

Performance of Chhattisgarh

in

Reproductive and Child Health

and its

Comparison with other states

Based on

Analysis of NFHS-4 factsheets

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Executive Summary

A. Background: International Institute of Population Sciences (Mumbai) has conducted National Family Health Survey (Round 4) on behalf of the Ministry of Health and Family Welfare, Government of India. It has brought-out factsheets for various states and Union Territories in 2016. This report analyses the performance of Chhattisgarh in comparison to 13 large states covered by NFHS-4 so far, which are: Assam, Bihar, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamilnadu, Uttarakhand and West Bengal.

The district factsheets for Chhattisgarh are also available, though it is according to previously existing 18 districts. Thus e.g. Surguja data includes Surguja, Surajpur and Balrampur.

B. Purpose: This report is meant to assess the current situation of RCH indicators in the state along with comparison with other states. Further, this report is also meant to assess the progress made by Chhattisgarh over the situation in 2005-06 and to compare that with gains made by other states. It also provides a comparison of districts on important indicators though there are limitations of sample size.

Finally, based on the above analysis this report attempts to provide a list of areas which need more attention and effort. It highlights the districts with best or worst performance for each area.

C. Results of Analysis:

C.1. Areas of Poor Performance / Key Areas to focus on:

i) **Caesarian sections in Government facilities:** Availability of c-section facilities in places other than Raipur, Bilaspur, Durg, Rajnandgaon, and Ambikapur continues to be poor. The progress achieved by government facilities over the last decade has also been very poor. As a result, Chhattisgarh continues to be at the bottom amongst the states.

Unfortunately, private sector facilities are also absent in many districts, especially in the tribal districts and the new districts where government facilities are also weak. Therefore, the tribal and new districts need to be prioritized for ensuring adequate availability at least at one place per district to provide c-sections round the clock. Along with these, improvements are needed in some old districts as well like Janjgir, Kwardha, Kanker and Dhamtari in terms of c-section availability in government facilities.

ii) **Family Planning:** Performance of Chhattisgarh in promoting and providing Spacing methods like IUCD and Pills continues to be inadequate. Performance of Chhattisgarh has actually gone down in male sterilization. The state is still dependent

on female sterilization. Chhattisgarh will need to focus simultaneously on male sterilization, IUCD and Pill based methods to be able to meet its unmet need. Recent Gol plan to introduce non-hormonal pill (Chhaya) is also very relevant for future focus.

C.2. Areas of good performance:

- i) Reducing Under-Age Pregnancy:** Chhattisgarh appears to have made great progress in terms of reducing the problem of under-age marriage of girls. It was the fastest improving state over the last decade. It still has some way to go in order to further reduce it to below 10%. In terms of under-age pregnancies, Chhattisgarh has improved fast and has a good rank nationally now. Districts which still need more improvement are Surguja, Koriya, Bilaspur and Kwardha.
- ii) Ante-natal care (ANC) coverage:** Chhattisgarh speed of improvement was 2nd highest amongst the 14 states. As a result its current early registration rate of 70% gives it 3rd rank and it is only marginally behind the best performing state. In ensuring coverage of 4 Ante-natal check-ups, again Chhattisgarh has improved very fast in the last 10 years. It has doubled the 4 ANC-coverage in last decade. But, there is still a lot of scope for improvement as it is more than 20% points behind the best performer state. If the state keeps the current pace, it will be able to reach a good coverage over 5-10 years. Districts which need more improvement are Kwardha, Janjgir, Jashpur, Surguja and Koriya.
- iii) Reducing Anemia in pregnant women:** Chhattisgarh has improved fast in reducing anemia amongst pregnant women and as a result now has relatively better status compared to other states. In terms of anemia amongst overall adult population, Chhattisgarh is marginally behind the best performing states.
- iv) Reducing Childhood Anemia:** In childhood Anemia, Chhattisgarh has done very well and has reached a good rank.
- v) Measles immunization coverage:** Chhattisgarh has done very well in BCG and measles coverage and has the top position amongst 14 states for these 2 vaccinations.
- vi) Vitamin A supplementation coverage:** The pace of improvement in last decade in increasing Vitamin A coverage has been good in Chhattisgarh. While it was almost non-existent in 2005-06, now it has reached close to the best performing states.
- vii) Exclusive Breastfeeding:** The overall rate of exclusive breastfeeding is still healthy and Chhattisgarh continues to occupy the top spot amongst states.
- viii) Oral rehydration for diarrhea in children:** In terms of providing oral rehydration to diarrhea cases, Chhattisgarh is the top performer.
- ix) Use of Iodised Salt:** Most households in Chhattisgarh use Iodised salt and Chhattisgarh has a good rank.

C.3.Areas of average performance

Institutional deliveries: In institutional deliveries, Chhattisgarh has improved the fastest amongst the 14 states. In terms of deliveries in government facilities, it is at a middle rank. At the current pace of improvement, it should be able to reach around 80% figure soon.

JSSK: Chhattisgarh has out of pocket expenditure average of Rs.1480 per institutional delivery. Ideally it should not occur but, in comparison to other states, situation is relatively better in Chhattisgarh. Raigarh district though needs more improvement.

Women's Nutrition Status: Chhattisgarh has improved fast in the last decade but it still needs a lot more progress in improving women's nutrition.

Child Nutrition: In terms of childhood stunting and under-weight rates, Chhattisgarh has improved faster than other states over last decade. But, the state will have to sustain this pace of improvement for several more years. Thus, in terms of child growth indicators, Chhattisgarh has improved fast over its abysmal base but still needs to do a lot more. Rajnandgaon, Mahasbund, Dantewada and Bijapur have more stunting whereas Dhamtari, Bastar, Dantewada and Bijapur are poor-status in terms of under-weight children.

Prevention of diarrhea: In terms of prevalence of diarrhea amongst children, Chhattisgarh has more children having diarrhea than earlier. It is a high burden state for childhood diarrhea. On the prevention side of diarrhea, Chhattisgarh has made some progress in improving drinking water but is still behind the best performing states. Chhattisgarh at the time of survey (first half of 2016) lagged behind most states in availability of toilets. In terms of providing oral rehydration to diarrhea cases, Chhattisgarh is the top performer. Thus, in terms of primary treatment of diarrhea at community level, Chhattisgarh has done well but needs more effort on prevention front.

Bilaspur, Janjgir, Koriya, Surguja and Dhamtari show very high prevalence of diarrhea in children. Koriya and Surguja have poor availability of drinking water.

Polio and Pentavalent coverage: Polio coverage has been the main gap in Chhattisgarh immunization according to NFHS-4. There is scope to improve 3 Pentavalent (that includes 3 DPT) coverage. Particularly, districts of Jashpur, Kwardha, Surguja, Bastar, Narayanpur and Dantewada need to improve polio and pentavalent coverage.

Early initiation of breastfeeding: In terms of early initiation of breastfeeding, Chhattisgarh has improved fast over last decade but still needs to cover a fair distance to reach the desired level. Surguja, Jashpur, Durg, Dantewada have greater gap in timely initiation of breastfeeding.

Main Report

Background: International Institute of Population Sciences (Mumbai) has conducted National Family Health Survey (Round 4). It has brought-out factsheets for various states and Union Territories in 2016.

NFHS provides information mainly on Reproductive and Child Health (RCH) Indicators covering Maternal Health, Child Health and Family Planning in fair amount of detail. Apart from RCH, this round (NFHS-4) has also covered prevalence of Non Communicable Diseases (NCD) including existing rate of cancer screening though for these indicators past data is not available to serve as a baseline.

Data collection in Chhattisgarh took place in first half of 2016. Therefore it is one of the latest sources of independent survey data on health indicators. The previous round of NFHS (NFHS-3) took place in 2005-06. The district factsheets for Chhattisgarh are also available, though it is according to previously existing 18 districts. Thus e.g. Surguja data includes Surguja, Surajpur and Balrampur.

Purpose of this analytical report: This report is meant to assess the current situation of health indicators (mainly RCH) in the state along with comparison with other states. Further, this report is also meant to assess the progress made by Chhattisgarh over the situation in 2005-06 and to compare that with gains made by other states. It also provides a comparison of districts on important indicators though there are limitations of sample size.

Finally, based on the above analysis this report attempts to provide a list of areas which need more attention and effort. It highlights the districts with best or worst performance for each area.

Methodology: NFHS-4 has provided factsheets for 21 states and 5 Union-Territories so far. The 5 Union-Territories and 5 smaller states of Tripura, Sikkim, Meghalaya, Manipur and Goa have not been included in this analysis due to their small populations. States of Telangana and Andhra Pradesh have also been excluded because their bifurcated data of NFHS-3 is not available. That leaves 14 states including Chhattisgarh. Thus, this report analyses the performance of Chhattisgarh in comparison to 13 large states which are: Assam, Bihar, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamilnadu, Uttarakhand and West Bengal.

The report analysis performance in the following ways:

- a) Looks at current status of Chhattisgarh on each indicator. Compares the current status of Chhattisgarh on each indicator with other 13 major states reported by NFHS. The data on other states has been summarized as i) arithmetic average status ii) best performing state status iii) worst performing state status
- b) Calculates percentage points change achieved by Chhattisgarh on each indicator between 2005-06 (NFHS-3) and 2015-16 (NFHS-4). Compares the change achieved by Chhattisgarh on each indicator against the change achieved by other states.

1. Detailed Analysis: Maternal Health

a) Ante-natal care (ANC):

ANC	Mothers who had antenatal check-up in the first trimester (%)		Mothers who had at least 4 antenatal care visits (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh	70.8	24.8	59.1	30.8
Average of 14 states	61.4	12.6	55.1	13.2
Chhattisgarh Rank amongst 14 states	3	2	8	2
Top performing State	Punjab	Rajasthan	Tamil Nadu	West Bengal
Top Performing State %	75.6	29	81.2	37.5
Least performing State	Bihar	Tamil Nadu	Bihar	Tamil Nadu
Least Performing State %	34.6	-11.3	14.4	-6.2

Early ANC Registration: Chhattisgarh has improved fast on this indicator. Its speed of improvement was 2nd highest amongst the 14 states. As a result its current early registration rate of 70% gives it 3rd rank and it is only marginally behind the best performing state.

4 Ante-natal check-ups: In this aspect again Chhattisgarh has improved very fast in the last 10 years. It has doubled the 4 ANC-coverage in last decade. But, there is still a lot of scope for improvement as it is more than 20% points behind the best performer state. If the state keeps the current pace, it will be able to reach a good coverage over 5-10 years.

b) Institutional Deliveries:

Institutional Deliveries	Institutional births (%)		Institutional births in public facility (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	70.2	55.9	55.9	49.0
Average of 14 states	81.6	40.2	56.2	35.7
Chhattisgarh Rank amongst 14 states	12	1	8	2
Top performing State	Tamil Nadu	Chhattisgarh	Odisha	MP
Top Performing State %	99.0	55.9	75.9	51.1
Least performing State	Bihar	Tamil Nadu	Gujarat	Tamil Nadu
Least Performing State %	63.8	11.2	32.6	18.6

In institutional deliveries, Chhattisgarh has improved the fastest amongst the 14 states. In terms of deliveries in government facilities, it is at a middle rank. At the current pace of improvement, it should be able to reach around 80% figure soon.

This appears to be related to the introduction of JSY payments

C-Section	Births delivered by caesarean section (%)		Births in a private health facility delivered by caesarean section (%)		Births in a public health facility delivered by caesarean section (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	9.9	5.8	46.6	13.9	5.7	-19.2
Average of 14 states	16.4	7.8	40.9	13.8	11.9	-4.3
Chhattisgarh Rank amongst 14 states	11	10	5	5	13	14
Top performing State	Tamil Nadu	Tamil Nadu	West Bengal	Assam	Tamil Nadu	Tamil Nadu
Top Performing State %	34.1	13.8	70.9	26.6	26.3	11.4
Least performing State	Bihar	Bihar	Rajasthan	Punjab	Bihar	Chhattisgarh
Least Performing State %	6.2	3.1	23.2	8.2	2.6	-19.2

Availability of c-sections is a crucial gap in the state, especially when it comes to government health-facilities. The progress achieved by government facilities over the last decade has also been very poor. As a result, Chhattisgarh continues to be at the bottom amongst the states. This aspect therefore requires the most attention.

Out of Pocket Expenditure for deliveries - Janani Shishu Suraksha Karyakram (JSSK)	Average out of pocket expenditure per delivery in public health facility (Rs.)	
	Current Status	% points improvement in one decade
Chhattisgarh %	Rs.1480	Not Available. Scheme was not there at the time of NFHS-3.
Average of 14 states	Rs.2905	
Chhattisgarh Rank amongst 14 states	2	
Top performing State	MP	
Top Performing State %	Rs.1387	
Least performing State	West Bengal	
Least Performing State %	Rs.7782	

Chhattisgarh has out of pocket expenditure average of Rs.1480 for institutional deliveries. Ideally it should not occur. But in comparison to other states, it is relatively better in Chhattisgarh.

Post Natal Care

Post-natal care (PNC)	Children who received a health check after birth by health personnel within 2 days of birth (%)	
	Current Status	% points improvement in one decade
Chhattisgarh %	34	NA
Average of 14 states	25	
Chhattisgarh Rank amongst 14 states	3	
Top performing State	Punjab	
Top Performing State %	47.2	
Least performing State	Bihar	
Least Performing State %	10.8	

Though the current situation of 34% newborns receiving post-natal care by doctor/nurse is not satisfactory, it still puts Chhattisgarh at a good rank with respect to other states.

D) Social Indicators related to Maternal Health

Early Marriage and under-age Pregnancy	Women age 20-24 years married before age 18 years (%)		Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	21.3	-33.7	4.8	-9.8
Average of 14 states	25	-16.8	7.8	-6.5
Chhattisgarh Rank amongst 14 states	5	1	3	2
Top performing State	Punjab	Chhattisgarh	Punjab	Bihar
Top Performing State %	7.6	-33.7	2.6	-12.8
Least performing State	West Bengal	Assam	West Bengal	Tamil Nadu
Least Performing State %	40.7	-5.4	18.3	-2.7

Chhattisgarh was the fastest improving state over the last decade. It still has some way to go in order to further reduce it to below 10%.

In terms of under-age pregnancies, Chhattisgarh has improved fast and has a good rank nationally now.

Nutrition Status of Adults	Women whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m ²) ¹⁴ (%)		Men whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m ²) (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	26.7	-16.7	24.1	-14.4
Average of 14 states	22.7	-13.1	19.4	-14.4
Chhattisgarh Rank amongst 14 states	10	2	10	8
Top performing State	Punjab	West Bengal	Punjab	Haryana
Top Performing State %	11.7	-17.8	10.9	-19.6
Least performing State	Bihar	Punjab	MP	Punjab
Least Performing State %	30.4	-7.2	28.4	-9.7

Chhattisgarh has improved fast in the last decade but it still needs a lot more progress in improving women's nutrition. The overall household nutrition and access to balanced diets still seems to be a problem as men in Chhattisgarh also have a poor nutrition-status.

Anemia in women	Pregnant women age 15-49 years who are anemic (<11.0 g/dl) (%)		Non-pregnant women age 15-49 years who are anemic (<12.0 g/dl) (%)		All women age 15-49 years who are anemic (%)		Men age 15-49 years who are anemic (<13.0 g/dl) (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	41.5	-21.6	47.3	-9.8	47	-10.5	22.2	-4.8
Average of 14 states	48.6	-11.5	52.3	-3.5	52.2	-3.9	23	-2.2
Chhattisgarh Rank amongst 14 states	1	2	5	2	5	2	8	5
Top performing State	CG	Assam	Karnataka	Assam	Karnataka	Assam	Uttarakhand	Assam
Top Performing State %	41.5	-27.2	44.8	-23	44.8	-23.3	15.5	-14
Least performing State	Bihar	Punjab	Haryana	Punjab	Haryana	Punjab	Bihar	Punjab
Least Performing State %	58.3	0.4	63.1	16.1	62.7	15.5	32.2	12.3

Chhattisgarh has improved fast in reducing anemia amongst pregnant women and as a result now has relatively better status compared to other states. In terms of anemia amongst overall adult population, Chhattisgarh is still marginally behind the best performing states.

District-wise Maternal Health – Comparison of key-indicators

District	Mothers who had at least 4 antenatal care visits (%)	Institutional births (%)	Institutional births in public facility (%)	Births in a public health facility delivered by caesarean section (%)	Average out of pocket expenditure per delivery in public health facility (Rs.)	Women age 20-24 years married before age 18 years (%)	Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	Women whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m ²) ¹⁴ (%)	Non-pregnant women age 15-49 years who are anemic (<12.0 g/dl) (%)	Pregnant women age 15-49 years who are anemic (<11.0 g/dl) (%)
Durg	59.9	71.9	51.4	7.8	2,548	16.9	2.1	24.1	48.9	52.6
Raipur	76.3	69.1	46.3	8.4	1,355	18.9	2.9	26.7	50.9	51
Mahasamund	60.9	77.9	58.9	3.1	932	19.6	5	28.6	49.4	53.3
Dhamtari	76.3	82.6	62.7	2	889	8.5	2.8	29.8	55.5	46.6
Kanker	72.1	77.5	60.1	4	703	14.5	4.7	35.5	67.8	56.7
Bastar	55.8	66.4	60.1	0.8	489	20.1	4.8	37.1	68.2	57.3
Narayanpur	40.9	61.3	59.5	4.4	295	16.7	6.1	23.9	59.5	50.3
Dantewada	60.5	58.3	54.8	6	765	19.4	5	40.6	75.3	58.3
Bijapur	49	75.5	73.6	7.7	323	17.3	8	20.1	70.6	47.9
Korea	45.1	70.7	59.5	5.2	1,631	31.1	9.2	24.7	36.7	34.7
Surguja	41.7	64.7	55.5	10.8	1,677	42.8	9.5	35.9	35.1	37.6
Jashpur	34.6	60.8	47.3	3.0	932	31.8	5.5	28.3	35.2	54.5
Raigarh	67.7	66.8	54.3	6.8	5,329	21.4	2.8	28.4	41.8	36.5
Korba	52.9	67.1	49.3	4.0	935	20.2	4.3	29.9	45.4	39.7
Janjgir Champa	44.3	62.4	39.9	0.6	2,075	18.2	3.8	27	40.3	30
Bilaspur	60.7	77.6	67.2	4.5	1,113	21.4	7.5	13.5	40.1	24.8
Rajnandgaon	64.2	83.5	76.6	6.5	865	17.2	4.4	16.3	44.4	32.3
Kwardha	43.6	44.6	36.1	4.3	1,431	30.7	6.5	32.9	34.5	43

ANC coverage: Dhamtari and Kanker are best performing districts.

Kwardha, Janjgir, Jashpur, Surguja and Koriya have poor status.

C-sections in public facilities: Surguja, Raigarh, Rajnandgaon, Durg, Raipur perform well as they have well-staffed large public hospitals. Janjgir, Jashpur, Bastar, Kanker, Dhamtari, Mahasmund perform poorly.

Out of pocket expenditure for delivery: Raigarh performs very poorly. Tribal districts perform relatively better.

Early age marriage and pregnancy: Surguja, Koriya, Bilaspur and Kwardha perform poorly. Dhamtari, Durg and Raipur perform well.

2. Detailed Analysis: Child Health

a) Immunisation

Immunization	Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)		Children age 12-23 months who have received BCG (%)		Children age 12-23 months who have received 3 doses of polio vaccine (%)		Children age 12-23 months who have received 3 doses of DPT vaccine (%)		Children age 12-23 months who have received measles vaccine (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	76.4	27.7	98.4	13.8	81.7	-3.4	91.4	28.6	93.9	31.4
Average of 14 states	64.6	13.1	92.4	9.6	73.8	-1.4	80.4	16.1	82.9	16.8
Chhattisgarh Rank amongst 14 states	4	4	1	4	5	8	3	3	1	4
Top performing State	Punjab	Punjab	Chhattisgarh	Bihar	Punjab	Punjab	Punjab	Bihar	Chhattisgarh	Bihar
Top Performing State %	89.1	29	98.4	27	93.7	17.8	94.5	34.1	93.9	39
Least performing State	Assam	Tamil Nadu	Assam	Maharashtra	Assam	Uttarakhand	Assam	Tamil Nadu	Assam	Tamil Nadu
Least Performing State %	47.1	-11.2	82.3	-5.3	56	-12.3	66.5	-11.2	71.4	-7.4

Chhattisgarh has performed well in full-immunization. The pace of improvement in last decade has been good. It still needs to continue at this pace to reach the level of best performing states.

Chhattisgarh has done very well in BCG and measles and has the top position amongst 14 states for these 2 vaccinations. However, complete three dose Polio coverage has been the main gap in Chhattisgarh immunization according to NFHS-4. There is scope to improve 3 Pentavalent (that includes 3 DPT) coverage.

b) Vitamin A coverage

Vitamin A	Children age 9-59 months who received a vitamin A dose in last 6 months (%)	
	Current Status	% points improvement in one decade
Chhattisgarh %	70.2	61.3
Average of 14 states	63.2	46.0
Chhattisgarh Rank amongst 14 states	5	2
Top performing State	Karnataka	Karnataka
Top Performing State %	78.7	65.1
Least performing State	Uttarakhand	Uttarakhand
Least Performing State %	36.9	24.1

The pace of improvement in last decade in increasing Vit A coverage has been good in Chhattisgarh. While it was almost non-existent in 2005-06, now it has reached close to the best performing states.

c) Breast-feeding

Breast Feeding	Children under age 3 years breastfed within one hour of birth ⁹ (%)		Children under age 6 months exclusively breastfed ¹⁰ (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	47.1	22.5	77.2	-4.8
Average of 14 states	46.1	16.0	57	13.1
Chhattisgarh Rank amongst 14 states	8	4	1	13
Top performing State	Odisha	Bihar	Chhattisgarh	MP
Top Performing State %	68.6	30.9	77.2	36.6
Least performing State	Uttarakhand	Uttarakhand	Tamil Nadu	West Bengal
Least Performing State %	27.8	-5.1	48.3	-6.3

In terms of early initiation of breastfeeding, Chhattisgarh has improved fast over last decade but still needs to cover a fair distance to reach the desired level.

In terms of exclusive breastfeeding, there is a small decrease in the last decade in Chhattisgarh. The overall rate of exclusive breastfeeding is still healthy and Chhattisgarh continues to occupy the top spot amongst states.

d) Diarrhea in Children

Diarrhea	Prevalence of diarrhea (reported) in the last 2 weeks preceding the survey (%)		Children with diarrhea in the last 2 weeks who received oral rehydration salts (ORS) (%)		Households with an improved drinking-water source ¹ (%)		Households using improved sanitation facility ² (%)	
	Current Status	% points increase in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	9.1	3.9	67.9	27.9	91.1	13.2	32.7	18.1
Average of 14 states	8.3	-1.1	58.1	27.8	90.9	4	51.1	22.5
Chhattisgarh Rank amongst 14 states	10	13	2	7	7	1	12	9
Top performing State	Assam	Assam	Odisha	Rajasthan	Punjab	Chhattisgarh	Punjab	Haryana
Top Performing State %	2.9	-5.2	68.6	39.7	99.1	13.2	81.5	39.2
Least performing State	Uttarakhand	Uttarakhand	Bihar	Gujarat	Assam	Haryana	Bihar	Bihar
Least Performing State %	17	4.2	45.2	19.9	83.8	-3.9	25.2	10.6

In terms of prevalence of diarrhea amongst children, Chhattisgarh has **more** children having diarrhea than earlier. It is a high burden state for childhood diarrhea.

Chhattisgarh at the time of survey (first half of 2016) lagged behind most states in availability of toilets.

On the prevention side of diarrhea, Chhattisgarh has made some progress in improving drinking water but is still behind the best performing states. Assam has least diarrhea prevalence even though it is the worst performer in providing drinking water.

In terms of providing oral rehydration to diarrhea cases, Chhattisgarh is the top performer. Thus, in terms of primary treatment of diarrhea, Chhattisgarh has done well but needs more effort on prevention front.

e) **Nutrition Status of Children**

Nutritional Status	Children under 5 years who are stunted (height-for-age) ¹² (%)		Children under 5 years who are underweight (weight-for-age) ¹² (%)		Children age 6-59 months who are anemic (<11.0 g/dl) (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	37.6	-15.3	37.7	-9.4	41.6	-29.6
Average of 14 states	35.7	-9.9	33.5	-7.3	56.1	-12.2
Chhattisgarh Rank amongst 14 states	10	1	11	5	2	2
Top performing State	Punjab	Chhattisgarh	Punjab	M.P.	Assam	Assam
Top Performing State %	25.7	-15.3	21.6	-17.2	35.7	-33.7
Least performing State	Bihar	Tamil Nadu	Bihar	Maharashtra	Haryana	Haryana
Least Performing State %	48.3	-3.8	43.9	-1	71.7	-0.6

In terms of childhood stunting and under-weight rates, Chhattisgarh has improved faster than other states over last decade. But, the state will have to sustain this pace of improvement for several more years. Thus in terms of child growth indicators, Chhattisgarh have improved fast over its abysmal base but still needs to do a lot more.

In childhood Anemia, Chhattisgarh has done very well and has reached a good rank.

Diet Adequacy for Children	Total children age 6-23 months receiving an adequate diet ^{10,11} (%)	
	Current Status	% points improvement in one decade
Chhattisgarh %	10.9	
Average of 14 states	9.9	
Chhattisgarh Rank amongst 14 states	3	Not available
Top performing State	Tamil Nadu	
Top Performing State %	30.7	
Least performing State	Rajasthan	
Least Performing State %	3.4	

Chhattisgarh has a good rank but only 10.9% children get adequate diet in the state. It shows the abysmal situation of child feeding across the country.

Iodized Salt	Households using iodized salt (%)	
	Current Status	% points improvement in one decade
Chhattisgarh %	99.1	20.1
Average of 14 states	93.9	17.6
Chhattisgarh Rank amongst 14 states	2	8
Top performing State	Assam	MP
Top Performing State %	99.6	34.4
Least performing State	Tamil Nadu	Bihar
Least Performing State %	82.8	-1.1

Most households in Chhattisgarh use Iodised salt and the state have a good rank.

District-wise – Immunization and Vitamin A coverage

District	Children age 9-59 months who received a vitamin A dose in last 6 months (%)	Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	Children age 12-23 months who have received BCG (%)	Children age 12-23 months who have received 3 doses of polio vaccine (%)	Children age 12-23 months who have received 3 doses of DPT vaccine (%)	Children age 12-23 months who have received measles vaccine (%)
Durg	72.5	90.4	100	91.1	97.1	97.4
Raipur	70.7	80.1	98.4	82.5	90.2	93.7
Mahasamund	58.9	74.8	98.6	80.7	90.6	92.7
Dhamtari	60.3	88.2	97.5	93.8	98.7	94.1
Kanker	69.3	82	100	85.1	95.5	98.5
Bastar	65.8	71.6	100	75.5	92.7	94.2
Narayanpur	69.8	62.4	95.4	69.5	80.7	85.4
Dantewada	65.1	66.1	99.1	77.6	91.6	87.4
Bijapur	77.5	83.7	100	87.7	93.6	96.1
Korea	76.1	74.6	97.1	81.9	84.0	86.5
Surguja	61.9	64.3	97.4	72.5	86.5	94.6
Jashpur	64.8	50.4	95.2	64.7	79.3	82.6
Raigarh	79.6	68.5	94.6	74.0	89.8	94.8
Korba	66.2	80.8	99.1	84.5	91.8	94.4
Janjgir Champa	61.7	70.5	98.7	79.5	88.2	95.6
Bilaspur	79.5	82.0	97.8	90.4	96.8	92.6
Rajnandgaon	76.6	87.1	100.0	87.1	98.3	98.3
Kwardha	73.9	61.5	98.7	69.4	81.1	94.1

Full Immunisation: Durg, Dhamtari and Rajnandgaon are best performing districts. Jashpur, Kwardha, Surguja, Bastar, Narayanpur and Dantewada have very poor immunization coverage. While Jashpur performed poorly in all vaccines except BCG, other districts have gaps mainly in ensuring 3 doses of polio and pentavalent vaccines.

Vitamin A coverage: The list of well-performing and poor-performing districts in Vit A coverage is same as for immunization above. Thus districts doing badly in immunization tend to have gaps in Vit A coverage as well.

District	Prevalence of diarrhea (reported) in the last 2 weeks preceding the survey (%)	Children with diarrhea in the last 2 weeks who received oral rehydration salts (ORS) (%)	Households with an improved drinking-water source ¹ (%)	Households using improved sanitation facility ² (%)	Children under age 3 years breastfed within one hour of birth ⁹ (%)	Children under age 6 months exclusively breastfed ¹⁰ (%)	Total children age 6-23 months receiving an adequate diet ^{10,11} (%)	Children under 5 years who are stunted (height-for-age) ¹² (%)	Children under 5 years who are underweight (weight-for-age) ¹² (%)	Children age 6-59 months who are anemic (<11.0 g/dl) (%)
Durg	6.8	61.2	98.3	44.7	40.6	52.9	3.6	34.3	36.3	44.4
Raipur	5.1	48	95.1	38.6	44.2	78.8	10.9	38.3	37.4	47.1
Mahasamund	8.3	67.3	96.8	22	49.9	75.7	19.3	43.7	38.1	38
Dhamtari	12.9	80.3	95.8	54.5	48.7	74.5	10.4	34.2	40.2	52.7
Kanker	3.2	*	98	38.7	44.7	70.6	7	36.3	49.9	61.9
Bastar	11.4	71	94.5	17.6	54.8	68.5	8.5	41.6	50.6	59.4
Narayanpur	5.8	76.1	92.5	15.6	57.5	77.9	3.6	49	49.2	48.2
Dantewada	8.1	67.9	94	22.4	39.7	70.6	7.1	44.2	51.6	71.3
Bijapur	4	*	93.8	21.9	47.9	82.6	5.8	48.2	47.2	51.3
Korea	12.3	77.0	74.3	24.5	46.4	76.5	14.3	30.6	34.5	33.7
Surguja	9.7	50.4	72.6	18.2	33.9	84.3	12.5	32.3	34.7	38.6
Jashpur	7.1	51.6	83.3	15.1	37.8	70.2	10.7	35.1	35.2	31.1
Raigarh	8.0	65.9	92.8	26.7	39.9	74.1	12.0	39.2	37.1	38.8
Korba	5.1	69.4	80.2	34.3	46.3	81.9	7.4	33.2	36.6	39.1
Janjgir Champa	10.5	66.3	95.3	29.0	40.7	67.4	18.5	36.8	34.7	35.6
Bilaspur	17.8	77.3	91.9	40.0	54.8	82.1	12.0	34.1	33.3	31.1
Rajnandgaon	7.0	78.3	92.8	44.8	66.7	84.6	13.2	48.8	36.6	29.7
Kwardha	8.6	73.5	93.5	20.8	50.8	84.9	13.9	40.4	38.4	37.6

Childhood Diarrhea: Kanker performs well. Bilaspur, Janjgir, Koriya, Surguja and Dhamtari show very high prevalence of diarrhea in children. Koriya and Surguja have poor availability of drinking water. Toilets are short in most districts but Dhamtari, Durg and Rajnandgaon are relatively better. Jashpur and Surguja lag behind in oral rehydration.

Breastfeeding: Surguja, Jashpur, Durg, Dantewada have gaps in timely initiation of breastfeeding. Durg is exceptionally poor in exclusive breastfeeding too. Some districts having high rates of institutional delivery show poorer rates of timely initiation of breastfeeding. This indicates importance of putting more emphasis on timely breastfeeding for institutional deliveries.

Childhood Nutrition Status: Koriya, Surguja, Durg perform well. Rajnandgaon, Mahasmund, Dantewada and Bijapur have more stunting whereas Dhamtari, Bastar, Dantewada and Bijapur are poor-status in terms of under-weight children. Kanker and Bastar have higher rates of anemia in children.

3. Detailed Analysis - Family Planning:

a) Method used

Family Planning	Female sterilization (%)		Male sterilization (%)		IUCD/PPIUCD (%)		Pill (%)		Condom (%)	
	Current Status	% points improvement in one decade	Current Status	% points increase in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	46.2	5.5	0.7	-2.6	1.6	0.8	1.7	0.3	3.9	1
Average of 14 states	35.9	-1.9	0.3	-0.8	2.1	-0.0	5.2	1.6	6.5	0.5
Chhattisgarh Rank amongst 14 states	4	3	1	14	6	4	9	5	9	4
Top performing State	Maharashtra	Punjab	Chhattisgarh	Haryana	Punjab	Punjab	Assam	Assam	Punjab	Punjab
Top Performing State %	50.7	6.7	0.7	-0.1	6.8	1.3	22.0	11.7	18.9	3.4
Least performing State	Assam	Gujarat	Bihar	Chhattisgarh	Bihar	Karnataka	Tamil Nadu	Gujarat	Tamil Nadu	Tamil Nadu
Least Performing State %	9.5	-9.3	0	-2.6	0.5	-1.7	0.2	-1.2	0.8	-1.5

Family Planning	Couples using any modern method ⁴ (%)		Total unmet need (%)		Unmet need for spacing (%)	
	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade	Current Status	% points improvement in one decade
Chhattisgarh %	54.5	5.4	11.1	0.1	5.3	-0.1
Average of 14 states	50.4	-0.4	12.2	0.0	5.2	0.0
Chhattisgarh Rank amongst 14 states	5	5	7	9	7	6
Top performing State	Punjab	Punjab	Punjab	Rajasthan	Punjab	Rajasthan
Top Performing State %	66.3	10.2	6.2	-3.4	2.4	-1.6
Least performing State	Bihar	Gujarat	Bihar	Gujarat	Bihar	Gujarat
Least Performing State %	23.3	-13.4	21.2	8.6	9.4	2.7

Performance of Chhattisgarh has gone down in male sterilization. The state is still dependent on female sterilization. Performance in Spacing methods also continues to be inadequate. Chhattisgarh will need to focus simultaneously on male sterilization, IUCD and Pill based methods to be able to meet its unmet need.

Family Planning - District-wise analysis

District	Any modern method(%)	Female sterilization (%)	Male sterilization (%)	IUCD/PPIUD (%)	Pill (%)	Condom (%)	25. Total unmet need (%) (currently married women age 15–49 years)	26. Unmet need for spacing (%) (currently married women age 15–49 years)
Durg	62.9	55.5	0.7	1.4	1.1	4	9.3	4.6
Raipur	55	49.1	0.3	1.3	1.6	2.9	10.9	4.8
Mahasamund	61.9	57.1	0.4	0.7	2.1	1.7	7.7	3.9
Dhamtari	69.8	65	0.9	0.5	1.6	1.8	5.7	3.8
Kanker	53.4	46.7	2.1	0.4	1.2	3.1	13	5.5
Bastar	42.9	35.8	1.8	0.7	2.1	2.6	12.8	5.8
Narayanpur	39	29.1	1.1	2.2	1	4.6	14.2	6.9
Dantewada	31.7	26.6	1.6	0.4	0.8	1.1	16	9.1
Bijapur	50.6	41.1	1	2.7	2.2	2.8	9.6	6.2
Korea	47.5	34.4	0.1	1.6	2.6	8.1	13.0	6.0
Surguja	38.4	33.4	0.2	0.6	1.4	2.8	14.4	6.4
Jashpur	45.2	37.1	0.7	2.4	1.3	3.8	15.4	7.0
Raigarh	49.3	42.7	0.0	0.9	2.6	3.1	13.1	6.1
Korba	50.4	39.7	0.2	1.2	3.1	5.8	13.0	5.4
Janjgir Champa	59.1	52.6	0.3	1.7	1.0	3.4	12.5	5.9
Bilaspur	60.5	43.8	0.7	3.2	2.6	8.3	9.0	4.8
Rajnandgaon	62.9	49.3	1.8	4.0	1.2	4.6	9.0	4.9
Kawardha	56.8	54.1	0.0	1.5	0.7	0.5	10.7	5.7

Female sterilization: Kwardha, Dhamtari, Durg, Mahasmund and Janjgir are highly focused on female sterilization. Its availability in tribal districts is poor.

IUCD: Rajnandgaon, Bilaspur, Bijapur, Naryanpur and Jashpur have done relatively better in IUCD. Most other districts perform poorly.

Pill, Condom: Bilaspur, Koriya, Raigarh have done relatively better in pill usage. Most other districts perform poorly. Bilaspur, Koriya and Korba are better in condom usage.

Unmet need: Unmet need is very high in Jashpur, Surguja, Koriya, Korba, Janjgir, Raigarh, Bastar and Narayanpur.