OUT OF POCKET EXPENDITURE

JORHAT AND KAMRUP DISTRICT

OMEO KUMAR DAS INSTITUTE OF SOCIAL CHANGE AND DEVELOPMENT

AUGUST-2014

Study Team

Principal Coordinator

Indranee Dutta, Ph. D, Professor

Co-coordinators

Saswati Choudhury, Ph.D, Associate Professor

Joydeep Baruah, Ph.D, Assistant Professor

Monjit Barthakur, Assistant Professor

Field Supervision

Abdur Rashid Ahmed, Research Associate

Sopon Baruah, Research Associate

Field Investigators

Bonhi Sikha Dev	Bansidhar Kalita	Bidyut Bikash Saikia
Bubul Ali	Dipika Das	Rumi Devi
Ujjal Protim Dutta	John Sangma Dankhaou	

Data Processing & Analysis

Rustom Ali

Abdur Rashid Ahmed

Data Entry Operator

Jahidul Islam

Mirza Hassan

Technical Production

Biswa Ranjan Sarma, System Associate

Contents

Overview

The Study on Out of Pocket Expenditure for Jorhat and Kamrup districts has been completed by the Institute at the request of Regional Resource Centre, North East Region. The study embodies the findings from survey of 50 villages and urban centres from the two districts of Kamrup and Jorhat. A total of 1679 households were surveyed covering four categories of households viz. illness in the family in the last thirty days preceding the survey or any incidence of chronic illness in the family, any hospitalization case in the last 365 days preceding the date of survey, any child in the age group of 0-2 years in the household and households that do not fall into any of the three categories mentioned. The household survey was preceded by house listing in the villages sampled for the survey. A structured questionnaire was used for collecting the required information covering various aspects on short term morbidity, chronic illness, reported hospitalization cases, child birth and immunization besides the expenditure on various health seeking behaviours of households. The information collected has shown the variations in expenditure pattern on different health seeking behaviour and also the gender differences in incidence of morbidity. Significantly the survey results have shown that 11 percent of the households faced catastrophic expenditure beyond threshold level (proportion of expenditure on health being 20 percent or more of the total non food expenditure). The fairly proportion of households facing catastrophic expenditure beyond thresh hold level shows that health care delivery in the state has much grounds to cover to ensure universal health coverage for all in the state.

1. Introduction

Universal Health Coverage (UHC) is based on the World Health Organization constitution of 1948 that declared health as a fundamental right. The Health for All agenda set by the Alma-Ata declaration in 1978 further reinforced the emphasis on Universal Health Coverage. The UHC is a priority focus in global and national agendas of many countries. The Director-General of the World Health Organization, Margaret Chan stated in 2012 that Universal Health Coverage is "the single most powerful concept that public health has to offer". The Constitution of India also has provisions regarding the right to health. These are outlined in the Directive Principles of State Policy (Articles 42 and 47 in Chapter IV)[1], and are therefore non-justiciable.

India is the second largest populous country and tenth largest economy in the world. The country also accounts for 21 percent of the world's global burden of diseases and is losing more than six percent of its GDP annually due to premature deaths and preventable illnesses.[2] It has the highest burden of maternal and child mortality among the BRICS (Brazil, India, Russia, China and South Africa) countries. Although the country has made impressive progress in eradication of communicable diseases like polio, the rise in non-communicable diseases has been found to be responsible for 53 percent of total deaths (an increase from 40.4 percent in 1990 and expected to increase to 59 percent by 2015) [3]. However India has also made appreciable efforts to improve the delivery of health care services across the country. A number of initiatives had been taken by the Government of India which include adoption of a National Health Policy (1983); the 73rd and 74th Constitutional Amendments and devolution of power to PRIs (1992), the National Nutrition Policy (1993); the National Health Policy (2002), the National Policy on Indian System of Medicine and Homeopathy (2002) and Drug Policy (2002); the Universal Health Insurance Scheme (2003), the mission based intervention in rural health viz. National Rural Health Mission (2005) and subsequent National health Mission have tried to bring about a change in the health

[1] **Article 42 states**: "Provision for just and humane conditions of work and maternity relief- The State shall make provision for securing just and humane conditions of work and for maternity relief" and **Article 47 states**: "Duty of the State to raise the level of nutrition and the standard of living and to improve public health- The State shall regard the raising of he level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health"

[2] World Health Organization, Country Cooperation Strategy, (CCS) India, 2012–2017

[3] *Ibid*.

care delivery services to the people at large. The expenditure on health as percentage of GDP in India is just four percent. Of the total expenditure 33 percent is met from public services while the out of pocket expenditure remains fairly high with a share of 57.6 percent in the country. Hospitalization or treatment for major sickness has continued to be the single most important factor responsible for impoverishment and indebtedness of many Householdss in the country. Despite the large scale intervention from NRHM, the country continues to grapple with the problem of high MMR and IMR. One of the reasons for the wide variations in health outcomes across the country is because health is a state subject in India and therefore health expenditures have wide variations across the states. In general, the variation in per capita expenditure across states has increased over the years and expenditure on health is positively correlated with income levels of the states. The states with low expenditures on health also have low per capita GSDP and some of the poorest health indicators and infrastructure in the country[4].

It is against this backdrop that a High Level Expert Group on Universal Health Coverage (UHC) was constituted by the Planning Commission of India in 2010 to develop a framework for UHC for the Twelfth Five Year Plan. The Committee submitted a detailed report in 2011 which *inter-alia* called for incorporation of the different dimensions of universal health assurance, i.e. health care which includes ensuring access to various preventive, curative and rehabilitative health services at different levels of care, coverage that is inclusive of all sections of the society without any discrimination and prejudice or biases. It also called for promotion of health care services through its social determinants and there services should be delivered at an affordable cost such that people are relieved from financial hardships in the pursuit of seeking health care services. It is a universal entitlement to comprehensive health security and an obligation on the part of the State to provide adequate food and nutrition, appropriate medical care, access to safe drinking water, proper sanitation, education, health-related information, and other contributors to good health. The creation of a robust and sustainable system of UHC is therefore necessary for ensuring overall well being and human development.

The issues in health expenditures assume crucial importance in states like Assam which have high MMR and IMR. The public expenditure on health in Assam has been barely more than one

[4] M. Govinda Rao and Mita Choudhury, Health Care Financing Reforms in India, Working Paper No: 2012-100 March- 2012, National Institute of Public Finance and Policy

percent over the years. According to the Report of the National Commission on Macroeconomics and Health, 2005, households paid for nearly three fourths of all the health spending in the country and public spending was only 22 per cent, and all other sources accounted for less than five per cent. In Assam the per capita expenditure on health was Rs.1347 and the household share was 80.8 percent while the share of public spending and other sources were 17.8 percent and 1.4 percent respectively. The incidence of high expenditure on health often stands in the way of health seeking behaviour of individuals. There has also been sharp increase in proportion of households during the period (1993-94 to 2004-05) who's out of pocket expenditure on health has been more than 25 percent of the total household expenditure, in other words there has been an increase in the size of catastrophic expenditure on health in Assam[5].

The present study on Out-of-pocket expenditure on health (OOPEH) had been designed by the National Health System Resource Centre to estimate the household healthcare utilization and healthcare expenditures in a district to generate evidence on current breadth (population covered), depth (healthcare services covered) and height (financial protection) of healthcare coverage. In Assam the two districts of Jorhat (from Upper Assam region) and Kamrup-Rural (from Lower Assam region) were identified by the Regional Resource Centre, North East Region (RRC-NER) for the sample survey. It is pertinent to note that among the districts of Assam both Jorhat and Kamrup have better outcome indicators and also health facilities as per the AHS, 2011. The findings of the survey would reveal the coverage and utilization status besides the disease burden and expenditure on health in relatively better off districts in terms of health outcomes. The gaps and shortfalls identified in relatively better off districts would indirectly point towards the critical challenges that need to be addressed to ensure UHC in other districts including the worse off districts like Dhubri, Kokrajhar etc.

[5] Soumitra Ghosh, 'Catastrophic Payments and Impoverishment due to Out-of-Pocket Health Spending' Special Article, *Economic & Political Weekly,* November 19, 2011 Vol. xlvi no 47.

2. Objective of the Survey

The basic objectives of the survey are:

1. To understand the household health status/episode of sickness or illness
2. To understand the healthcare utilization pattern among the sick.
3. To understand the healthcare expenditure towards health insurance, payments related to health status/episode of sickness or illness as stated in objective 1
4. To analyze the healthcare related expenditures
5. To estimate the average medical and non-medical healthcare related expenditures, households facing catastrophic health expenditures and impoverishment.

3. Methodology

The survey had been planned as a district survey and household was the primary unit of data collection. The sample size for the survey was 1000 households across each of the selected district. Distribution of sample across the district was done by multi-stratified random sampling.

Step I. The sample frame of First Sample Units (FSUs) i.e. villages in rural areas and wards in urban areas were determined based on Primary Census Abstract (PCA) for Jorhat and Kamrup, Census 2011.

Step II. Total number of FSUs to be selected was taken as 25 including rural and urban out of which no. of rural and urban FSUs had been determined as per proportion to rural and urban population given by Census 2011 as given under.

Jorhat

FSUs	Total Population, Census 2011	Percentage of Population	Total FSUs	Sample FSUs
Rural	871722	79.81	763	20
Urban	220534	20.19	55	5

Kamrup

FSUs	Total Population, Census 2011	Percentage of Population	Total FSUs	Sample FSUs
Rural	1375148	90.62	1037	23
Urban	142394	9.38	34	2

Step III. Second Stage Stratification (SSS) of the FSUs was done on the basis of the range of population in the FSUs. It was found that population size of villages in Jorhat district ranged from 2 to 8572 (average size being 1142), whereas that of wards was 1077 to 13131 (average being 4009). It was found that population size of villages in Kamrup district ranged from 3 to 10964 (average size being 1326), whereas that of wards was 250 to 15188 (average being 4188). To make the distribution more normal smaller villages with population less than 200 were removed from the rural frame. Numbers of such villages were found to be 70 with total population of 6928 which constitute less than 1 percent of the total population of the rural frame for Jorhat. In Kamrup numbers of such villages were found to be 139 with total population of 14525 which constituted less than 1 percent of the total population of the rural frame for the district.

The four SSS were made for both the districts as shown below:

SSS	Population Size
1	201 – 999
2	1000 – 1999
3	2000 – 4999
4	Above 5000

Accordingly, following strata were formed with the FSUs for:

Jorhat

SSS	Rural Population [P.C. Population]	No. of Sample Villages	Urban Population [P.C. Population]	No. of Sample Urban FSUs
1	214424 [24.8] (349)	5	--	
2	340217 [39.3] (240)	8	13918 [6.3] (9)	0
3	276512 [32.0] (99)	6	90633 [41.1] (29)	2
4	33641 [3.9] (5)	1	115983 [52.6] (17)	3
Total	864794 [100.0] (693)	20	220534 [100.0] (55)	5

Figures within () gives the no of FSUs

Kamrup

SSS	Rural Population [P.C. Population]	No. of Sample Villages	Urban Population [P.C. Population]	No. of Sample Urban FSUs
1	243656 [17.7] (426)	4	4925 [3.5] (10)	--
2	348665 [25.4] (243)	6	6085 [4.3] (4)	--
3	640641 [46.6] (210)	11	29974 [21.1] (8)	--
4	127661 [9.4] (19)	2	101410 [71.3] (12)	2
Total	1375148 [100.0] (1037)	23	142394 [100.0] (34)	2

Figures within () gives the no of FSUs

Step IV. In the selected FSU, every household was listed. A house listing schedule was prepared using the following indicative categories of

1. Whether any hospitalization record in the household in last 365 days
2. Whether any illness record in the household in last 30 days and/or
   Whether any member of the household has chronic illness
3. Number of children between 0-24 months in the household
4. None of the above categories

In large FSUs with a population more than 1200, clusters of approximately 300 households were created within such FSUs and listing was done within the clusters only. The total number of households listed from all the sub-sampling units in an FSU was not more than 300.

Step V. In each of the FSU the number of households to be surveyed was fixed within the range of 32 to 40 depending on population size of villages/ wards. If the probability of reported hospitalization in any of the sub sampling unit was below 10 per 1000, the lower range of 32 households per FSU was used. In cases where the households as per the criterion could not be found the number of sampled households was less.

Step VI. After allocating the Sample Units stratum wise, the sample households were selected from each of the four stratums (the indicative categories) mentioned above with the expected proportion of households for every 10 households to be surveyed in a village/ ward selected as follows:

1) Hospitalization in last 365 days: 0.4
2) Illness in last 30 days or chronic illness (either of the case): 0.2
3) Household with children (0-24) months: 0.2
4) None of the above categories: 0.2

The selection was done by simple random sampling based on 5-digit fixed random number table.

Step VII. The estimates for every indicator for district level was calculated using weights as per the number of households in each of the stratum in proportion to all the households listed and the actual population of the district.

Using PPS method following FSUs was selected for:

Jorhat

Sl. No	FSU	Census Code	Village Name	Sub-Division/ Town	HH	POP	SSS	Probability of Selection
1	1	293447	Bhuramora No.2	MAJULI	121	583	1	0.0136
2	1	293592	Bormer Chapori	JORHAT WEST	170	832	1	0.0194
3	1	293801	Dajaya Jank Gaon (Dagayan Gaon)	TEOK	174	678	1	0.0158
4	1	293952	Khatuwal Gaon	TITABOR	150	732	1	0.0171
5	1	294119	Hatichungi Kamar Gaon	MARIANI	190	801	1	0.0187
6	1	293425	Burha Senchowa	MAJULI	275	1294	2	0.0304
7	1	293567	Khutiapota	JORHAT WEST	374	1811	2	0.0426
8	1	293664	Baghmoria	JORHAT WEST	299	1410	2	0.0332
9	1	293781	Jogduarhabi Gaon	TEOK	319	1392	2	0.0327
10	1	293859	Hemlai Chah bagicha	TEOK	454	1992	2	0.0468
11	1	293946	Chowdang Gaon	TITABOR	238	1035	2	0.0243
12	1	294024	Charaipani Bongali Gaon	TITABOR	344	1454	2	0.0342
13	1	294089	Gharphalia Gaon	MARIANI	266	1172	2	0.0276
14	1	293387	Borgayan No.2	MAJULI	405	2009	3	0.0436
15	1	293601	Dulia Gaon	JORHAT WEST	738	3323	3	0.0721
16	1	293662	Senchoa Gaon	JORHAT WEST	731	2880	3	0.0625
17	1	293818	Teok Grant	TEOK	488	2213	3	0.0480
18	1	294006	Paninora Gaon	TITABOR	432	2015	3	0.0437
19	1	294103	No.1 Naginijan Grant	MARIANI	683	2887	3	0.0626
20	1	293660	Chaliha Gaon	JORHAT WEST	1368	6597	4	0.1961
			Total		**8219**	**37110**		
21	2	801595	Ward No. 0006	Jorhat MB (OG)	602	3242	3	0.0715
22	2	801597	Ward No 0004	Titabar TC	570	2495	3	0.0551
23	2	801595	Ward No 0026 (Chawdang No.1)	Jorhat OG	1741	7184	4	0.1858
24	2	801595	Ward No 0017	Jorhat MB (OG)	1316	5396	4	0.1396
25	2	293753	Ward No 0001	Chekanidhara	2182	9026	4	0.2335
			Total		**6411**	**27343**		

Kamrup

Sl. No	FSU	Census Code	Village Name	Sub-Division	HH	POP	SSS	Probability of Selection
1	1	302411	Titkuri No.3	Rangia	142	733	1	0.0120
2	1	302733	Upar Dhania	Chhaygaon	133	748	1	0.0123
3	1	302966	Nimurtari	Chamaria	114	576	1	0.0095
4	1	303230	Biro Gaon	Palasbari	191	944	1	0.0155
5	1	302383	Ischadagharia	Rangia	399	1900	2	0.0327
6	1	302491	Dalang	Kamalpur	327	1610	2	0.0277
7	1	302576	Helesha	Hajo	316	1595	2	0.0274
8	1	302918	Pukhuri Par	Goroimari	371	1889	2	0.0325
9	1	303044	Alagjari	Boko	376	1896	2	0.0326
10	1	303298	Mairapur	Palasbari	369	1781	2	0.0306
11	1	302346	Ichapur	Rangia	466	2472	3	0.0424
12	1	302444	Baranghati	Koya	596	2916	3	0.0501
13	1	302553	Khudrapalha	Kamalpur	706	3315	3	0.0569
14	1	302598	Abhoypur	Hajo	623	2987	3	0.0513
15	1	302677	No.1 Gandh Mow	Hajo	664	3193	3	0.0548
16	1	302887	Bara Khat	Goroimari	394	2176	3	0.0374
17	1	302911	Gorai Mari Satra	Goroimari	853	4519	3	0.0776
18	1	302964	No.3 Dakshin Rangapani N.C.	Chamaria	703	3865	3	0.0664
19	1	302999	Palasatari (Palahartari)	Nagarbera	843	4216	3	0.0724
20	1	303174	Bhatkhowadia N.C.	Palasbari	527	2975	3	0.0511
21	1	303260	Maliata	Palasbari	992	4534	3	0.0779
22	1	302603	Khopani Kuchi	Hajo	941	5244	4	0.0822
23	1	303018	Tupamari	Nagarbera	2046	10964	4	0.1718
			Total		***13092***	***67048***		
24	2	302705	Bamun Sualkuchi (CT) Ward No. 1	Hajo	1732	7628	4	0.1504
25	2	303360	Dahali (CT) WARD NO.1	Palasbari	1750	8397	4	0.1656
			Total		**3482**	**16025**		

4. Out of pocket of expenditure

The macroeconomic adjustments in India in the 1990s led to some major policy shifts in the social sector expenditures by the government. Although reforms in the social sector expenditures can be traced back to the decade of 1980's the State's role in the provision of healthcare services reduced more after the reforms of 1990s. One of the important policy shifts introduced during this period was the introduction of user fees since Eighth Five-Year Plan (1992-97). Health being a state subject, the user fees was implemented by different states at different points of time in different states. However, majority of states introduced the user fees since the later part of the 1990s. The gradually declining public health expenditure along with implementation of user fees in health care services increased burden of self expenditure for medical treatment. The new Drug Price Control Order (DPCO) introduced in 1994 also brought about drastic changes in drugs prices. Only 74 out of 500 commonly used bulk drugs were kept under statutory price control. In the year 2002 pricing of pharmaceutical products was further liberalized. The National Commission on Macroeconomics and Health (2005)[6] reiterated that due to the impact of the changes in drugs policy the drugs prices have spiraled in India during 1994-2004. These changes in the health sector obviously led to increase in the out of pocket expenditure for people seeking health care and medical treatment. The absence of health insurance coverage for almost 90 percent of the India's population has been an important cause of indebtedness and impoverishment of the households[7]. The government waived the user fees for the people below poverty line, but the definition of poor in India still continues to be an unresolved issue, and therefore which *'poor household'* would be waived from paying the user fees remained indeterminate and bringing limited respite to only a small miniscule of the population[8].

The impact of the increase in the share of OOP expenditure in the total expenditure is most succinctly captured by the incidence of catastrophic expenditure. In India the catastrophic healthcare expenditure incidence (OOP > 10 percent) increased to about 15.4 percent in 2004-05

[6] National Commission on Macroeconomics and Health (2005): *Financing and Delivery of Healthcare Services in India*, Government of India, New Delhi.
[7] Berman, P, R Ahuja and L Bhandari (2010): "The Impoverishing Effects of Healthcare Payments in India: New Methodology and Findings", *Economic & Political Weekly*, 45(16): 65-71.
[8] Thakur, H and S Ghosh (2009): "User-fees in India's Health Sector: Can the Poor Hope for any Respite?", *Artha Vijnana*, 51(2): 139-58.

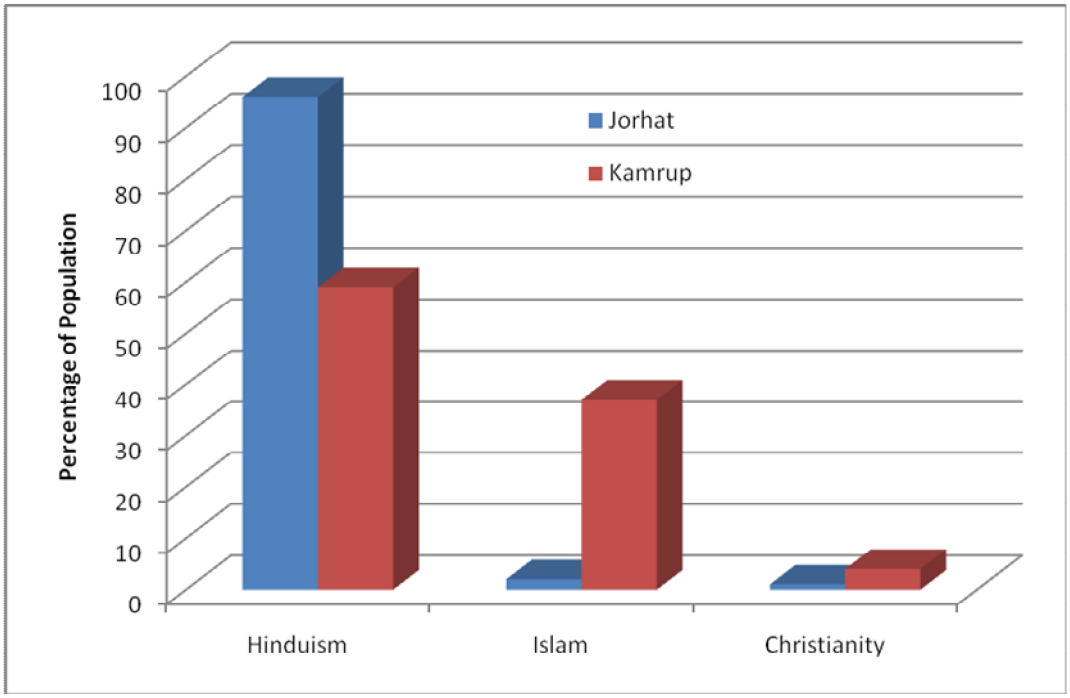
from 13.1 percent in 1993-94[9]. There has been significant increase in the proportion of households with overshoot in catastrophic expenditure in Assam as well during 1993-94 to 2004-05. The drugs and medicine constituted the major component of the high incidence of OOPE.

The OOPE survey in the two districts of Jorhat and Kamrup revealed that although Jorhat had higher incidence of morbidity, yet the incidence of OOPE was higher in Kamrup. The OOPE on health was approximately 8 percent of the total non food expenditure for the two districts.

5. General background of the population of the two districts

Majority of the households in the two districts belong to Hindus (more than 80 percent) compared to other religions like Islam and Christianity. Unlike in Jorhat, the proportion of Muslims and Christians are higher in Kamrup district.

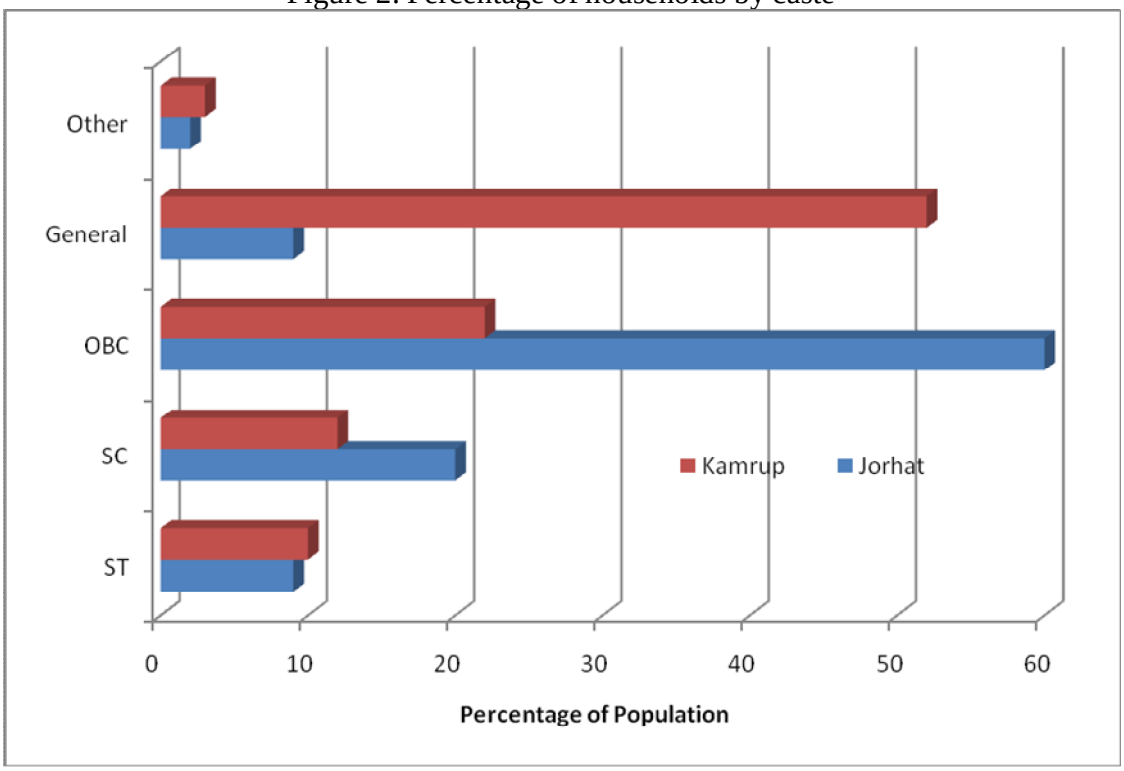
Figure 1: Religion-wise Percentage of Households



[9] Ghosh Soumitra, "Catastrophic Payments and Impoverishment due to Out-of-Pocket Health Spending" *Special Article*, *Economic & Political Weekly*, November, 19, 2011, Vol xlvi No. 47

Majority of population in Jorhat district belongs to OBC (60 percent). In contrast, half of the population in Kamrup district belongs to General category. The ST and SC population accounts about 10 percent of the population in both districts.

Figure 2: Percentage of households by caste



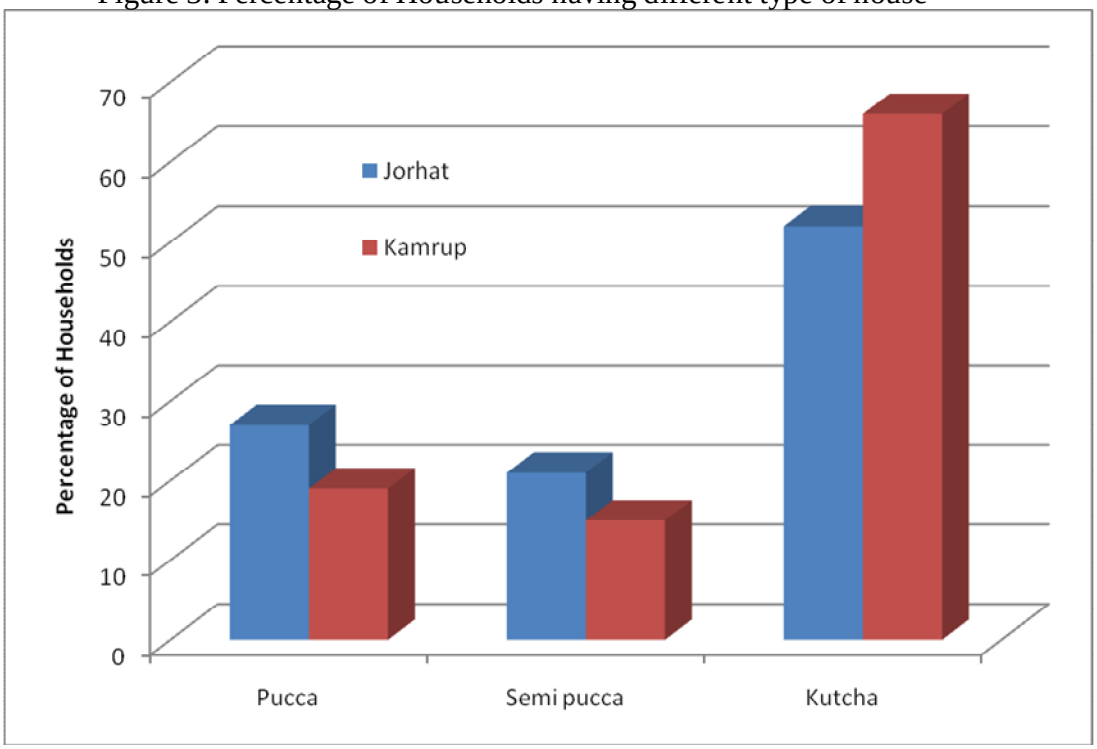
The average household size in both the district is 4 persons. The child sex ratio for Kamrup was found to be 810 which was less than the Census 2011 child sex ratio of 967. However, there has been appreciable increase in sex ratio for Jorhat where it has been found to be 1014.

The proportion of children in total population was found to be 10 percent in Jorhat district and 17 percent in Kamrup district. The proportion of active working population was higher in Jorhat district (80 percent) compared to Kamrup district (75 percent). The average longevity in Jorhat was also found to be higher than that in Kamrup. It was found that 2 percent population was above 80 years in Jorhat while it was only 1 percent in Kamrup.

The literacy rate was found to be more than 90 percent in both the districts. Although the male and female literacy rates are almost same in both the districts, however female deprivation in higher education is evident in both the districts. The gender differentials in educational level are more pronounced in Jorhat than in Kamrup especially after higher secondary level to post graduate level.

In both the districts, about 60 percent of the households live in Kutcha houses whereas 23 percent households have Pucca houses and 18 percent have Semi Pucca houses. Percentage of household having Pucca and Semi Pucca house is higher in Jorhat compared to Kamrup district.

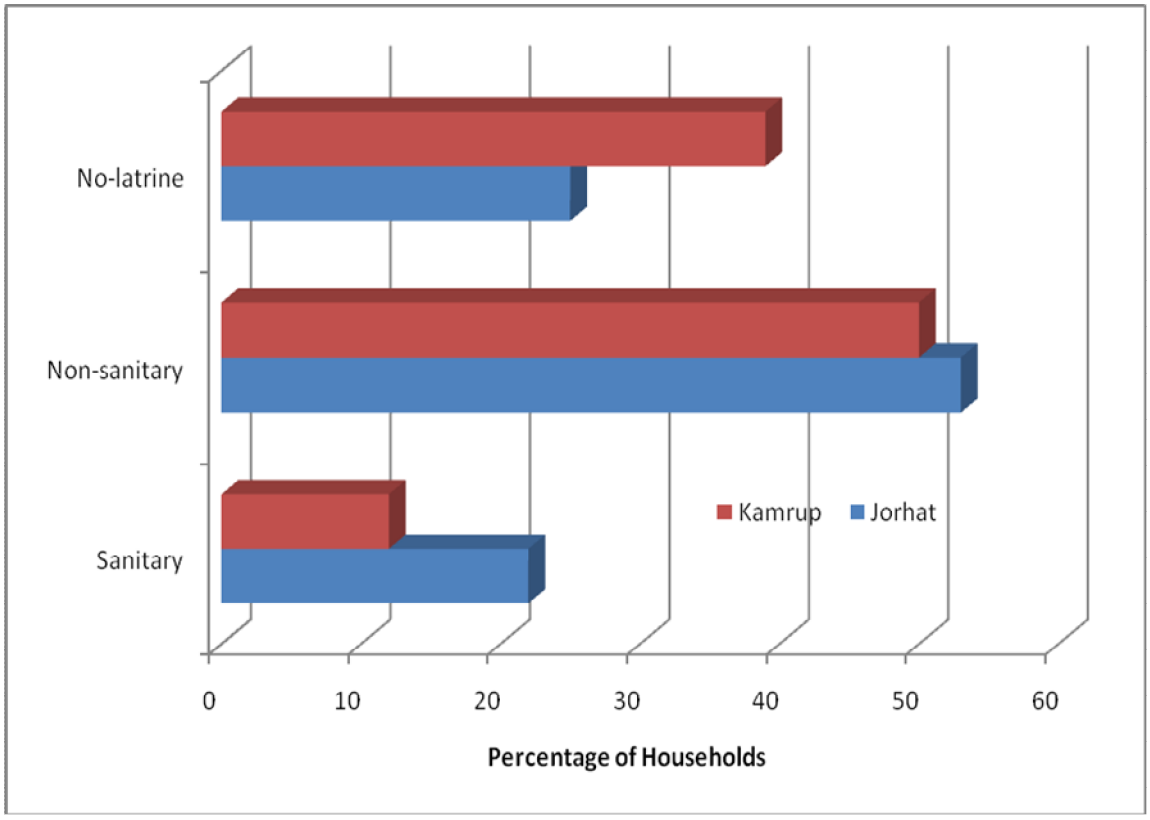
Figure 3: Percentage of Households having different type of house



More than 90 percent households in both the districts have no proper drainage facilities. In Jorhat 4 percent of the households have proper drainage facilities unlike in Kamrup where no households are reported to have drainage facility.

The survey findings reveal that about 31 percent of the households in both the district have no latrines and go for open defecation. About 17 percent of the households have sanitary latrine and 52 percent of the households have non-sanitary latrines. Unlike Kamrup district, higher proportion of the households in Jorhat district has sanitary latrines.

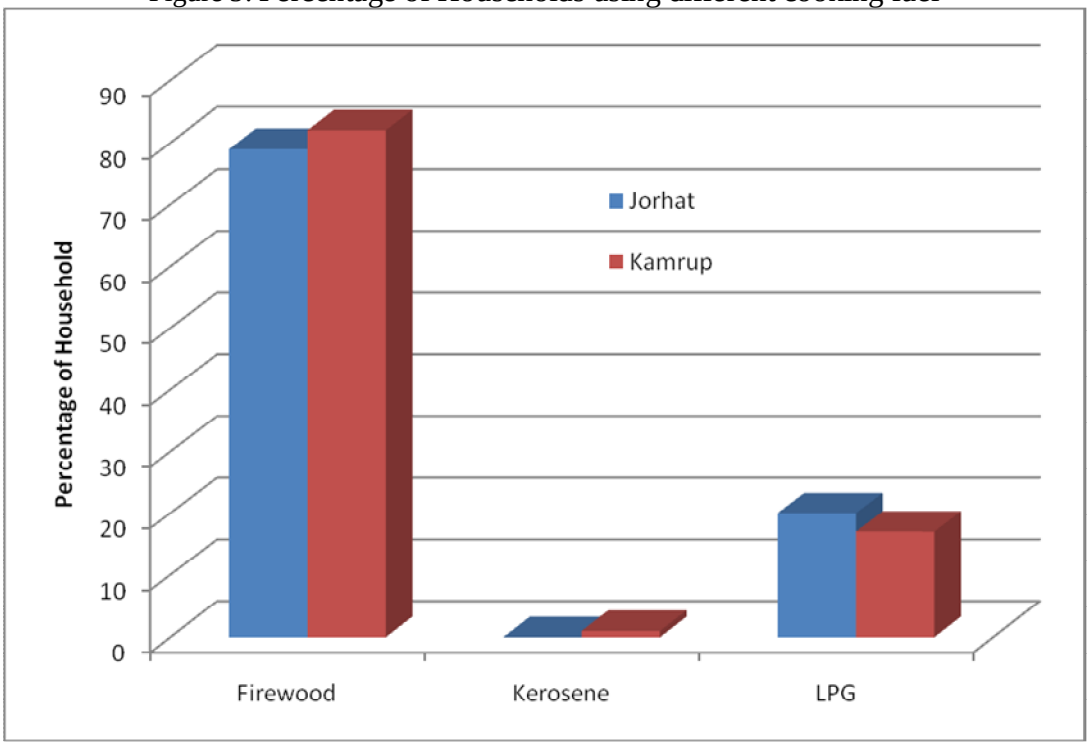
Figure 4: Percentage of Households having different type of latrine



The survey findings showed that in respect of disposal of domestic garbage, 75 percent households in Kamrup threw their garbage outside while the same in Jorhat was 54 percent. As revealed by the survey findings, 40 percent households in Jorhat and 22 percent households in Kamrup disposed their garbage in separate space within the premise.

The major source of energy for cooking is firewood in both the districts and almost 80 percent of the households are dependent on use of firewood. LPG is used by 19 percent of the households.

Figure 5: Percentage of Households using different cooking fuel

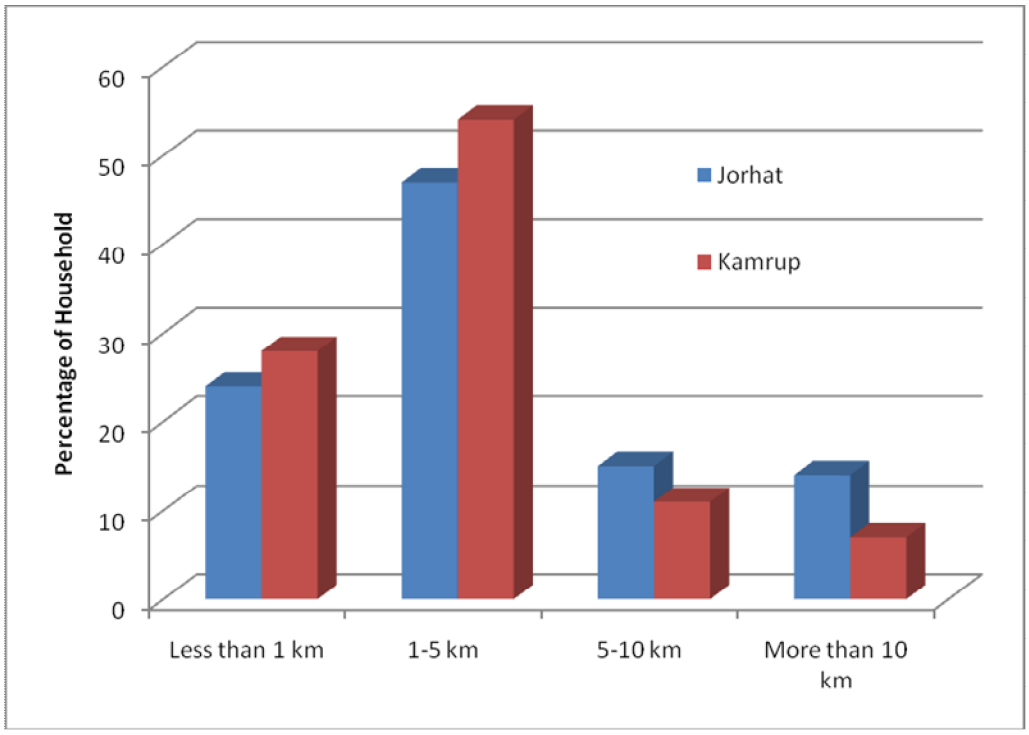


It was found that 18 percent of the households in Jorhat district regularly apply disinfectants like DDT etc. to keep their house free from germs while the same in Kamrup district was reportedly done by only 2 percent of the households. Approximately 37 percent households in Jorhat and 57 percent households in Kamrup never applied any disinfectants.

The major source of the drinking water in the surveyed districts is tube-well or hand pump. In Jorhat 56 percent households are dependent on tube well for supply of their drinking water while in Kamrup more than 80 percent households are dependent on tube wells. In Jorhat 25 percent households also have tap water supply for drinking water.

PHC is the nearest health service available for the households in both Jorhat and Kamrup district. Approximately for 30 percent households in the two districts the SC is reportedly the nearest available health care service.

Figure 6: Distance to nearest Health provider (percentage of Households)



To access the nearest health provider more than 50 percent of the households reportedly use the private ambulance and private transport in both the districts. Unlike the private transport or ambulance, the use of the Govt. ambulance or other free Govt. service like 108/102 service is low. This is because services for 108 are always not available for transportation of patients to hospital which often makes the households call out for private ambulance services.

Approximately a quarter of the households in both the districts have the nearest health care facility within 1 km distance and 50 percent of the households have the nearest healthcare facility within a distance of 1-5 km and another quarter of the households are located beyond 5 km from the nearest care facility.

Among the various beneficiary oriented schemes, IAY, JSY,ARWSP and MDM has more beneficiaries in Jorhat while in Kamrup, JSY, MDM, IAY and Mamata has higher proportionate share of beneficiaries among the households. The survey results showed that beneficiaries under Mamata in Kamrup are almost twice as much in Jorhat.

6. Reported morbidity and incidence of disease and ailment in the study districts

The survey results showed that Jorhat district had higher incidence of short term morbidity (30 days) compared to Kamrup district. The reported illness for 30 days in Jorhat was 143 persons per thousand populations while the same for Kamrup was 65 per thousand populations.

Jorhat also had higher incidence of hospitalization cases with 32 persons per '000 people while the same for Kamrup was 7 per '000 population.

Figure 7A: Incidence of morbidity and reported health status per '000 people cases in Kamrup

Figure 7B: Incidence of morbidity and reported health status per ‘000 people in Jorhat

Incidence of communicable diseases was almost same for both the districts. The incidence of communicable diseases in both the districts was 430 per’000 persons and diseases most reported by households were fever, pneumonia, diarrhea and malaria.

Figure 8A: Incidences of diseases in Jorhat district (per 1000)

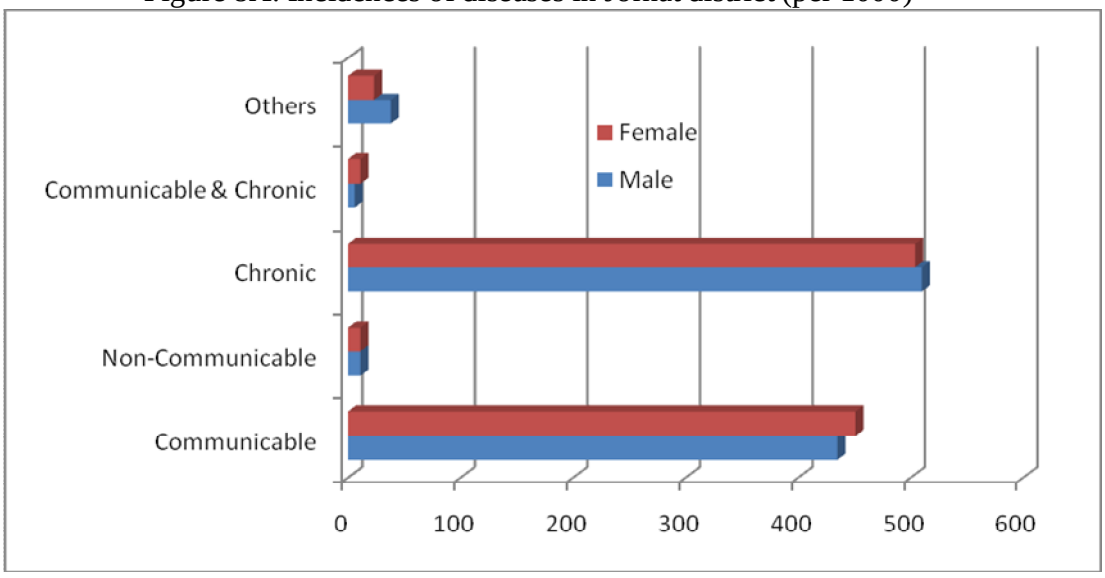
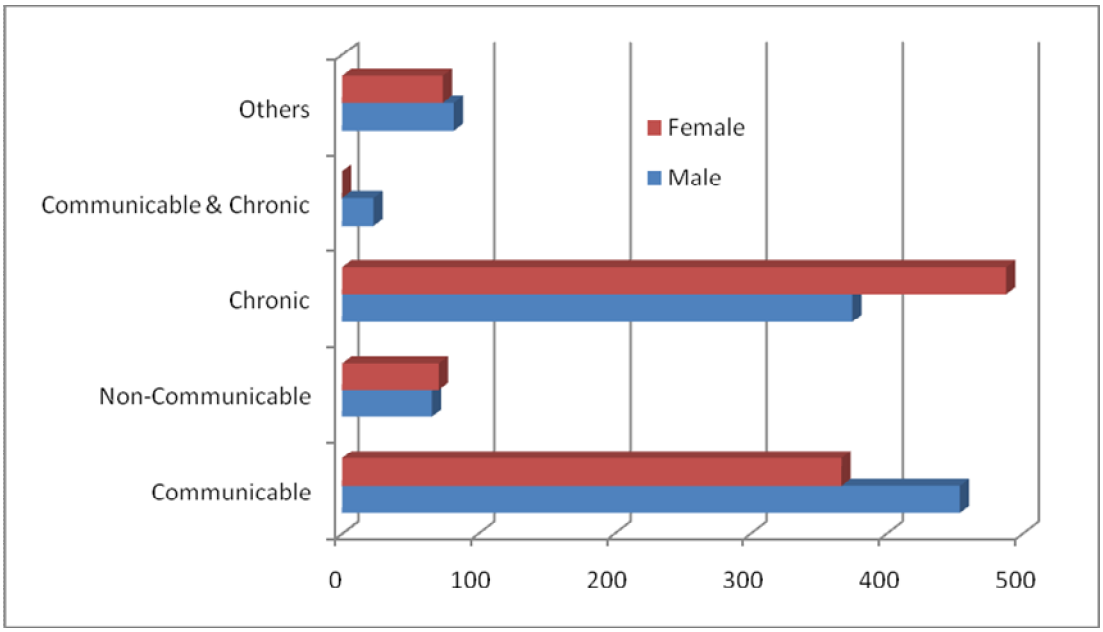


Figure 8B: Incidences of diseases in Kamrup district (per 1000)



Jorhat had higher incidence of chronic diseases per thousand males (510) and females (504) then the same for males (375) and females (488) in Kamrup.

Jorhat also had higher incidence of asthmatic patient compared to Kamrup district. Males (51 persons per'000) were more prone to the disease than the females (17 persons per'000).

The incidence of diseases as hypertension, arthritis/joint pain was found to be more in case of females than males in both the districts. Chronic diseases like diabetes, liver problems were more prevalent among males. Among the two districts the incidence of chronic liver disease was found to be 39 per thousand males in Kamrup and 26 per thousand males in Jorhat.

Digestive disorder and problem of gastritis was another chronic ailment reported by the households in both the districts under survey. Overall 53 per thousand persons in Jorhat suffered from gastritis problem while the same for Kamrup was 79 per '000 persons. The females in Kamrup had a higher incidence with 107 females per' 000 female population. Diarrhea also was another disease with higher incidence per thousand populations in both the districts.

Overall the survey showed that reported incidence of chronic disease among the people of Jorhat was more than that in Kamrup. Chronic diseases of liver, skin and arthritis was also reportedly found to be high among the people of both the districts. Hypertension and diabetes was also a major chronic ailment reported by the households in both the districts.

It is pertinent to note here that for short term morbidity cases people in both the districts usually went to government providers for treatment. However, in cases of hospitalizations, the people revealed their preferences for private service providers like, nursing homes and specialty hospitals for certain types of diseases like hypertension, cancer, heart ailment, typhoid, ophthalmological problems. The specialized curative services required for these diseases are adequately available only in government medical college and hospitals and in private hospitals. The district level hospitals and the subsidiary levels of government health care institutions are not geared for treatment of these cases. There is a shortage in supply of this specialized treatment in government health centers and therefore people have to seek out for private healthcare services.

7. Child health and incidence of diseases among children (0-6 years)

An interesting phenomenon observed in surveyed villages in Jorhat district is that number of child birth in the district has reduced in the course of last three years. Interactions with the women revealed that spread of awareness on birth control measures and ready availability of the same, awareness on improved child health care has made households realize the importance of safe delivery of a healthy child. There is a general awareness among both males and females on the overall wellbeing that can be ensured in a small family. The overall health status of the children in the two districts was found to be good. The survey results showed that ninety percent of the children did not report of any short term morbidity. Reported incidence of cough/cold and fever was found to be 35 per thousand children for the two districts while other unspecified diseases reported were 50 per thousand children.

The survey results revealed that almost 30 percent children in Jorhat in the age group (2-6 years) suffered from chronic skin diseases. It was also found that 4.8 percent of the children in the age group (0-24 months) in Jorhat were detected with thyroid problem. The results of the survey also showed that incidence of diseases among the children in Jorhat were higher than that in Kamrup.

The immunization coverage status shows that 22 percent children in Jorhat district reportedly completed the full immunization while the same in Kamrup district was 45 percent. Together in both the districts 34 percent children in the age group (0-2) years had been fully immunized.

8. Ante Natal care and Child Birth by place of delivery

The survey results showed that of the total pregnant women who had received ante natal care (ANC) in course of last two years 13 percent had received six ANCs and 18 percent received at least three ANCs. The improvement in ANC coverage has been boosted by the active engagement of the ASHA workers. Of the total pregnant women who received ANC, only 2 percent went to private providers.

In respect of child birth the survey revealed that 92 percent of the reported child birth in Jorhat for the last two years had taken place at government institutions while the same for Kamrup was 94 percent. The reported incidence of institutional delivery at private service providers was 8 percent in Jorhat and 6 percent in Kamrup district.

Figure 9: Percentages of pregnant women who received different doses of ANC

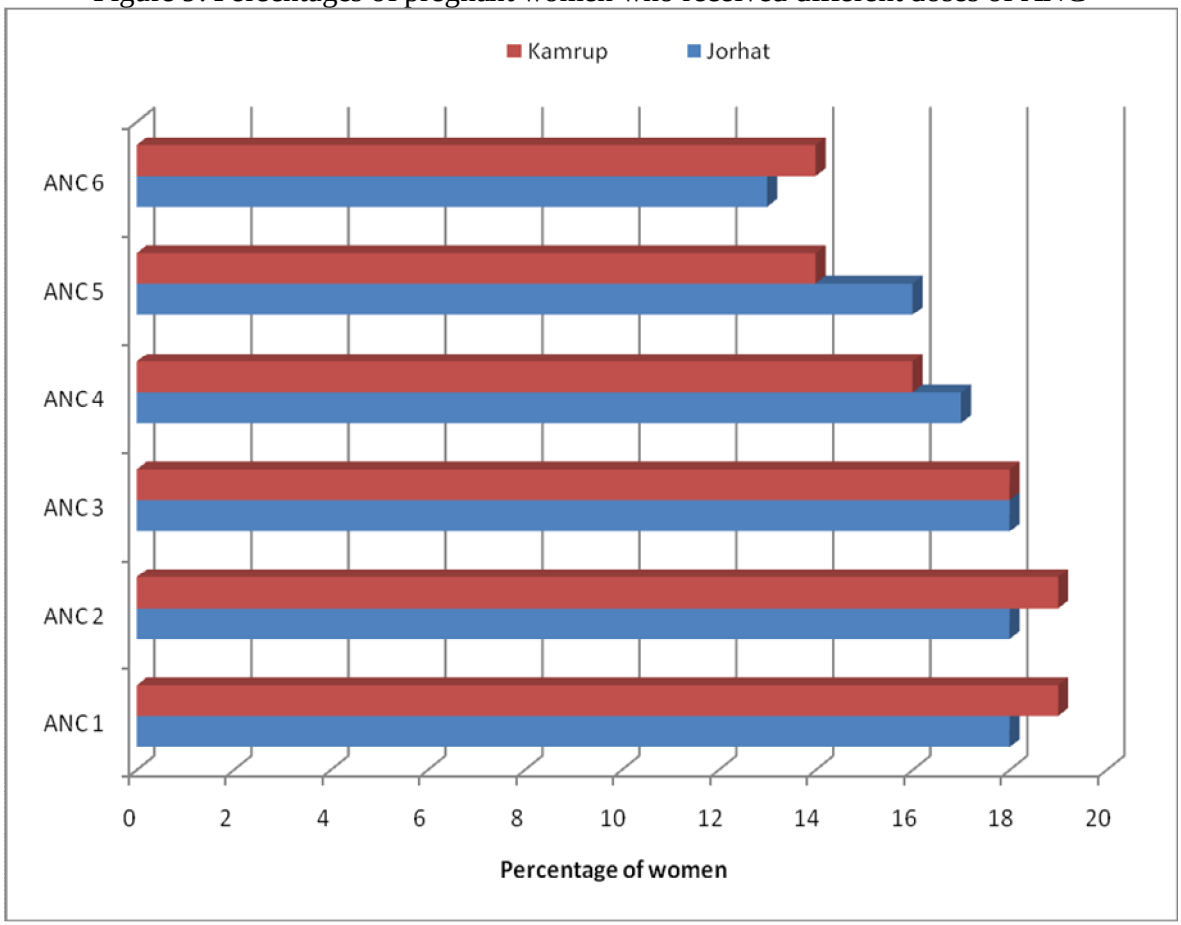
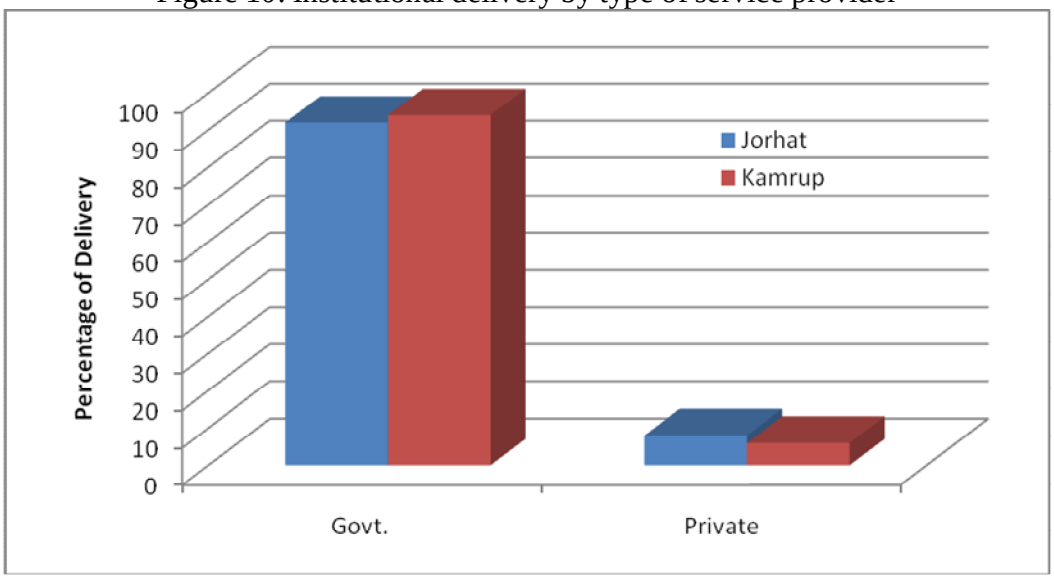


Figure 10: Institutional delivery by type of service provider



9. Reported incidence of death and the causes of death

The reported incidence of deaths in the two districts for the last one year showed that ailments due to asthma, cancer and hypertension which also have high incidence of prevalence in Jorhat district are also the major causes of death in the district. On the other hand, jaundice, renal failure and snake bite are major causes of death in Kamrup district.

The average age at death during last one year for Jorhat district was found to be 49 years while the same for Kamrup district was 36. While incidence of death for females due to hypertension was higher in Jorhat, for males, asthma and cancer was the main reason. All accidental deaths in Kamrup had been reported for males while both males and females in Kamrup had died of snake bites. Reported death due to jaundice was also almost equal for both males and females in Kamrup.

It was found that in Jorhat 99 percent of the reported deaths had taken place at home of the deceased. One of the plausible reasons for this could be because of the nature of the diseases leading to death. Cancer patients were in terminal stage and had been living in their homes. In case of deaths due to brain stroke due to hypertension and deaths due to asthmatic attacks, patients passed away either after being discharged from hospital and in some cases had been under regular medication but sudden attack of the disease left no time for hospitalized treatment.

10. Expenditure for treatment of diseases in Kamrup and Jorhat

The OOPE as reported by the households was found to be higher for Kamrup district in respect of both outpatient treatment and also for hospitalization cases. The average expenditure on treatment (per patient) including doctor's fee, medicine and diagnostics for non hospitalization cases for all types of diseases was found to be Rs. 1266.80 for Jorhat while the same for Kamrup was Rs. 2297.30.

The average expenditure on medicine and diagnostics per patient including chronic diseases for outpatient cases was found to be Rs.774.45 in Jorhat while the same for Kamrup was Rs.1868.95. The high expenditure on diagnostics has escalated the average expenditure on health in Kamrup district. The non availability of the diagnostic facility either because of too much of rush or non availability of personnel, the patients had to seek the diagnostic services from other facility centres.

Figure 11: Average expenditure for Hospitalization case

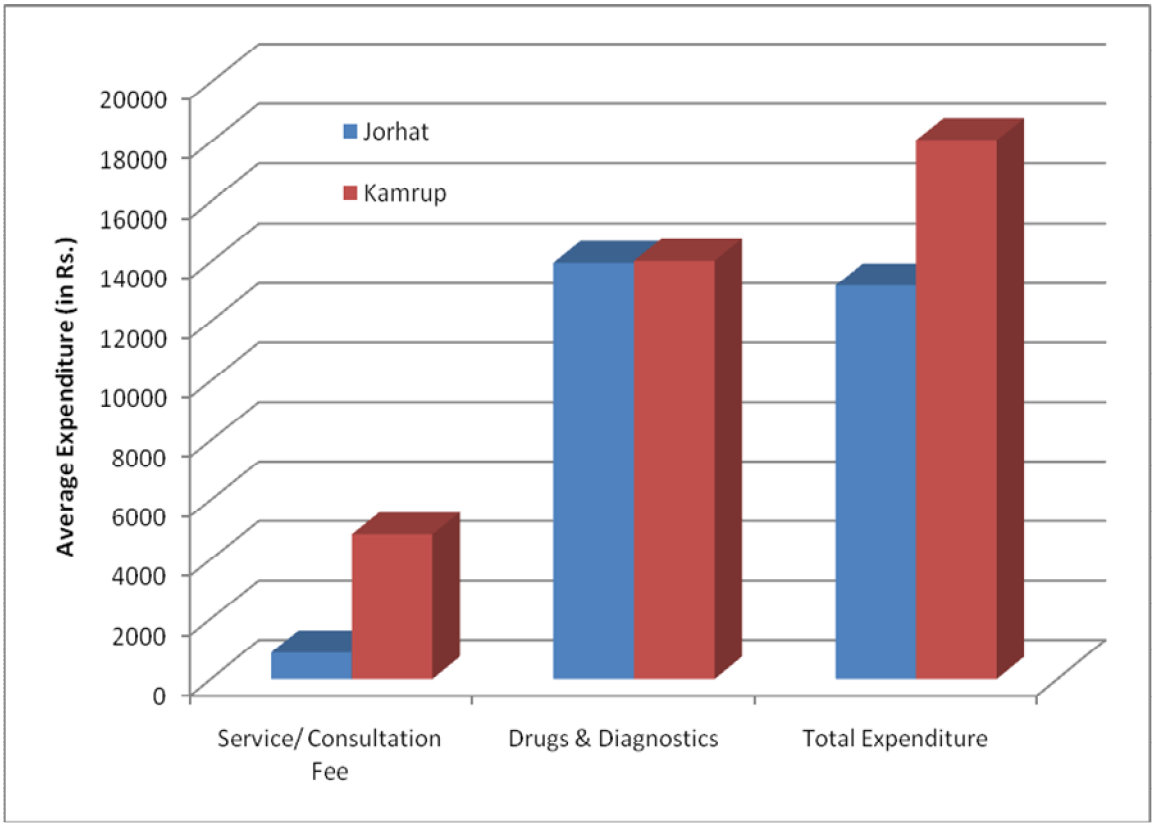
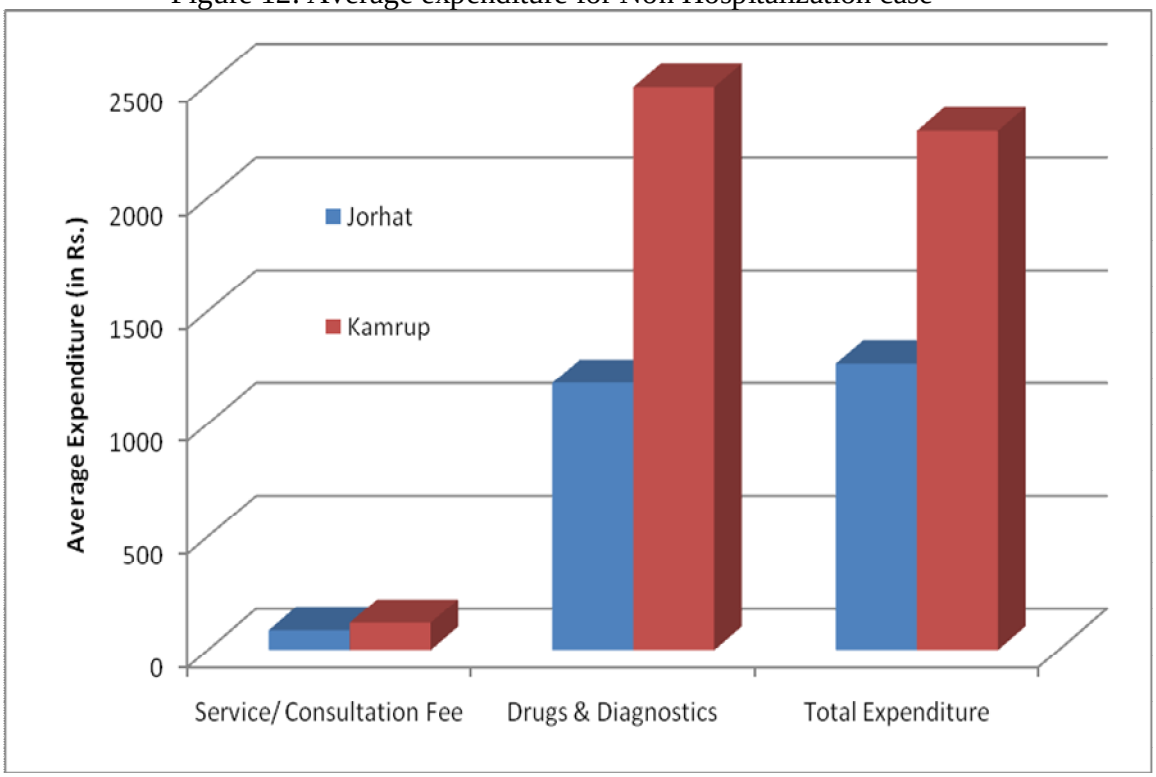


Figure 12: Average expenditure for Non Hospitalization case



The expenditure on drugs and diagnostics by type of provider visited for outpatient treatment cases showed that people who sought health care services at Sub Centre (SC) and PHC had incurred almost 80 percent expenditure on medicines compared to those visiting the CHC and Medical Colleges. The expenditure on medicine for those visiting private super-specialty hospitals was also more than 80 percent of the total expenditure. At the same time patients seeking treatment at Charitable/Trust hospitals did not report any expenditure on drugs and medicine as they were supplied free medicines.

The high proportion of expenditure incurred by those seeking treatment at SC and the PHCs shows that the stock of medicines available with these providers does not take care of the type of diseases for which the patient seek treatment at these facilities. It may also indicate that there is inadequate supply and stock of medicines with these service providers for which people have to incur expenditure on medicines. Following the new drugs policy there has been escalation in drugs prices across the country and this has contributed towards higher expenditure on drugs.

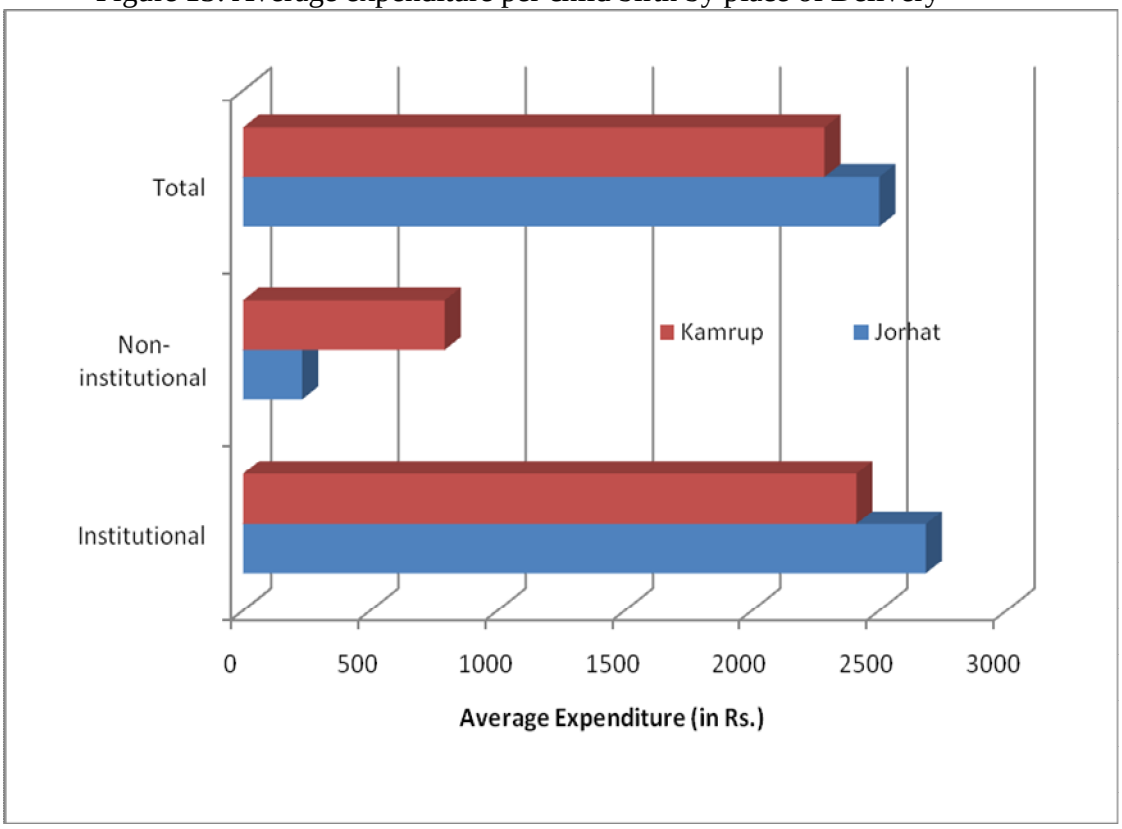
While 49 percent of the patients with short term morbidity went to government facilities seeking treatment, 17 percent went to private health provider and 5 percent to other service providers. The survey showed that 29 percent of the people with short term morbidity did not visit any health care facility.

The expenditure for inpatient treatment was highest for private super specialty hospital. However as reported the proportion of expenditure on drugs and diagnostics was high in case of those seeking treatment at medical college hospitals. As reported most of these patients had to procure drugs and also go for diagnostic tests at private facilities which add to the cost of treatment.

The expenditure on transportation for going to the health care facilities is often one of the reasons for people not seeking any health care service providers. The survey results show that in Jorhat average expenditure on transportation for availing outpatient treatment is Rs.263.99 per visit while the same in Kamrup district is Rs.451.07. On the other hand the average total transport expenditure for hospitalized treatment is higher in Jorhat district (Rs.2612.94) compared to Kamrup (Rs.1854.94).

The OOPE for ANC showed that households on an average incurred an expenditure of Rs.17.67 for ANC from government providers while it was Rs.198.57 for private service providers. The average expenditure on child birth per child birth was Rs.2392.40 for both the districts taken together. The expenditure on institutional delivery was higher in Jorhat district compared to Kamrup district. The higher average expenditure on institutional delivery has been mainly due to higher expenditure incurred at private health service providers. Although the number of deliveries in government institutions had been higher but the expenditure for child delivery shows a higher amount because of the high expenditures at private clinics.

Figure 13: Average expenditure per child birth by place of Delivery



The average expenditure for an institutional normal delivery in Jorhat was reported to be Rs.1544.37 per child birth during the last two years while the same for a caesarean case was Rs.6202 per child birth. However the average expenditure in Kamrup (Rs.3893.75) for caesarean cases was less than that in Jorhat but the expenditure on normal delivery was more (Rs.2069.03) than that in Jorhat.

In so far as receiving any form of support for treatment of diseases is concerned, the survey results showed that in Jorhat some 11 persons per thousand populations received some support from the government, in Kamrup it was a negligible proportion. The survey findings showed that 90 percent of those not visiting the service provider in Jorhat felt that their sickness was not serious while 10 percent did not visit because of financial constraints.

In Kamrup 21 percent of those sick did not visit any provider and bought medicines from the nearby pharmacy while for 29 percent financial constraints was a major deterrent for not visiting the service providers.

The survey of households showed that overall 7 percent of the households (combined for both the districts) faced catastrophic expenditure beyond threshold level in respect of health. However, in Jorhat 11 percent and in Kamrup 3 percent households faced threshold level catastrophic expenditure. While 6 percent households reportedly faced catastrophic expenditure beyond threshold level in Jorhat, only 1 percent households from Kamrup had faced catastrophic expenditure beyond threshold level.

In so far as expenditure for outpatient treatment was concerned more than 60 percent met the expenditure from their current income. However, some 4 percent of the households reported spending from their past savings and 4 percent sold their assets to meet the expenditure.

In so far as meeting of inpatient treatment was concerned, the major sources of meeting the expenditure were borrowing, past saving and sale of assets. More than 20 percent households were forced to borrow from friends and relatives and others to meet the expenditure for inpatient treatment. Significantly 12 percent households had to sell their assets to meet the expenditure.

The proportion of households selling their assets and borrowing from others is higher in Jorhat which also indicates that Jorhat also has higher proportion of households facing catastrophic expenditure beyond threshold level. Health insurance was almost absent for both the districts under study as very negligible proportion of households had health insurances.

The expenditure incurred by the families for their deceased showed that almost 7 percent of the families had spent rupees 1-2 lakhs for treatment of the deceased. Majority (60 percent) of the households spent an amount of rupees 1000-10000 for treatment of the deceased prior to their death. Reportedly 13 percent households did not spend anything on their deceased.

11. Key observations

11.1. Services and health care facilities

The results of the household survey revealed that overall health status of the people in Kamrup district was better than that in Jorhat. Jorhat also had higher incidence of hospitalization cases. Incidence of communicable diseases was almost same for both the districts. Reported incidence of people suffering from asthma was found to be higher among the households in Jorhat district. Reported incidence of chronic disease among the people of Jorhat was more than that in Kamrup

The incidence of chronic diseases as hypertension, arthritis/joint pain was found to be more in case of females than males in both the districts. Chronic diseases like diabetes, liver problems were more prevalent among males. Digestive disorder and problem of gastritis was another chronic ailment reported by the households in both the districts.

For short term morbidity cases people in both the districts usually went to government providers for treatment. However, in cases of hospitalizations, the people revealed their preferences for private service providers like, nursing homes and specialty hospitals for certain types of diseases like hypertension, cancer, heart ailment, typhoid, ophthalmological problems.

The survey results showed that the overall health status of the children in the two districts was good and ninety percent of the children did not report of any short term morbidity. Besides reported incidence of cough/cold and fever unspecified diseases was found among the children in both the districts.

However children in Jorhat in the age group (2-6) years suffered from chronic skin diseases. However, five percent of the children in the age group (0-24) months were reported to have been diagnosed with thyroid problem.

The immunization coverage was reportedly found to be better in Kamrup district compared to Jorhat district. In both the districts 34 percent children in the age group (0-2) years had been fully immunized.

In respect of ANC, it was found that 13 percent pregnant women had received full ANC. The percentage of institutional delivery in both the districts has also increased with almost 93 percent deliveries taking place at government institutions in both the districts.

11.2. Expenditures on health care

The OOPE is higher for Kamrup district in respect of treatment of both inpatient and outpatient cases.

The proportion of expenditure on drugs and diagnostics in respect of super specialty hospitals and also Sub Centre (SC) and PHC for outpatient treatment was very high compared to those visiting the CHC and Medical College and Hospitals.

The households revealed that non availability of medicines with the SC and PHC often compel the patients to travel long distances to procure the prescribed medicines. Therefore out of the total expenditure incurred, the expenditure on medicine has higher proportionate share.

It is interesting to note here that while for short term morbidity people usually went to government hospitals for inpatient treatment cases people preferred the private service providers because other than the Medical College and Hospitals the other government facilities were not well equipped for treatment of inpatients.

Even for those seeking treatment at government healthcare facilities, expenditures on diagnostic tests were high as these services had to be availed almost always from private service providers and clinics. The reasons as cited by the households during the survey revealed that often the diagnostics apparatus and systems were either not functional or had been defunct for long or were not available in the health care facilities.

The expenditure on transportation for going to the health care facilities is often one of the reasons for people not seeking any health care service providers. The survey results showed that average expenditure on transportation in Jorhat was less than that in Kamrup.

The proportion of households facing catastrophic expenditures was higher in Jorhat district compared to Kamrup district. In Jorhat, 11 percent household faced catastrophic expenditures beyond threshold level while the same for Kamrup district was only 4 percent.

More than 60 percent households met their expenditure from their current income for outpatient treatment. In respect of inpatient treatment, households borrowed from friends, relatives or professional money lenders or sold their assets besides spending from their past savings. Some 12 percent households had to sell their assets to meet the expenditure which shows the insecurity faced by households in so far as health care expenditure is concerned.

The proportion of households selling their assets and borrowing from others is higher in Jorhat which also indicates that Jorhat also has higher proportion of households facing catastrophic expenditure beyond threshold level.

12. Conclusion

The survey findings reveal that despite the expansion in coverage of the health care facilities in both the districts, people continue to face insecurity in respect of health expenditure. The burden of meeting treatment cost from sale of assets continues to be fairly high in both the districts. The inpatient services in public health care facilities need to be augmented to cater to the needs of the people. A major cause of high expenditure among the households had been due to drugs and diagnostics even while availing services from government hospitals.

Insurance coverage like RSBY is yet to be introduced among the households in a big way. Also as revealed from the survey diseases like cancer, hypertension, asthma have more incidences of occurrence in Jorhat while ailments like renal problems, hernia and liver diseases and gastro abdominal diseases have higher incidence among the people of Kamrup.

AS gastro abdominal diseases like diarrhea are mostly related with hygienic conditions of living which is found to be abysmally low especially in Kamrup, there is need for creating awareness and BCC campaigns as well.

The UHC therefore need to be geared towards meeting the people's requirements' in these fronts to usher in a meaningful coverage for ensuring better health and wellbeing of the people in the state.

*****

ANNEXURE

Table 1: Religion-wise Percentage of Households in Jorhat and Kamrup (Rural) district

Religion	Jorhat	Kamrup (Rural)
Hinduism	96	59
Islam	2	37
Christianity	1	4
Total	100	100

Table 2: Sex Ratio (Number of females per 1000 male) in Jorhat and Kamrup (Rural) district

Age Group	Sex Ratio		
	Jorhat	Kamrup (Rural)	Total
0-2 Years	558	760	617
0-6 Years	1014	810	818
15-45 Years	1265	1720	1401
Total	1087	1045	1070

Table 3: Literacy rate and level of education by sex in Jorhat and Kamrup (Rural)

Level of Education	Jorhat		Kamrup (Rural)	
	Male	Female	Male	Female
Literate without formal schooling	7.01	15.53	10.79	18.87
Up to Primary	0.84	0.89	1.66	1.61
Up to Upper Primary	17.93	16.30	24.77	25.12
Up to Secondary	27.11	29.08	27.54	26.43
Up to Higher Secondary	15.97	15.47	9.22	7.76
Up to Graduate	13.80	9.89	9.33	6.54
Up to Post Graduate	7.10	2.56	3.44	1.26
Diploma etc.	0.95	0.43	0.22	0.11
Others	0.12	0.11	0.34	0.07
Overall Literacy rate	90.84	90.33	87.51	87.77

Table 4: Percentage of households by caste in Jorhat and Kamrup (Rural)

Caste	Jorhat	Kamrup (Rural)
ST	9	10
SC	20	12
OBC	60	22
General	9	52
Other	2	3
Total	100	100

Table 5: Percentage of Households having different type of house in Jorhat and Kamrup (Rural)

Type of House	Jorhat	Kamrup (Rural)	Total
Pucca	27	19	23
Semi pucca	21	15	18
Kutcha	52	66	59
Total	100	100	100

Table 6: Percentage of Household having different types of drainage system in Jorhat and Kamrup (Rural)

Drainage System	Jorhat	Kamrup (Rural)	Total
Drainage Connected	4	0	2
Drainage but not connected	2	9	5
No drainage	94	91	93
Total	100	100	100

Table 7: Percentage of Households having different types of latrine in Jorhat and Kamrup (Rural)

Type of Latrine	Jorhat	Kamrup (Rural)	Total
Sanitary	22	12	17
Non-sanitary	53	50	52
No-latrine	25	39	31
Total	100	100	100

Table 8: Percentage of Households with different types of garbage disposal system in Jorhat and Kamrup (Rural)

Garbage Disposal System	Jorhat	Kamrup (Rural)	Total
Separate space within premise	40	22	31
Use dustbin provided	3	2	2
Garbage collected	3	2	2
Throw outside	54	75	64
Total	100	100	100

Table 9: Percentage of Household having different source of cooking fuel

Source of Cooking Fuel	Jorhat	Kamrup (Rural)	Total
Firewood	79	82	80
Kerosene	0	1	1
LPG	20	17	19
Total	100	100	100

Table 10: Percentage of Households applying disinfectants

Frequency of applying Disinfectants	Jorhat	Kamrup (Rural)	Total
Regularly	18	2	10
Sometimes	45	41	43
Never	37	57	46
Total	100	100	100

Table 11: Percentage of Households having different source of drinking water

Source of drinking water	Jorhat	Kamrup (Rural)	Total
Bottled water	0	0	0
Tap water	25	3	14
Tube-well/Hand pump	56	84	69
Covered well	0	1	1
Uncovered well	6	2	4
Tank/pond reserved for drinking	2	0	1
Tank/pond general	8	1	5
River/Canal/Spring	1	1	1
Other	2	6	4
Total	100	100	100

Table 12: Percentage of Households with nearest health providers

Health provider	Jorhat	Kamrup (Rural)	Total
Sub Centre	26	33	30
PHC	41	37	39
CHC	0	16	8
Sub Division Hospital	13	4	9
District Hospital	0	0	0
Medical College Hospital	13	1	7
CGHS	0	0	0
Private doctor/Clinic	4	5	4
Government Others	0	3	2
Private Others	2	0	1
Others	0	0	0
Total	100	100	100

Table 13: Percentage of Households using different type of transport

Type of Transport	Jorhat	Kamrup (Rural)	Total
108/102	0	1	0
Govt. Hospital Ambulance	2	0	1
Private Hospital Ambulance	0	0	0
Private Ambulance	51	33	43
Private Transport	17	14	16
Other	30	52	41
Total	100	100	100

Table 14: Distance from nearest Health provider (percentage of households)

Distance	Jorhat	Kamrup (Rural)	Total
Less than 1 km	24	28	26
1-5 km	47	54	50
5-10 km	15	11	13
More than 10 km	14	7	10
Total	100	100	100

Table 15: Percentage of Households received benefits from different Govt. schemes

Schemes	Jorhat	Kamrup (Rural)
ICDS	1	4
IAY	16	11
NBA	6	2
ARWSP	15	4
JSY	14	18
Mamoni	8	9
Majoni	7	5
Mamata	7	13
Maram	1	4
Sabala	0	0
MDM	12	17
Swadhar	0	1
Old age Pension	7	5
Widow Pension	1	1
Disability Pension	1	0
NFBS	1	0
Matritya Sahayog Yojana	0	0
Total	6	5

Table 16.1: Incidence of morbidity and reported health status per ‘000 people in Jorhat

Reported health	Male	Female	Total
Short term morbidity	134	152	143
Hospitalization	35	28	32
Reported good health	831	820	825
Total	1000	1000	1000

Table 16.2: Distribution of cases surveyed

Distribution by cases surveyed	Kamrup	Jorhat	Total
No. of House hold surveyed	840	839	1679
No. of Pop. In the HH	4166	3825	7991
Number of hospitalizations reported in the sample	287	340	627
Number of persons reporting an ailment in the last thirty days in the sample	581	615	1196
No. of PW surveyed	254	236	490
No. of baby surveyed for immunization	261	246	507

Table 17.1: Incidence of morbidity and reported health status per '000 people cases in Kamrup (Rural)

Incidence of morbidity	Male	Female	Total
Short term morbidity	64	66	65
Hospitalization	7	6	7
Reported good health	929	928	928
Total	1000	1000	1000

Table 17.2: Distribution of OPD cases in the last 30 days

Type of provider	Jorhat	Kamrup	Total
All Providers	615	581	1196
Formal -Public	121	149	270
Sub Centre	19	7	26
Primary Health Centre	52	93	145
Community Health Centre	0	24	24
Area/Sub district/Taluk Hospital	39	14	53
District Hospital	0	7	7
Medical College Hospital	11	3	14
Other	0	1	1
Formal -Private	180	104	284
Others	272	293	565

Table 18.1: Gender wise per thousand incidences of short-term morbidity in Jorhat district

Types of Disease	Male	Female	Total
Communicable	435	451	444
Non-Communicable	11	11	11
Chronic	510	504	507
Communicable & Chronic	6	11	9
Others	38	23	30
Total	1000	1000	1000

Table 18.2: Religion wise per thousand incidences of short-term morbidity in Jorhat district

Types of Disease	Hindu	Islam	Christian	Total
Communicable	460	76	97	444
Non-Communicable	7	165	0	11
Chronic	494	709	903	507
Communicable & Chronic	8	25	0	9
Others	31	25	0	30
Total	1000	1000	1000	1000

Table 18.3: Caste wise per thousand incidences of short-term morbidity in Jorhat district

Types of Disease	ST	SC	OBC	General	Others	Total
Communicable	343	401	463	497	615	444
Non-Communicable	0	5	15	6	0	11
Chronic	625	528	497	418	385	507
Communicable & Chronic	20	20	3	10	0	9
Others	11	46	22	69	0	30
Total	1000	1000	1000	1000	1000	1000

Table 19.1: Gender wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Types of Disease	Male	Female	Total
Communicable	454	367	410
Non-Communicable	66	71	69
Chronic	375	488	433
Communicable & Chronic	23	0	11
Others	82	74	78
Total	1000	1000	1000

Table 19.2: Religion wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Type of Disease	Hindu	Islam	Christian	Total
Communicable	458	329	116	410
Non-Communicable	43	73	879	69
Chronic	396	531	5	433
Communicable & Chronic	13	8	0	11
Others	90	58	0	78
Total	1000	1000	1000	1000

Table 19.3: Caste wise per thousand incidences of short-term morbidity in Kamrup (Rural)

Type of Disease	ST	SC	OBC	General	Others	Total
Communicable	303	532	410	406	117	410
Non-Communicable	376	37	3	65	0	69
Chronic	239	431	470	435	883	433
Communicable & Chronic	6	0	31	5	0	11
Others	76	0	86	90	0	78
Total	1000	1000	1000	1000	1000	1000

Table 20.1: Gender wise per thousand incidences of short-term morbidity in Jorhat district

Name of the Ailment	Male	Female	Total
TB	6	11	9
Hypertension	93	150	123
Heart disease	0	9	5
Diabetes	29	11	20
Mental Illness	6	0	3
Asthma	51	17	31
Cancers/Tumour	2	0	2
Epilepsy	0	3	2
Gastric/Peptic Ulcer	52	53	53
Chronic Skin disease	38	20	28
Chronic liver disease	26	16	21
Bone/Joint disease	140	147	144
Kidney/Urine related problems	8	8	8
Appendicitis	0	1	0
Gall bladder	0	5	3
Pneumonia	1	0	1
COPD	2	0	2
Orthopaedic issue	29	2	15
Thyroid problems	36	10	23
Cough/Cold/Fever	315	409	364
Dysentery/Diarrhoea	98	40	68
Cataract/Eye problem	0	16	9
Dental problem	9	0	4
Sinusitis/Tonsillitis	2	30	17
Malaria	17	0	8
Jaundice	4	2	3
Uric Acid	0	0	0
Spondylitis	0	16	8
Others	38	23	30
Total	1000	1000	1000

Table 20.2: Religion wise per thousand incidences of short-term morbidity in Jorhat district

Name of the Ailment	Hindu	Islam	Christian	Total
TB	8	25	0	9
Hypertension	124	180	0	123
Heart disease	5	0	0	5
Diabetes	21	0	0	20
Mental Illness	3	0	0	3
Asthma	33	0	0	31
Cancers/Tumour	2	0	0	2
Epilepsy	2	0	0	2
Gastric/Peptic Ulcer	54	25	0	53
Chronic Skin disease	22	278	0	28
Chronic liver disease	22	0	0	21
Bone/Joint disease	129	175	903	144
Kidney/Urine related problems	8	0	0	8
Appendicitis	0	15	0	0
Gall bladder	3	0	0	3
Pneumonia	1	0	0	1
COPD	2	0	0	2
Orthopaedic issue	14	36	0	15
Thyroid problems	24	0	0	23
Cough/Cold/Fever	376	76	97	364
Dysentery/Diarrhoea	71	0	0	68
Cataract/Eye problem	9	15	0	9
Dental problem	1	150	0	4
Sinusitis/Tonsillitis	17	0	0	17
Malaria	9	0	0	8
Jaundice	3	0	0	3
Uric Acid	0	0	0	0
Spondylitis	9	0	0	8
Others	31	25	0	30
Total	1000	1000	1000	1000

Table 20.3: Caste wise per thousand incidences of short-term morbidity in Jorhat district

Name of the Ailment	ST	SC	OBC	General	Others	Total
TB	20	20	3	10	0	9
Hypertension	236	91	122	78	385	123
Heart disease	0	0	8	0	0	5
Diabetes	0	4	27	29	0	20
Mental Illness	0	5	3	0	0	3
Asthma	38	0	46	0	0	31
Cancers/Tumour	0	3	2	1	0	2
Epilepsy	0	0	3	0	0	2
Gastric/Peptic Ulcer	137	79	35	38	0	53
Chronic Skin disease	4	35	21	109	0	28
Chronic liver disease	0	2	33	0	0	21
Bone/Joint disease	80	255	110	150	0	144
Kidney/Urine related problems	17	5	9	0	0	8
Appendicitis	0	0		6	0	0
Gall bladder	0	0	5	0	0	3
Pneumonia	0	0	1	1	0	1
COPD	0	0	3	0	0	2
Orthopaedic issue	0	0	24	0	0	15
Thyroid problems	114	0	24	0	0	23
Cough/Cold/Fever	284	225	409	479	615	364
Dysentery/Diarrhoea	59	136	50	17	0	68
Cataract/Eye problem	0	18	6	7	0	9
Dental problem	0	2	6	0	0	4
Sinusitis/Tonsillitis	0	0	27	5	0	17
Malaria	0	35		0	0	8
Jaundice	0	5	3	0	0	3
Uric Acid	0	0	0	2	0	0
Spondylitis	0	35	0	0	0	8
Others	11	46	22	69	0	30
Total	1000	1000	1000	1000	1000	1000

Table 20.4: Distribution of Chronic ailments as reported

Ailment Types Reported	Jorhat	Kamrup	Total
All ailments Reported (n)	216	152	368
Diabetes	10	4	14
Cancer	4	7	11
Hypertension	56	18	74
Asthma	8	2	10
Heart Disease	3	2	5
Tuberculosis	8	6	14
Gastro intestinal	36	37	73
Mental Illness	4	4	8
Paralysis of Limbs	0	1	1
Epilepsy	1	0	1
Skin Disease	8	7	15
Leprosy	0	1	1
Chronic Liver Disease	4	3	7
Joint disease	36	19	55
Thyroid	8	7	15
Ophthalmological	4	5	9
Others	26	29	55

Table 21.1: Gender wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Name of the Ailment	Male	Female	Total
TB	23	0	11
Leprosy	0	1	0
Hypertension	62	13	37
Heart disease	0	2	1
Diabetes	2	9	6
Mental Illness	0	45	23
Asthma	6	2	3
Cancers/Tumor	50	15	32
Paralysis of limbs	22	0	11
Gastric/Peptic Ulcer	51	107	79
Chronic Skin disease	30	66	48
Chronic liver disease	39	1	20
Bone/Joint Disease	19	88	54
Kidney/Urine related problems	36	46	41
Appendicitis	7	52	30
Gall bladder	9	1	5
Typhoid	0	0	0
Pneumonia	0	13	7
Orthopedic issue	0	31	16
Thyroid problems	21	30	25
Cough/Cold/Fever	415	348	381
Dysentery/Diarrhea	23	5	14
Cataract/Eye problem	88	6	46
Dental problem	0	3	2
Sinusitis/Tonsillitis	0	18	9
Jaundice	8	0	4
Encephalitis	7	0	3
Spondylitis	0	25	13
Others	82	74	78
Total	1000	1000	1000

Table 21.2: Religion wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Name of the Ailment	Hindu	Islam	Christian	Total
TB	13	8	0	11
Leprosy	0	0	0	0
Hypertension	29	53	0	37
Heart disease	1	1	0	1
Diabetes	1	16	0	6
Mental Illness	3	65	0	23
Asthma	1	8	0	3
Cancers/Tumour	24	0	879	32
Paralysis of limbs	16	0	0	11
Gastric/Peptic Ulcer	30	182	0	79
Chronic Skin disease	71	5	0	48
Chronic liver disease	25	10	0	20
Bone/Joint disease	67	32	0	54
Kidney/Urine related problems	31	64	0	41
Appendicitis	14	65	0	30
Gall bladder	3	8	0	5
Typhoid	0	1	0	0
Pneumonia	0	20	0	7
Orthopaedic issue	24	0	5	16
Thyroid problems	8	63	0	25
Cough/Cold/Fever	437	283	116	381
Dysentery/Diarrhoea	9	25	0	14
Cataract/Eye problem	66	9	0	46
Dental problem	2	0	0	2
Sinusitis/Tonsillitis	3	23	0	9
Jaundice	6	0	0	4
Encephalitis	5	0	0	3
Spondylitis	19	0	0	13
Others	90	58	0	78
Total	1000	1000	1000	1000

Table 21.3: Caste wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Name of the Ailment	ST	SC	OBC	General	Others	Total
TB	6	0	31	5	0	11
Leprosy	4	0	0	0	0	0
Hypertension	46	51	30	36	0	37
Heart disease	0	0	3	0	0	1
Diabetes	0	3	1	8	105	6
Mental Illness	0	0	0	40	0	23
Asthma	0	0	0	6	0	3
Cancers/Tumour	354	0	3	10	0	32
Paralysis of limbs	0	0	0	19	0	11
Gastric/Peptic Ulcer	22	90	6	112	389	79
Chronic Skin disease	46	0	45	60	0	48
Chronic liver disease	46	0	64	1	0	20
Bone/Joint disease	13	213	32	41	0	54
Kidney/Urine related problems	0	57	50	34	389	41
Appendicitis	0	34	0	47	0	30
Gall bladder	0	3	0	8	0	5
Typhoid	0	0	0	0	0	0
Pneumonia	0	0	0	12	0	7
Orthopaedic issue	0	0	64	0	0	16
Thyroid problems	46	0	0	39	0	25
Cough/Cold/Fever	186	529	404	373	117	381
Dysentery/Diarrhoea	22	3	7	19	0	14
Cataract/Eye problem	0	0	174	5	0	46
Dental problem	22	0	0	0	0	2
Sinusitis/Tonsillitis	0	16	0	13	0	9
Jaundice	46	0	0	2	0	4
Encephalitis	46	0	0	0	0	3
Spondylitis	22	0	0	20	0	13
Others	76	0	86	90	0	78
Total	1000	1000	1000	1000	1000	1000

Table 22.1: Age Group wise per thousand incidences of short-term morbidity in Jorhat district

Name of the Ailment	Age Group (in years)									
	0-2	2-6	6-15	15-18	18-25	25-35	35-45	45-60	60-80	80+
TB	0	0	0	0	5	19	2	0	39	0
Hypertension	0	0	0	2	0	96	116	316	94	12
Heart disease	0	0	0	0	77	0	2	0	0	0
Diabetes	0	0	0	0	0	0	9	78	16	0
Mental Illness	0	0	0	18	0	0	2	7	2	0
Asthma	0	0	227	0	0	0	23	7	123	0
Cancers/Tumour	0	0	0	18	0	0	3	0	0	0
Epilepsy	0	0	0	0	0	0	0	8	0	0
Gastric/Peptic Ulcer	0	0	0	13	0	106	36	3	121	212
Chronic Skin disease	0	289	188	0	0	5	31	0	25	0
Chronic liver disease	0	0	0	0	143	0	0	62	5	24
Bone/Joint disease	0	45	0	0	43	73	270	210	50	92
Kidney/Urine related problems	34	47	0	0	0	30	0	0	0	0
Appendicitis	0	0	0	10	0	0	0	0	0	0
Gall bladder	0	0	0	0	0	0	10	0	0	0
Pneumonia	18	0	0	0	0	0	0	0	0	0
COPD	0	0	18	0	0	0	3	0	0	0
Orthopaedic issue	0	0	0	0	54	0	3	37	36	0
Thyroid problems	48	0	0	0	0	0	13	20	89	92
Cough/Cold/Fever	466	574	428	451	423	481	313	210	383	468
Dysentery/Diarrhoea	120		18	313	156	52	116	7	0	0
Cataract/Eye problem	0	0	2	0	0	23	0	20	4	0
Dental problem	0	0	0	0	10	0	14	0	0	0
Sinusitis/Tonsillitis	0	0	0	0	0	87	3	0	0	0
Malaria	270	0	0	0	0	0	0	0	0	0
Jaundice	0	45	0	0	17	0	0	4	0	0
Uric Acid	0	0	0	0	0	0	0	0	0	0
Spondylitis	0	0	0	0	0	0	29	0	0	0
Others	44	0	119	175	72	28	2	11	13	100
Total	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000

Table 22.2: Age Group wise per thousand incidences of short-term morbidity in Kamrup (Rural) district

Name of the Ailment	Age Group (in years)									
	0-2	2-6	6-15	15-18	18-25	25-35	35-45	45-60	60-80	80+
TB	0	0	0	0	3	0	0	35	16	0
Hypertension	0	0	0	0	0	0	2	0	0	0
Heart disease	0	0	0	0	0	7	53	63	130	0
Diabetes	0	0	0	0	8	0	2	0	0	0
Mental Illness	0	0	0	0	0	0	32	4	4	0
Asthma	0	0	0	0	162	10	0	20	0	0
Cancers/Tumour	0	0	23	0	8	0	0	0	0	0
Epilepsy	0	0	70	0	0	78	79	0	0	0
Gastric/Peptic Ulcer	0	0	0	0	0	61	0	0	0	0
Chronic Skin disease	24	0	0	0	59	142	113	96	86	0
Chronic liver disease	0	0	89	0	0	0	11	81	39	683
Bone/Joint disease	0	0	0	0	0	4	0	72	0	0
Kidney/Urine related problems	0	0	0	0	0	125	54	74	61	0
Appendicitis	0	0	0	330	46	68	41	16	46	0
Gall bladder	0	0	0	0	175	0	68		46	0
Pneumonia	0	0	0	0	0	0	20	1	18	0
COPD	0	0	2	0	0	0	0	0	0	0
Orthopaedic issue	0	0	0	0	0	38	0	0	0	0
Thyroid problems	0	0	0	0	0	1	0	59	0	0
Cough/Cold/Fever	0	0	0	0	0	0	26	45	118	0
Dysentery/Diarrhoea	857	985	615	643	390	255	251	268	289	317
Cataract/Eye problem	119	0	0	0	0	0	31	28	0	0
Dental problem	0	0	135	0	0	17	120	1	130	0
Sinusitis/Tonsillitis	0	0	0	0	0	0	0	6	0	0
Malaria	0	0	1	0	0	26	0	16	0	0
Jaundice	0	15	0	0	0	1	25	0	0	0
Uric Acid	0	0	0	0	0	0	25	0	0	0
Spondylitis	0	0	0	0	0	0	12	42	0	0
Others	0	0	65	27	149	167	35	73	17	0
Total	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000

Table 22.3: Per thousand incidences of short-term morbidity in females in reproductive age group in Jorhat district

Name of the Ailment	Age Group in Years						
	15-20	20-25	25-30	30-35	35-40	40-45	Total
TB	4	0	31	12	4	0	8
Hypertension	1	0	71	111	15	265	91
Heart disease	56	0	0	0	4	0	8
Diabetes	0	0	0	0	0	23	5
Mental Illness	10	0	0	0	0	4	2
Asthma	0	0	0	0	39	0	12
Cancers/Tumour	10	0	0	0	6	0	3
Gastric/Peptic Ulcer	7	0	7	169	19	61	54
Chronic Skin disease	0	0	0	8	0	77	18
Chronic liver disease	104	0	0	0	0	0	13
Bone/Joint disease	0	110	55	84	332	178	166
Kidney/Urine related problems	0	0	18	38	0	0	10
Appendicitis	5	0	0	0	0	0	1
Gall bladder	0	0	0	0	0	24	5
Pneumonia	0	0	0	0	1	0	0
COPD	0	0	0	0	5	0	2
Orthopaedic issue	0	140	0	0	5	0	7
Thyroid problems	0	0	0	0	23	0	7
Cough/Cold/Fever	456	363	566	428	323	292	385
Dysentery/Diarrhoea	230	203	16	74	143	76	112
Cataract/Eye problem	0	0	0	38	0	0	8
Dental problem	7	0	0	0	23	0	8
Sinusitis/Tonsillitis	0	0	225	0	5	0	30
Jaundice	0	44	0	0	0	0	2
Uric Acid	0	0	0	0	1	0	0
Spondylitis	0	0	0	0	49	0	15
Others	110	140	11	38	3	0	28
Total	1000	1000	1000	1000	1000	1000	1000

Table 22.4: Per thousand incidences of short-term morbidity in females in reproductive age group in Kamrup (Rural) district

Name of the Ailment	Age Group in Years						
	15-20	20-25	25-30	30-35	35-40	40-45	Total
TB	0	6	0	0	0	0	1
Hypertension	0	0	0	0	0	4	1
Heart disease	0	0	11	0	35	66	19
Diabetes	0	15	0	0	0	3	2
Mental Illness	0	0	0	0	77	0	10
Asthma	206	0	15	0	0	0	40
Cancers/Tumour	0	15	0	0	0	0	2
Gastric/Peptic Ulcer	0	0	51	123	0	135	55
Chronic Skin disease	0	0	97	0	0	0	24
Chronic liver disease	29	63	58	282	99	123	104
Bone/Joint disease	0	0	0	0	27	0	3
Kidney/Urine related problems	0	0	0	11	0	0	2
Appendicitis	0	0	201	0	109	14	66
Gall bladder	191	18	96	21	64	25	75
Pneumonia	0	313	0	0	162	0	60
COPD	0	0	0	0	0	35	6
Orthopaedic issue	0	0	61	0	0	0	15
Thyroid problems	0	0	1	0	0	0	0
Cough/Cold/Fever	0	0	0	1	0	43	8
Dysentery/Diarrhoea	562	304	323	146	212	280	312
Cataract/Eye problem	0	0	0	0	67	4	9
Dental problem	0	0	27	0	0	207	43
Sinusitis/Tonsillitis	0	0	43	0	0	0	11
Jaundice	0	0	1	0	60	0	8
Uric Acid	0	0	0	0	60	0	8
Spondylitis	0	0	0	0	28	0	4
Others	12	266	15	416	0	61	112
Total	1000	1000	1000	1000	1000	1000	1000

Table 23: Distribution of IPD and hospitalization episodes in the last 365 days

Type of provider	Jorhat	Kamrup	Total cases reported
All Providers	**340**	**287**	**627**
Formal -Public	**223**	**207**	**430**
Sub Centre	0	0	0
Primary Health Centre	28	46	74
Community Health Centre	0	12	12
Area/Sub district/Taluk Hospital	25	12	37
District Hospital	21	12	33
Medical College Hospital	142	119	261
Government Others	7	6	13
Formal -Private	**114**	**87**	**202**
Informal Provider	3	0	3
Did not visit to the service provider	0	0	0

Table 23.1: Percentages of hospitalization cases by disease in Jorhat and Kamrup (Rural)

Name of the Ailment	Jorhat	Kamrup (Rural)	Total
TB	1.78	2.24	1.87
Hypertension	8.60	2.95	7.56
Heart disease	2.89	6.19	3.50
Diabetes	2.03	1.80	1.99
Mental illness	0.37	0.00	0.30
Asthma	3.37	1.83	3.09
Cancers/Tumor	13.04	17.88	13.93
Epilepsy	1.22	0	0.99
Paralysis of limbs	0.42	1.18	0.56
Gastric/Peptic Ulcer	5.55	5.84	5.60
Chronic skin disease	0.88	0.11	0.74
Chronic liver disease	3.37	4.41	3.56
Bone/Joint disease	6.81	3.56	6.21
Kidney Urine related problems	5.42	3.33	5.04
Appendicitis	1.11	1.74	1.22
Gall bladder	3.91	5.81	4.26
Typhoid	3.70	0.71	3.15
Pneumonia	0.46	0.27	0.42
Orthopaedic issues	2.08	0.23	1.74
Thyroid problem	0.85	1.17	0.91
Cough/Cold/Fever	10.77	11.94	10.98
Dysentery/Diarrhea	16.61	12.79	15.90
Cataract/Eye problem	2.09	4.80	2.59
Sinusitis/Tonsillitis	0.50	0.72	0.54
Malaria	0.11	1.59	0.38
Jaundice	1.32	6.93	2.35
Uric Acid	0.19	0	0.16
Spondylitis	0.45	0	0.37
Other	0.09	0	0.07

Table 23.2: Percentages of hospitalization cases by provider in Jorhat and Kamrup (Rural)

Name of the Ailment	Govt. Health Provider	Private Health Provider	Others
TB	1.67	0.78	6.4
Hypertension	6.64	9.70	7.6
Heart disease	2.00	5.36	8.3
Diabetes	0.90	1.07	12.3
Mental illness	0.37	0.26	0
Asthma	3.50	3.15	0
Cancers/Tumor	10.28	17.50	28.7
Epilepsy	0.25	3.07	0
Paralysis of limbs	0.77	0.25	0
Gastric/Peptic Ulcer	7.07	4.06	0
Chronic skin disease	0.83	0.76	0
Chronic liver disease	4.17	3.07	0.8
Bone/Joint disease	7.12	5.98	0.6
Kidney/Urine related problems	5.82	3.89	3.0
Appendicitis	0.88	2.44	0.0
Gall bladder	3.77	5.25	4.7
Typhoid	0.18	11.19	0
Pneumonia	0.19	1.02	0.3
Orthopedic issues	0.07	6.14	0.3
Thyroid problem	1.35	0	0.5
Cough/Cold/Fever	16.37	1.80	0.8
Dysentery/Diarrhea	20.22	7.48	10.9
Cataract/Eye problem	1.77	1.03	12.9
Sinusitis/Tonsillitis	0.76	0.23	0
Malaria	0.60	0	0
Jaundice	1.65	4.43	1.1
Uric Acid	0.22	0.08	0
Spondylitis	0.58	0	0

Table 24: Average number of days of hospital stay for reported cases of hospitalization

Districts	Average no. of days	Govt. provider	Private provider
Jorhat	7	6	8
Kamrup (Rural)	10	10	11

Table 25: Reasons for not visiting a service provider (in percentage)

Reasons	Kamrup (Rural)	Jorhat
No medical facility available nearby	4	0
Ailment not considered serious	8	90
Home remedies	10	0
Bought medicines from pharmacy	21	0
Financial reasons	29	10
Member is under regular medication	29	0
Total	100	100

Table 26: Percentages of pregnant women who received different doses of ANC

Type of ANC	Jorhat	Kamrup (Rural)	Total
ANC 1	18	19	18.7
ANC 2	18	19	18.6
ANC 3	18	18	18.1
ANC 4	17	16	16.6
ANC 5	16	14	14.9
ANC 6	13	14	13.2
TOTAL	100	100	100

Table 27: Number of delivery cases in Jorhat and Kamrup (Rural)

Type of Delivery	Jorhat	Kamrup (Rural)	Total
Institutional	201	231	432
Non Institutional	29	23	52
Total	230	254	484

Table 28: Number of births by place of delivery in Jorhat and Kamrup (Rural)

Place of Delivery (Institutional)	Jorhat			Kamrup (R)		
	Normal	Caesarean	Total	Normal	Caesarean	Total
Sub Centre	33	8	41	53	8	61
PHC	60	12	72	96	8	104
CHC	0	0	0	33	3	36
Sub Division Hospital	20	3	23	5	1	6
Medical College Hospital	37	6	43	5	0	5
CGHS	1	0	1	0	0	0
Private doctor/Clinic	13	2	15	8	3	11
Others	5	1	6	5	3	8
Total	169	32	201	205	26	231

Table 29: Percentages of children (0-2) years with immunization coverage

Immunization Status	Jorhat	Kamrup (Rural)	Total
Partial Immunization (excluding Measles vaccine)	77.35	53.46	64.50
Complete Immunization	22.06	44.55	34.16

Table 30.1: Average expenditure for Non Hospitalization case (in Rs)

District	Jorhat	Kamrup	Total
Service/ Consultation Fee	85.36	118.22	94.92
Drugs & Diagnostics	1180.70	2489.40	1506.00
Transportation	263.99	451.07	357.50
Average Expenditure	1266.80	2297.30	1691.40

Table 30.2: Average expenditure for Hospitalization case (in Rs)

District	Jorhat	Kamrup	Total
Service/ Consultation Fee	877.40	4843.16	1237.88
Drugs & Diagnostics	13976.21	14042.17	13986.82
Food & Lodging	3281.00	6109.00	4408.00
Transportation	2612.94	1854.94	2233.90
Average Expenditure	13214.09	18063.40	14149.97

Table 31.1: Average expenditure for short-term morbidity by service provider

Service Providers	Average expenditure per reported case (in Rs.)	Drugs & Diagnostics (in Rs.)
Sub Centre	657.57	547.13
PHC	739.68	622.67
CHC	994.72	664.51
Sub District Hospital	1116.25	797.89
Medical College Hospital	3346.87	1496.78
Private doctor/clinic	2670.68	1667.80
Private nursing home	4854.20	2529.40
Charitable/trust Hospital	800.00	0.00
Private super specialty hospital	3601.65	3000.00
Homeopathy/Unani/Ayurvedic	2391.92	1834.34
Traditional Healer	1837.87	0.00
Not visited any provider	416.29	264.76

Table 31.2: Average expenditure for Hospitalization case by service provider

Service Provider	Average expenditure per reported case (in Rs.)	Drugs & Diagnostics (in Rs.)
PHC	2930.25	2324.50
CHC	6928.97	5552.62
Area/Sub District Hospital	6462.57	3967.95
District Hospital	15798.39	10477.44
Govt. Medical College Hospital	11003.88	9239.27
Private doctor/clinic	20973.31	9787.91
Charitable/trust Hospital	12249.72	6204.37
Private multi/super specialty Hospital	36794.29	30019.00

Table 32: Average expenditure (in Rs) on transport per visit by type of transport

Type of Transport	Short term morbidity	Hospitalization
108/102 Services	0	50
Govt. Hospital Ambulance	0	144.95
Private Ambulance	0	156.33
Public Transport	254.23	229.98
Private Transport	492.32	437.62
Average Expenditure (any mode)	373.28	204.00

Table 33: Average expenditure (in Rs) for Ante Natal Care by provider

Type of service provider	Average expenditure
Govt. Health Providers	17.67
Private Health Providers	198.57

Table 34: Average expenditure (in Rs) per child birth by place of delivery

Place of Delivery	Jorhat	Kamrup (Rural)	Average for two districts
Institutional	2683.08	2409.98	2546.53
Non-institutional	232.75	792.46	512.60
Total	2500.01	2284.79	2392.40

Table 35: Average expenditure (in Rs.) per child birth by type of delivery

Type of Delivery	Jorhat	Kamrup (Rural)
Normal	1544.37	2069.03
Caesarean	6202.38	3893.75

Table 36: Average expenditure (in Rs.) on immunization by households (Including transportation cost)

Providers	Jorhat	Kamrup (Rural)	Average
Sub Centre	566.13	203.19	384.66
Area/Sub District Hospital	423.64	0	423.64
Govt. Medical College Hospital	310.00	156.34	233.17
Govt. Others	600.00	0	600.00
Average Expenditure on Immunization	474.94	119.84	410.37

Table 37: Percentages of households meeting short-term morbidity cost by sources of expenditure

District	Sale of assets	Savings	Borrowing	Insurance	Monthly income	Donation	Others
Jorhat	5	17	8	0.01	67	4	0
Kamrup (Rural)	3	23	3	0.08	68	2	1
Total	4	20	6	0.04	67	3	0

Table 38: Percentages of households meeting Hospitalization cost by sources of expenditure

District	Sale of assets	Savings	Borrowing	Insurance	Monthly income	Donation	Others
Jorhat	13	26	22	0.01	30	9	0
Kamrup (Rural)	12	31	21	0.48	20	15	1
Total	12	27	22	0.11	28	10	0

Table 39.1: Per thousand persons receiving any support for meeting health expenditure in Jorhat

Insurance/Government support	Male	Female	Total
RSBY	0.1	0.5	0.3
ESI	0.4	0.4	0.4
Govt. Support	13	9	11
Private	0.3	0.0	0.1
Others	2	3	2
None	985	894	890
Total	1000	1000	1000

Table 39.2: Per thousand persons receiving any support for meeting health expenditure in Kamrup (Rural)

Health insurance	Male	Female	Total
RSBY	0	0	0
ESI	0	0	0
Govt. Support	0.1	0.1	0.2
Private	0	0	0
Others	0	0	0
None	999.8	999.9	999.8
Total	1000	1000	1000

Table 40: Percentage of households facing catastrophic expenditure on health by disease and service provider visited (Kamrup and Jorhat)

Type of Disease	Govt. Health Provider	Private Health Provider	Total
Peptic Ulcer	0	1.2	0.8
Ailment of the kidney	0	3.6	2.3
Pneumonia	3.3	0.0	1.2
Thyroid problem	0.0	5.1	3.3
Typhoid	42.5	68.5	59.0
Diarrhea	3.7	16.7	12.0
Malaria	50.5	0.0	18.5
Others	0.0	4.8	3.0
Total	100.0	100.0	100.0

Table 41: Percentages of households reportedly facing catastrophic expenditure on health

Households facing catastrophic expenditure	Jorhat	Kamrup (Rural)	Total
HH with <20% expenditure	11.43	3.16	7.52
HH with >20% & <30% expenditure	2.36	0.35	1.41
HH with >30% expenditure	3.52	0.79	2.23
Total HH facing catastrophic expenditure	17.3	4.3	11.2

Table 42: Reported deaths by place of death in Jorhat and Kamrup (Rural)

District	At home	At any health facility
Jorhat	99.6	0.4
Kamrup (Rural)	76.5	23.5
Total	96	4

Table 43: Average age at death in Jorhat and Kamrup (Rural) in last 365 days

Sex	Jorhat	Kamrup (Rural)
Male	38	44
Female	59	28
Total population	49	36

Table 44: Reported death per lakh population by cause of death in last 365 days

Types of Disease	Jorhat	Kamrup (Rural)
Accident	0	9
Asthma	226	0
Old age	55	0
Cancer	176	17
Hernia	0	12
Heart Attack	6	0
Hepatitis B	9	0
Jaundice	0	162
Kidney problem	0	81
Liver problem	0	23
Neurological Problem	35	0
Snake bite	0	160
Diarrhea	32	0
Hypertension	299	0
Sudden Death	57	0
Total	896	464

Table 45: Percentages of households incurring expenditure for treatment of the deceased (For last 365 days)

Expenditure (in Rs.) per death case	Jorhat	Kamrup (Rural)	Total
No Expenditure	13.3	13.2	13.3
Less than Rs. 10,000/-	60.6	60.5	60.7
Rs. 10, 000/- to Rs. 35,000/-	11.1	11.1	10.4
Rs. 35000/- to Rs. 70,000/-	9.2	9.2	9.2
More than Rs. 2,00,000/-	6.5	6.5	6.5