

Chapter 9

Sustainable Development Goal-3: Good Health and Well Being

Highlights

- The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per National Health Policy (NHP), 2017 during period 2016-22.
- The GoCG had fixed the Maternal Mortality Ratio (MMR) target of 107 per one lakh live births by 2030 which was far below the national target of 70 by 2030. As against the first milestone target of MMR of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year).
- State has achieved the NHP target of Infant Mortality Rate (IMR) of 28 in the urban areas (26.2), as of March 2021. However, in the rural areas (48.7) of the State it was much higher than the target as well as higher than the national average of 38.4.
- State has attained the Under-5 Mortality Rate (U5MR) of 45 in 2020 against the baseline of 48 (2015-16), which was far below the expected level of the first milestone target of 38.
- Neonatal Mortality Rate (NMR), as against the baseline NMR of 27, was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19.
- Suicide mortality rate is higher than national average and other neighboring states. Chhattisgarh holds second position among the 28 States in case of suicidal deaths.
- Chhattisgarh had lowest per capita Out of Pocket Expenditure (OOPE) on health as a share of Monthly Per Capita Expenditure (MPCE) at 6.6 *per cent* against the national average of 13 *per cent*.
- Malaria incidence rate in Chhattisgarh decreased from 5.21 per 1000 population in base year 2015-16 to 1.97, as of 2020. Similarly, positivity rate of Malaria reduced to 0.56 *per cent* from 4.6 *per cent*.

9.1 Introduction

The United Nations (UN) General Assembly adopted (September 2015) a document titled “Transforming our world: the 2030 agenda for Sustainable Development”- comprising 17 Sustainable Development Goals (SDGs) and 169 associated targets. Out of these Sustainable Development Goal -3 (SDG-3) related to “Good Health and Well Being” seeks to ensure health and well-being for all, at every stage of life. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines.

9.2 Targets of SDG - 3

To measure India's performance towards the goal of Good Health and Well Being, 10 national level indicators have been identified, which capture eight out of the 13 SDG targets for 2030, outlined under this Goal. The global targets of SDG-3 are detailed in *Table - 9.1*:

Table - 9.1 – Targets of SDG – 3

Target no.	Brief description
3.1	Reduce the global MMR to less than 70 per 100,000 live births by 2030
3.2	End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030
3.3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030
3.4	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	Halve the number of global deaths and injuries from road traffic accidents by 2020
3.7	Ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

Target no.	Brief description
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

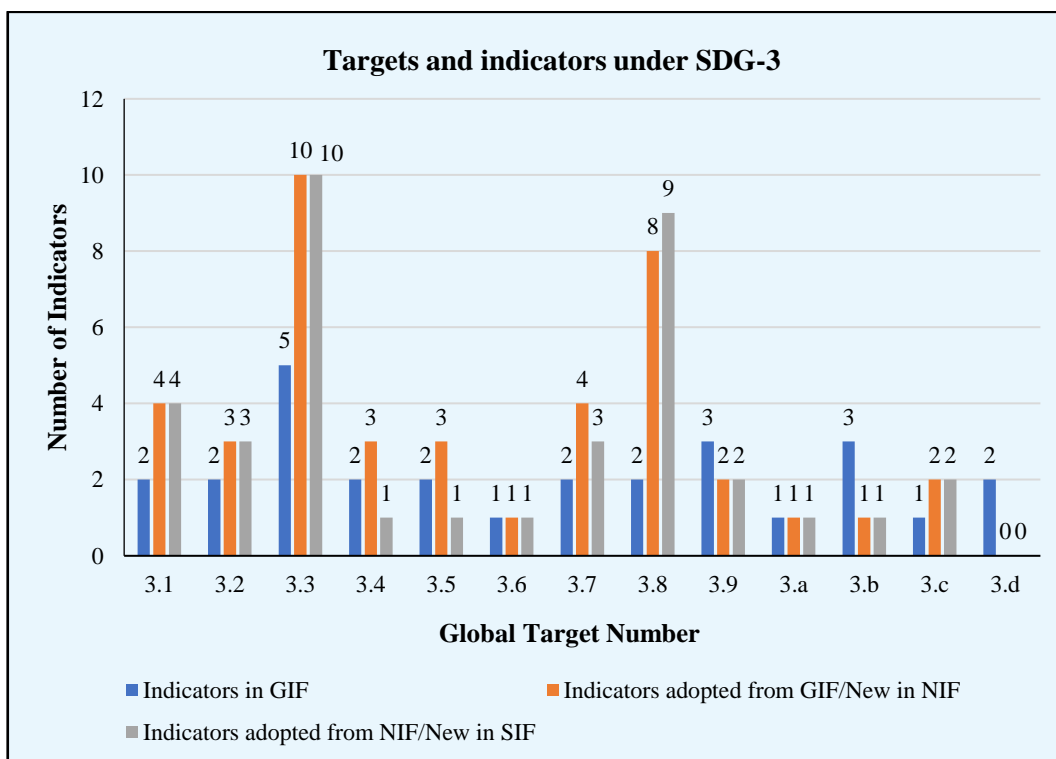
(Source: Compiled from SDG Indicators and Targets of NITI Aayog)

A comparative analysis of indicators for 13 targets was done by Audit to assess availability of indicators for SDG-3 by scrutinising Global Indicators Framework, National Indicators Framework (NIF), and Chhattisgarh SDG Indicator Framework (CG-SIF). Scrutiny of records/reports revealed following:

1. There are 28 Global Indicators and 42 National Indicators covering all 13 targets under SDG -3. In Chhattisgarh, State Indicator Framework was formulated (2021) based on NIF - 2.1 (29 June 2020).
2. The State adopted 38 NIF indicators which cover 12 targets (out of 13) in its SIF.

The details of indicators adopted in the National Indicator Framework and State Indicator Framework from Global Indicator Framework are presented in *Chart - 9.1*.

Chart - 9.1: Status of indicators formulated/adopted for Targets of SDG-3



(Sources: Global Indicator Framework, National Indicator Framework & State Indicator Framework)

9.3 Policy and framework for implementation of SDGs

9.3.1 Institutional Framework

For implementation and monitoring of SDGs, three committees were to be constituted in the State - (i) State Level Steering Committee on SDGs (SLSC) chaired by the Chief Minister, (ii) State Level Implementation & Monitoring Committee on SDGs (SLIMC) chaired by the Chief Secretary and (iii) District Level Implementation & Monitoring Committee on SDGs (DLIMC) chaired by the District Collector- for guiding the process of SDGs implementation and effective monitoring of the SDGs progress.

9.3.2 Chhattisgarh SDG Vision 2030

The GoCG has prepared (2019) Chhattisgarh SDG Vision 2030 document with an objective to achieve the SDG targets by 2030, which includes the seven-years strategies upto 2024 and three-years action plan up to 2020. The roadmap for SDG implementation, was assigned to respective departments of the State Government. Similarly, the review and monitoring of SDGs had been assigned to State Planning Commission (SPC), Chhattisgarh. The GoCG also formed the 11 sectoral working groups for inter-related SDGs, which were mapped to schemes and goals of various departments of GoCG.

9.3.3 Chhattisgarh SDG Indicator Framework (CG-SIF)

For monitoring the progress of SDGs, the State Planning Commission (SPC) has prepared (2021) the Chhattisgarh SDG Indicator Framework (CG-SIF) with technical support of UNICEF with 275 indicators against the 302 goal-wise indicators of NIF addressing 106 goal-wise targets against the 135 goal wise targets of NIF. Similarly, in CG-SIF for Goal 3 of SDG, 38 indicators were included against the 42 goal-wise indicators of NIF, despite inclusion of all goal wise targets of NIF.

9.3.4 SDG Baseline and Progress Report-2020, Chhattisgarh

The SPC had prepared and published (2021) the SDG Baseline and Progress Report-2020, Chhattisgarh for monitoring the progress of SDGs in the State which provides the vision of each goal besides strategies to achieve them. In the report, the Baseline (2015-16) data on the SDG indicators have been compared with 2019-20 data to show the progress during the period.

On scrutiny of records relating to the implementation of SDGs, Audit observed the following:

(i) District Level Implementation and Monitoring Committee (DLIMC) on SDG

The DLIMC was to be constituted in each district to achieve the SDGs. General Administration Department directed (January 2021) District Collectors to

constitute DLIMC. However, Audit observed that the DLIMC was not functioning in any of the test checked districts.

The DHS stated (January 2023) that the DLIMC started to modify the indicators which were included in District Indicator Framework (DIF). It was further stated that DIF has been released in August 2022 and meetings were held regularly.

It is evident from the reply that DIF has been released only in August 2022. Further, minutes of meeting of DLIMC were not provided to Audit.

(ii) *Delayed finalisation of Vision 2030 document*

The GoCG had initiated the process for the preparation of the SDG Vision 2030 document as early as September 2016, however, it had fixed target for preparation of vision document for seven-year strategy from 2017-18 to 2023-24 and three-year action document from 2017-18 to 2019-20 only in 2019 i.e., after lapse of more than 30 months.

The DHS stated (January 2023) that Department was continuously monitoring the SDG indicators along with CGSIF and DIF regularly.

(iii) *Delayed finalisation of CG-SIF*

The Ministry of Statistics and Programme Implementation, GoI (MoSPI) developed a NIF (September 2016) comprising possible national indicators. It consists of 306 statistical indicators to serve as a backbone for the monitoring of SDGs. In line with NIF, the State was required to prepare the CG-SIF for possible State indicators. However, the SPC has taken more than four years to finalise (2021) the same. As a result, the targets for achieving SDGs and monitoring of goals in the initial years (2016-2020) of SDGs were not available in the State.

The DHS stated (January 2023) that CGSIF and DIF have been published and the same are being monitored regularly.

9.4 SDG 3 – Good health and well being

The SDG-3 ‘Good Health and Well-Being’ has been evolved to ensure healthy life and promote well-being for all at all ages. SDG-3 is interconnected with other goals viz Goal 1 (No Poverty), Goal 2 (No Hunger), Goal 5 (Gender Equality), Goal 6 (Clean Water and Sanitation), Goal 7 (Affordable and Clean Energy) and Goal 12 (Responsible Consumption and Production). The goals and targets are also closely linked with access to social and reproductive health and rights, clean drinking water and sanitation, pollution free environment, control of climate related hazards, reducing all forms of violence and related deaths, elimination of harmful social practices, nutritious food and improving road safety for all. Besides, the Public Health and Family Welfare Department, other interconnected departments (line departments) such as the Women and Child Development Department, Public Health Engineering Department, Home Department, Environment Department and Commerce and Industries Department are the linked departments having interconnections with Goal 3 as the activities of these departments have an effect on and also contribute to the health.

In this connection Audit observed the following:

9.4.1 *Preparation of Vision 2030 for SDG-3 without considering the line departments*

The Department of Planning, Economics and Statistics (DPSE), GoCG identified (September 2016) Department of Public Health and Family Welfare (Department) as the nodal department and constituted a working group headed by the Principal Secretary of Public Health and Family Welfare for preparation of Vision 2030 Document, seven years strategy and three years Action Plan 2017-20 for SDG-3.

Audit observed that the nodal Department did not involve other line departments (except Home Department) for the implementation of SDG-3 and the programmes/ schemes contributing to the well- being and good health which were being implemented by other departments were not mapped. Audit also observed that though mapping of programmes/schemes was done but intra department convergence of these programmes/ schemes was missing in the vision document.

The DHS stated (January 2023) that regular monitoring and assessment was done.

Reply is not acceptable as no documents were provided to Audit to substantiate the reply.

9.4.2 *Deficiencies in Vision 2030 documents, Action Plan and Strategic Plan for SDG-3*

Audit observed the following deficiencies in the Vision 2030 document including three-year Action Plan and seven-year strategies for SDG-3:

- In three-year action plan milestones, numerical targets were not given for all the indicators except MMR, NMR and U5MR. In absence of the same, assessment of progress of remaining indicators was not possible for first milestone 2020.
- The requirement of financial resources was not assessed and projected for implementation of the Goal 3 and targets thereunder. This indicates that targets were set without assessment of matching financial resources.
- Vision document did not include strategy and action plan for increasing human resources in the field of medical, dental, nursing education and colleges.
- No specific action plan was there for filling up of vacant posts of health personnel and capacity building.
- As a strategy, it was outlined that inter sector co-ordination is one of the strategies, but it does not identify with which sector/departments/agencies co-ordination would be made.
- There was no strategy and action plan for integration of Ayush with comprehensive primary health care services, to conduct leprosy survey in high prevalence areas and increased surveillance in high epidemic districts, prevention measures to control dengue, to improve doctor-population ratio, targets were not fixed for issuance of certificates to handicapped, to decrease child deformity ratio, elimination of blindness.

Thus, the planning of financial and human resources was inadequate and devoid of vision for time bound achievement, as discussed in succeeding **Paragraph no. 9.6.9.**

The DHS stated (January 2023) that the various works were going on to achieve the target and indicators quoted in SIF and DIF viz. to eliminate Malaria, blindness, *Anemia* with the support of other Departments. It was also stated that efforts will be made to increase the healthcare staff (Doctor, Nurse, etc.) in next two years.

Reply is not tenable because no targets were fixed in SIF and DIF to make Chhattisgarh blindness free State and to eliminate dengue and moreover, no policy was prepared for recruitment of the manpower to match IPHS norms. Further, no efforts were made to co-ordinate with line departments.

9.5 Review and Monitoring of SDG-3

As discussed in the preceding paragraphs, SPC has prepared the CG-SIF for review and monitoring of SDGs. Though, the indicators were identified but the implementation and monitoring mechanism was inadequate in view of the following:

- The resource allocation in the State budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period.
- SDG dashboards, which will enable the Information Technology (IT) based monitoring framework to measure the progress of SDG indicators at the State, district and further local levels, has not been set up by SPC so far (December 2022). In absence of the same, the intervention and mid-course correction in the actions and strategies would not be possible.
- SPC has not developed the Block Indicator Framework (BIF) and Village Indicator Framework (VIF) to monitor the progress of blocks and villages respectively as required in the SDG framework. As the villages and blocks are the main implementation units, therefore non-formation of indicator framework or target for each level may adversely affect the achievement of SDGs.

DHS stated (December 2022) that the exercise of linking budget with SDG is being done by State Finance Department, in which schemes would be mapped with SDG and percentage of contribution of scheme also determined. Platform of SDG dashboard will be launched in near future.

9.6 Status of health indicators with respect to the first milestone (three years action plan)

CG-SIF identified 13 targets with 38 indicators under SDG-3. Out of the total 38 indicators, 34 indicators were taken from NIF, one indicator has been modified and three indicators were adopted from SDG India Index. These 38 indicators were further classified as outcome (21), output (16) and process (1) indicators. The *NITI Aayog* has also identified nine priority indicators for four targets (3.1, 3.2, 3.3 and 3.8). A comparison between Chhattisgarh and India in terms of important SDG indicators is given in *Table - 9.2*:

Table – 9.2: Status of health indicators with respect to first milestone targets of 2020 in comparison to the base line figures of 2015-16 vis-à-vis actual achievement

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
1	3.1 By 2030, reduce the global MMR to less than 70 per 1,00,000 live births	3.1.1 MMR (per 1,00,000 live births)	70	107	173	160	159
2		3.1.2 Percentage of Home deliveries attended by Skill Birth Attendance (SBA) (Doctor/ Nurse/ ANM)	100	Target not fixed	36.8	Target not fixed	40.9
3		3.1.3 Percentage of women aged 15–49 years with a live birth, for last birth, who received antenatal care, four times or more (in percentage)	100	Target not fixed	59.1	Target not fixed	88.7
4		3.1.4 Percentage of Institutional deliveries conducted (including C-sections)	100	Target not fixed	79.7	Target not fixed	98.3
5	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live birth and under- 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 U5MR (per 1,000 live births)	25	25	48	38	45
6		3.2.2 NMR, (per 1,000 live births)	12	12	27	19	29
7		3.2.3 Percentage of children in the age group 12-23 months fully immunized	100	100	76.4	Target not fixed	76.4
8	3.3 By 2030, end the epidemics of AIDS, TB, Malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other	3.3.1 Number of new HIV infections per 1,000 uninfected population	0	0	0.06	Target not fixed	0.06
9		3.3.2 Tuberculosis incidence per 1,00,000 population	0	0	138	142	141
10		3.3.3 Malaria incidence per 1000 population	0	0	5.21	Target not fixed	1.97

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
11	communicable diseases	3.3.9 Proportion of grade-2 cases amongst new cases of Leprosy (in rate per million)	0	0	7.24	Target not fixed	4.5
12		3.3.10 HIV Prevalence Rate (in per cent)	0	Target not fixed	0.13	Target not fixed	0.13
13	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being	3.4.1 Suicide mortality rate (per 1,00,000 population)	0	Target not fixed	27.7	Target not fixed	24.7
14	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 People killed/injured in road accidents (per 1,00,000 population)	0	Half the number of current status	15.9/52.32	Half the number of current status	16.1/44.7
15	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Percentage of currently married women (15-49 years) who use any modern family planning methods (similar to indicator 3.8.1 and 5.6.1)	100	100	54.5	100	54.5
16	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.2 Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period	100	Target not fixed	89	Target not fixed	87
17		3.8.3 Percentage of people living with HIV, currently receiving ART among the detected number of adults and children living with HIV	100	Target not fixed	60	Target not fixed	76
18		3.8.7 Total physicians, nurses and midwives per 10,000 population	45	Target not fixed	2.56/8.85 (physicians/nurses and midwives)	Target not fixed	2.95/13.64

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
19		3.8.8 Number of beds in the empaneled hospitals per lakh eligible beneficiaries (PMJAY)	NA	Target not fixed	NA	Target not fixed	121
20		3.8.9 Average out of pocket medical expenditure (OOPME) for institutional childbirth cases during stay at hospital over last 365 days	NA	0	NA	Target not fixed	3423
21	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to unintentional poisoning, (per 1,00,000 population)	0	NA	8	Target not fixed	7.58
22	3.b Support the research and development of vaccines and medicines for the communicable and non communicable diseases to protect public health, and, in particular, provide access to medicines for all	3.b.1 Budgetary allocation for Department of Health Research, (in.crore)	NA	Target not fixed	NA	Target not fixed	10 lakh
23	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce	3.c.2 Percentage of government spending (including current and capital expenditure) in health sector to GSDP	NA	Target not fixed	0.95	Target not fixed	1.49

(Source: 'Baseline status' and 'current status' from Baseline and Progress Report-2020 Chhattisgarh, 2030 targets from SDG Vision 2030 Chhattisgarh)

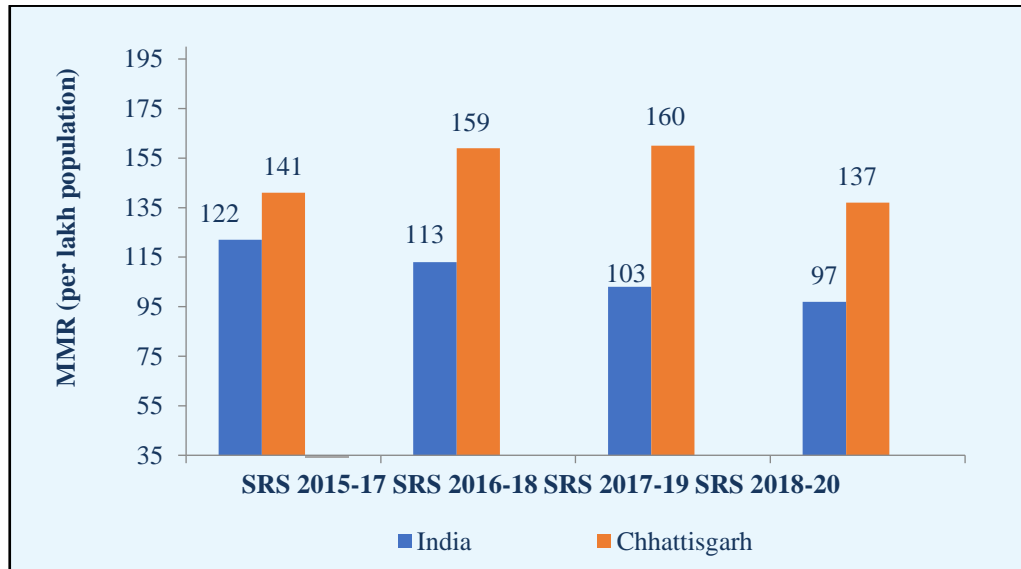
Based on the **Table - 9.2**, Audit compared first milestone targets of Chhattisgarh for 2020 in comparison to the base line status of 2015-16 vis-à-vis actual achievement made along with comparison of the SDG health indicators of Chhattisgarh with India and four neighbouring States (Jharkhand, Madhya Pradesh, Odisha and Telangana) as reported in Sample Registration System (SRS), National Family Health Survey (NFHS-4 and 5), *Niti Aayog* SDG index 2021, TB Statistics India 2021, 2022 and HIV factsheet 2022 which has been discussed in the following paragraphs:

9.6.1 Maternal Mortality Ratio (MMR)

Target 3.1 aims at reducing the global MMR to less than 70 per 1,00,000 live births by 2030. As against the first milestone target of 160, the State has achieved the MMR of 159 (173 in the base year). Audit also observed that the GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which was far below the national target of 70 by 2030.

National target for MMR and year wise MMR of India and Chhattisgarh is given in the following **Chart - 9.2**:

Chart - 9.2: Year wise MMR of India and Chhattisgarh along with MMR national target of 2030



(Source: Sample Registration System)

As could be seen from the above chart that as of 2020, MMR in Chhattisgarh was 137 which was much higher than the national average. This indicates that despite incurring significant expenditure on RCH programmes, the State could not reduce the MMR to the national average. Further, the target fixed for reducing MMR to 107 by 2030 in the State was also on lower side in comparison to National target of 70. Reasons for fixing such abnormal variation in target was not found on the records produced to Audit.

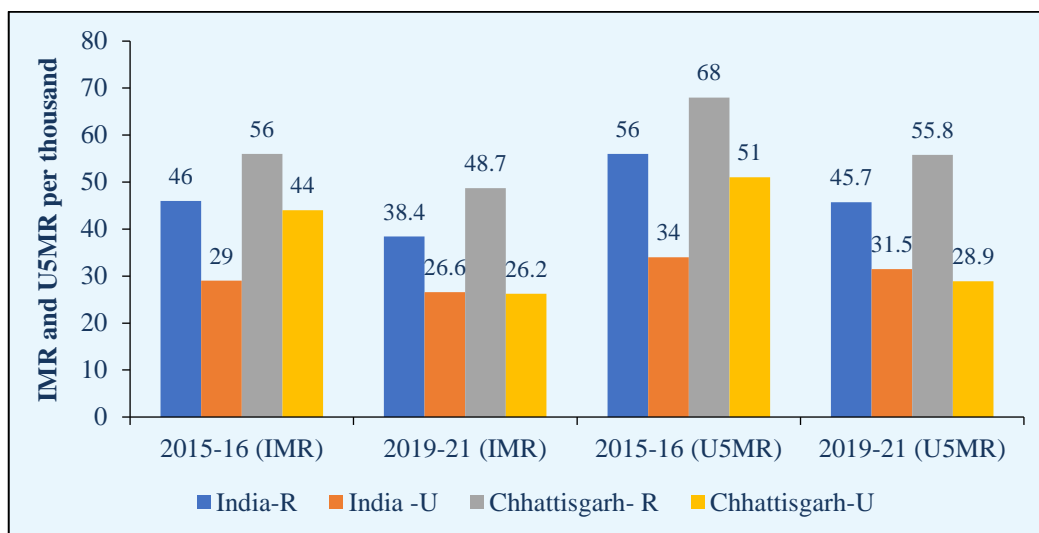
9.6.2 Infant Mortality Rate and Under-5 Mortality Rate

As there was no specific target for IMR in the SDG, Audit compared IMR with the target of 28 per 1000 live births by 2019, specified in NHP 2017.

Target 3.2 aims to reduce U5MR to as low as 25 per 1000 live births by 2030 and fixed the first milestone of 38 per 1000 live births by 2020. Audit observed that Chhattisgarh achieved the U5MR of 45, as of 2020 against the baseline of 48 in 2015-16, which was far below the expected level of the first milestone target of 38. At this pace, it will be very difficult to achieve the target of 25 by 2030 in Chhattisgarh.

As per NFHS, IMR and U5MR in India and Chhattisgarh are given in the following **Chart - 9.3**:

Chart - 9.3: IMR and U5MR in rural and urban areas in India and Chhattisgarh during 2015-16 and 2019-21



(Source: National Family Health Survey)

As could be seen from the above Chart that as of March 2021, IMR was 48.7 in the rural area of the State which was much higher than the target specified in NHP 2017 as well as higher than the national average of 38.4, which needs to be improved whereas, in urban areas the State has achieved the NHP target of 28.

As of 2021, U5MR in Chhattisgarh was lower than the national average in urban areas, however, the same was 55.8 in rural areas, which was higher than the national average of 45.7. This indicates that Health Department has not taken any effective steps to achieve the U5MR in rural areas.

9.6.3 Neonatal Mortality Rate

Target 3.2 also aims to reduce NMR to as low as 12 per 1000 live births by 2030 and also fixed the first milestone of 19 per 1000 live births by 2020.

Audit observed that NMR was not reduced as per SDG targets and as against the baseline NMR of 27 in 2015-16, the same was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19. Therefore, there are very remote chances for the State to achieve the target of NMR by 2030.

As per NFHS, NMR in the India and Chhattisgarh is given in the **Table - 9.3**:

Table - 9.3: Urban and Rural NMR during 2015-16 and 2019-21 in India and Chhattisgarh

	2015-16 (NFHS – 4)	2019-21 (NFHS-5)	
	Total	Rural	Urban
India	29.5	27.5	18.0
Chhattisgarh	42.1	35.6	19.3

(Source: Compiled from NFHS)

As could be seen from the above table that in rural areas of the State, NMR was 35.6, which was higher than the national average of 27.5. In view of this, the probability to achieve the target of 19 by 2030 in Chhattisgarh seems remote.

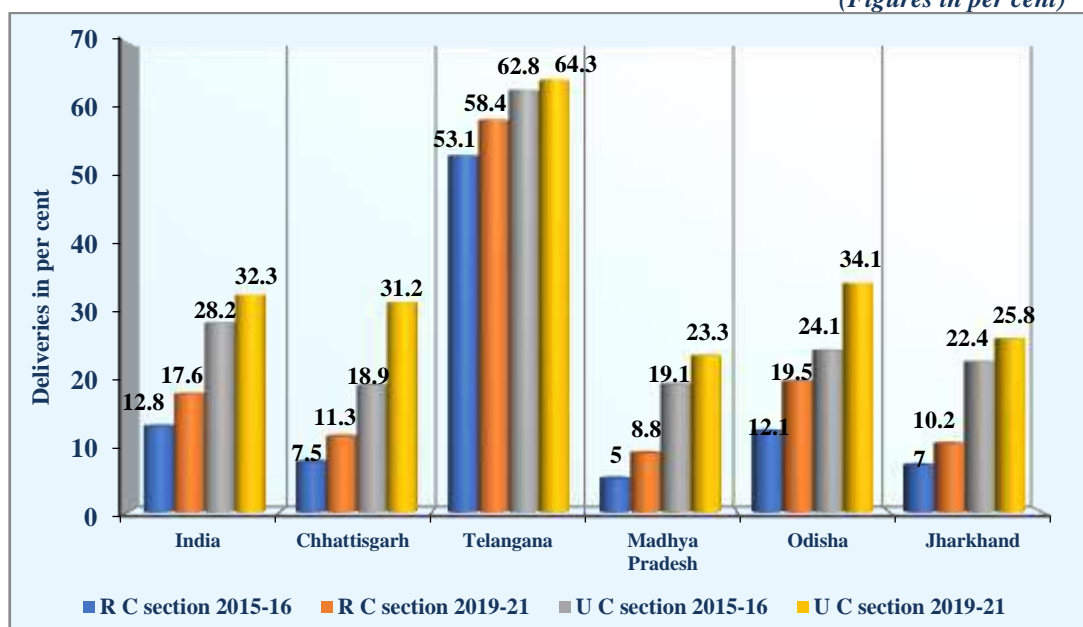
9.6.4 Institutional Deliveries

Target 3.1.4 aims 100 per cent institutional deliveries (including C-sections) by 2030. Audit observed that Health Department has not fixed any target and milestone for institutional deliveries in the Chhattisgarh, however, institutional deliveries percentage increased from 79.7 per cent (baseline 2015-16) to 98.3 per cent (first milestone 2020).

As per NFHS-4 (2015-16) and NFHS-5 (2019-21) caesarean deliveries (per cent) in the Chhattisgarh and its neighboring states is given in the **Chart - 9.4**:

Chart - 9.4: Rural and urban C-section deliveries in India, Chhattisgarh and four neighbouring States

(Figures in per cent)



(Source: Compiled from NFHS-4& 5)

As seen from the above chart, although there was increase in percentage of institutional deliveries in Chhattisgarh during NFHS-5 as compared to NFHS-4, Caesarean deliveries percentage in NFHS 5 had increased by 50.67 per cent and 65.08 per cent in rural and urban areas respectively.

9.6.5 Tuberculosis (TB) Success rate

Target 3.3.2 sets to end the epidemic of TB by 2030. The ratio of TB patients was 138 per 1,00,000 population in the base year 2015-16, which increased to 141, as of 2020 in the State. This indicates that Health Department had failed to take effective steps to control TB in the State. If the same trend continues, Chhattisgarh would not be able to achieve the SDG target to eradicate the TB by 2030.

Similarly, target 3.8.2 provides 100 *per cent* treatment of TB patients (cured plus treatment completed) among TB cases notified to the National Health Authorities during a specified period by 2030. Further, as per the National Tuberculosis Elimination Programme 2017, TB should be eliminated by 2025. Audit observed that percentage of treatment of TB patients decreased from 89 *per cent* in base year 2015-16 to 87 *per cent* as of March 2020.

As per the TB Statistics in India 2021 and 2022 report, the treatment outcome of TB patients notified in 2019 and 2020 are detailed in **Table - 9.4**:

Table - 9.4: TB patients notified in 2019 and 2020 in India, Chhattisgarh and four neighbouring states

	Treatment outcome of TB patients notified in 2019 (%)	Treatment outcome of TB patients notified in 2020 (%)
India	82	83
Chhattisgarh	84	86
Jharkhand	77	83
Madhya Pradesh	79	80
Odisha	87	89
Telangana	89	89

(Source: -Compiled from India TB Report 2021 and 2022)

Comparison of TB treatment success rate of Chhattisgarh with India and other neighboring states revealed that TB treatment success rate of Chhattisgarh was comparatively unfavorable with Telangana and Odisha.

9.6.6 Malaria Incidence

Chhattisgarh is one of the States with the highest rate of deaths due to malaria, which was 2.91 per 100 cases.

Target 3.3 sets to end the epidemic of malaria by 2030. However, the priority indicator defined for malaria incidence is not available in the vision document 2030 prepared by the State Government, despite having a high prevalence rate of malaria cases in the Bastar and Surguja regions.

Audit observed that the malaria incidence rate decreased from 5.21 per 1000 population in base year 2015-16 to 1.97 as of 2020. Similarly, positivity rate of malaria reduced to 0.56 *per cent* from 4.6 *per cent* within a span of 19 months through four rounds of special testing drive “Malaria Mukta Abhiyan”.

9.6.7 HIV Prevalence Rate

Target 3.3.10 sets the target that HIV Prevalence Rate should be zero by 2030. Audit observed that HIV Prevalence Rate was static i.e., 0.13 *per cent* in baseline year 2015-16 and as of 2020 there were no changes, which indicates that Health Department had not taken any efforts to achieve the target of zero *per cent*.

Target 3.8.3 sets target of providing 100 *per cent* treatment with Antiretroviral Therapy (ART) to detected number of adults and children living with HIV by 2030.

Audit observed that Department had not fixed any target for the same, which indicates that Department is not serious to eradicate the HIV positive cases in the State. The coverage percentage of receiving ART among the detected cases improved in the State from 60 per cent in base year 2015-16 to 76 per cent as of 2020.

The details of HIV prevalence and percentage of HIV detected people receiving ART treatment in the Chhattisgarh and its neighboring states is given in the following **Table - 9.5**:

Table - 9.5: Details of Adult HIV prevalence and HIV detected in India, Chhattisgarh and four neighbouring States

State	Adult HIV prevalence (in per cent)	HIV detected people receiving ART treatment (in per cent)
India	0.21	85
Chhattisgarh	0.17	76
Jharkhand	0.08	77
Madhya Pradesh	0.08	77
Odisha	0.14	85
Telangana	0.47	77

(Source: Compiled from India HIV Estimates fact sheet 2021)

As could be seen from the above table that not only the HIV prevalence percentage in Chhattisgarh is higher than the other neighboring states of Madhya Pradesh, Jharkhand and Odisha but the percentage of ART treatment given to HIV detected people was also less than the neighboring states.

9.6.8 Monthly per capita out-of-pocket expenditure (OOPE) on health

Target for Monthly per capita Out of pocket expenditure (OOPE) on health as a share of Monthly Per capita Consumption Expenditure (MPCE) is 7.83 by 2030. This target corresponds to the global SDG target 3.8 which aims to achieve universal health coverage, including financial risk protection and access to affordable essential medicines and vaccines for all.

The details of monthly per capita OOPE on health as a share of MPCE in the Chhattisgarh and its neighboring states is given in the following **Table – 9.6**:

Table - 9.6: Monthly per capita OOPE on Health as a share of MPCE in India, Chhattisgarh and four neighbouring states

State	Monthly per capita OOPE on health as share of MPCE (in per cent)
India	13.00
Chhattisgarh	6.60
Jharkhand	11.00
Madhya Pradesh	12.20
Odisha	13.10
Telangana	14.40

(Source: -NITI Aayog SDG Index 2021)

As seen from the above table that monthly per capita OOPE in the State is less than India and all the neighboring States.

9.6.9 Total physicians, nurses and midwives

Global SDG target 3c aims to substantially increase health financing and the recruitment, development, training, and retention of the health workforce. The target fixed for skilled health professionals' density (physicians/nurses/midwives) is 45 per 10,000 population by 2030. In the State, skilled health professionals were 11.41 per 10,000 population in the base year 2015-16 which improved to 16.59 per 10,000 population in 2020. However, no target was fixed by the State to achieve target fixed in SDGs by 2030.

The details of total number of skilled healthcare professionals in Chhattisgarh and its neighboring states is given in the following **Table - 9.7:**

Table - 9.7: Number of skilled healthcare professional per 10,000 population in India, Chhattisgarh and four neighbouring states

	Total no. of physicians, nurses and midwives per 10,000 population
India	37
Chhattisgarh	15
Jharkhand	4
Madhya Pradesh	33
Odisha	39
Telangana	10

(Source: - NITI Aayog SDG Index 2021)

From the above, it was observed that against the target of 45, Chhattisgarh was having only 15 skilled healthcare professionals, which was less than the national average of 37 and also less than that of the neighboring states Madhya Pradesh and Odisha. This indicates the deficient human resources availability in the healthcare sector in the State.

9.6.10 Suicide mortality rate and death rate due to road traffic injuries

Global SDG target 3.4 aims to reduce premature mortality from NCD by one third through prevention and treatment and promote mental health and well-being, by 2030. The target fixed for reducing the suicide rate is 3.5 per 1,00,000 population. As against suicide mortality rate of 27.7 per 1,00,000 population in the base year 2015-16, the State has stood at 24.7 as of 2020.

SDG target 3.6 aims to halve the number of global deaths and injuries from road traffic accidents. Under this, the target fixed for Death rate due to road traffic injuries is 5.81 per 1,00,000 population. However, the numbers of death due to road accidents increased to 16.1 against the baseline survey of 15.9 per 1,00,000 population and the injuries from road accidents reduced from 52.32 to 44.7 as of 2020 against the target of halve the numbers of 2015-16 fixed for first milestone. This indicates that the Department failed to co-ordinate with line department (Home Department) in achievement of targets fixed in the SDG 3.4 and 3.6

Suicide mortality rate and death rate due to road traffic injuries (per 1,00,000 of population) in Chhattisgarh and other neighboring states is given in the following **Table - 9.8:**

Table - 9.8: Suicide mortality rate and death rate in road traffic injuries in India, Chhattisgarh and four neighbouring states

State	Suicide mortality rate	Death rate due to road traffic injuries
India	10.4	11.56
Chhattisgarh	26.4	17.34
Jharkhand	4.4	10.11
Madhya Pradesh	15.1	14.35
Odisha	10.5	11.82
Telangana	20.6	18.68

(Source: - NITI Aayog SDG Index 2021)

As seen from the above, the suicide mortality rate is higher than the national average and that of other neighboring states. It is pertinent to mention that Chhattisgarh holds second position among the 28 States in case of suicides. Deaths due to traffic injuries in Chhattisgarh is higher than national average and other neighboring States except Telangana.

9.6.11 SDG-3 Index score

To measure India's performance towards the Goal of Good Health and Well-Being, ten National level indicators had been identified, which capture eight out of the thirteen SDG targets for 2030 outlined under this Goal. NITI Aayog had assessed the performance based on these indicators, the SDG Index score of Chhattisgarh, India and other neighboring States is given in **Table - 9.9:**

Table - 9.9: Index score in 2019-20 and 2020-21 in Chhattisgarh and four neighbouring states

State	SDG 3 Index score 2019-20	SDG 3 Index score 2020-21
Chhattisgarh	52	60
Jharkhand	55	74
Madhya Pradesh	50	62
Odisha	61	67
Telangana	66	67

(Source: NITI Aayog SDG Index 2020, 2021)

Though Chhattisgarh has improved its performance in SDG-3 index score from 52 to 60 as compared to 2019-20, but it is still lagging in comparison to the neighbouring States and it needs to improve in respect of most of the indicators, viz. MMR, IMR, U5MR, NMR, TB success rate, HIV prevalence rate, Total physicians, nurses, and midwives per 10,000 population, suicide mortality rate, death rate due to road and traffic accidents.

Conclusion

The GoCG included 38 indicators in the framework against the total 42 SDG National Indicators for Goal 3- Good Health and Well Being.

The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period.

For IT based monitoring to measure the progress of SDG indicators at the State, district and further local levels, SDG dashboards has not been set up by State Planning Commission (SPC).

As against the first milestone target of Maternal Mortality Ratio (MMR) of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year). The GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which is far below the national target of 70 by 2030.

Target 3.2 aims to reduce U5MR to as low as 25 per 1000 live births by 2030. As against the baseline rate of 48, the State has achieved 45 in 2020 which was far below the expected level of the first milestone target of 38.

As against the baseline (2015-16) NMR of 27, the same was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19.

In the State, death due to road accidents increased to 16.1 against the baseline status of 15.9 per lakh population and the injuries from road accidents reduced from 52.3 to 44.7, as of 2020 against the target of halving the numbers fixed for first milestone. The suicide mortality rate (26.4) in Chhattisgarh is higher than the national average (10.4) and other neighboring States.

Recommendations

The GoCG should:


40. *make efforts to fix and achieve milestone targets for all indicators to achieve the goals of SDG – 3;*
41. *initiate linking of budget with the SDGs to achieve the targets fixed for the second milestone of 2024; and*
42. *take all the necessary measures to bring down the Infant Mortality Ratio and U5MR in rural areas, Neo-Natal Mortality rate, suicide mortality rate and deaths due to traffic injuries in Chhattisgarh.*

Raipur
The: 15 JUL 2024


(YASHWANT KUMAR)
Principal Accountant General (Audit)
Chhattisgarh

Countersigned

New Delhi
The: 16 JUL 2024


(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India