

39.23

(2014-2015)

39.43

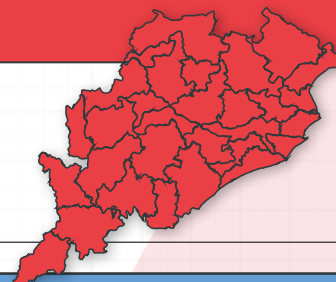
(2015-2016)



Health Story of Odisha

“Healthy States, Progressive India”, a report developed by NITI Aayog reported Odisha slipping from **Rank 16** in 2014-15 to **Rank 18** in 2015-16 among 21 large states

This factsheet aims to present an analysis of the key outcome and health strengthening processes/programmes to present the *health story of Odisha*.



NMR
32 infants* continue to die within 28 days of their birth
*for every 1,000 live births

IMR
42 infants* continue to die within a year of their birth
*for every 1,000 live births

U5MR
50 children* continue to die within five years of their birth
*for every 1,000 live births

While Odisha reports lower level of malnutrition among children below 5 years compared to the country:

<p>More than 45% ST children below 5 years in Odisha are stunted</p> <p>Twenty-two districts report high to very high prevalence of stunting</p> <p>Only three districts report acceptable low level of stunting</p> <p>Stunting</p> <p>Stunting or low height-for-age in children below five years indicates poor socio-economic conditions and undermines the ability of individuals and communities to reach full potential.</p>	<p>Critical prevalence of wasting is reported in 25 districts</p> <p>More than a quarter of ST children below 5 years suffer from Wasting</p> <p>None of the districts reported wasting within acceptable limits (below 5%)</p> <p>Wasting</p> <p>Wasting or low weight-for-height in children below five years indicates acute starvation and/or severe disease. It may also be the result of a chronic unfavourable condition.</p>	<p>About half of the ST children below 5 years are underweight.</p> <p>At least 21 districts reported very high prevalence of underweight and 5 districts reported high prevalence of underweight</p> <p>None of the districts reported low prevalence</p> <p>Underweight</p> <p>Underweight is influenced by both the height of the child (below five years and his or her weight). It reflects the long-term health and nutritional experience of the individual or population.</p>
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MMR
180 deaths per one lakh live births among 19 larger states

Tuberculosis
159 cases per one lakh population annually
At least 13 of its Northern and Southern districts reported higher TB burden than the state average

Malaria
Odisha alone accounts for more than 41% malaria cases in the country

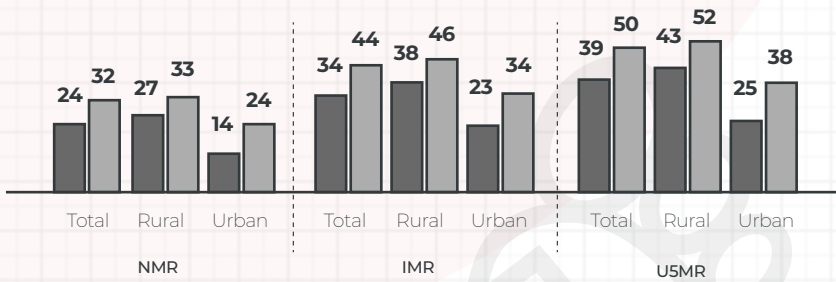




HEALTH STATUS AND PROGRAMME IMPACT

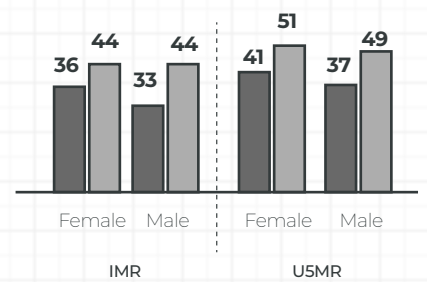
CHILD MORTALITY BY TYPE AND LOCATION

● India ● Odisha



Marked difference between rural and urban child mortality

CHILD MORTALITY BY SEX

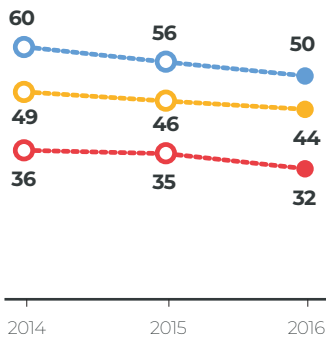


(Source: SRS)



TREND IN MORTALITY

● NMR ● IMR ● U5MR

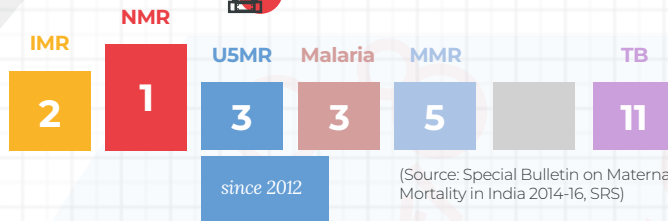


Urban NMR higher than national average
Highest NMR consecutively for 5 years since 2012

Difference in male-female mortality visible in U5MR

Higher rural IMR

Odisha ranks poorly on neo-natal, infant, under-five, and maternal mortality indicators

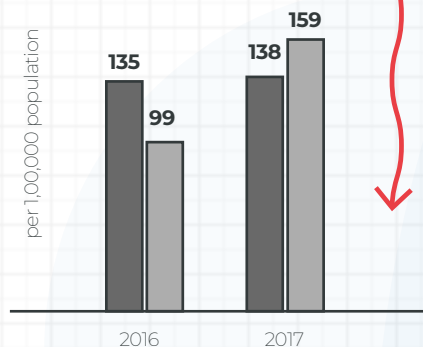


NHP Target (2025):

Neonatal Mortality Rate -	16
Infant Mortality Rate -	28
Under Five Mortality Rate -	23

TUBERCULOSIS NOTIFICATION RATE

● India ● Odisha



72% treatment success rate of new micro-biologically confirmed TB cases in 2017

Odisha slipped from 7th lowest annual TB (2016) to 11th highest TB burden states (2017) (Source: India TB Report, 2018)

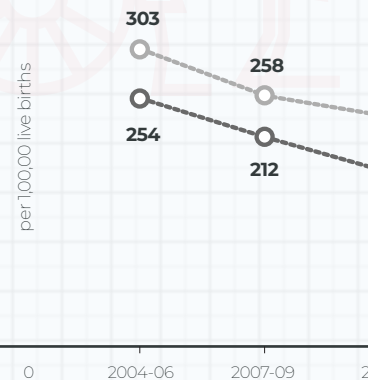
Highest annual TB notification rate reported in Gajapati (275 cases) is almost 4 times higher than the lowest TB notification district of Jagatsinghpur (70 cases)

NHP Target (2025):

To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status

MATERNAL MORTALITY RATIO

● India ● Odisha



41% malaria cases

Contribution of deaths in Odisha due to malaria has reduced from highest to third highest, but the state continues to account for more than half of the Plasmodium falciparum cases and more than 41% malaria cases in the country

(Source: <http://www.nvdbdcp.gov.in/index4.php?lang=1&level=0&iinkid=420&lid=3699>)

With adult HIV prevalence rate of 0.13% Odisha accounts for 1.9% of people living with HIV and 2% of AIDS related deaths in the country (Source: India HIV Estimations, 2017)

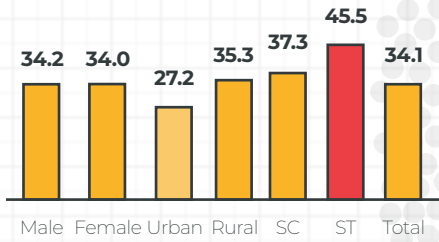
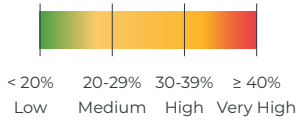


Out of 41,357 persons reported living with HIV (2017-2018) 43% were reported to be women



Only 41.4% people have access to ART compared to the national average of 55.2% (March, 2018)

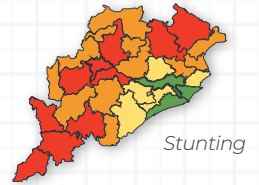
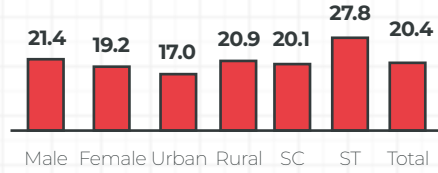
STUNTING (%)



Reference: WHO, 1995

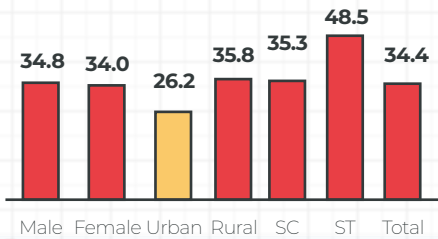
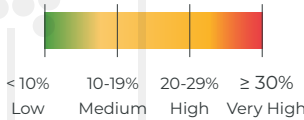
NHP Target (2025):
Reduction of 40% in prevalence of stunting of under-five children

WASTING (%)

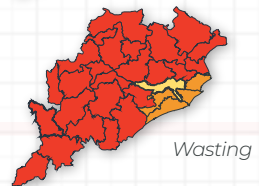


Stunting

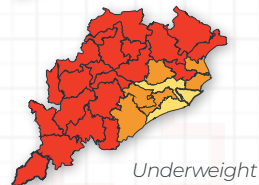
UNDERWEIGHT (%)



More than 70% of Odisha faces a nutrition crisis and is highest among ST children



Wasting



Underweight

NHP Target (2020):

Maternal Mortality Rate - **100**



ANAEMIA AMONG WOMEN - 15-49 YEARS (%)



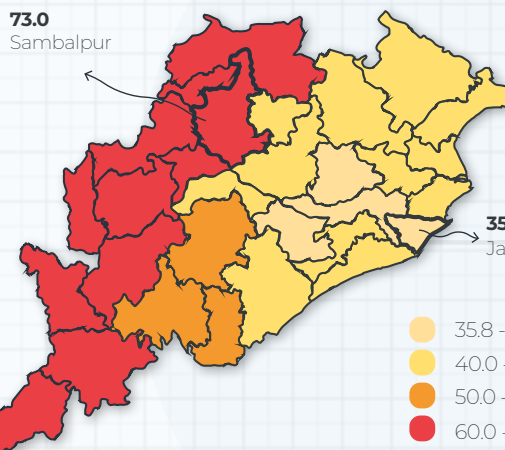
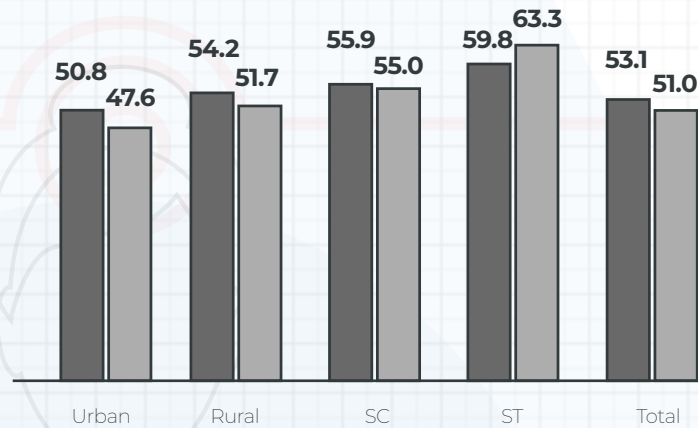
Anaemia is one of the main reasons associated with:

- Maternal mortality
- Increased morbidity from infectious diseases
- Perinatal mortality
- Premature delivery
- Low birth weight

in children:

- Impaired cognitive performance
- Motor development
- Scholastic achievement

● India ● Odisha



At least 11 districts of Western Odisha report more than 60% anaemic women

More than 63% ST women suffer from anaemia in Odisha.

NHP Target:

90% of all people diagnosed with HIV receive sustained ART

HEALTH SYSTEMS PERFORMANCE

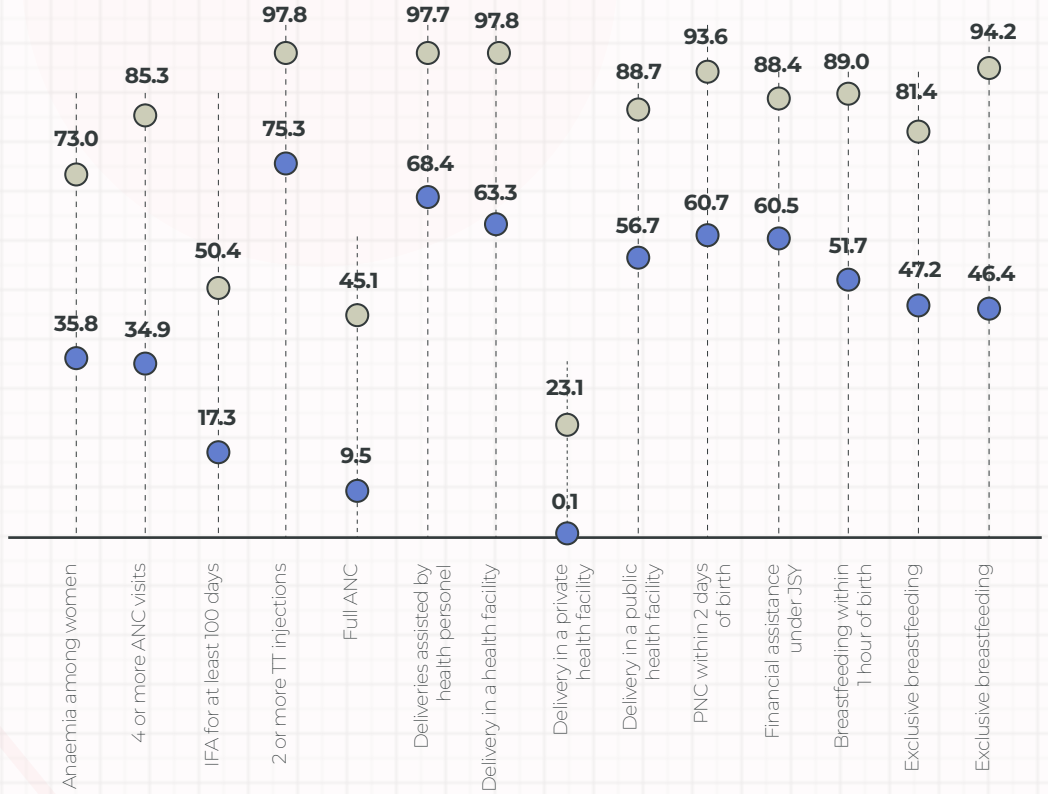
CONTINUUM OF CARE COVERAGE : PERFORMANCE OF DISTRICTS

District value (in %)

- Highest performing
- Lowest performing

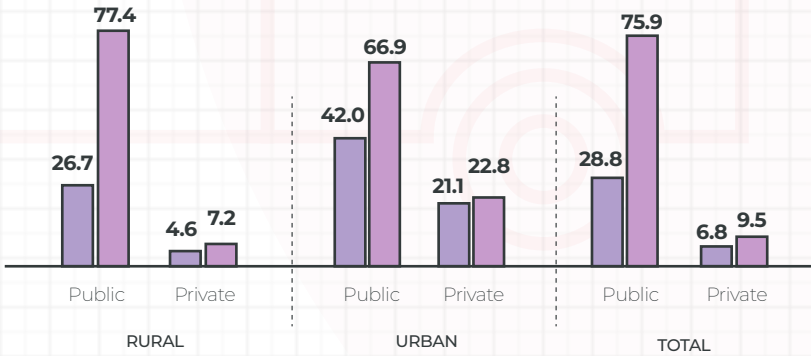
Odisha performed better than India on all the continuum care indicators across locations and social groups. However:

- 23 to 50 percent point gap between best performing and worst performing district.
- 55-90% mothers did not receive full ANC.
- 50-83% mothers did not consume IFA for at least 100 days.
- Low IFA consumption and incomplete ANC coverage explains high anaemia among women contributing to high MMR, low birth weight, NMR, malnutrition among children etc.



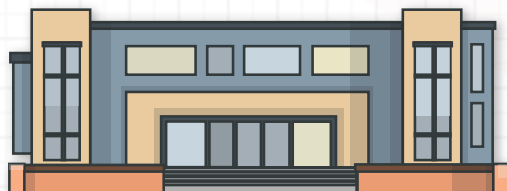
TREND IN ACCESS TO INSTITUTIONAL DELIVERY BY TYPE OF INSTITUTION (%)

● NFHS 3 (2005-06) ● NFHS 4 (2015-16)



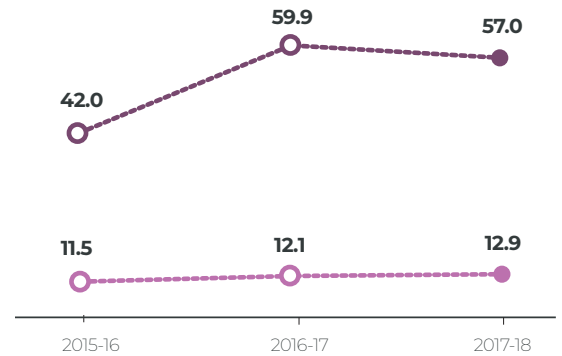
(Source: NFHS)

Incentivizing institutional delivery through government schemes has resulted in higher percentage of births in public health facilities



PROPORTION OF C-SECTIONS CONDUCTED AT FACILITIES OUT OF TOTAL DELIVERIES IN THE TYPE OF FACILITY

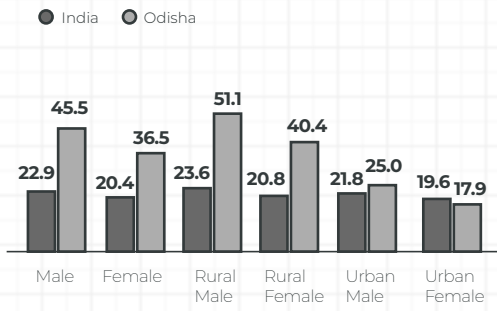
● Private ● Public



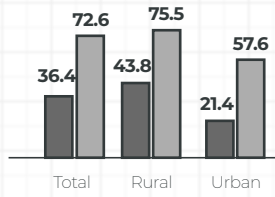
(Source: HMIS Report)

The proportion of c-section deliveries out of total deliveries is more than 4 times higher in private health facilities

POPULATION (15-49 Yrs.) COVERED BY ANY HEALTH SCHEME/INSURANCE

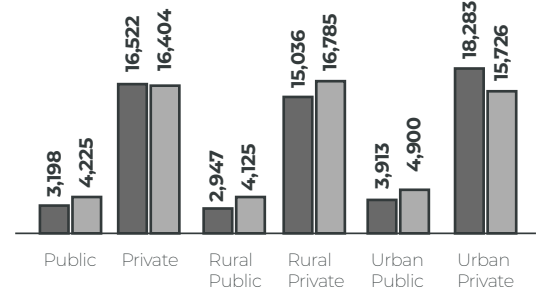


WOMEN WHO RECEIVED FINANCIAL ASSISTANCE UNDER JSY FOR DELIVERY IN A HEALTH FACILITY



JSY did not result in lower out-of-pocket expenditure in delivery at public health facilities in rural and urban areas and at private health facilities in rural Odisha.

OUT OF POCKET EXPENDITURE ON DELIVERY BY TYPE OF INSTITUTION

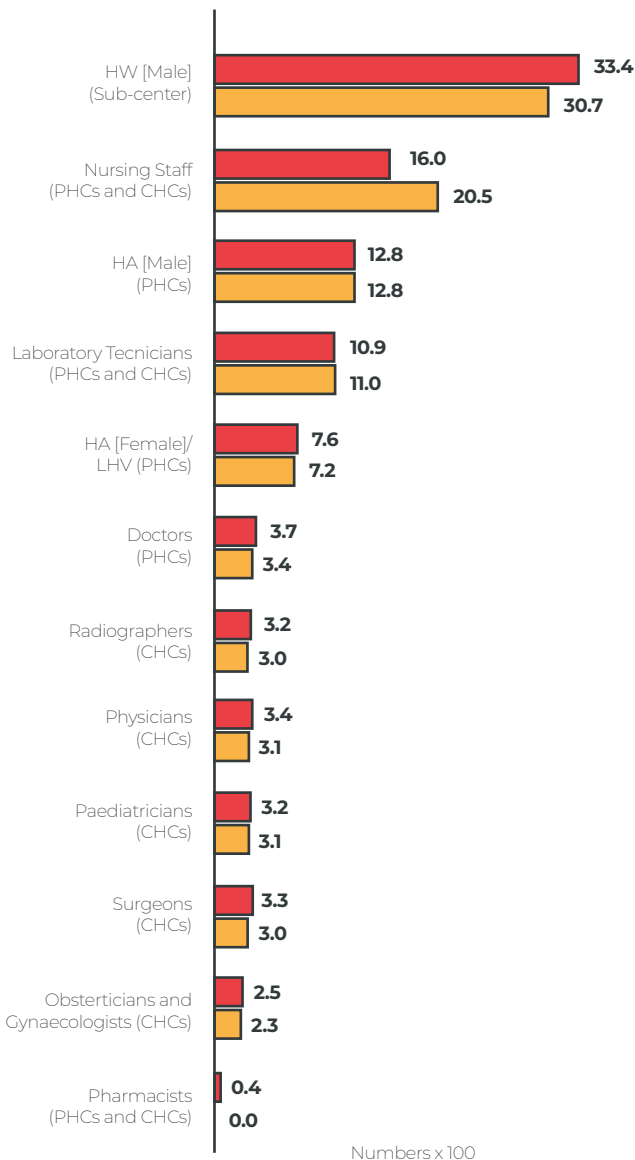


HEALTH SYSTEMS STRENGTHENING

SHORTFALL IN HEALTH WORKFORCE

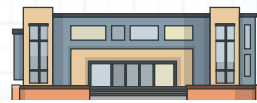


● 31/03/2018 ● 31/03/2017

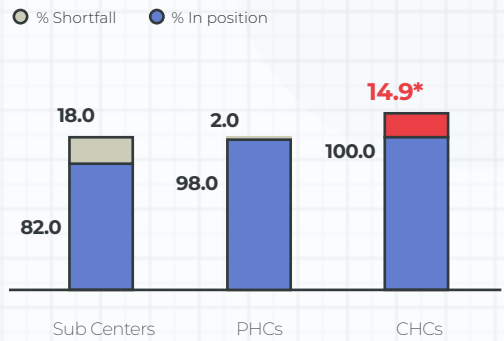


Despite the evident high mortality rates, high disease burden, and vulnerability in Rural Odisha, there continues to be a shortfall in the health workforce.

(Source: RHS, 2018)

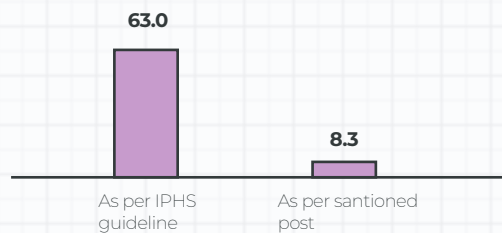


SHORTFALL IN HEALTH INFRASTRUCTURE (%)



*** Health infrastructure exceeds requirements in CHCs**

SHORTFALL IN DOCTORS (%)



PROGRAMMES, SCHEMES and BUDGET

Share of Health expenditure in State budget has decreased from **5.43% (2017-18) to 5.15% (2018-19)**.

While the NHP 2017 sets a target of health spending as a share of GSDP at **2.5%**, in **2018-19** it was just **1.4% (Rs.6181.96 Crore)** and in **2017-18** it was **1.3%**.

There is decline in capital expenditure allocation (**16%**) of Department of Health and Family Welfare from **1160 Crore in 2017-18 to Rs.990 Crore in 2018-19**.

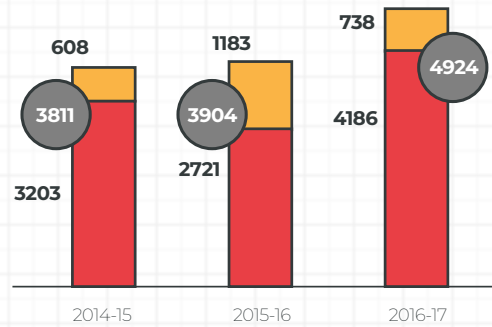
Capital expenditure under Mukhya Mantri Swasthya Seva Mission (that also focuses on development of infrastructure of peripheral healthcare institutions) has declined from **760 Crore in 2017-18 to 625 Crore in 2018-19**.

Odisha has witnessed a declining share of nutrition budget in total state budget since 2015 from **6.33% in 2015-16 to 5.9% share in 2018-19**.

There has been a significant gap between total allocation and total expenditure by Govt. of Odisha

Department of Health and Family Welfare

● Unspent budget ● Total expenditure ● Budget Allocated



National Health Mission (NHM), the centrally sponsored scheme that accounts for 21% of total health budget (in Crore)

2016-17 (RE)	2016-17	2017-18 (RE)	2018-19 (BE)
1237.0	1167.9	1024.5	1370.0



SCHEME	FOCUS	BENEFIT	BUDGET (2018-19) (in Crore)
Shishu O Matru Mrityuhara Sampurna Nirakaran Abhiyan (SAMPUR-	To accelerate reduction of infant and maternal mortality	Financial assistance of Rs.1000 as transportation incentive to expecting mothers.	52.0
MAMATA	To alleviate the issue of maternal and infant undernutrition	Conditional cash transfer maternity benefit scheme to enable pregnant and lactating mothers seek improved nutrition	155.0
Biju Krushak Kalyan Yojana / Rashtriya Swasthya Surakhya Yojana	Financial support through health and accident insurance as a part of the commitment of the welfare state	Health insurance cover to farmers and their families in rural Odisha	100.0
Odisha State Treatment Fund Society	RSBY/BKKY/BPL card holders or Antyodaya Anna Yojana card holders with annual income below 50,000 in rural areas and 60,000 in urban	Cashless health assistance for treatment of poor patients suffering from life threatening diseases	60.0
NIDAN	Free diagnostic services to all patients in public health facilities on PPP mode	Free diagnostic services to all patients; high end tests like CT Scan, MRI, Digital X-ray	80.0
Swasthya Sanjog	Engage vans (Mobile Medical Units) to deliver health services in remote areas on PPP mode	MMUs operate in most difficult to access villages to deliver health services.	20.5
Niramaya	To reduce out of pocket expenditure on accessing health care services	Free supply of medicines through Odisha State Medical Corporation	304.0

EXPENDITURE ON HEALTH INFRASTRUCTURE

In 2017-18, **Rs.394.48 Crore** has been spent towards development of infrastructure of existing Medical Colleges and Peripheral Health Institutions under Mukhya Mantri Swasthya Seva Mission.

Rs.365 Crore is provided for the establishment of new Medical Colleges which will help increase the availability of doctors.