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Analysis of NITI AAYOG (National Institution for Transforming India) health index report on the ranking of states and union territories: Round 2 (2015 – 2016/ 2017-2018)-V2

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Abstract

Abstract-India has committed to achieve the Sustainable Development Goals (SDGs) for Goal 3 of SDGs which is about ensuring healthy lives with promoting well-being for all. National Institution for Transforming India- (NITI) Aayog had started the State Health Index initiative for ranking, comparing, states and UTs for achieving desirable health outcomes. The key objective of NITI Aayog is to track development on health, to develop healthy competition and cross learning among states and UTs. Health Index Scores and rankings are generated to assess Incremental Performance (year-toyear progress) and Overall Performance of state/UT of India for achievement of health-related Sustainable Development Goals (SDGs) as well as Universal Health Coverage (UHC). This novel study second was a cross-sectional retrospective observational study. The Health Index consists of a set of indicators in the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. Health Outcomes are assigned the highest weight in this study; indicators were selected on the basis of their importance and availability of reliable data at least annually from pre- existing data sources such as the Sample Registration System (SRS), Civil Registration System (CRS) and Health Management Information Systems (HMIS). Data on indicators is included for Index calculations only after validation by the IVA.

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Analysis of NITI AAYOG report on the ranking of States-V2

Public Health / Review

1. Abstract-India has committed to achieve the Sustainable Development Goals (SDGs) for Goal 3 of SDGs which is about ensuring healthy lives with promoting well-being for all. National Institution for Transforming India- (NITI) Aayog had started the State Health Index initiative for ranking, comparing, states and UTs for achieving desirable health outcomes. The key objective of NITI Aayog is to track development on health, to develop healthy competition and cross learning among states and UTs. Health Index Scores and rankings are generated to assess Incremental Performance (year-to-year progress) and Overall Performance of state/UT of India for achievement of health-related Sustainable Development Goals (SDGs) as well as Universal Health Coverage (UHC). This novel study second was a cross-sectional retrospective observational study. The Health Index consists of a set of indicators in the domains of Health Outcomes, Governance and Information, and Key Inputs/Processes. Health Outcomes are assigned the highest weight in this study; indicators were selected on the basis of their importance and availability of reliable data at least annually from pre- existing data sources such as the Sample Registration System (SRS), Civil Registration System (CRS) and Health Management Information Systems (HMIS). Data on indicators is included for Index calculations only after validation by the IVA.

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Introduction

2. Background/rationale

By adopting the Sustainable Development Goals (SDGs), India is committed for Goal 3 of SDGs which is for ensuring healthy lives and promoting well-being for all. NITI Aayog in India has established the annual State Health Index tool for ranking the States/UTs on health outcomes, Governance and Information, and Key Inputs/Processes. The outcome is complemented with the MoHFW's (Ministry of Health and Family Welfare) Government of India to link a part of NHM funds to the States on this Index [1, 2]. I am presenting the second version of review of Round-2 of the Health Index, discussing the status of States and the UTs during the period 2015-16 (Base Year) and 2017-18 (Reference Year), i.e., a two-year period [3, 4]. The report on Health Index highlights the areas to focus by states and UTs for improvement in overall health outcomes.**NITI Aayog measures the annual performance and rank States and UTs on the basis of incremental change.** Health Index Scores and rankings are generated to assess Incremental Performance (year-to-year progress) and Overall Performance of state/UT for achievement of health-related Sustainable Development Goals (SDGs) as well as Universal Health Coverage (UHC).

3. Objectives

Aim of NITI Aayog of India is to promote a co-operative positive competition amongst the States and UTs of India for transformative action in achieving better health outcomes. The key Objective is to calculate and release a composite annual state/UTs Health Index by utilizing key health outcomes, health systems and service delivery indicators for generating Health Index scores and rankings of the States and UTs based on incremental performance and overall performance. Other objectives are to calculate positive/negative development on health, to encourage healthy competition and mutual learning among states and UTs, to ensure States' participation and ownership, transparency by using an independent validation of data by an independent agency.

Methods

4. Study design

This was a cross-sectional retrospective observational quantitative and qualitative study. The Health Index consists of indicators in the domains of **Health Outcomes, Governance and Information**, and Key Inputs/Processes. **Health Outcomes are assigned the highest weight**, indicators were selected on the basis of their importance and availability of reliable data at least annually from preexisting data sources such as the Sample Registration System (SRS), Civil Registration System (CRS) and Health Management Information Systems (HMIS). Data on indicators is included for Index calculations only after validation by the IVA. A composite Index is calculated as a weighted average of various indicators, for a base year (BY) and a reference year (RY). The change in the Index score of each State from the base year to a reference year is the annual incremental progress of each State. States and UTs were grouped in 3 categories to ensure comparison among similar entities, namely 21 Larger States, 8 Smaller States, and 7 UTs [3, 4]. The same 23 indicators were used for the Health Index-2018 as in the first round. Taking into account importance and availability of reliable data 23 indicators were included in the Health Index. OOPE (out of pocket expenditure) used in first round was

not available [3, 4].

5. Setting

For calculation of Index values and ranks, data was submitted online and validated by an Independent Validation Agency (IVA). The States were previously sensitized about the process for data submission through workshops and key stakeholders (Table-1). Data was submitted by participants States and UTs through online portal hosted by NITI Aayog and data from pre-existing sources in the public domain was pre-entered. After validation of data by an IVA it was used as an input into automated generation of Index values and ranks on the web-portal. The data was verified by IPE Global, an IVA prior to computing the Index and ranks for all States and UTs of India.

Table-1- List of 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 Index2018 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 Index2018	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

Source - NITI Aayog-India

This novel study was conducted over a period of eight months in 2018-19 see table-5. The States and UTs participated for finalization of the indicators/variables, workshops for sharing the methodology, process of data submission.

6. Participants

All states and UTs of India were participants. Multiple stakeholders as discussed above contributed to the Index development: The various Index was developed by NITI Aayog with help of World Bank, States and UTs, the Ministry of Health and Family Welfare (MoHFW), domestic and international sector experts and other development partners Categorization of States and UTs for ranking were based on the size, and administration[3,4]. The States were ranked in three categories, namely Larger States, Smaller States and UTs [1] (table-2).

Table-2- 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 & 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 & Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Delhi, Lakshadweep, Puducherry

This categorization was done due to the following reasons: • The SRS data on health outcomes (NMR, U5MR, TFR and SRB) were not available for 8 Smaller States and 7 UTs, • reliable estimates for these outcome indicators/variables based on raw data obtained from SRS for the Smaller States and UTs could not be derived due to statistically small sample size and insufficient number of events.

7. Variables

The main criteria for inclusion of indicators/variables were the availability of reliable data with at least an annual frequency. The output Index is a weighted composite Index based on indicators/variables in 3 fields: (1) Health Outcomes; (2) Governance and Information; and (3) Key Inputs/Processes. Each domain was assigned a weight based on its importance. The indicator values are scaled from 0 to 100 for generating composite Index scores and performance rankings for 2015-16 (Base Year) to 2017-18 (Reference Year), i.e., a two-year period. The annual incremental progress made from BY to RY is used to generate incremental ranks. Table 3 shows the number of indicators/variables in each domain and sub-domain along with weights, while Table-4 provides the detailed Health Index with indicators/variables, their definitions, data sources, and specifics of base and reference years.

Table 3 - Health Index: Summary

		larger states		smaller states		Union territories	
Domain	sub-domain	number of Indicators	Weight	number of Indicators	Weight	number of Indicators	Weight
Health Outcomes	Key Outcomes	5	500	1	100	1	100
ficatili outcomes	Intermediate Outcomes	5	250	5	250	4	200
governance and	Health Monitoring and Data Integrity	1	70	1	70	1	70
information	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

Source - NITI Aayog-India

Here it is important to mention that for round-2 larger states have 23 indicators unlike 24 of round 1 and total weight 1080 instead of 1130; smaller states 19 instead of 20 of round 1 and weight 680 instead of 730; UTs 18 indicators instead of 19 of round 1 and weight 630 instead of 680 for round1. * The data for indicator no. 1.2.6 related to out of pocket expenditure was available only for 2015-16 and hence was used to calculate independently the RY Index and rank of round1.

8. Data sources/measurement

The Health Index consists of 23 indicators/variables related to Health Outcomes, Governance and Information, and Key

Inputs/Processes (Table 4 provides Health Index-indicator details and data sources).

Table-4-Health Index: Indicators/variables, definitions, data sources, base and reference years

s. no.	Indicator	Definition	Base Year (BY) Data source Reference Year (RY)	and
Domai	n: Health Outcomes			
1.1.1	Neonatal Mortality Rate (NMR) ^[1]	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) ^[2]	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) ^[3]	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) ^[4]	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) ^[5]	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
s. no.	Indicator	Definition	Data source	Base Year (BY) and Reference Year (RY)
Domai	n: 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)
2.0.1	Average occupancy of an officer (in months), combined for following three posts at State level for last three years 1. Principal Secretary	Average occupancy of an officer (in months), combined for following posts in last three years: 1. Principal Secretary	State Report	BY and RY: 2011-12 to <u>2015-16</u> (HMIS) BY: April 1,
2.2.1	1 Mission Director (NHM)	1. Mission Director (NHM)	State Report	2013-

	2. D irector (Health Services)	2. Director (Health Services)		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
Domai	n: 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: Auxiliary Nurse Mid-wife (ANM) at sub-centres (SCs) S taff nurse (SN) at Primary Health Centres (PHCs) and Community Health Centres (CHCs) Medical officers (MOs) at PHCs Specialists at District Hospitals (Medicine, Surgery, Obstetrics and Gynaecology, Pediatrics, Anesthesia, Ophthalmology, Radiology, Pathology, Ear-NoseThroat (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
s. no.	Indicator	Definition	Base Year (BY) Data source Reference Year (RY)	and
0.1.0	 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
3.1.3	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
				BY:2015-

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]	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

- 1. The NFHS data were available only for Base Year and the data for this were repeated for the Reference Year.
- 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).
- Criteria for functional 24x7 PHCs: 10 deliveries per month (5 deliveries per month for Hilly and North-Eastern States except Assam).
- 4. 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.
- 5. Source NITI Aayog-India

9. Bias

Grouping and ranking the states according to size is a biased view. The researcher feels that population density/ per capita income/ literacy rate/ health workforce/ corruption-scam index etc. should be considered for ranking states. Summarizing the complexities and condensing it in an Index has limitations. Health Outcomes are assigned the highest weight knowing the fact that it is entirely dependent on input and governance. The governance in states such as Bihar is always controversial such as lack of Directorate, corruption, posting scams etc. [5].Hence the researcher feels that governance and input indicators are more important and it is a total biased view to provide health outcome highest weight which is totally dependent on other two. 10. Study size

All states and UTs of India were participants. Table 5 shows study period (This second edition of this exercise was conducted over a period of eight months in 2018-19.) The States were informed about the Health Index-2018 on July 14, 2018 through video conference chaired by the Chief Executive Officer (CEO), NITI Aayog. During the discussions an agreement was reached that the Base Year would be 2015-16, while the Reference Year would be 2017-18 for round 2.

Table 5– Study period

Source - NITI Aayog-India

11. Quantitative variables

See table-4

12. Statistical methods

Methodological details of constructing the Index-Computation of Index scores and ranks

After validation of data by the IVA, data was used for the Health Index score calculations. Indicator value was scaled, based on the nature of the indicator, for positive indicators, where higher the value, better the performance, the scaled value (Si) for the ith indicator, with data value as Xi, was calculated as follows:

Scaled value (Si) for positive indicator = (Xi - Minimum value) x 100/ (Maximum value - Minimum value)

For negative indicators where lower the value, better the performance (e.g. NMR, U5MR,) scaled value was calculated as follows:

Scaled value (Si) for negative indicator = (Maximum value - Xi) x 100/ (Maximum value - 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. Indicator value lies between the ranges of 0 to 100; e.g. 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 0, while the State with the highest NMR will get a scaled value of 0, while the one with the lowest NMR will get a scaled value of 100. Accordingly, the scaled value of other States will lie between 0 and 100 in both cases. Based on these scaled values (Si), a composite Index score was calculated for the base year and reference year by application of the weights using the formula:

Composite Index = (Σ Wi *Si)/ (Σ Wi) --Where Wi is the weight for ith indicator

The composite Index score has been used for generating overall performance ranks. The difference between the composite Index score of reference and base years was the annual incremental performance. The ranking is primarily based on the incremental progress, however, rankings based on Index scores for the base year and the reference year performance calculated to provide the overall performance of the States and UTs.

13 Results

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. Health Index score across States, range 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). I have already mentioned in version 1 that it is very difficult for states that are on top performance to improve more and more and the lowest ranking states have more space in this field to improve and some states are also utilizing this to get advertisement of improvement [3, 4]. The **top five best** performing States 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).

14. Descriptive data

Independent validation of data

IVA namely, Sambodhi Research and Communications Private Limited was hired by NITI Aayog 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.

15. Outcome data

Most Improved Improved No Change Deteriorated Most Deteriorated Not Applicable See Table-6, 7, 8, 9, 10, 11, 12, 13, and 14 for outcome data,

Table-6-Larger States: Health Outcomes domain indicators, base and reference years

Larger States	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)	
	ВҮ	RY	ВҮ	RY	ВҮ	RY	ВҮ	RY	ВҮ	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
	00	07	10	10	<u>.</u>	0.0	7.00	0.00	010	000

ЫНАК	28	27	48	43	3.2	3.3	1.22	9.23	916	908
DITAT	20	21	40	40			1.22	9.20	510	
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

Larger States		ULL ZATION ENTAGE)	1.2.2. INSTITUTIO DELIVERY (PERCENT		1.2.3. TB CAS NOTIFICATION (PER 1,00,000 POPULATION	NRATE	1.2.4. TB TREATMENT SUCCESS RATE (PERCENTAGE	1.2.5. PL ON AR		
	BY	RY	BY	RY	BY	RY	ВҮ	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	

**The data shown in grey colour 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.

Source - NITI Aayog-India

Table-7- Larger States: Governance and Information domain indicators, base and reference years

Larger States	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	ВҮ	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.

Source - NITI Aayog-India

Table-8- Larger States: Key Inputs/Processes domain indicators, base and reference years

Larger States	3.1.1.A. VACANCY: ANMS AT SCS (PERCENTAGE)		3.1.1.B. VACANCY: 3.1.1.C. VACANCY: SNS AT PHCS MOS AT PHCS AND CHCS (PERCENTAGE) (PERCENTAGE)				3.1.1.D. VACANCY: SPECIALISTS AT DHS (PERCENTAGE)		3.1.2. E-PAY SLIP (PERCENTAGE)	
	ВҮ	RY	ВҮ	RY	BY	RY	ВҮ	RY	ВҮ	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

BIH	AR	Ę	59.30	59.45	50.28	50.74	63.60	34.08	60.58	59.	72	0.00	0.00
CHF	ATTISGARH	ç	9.23	9.47	37.28	41.26	45.02	57.25	77.68	3 70.	83	0.00	12.04
GU	IARAT	2	28.08	10.32	36.46	23.67	32.03	30.23	55.50	21.	00	35.61	39.54
HAF	YANA		15.23	15.25	43.24	35.39	25.35	22.36	0.00	21.	08	0.00	99.98
нім	ACHAL PRADESH	ç	9.87	22.58	27.19	47.52	21.73	32.06	NA	NA		8.07	100.00
JAN	IMU & KASHMIR		10.28	9.44	27.48	17.93	30.15	28.80	22.22	2 25.	40	0.00	0.00
JHA	RKHAND		19.73	19.18	74.94	54.23	48.67	46.33	50.32	. 47.	18	0.00	0.00
KAF	NATAKA	2	22.59	33.39	25.97	21.73	11.48	4.61	21.53	37.	66	49.35	44.96
KEF	RALA	4	4.49	5.30	5.30	3.62	5.86	2.41	21.48	3 13.	50	100.00	100.00
MAG	OHYA PRADESH		14.23	13.84	33.50	42.22	58.34	55.08	50.98	49.	13	0.00	0.00
MAł	HARASHTRA	ç	9.46	9.75	15.67	15.33	16.96	22.79	30.34	47.	25	67.60	86.29
ODI	SHA	(0.00	0.00	0.00	0.00	26.91	31.87	19.04	27.	38	75.79	76.38
PUN	IJAB	8	3.48	11.99	33.98	12.91	7.77	17.66	47.72	. 18.	41	0.00	0.00
RAJ	IASTHAN		19.24	24.22	47.26	50.46	14.86	12.15	45.77	22.	40	0.00	69.38
TAN	IIL NADU		15.97	9.78	19.09	18.82	7.58	15.06	16.73	3 15.	78	84.72	84.38
TEL	ANGANA		18.01	14.64	12.79	7.22	22.31	14.99	54.81	53.	53	0.00	33.03
UTT	AR PRADESH	(0.00	0.00	1.89	0.00	26.73	4.78	32.41	28.	66	0.00	54.58
UTT	ARAKHAND		16.88	16.88	20.02	16.32	12.19	69.65	60.33	68.	00	0.00	0.00
WE	ST BENGAL	(0.77	0.77	9.70	9.70	41.23	41.23	20.18	3 20.	18	81.23	81.23
	Larger States	3.1.3.A. FUNCTIC FRUS (PERCEN			3.1.3.B. FUNCTION/ PHC (PERCENT/		3.1.4. FUNC DISTRICT * (PERCENT)		PER I	3.1.5. PROP FIRST TRIMESTER REGISTRAT (PERCENTA	ANC	3.1.6. LI REGIST	EVEL OF BIRTH RATION INTAGE)
		ВҮ	R	(BY	RY	ВҮ	RY	I	ВҮ	RY	BY	RY
	ANDHRA PRADESH	57.58	89	.90	29.15	22.67	53.85	53.85	7	74.38	78.68	100.00	95.70
	ASSAM	72.58	90	.32	176.92	83.01	0.00	0.00	8	80.55	84.76	100.00	100.00
	BIHAR	11.54	15	.38	73.58	53.79	0.00						
	CHHATTISGARH						0.00	5.26	Ę	55.47	61.75	64.20	60.70
		23.53	27	.45	40.39	111.37	3.70	5.26 3.70		55.47 74.60	61.75 89.49	64.20 100.00	60.70 100.00
	GUJARAT	23.53 42.98			40.39 31.46	111.37 56.29			7				
	GUJARAT HARYANA		63				3.70	3.70	1	74.60	89.49	100.00	100.00
		42.98	63 52	.64	31.46	56.29	3.70 48.48	3.70 48.48		74.60 74.91	89.49 78.40	100.00 95.00	100.00 98.80
	HARYANA	42.98 50.98	63 52 10	.64 .94	31.46 77.56	56.29 67.32	3.70 48.48 19.05	3.70 48.48 38.10		74.60 74.91 62.20	89.49 78.40 71.46	100.00 95.00 100.00	100.00 98.80 99.90
	HARYANA HIMACHAL PRADESH JAMMU &	42.98 50.98 121.43	63 52 10 22	64 94 7.14	31.46 77.56 5.80	56.29 67.32 5.80	3.70 48.48 19.05 91.67	3.70 48.48 38.10 83.33		74.60 74.91 62.20 81.39	89.49 78.40 71.46 85.14	100.00 95.00 100.00 93.10	100.00 98.80 99.90 89.20
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR	42.98 50.98 121.43 196.00	63 52 10 22 30	2.64 2.94 7.14	31.46 77.56 5.80 45.60	56.29 67.32 5.80 38.40	3.7048.4819.0591.6727.27	3.70 48.48 38.10 83.33 31.82	2 2 2 2 2 2 2	74.60 74.91 62.20 81.39 52.95	 89.49 78.40 71.46 85.14 64.83 	100.00 95.00 100.00 93.10 75.50	100.00 98.80 99.90 89.20 77.60
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND	42.98 50.98 121.43 196.00 22.73	63 52 10 22 30 12		31.4677.565.8045.6033.03	56.29 67.32 5.80 38.40 29.39	3.70 48.48 19.05 91.67 27.27 0.00	3.70 48.48 38.10 83.33 31.82 0.00		74.60 74.91 62.20 81.39 52.95 36.36	 89.49 78.40 71.46 85.14 64.83 51.65 	100.00 95.00 100.00 93.10 75.50 82.00	100.00 98.80 99.90 89.20 77.60 90.20
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA	42.98 50.98 121.43 196.00 22.73 116.39	63 52 10 22 30 12 10	.64 .94 7.14 0.00 .30	 31.46 77.56 5.80 45.60 33.03 69.23 	 56.29 67.32 5.80 38.40 29.39 62.68 	3.70 48.48 19.05 91.67 27.27 0.00 43.33	3.70 48.48 38.10 83.33 31.82 0.00 20.00		74.60 74.91 62.20 81.39 52.95 36.36 71.22	 89.49 78.40 71.46 85.14 64.83 51.65 79.09 	100.00 95.00 93.10 93.10 75.50 82.00 97.80	100.00 98.80 99.90 89.20 77.60 90.20 100.00
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA KERALA MADHYA	42.98 50.98 121.43 196.00 22.73 116.39 120.90 49.66	63 52 10 22 30 12 10 51	.64 .94 7.14 0.00 .30 (1.31 7.46	31.46 77.56 5.80 45.60 33.03 69.23 0.00	 56.29 67.32 5.80 38.40 29.39 62.68 0.00 	3.70 48.48 19.05 91.67 27.27 0.00 43.33 64.29	3.70 48.48 38.10 83.33 31.82 0.00 20.00 78.57		74.60 74.91 62.20 81.39 52.95 36.36 71.22 80.63	 89.49 78.40 71.46 85.14 64.83 51.65 79.09 83.22 	100.00 95.00 93.10 93.10 75.50 82.00 97.80 100.00	100.00 98.80 99.90 89.20 77.60 90.20 100.00 97.10
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA KERALA MADHYA PRADESH	42.98 50.98 121.43 196.00 22.73 116.39 120.90 49.66	63 52 10 22 30 12 10 51 63	.64 .94 7.14 0.00 .30 .1.31 7.46 .03	31.46 77.56 5.80 45.60 33.03 69.23 0.00 56.47	56.29 67.32 5.80 38.40 29.39 62.68 0.00 68.32	3.70 48.48 19.05 91.67 27.27 0.00 43.33 64.29 9.80	3.70 48.48 38.10 83.33 31.82 0.00 20.00 78.57 9.80		74.60 74.91 62.20 81.39 52.95 36.36 71.22 80.63 63.79	 89.49 78.40 71.46 85.14 64.83 51.65 79.09 83.22 62.78 	100.00 95.00 93.10 93.10 75.50 82.00 97.80 100.00 82.60	100.00 98.80 99.90 89.20 77.60 90.20 100.00 97.10 74.60
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA KERALA MADHYA PRADESH MAHARASHTRA	42.98 50.98 121.43 196.00 22.73 116.39 120.90 49.66 32.44	63 52 10 22 30 12 10 51 51 63 69	.64 .94 7.14 0.000 .30 11.31 7.46 .03 .14	31.46 77.56 5.80 45.60 33.03 69.23 0.00 56.47 46.71	56.29 67.32 5.80 38.40 29.39 62.68 0.00 68.32 35.14	3.70 48.48 19.05 91.67 27.27 0.00 43.33 64.29 9.80 22.86	3.70 48.48 38.10 83.33 31.82 0.00 20.00 78.57 9.80 58.33		74.60 74.91 62.20 81.39 52.95 36.36 71.22 80.63 63.79 66.82	89.49 78.40 71.46 85.14 64.83 51.65 79.09 83.22 62.78 71.50	100.00 95.00 100.00 93.10 75.50 82.00 97.80 100.00 82.60 100.00	100.00 98.80 99.90 89.20 77.60 90.20 100.00 97.10 74.60 94.00
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA KERALA MADHYA PRADESH MAHARASHTRA ODISHA	42.98 50.98 121.43 196.00 22.73 116.39 120.90 49.66 32.44 65.48	63 52 10 22 30 12 10 51 63 69 13	.64 .94 7.14 0.000 .30 .1.31 7.46 .03 14	31.46 77.56 5.80 45.60 33.03 69.23 0.00 56.47 46.71 30.00	56.29 67.32 5.80 38.40 29.39 62.68 0.00 68.32 35.14 26.43	3.70 48.48 19.05 91.67 27.27 0.00 43.33 64.29 9.80 22.86 3.33	 3.70 48.48 38.10 83.33 31.82 0.00 20.00 78.57 9.80 58.33 33.33 		74.60 74.91 62.20 81.39 52.95 36.36 71.22 80.63 63.79 66.82 75.75	89.49 78.40 71.46 85.14 64.83 51.65 79.09 83.22 62.78 71.50 83.64	 100.00 95.00 100.00 93.10 75.50 82.00 97.80 100.00 82.60 100.00 98.50 	100.00 98.80 99.90 89.20 77.60 90.20 100.00 97.10 74.60 94.00 97.50
	HARYANA HIMACHAL PRADESH JAMMU & KASHMIR JHARKHAND KARNATAKA KERALA MADHYA PRADESH MAHARASHTRA ODISHA PUNJAB	42.98 50.98 121.43 196.00 22.73 116.39 120.90 49.66 32.44 65.48 141.82	63 52 10 22 30 12 10 51 63 69 13 32	.64 .94 7.14 0.00 .30 .1.31 7.46 .03 .14 .05 0.91	31.46 77.56 5.80 45.60 33.03 69.23 0.00 56.47 46.71 30.00 26.35	56.29 67.32 5.80 38.40 29.39 62.68 0.00 68.32 35.14 26.43 27.08	3.70 48.48 19.05 91.67 27.27 0.00 43.33 64.29 9.80 22.86 3.33 63.64	 3.70 48.48 38.10 83.33 31.82 0.00 20.00 78.57 9.80 58.33 33.33 63.64 		74.60 74.91 62.20 81.39 52.95 36.36 71.22 80.63 63.79 66.82 75.75 73.01	89.49 78.40 71.46 85.14 64.83 51.65 79.09 83.22 62.78 71.50 83.64 75.17	 100.00 95.00 100.00 93.10 75.50 82.00 97.80 100.00 82.60 100.00 98.50 100.00 	100.00 98.80 99.90 89.20 77.60 90.20 100.00 97.10 74.60 94.00 97.50 100.00

UTT PR#	TAR ADESH	15.	75	25.75	17.42		20.42	().00	C	0.00			48.7	2	45.	21	68.	30	60.70	0
UTT	TARAKHAND	95.	00	65.00	54.46		50.50	(0.00	1	15.38	3		62.4	7	60.	96	86.	00	100.0	00
WE	ST BENGAL	49.	18	49.18	5.91		5.91		76.92	7	76.92	2		77.0	0	77.	00	92.	50	97.90	0
Larger S	States		3.1.7. IDS REPORT P FORM (PERCEN	ING OF	3.1.7. IDS REPORTI (PERCEN	NG L		GRA	. CHC DING CENTA	(GE)	, I	ACCR DH-SI	QUALITY REDITATIC DH CENTAGE		3.1.9. G ACCRE PHC (PERCE	DIT	ATION CH	łC-	3.1.10. FU TRANSFE DAYS)		0. OF
			BY	RY	ВҮ	RY	7	BY		RY	1	ВΥ	RY		BY		RY		ВҮ		RY
ANDHR	A PRADESH		99	100	99	10	0	37.24	1	87.37	7 (0.00	12.82	2	0.00		0.51		127		93
ASSAM			88	93	88	95		31.13	3	62.42	2 (0.00	0.00)	0.00		0.00		242		28
BIHAR			88	84	87	84		20.34	ļ	19.05	5 2	27.16	0.00)	1.52		0.00		40		191
CHHATT	TISGARH		84	87	82	79		47.74	ļ	67.07	7 (0.00	0.00)	0.00		0.00		57		61
GUJAR	AT		95	85	96	89		49.40)	29.78	3 2	2.99	31.03	3	0.60		8.26		24		68
HARYAI	NA		84	83	88	87		22.02	2	41.54	+ (0.00	9.30)	0.00		7.56		42		58
HIMACH	AL PRADESH	I	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	7 (0.00	0.00)	0.00		0.00		107		137
JHARKH	HAND		73	73	72	74		54.40)	55.31	(0.00	0.00)	0.00		0.00		67		187
KARNA	ТАКА		95	92	94	90		31.27	7	50.24	+ (0.53	1.60)	0.00		0.00		139		105
KERAL	A		96	92	96	95		0.44		0.43		10.00	7.59)	6.52		4.64		107		107
MADHY	A PRADESH		80	75	80	75		57.19)	67.59) (0.00	2.56	6	0.57		0.58		41		37
MAHAR	ASHTRA		79	88	76	84		38.52	2	59.30) (0.00	0.00)	0.27		0.28		66		95
ODISHA	۱.		83	90	74	82		22.8	l	46.42	2 -	15.25	15.25	5	0.00		0.00		59		19
PUNJAE	В		73	76	85	88		26.67	7	38.36	6 (0.00	7.94	ŀ	0.00		0.00		78		148
RAJAST	THAN		73	80	68	78		54.48	3	56.30) (0.00	1.82	2	0.00		0.00		48		109
TAMIL N	NADU		90	76	87	75		76.10)	62.08	3 4	4.29	2.26	6	4.94		1.56		50		46
TELANG	GANA		97	93	95	95		11.63	3	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
UTTARA	AKHAND		93	88	93	88		8.33		11.76	6 (0.00	0.00)	0.00		0.00		27		109
WEST B	BENGAL		78	91	80	87		53.74	ļ	74.43	3 (0.00	0.00)	0.00		0.00		51		64

Table-9-Smaller States: Health Outcomes domain indicators, base and reference years

Smaller States	1.1.4. L (PERCE	BW ENTAGE)	1.2.1. FU IMMUNI (PERCE	ZATION	1.2.2. INSTITUTIO DELIVERY (PERCENTA	TITUTIONAL 1.2.3. TB CASE NOTIFICATION TREATMENT		NAL RATE (PER 1.00.000 POPULATION)		RATE	1.2.5. PLHIV ON ART** (PERCENTAGE)
	вү	RY	BY	RY	ВҮ	RY	ВҮ	RY	ВҮ	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.

Source – NITI Aayog-India

Table 10 - Smaller States: Governance and Information domain indicators, base and reference years

Smaller States	2.1.1.A. DATA INTEGRITY: INSTITUTIONAL DELIVERY (PERCENTAGE)+	2.1.1.B DATA INTEGRITY: FIRST TRIMESTER ANC REGISTRATION (PERCENTAGE)+	2.2.1. AVERAGE OCCUPAN POST (IN MONTHS)	CY: STATE-LEVEL 3 KEY	2.2.2. AVERAC OCCUPANCY: (IN MONTHS)	
	BY/RY	BY/RY	ВҮ	RY	ВҮ	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

Source - NITI Aayog-India

Table 11 - Smaller States: Key Inputs/Processes domain indicators, base and reference years

Smaller States	ANN	1.A. VAC /IS AT SC RCENTA	CS	SNS A	3. VACAI T PHCS ENTAGI	AND C	HCS	MOS	I.C. VAC AT PH RCENTA	CS	SF	1.1.D. VA PECIALIS HS PERCENT	TS AT			PAYSLIF NTAGE))	
	BY		RY	BY	R	Y		BY		RY	B	Y	RY	BY	7	RY		
ARUNACHAL PRADESH	22.3	7	13.51	28.78	1	5.63		38.7	5	30.23	89	9.11	69.96	38.	.75	21.4	49	
GOA	30.1	0	20.00	11.68	2	8.57		14.2	2	20.19	39	9.70	36.74	0.0	00	0.0	C	
MANIPUR	29.8	9	27.27	18.98	2	0.12		42.7	6	43.06	47	7.67	45.10	0.0	00	0.0	C	
MEGHALAYA	20.0	0	10.71	31.05	1:	2.56		35.6	7	30.90	29	9.73	41.55	0.0	00	0.0	D	
MIZORAM	16.0	17	20.23	6.11	7.	.12		38.1	0	2.38	15	5.22	15.58	0.0	00	0.0	D	
NAGALAND	11.0	1	0.00	0.00	0.	.00		27.3	6	0.00	0.0	00	0.00	0.0	00	0.0	D	
SIKKIM	0.00		0.00	61.96	3	0.43		0.00		0.00	34	1.38	31.25	0.0	00	0.0	C	
TRIPURA	38.9	0	24.63	0.00	0.	.00		2.06		0.00	NA	A	1.41	0.0	00	100	.00	
Smaller States		3.1.3.A. FUNCTIO (PERCE	ONAL FR NTAGE)	US	24/7 P	TIONA			3.1.4. FUNCTI PER DISTRI((PERCE	CT *100		FIRST TRIME	ORTION C STER AN ENTAGE)	с	REC	6. LEVEL SISTRAT RCENTA	ION	RTH
		ВΥ	RY		BY		RY		ВΥ	RY	7	BY	RY		BY		RY	
ARUNACHAL PRADESH		133.33	200.0	00	42.86		35.71		0.00	0.0	00	36.99	34.	73	100.	.00	100.0	10
GOA		100.00	100.0	00	6.67		0.00		0.00	50	.00	58.74	55.3	33	100.	.00	84.40)
MANIPUR		66.67	66.67	7	65.52		44.83		0.00	0.0	00	63.23	61.	14	100.	.00	100.0	0
MEGHALAYA		100.00	66.67	7	180.00	0	203.33		0.00	0.0	00	32.07	34.3	38	100.	.00	100.0	0
MIZORAM		100.00	200.0	00	136.36	6	118.18		11.11	11.	.11	73.61	75.3	36	100.	.00	100.0	0
NAGALAND		125.00	100.0	00	165.00	0	150.00	1	9.09	9.0)9	35.83	29.	73	100.	.00	100.0	0
SIKKIM		200.00	200.0	00	216.67	7	366.67		0.00	0.0	00	79.89	76.9	97	74.1	0	66.20)
TRIPURA		57.14	85.71	1	116.22	2	121.62		0.00	0.0	00	61.85	60.9	92	81.7	0	82.40)
Smaller States	3.1.7. IDS REPORT P FORM (PERCEI	ring of	I	3.1.7. IDSF REPORTIN FORM (PERCENT	IG L	GRA	8. CHC ADING RCENT	AGE)	AC DH-	9. QUAI CREDIT SDH RCENT	ATION	AC PH	.9. QUAL CREDITA IC ERCENTA	ATION C	HC-	3.1.10. F TRANSF DAYS)		0. OF
	BY	RY	I	BY R	Y	ВΥ	R١	(BY		RY	Вγ	,	RY		ВΥ		RY
ARUNACHAL PRADESH	82	82	-	77	74	0.00	3.2	23	5.00)	0.00	0.0	00	0.00		143		108
GOA	79	80	8	88	82	75.0	0 10	0.00	0.00)	0.00	0.0	00	0.00		154		151
MANIPUR	63	77	(38	60	29.4	1 23	.53	12.	50	0.00	0.0	00	0.00		258		119
MEGHALAYA	84	91	8	82	89	7.41	10	.34	0.00)	9.09	0.0	00	0.00		38		58
MIZORAM	48	96	Į	58	96	0.00	0.0	00	0.00)	10.00	0.0	00	0.00		177		61
NAGALAND	79	71	(65	65	0.00	0.0	00	0.00)	0.00	0.0	00	0.00		213		94
SIKKIM	97	100		100	95	0.00	0.0	00	0.00)	0.00	0.0	00	0.00		153		133

97

93

94

TRIPURA

Table 12 – (UT) Union Territories: Health Outcomes domain indicators, base and reference years

0.00 0.00

0.00

5.56

0.00

0.00

69

38

86

UT	1.1.4. Ll (PERCE	BW ENTAGE)	1.2.1. FU IMMUNIZ (PERCE	ZATION	INSTITUTIONAL DELIVERY		1.2.3. TB CASE NO RATE (PER 1,00,000 POI	1.2.4. TB TREATMENT SUCCESS RATE (PERCENTAGE)		
	ВΥ	RY	ВΥ	RY	ВҮ	RY	ВҮ	RY	вү	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 13 - Union Territories: Governance and Information domain indicators, base and reference years

UT	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 CMOS (IN MONTHS)	OCCUPANCY:
	BY/RY	BY/RY	BY	RY	ВҮ	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. Source – NITI Aayog-India

 Table 14 - Union Territories: Key Inputs/Processes domain indicators, base and reference years

UT			A	1.1.A. VA NMS AT S ERCENT	SCS	Υ:	3.1.1.B. VACAN PHCS A (PERCE	CY: SN	CS	AT	.1.C. V PHCS ERCEN		СҮ: МО))S	3.1.1.D. VACAN SPECIA DHS (PERCE	ICY: ALISTS		3.1.2. I (PERC				
			B۱	(RY		вү	RY	r	BY			RY		вү	R	Y	ΒΥ		R	Y	
	DAMAN & NIC ANDS	OBAR	7.8	34	9.80		7.45	4.3	35	36.	36		10.61		100.00	7'	1.43	0.00		0	.00	
CHA	ANDIGARH		29	.41	14.71	1	6.19	0.0	00	69.	17		0.00		0.00	1	1.36	61.33		1	00.00	
DAD	DRA & NAGAF	R HAVELI	0.0	00	0.93		4.88	2.1	3	16.	67		16.67		18.18	12	2.50	0.00		0	.00	
DAN	MAN & DIU		11	.86	0.00		0.00	8.8	39	7.1	4		28.57		47.06	56	6.41	0.00		0	.00	
DEL	.HI		19	.75	8.91		40.75	46	.94	14.	21		26.29		40.21	4(0.81	68.81		5	5.77	
LAK	SHADWEEP		0.0	00	0.00		0.00	0.0	00	0.0	0		0.00		76.47	46	6.15	0.00		0	.00	
PUD	DUCHERRY		8.7	73	11.72	2	2.38	4.6	62	12.	78		16.14		20.56	35	5.11	78.35		9	0.20	
UT		3.1.3.A. FUNCTIO FRUS (PERCE)		24/7	3.B. ICTION PHC RCENT		I	3.1.4. F PER DISTRI((PERCE	CT *10	D	CCUS	TRIM	5. PORTIO MESTEF RCENTA	R ANC	FIRST	BI RE	rth Egist	EVEL (TRATIC	N	
		ВΥ		R	Y	BY		RY	I	ВΥ	F	Y		BY		RY		B	(RY		
NIC	DAMAN & OBAR ANDS	0.00		0.0	00	500	.00	0.00	(0.00	0	.00		76.94	4	75.11		71	.90	75.60		
CHA	ANDIGARH	150.00		25	50.00	0.00)	0.00	(0.00	2	00.00		36.7	9	66.34		10	0.00	100.0	0	
	ORA & GAR HAVELI	100.00		10	00.00	133	.33	66.67	(0.00	1	00.00		84.7	7	95.90		65	.10	86.20		
DAN	MAN & DIU	100.00		20	00.00	50.0	00	100.00	(0.00	0	.00		49.2	6	80.79		76	.40	49.90		
DEL	.HI	100.00		82	2.35	0.60)	0.00	ę	90.91	7	2.73		33.6	9	33.18		10	0.00	100.0	0	
LAK	SHADWEEP	100.00		10	00.00	0.00)	0.00		100.00	1	00.00		73.2	4	79.72		59	.50	54.50		
PUE	DUCHERRY	200.00		40	00.00	0.00)	0.00	1	25.00	5	0.00		39.5	4	33.58		10	0.00	100.0	D	
	UT		P FOR	RTING O	F		SP TING L F NTAGE)		GRA (PEF	3. CHC DING RCENT#	AGE)	AC DH	.9. QUA CREDIT -SDH ERCENT	TATION	AC PH		ΓΑΤΙΟ	N СНС-	TR	.10. FU ANSFE). OF D	R	
			BY	RY	I	BY	RY		BY		RY	BY	R	Y	BY		RY		BY		RY	
	ANDAMAN & NICOBAR ISL		50	82	2	21	82		0.00		50.00	0.0	0 0.	.00	0.0	0	0.00	D	78		0	
	CHANDIGARI	н	78	94	8	88	93		100.0	00	100.0	0.0	0 0.	.00	0.0	0	0.0	C	35		0	
	DADRA & NA HAVELI	GAR	91	100	8	89	92		NA		100.0	0 0.0	0 50	0.00	0.0	0	0.00	D	62		0	
	DAMAN & DIU	U	75	100	7	75	100)	0.00		0.00	0.0	0 0.	.00	0.0	0	0.00	D	0		0	
	DELHI		57	78	Ę	56	81		0.00		4.00	8.9	3 7.	.02	0.0	0	0.00	C	89		123	
	LAKSHADWE	EP	0	0	(0	0		0.00		0.00	0.0	0 0.	.00	0.0	0	0.00	C	0		0.00	
	PUDUCHERR	Y	90	100	8	88	100)	25.00	0	25.00	0.0	0 0.	.00	0.0	0	0.00	C	55		85	

16. Main results- see Figure 4.1/ E.1/E.2/ E.3 and table- 15/16/17/E.3

Larger States: Incremental scores and ranks, with overall performance from base year to reference year and ranks

Source – NITI Aayog-India

Table-15-Larger States: Overall performance in Reference Year – Categorization

	Overall Performance	e	
Incremental 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

Figure E.1-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.

Base (2015-16) Year

Reference Year (2017-18) Source - NITI Aayog-India

Table-16-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

Source - NITI Aayog-India

Figure E.2- Smaller States: Incremental scores and ranks, with overall performance from base year to reference year and ranks

Source - NITI Aayog-India

Table -17- Categorization of Smaller States on incremental performance and overall performance

	Overall Performance		
Incremental 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 changes), 'Least Improved' (0.01 to 2.0 points increase), 'Moderately Improved' (2.01 to 4.0 points increase), and 'Most Improved' (>4 points increase). Source - NITI Aavog-India

Figure- E.3 - Union Territories: Incremental scores and ranks, with overall performance from base year to reference year and ranks and table E.3

	Overall Performance		
Incremental 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

Source - NITI Aayog-India

17. Other analyses - see figure E.4 and E.5

It was found that the Health Index scores and the economic development levels of States and UTs as measured by per capita Net State Domestic Product (NSDP) are directly related to performance of States / UTs see-Figure E.4., except a few States with low level of economic development performed well in the Health Index, such as Jammu and Kashmir, Manipur, Mizoram, Andhra Pradesh, and Punjab.

Lesson learned

Jammu and Kashmir, Manipur, Mizoram, Andhra Pradesh, and Punjab may provide some insights on how to improve Health Index scores in States with similarly low level of economic development such as Bihar. Exceptions on the other end are States and UTs with high level of economic development but not performing well in Health Index score, e.g Goa, Delhi and Sikkim. Source – NITI Aayog-India

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 [1, 2].

Discussion

18. Key results

The Health Index 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 greater than 2.5 times of the least-performing State. Kerala was at top with overall score of 74.01, while Uttar Pradesh was at bottom with overall score of 28.61 (Figure E.1). For the Smaller States, scores varied between least 38.51 in Nagaland and top 74.97 in Mizoram (Figure E.2). Among the UTs, the scores were between 41.66 in Daman and Diu to 63.62 in Chandigarh (Figure E.3). Among the least performing States/UTs such as Bihar and Uttar Pradesh, there is an urgent need to increase efforts to increase performance.

Kerala and Tamil Nadu have reached the 2030 SDG target for NMR, which are 12 neonatal deaths per 1,000 live births. Nadu, Maharashtra and Punjab have achieved the SDG target related to Under-Five Mortality Rate (U5MR), which is 25 deaths per 1,000 live births. Among the eight EAG States, only three of the States Rajasthan, Jharkhand and Chhattisgarh showed improvement Among the eight EAG States, only three of the States Rajasthan, Jharkhand and Chhattisgarh showed improvement ,least-performing States (mostly EAG1 States) further deteriorated, leading to a wider performance gap across Larger States (Table 15/16). The **top ten performers** were Andhra Pradesh, Maharashtra, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka and Telangana. **The six least performing States were 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**.

Note1. EAG States - Empowered Action Group States includes Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttarakhand, Uttar Pradesh, and Odisha.

In Bihar, the deterioration 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. Kerala maintained its ranking as the top performing Larger State.

Smaller States- Mizoram ranked first while Tripura and Manipur were top two States in terms of incremental performance (Figure E.2 and Table 17). Sikkim and Arunachal Pradesh had bigger decrease in overall Health Index scores 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.

UTs- Chandigarh ranked first in while Dadra and Nagar Haveli improved the most (Figure E.3 and Table E.3)., ranked second in terms of overall performance ranking. Decline in the overall Health Index scores of Lakshadweep and Andaman & Nicobar Islands is due to deterioration of 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).

The indicators/variables where most States and UTs need to focus 1.vacancies in key staff, 2.establishment of functional district Cardiac Care Units (CCUs),3.Quality accreditation of public health facilities, and 4.institutionalization of Human Resources Management Information System (HRMIS), 5. Larger States need to focus on improving the Sex Ratio at Birth (SRB).

19. Limitations

For proper comparisons there is need for making outcome data available for smaller states, updated outcomes for noncommunicable diseases and financial protection, robust programmatic data for continuous monitoring were important issues, could not be addressed optimally. 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). LIMITATIONS OF THE INDEX**

1. 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.

2. For several indicators, the data are limited to public facilities due to the paucity and uneven availability of private sector data on health services in the HMIS.

3. For several key outcome indicators, data were available only for Larger States.

4. Non-availability of acceptable quality of data on an annual basis.

5. Assignment of highest weight to health outcomes is biased and not appropriate. Everyone knows that it is totally dependent on input and governance and these two are given low weight is amazing. Actually these two should be given more weight, it is evident from states like Bihar that there are failure/ignorance/ corruption /scams in these areas then how the state will improve without input and transparent good governance [5]. This may be an attempt to put everything on doctors and health staff and at the same time protect policy makers and administration from getting exposed.

20. Interpretation

The Health Index score ranking is an annual systematic tool for measurement of performance across States and UTs of health parameters. The results provide an important insight into the areas in which States have improved, stagnated or declined which will help in better targeting of interventions.

Conclusion

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. This exercise 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.

21. Generalisability

The States and UTs rank differently on performance, States and UTs at lower levels of the Health Index (lower levels of development of their health systems) are at an advantage in notching up incremental progress over States with high Health Index score. For example, Kerala ranks on top in terms of overall performance and at the bottom in terms of incremental progress mainly as it had already achieved a low level of Neonatal Mortality Rate (NMR) and Under-five Mortality Rate (U5MR) and replacement level fertility, leaving limited space for any further improvements.

Other information

This is the second version of the report. There are loopholes and drawbacks in report of Niti Aayog of which few are discussed. The next version 3 is under study.

22. Funding

The author declares that no funds are taken from any individual or agency-institution for this research study. **Reference**

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5. Kumar, D. (2022, April 22). Establishment of Public Health Management Cadre in India and guidelines for implementation – 2022; <u>https://doi.org/10.31219/osf.io/9muxf</u>

Declarations

-This version of paper has not been previously published in any peer reviewed journal and is not currently under consideration by any journal. The document is Microsoft word with English (India) language & 9001 words excluding reference and declaration etc. (9621 words Total including all).

-Ethics approval and consent to participate: Not applicable. This study has not involved any human or animals in real or for experiments. The submitted work does not contain any identifiable patient/participant information.

-Consent for publication: The author provides consent for publication.

-Availability of data and materials: Electronic records from HMIS (health management information system) of MoHFW (ministry of health and family welfare), Government of India, NITI Aayog.

-Conflicts of Interest/ Competing Interest: There are no conflicts / competing of interest

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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 ,CCU Cardiac Care Unit ,CHC Community Health Centre ,CIPS Centre for Innovation in Public Systems, 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, GBD Global Burden of Disease, FLV First Level Verification, FRU First Referral Unit, Hb Hemoglobin, 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, JSSK Janani Shishu Suraksha Karyakram, JSY Janani Suraksha Yojana, LBW Low Birth Weight , L Form IDSP Reporting Format for Laboratory Surveillance ,MCTS Mother and Child Tracking System ,MCTFC Mother and Child Tracking Facilitation Centre ,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 National Institution for Transforming India, NMR Neonatal Mortality Rate, NQAS National Quality Assurance Standards, OPV Oral Polio Vaccine, ORGI Office of the Registrar General and Census Commissioner, India ,OOP Out-of-Pocket ,PCPNDT Pre-Conception and Pre-Natal Diagnostic Techniques ,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,SBR Still Birth Rate ,SC Sub-Centre ,SDGs Sustainable Development Goals ,SDH Sub-District Hospital ,SLV Second Level Verification ,SRB Sex Ratio at Birth ,SRS Sample Registration System ,SN Staff Nurse ,SNO State Nodal Officer ,TA

Technical Assistance ,TB Tuberculosis ,TERI The Energy Research Institute ,TFR Total Fertility Rate ,U5MR Under-Five Mortality Rate ,USAID United States Agency for International Development, UTs Union Territories

- [1] . Not applicable for the category of Smaller States and UTs
- [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 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.