appropriate denominator (i.e. total number of women tested for anaemia). Furthermore, the SRS needs to generate data in a timely manner and should explore the possibility of generating the data on key health outcomes including NMR, U5MR, TFR, MMR and SRB for all States and UTs. Data sources at the State-level on key areas such as human resources and finances need to be strengthened in terms of availability and its quality. Thus, in the successive rounds, continuous improvement of both the methods and the data will be undertaken to refine the Index further.

ANNEXURES





Annexure 1. Data Validation Process

The overall objective of the validation exercise was to ensure reliability of data and subsequent rankings for the Health Index-2018. The exercise was carried out from September to December 2018. The major activities undertaken by the IVA can be grouped into three phases namely – (1) Designing the validation process; (2) Roll-out of validation, and; (3) Generation of composite Index scores and ranks. A brief description of activities undertaken for each phase is described as follows:

1. Designing the validation process

Orientation workshop: NITI Aayog arranged a workshop to orient the IVA about the scope of work, reference guidelines and strategies to be followed for reviewing data during the validation exercise. The orientation workshop also introduced the IVA to the pool of “mentors” who would facilitate the discussion between States/UTs and the IVA.

Review of validation documents: The IVA undertook a desk review of relevant documents which included study of the previous Health Outcomes Index 2017, reference guide for validation, report by the IVA for Health Outcomes Index 2017, the NITI Aayog portal for Health Outcomes Index etc. Parallel to the desk review, the IVA also consulted team members at NITI Aayog, World Bank and mentors on indicator definitions, methods used previously for validating data and ways to ensure reliability of data. An inception report encapsulating the proposed validation approach along with timelines was shared by the IVA with NITI Aayog.

Pre-testing of the validation process: The IVA developed process maps and checklists for collecting, reviewing and validating data for the States. Before initiating the validation process, the IVA facilitated by NITI Aayog, World Bank and mentors undertook a pre-testing exercise to understand strengths and limitations of the process. The pre-testing exercise was conducted in the States of Haryana, Chandigarh and Punjab. Learnings from the pre-test were incorporated to augment the IVA process.

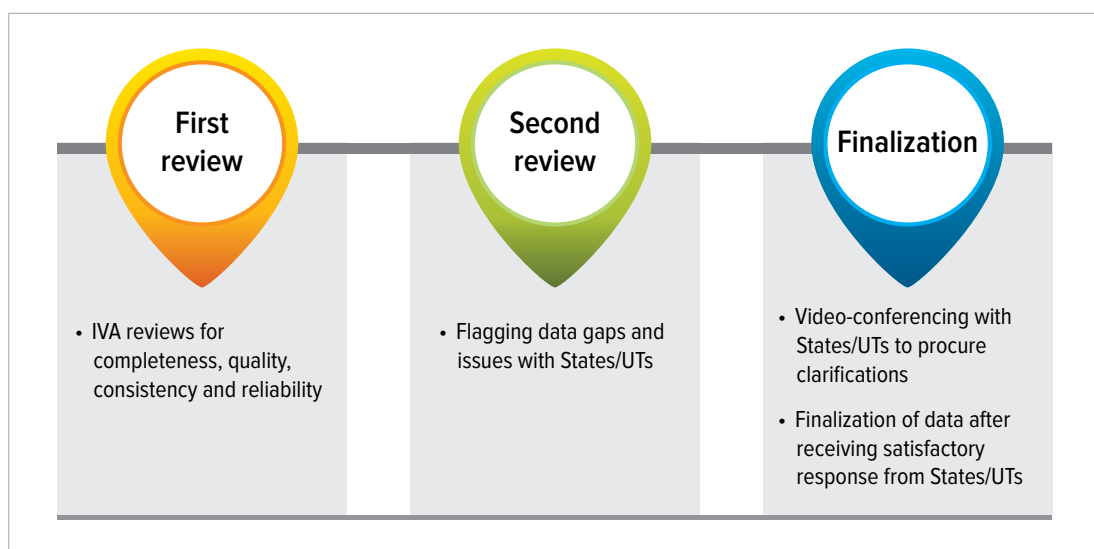
2. Roll-out of the validation exercise

Collection of relevant evidence from States/UTs: The IVA adopted a comprehensive consultative approach to review, validate and finalize data received from States/UTs. Evidences were collected from States/UTs through e-mails as well as primary data collection. Assistance of mentors was sought to procure evidences for some States/UTs. The IVA maintained a constant line of communication with the State/UT nodal officers through phone, e-mails or face-to-face interactions. Field visits to collect information were undertaken for the States/UTs of – Haryana, Punjab, Chandigarh, Puducherry and Uttarakhand. In addition,

a workshop was held at Regional Resource Centre (RRC), Guwahati to validate data for all North-Eastern States and Sikkim. Weekly reviews were held at NITI Aayog to update the progress of the validation exercise and State/UT specific concerns.

Review of the evidences received: The evidence shared by States/UTs were reviewed by IVA using the worksheet-based validation proforma, and shared with NITI Aayog and World Bank team before finalization. Review process included checks on items such as – Completeness – whether all necessary evidence has been received; Quality – whether evidence is in line with the reference guide; Consistency – whether evidence matches the data previously entered by States/UTs in NITI portal, and Reliability – whether States/UTs have valid reasons explaining sharp changes in data values from Base Year to Reference Year.

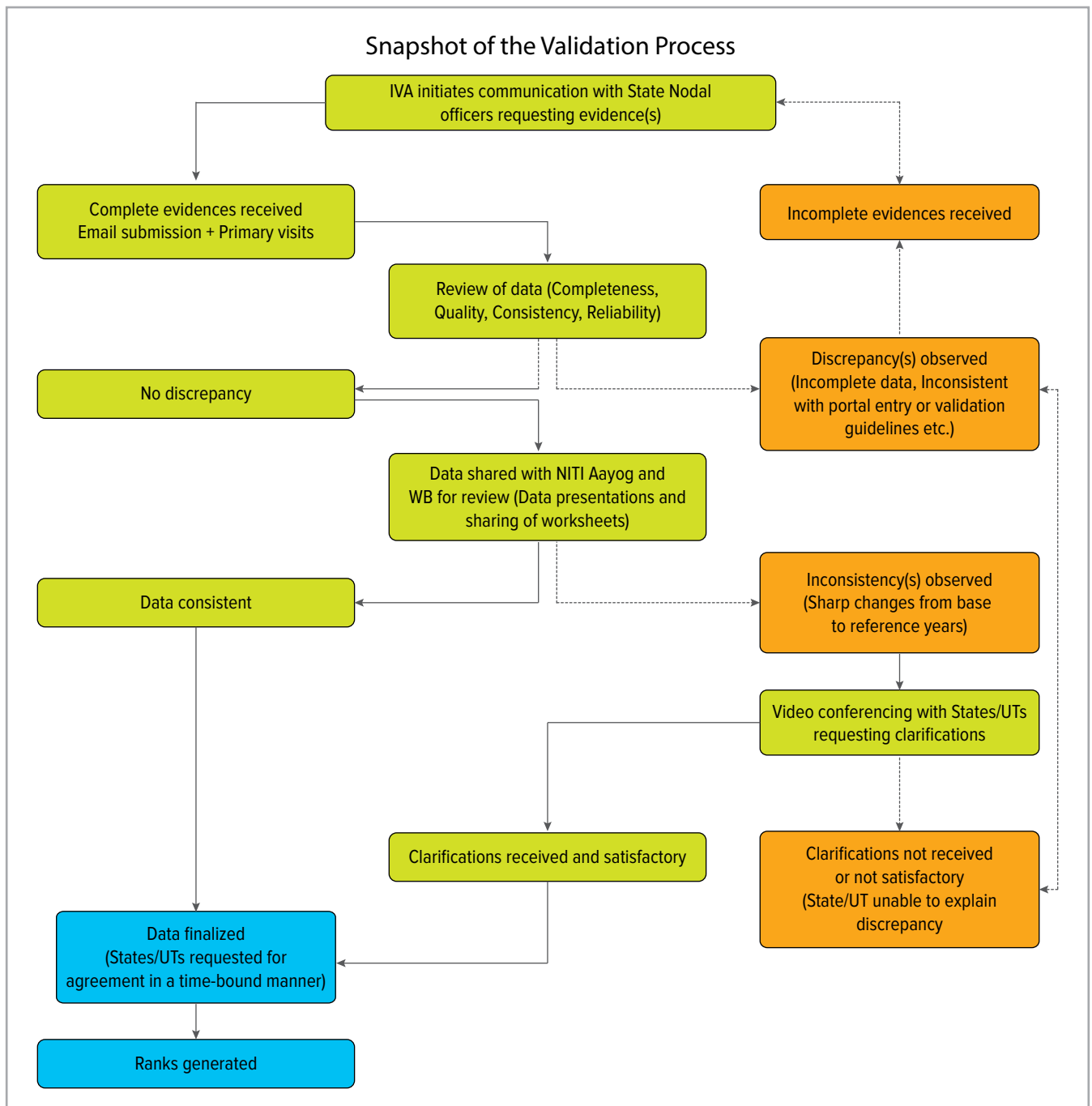
The IVA undertook the review of the evidence shared by States/UTs and flagged inconsistencies with respective State nodal officers. After receiving clarifications, the IVA compiled the revised data using worksheet-based validation proformas. After this, the compiled data was presented at NITI Aayog to identify data trends and flag sharp changes (increase/decrease) in the data points from Base Year to Reference Year, if any. Similarly, centrally pre-filled indicators were examined, and anomalies were highlighted to the respective nodal officers through NITI Aayog. Lastly, the IVA conducted video conferencing with all States/UTs, facilitated by NITI Aayog, to gather clarification on sharp changes in data from Base to the Reference Years. After receiving satisfactory responses, finalized data was shared with States/UTs for their acceptance in a time-bound manner. Multiple rounds of review and consultations were undertaken by the IVA, with States/UTs for finalization of data and generation of ranks.



3. Generation of Index scores and ranks

Based on the finalized data set, the IVA undertook the process of rank generation for each category of States/UTs. As a sample, the rank generation formulas and worksheets consistent with the previous year's methodology were shared with the IVA by NITI Aayog. The process of Index generation involved the use of pre-decided weights, and measured States/UTs on incremental progress made from the Base Year to the Reference Year. The ranks along with the consolidated data sets underwent several internal and external checks before finalization. The finalized data and Index scores were subsequently used for generation of the Health Index-2018 report. The IVA also shared a separate report on the validation exercise and the progress made by the States/UTs in each indicator value along with their final ranks.

The following flowchart depicts the process followed by the IVA to collect, review and validate the data received from States/UTs.



Annexure 2. Snapshot: State-wise Performance on Indicators

Section 4 of the report on 'Unveiling Performance', provides insights about the overall, incremental and domain-specific performance. This Annexure presents a quick snapshot of State-wise performance on all indicators included in the Index. This can help the States to easily identify specific areas requiring attention through a horizontal comparison. The tables present data for Base Year (BY) and Reference Year (RY) of each indicator for all States. The direction as well as the magnitude of incremental change in the value of indicators from the Base Year to Reference Year is depicted by categorization ('Most Improved', 'Improved', 'No Change', 'Deteriorated', 'Most Deteriorated', 'Not Applicable') and is visually identifiable by respective color coding (dark green, light green, yellow, orange and red respectively) as follows:

1. Incremental change in performance for an indicator is calculated by subtracting Base Year value from Reference Year value. For indicators, such as NMR, U5MR, and vacancies, a negative change from Base to Reference Year denotes improvement, while a positive change denotes deterioration. In the case of Indicators such as those that reflect service coverage, a positive change denotes improvement, while a negative change denotes deterioration. The range of improvement is calculated by subtracting the minimum value of change from the maximum value of change. This range is then divided into two equal parts and for indicators such as service coverage the half towards maximum value of change is termed as 'Most Improved' (dark green) and the half towards the minimum value of change is termed as 'Improved' (light green).
2. Similarly, the range of deterioration is calculated by subtracting the minimum value of change from the maximum value of change. This range is then divided into two equal parts and the half towards maximum value of change is termed as 'Deteriorated' (orange) and the other half towards minimum value of change is termed as 'Most Deteriorated' (red) respectively. The yellow color denotes that the indicator value is stagnant and there has been no incremental change from Base to Reference Year.
3. The grey color indicates 'Not Applicable' (NA) category. For a State and UT, the incremental performance on an indicator is classified as NA in instances such as: (a) If State has achieved TFR \leq 2.1 in both Base and Reference Year; (b) Data Integrity Measure indicator wherein the same data has been used for Base and Reference Year due to non-availability of updated NFHS data; (c) Service coverage indicators with 100 percent values in both Base and Reference Year; (d) The data value for a particular indicator is NA in Base or Reference Year or both.

TABLE A.4.1. Larger States: Health Outcomes domain indicators, Base and Reference Years

State	1.1.1. NMR (per 1,000 live births)		1.1.2. U5MR (per 1,000 live births)		1.1.3. TFR*		1.1.4. LBW (percentage)		1.1.5. Sex Ratio at Birth (no. of girls born for every 1,000 boys born)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andhra Pradesh	24	23	39	37	1.7	1.7	6.73	5.58	918	913
Assam	25	23	62	52	2.3	2.3	16.68	14.41	900	896
Bihar	28	27	48	43	3.2	3.3	7.22	9.23	916	908
Chhattisgarh	27	26	48	49	2.5	2.5	12.15	10.05	961	963
Gujarat	23	21	39	33	2.2	2.2	10.51	12.33	854	848
Haryana	24	22	43	37	2.2	2.3	14.90	8.47	831	832
Himachal Pradesh	19	16	33	27	1.7	1.7	12.63	12.59	924	917
Jammu & Kashmir	20	18	28	26	1.6	1.7	5.93	5.48	899	906
Jharkhand	23	21	39	33	2.7	2.6	7.42	7.12	902	918
Karnataka	19	18	31	29	1.8	1.8	11.49	10.01	939	935
Kerala	6	6	13	11	1.8	1.8	11.72	11.42	967	959
Madhya Pradesh	34	32	62	55	2.8	2.8	14.10	14.30	919	922
Maharashtra	15	13	24	21	1.8	1.8	13.74	12.06	878	876
Odisha	35	32	56	50	2.0	2.0	19.16	18.25	950	948
Punjab	13	13	27	24	1.7	1.7	6.88	8.41	889	893
Rajasthan	30	28	50	45	2.7	2.7	25.51	14.01	861	857
Tamil Nadu	14	12	20	19	1.6	1.6	13.03	15.49	911	915
Telangana	23	21	34	34	1.8	1.7	5.70	7.14	918	901
Uttar Pradesh	31	30	51	47	3.1	3.1	9.60	11.18	879	882
Uttarakhand	28	30	38	41	2.0	1.9	7.26	8.23	844	850
West Bengal	18	17	30	27	1.6	1.6	16.45	16.45	951	937

* The data shown in grey color is for 'Not Applicable' category wherein the States with TFR <= 2.1 (replacement level fertility) in both Base and Reference Years are not considered for incremental change.



TABLE A.4.1. (Continued) - Larger States: Health Outcomes domain indicators, Base and Reference Years

State	1.2.1. Full immunization (percentage)		1.2.2. Institutional delivery (percentage)		1.2.3. TB case notification rate (per 1,00,000 population)		1.2.4. TB treatment success rate (percentage)		1.2.5. PLHIV on ART** (percentage)
	BY	RY	BY	RY	BY	RY	BY	RY	BY/RY
Andhra Pradesh	91.62	100.00	87.08	85.90	145	161	88.50	89.00	76.11
Assam	88.00	83.34	74.25	72.04	123	119	86.20	77.50	64.58
Bihar	89.73	89.74	57.10	56.01	84	82	89.70	71.90	37.18
Chhattisgarh	90.53	86.93	64.51	75.82	138	145	89.10	88.60	53.06
Gujarat	90.55	92.00	97.78	91.58	193	224	88.90	88.10	52.43
Haryana	83.47	88.86	80.25	84.19	172	145	87.50	78.90	51.53
Himachal Pradesh	95.22	79.37	67.49	67.64	207	226	89.60	89.00	79.89
Jammu & Kashmir	100.00	100.00	80.51	85.49	72	74	88.30	85.00	96.41
Jharkhand	88.10	100.00	67.36	88.15	108	118	90.90	91.70	39.40
Karnataka	96.24	94.07	78.78	79.60	105	123	84.70	79.70	88.68
Kerala	94.61	100.00	92.62	90.90	139	67	87.50	83.70	66.72
Madhya Pradesh	74.78	77.97	64.79	62.27	164	167	90.30	82.50	61.01
Maharashtra	98.22	95.70	85.30	89.78	164	159	84.20	79.50	87.71
Odisha	85.32	59.81	73.49	70.90	99	159	88.90	72.50	32.95
Punjab	99.64	92.73	82.33	82.24	136	153	87.20	85.90	84.62
Rajasthan	78.06	81.59	73.85	74.83	143	139	90.30	89.90	46.41
Tamil Nadu	82.66	76.10	81.82	80.50	125	119	85.40	75.90	87.06
Telangana	89.09	90.31	85.35	91.68	123	107	89.60	90.40	76.11
Uttar Pradesh	84.82	84.68	52.38	50.56	137	140	87.50	64.00	57.81
Uttarakhand	99.30	94.96	62.63	67.02	138	151	86.00	77.60	65.25
West Bengal	95.85	95.85	81.28	81.28	93	100	86.50	85.70	35.92

** Data repeated for Reference Year due to change in indicator definition necessitated by change in program guidelines.



TABLE A.4.2. Larger States: Governance and Information domain indicators, Base and Reference Years

State	2.1.1.a. Data integrity: institutional delivery (percentage)+	2.1.1.b Data integrity: First trimester ANC registration (percentage)+	2.2.1. Average occupancy: State-level 3 key posts (in months)		2.2.2. Average occupancy: CMOs (in months)	
	BY/Ry	BY/Ry	BY	Ry	BY	Ry
Andhra Pradesh	23.53	15.42	17.51	23.99	13.22	9.25
Assam	0.25	21.16	12.11	21.99	7.95	13.76
Bihar	18.21	16.33	13.01	18.98	11.88	13.25
Chhattisgarh	22.34	25.90	11.40	8.97	25.40	18.07
Gujarat	0.68	2.06	20.71	22.21	18.09	18.98
Haryana	4.62	19.08	11.21	7.35	12.56	13.20
Himachal Pradesh	12.72	7.30	12.39	15.65	10.50	18.33
Jammu & Kashmir	12.42	13.50	13.81	8.98	11.77	13.32
Jharkhand	7.95	53.48	12.00	10.77	11.46	10.01
Karnataka	21.22	8.20	6.49	6.69	13.23	15.69
Kerala	3.71	24.86	12.02	11.72	11.72	13.14
Madhya Pradesh	23.09	9.19	16.00	19.98	17.62	14.73
Maharashtra	1.16	5.61	15.74	9.98	15.64	17.37
Odisha	13.82	22.09	12.01	15.86	13.95	13.48
Punjab	12.41	9.97	20.42	14.36	10.19	8.41
Rajasthan	12.44	18.43	22.02	23.98	11.94	17.32
Tamil Nadu	10.92	22.75	16.51	26.39	7.29	7.74
Telangana	21.06	15.80	7.81	15.98	11.19	16.48
Uttar Pradesh	36.59	0.92	19.64	9.67	14.15	10.53
Uttarakhand	14.93	10.77	10.35	10.99	13.93	10.06
West Bengal	2.12	42.44	28.02	28.02	14.10	14.10

+ Same data have been used for Base and Reference Years due to non-availability of updated NFHS data.



TABLE A.4.3. Larger States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.1.a. Vacancy: ANMs at SCs (percentage)		3.1.1.b. Vacancy: SNs at PHCs and CHCs (percentage)		3.1.1.c. Vacancy: MOs at PHCs (percentage)		3.1.1.d. Vacancy: Specialists at DHs (percentage)		3.1.2. E-pay slip (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andhra Pradesh	15.67	17.08	20.48	12.75	12.76	10.57	30.41	25.05	58.65	100.00
Assam	8.99	4.60	8.95	11.81	17.77	25.46	41.72	46.99	0.00	0.00
Bihar	59.30	59.45	50.28	50.74	63.60	34.08	60.58	59.72	0.00	0.00
Chhattisgarh	9.23	9.47	37.28	41.26	45.02	57.25	77.68	70.83	0.00	12.04
Gujarat	28.08	10.32	36.46	23.67	32.03	30.23	55.50	21.00	35.61	39.54
Haryana	15.23	15.25	43.24	35.39	25.35	22.36	0.00	21.08	0.00	99.98
Himachal Pradesh	9.87	22.58	27.19	47.52	21.73	32.06	NA	NA	8.07	100.00
Jammu & Kashmir	10.28	9.44	27.48	17.93	30.15	28.80	22.22	25.40	0.00	0.00
Jharkhand	19.73	19.18	74.94	54.23	48.67	46.33	50.32	47.18	0.00	0.00
Karnataka	22.59	33.39	25.97	21.73	11.48	4.61	21.53	37.66	49.35	44.96
Kerala	4.49	5.30	5.30	3.62	5.86	2.41	21.48	13.50	100.00	100.00
Madhya Pradesh	14.23	13.84	33.50	42.22	58.34	55.08	50.98	49.13	0.00	0.00
Maharashtra	9.46	9.75	15.67	15.33	16.96	22.79	30.34	47.25	67.60	86.29
Odisha	0.00	0.00	0.00	0.00	26.91	31.87	19.04	27.38	75.79	76.38
Punjab	8.48	11.99	33.98	12.91	7.77	17.66	47.72	18.41	0.00	0.00
Rajasthan	19.24	24.22	47.26	50.46	14.86	12.15	45.77	22.40	0.00	69.38
Tamil Nadu	15.97	9.78	19.09	18.82	7.58	15.06	16.73	15.78	84.72	84.38
Telangana	18.01	14.64	12.79	7.22	22.31	14.99	54.81	53.53	0.00	33.03
Uttar Pradesh	0.00	0.00	1.89	0.00	26.73	4.78	32.41	28.66	0.00	54.58
Uttarakhand	16.88	16.88	20.02	16.32	12.19	69.65	60.33	68.00	0.00	0.00
West Bengal	0.77	0.77	9.70	9.70	41.23	41.23	20.18	20.18	81.23	81.23



TABLE A.4.3. (Continued) - Larger States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.3.a. Functional FRUs (percentage)		3.1.3.b. Functional 24/7 PHC (percentage)		3.1.4. Functional CCUs per district *100 (percentage)		3.1.5. Proportion of first trimester ANC registration (percentage)		3.1.6. Level of birth registration (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andhra Pradesh	57.58	89.90	29.15	22.67	53.85	53.85	74.38	78.68	100.00	95.70
Assam	72.58	90.32	176.92	83.01	0.00	0.00	80.55	84.76	100.00	100.00
Bihar	11.54	15.38	73.58	53.79	0.00	5.26	55.47	61.75	64.20	60.70
Chhattisgarh	23.53	27.45	40.39	111.37	3.70	3.70	74.60	89.49	100.00	100.00
Gujarat	42.98	63.64	31.46	56.29	48.48	48.48	74.91	78.40	95.00	98.80
Haryana	50.98	52.94	77.56	67.32	19.05	38.10	62.20	71.46	100.00	99.90
Himachal Pradesh	121.43	107.14	5.80	5.80	91.67	83.33	81.39	85.14	93.10	89.20
Jammu & Kashmir	196.00	220.00	45.60	38.40	27.27	31.82	52.95	64.83	75.50	77.60
Jharkhand	22.73	30.30	33.03	29.39	0.00	0.00	36.36	51.65	82.00	90.20
Karnataka	116.39	121.31	69.23	62.68	43.33	20.00	71.22	79.09	97.80	100.00
Kerala	120.90	107.46	0.00	0.00	64.29	78.57	80.63	83.22	100.00	97.10
Madhya Pradesh	49.66	51.03	56.47	68.32	9.80	9.80	63.79	62.78	82.60	74.60
Maharashtra	32.44	63.14	46.71	35.14	22.86	58.33	66.82	71.50	100.00	94.00
Odisha	65.48	69.05	30.00	26.43	3.33	33.33	75.75	83.64	98.50	97.50
Punjab	141.82	130.91	26.35	27.08	63.64	63.64	73.01	75.17	100.00	100.00
Rajasthan	29.20	32.85	68.03	43.50	70.59	24.24	60.66	62.77	98.20	100.00
Tamil Nadu	122.92	134.03	34.95	24.13	56.25	90.62	94.35	94.11	100.00	100.00
Telangana	80.00	114.29	26.99	25.57	0.00	0.00	55.90	47.27	95.60	97.30
Uttar Pradesh	15.75	25.75	17.42	20.42	0.00	0.00	48.72	45.21	68.30	60.70
Uttarakhand	95.00	65.00	54.46	50.50	0.00	15.38	62.47	60.96	86.00	100.00
West Bengal	49.18	49.18	5.91	5.91	76.92	76.92	77.00	77.00	92.50	97.90



TABLE A.4.3. (Continued) - Larger States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.7. IDSP reporting of P form (percentage)		3.1.7. IDSP reporting L form (percentage)		3.1.8. CHC grading (percentage)		3.1.9. Quality accreditation DH-SDH (percentage)		3.1.9. Quality accreditation CHC-PhC (percentage)		3.1.10. Fund transfer (no. of days)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andhra Pradesh	99	100	99	100	37.24	87.37	0.00	12.82	0.00	0.51	127	93
Assam	88	93	88	95	31.13	62.42	0.00	0.00	0.00	0.00	242	28
Bihar	88	84	87	84	20.34	19.05	27.16	0.00	1.52	0.00	40	191
Chhattisgarh	84	87	82	79	47.74	67.07	0.00	0.00	0.00	0.00	57	61
Gujarat	95	85	96	89	49.40	29.78	2.99	31.03	0.60	8.26	24	68
Haryana	84	83	88	87	22.02	41.54	0.00	9.30	0.00	7.56	42	58
Himachal Pradesh	66	88	62	86	5.06	2.60	1.37	0.00	0.00	0.00	47	58
Jammu & Kashmir	80	80	75	76	61.90	62.07	0.00	0.00	0.00	0.00	107	137
Jharkhand	73	73	72	74	54.40	55.31	0.00	0.00	0.00	0.00	67	187
Karnataka	95	92	94	90	31.27	50.24	0.53	1.60	0.00	0.00	139	105
Kerala	96	92	96	95	0.44	0.43	10.00	7.59	6.52	4.64	107	107
Madhya Pradesh	80	75	80	75	57.19	67.59	0.00	2.56	0.57	0.58	41	37
Maharashtra	79	88	76	84	38.52	59.30	0.00	0.00	0.27	0.28	66	95
Odisha	83	90	74	82	22.81	46.42	15.25	15.25	0.00	0.00	59	19
Punjab	73	76	85	88	26.67	38.36	0.00	7.94	0.00	0.00	78	148
Rajasthan	73	80	68	78	54.48	56.30	0.00	1.82	0.00	0.00	48	109
Tamil Nadu	90	76	87	75	76.10	62.08	4.29	2.26	4.94	1.56	50	46
Telangana	97	93	95	95	11.63	36.59	0.00	0.00	0.00	0.00	287	0
Uttar Pradesh	42	69	57	67	44.13	48.21	0.00	7.50	0.00	0.00	93	118
Uttarakhand	93	88	93	88	8.33	11.76	0.00	0.00	0.00	0.00	27	109
West Bengal	78	91	80	87	53.74	74.43	0.00	0.00	0.00	0.00	51	64



TABLE A.4.4. Smaller States: Health Outcomes domain indicators, Base and Reference Years

State	1.1.4. LBW (percentage)		1.2.1. Full immunization (percentage)		1.2.2. Institutional delivery (percentage)		1.2.3. TB case notification rate (per 1,00,000 population)		1.2.4. TB treatment success rate (percentage)		1.2.5. PLHIV on ART** (percentage)
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY	BY/RY
Arunachal Pradesh	6.55	6.41	64.95	65.50	56.46	63.00	183	203	86.40	64.80	28.19
Goa	15.56	15.56	95.24	97.05	92.46	86.60	131	128	87.30	85.40	72.75
Manipur	3.53	4.45	96.32	99.99	73.47	79.73	81	94	82.60	79.50	63.87
Meghalaya	7.65	7.70	93.34	77.61	62.11	62.65	137	116	85.80	79.70	100.00
Mizoram	4.65	4.72	100.00	90.76	96.29	95.10	186	186	90.60	73.50	100.00
Nagaland	3.89	4.09	63.86	58.23	58.07	54.30	139	148	71.90	67.60	73.80
Sikkim	7.76	7.63	74.44	70.04	70.19	66.33	241	197	77.20	66.20	33.51
Tripura	11.11	13.55	84.33	86.13	79.36	88.41	61	44	88.50	70.90	5.80

** Data repeated for Reference Year due to change in indicator definition necessitated by change in program guidelines.

TABLE A.4.5. Smaller States: Governance and Information domain indicators, Base and Reference Years

State	2.1.1.a. Data integrity: institutional delivery (percentage)+	2.1.1.b Data integrity: First trimester ANC registration (percentage)+	2.2.1. Average occupancy: State-level 3 key post (in months)		2.2.2. Average occupancy: CMOs (in months)	
	BY/RY	BY/RY	BY	RY	BY	RY
Arunachal Pradesh	1.36	5.62	13.87	11.35	17.50	18.21
Goa	5.01	23.74	21.69	13.99	12.00	11.98
Manipur	2.87	28.19	21.02	11.98	17.31	25.92
Meghalaya	13.44	10.56	19.25	9.97	14.76	22.67
Mizoram	22.00	18.71	9.77	13.91	25.98	25.98
Nagaland	54.79	107.87	7.25	5.81	19.94	23.44
Sikkim	29.16	26.76	24.02	23.99	25.52	25.49
Tripura	3.35	10.89	10.87	11.85	17.26	24.90

+ Same data have been used for Base and Reference Years due to non-availability of updated NFHS data.



TABLE A.4.6. Smaller States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.1.a. Vacancy: ANMs at SCs (percentage)		3.1.1.b. Vacancy: SNs at PHCs and CHCs (percentage)		3.1.1.c. Vacancy: MOs at PHCs (percentage)		3.1.1.d. Vacancy: Specialists at DHs (percentage)		3.1.2. E-payslip (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Arunachal Pradesh	22.37	13.51	28.78	15.63	38.75	30.23	89.11	69.96	38.75	21.49
Goa	30.10	20.00	11.68	28.57	14.22	20.19	39.70	36.74	0.00	0.00
Manipur	29.89	27.27	18.98	20.12	42.76	43.06	47.67	45.10	0.00	0.00
Meghalaya	20.00	10.71	31.05	12.56	35.67	30.90	29.73	41.55	0.00	0.00
Mizoram	16.07	20.23	6.11	7.12	38.10	2.38	15.22	15.58	0.00	0.00
Nagaland	11.01	0.00	0.00	0.00	27.36	0.00	0.00	0.00	0.00	0.00
Sikkim	0.00	0.00	61.96	30.43	0.00	0.00	34.38	31.25	0.00	0.00
Tripura	38.90	24.63	0.00	0.00	2.06	0.00	NA	1.41	0.00	100.00

TABLE A.4.6. (Continued) - Smaller States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.3.a. Functional FRUs (percentage)		3.1.3.b. Functional 24/7 PHC (percentage)		3.1.4. Functional CCUs per district *100 (percentage)		3.1.5. Proportion of first trimester ANC (percentage)		3.1.6. Level of birth registration (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Arunachal Pradesh	133.33	200.00	42.86	35.71	0.00	0.00	36.99	34.73	100.00	100.00
Goa	100.00	100.00	6.67	0.00	0.00	50.00	58.74	55.33	100.00	84.40
Manipur	66.67	66.67	65.52	44.83	0.00	0.00	63.23	61.14	100.00	100.00
Meghalaya	100.00	66.67	180.00	203.33	0.00	0.00	32.07	34.38	100.00	100.00
Mizoram	100.00	200.00	136.36	118.18	11.11	11.11	73.61	75.36	100.00	100.00
Nagaland	125.00	100.00	165.00	150.00	9.09	9.09	35.83	29.73	100.00	100.00
Sikkim	200.00	200.00	216.67	366.67	0.00	0.00	79.89	76.97	74.10	66.20
Tripura	57.14	85.71	116.22	121.62	0.00	0.00	61.85	60.92	81.70	82.40



TABLE A.4.6. (Continued) - Smaller States: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.7. IDSP reporting of P form (percentage)		3.1.7. IDSP reporting L form (percentage)		3.1.8. CHC grading (percentage)		3.1.9. Quality accreditation DH-SDH (percentage)		3.1.9. Quality accreditation CHC-PHC (percentage)		3.1.10. Fund transfer (no. of days)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Arunachal Pradesh	82	82	77	74	0.00	3.23	5.00	0.00	0.00	0.00	143	108
Goa	79	80	88	82	75.00	100.00	0.00	0.00	0.00	0.00	154	151
Manipur	63	77	38	60	29.41	23.53	12.50	0.00	0.00	0.00	258	119
Meghalaya	84	91	82	89	7.41	10.34	0.00	9.09	0.00	0.00	38	58
Mizoram	48	96	58	96	0.00	0.00	0.00	10.00	0.00	0.00	177	61
Nagaland	79	71	65	65	0.00	0.00	0.00	0.00	0.00	0.00	213	94
Sikkim	97	100	100	95	0.00	0.00	0.00	0.00	0.00	0.00	153	133
Tripura	97	93	94	86	0.00	0.00	0.00	5.56	0.00	0.00	69	38

TABLE A.4.7 Union Territories: Health Outcomes domain indicators, Base and Reference Years

State	1.1.4. LBW (percentage)		1.2.1. Full immunization (percentage)		1.2.2. Institutional delivery (percentage)		1.2.3. TB case notification rate (per 1,00,000 population)		1.2.4. TB treatment success rate (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andaman & Nicobar Islands	17.17	16.63	100.00	77.22	80.20	75.71	139	76	91.50	83.90
Chandigarh	20.77	20.89	93.58	83.40	100.00	100.00	305	523	85.60	86.80
Dadra & Nagar Haveli	29.39	36.88	77.06	79.12	87.09	87.21	133	225	86.30	89.60
Daman & Diu	24.37	20.68	79.67	52.83	72.00	47.37	166	151	79.50	92.60
Delhi	21.43	19.60	96.21	99.82	80.60	82.84	348	360	86.70	84.80
Lakshadweep	5.56	7.44	100.00	77.08	85.40	65.00	35	70	91.30	93.80
Puducherry	15.50	14.61	77.60	69.50	100.00	100.00	103	114	89.20	88.80



TABLE A.4.8. Union Territories: Governance and Information domain indicators, Base and Reference Years

State	2.1.1.a. Data integrity: institutional delivery (percentage)+	2.1.1.b Data integrity: First trimester ANC registration (percentage)+	2.2.1. Average occupancy: State-level 3 key posts (in months)		2.2.2. Average occupancy: CMOs (in months)	
	BY/Ry	BY/Ry	BY	Ry	BY	Ry
Andaman & Nicobar Islands	18.05	2.84	15.01	14.35	17.43	13.29
Chandigarh	57.98	27.88	12.01	17.96	15.55	8.95
Dadra & Nagar Haveli	15.11	22.12	14.41	18.98	18.01	36.00
Daman & Diu	17.43	15.27	21.02	10.78	36.03	17.98
Delhi	10.76	27.77	9.63	6.98	16.72	25.02
Lakshadweep	29.35	12.19	26.79	13.98	NA	NA
Puducherry	90.52	48.82	19.98	24.69	25.32	22.48

+ Same data have been used for Base and Reference Years due to non-availability of updated NFHS data.

TABLE A.4.9. Union Territories: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.1.a. Vacancy: ANMs at SCs (percentage)		3.1.1.b. Vacancy: SN at PHCs and CHCs (percentage)		3.1.1.c. Vacancy: MOs at PHCs (percentage)		3.1.1.d. Vacancy: Specialists at DHs (percentage)		3.1.2. E-payslip (percentage)	
	BY	Ry	BY	Ry	BY	Ry	BY	Ry	BY	Ry
Andaman & Nicobar Islands	7.84	9.80	7.45	4.35	36.36	10.61	100.00	71.43	0.00	0.00
Chandigarh	29.41	14.71	6.19	0.00	69.17	0.00	0.00	11.36	61.33	100.00
Dadra & Nagar Haveli	0.00	0.93	4.88	2.13	16.67	16.67	18.18	12.50	0.00	0.00
Daman & Diu	11.86	0.00	0.00	8.89	7.14	28.57	47.06	56.41	0.00	0.00
Delhi	19.75	8.91	40.75	46.94	14.21	26.29	40.21	40.81	68.81	55.77
Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	76.47	46.15	0.00	0.00
Puducherry	8.73	11.72	2.38	4.62	12.78	16.14	20.56	35.11	78.35	90.20



TABLE A.4.9. (Continued) - Union Territories: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.3.a. Functional FRUs (percentage)		3.1.3.b. Functional 24/7 PHC (percentage)		3.1.4. Functional CCUs per district *100 (percentage)		3.1.5. Proportion of first trimester ANC (percentage)		3.1.6. Level of birth registration (percentage)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andaman & Nicobar Islands	0.00	0.00	500.00	0.00	0.00	0.00	76.94	75.11	71.90	75.60
Chandigarh	150.00	250.00	0.00	0.00	0.00	200.00	36.79	66.34	100.00	100.00
Dadra & Nagar Haveli	100.00	100.00	133.33	66.67	0.00	100.00	84.77	95.90	65.10	86.20
Daman & Diu	100.00	200.00	50.00	100.00	0.00	0.00	49.26	80.79	76.40	49.90
Delhi	100.00	82.35	0.60	0.00	90.91	72.73	33.69	33.18	100.00	100.00
Lakshadweep	100.00	100.00	0.00	0.00	100.00	100.00	73.24	79.72	59.50	54.50
Puducherry	200.00	400.00	0.00	0.00	25.00	50.00	39.54	33.58	100.00	100.00

TABLE A.4.9 (Continued) - Union Territories: Key Inputs/Processes domain indicators, Base and Reference Years

State	3.1.7. IDSP reporting of P form (percentage)		3.1.7. IDSP reporting L form (percentage)		3.1.8. CHC grading (percentage)		3.1.9. Quality accreditation DH-SDH (percentage)		3.1.9. Quality accreditation CHC-PHC (percentage)		3.1.10. Fund transfer (no. of days)	
	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY	BY	RY
Andaman & Nicobar Islands	50	82	21	82	0.00	50.00	0.00	0.00	0.00	0.00	78	0
Chandigarh	78	94	88	93	100.00	100.00	0.00	0.00	0.00	0.00	35	0
Dadra & Nagar Haveli	91	100	89	92	NA	100.00	0.00	50.00	0.00	0.00	62	0
Daman & Diu	75	100	75	100	0.00	0.00	0.00	0.00	0.00	0.00	0	0
Delhi	57	78	56	81	0.00	4.00	8.93	7.02	0.00	0.00	89	123
Lakshadweep	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00
Puducherry	90	100	88	100	25.00	25.00	0.00	0.00	0.00	0.00	55	85



Annexure 3. State Factsheets

This annexure provides a detailed snapshot of State-wise performance in the Reference Year and the incremental performance from Base Year to Reference Year on all indicators in the Index, relative to the performance of other States and UTs. This is to help the States to better interpret their performance on specific indicators.

The first part of a State factsheet captures Health Index scores for that State/UT. Overall Health Index scores in the Reference Year and incremental changes in scores from Base Year to Reference Year are calculated and classified into different performance categories. Using the overall Health Index scores in the Reference Year, States and UTs were categorized into three categories: (1) 'Front-runners' (top one-third); (2) 'Achievers' (middle one-third); and (3) Aspirants (lowest one-third). Using the incremental Health Index scores from Base Year to Reference Year, States and UTs were categorized into four categories: (1) 'Not Improved' (incremental Index score ≤ 0); (2) 'Least Improved' (incremental Index score between 0.01 and 2.00); (3) 'Moderately Improved' (incremental Index score between 2.01 and 4); and (4) 'Most Improved' (incremental Index score > 4.00).

The second part of the State factsheet captures the State's performance on each specific indicator that were used to compute the Health Index. For each indicator, the overall indicator performance was used to classify States and UTs into three categories: (1) 'Front-runners' (top one-third); (2) 'Achievers' (middle one-third); and (3) Aspirants (lowest one-third). These classifications were done separately for Larger States, Smaller States and UTs. The two classification cutoff points for each indicator within each class of entities were calculated as $\min + (\max - \min)/3$ and $\min + (\max - \min)*2/3$. The only exception was for total fertility rate (TFR) where external cutoff points were used to align with policy objectives: 'Front runner' (TFR ≤ 2.1); 'Achievers' (TFR between 2.1 and 2.6); and 'Aspirants' (TFR > 2.6). A fourth category was added for 'Not Applicable' (or N/A) for the missing data.

Using the incremental indicator values, States and UTs were categorized into five categories of incremental performance: (1) 'No Change', (2) 'Improved', (3) 'Most Improved', (4) 'Deteriorated', and (5) 'Most Deteriorated'. A sixth category was added as 'Not Applicable (or N/A)' where data were not available or when a State had reached the best possible scenario for an indicator and had no room for further improvement.

West Bengal did not submit data on the portal, the overall and incremental performance scores were generated based on pre-filled indicator data for 12 indicators and for the remaining 11 indicators, the data from the Base Year was repeated for the Reference Year.

Explanation to Factsheet legend and remarks

<p>*Overall Performance</p>	<p>The Larger States are categorized based on Reference Year Index score range: Front-runners: top one-third (Index score >58.88), Achievers: middle one-third (Index score between 43.74 and 58.88), Aspirants: lowest one-third (Index score <43.74). The Smaller States are categorized based on Reference Year Index score range: Front-runners: top one-third (Index score >62.83), Achievers: mid one-third (Index score between 50.66 and 62.83), Aspirants: lowest one-third (Index score <50.66). The UTs are categorized based on Reference Year Index score range: Front-runners: top one-third (Index score >56.30), Achievers: mid one-third (Index score between 48.98 and 56.30), Aspirants: lowest one-third (Index score <48.98).</p>							
<p>**Incremental Performance</p>	<p>The States are categorized based on incremental Index score range: 'Not Improved' (incremental Index score ≤ 0), 'Least Improved' (incremental Index score between 0.01 and 2.00), 'Moderately Improved' (incremental Index score between 2.01 and 4.00), 'Most Improved' (incremental Index score >4.00).</p>							
<p># Overall Indicator Performance</p>	<p>The States performance on a specific indicator in the Reference Year is categorized into 3 categories based on Reference Year range of indicator value - Front-runners: top one-third, Achievers: middle one-third, Aspirants: lowest one-third.</p> <table border="1" data-bbox="443 766 1447 837"> <tr> <td data-bbox="443 766 729 837">Overall Indicator Performance</td> <td data-bbox="729 766 971 837">Front-runners</td> <td data-bbox="971 766 1214 837">Achievers</td> <td data-bbox="1214 766 1447 837">Aspirants</td> </tr> </table>	Overall Indicator Performance	Front-runners	Achievers	Aspirants			
Overall Indicator Performance	Front-runners	Achievers	Aspirants					
<p>## Incremental Indicator Performance</p>	<p>The States incremental performance on a specific indicator is categorized into 6 categories based on incremental change from Base Year (2015-16) to Reference Year (2017-18)- 'No Change', 'Improved', 'Most Improved', 'Deteriorated', 'Most Deteriorated', and "Not Applicable" (Details in Annexure 2).</p> <table border="1" data-bbox="443 990 1447 1084"> <tr> <td data-bbox="443 990 660 1084">Incremental Indicator Performance</td> <td data-bbox="660 990 798 1084">Most Improved</td> <td data-bbox="798 990 935 1084">Improved</td> <td data-bbox="935 990 1072 1084">No Change</td> <td data-bbox="1072 990 1209 1084">Deteriorated</td> <td data-bbox="1209 990 1347 1084">Most Deteriorated</td> <td data-bbox="1347 990 1447 1084">Not Applicable</td> </tr> </table>	Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable		

HEALTHY STATES, PROGRESSIVE INDIA

ANDHRA PRADESH - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	65.13	2	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	4.97	4	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	23	-1
1.1.2 Under five Mortality Rate (SRS)	37	-2
1.1.3 Total Fertility Rate (SRS)	1.70	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	5.58	-1.15
1.1.5 Sex ratio at Birth (SRS)	913	-5
1.2.1 Full immunization coverage (HMIS)	100.00	8.38
1.2.2 Proportion of institutional deliveries (HMIS)	85.90	-1.18
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	161	16.00
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	89.00	0.50
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	76.11	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	23.53	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	15.42	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	23.99	6.48
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	9.25	-3.97
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	17.08	1.41
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	12.75	-7.73
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	10.57	-2.19
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	25.05	-5.36
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	100.00	41.35
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	89.90	32.32
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	22.67	-6.48
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	53.85	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	78.68	4.30
3.1.6 Level of birth registration (CRS)	95.70	-4.30
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	100	1
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	100	1
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	87.37	50.13
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	12.82	12.82
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.51	0.51
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	93	-34

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

ASSAM - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	48.85	15	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	4.72	5	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	23	-2
1.1.2 Under five Mortality Rate (SRS)	52	-10
1.1.3 Total Fertility Rate (SRS)	2.3	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	14.41	-2.27
1.1.5 Sex ratio at Birth (SRS)	896	-4
1.2.1 Full immunization coverage (HMIS)	83.34	-4.66
1.2.2 Proportion of institutional deliveries (HMIS)	72.04	-2.21
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	119	-4
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	77.50	-8.70
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	64.58	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	0.25	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	21.16	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	21.99	9.88
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.76	5.81
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	4.60	-4.39
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	11.81	2.86
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	25.46	7.69
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	46.99	5.27
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	90.32	17.74
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	83.01	-93.91
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	84.76	4.21
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	93	5
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	95	7
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	62.42	31.29
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	28	-214

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

BIHAR - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	32.11	20	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-6.35	21	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	27	-1
1.1.2 Under five Mortality Rate (SRS)	43	-5
1.1.3 Total Fertility Rate (SRS)	3.3	0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	9.23	2.01
1.1.5 Sex Ratio at Birth (SRS)	908	-8
1.2.1 Full immunization coverage (HMIS)	89.74	0.01
1.2.2 Proportion of institutional deliveries (HMIS)	56.01	-1.09
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	82	-2
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	71.90	-17.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	37.18	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	18.21	N/A
2.1.1.b Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	16.33	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	18.98	5.97
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.25	1.37
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	59.45	0.15
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	50.74	0.46
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	34.08	-29.52
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	59.72	-0.86
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	15.38	3.84
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	53.79	-19.79
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	5.26	5.26
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	61.75	6.28
3.1.6 Level of birth registration (CRS)	60.70	-3.50
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	84	-4
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	84	-3
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	19.05	-1.29
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	-27.16
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	-1.52
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	191	151

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

CHHATTISGARH - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	53.36	13	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	1.34	11	Least Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	26	-1
1.1.2 Under five Mortality Rate (SRS)	49	1
1.1.3 Total Fertility Rate (SRS)	2.5	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	10.05	-2.10
1.1.5 Sex Ratio at Birth (SRS)	963	2
1.2.1 Full immunization coverage (HMIS)	86.93	-3.60
1.2.2 Proportion of institutional deliveries (HMIS)	75.82	11.31
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	145	7
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	88.60	-0.50
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	53.06	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	22.34	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	25.90	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	8.97	-2.43
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	18.07	-7.33
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	9.47	0.24
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	41.26	3.98
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	57.25	12.23
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	70.83	-6.85
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	12.04	12.04
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	27.45	3.92
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	111.37	70.98
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	3.70	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	89.49	14.89
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	87	3
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	79	-3
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	67.07	19.33
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	61	4

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

GUJARAT - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	63.52	4	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	1.53	10	Least Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	21	-2
1.1.2 Under five Mortality Rate (SRS)	33	-6
1.1.3 Total Fertility Rate (SRS)	2.2	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	12.33	1.82
1.1.5 Sex ratio at Birth (SRS)	848	-6
1.2.1 Full immunization coverage (HMIS)	92.00	1.45
1.2.2 Proportion of institutional deliveries (HMIS)	91.58	-6.20
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	224	31
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	88.10	-0.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	52.43	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	0.68	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	2.06	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	22.21	1.50
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	18.98	0.89
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	10.32	-17.76
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	23.67	-12.79
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	30.23	-1.80
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	21.00	-34.50
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	39.54	3.93
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	63.64	20.66
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	56.29	24.83
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	48.48	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	78.40	3.49
3.1.6 Level of birth registration (CRS)	98.80	3.80
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	85	-10
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	89	-7
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	29.78	-19.62
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	31.03	28.04
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	8.26	7.66
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	68	44

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

HARYANA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	53.51	12	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	6.55	1	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	22	-2
1.1.2 Under five Mortality Rate (SRS)	37	-6
1.1.3 Total Fertility Rate (SRS)	2.3	0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	8.47	-6.43
1.1.5 Sex ratio at Birth (SRS)	832	1
1.2.1 Full immunization coverage (HMIS)	88.86	5.39
1.2.2 Proportion of institutional deliveries (HMIS)	84.19	3.94
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	145	-27
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	78.90	-8.60
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	51.53	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	4.62	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	19.08	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	7.35	-3.86
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.20	0.64
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	15.25	0.02
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	35.39	-7.85
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	22.36	-2.99
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	21.08	21.08
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	99.98	99.98
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	52.94	1.96
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	67.32	-10.24
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	38.10	19.05
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	71.46	9.26
3.1.6 Level of birth registration (CRS)	99.90	-0.10
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	83	-1
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	87	-1
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	41.54	19.52
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	9.30	9.30
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	7.56	7.56
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	58	16

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

HIMACHAL PRADESH - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	62.41	6	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	1.21	12	Least Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	16	-3
1.1.2 Under five Mortality Rate (SRS)	27	-6
1.1.3 Total Fertility Rate (SRS)	1.7	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	12.59	-0.04
1.1.5 Sex ratio at Birth (SRS)	917	-7
1.2.1 Full immunization coverage (HMIS)	79.37	-15.85
1.2.2 Proportion of institutional deliveries (HMIS)	67.64	0.15
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	226	19
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	89.00	-0.60
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	79.89	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	12.72	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	7.30	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	15.65	3.26
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	18.33	7.83
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	22.58	12.71
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	47.52	20.33
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	32.06	10.33
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	N/A	N/A
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	100.00	91.93
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	107.14	-14.29
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	5.80	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	83.33	-8.34
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	85.14	3.75
3.1.6 Level of birth registration (CRS)	89.20	-3.90
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	88	22
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	86	24
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	2.60	-2.46
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	-1.37
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	58	11

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA JAMMU & KASHMIR - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	62.37	7	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	2.02	9	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	18	-2
1.1.2 Under five Mortality Rate (SRS)	26	-2
1.1.3 Total Fertility Rate (SRS)	1.7	0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	5.48	-0.45
1.1.5 Sex ratio at Birth (SRS)	906	7
1.2.1 Full immunization coverage (HMIS)	100.00	0.00
1.2.2 Proportion of institutional deliveries (HMIS)	85.49	4.98
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	74	2
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	85.00	-3.30
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	96.41	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	12.42	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	13.50	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	8.98	-4.83
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.32	1.55
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	9.44	-0.84
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	17.93	-9.55
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	28.80	-1.35
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	25.4	3.18
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	220.00	24.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	38.40	-7.20
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	31.82	4.55
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	64.83	11.88
3.1.6 Level of birth registration (CRS)	77.60	2.10
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	80	0
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	76	1
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	62.07	0.17
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	137	30

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

JHARKHAND - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	51.33	14	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	5.99	3	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	21	-2
1.1.2 Under five Mortality Rate (SRS)	33	-6
1.1.3 Total Fertility Rate (SRS)	2.6	-0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	7.12	-0.30
1.1.5 Sex ratio at Birth (SRS)	918	16
1.2.1 Full immunization coverage (HMIS)	100.00	11.90
1.2.2 Proportion of institutional deliveries (HMIS)	88.15	20.79
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	118	10
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	91.70	0.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	39.40	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	7.95	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	53.48	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	10.77	-1.23
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	10.01	-1.45
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	19.18	-0.55
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	54.23	-20.71
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	46.33	-2.34
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	47.18	-3.14
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	30.30	7.57
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	29.39	-3.64
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	51.65	15.29
3.1.6 Level of birth registration (CRS)	90.20	8.20
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	73	0
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	74	2
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	55.31	0.91
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	187	120

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

KARNATAKA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	61.14	8	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	2.44	8	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	18	-1
1.1.2 Under five Mortality Rate (SRS)	29	-2
1.1.3 Total Fertility Rate (SRS)	1.8	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	10.01	-1.48
1.1.5 Sex ratio at Birth (SRS)	935	-4
1.2.1 Full immunization coverage (HMIS)	94.07	-2.17
1.2.2 Proportion of institutional deliveries (HMIS)	79.60	0.82
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	123	18
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	79.70	-5.00
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	88.68	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	21.22	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	8.20	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	6.69	0.20
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	15.69	2.46
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	33.39	10.80
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	21.73	-4.24
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	4.61	-6.87
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	37.66	16.13
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	44.96	-4.39
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	121.31	4.92
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	62.68	-6.55
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	20.00	-23.33
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	79.09	7.87
3.1.6 Level of birth registration (CRS)	100.00	2.20
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	92	-3
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	90	-4
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	50.24	18.97
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	1.60	1.07
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	105	-34

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

KERALA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	74.01	1	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	-2.55	16	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	6	0
1.1.2 Under five Mortality Rate (SRS)	11	-2
1.1.3 Total Fertility Rate (SRS)	1.8	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	11.42	-0.30
1.1.5 Sex ratio at Birth (SRS)	959.00	-8
1.2.1 Full immunization coverage (HMIS)	100.00	5.39
1.2.2 Proportion of institutional deliveries (HMIS)	90.90	-1.72
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	67.00	-72
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	83.70	-3.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	66.72	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	3.71	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	24.86	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	11.72	-0.30
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.14	1.42
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	5.30	0.81
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	3.62	-1.68
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	2.41	-3.45
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	13.50	-7.98
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	100.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	107.46	-13.44
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	78.57	14.28
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	83.22	2.59
3.1.6 Level of birth registration (CRS)	97.10	-2.90
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	92	-4
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	95	-1
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.43	-0.01
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	7.59	-2.41
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	4.64	-1.88
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	107	0

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

MADHYA PRADESH - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	38.39	18	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-1.70	14	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	32	-2
1.1.2 Under five Mortality Rate (SRS)	55	-7
1.1.3 Total Fertility Rate (SRS)	2.8	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	14.30	0.20
1.1.5 Sex ratio at Birth (SRS)	922	3
1.2.1 Full immunization coverage (HMIS)	77.97	3.19
1.2.2 Proportion of institutional deliveries (HMIS)	62.27	-2.52
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	167	3
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	82.50	-7.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	61.01	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	23.09	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	9.19	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	19.98	3.98
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	14.73	-2.89
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	13.84	-0.39
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	42.22	8.72
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	55.08	-3.26
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	49.13	-1.85
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	51.03	1.37
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	68.32	11.85
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	9.80	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	62.78	-1.01
3.1.6 Level of birth registration (CRS)	74.60	-8.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	75	-5
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	75	-5
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	67.59	10.40
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	2.56	2.56
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.58	0.01
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	37	-4

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

MAHARASHTRA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	63.99	3	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	2.92	7	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	13	-2
1.1.2 Under five Mortality Rate (SRS)	21	-3
1.1.3 Total Fertility Rate (SRS)	1.8	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	12.06	-1.68
1.1.5 Sex ratio at Birth (SRS)	876	-2
1.2.1 Full immunization coverage (HMIS)	95.70	-2.52
1.2.2 Proportion of institutional deliveries (HMIS)	89.78	4.48
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	159	-5
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	79.50	-4.70
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	87.71	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	1.16	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	5.61	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	9.98	-5.76
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	17.37	1.73
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	9.75	0.29
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	15.33	-0.34
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	22.79	5.83
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	47.25	16.91
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	86.29	18.69
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	63.14	30.70
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	35.14	-11.57
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	58.33	35.47
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	71.50	4.68
3.1.6 Level of birth registration (CRS)	94.00	-6.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	88	9
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	84	8
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	59.30	20.78
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.28	0.01
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	95	29

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

ODISHA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	35.97	19	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-3.46	18	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	32	-3
1.1.2 Under five Mortality Rate (SRS)	50	-6
1.1.3 Total Fertility Rate (SRS)	2.0	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	18.25	-0.91
1.1.5 Sex ratio at Birth (SRS)	948	-2
1.2.1 Full immunization coverage (HMIS)	59.81	-25.51
1.2.2 Proportion of institutional deliveries (HMIS)	70.90	-2.59
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	159	60
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	72.50	-16.40
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	32.95	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	13.82	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	22.09	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	15.86	3.85
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.48	-0.47
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	0.00
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	31.87	4.96
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	27.38	8.34
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	76.38	0.59
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	69.05	3.57
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	26.43	-3.57
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	33.33	30.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	83.64	7.89
3.1.6 Level of birth registration (CRS)	97.50	-1.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	90	7
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	82	8
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	46.42	23.61
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	15.25	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	19	-40

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

PUNJAB - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	63.01	5	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	-2.20	15	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	13	0
1.1.2 Under five Mortality Rate (SRS)	24	-3
1.1.3 Total Fertility Rate (SRS)	1.7	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	8.41	1.53
1.1.5 Sex ratio at Birth (SRS)	893	4
1.2.1 Full immunization coverage (HMIS)	92.73	-6.91
1.2.2 Proportion of institutional deliveries (HMIS)	82.24	-0.09
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	153	17
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	85.90	-1.30
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	84.62	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	12.41	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	9.97	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	14.36	-6.06
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	8.41	-1.78
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	11.99	3.51
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	12.91	-21.07
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	17.66	9.89
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	18.41	-29.31
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	130.91	-10.91
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	27.08	0.73
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	63.64	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	75.17	2.16
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	76	3
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	88	3
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	38.36	11.69
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	7.94	7.94
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	148	70

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

RAJASTHAN - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	43.10	16	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	6.30	2	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	28	-2
1.1.2 Under five Mortality Rate (SRS)	45	-5
1.1.3 Total Fertility Rate (SRS)	2.7	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	14.01	-11.50
1.1.5 Sex ratio at Birth (SRS)	857	-4
1.2.1 Full immunization coverage (HMIS)	81.59	3.53
1.2.2 Proportion of institutional deliveries (HMIS)	74.83	0.98
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	139	-4
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	89.90	-0.40
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	46.41	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	12.44	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	18.43	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	23.98	1.96
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	17.32	5.38
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	24.22	4.98
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	50.46	3.20
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	12.15	-2.71
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	22.4	-23.37
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	69.38	69.38
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	32.85	3.65
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	43.50	-24.53
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	24.24	-46.35
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	62.77	2.11
3.1.6 Level of birth registration (CRS)	100.00	1.80
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	80	7
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	78	10
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	56.30	1.82
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	1.82	1.82
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	109	61

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

TAMIL NADU - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	60.41	9	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	-2.97	17	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	12	-2
1.1.2 Under five Mortality Rate (SRS)	19	-1
1.1.3 Total Fertility Rate (SRS)	1.6	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	15.49	2.46
1.1.5 Sex ratio at Birth (SRS)	915	4
1.2.1 Full immunization coverage (HMIS)	76.10	-6.56
1.2.2 Proportion of institutional deliveries (HMIS)	80.50	-1.32
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	119	-6
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	75.90	-9.50
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	87.06	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	10.92	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	22.75	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	26.39	9.88
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	7.74	0.45
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	9.78	-6.19
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	18.82	-0.27
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	15.06	7.48
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	15.78	-0.95
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	84.38	-0.34
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	134.03	11.11
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	24.13	-10.82
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	90.63	34.37
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	94.11	-0.24
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	76	-14
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	75	-12
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	62.08	-14.02
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	2.26	-2.03
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	1.56	-3.38
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	46	-4

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

TELANGANA - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	59.00	10	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	3.61	6	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	21	-2
1.1.2 Under five Mortality Rate (SRS)	34	0
1.1.3 Total Fertility Rate (SRS)	1.7	-0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	7.14	1.44
1.1.5 Sex ratio at Birth (SRS)	901	-17
1.2.1 Full immunization coverage (HMIS)	90.31	1.22
1.2.2 Proportion of institutional deliveries (HMIS)	91.68	6.33
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	107	-16
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	90.40	0.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	76.11	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	21.06	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	15.80	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	15.98	8.17
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	16.48	5.29
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	14.64	-3.37
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	7.22	-5.57
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	14.99	-7.32
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	53.53	-1.28
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	33.03	33.03
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	114.29	34.29
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	25.57	-1.42
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	47.27	-8.63
3.1.6 Level of birth registration (CRS)	97.30	1.70
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	93	-4
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	95	0
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	36.59	24.96
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0	-287

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

UTTAR PRADESH - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	28.61	21	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-5.08	20	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	30	-1
1.1.2 Under five Mortality Rate (SRS)	47	-4
1.1.3 Total Fertility Rate (SRS)	3.1	0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	11.18	1.58
1.1.5 Sex ratio at Birth (SRS)	882	3
1.2.1 Full immunization coverage (HMIS)	84.68	-0.14
1.2.2 Proportion of institutional deliveries (HMIS)	50.56	-1.82
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	140	3
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	64.00	-23.50
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	57.81	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	36.59	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	0.92	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	9.67	-9.97
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	10.53	-3.62
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	-1.89
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	4.78	-21.95
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	28.66	-3.75
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	54.58	54.58
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	25.75	10.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	20.42	3.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	45.21	-3.51
3.1.6 Level of birth registration (CRS)	60.70	-7.60
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	69	27
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	67	10
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	48.21	4.08
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	7.50	7.50
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	118	25

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

UTTARAKHAND - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	40.20	17	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-5.02	19	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	30	2
1.1.2 Under five Mortality Rate (SRS)	41	3
1.1.3 Total Fertility Rate (SRS)	1.9	-0.1
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	8.23	0.97
1.1.5 Sex ratio at Birth (SRS)	850	6
1.2.1 Full immunization coverage (HMIS)	94.96	-4.34
1.2.2 Proportion of institutional deliveries (HMIS)	67.02	4.39
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	151	13
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	77.60	-8.40
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	65.25	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	14.93	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	10.77	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	10.99	0.64
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	10.06	-3.87
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	16.88	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	16.32	-3.70
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	69.65	57.46
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	68.00	7.67
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	65.00	-30.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	50.50	-3.96
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	15.38	15.38
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	60.96	-1.51
3.1.6 Level of birth registration (CRS)	100.00	14.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	88	-5
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	88	-5
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	11.76	3.43
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	109	82

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

WEST BENGAL - FACTSHEET 2018

Category: 21 Larger States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	57.17	11	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	-1.08	13	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	17	-1
1.1.2 Under five Mortality Rate (SRS)	27	-3
1.1.3 Total Fertility Rate (SRS)	1.6	0.0
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	16.45	0.00
1.1.5 Sex ratio at Birth (SRS)	937	-14
1.2.1 Full immunization coverage (HMIS)	95.85	0.00
1.2.2 Proportion of institutional deliveries (HMIS)	81.28	0.00
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	100	7
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	85.70	-0.80
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	35.92	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	2.13	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	42.44	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	28.02	0.00
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	14.10	0.00
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.77	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	9.69	0.00
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	41.23	0.00
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	20.18	0.00
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	81.23	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	49.18	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	5.91	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	76.92	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	77.00	0.00
3.1.6 Level of birth registration (CRS)	97.90	5.40
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	91	13
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	87	7
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	74.43	20.69
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	64	13

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

ARUNACHAL PRADESH - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	46.07	7	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-3.44	8	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	6.41	-0.14
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	65.50	0.55
1.2.2 Proportion of institutional deliveries (HMIS)	63.00	6.54
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	203	20
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	64.80	-21.6
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	28.19	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	1.36	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	5.62	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	11.35	-2.52
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	18.21	0.71
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	13.51	-8.86
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	15.63	-13.15
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	30.23	-8.52
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	69.96	-19.15
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	21.49	-17.26
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	200.00	66.67
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	35.71	-7.15
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	34.73	-2.26
3.1.6 Level of birth registration (CRS)	100.00	N/A
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	82	0
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	74	-3
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	3.23	3.23
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	-5.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	108	-35

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

GOA - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	51.90	4	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	-1.23	6	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	15.56	0
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	97.05	1.81
1.2.2 Proportion of institutional deliveries (HMIS)	86.60	-5.86
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	128	-3
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	85.40	-1.9
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	72.75	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	5.01	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	23.74	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	13.99	-7.70
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	11.98	-0.02
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	20.00	-10.10
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	28.57	16.89
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	20.19	5.97
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	36.74	-2.96
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	100.00	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	-6.67
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	50.00	50.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	55.33	-3.41
3.1.6 Level of birth registration (CRS)	84.40	-15.60
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	80	1
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	82	-6
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	100.00	25.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	151	-3

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

MANIPUR - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	60.60	2	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	2.82	2	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
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HEALTH OUTCOMES DOMAIN

1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	4.45	0.92
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	99.99	3.67
1.2.2 Proportion of institutional deliveries (HMIS)	79.73	6.26
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	94	13
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	79.50	-3.1
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	63.87	N/A

GOVERNANCE AND INFORMATION DOMAIN

2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	2.87	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	28.19	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	11.98	-9.04
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	25.92	8.61

KEY INPUTS/PROCESSES DOMAIN

3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	27.27	-2.62
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	20.12	1.14
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	43.06	0.30
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	45.10	-2.57
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	66.67	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	44.83	-20.69
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	61.14	-2.09
3.1.6 Level of birth registration (CRS)	100.00	N/A
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	77	14
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	60	22
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	23.53	-5.88
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	-12.50
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	119	-139

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

MEGHALAYA - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	55.95	3	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	-0.88	5	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	7.70	0.05
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	77.61	-15.73
1.2.2 Proportion of institutional deliveries (HMIS)	62.65	0.54
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	116	-21
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	79.70	-6.1
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	100.00	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	13.44	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	10.56	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	9.97	-9.28
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	22.67	7.91
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	10.71	-9.29
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	12.56	-18.49
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	30.90	-4.77
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	41.55	11.82
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	66.67	-33.33
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	203.33	23.33
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	34.38	2.31
3.1.6 Level of birth registration (CRS)	100.00	N/A
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	91	7
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	89	7
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	10.34	2.93
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	9.09	9.09
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	58	20

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

MIZORAM - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	74.97	1	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	1.27	3	Least Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	4.72	0.07
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	90.76	-9.24
1.2.2 Proportion of institutional deliveries (HMIS)	95.10	-1.19
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	186	0
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	73.50	-17.1
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	100.00	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	22.00	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	18.71	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	13.91	4.14
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	25.98	0.00
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	20.23	4.16
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	7.12	1.01
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	2.38	-35.72
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	15.58	0.36
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	200.00	100.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	118.18	-18.18
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	11.11	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	75.36	1.75
3.1.6 Level of birth registration (CRS)	100.00	N/A
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	96	48
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	96	38
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	10.00	10.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	61	-116

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

NAGALAND - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	38.51	8	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	1.13	4	Least Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	4.09	0.2
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	58.23	-5.63
1.2.2 Proportion of institutional deliveries (HMIS)	54.30	-3.77
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	148	9
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	67.60	-4.3
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	73.80	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	54.79	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	107.87	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	5.81	-1.44
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	23.44	3.50
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	-11.01
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	0.00
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	0.00	-27.36
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	0.00	0.00
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	100.00	-25.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	150.00	-15.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	9.09	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	29.73	-6.10
3.1.6 Level of birth registration (CRS)	100.00	N/A
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	71	-8
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	65	0
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	94	-119

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

SIKKIM - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	50.51	5	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-2.70	7	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	7.63	-0.13
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	70.04	-4.4
1.2.2 Proportion of institutional deliveries (HMIS)	66.33	-3.86
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	197	-44
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	66.20	-11
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	33.51	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	29.16	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	26.76	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	23.99	-0.03
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	25.49	-0.03
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	30.43	-31.53
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	0.00	0.00
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	31.25	-3.13
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	200.00	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	366.67	150.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	76.97	-2.92
3.1.6 Level of birth registration (CRS)	66.20	-7.90
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	100	3
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	95	-5
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	133	-20

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

TRIPURA - FACTSHEET 2018

Category: 8 Smaller States

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	46.38	6	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	2.87	1	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	13.55	2.44
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	86.13	1.80
1.2.2 Proportion of institutional deliveries (HMIS)	88.41	9.05
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	44	-17
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	70.90	-17.6
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	5.80	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	3.35	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	10.89	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	11.85	0.98
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	24.90	7.64
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	24.63	-14.27
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	0.00
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	0.00	-2.06
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	1.41	N/A
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	100.00	100.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	85.71	28.57
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	121.62	5.40
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	60.92	-0.93
3.1.6 Level of birth registration (CRS)	82.40	0.70
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	93	-4
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	86	-8
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	5.56	5.56
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	38	-31

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

ANDAMAN & NICOBAR - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	45.36	6	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	-4.64	6	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	16.63	-0.54
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	77.22	-22.78
1.2.2 Proportion of institutional deliveries (HMIS)	75.71	-4.49
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	76	-63
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	83.90	-7.60
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	18.05	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	2.84	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	14.35	-0.66
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	13.29	-4.14
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	9.80	1.96
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	4.35	-3.10
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	10.61	-25.75
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	71.43	-28.57
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	0.00	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24X7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	-500.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	75.11	-1.83
3.1.6 Level of birth registration (CRS)	75.60	3.70
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	82	32
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	82	61
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	50.00	50.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0	-78

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

CHANDIGARH - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	63.62	1	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	11.35	2	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	20.89	0.12
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	83.40	-10.18
1.2.2 Proportion of institutional deliveries (HMIS)	100.00	0.00
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	523	218
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	86.80	1.20
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	57.98	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	27.88	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	17.96	5.95
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	8.95	-6.60
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	14.71	-14.70
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	-6.19
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	0.00	-69.17
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	11.36	11.36
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	100.00	38.67
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	250.00	100.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	200.00	200.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	66.34	29.55
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	94	16
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	93	5
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	100.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0	-35

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

DADRA & NAGAR HAVELI - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	56.31	2	Front-runner*
Incremental Performance (From 2015-16 to 2017-18)	21.67	1	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
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HEALTH OUTCOMES DOMAIN

1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	36.88	7.49
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	79.12	2.06
1.2.2 Proportion of institutional deliveries (HMIS)	87.21	0.12
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	225	92
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	89.60	3.30
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A

GOVERNANCE AND INFORMATION DOMAIN

2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	15.11	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	22.12	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	18.98	4.57
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	36.00	17.99

KEY INPUTS/PROCESSES DOMAIN

3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.93	0.93
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	2.13	-2.75
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	16.67	0.00
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	12.50	-5.68
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	100.00	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	66.67	-66.66
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	100.00	100.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	95.90	11.13
3.1.6 Level of birth registration (CRS)	86.20	21.10
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	100	9
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	92	3
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	100.00	N/A
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	50.00	50.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0	-62

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

DAMAN & DIU - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	41.66	7	Aspirant*
Incremental Performance (From 2015-16 to 2017-18)	5.56	3	Most Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	20.68	-3.69
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	52.83	-26.84
1.2.2 Proportion of institutional deliveries (HMIS)	47.37	-24.63
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	151	-15
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	92.60	13.10
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	17.43	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	15.27	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	10.78	-10.24
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	17.98	-18.05
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	-11.86
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	8.89	8.89
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	28.57	21.43
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	56.41	9.35
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	200.00	100.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	100.00	50.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	0.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	80.79	31.53
3.1.6 Level of birth registration (CRS)	49.90	-26.50
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	100	25
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	100	25
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0.00	0

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

DELHI - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	49.42	5	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	-0.61	5	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	19.60	-1.83
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	99.82	3.61
1.2.2 Proportion of institutional deliveries (HMIS)	82.84	2.24
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	360	12
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	84.80	-1.90
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	10.76	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	27.77	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	6.98	-2.65
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	25.02	8.30
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	8.91	-10.84
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	46.94	6.19
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	26.29	12.08
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	40.81	0.60
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	55.77	-13.04
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	82.35	-17.65
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	-0.60
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	72.73	-18.18
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	33.18	-0.51
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	78	21
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	81	25
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	4.00	4.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	7.02	-1.91
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	123	34

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

HEALTHY STATES, PROGRESSIVE INDIA

LAKSHADWEEP - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	53.54	3	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	-12.25	7	Not Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	7.44	1.88
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	77.08	-22.92
1.2.2 Proportion of institutional deliveries (HMIS)	65.00	-20.40
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	70	35
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	93.80	2.50
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	29.35	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	12.19	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	13.98	-12.81
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	N/A	N/A
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	0.00	0.00
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	0.00	0.00
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	0.00	0.00
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	46.15	-30.32
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	0.00	0.00
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	100.00	0.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	100.00	0.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	79.72	6.48
3.1.6 Level of birth registration (CRS)	54.50	-5.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	0	0
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	0	0
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	0.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	0	0

Overall Indicator Performance	Front-runners			Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable	

HEALTHY STATES, PROGRESSIVE INDIA

PUDUCHERRY - FACTSHEET 2018

Category: 7 Union Territories

	Index Score	Rank	Performance Category
Overall Performance (2017-18)	49.69	4	Achiever*
Incremental Performance (From 2015-16 to 2017-18)	2.21	4	Moderately Improved**

Indicator (Source of Data)	Overall Indicator Performance# (2017-18)	Incremental Indicator Performance## (From 2015-16 to 2017-18)
HEALTH OUTCOMES DOMAIN		
1.1.1 Neonatal Mortality Rate (SRS)	N/A	N/A
1.1.2 Under five Mortality Rate (SRS)	N/A	N/A
1.1.3 Total Fertility Rate (SRS)	N/A	N/A
1.1.4 Proportion Low Birth Weight (LBW) among newborns (HMIS)	14.61	-0.89
1.1.5 Sex ratio at Birth (SRS)	N/A	N/A
1.2.1 Full immunization coverage (HMIS)	69.50	-8.10
1.2.2 Proportion of institutional deliveries (HMIS)	100.00	0.00
1.2.3 Total case notification rate of Tuberculosis (RNTCP MIS)	114	11
1.2.4 Treatment success rate of new microbiologically confirmed TB cases (RNTCP MIS)	88.80	-0.40
1.2.5 Proportion of people living with HIV on antiretroviral therapy (Central MoHFW data)	N/A	N/A
GOVERNANCE AND INFORMATION DOMAIN		
2.1.1.a Data Integrity Measure – Percent deviation of HMIS reported data from NFHS for institutional deliveries (NFHS 4 & HMIS)	90.52	N/A
2.1.1.b Data Integrity Measure - Percent deviation of HMIS reported data from NFHS for ANC registered within 1st trimester (NFHS 4 HMIS)	48.82	N/A
2.2.1 Average occupancy of an officer (in months) for 3 key State posts for last 3 years (State Report)	24.69	4.71
2.2.2 Average occupancy of a District Chief Medical Officer (in months) for last three years (State Report)	22.48	-2.84
KEY INPUTS/PROCESSES DOMAIN		
3.1.1.a Proportion of ANMs positions vacant at Sub Centers (State Report)	11.72	2.99
3.1.1.b Proportion of Staff Nurses positions vacant at PHCs and CHCs (State Report)	4.62	2.24
3.1.1.c Proportion of MO positions vacant at PHCs (State Report)	16.14	3.36
3.1.1.d Proportion of Specialist positions vacant at District Hospitals (State Report)	35.11	14.55
3.1.2 Proportion of total staff (regular and contractual) with e-pay slip generated in the IT enabled Human Resources Management Information System (State Report)	90.20	11.85
3.1.3.a Proportion of facilities functional as FRUs (one FRU per 5,00,000 population) (State Report & MoHFW Data)	400.00	200.00
3.1.3.b Proportion of facilities functional as 24x7 PHCs (one 24x7 PHC per 1,00,000 population) (State Report & MoHFW data)	0.00	0.00
3.1.4 Functional Cardiac Care Units per District *100 (State Report)	50.00	25.00
3.1.5 Proportion of ANCs registered within first trimester (HMIS)	33.58	-5.96
3.1.6 Level of birth registration (CRS)	100.00	0.00
3.1.7.a Completeness of IDSP Reporting of P form (Central IDSP, MoHFW data)	100	10
3.1.7.b Completeness of IDSP Reporting of L form (Central IDSP, MoHFW data)	100	12
3.1.8 Proportion of CHCs with grading 4 points or above (HMIS)	25.00	0.00
3.1.9.a Proportion of DH/SDH with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.9.b Proportion of CHCs/PHCs with Quality Accreditation Certificates (State Report)	0.00	0.00
3.1.10 Average number of days for transfer of Central NHM fund to implementation agency (Central NHM Finance Data)	85	30

Overall Indicator Performance	Front-runners		Achievers		Aspirants	
Incremental Indicator Performance	Most Improved	Improved	No Change	Deteriorated	Most Deteriorated	Not Applicable

