

Family welfare statistics in india 2011

[Sociology](#), [Population](#)



FAMILY WELFARE STATISTICS IN INDIA 2011 Statistics Division
Ministry of Health and Family Welfare Government of India Abbreviations
AIDS AHS ANC ANM ANC APL ARI ASHA AWW AYUSH BCG BE BMS BPL CBR
CDR CES CHC CNAAC CPR CPR DLHS DPT DT EAG ECR EmOC FP FRUs HIV
HMIS ICDS IDSP IDDCP IIPS IPHS IEC IFA Acquired Immunodeficiency
Syndrome Annual Health Survey Antenatal Care Auxiliary Nurse Mid-wife
Ante Natal Care Above Poverty Line Acute Respiratory Infection Accredited
Social Health Activist Anganwadi Worker Department of Ayurveda, Yoga &
Naturopathy, Unani, Siddha and Homoeopathy Bacillus Calmette Guérin
Budget Estimates Basic Minimum Services Programme Below Poverty Line
Crude Birth Rate Crude Death Rate Coverage Evaluation Survey Community
Health Centre Community Needs Assessment Approach Contraceptive
Prevalence Rate Couples Protection Rate District Level Household Survey
Diphtheria, Pertussis and Tetanus Diphtheria and Tetanus Empowered Action
Group Eligible Couple Register Emergency Obstetric Care Family Planning
First Referral Units Human Immunodeficiency Virus Health Management
Information Systems Integrated Child Development Services Integrated
Disease Surveillance Programme Iodine Deficiency Disorder Control
Programme International Institute for Population Sciences Indian Public
Health Standards Information, Education and Communication Iron and Folic
Acid IMR IPHS IUCD IUD JSK JSY LHV MCTS M&E MIES MIS MMR MNP MoH&FW
MPW-F/M MTP NACP NACO NCP NFHS NGO NLEP NIHFWS NNMR NPCB NPP
NPSF NRHM NSV NVBDCP NUHM Obs/gyn OP OPV ORS PC&PNDT PHC PHN PIP
PMG PMU Infant Mortality Rate Indian Public Health Standards Intra Uterine
Contraceptive Device Intra Uterine Device Jansankhya Sthirtha Kosh Janani

Suraksha Yojana Lady Health Visitor Mother and Child Tracking System
 Monitoring and Evaluation Monitoring, Information & Evaluation System
 Management Information System Maternal Mortality Ratio Minimum Needs
 Programme Ministry of Health and Family Welfare Multi Purpose Worker —
 Female / Male Medical Termination of Pregnancy National AIDS Control
 Program National AIDS Control Organisation National Commission on
 Population National Family Health Survey Non-Governmental Organization
 National Leprosy Eradication Programme National Institute of Health and
 Family Welfare Neonatal Mortality Rate National Programme for Control of
 Blindness National Population Policy National Population Stabilisation Fund
 National Rural Health Mission No Scalpel Vasectomy National Vector Borne
 Disease Control Programme National Urban Health Mission Obstetrics and
 Gynecology Oral Pills Oral Polio Vaccine Oral Rehydration Solution Pre-
 conception & Pre-natal Diagnostic Techniques Primary Health Centre Public
 Health Nurse Programme Implementation Plan Programme Management
 Group Programme Management Unit PNC PPP PRCs RCH RHS RKS RGI RNTCP
 RTI SBA SC SC/ST SRS STDs STI TBAs TFR TT UIP Post Natal Care Public
 Private Partnership Population Research Centres Reproductive and Child
 Health Rapid Household Survey Rogi Kalyan Samiti, Registrar General of
 India Revised National Tuberculosis Control Programme Reproductive Tract
 Infection Skilled Birth Attendants Sub Centre Scheduled- Caste / Scheduled-
 Tribe Sample Registration System Sexually Transmitted Diseases Sexually
 Transmitted Infections Traditional Birth Attendants Total Fertility Rate
 Tetanus Toxoid Universal Immunization Program CONTENTS Page No.
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(Tables-B. 1 to B. 22). Para 6. 0 to 6. 9 discusses some of these important parameters in the “ Overview”. The “ Section-C” (Tables C. 1 to C. 10) of the Report covers State-wise data on some of the indicators like; Number of pregnant women received 3 ANC checkups, Number of women given TT2/Booster, Number of women having Hb level < 11 (tested cases), Number of newborn visited within 24 hrs of home delivery, Number of women discharged within 48 hrs of delivery from public facility, Number of Still Births, Number of newborns weighed at Birth, Number of newborns having weight less than 2. 5 Kgs., Number of Newborns breastfed within 1 hour, Number of women receiving post partum check-up within 48 hours after delivery, etc. This data is an aggregation of district level data which is uploaded on Health Management Information System (HMIS) portal of the Ministry by States/UTs. A number of large scale surveys are being carried out by the Ministry from time to time to assess the performance of various health and family welfare programmes. These surveys inter-alia include, National Family Health Survey (NFHS), District Level Household and Facility Survey (DLHS), Annual Health Survey (AHS), Facility Survey, Concurrent Evaluation Survey (CES) of NRHM, etc. Section-D focuses on the indicators covered in these large surveys. Data on key indicators (State-wise) covered in NFHS-III (2005-06) as compared with NFHS-II (1998-99) and NFHS-I (1992-93) are given in Tables D. 1 and D. 2. Tables D-3 captures data on key indicators covered in DLHS-III (2007-08) as compared with DLHS-II(2002-04) and DLHS-I (1998-99). Concurrent Evaluation of NRHM was carried out in 2009. The indicators covered include (a) health infrastructure facilities (b) Communitisation of services (c) Functioning of ANM (d) Availability of Human

Resources (e) Service Outcomes. The results of the evaluation survey i are presented in Table D-5. A comparative data on common indicators covered in NFHS-III, DLHS-III and CES-2009 are brought out in Table D-4. The Ministry of Health & Family Welfare, in collaboration with the Registrar General of India (RGI), had launched an Annual Health Survey (AHS) in the erstwhile Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattishgarh, Uttarakhand, Uttar Pradesh, Orissa and Rajasthan) and Assam. The aim of the survey was to provide feedback on the impact of the schemes under NRHM in reduction of Total Fertility Rate (TFR), Infant Mortality Rate (IMR) at the district level and the Maternal Mortality Ratio (MMR) at the regional level by estimating these rates on an annual basis for around 284 districts in these States. The results of the first round of AHS for some of the indicators viz. Crude Birth Rate (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Neo-natal Mortality Rate, Under Five Mortality Rate, Maternal Mortality Ratio (MMR), Sex Ratio, etc. have since become available and are given in Section-D (Tables D. 6. 1 to D. 6. 5). Data on key indicators covered in " Facility Survey-2007-08" conducted as part of DLHS-III are given in " Section E". Latest data received from States /UTs regarding availability of Human resource & infrastructure facilities at Sub Centre, Primary Health Centre (PHC) and Community Health Centre (CHC) are also given in " Section-E" (Tables E. 1 to E. 7). Section-F covers " Outlay and Expenditure on Family Welfare" 2010-11 programmes for the year ii

Overview Family Welfare Programme in India, 2011 DEMOGRAPHIC PROFILE OF INDIA 1. 0 Vital Statistics 1. 1 As on 1st March, 2011 India's population stood at 1. 21 billion comprising of 623. 72 million (51. 54%) males and 586.

47 million (48.46%) females. India, which accounts for world's 17.5 percent population, is the second most populous country in the world next only to China (19.4%). One of the important features of the present decade is that, 2001-2011 is the first decade (with the exception of 1911-21) which has actually added lesser population compared to the previous decade. In absolute terms, the population of India has increased by about 181.46 million during the decade 2001-2011. Of the 121 crore Indians, 83.3 crore (68.84%) live in rural areas while 37.7 crore (31.16%) live in urban areas, as per the Census of India's 2011. Highlights of Census 2011 The average annual exponential growth declined to 1.64% per annum during 2001-2011 from 1.97% per annum during 1991-2001. Decadal growth during 2001-2011 declined to 17.64% from 21.54% during 1991-2001. The decade is the first, with the exception of 1911-21, which has actually added fewer people compared to the previous decade. The rural population (83.31 crore) and urban Population (37.71 crore) constitutes 68.84% and 31.16% respectively to the total population of the country. During 2001-2011, for the first time, the growth momentum of population for the EAG States declined by about four percentage points. This, together with a similar reduction in the non-EAG States and Union Territories, has brought down the rate of growth of population for the country by 3.9 percent as compared to 1991-2001. iii Though the child-sex ratio [0 to 6 years] has declined from 927 female per 1000 males in 1991-2001 to 914 females per 1000 males, increasing trend in the child sex ratio was seen in Punjab, Haryana, Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram and Andaman and Nicobar Island. Literacy rate increased from 64.83% in 2001 to 74.04% in 2011; 82.14%

male literacy, 65.46% female literacy. Among the States and Union Territories, Uttar Pradesh is the most populous State with 199.6 million people and Lakshadweep the least populated with 64,429 people. The contribution of Uttar Pradesh (UP) to the total population of the country is 16.5% followed by Maharashtra (9.3%), Bihar (8.6%), West Bengal (7.6%), Andhra Pradesh (7.0%) and Madhya Pradesh (6.0). The combined contribution of these six most populous States in the country accounts for 55% to the country's population.

1.2 The country's headcount is almost equal to the combined population of the United States of America (USA), Indonesia, Brazil, Pakistan, Bangladesh and Japan -- all put together. The combined population of UP and Maharashtra is bigger than that of the USA. Population of many Indian States is comparable with countries like United Kingdom (UK), Germany, Italy, Japan, Mexico, etc.

States in India vs Countries in the World (In Millions)

State in India	Population @ 2011	Country	Population @ 2011
Uttar Pradesh	199.6	Brazil	195.4
Maharashtra	112.4	Japan	127.0
Bihar	103.8	Mexico	110.5
West Bengal	84.7	iv West Bengal	84.7
Andhra Pradesh	72.6	Madhya Pradesh	72.1
Madhya Pradesh	68.6	Tamil Nadu	61.1
Tamil Nadu	61.1	Philippines	61.9
Rajasthan	61.9	Germany	82.1
Karnataka	60.4	Turkey	72.7
Gujarat	60.1	Thailand	68.1
Orissa	41.9	France	62.8
Argentina	40.7	United Kingdom	61.9
Kerala	33.4	Gujarat	60.4
Canada	33.9	Italy	60.1
Jharkhand	33.0	Orissa	41.9
Morocco	32.4	Argentina	40.7
Assam	31.2	Kerala	33.4
Iraq	31.5	Canada	33.9
Punjab	27.7	Jharkhand	33.0
Malaysia	27.9	Morocco	32.4
Chhattisgarh	25.5	Assam	31.2
Saudi Arabia	26.2	Iraq	31.5
Haryana	25.4	Punjab	27.7
Australia	21.5	Malaysia	27.9

@Source: State of World Population 2010 1.3

The Average Annual Exponential Growth Rate (AAEGR) for 2001-2011 dipped sharply to 1.64 percent per annum from 2.16 percent during 1981-1991 and 1.97 percent per annum during 1991-2001. Among the major States,

Bihar, J&K, Chattisgarh, Jharkhand, Rajasthan, NCT of Delhi, Madhya Pradesh, Uttar Pradesh, Haryana, Uttarakhand and Gujarat recorded higher annual exponential growth rate as compared to the national average during 2001-2011. The State of Bihar registered the highest (2.26%) AAEGR and Kerala (0.48) registered the lowest. v 1.4 The decadal rate of growth of population has slowed down to 17.64% in 2001-2011 as compared to 21.54% in 1991-2001. At the State level, growth rates varied widely. Nagaland with (-) 0.47% had the lowest decadal growth rate. The phenomenon of low growth has started to spread beyond the boundaries of the Southern States during 2001-11, where in addition to Andhra Pradesh, Tamil Nadu and Karnataka in the South, Himachal Pradesh and Punjab in the North, West Bengal and Orissa in the East, and Maharashtra in the West have registered a growth rate between eleven to sixteen percent in 2001-2011 over the previous decade. Among the larger States, Bihar registered the highest decadal growth rate of 25% and Kerala the lowest (4.86%). It is significant that the percentage decadal growth during 2001-2011 has registered the sharpest decline since independence. It declined from 23.87 percent for 1981-1991 to 21.54 percent for the period 1991-2001, a decrease of 2.33 percentage point. During 2001-2011, this decadal growth has become 17.64 percent, a further decrease of 3.90 percentage points (Table A-1). 1.5 Traditionally, for historical reasons, some States depicted a tendency of higher growth in population. Recognizing this phenomenon, and in order to facilitate the creation of area-specific programmes, with special emphasis on eight States that have been lagging behind in containing population growth to manageable limits, the Government of India constituted an Empowered

Action Group (EAG) in the Ministry of Health and Family Welfare in March 2001. These eight States were Rajasthan, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh and Orissa, which came to be known as ' the EAG States'. During 2001-11, the rate of growth of population in the EAG States except Chhattisgarh has slowed down (Table-A-2). For the first time, the growth momentum of population in the EAG States has given the signal of slowing down, falling by about four percentage points. This, together with a similar reduction in the non-EAG States and Union Territories, has brought down the rate of growth for the country by 3.9 percentage points during 2001-11 as compared to 1991-2001.

vi 1.6 Natural Growth Rate: The natural growth rate, which is the difference between the birth rate and death rate, was estimated as 1.52% in 2009 against 1.97% in 1991.

1.7 Sex Ratio: According to Census of India 2011, the sex ratio has shown some improvement in the last 10 years. It has gone up from 933 in 2001 census to 940 in 2011 census. Kerala with 1084 has the highest sex ratio followed by Pondicherry with 1038. Daman and Diu has the lowest sex ratio of 618. The Sex Ratio in Arunachal Pradesh (920), Bihar (916), Gujarat (918), Haryana (877), J&K(883), Madhya Pradesh(930), Maharashtra (925), Nagaland(931), Punjab(893), Rajasthan(926), Sikkim (889) and Uttar Pradesh (908) is lower than the national average. All UTs except Puducherry and Lakshadweep also have lower Sex Ratio as compared to national average (Table A-2).

1.8 Child Sex Ratio: The child sex ratio (0-6 years), has declined to 914 in 2011 Census as compared to 927 in 2001. It showed a continuing preference for male children over females in the last decade. Increasing trend in the child sex ratio was seen in States/UTs viz. Punjab, Haryana,

Himachal Pradesh, Gujarat, Tamil Nadu, Mizoram, Chandigarh and Andaman & Nicobar Islands but in all the remaining States / Union Territories, the child sex ratio showed decline over Census 2001 (Table-A-3. 6). Literacy level: According to the provisional data of the 2011 census, the literacy rate 1. 9 went up from 64. 83 per cent in 2001 to 74. 04 per cent in 2011 – showing an increase of 9. 21 percentage points. Significantly, the female literacy level saw a significant jump as compared to males. The female literacy in 2001 was 53 per cent and it has gone up to 65. 46 per cent in 2011. The male literacy, in comparison, rose from 75. 3 to 82. 14 per cent (Table A-3. 5). Kerala, with 93. 91 per cent, continues to occupy the top position among States as far as literacy is concerned while Bihar remained at the bottom of the ladder at 63. 82 per cent. vii Ten States and Union Territories, including Kerala, Lakshadweep, Mizoram, Tripura, Goa, Daman and Diu, Puducherry, Chandigarh, NCT of Delhi and Andaman and Nicobar Islands have achieved a literacy rate of above 85 per cent. 2. 0 POPULATION PROJECTIONS 2. 1

Population Projections: The projections for the country, individual States and Union Territories up to the year 2026 made by the Technical Group constituted by the National Commission on Population (NCP) under the Chairmanship of Registrar General, India, reveals that the country's population would reach 1. 4 billion by 2026. Projected Population of India (In Millions) The projected population and proportion (percent) of population by broad age-group as on 1st March, 2001-2026 as per " Report of the Technical Group on Population Projections — Ministry of Health & Family Welfare (May 2006)" are given in the Table below: Year Population (in millions) Proportion (percent) 15-59 15-49 (years) (years) (Female

Population) 35. 4 57. 7 51. 1 32. 1 60. 4 53. 1 29. 1 62. 6 54. 5 0-14 (years)
 60+ (years) 6. 9 7. 5 8. 3 2001 2006 2011 1029 1112 1193 (1210)* 1269
 1340 1400 2016 2021 2026 26. 8 25. 1 23. 4 63. 9 64. 2 64. 3 54. 8 54. 1 53.
 3 9. 3 10. 7 12. 4 *As per provisional figures of Census 2011. viii 2. 2

National Population Policy (NPP), 2000: Government has adopted a National Population Policy in February, 2000. The main objective is to provide or undertake activities aimed to achieve population stabilisation, at a level consistent with the needs of sustainable economic growth, social development and environment protection, by 2045. The other objectives are:

- - - To promote and support schemes, programmes, projects and initiatives for meeting the unmet needs for contraception and reproductive and child health care. To promote and support innovative ideas in the Government, private and voluntary sector with a view to achieve the objectives of the National Population Policy 2000. To facilitate the development of a vigorous people's movement in favour of the national effort for population stabilisation.

2. 3 National Commission on Population (NCP): With a view to monitor and direct the implementation of the National Population Policy, the NCP was constituted in 2000 and it was re-constituted in 2005. The Chairman of the re-constituted Commission continued to be Hon'ble Prime Minister of India, whereas Deputy Chairman of the Planning Commission and the Minister of Health & FW are the two Vice-Chairmen and Secretary, H&FW, is the Member-Secretary of the Commission. State Population Commissions: State Population Commissions have been 2. 4 constituted in 20 States/UTs. viz. Andhra Pradesh, Arunachal Pradesh, Assam, Haryana, Himachal Pradesh, J&K, Kerala, Madhya Pradesh, Gujarat, Uttar Pradesh, Maharashtra, West

Bengal, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, Andaman & Nicobar Island and Lakshadweep. Janasankhya Sthirata Kosh (JSK): The Jansankhya Sthirata Kosh (JSK) has been set up as an autonomous body in the Ministry of Health and Family Welfare, duly registered as a Society under the Societies Registration Act, 1860. The objective of JSK is to facilitate the attainment of the goals of National Population Policy 2000 and support projects, schemes, initiatives and innovative ideas designed to help population stabilization both in the Government and Voluntary sectors and provide a window for canalizing resources through voluntary contributions from individuals, industry, trade organizations and other legal entities in furtherance of the national cause of population stabilization.

3. 0 DEMOGRAPHIC and HEALTH STATUS

INDICATORS 3. 1 The demographic and health status indicators have shown significant improvements. The Table below captures data on Crude Birth Rate, Crude Death Rate, and Life Expectancy etc.

ix	Sl. No.	1	2	3	4
Parameters	Crude Birth Rate (per 1000 population)	Crude Death Rate (per 1000 population)	Total Fertility Rate	Maternal Mortality Ratio (per 100, 000 live births)	Infant Mortality Rate (per 1000 live births)
	Child Mortality Rate (0-4 yrs.) per 1000 children	Couple Protection Rate (%)	Expectation of life at birth (in years) -Male	-Female	
	1951	40. 8	25. 1	6. 0	NA
	1981	33. 9	12. 5	4. 5	NA
	1991	29. 5	9. 8	3. 6	398
	SRS (1997-98)	80	26. 5	2001	25. 4
	2001	25. 4	8. 4	3. 1	301
	(2001-03) Current Levels	22. 5	(2009) 7. 3	(2009) 2. 6	(2009) 212
	SRS (2007-09)	50	(2009) 14. 1	(2009) 5	6
	146	(1951-61)	57. 3	(1972)	10. 4
	(1971)	110	41. 2	66	19. 3
	7	8	22. 8	44. 1	45. 6
	40. 4	(2011)	37. 1	36. 1	(1951)
	54. 1	54. 7	60. 6	61. 7	(1991-96)
	61. 8	63. 5	(1999-03)	62. 6	64. 2
	(2002-06)				

Office of Registrar General of India, except 7 above which is based on estimation done by statistics Division of Ministry of Health and Family Welfare. NA — Not available

3. 2 Crude Birth Rate (CBR): The Crude Birth Rate declined from 29.5 in the 1991 to 22.5 in 2009. The CBR is higher (24.1) in rural areas as compared to urban areas (18.3). Uttar Pradesh recorded the highest CBR (28.7) and Goa the lowest (13.5). Assam (23.6), Bihar (28.5), Chhattisgarh (25.7), Jharkhand (25.6), Madhya Pradesh (27.7), Rajasthan (27.2), Uttar Pradesh (28.7) recorded higher CBR as compared to the national average. Among the Smaller States / UTs, D&N Haveli (27.0) and Meghalaya (24.4) recorded higher CBR as compared to the national average while Tripura (14.8) recorded the lowest CBR during 2009-Table A-15, A16 & A17.

3. 3 Life Expectancy: The life expectancy at birth for male was 62.6 years as compared to females, 64.2 years according to 2002-06 estimates. Urban Male (67.1 years) and Urban Female (70 years) have longer life span as compared to their rural counter parts. The life expectancy in Kerala is the highest (74 years) and the lowest in Madhya Pradesh (58 years) Table A-13.

4. 0 MORTALITY INDICATORS

4. 1 Crude Death Rate (CDR): The CDR, which was stagnant during 2007 and 2008 at 7.4, came down to 7.3 in 2009. The CDR is higher in rural areas (7.8) as compared to urban areas (5.8). The death rate is highest (8.8) in Orissa and lowest in Nagaland (3.6) — (Table A-17).

Age-specific Death Rates: The ASDR for the year 2009 was 14.1 per 1000 in the age-group 0-4; it drastically declined in the next age-group (5-9) to 1 per 1000. The ASDR gradually increased in each age-group to reach to the level 20.4 per 1000 in the age-group 60-64 and continued to increase to reach finally to the level 173.9 per 1000 in the

last age-group, 85+.) The Age-specific Mortality rates are declining over the years; the rural-urban and Male — Female differentials are still high (Table A-18 to A-18. 3) xii 4. 2 Infant Mortality Rate (IMR): According to SRS 2009, the IMR at national level was 50 per 1000 live births in 2009 as compared to 53 in 2008. The IMR is higher in respect of Female (52) as compared to Male (49). The highest infant mortality rate has been reported from Madhya Pradesh (67) and lowest from Kerala (12). Assam (61), Bihar (52), Chhattisgarh (54), Haryana (51), Madhya Pradesh (67), Orissa (65), Rajasthan (59) and Uttar Pradesh (63) recorded higher IMR as compared to the national average (Table-A-20) Infant Mortality Rates — Rural/Urban (All India) xiii The IMR is very high in rural areas (55 per 1000 live births) as compared to urban areas (34). Rural areas of Madhya Pradesh registered the highest IMR (72) followed by Orissa (68), Uttar Pradesh (66). Rural areas of Kerala State recorded the Lowest IMR (12) in the country. Uttar Pradesh and Chhattisgarh recorded highest IMR in urban areas. Kerala had the lowest IMR (11) in urban areas. Amongst the smaller states, Rural and Urban areas of Goa recorded lowest IMR during 2009 (Table-A-22). The increase in medical attention to the pregnant women at the time of live births may have resulted in decline in IMR over the period. But in the rural areas, the medical attention is still on the lower side (Table-A36) Distribution of Live Births by Type of Medical Attention Received by the Mother-2009 (%) Neo-natal Mortality Rate: Neo-natal mortality refers to number of infants dying within one month. Neo-natal health care is concerned with the condition of the newborn from birth to 4 weeks (28 days) of age. Neo-natal survival is a very sensitive indicator of population growth and socio-economic development. The survival rate of

female infants correlates to subsequent population replacement. The neo-natal mortality rate which was stagnant at 37 per 1000 live births during 2003 to 2006 marginally came down to 36 in 2007, 35 in 2008 and stood at 34 during 2009. The neo-natal mortality rate is very high in rural areas (38 per 1000 live births) as compared to 21 in urban areas in 2009. The neonatal mortality rate also varies considerably among Indian States. Madhya Pradesh (47), Uttar Pradesh (45), Orissa (43), Rajasthan (41), J&K (37), Himachal Pradesh (36), Haryana(35), Gujarat(34), Chhattisgarh(38) recorded higher neo-natal mortality rate as compared to national average. The Neo-natal mortality rate is lowest in the Kerala State (7). The significant feature is that, the Neo-natal Mortality Rate came down or remained stagnant in 2009 as compared to 2008 except in the case of Haryana, Himachal Pradesh, Jharkhand and Karnataka (Table A23) Post-Neo-Natal Mortality Rate: Refers to number of infant deaths at 28 days to one year of age per 1000 live births. The Post Neo natal Mortality Rate came down to 16 in 2009 from 24 in 2002. The Post Neo Natal Mortality Rate is high in rural areas (17) as compared to urban areas (13) (Table A-21) Peri—natal Mortality Rate: Refers to number of still birth and deaths within 1st week of delivery per 1000 live births. The Peri-natal Mortality Rate varies in the range of 37 to 35 since 2001 and stood at 35 in 2009. It is high in rural areas (39) as compared to urban areas (23) during 2009. The Peri-natal Mortality Rate significantly varied across the States. Kerala with 13 is the best performing State, Madhya Pradesh and Chhattisgarh (45) are least performing States during 2009. Still Birth Rate (SBR): The SBR came down to 8 in 2008 from 9 in 2007. However, it remained stagnant at 8 in 2009 also. The number of Still Births varied

across the States between 1 (Bihar) and 17 (Karnataka) in 2009 (TableA-23).

4. 3 Child Mortality Rate (0-4): Child Mortality Rate is measured in terms of death of number of children (0-4 years) taking place per 1000 children (0-4 year's age). As per SRS estimates, the Child Mortality Rate (CMR) has come down from 57. 3 in 1972 to 26. 5 in 1991 and 14. 1 in 2009. The CMR is very high in rural areas (15. 7) as compared to urban areas (8. 7) in 2009 and this observation is relevant for almost all States uniformly. The highest Child Mortality Rate was recorded in Madhya Pradesh (21. 4) closely followed by Uttar Pradesh (20. 1) and Assam (19. 0). Kerala with 2. 6 CMR is the best

Performing State (Table A22. 1) 5. 0 FERTILITY INDICATORS The three common measures of fertility are; (a) Crude Birth Rate (CBR), (b) Age-

Specific Fertility Rates (ASFR), and (c) Total Fertility Rate (TFR). CBR has already been discussed in para 3 . 2 above. 5. 1 Age Specific Fertility Rates (ASFR) & Age Specific Marital Fertility Rates (ASMFR): ASFR is defined as the number of children born to women in the said age group per 1000 women in the same age group and ASMFR as the number of children born to married women in the said age group per 1000 women in the same age group. Table A-24 presents ASFR and ASMFR data separately for rural and urban areas, for the years 2004 to 2009. It is observed that ASMFRs are higher than ASFRs in respect of all age groups as ASMFR covers only married women.

Throughout the period 2004-2009, the age group 20-24 continued to have peak fertility rates in rural and urban areas, but both these indicators are lower in urban areas as compared to rural areas. The ASMFR increased to 326 in 2009 from 303 in 2008 and the ASFR increased to 227. 8 in 2009 from 218. 6 in 2008 for the age group 20-24. Data on Age Specific Fertility Rate

(ASFR) reveals that the fertility rate in 15 to 19 years age group has moderately declined in 2009 (38. 5) as compared to 2008 (41. 6). Lower fertility rates are observed in U. P. & Bihar only after attaining the age 40 years while in Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, Himachal Pradesh and Punjab, this stage is reached in the earlier age groups namely 30-34 and 35-39 (Table A-26). ASFR is showing a decreasing trend as the literacy level increases in the age group of 20-24 (the peak fertility age group)-Tables A-27.

5. 2 Age at Effective Marriage (AEM): The Mean age at effective marriage is the age at consummation of marriage, is almost stagnant and hovering around 20 years between 2005 and 2009. The State level data show variations in the AEM. It is the highest in J&K (23. 6) followed by Kerala (22. 7), Delhi & Tamil Nadu (22. 4), Himachal Pradesh (22. 2), and Punjab (22. 1) in 2009. Rajasthan (19. 8) has the lowest AEM. The AEM in urban areas is higher than the rural one but the difference is just two years. The rural- urban difference is highest (3. 1 years) in Assam and least in Kerala (0. 1 years). The AEM in respect of more than 50% female in rural areas is 18-20 years whereas in urban areas, the AEM in respect of more than 60% female is 21+ (Tables A-28 to A-30)

xvi

5. 3 Total Fertility Rate (TFR): The TFR for the country remained constant at 2. 6 during 2008 and 2009 with Bihar reporting the highest TFR at 3. 9 while Kerala and Tamil Nadu continued its outstanding performance with the lowest TFR of 1. 7. Among the major States, the TFR level of 2. 1 has been attained by Andhra Pradesh (1. 9), Karnataka (2. 0), Kerala (1. 7), Maharashtra (1. 9), Punjab (1. 9), Tamil Nadu (1. 7) and West Bengal (1. 9). The rural woman is having higher TFR (2. 9) as compared to urban (2. 0) women (TableA-25).

6. 0

FAMILY PLANNING PROGRAMME: In 1952, the Indian Government was one of the first in the world to launch a national family planning programme, which was later expanded to encompass maternal and child health, family welfare and nutrition. The figures given in the publication are based on the data reported by the State/UTs at district level and then consolidated at State and National level on HMIS portal. Percentage of districts reported in 2009-10 and 2010-11 was 98%.

6. 1 Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. Antenatal care (ANC) is the systemic medical supervision of women during pregnancy. Its aim is to preserve the physiological aspect of pregnancy and labour and to prevent or detect, as early as possible, all pathological disorders. Early diagnosis during pregnancy can prevent maternal ill-health, injury, maternal mortality, foetal death, infant mortality and morbidity. During 2010-11, 28.30 million women got registered for ANC checkup and more than 20 million underwent 3 check-ups during the pregnancy period.

xvii The institutional deliveries to total deliveries (Institutional +home) increased from 56.7% in 2006-07 to 78.5% in 2010-11. Kerala and Tamil Nadu (99.8%) are the best performing States in the country during 2010-11 (Table B-18).

6. 2 Medical Termination of Pregnancy: To avoid the misuse of induced abortions, most countries have enacted laws whereby only qualified Gynecologists under conditions laid down and done in clinics/hospitals that have been approved, can do abortions. The Medical Termination of Pregnancy Act was enacted by the Indian Parliament in 1971 and came into force from 01 April, 1972. The MTP Act was again revised in 1975. The MTP Act lays down the condition under which a pregnancy can be terminated,

especially the persons and the place to perform it. During 2010-11, 620472 MTPs were performed by 12510 approved institutions in the country. Uttar Pradesh with 576 approved institutions performed maximum number (81420) MTPs in the country followed by Maharashtra (78047) during 2010-11. xviii About 60% MTPs in the country were performed in 6 States viz. Assam, Maharashtra, West Bengal, Tamil Nadu, Uttar Pradesh and Haryana in 2010-11 (Table B4).

6. 3 Child Health Immunization programmes aim to reduce mortality and morbidity due to Vaccine Preventable Diseases (VPDs), particularly for children. India's immunization programme is one of the largest in the world in terms of quantities of vaccines used, numbers of beneficiaries, number of immunization sessions organized and the geographical area covered. Under the immunization program, vaccines are used to protect children and pregnant mothers against six diseases. They are: - - - - - Tuberculosis Diphtheria Pertussis Polio Measles Tetanus In India, under Universal Immunization Programme (UIP) vaccines for six vaccinepreventable diseases (tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, and measles) are provided free of cost to all.

Tetanus Immunization for expectant Mother: During 2010-11, 78. 14% of the estimated need for vaccinating 29. 68 million expectant mothers was achieved. As compared to 200910 the achievement is on lower side (83. 82%). The achievement varied widely across the States, the highest percentage of achievement is observed in Lakshadweep (112. 1%) followed by the Mizoram (106. 8%). Among major States, Tamil Nadu immunized 98. 5% of the targeted numbers and Bihar recorded the lowest immunization (58%). The achievement xix of Bihar is the lowest among the major States

consecutively for the third year (Table B1&B2). DPT Immunization for Children: The DPT is an immunization or vaccine to protect against the diseases of Diphtheria (D), Pertussis (P), and Tetanus (T). The III dose of DPT vaccination was to be administered to 25.54 Million children (Target) and achieved 89.20% during 2010-11 as against the achievement of 99.0% in 2009-10. Andhra Pradesh (100.3%), Tamil Nadu (102.0%), Himachal Pradesh (105.7%), J&K (105.3%), Manipur (118.8%), Meghalaya (108.5%) and Mizoram (134.2%) achieved more than 100% targeted numbers (Table-B1&B2). Polio: More than 89 percent children received the third dose of Polio vaccine in 2010-11 but the percentage dropped from 98.6% in 2009-10. The percentage of children who received third dose of polio ranges from 31.4% in A&N Islands to 133.8% in Mizoram. Eight States viz. Andhra Pradesh, Orissa, Tamil Nadu, Himachal Pradesh, J&K, Manipur, Meghalaya and Mizoram achieved more than 100% targeted numbers during 2010-11. Achievement of Bihar State is the lowest (69.1%) among the major States (Table- B1&B2). BCG: BCG vaccine is given for protection against tuberculosis, mainly severe forms of childhood tuberculosis. 23.88 million Children of below one year were targeted for administering BCG vaccine during 2010-11 as against 25.19 million in 2009-10. The achievement in 2010-11 was 93.5% as against 101.7% in 2009-10. 14 States / UTs achieved more than 100% immunization during 2010-11 as against 20 States/UTs in 2009-10. Pondicherry achieved the highest percentage immunization (179.8%) in 2010-11. Measles: 22.10 million Children of below one year age received measles vaccine during 2010-11 as against 25.54 million children accounting for an achievement of 86.6% as against 95.

0% in 2009-10. Himachal Pradesh, J&K, Manipur, Meghalaya and Mizoram achieved more than 100% vaccination in 2010-11 (Table- B1&B2). Tetanus: Vaccination against Tetanus was administered to 9.7 million (Target: 25.1 Million) children of 5 years age (DT), 14.30 million children of 10 years age (Target: 25.66 million) and 13.0 million children of 16 years age (Target: 26.01 Million) during 2010-11. The achievement as against the set target works out to 38.6%, 54.8% and 50.0% respectively in respect of the above age group of children. Bihar State is lagging behind in achievement as compared to all other major States. The achievement is only 5.6% (of the target) in the case of children 5 years of age, 14.8% for children of 10 Years and 20.8% for children of 16 years during 2010-11. Except Sikkim (for the age group children 10 years), no other State vaccinated the children to the extent of 100% of the target during 2010-11 (Table- B1&B2).

6.4 Family Planning: Birth control pills, condoms, sterilization, IUD (Intrauterine device) etc. are most commonly practiced Family Planning methods in the country. The efforts of the Government in implementing the Family Planning Programme in the country have significant impact. However, Social factors like reluctance, traditions and socio-cultural beliefs towards large family emerge as the major constraints towards adopting Family Planning methods. Female literacy, age at marriage of girls, status of women, strong son preference, and lack of male involvement in family planning, are also significant factors associated with adoption of small family norm.

IMPACT OF FAMILY WELFARE ACTIVITIES - - Knowledge of contraception is nearly universal: 98 percent of women and 99 percent of men age 15-49 know one or more methods of contraception. Among the permanent modern Family Planning methods,

female sterilization was the most popular. Over 97 percent of women and 95 percent men know about female sterilization. Male sterilization, by contrast, is known only by 79 percent of women and 87 percent of men. Ninety-three percent of men know about condoms, compared with 74 percent of women. More than 80 percent women and men know about contraceptive pills. Knowledge of contraception is widespread even among adolescents: 94 percent of young women and 96 percent of young men have heard of a modern method of contraception. Source: NFHS-3 - - - 6. 5 Family Planning Performance

The year 2010-11 ended with 34. 9 million total family planning acceptors at national level comprising of 5. 0 million Sterilizations, 5. 6 million IUD insertions, 16. 0 million condom users and 8. 3 million O. P. users as against 35. 6 million total family planning acceptors in 2009-10 (Table B. 5)

Total FP Acceptors	60000	50000	40000	30000	20000	10000	0
6. 6 A							

A total of 50. 09 Lakh sterilizations were performed in the country during 2010-11 as against 49. 98 Lakh in 2009-10. States/UTs viz. Assam, Bihar, Gujarat, Jharkhand, Madhya Pradesh, Orissa, Punjab, Arunachal, Manipur, Meghalaya, Nagaland, Tripura, Uttarakhand, Daman & Diu, Lakshadweep and Puducherry have shown improved performance in 2010-11 as compared to 2009-10.

(Nos. 000')	Sterilisations	6, 000	5, 000	(Nos. 000')	4, 000	3, 000	2, 000	1, 000	0
6. 6									

The proportion of tubectomy operations to total sterilizations was 95. 6 percent in 2010-11 as against 94. 6 percent in 2009-10 (Table B-6). xxii

Though the share of vasectomy operations to total sterilizations is increasing, it is quite insignificant. 6. 7 IUD Insertions: During the year 2010-11, 5. 6 million IUD insertions were reported as against 5. 7 million in 2009-10. Assam, Bihar, Gujarat, Jharkhand, Uttar Pradesh, Arunachal Pr, Delhi,

Goa, Meghalaya, Mizoram, Sikkim, D&N Haveli reported better performance in 2010-11 than in 2009-10 (Table B-9). 6. 8 Condom Users and O. P. Users: Based on the distribution figures reported, there were 16. 0 million equivalent users of Condoms and 83. 07 million equivalent users of Oral Pills during 2010-11 (Table B-10, B-11). 6. 9 Number of Births Averted: Implementation of various Family Planning measures averted 16. 335 million births in the country during 2010-11 as compared to 16. 605 million in 2009-10. The cumulative total of births avoided in the country up to 2010-11 was 442. 75 million (Table B-22). 7. 0 PROGRAMMES and SCHEMES 7. 1 The National Rural Health Mission (NRHM): NRHM launched by the Hon'ble Prime Minister on 12th April 2005 throughout the country with special focus on 18 States, including eight Empowered Action Group (EAG) States, the North-Eastern States, Jammu & Kashmir and Himachal Pradesh, seeks to provide accessible, affordable and quality health care services to rural population, especially the vulnerable sections. The NRHM operates as an omnibus broadband programme by integrating all vertical health programmes of the Departments of Health and Family Welfare including Reproductive & Child Health Programme and various diseases control Programmes. The NRHM has emerged as a major financing and health sector reform strategy to strengthen States Health systems. The NRHM has been successful in putting in place large number of voluntary community health workers in the programme, which has contributed in a major way to improved utilisation of health facilities and increased health awareness. NRHM has also contributed by increasing the human resources in the public health sector, by up-gradation of health facilities and their flexible financing,

and by professionalization of health management. The current policy shift is towards addressing inequities, through a special focus on inaccessible and difficult areas and poor performing districts. This requires also improving the Health Management Information System, an expansion of NGO participation, a greater engagement with the private sector to harness their resources for public health goals, and a greater emphasis on the role of the public sector in the social protection for the poor. - - - - - 7. 2 NRHM GOALS Reduction in

Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) Universal access to public health services such as Women’s health, child health, water, sanitation & hygiene, immunization, and Nutrition. Prevention and control of communicable and noncommunicable diseases, including locally endemic diseases Access to integrated comprehensive primary healthcare Population stabilization, gender and demographic balance. Revitalize local health traditions and mainstream AYUSH. Promotion of healthy life styles. Primary Health Care services Health Services are provided to the community through a network of Sub-centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas and Hospitals and Dispensaries etc. in the urban areas. The Primary Health Care infrastructure in rural areas has been developed as a three-tier system. The norms for establishing Sub centres, PHCs and CHCs are as under:

Centre	Plain Area	Sub Centre	PHC	CHC
Population Norms	5000	30000	120000	3000
Hilly/Tribal Area	3000	20000	80000	

7. 3 Sub-Centres (SCs): The Sub-Centre is the most peripheral and first contact point between the primary health care system and the community. Each Sub-Centre is manned by one Auxiliary Nurse Midwife (ANM) and one Male Health Worker MPW (M). One Lady Health Worker (LHV)

80000 7. 3 Sub-Centres (SCs): The Sub-Centre is the most peripheral and first contact point between the primary health care system and the community. Each Sub-Centre is manned by one Auxiliary Nurse Midwife (ANM) and one Male Health Worker MPW (M). One Lady Health Worker (LHV)

is entrusted with the task of supervision of six Sub-Centres. SubCentres are assigned tasks relating to interpersonal communication in order to bring about behavioural change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. The Sub-Centres are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. There were 147069 Sub Centres functioning in the country as on March 2010. An Auxiliary Nurse Midwife (ANM), a female paramedical worker posted at the Sub-Centre and supported by a Male Multipurpose Worker MPW (M) is the front line worker in providing the Family Welfare services to the community. ANM is supervised by the Lady Health Visitor (LHV) posted at PHC.

7. 4 Primary Health Centres (PHCs): PHC is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State Governments under the Minimum Needs Programme (MNP)/Basic Minimum Services Programme (BMS). There were 23673 PHCs functioning as on March 2010 in the country. A PHC is manned by a Medical Officer supported by 14 paramedical and other staff. It acts as a referral unit for 6 Sub Centres. It has 4-6 beds for patients. The activities of PHC involve curative, preventive, primitive and Family Welfare Services.

7. 5 Community Health Centres (CHCs): CHCs are being established and maintained by the State Government under MNP/BMS programme . It is manned by four medical specialists i. e. Surgeon, Physician, Gynaecologist

and Paediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on March, 2010, there were 4535 CHCs functioning in the country.

7. 6 Reproductive Child Health (RCH) Programme: Reproductive and Child Health Programme is a major component of NRHM and aims at reduction of Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate xxv

7. 7 Janani Suraksha Yojana: The Jannani Suraksha Yojana (JSY) is a 100% centrally sponsored scheme and it integrates cash assistance with delivery and post delivery care. The scheme was launched with focus on demand promotion for institutional deliveries in States and regions where these are low. It targeted lowering of MMR by ensuring that deliveries were conducted by Skilled Birth Attendants at every birth. The Yojana has identified the Accredited Social Health Activist (ASHA), as an effective link between the Government and the poor pregnant women in 18 low performing States, namely the 8 EAG States and Assam and J&K and the remaining NE States. In other States and UTs, wherever, AWW and TBAs or ASHA like activist has been engaged for this purpose, they can be associated with this Yojana for providing the services. The JSY scheme has shown phenomenal growth in the last three years. Starting with a modest number of 7. 39 Lakhs beneficiaries in 2006-07, the total number reached 113. 89 lakh during 2010-11.

7. 8 Family Welfare Linked Health Insurance Scheme: Family Planning Linked Insurance Scheme was introduced w. e. f. 29th November, 2005 to take care of the cases of failure of Sterilisation, medical complications for death resulting from Sterilisation, and also provide

indemnity cover to the doctor / health facility performing Sterilisation procedure. The scheme is in operation for the last 5 years and is renewed with ICICI Lombard Insurance Company for the sixth year w. e. f. 01-01-2011 based on 50 lakh sterilization acceptors. The total liability of the company is limited to Rs. 25 crore under Section-I and Rs. 1 crore under Section-II.

Benefits of the Scheme w. e. f. 1. 1. 2011(6th Year) Section Coverage

Financial compensation I following IA Death sterilization (inclusive of Rs. 2 Lakhs death during process of sterilization operation) within 7 days from the date of discharge from the hospital. IB Death following Rs. 50, 000 sterilization within 8 - 30 days from the date of discharge from the hospital IC Failure of Sterilization Rs. 30, 000 ID Cost of treatment upto Actual not exceeding 60 days arising out of Rs. 25, 000 complication following the sterilization operation (inclusive of xxvi II complication during process of sterilization operation) from the date of discharge. Indemnity Insurance per Upto Rs. 2 Lakh per Doctor/facility but not claim more than 4 cases in a year.

7. 9 Compensation for Acceptors of Sterilisation: As a measure to encourage people to adopt permanent method of Family Planning, this Ministry has been implementing a Centrally Sponsored Scheme since 1981 to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the medical facility for undergoing sterilization.

Compensation for Acceptors of Sterilisation Public facilities Vasectomy
Tubectomy Focus 1500 1000 1500 (Rs.) Accredited Private/NGO facilities
Vasectomy Tubectomy 1500 1500 1500 (BPL/SC/ST) High States Non-high
Focus States 1000 (BPL/SC/ST) 1500 650 (APL) 8. 0 MONITORING AND
EVALUATION SYSTEM The Information System to measure the process and

impact of the NRHM including Family Welfare Programme is as below: a) Service Statistics through HMIS and Routine Monitoring b) Sample Registration System & Population Census, Office of Registrar General India c) Large scale surveys- National Family Health Surveys, District Level Household and Facility Surveys. Annual Health Survey d) Area specific surveys by Population Research Centres e) Other specific surveys by National & International agencies f) Field Evaluation through Regional Evaluation Teams xxvii

8. 1 Service Statistics/Routine Monitoring The Statistics Division in the Ministry of Health & Family Welfare is responsible for Monitoring & Evaluation activities.

8. 2 Health Management Information System (HMIS) Health services are provided through the network of health centers spread throughout rural and urban areas of the country. Each centre maintains record of its activities in one or more of the primary registers. The performance data collected and compiled primarily at peripheral levels (Rural/Urban) such as Sub-centre, Primary Health Centres, Urban Family Welfare Centres / Post Partum Centres / Hospitals / Dispensaries are presented in Tables C-1 to C-10. For capturing information on the service statistics from the peripheral institutions, an exercise was undertaken to rationalize the facility level data capturing format by removing redundant information, reducing the number of forms and focused on facility based reporting. The revised forms were finalized in September 2008 and disseminated to the States. A web based Health MIS (HMIS) portal was also launched in October, 2008 <http://nrhm-mis.nic.in> to facilitate data capturing at District level. The HMIS portal has led to faster flow of information from the district level and about 98% of the districts are reporting monthly data

since 2009-10. The HMIS portal is now being rolled out to capture information at the facility level. Some of indicators for which data has been captured through HMIS portal (district level) are included for the first time in the publication (Detailed tables are given in Section—C (Tables C1 to C-10). Data for these indicators are provisional and may only be compared with DLHS-III indicators keeping in view the methodological differences.

8. 3 Tracking of Mothers and Children

It has been decided to have a name-based tracking whereby pregnant women and children can be tracked for their ANC's and immunisation along with a feedback system for the ANM, ASHA etc to ensure that all pregnant women receive their Ante-Natal Care (ANCs) and postnatal care (PNCs) Checkups; and the children receive their full immunisation. All new pregnancies detected/being registered from 1st April, 2010 at the first point of contact of the pregnant mother are being captured as also all births occurring from 1st December, 2009. A number of States have established the system and other are putting in place systems to capture such information on a regular basis. Mother and Child Tracking System require intense capacity building at various levels primarily at the Block and Sub-Centre levels. The National Informatics Centre (NIC) has developed software application. The rollout is being monitored centrally.

xxviii 8. 4 Large Scale/Demographic Surveys

A number of large scale surveys are being conducted by the Ministry of Health & Family Welfare as enumerated below: National Family Health Survey (NFHS): The 2005-06, National Family Health Survey (NFHS-3) was the third in a series of national surveys preceded by earlier NFHS surveys carried out in 1992-93 (NFHS-1) and 1998-99 (NFHS-2) with the objective to provide essential data on health

and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes, and to provide information on important emerging health and family welfare issues. Annual Health Survey (AHS): The Ministry of Health & Family Welfare, in collaboration with the Registrar General of India (RGI), had launched an Annual Health Survey (AHS) in the erstwhile Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattishgarh, Uttarakhand, Uttar Pradesh, Orissa and Rajasthan) and Assam. AHS will provide District-wise data on Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and the Maternal Mortality Ratio (MMR) at the regional level. Other RCH indicators like Ante-natal care, Institutional delivery, immunisation, use of contraceptives will also be available. The aim of the survey was to provide feedback on the impact of the schemes under NRHM in reduction of Total Fertility Rate (TFR), Infant Mortality Rate (IMR) at the district level and the Maternal Mortality Ratio (MMR) at the regional level by estimating these rates on an annual basis for around 284 districts in these States. The results of the first round of AHS for some of the indicators viz. Crude Birth Rate (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Neo-natal Mortality Rate, Under Five Mortality Rate, Maternal Mortality Ratio (MMR), Sex Ratio at Birth (SRB), Sex Ratio (0-4 years) and Total Sex Ratio have been released by the Registrar General of India (RGI). The District-wise data in respect of the above indicators for the nine States viz. Bihar, Jharkhand, Madhya Pradesh, Chhattishgarh, Uttarakhand, Uttar Pradesh, Orissa, Rajasthan and Assam are given in Table D. 6. 0 (Section D). Comparison of State-wise AHS results and SRS: 2009, in respect of five indicators namely

Crude Birth Rate (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Neo-natal Mortality Rate and Maternal Mortality Ratio (MMR), Sex Ratio at Birth (SRB) reveals that they are broadly comparable (Table D. 6. 1). All 284 districts covered in the AHS (first round) have been ranked by arranging them in ascending order based on the rank of the individual indicators viz. Infant Mortality Rate (IMR), Neo-natal Mortality Rate, Under 5 Mortality Rate and Maternal Mortality Ratio (MMR) and presented in Table D. 6. 2. Tables D. 6. 3 and D. 6. 4 give details of bottom 100 districts as per the rankings and also covered under High Focus Districts identified under National Rural Health Mission, xxix The second Round of AHS (2011-12) would also cover additional parameters viz. height & weight measurement, blood test for anemia and sugar, blood pressure measurement and testing of iodine in the salt used by households through a separate questionnaire on Clinical, Anthropometric and Biochemical (CAB) test and measurements in addition to the indicators covered in AHS first round. District Level Household and Facility Survey (DLHS): The District Level Household and Facility Surveys (DLHS) were initiated in 1997 with a view to assess the utilization of services provided by health facilities and people's perception about the quality of services. The District Level household and Facility Survey (DLHS -3), the third in the series of the district surveys, preceded by DLHS-1 in 1998-99 and DLHS 2 in 2002-04. DLHS is designed to provide district level estimates on important indicators on maternal and child health, family planning and other reproductive health services and important interventions of National Rural Health Mission (NRHM). It has been decided by the Ministry to undertake District Level Household Survey (DLHS) -4 in 2011-12 in 26 States / UTs

where Annual Health Survey (AHS) is not being done. It has also been decided that DLHS-4 would also cover Clinical, Anthropometric and Biochemical (CAB) component as in AHS.

8. 5 Population Research Centre: The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs) scattered in 17 major States. These PRCs are located in various Universities (12) and other Institutions (6) of national repute. These Centres are responsible for carrying out research on various topics of population stabilization, demographic, socio-demographic surveys and communication aspects of population and family welfare programme. In 2008, all the PRCs were also given a uniform study on Rapid Appraisal of NRHM covering 36 districts across 20 States. Each of the 18 PRCs were allotted specific districts for the study. At present PRCs are also involved in analysis of district-wise data captured through HMIS portal and evaluation of quality of data on regular basis.

8. 6 Regional Evaluation Teams (RETs): The system of sample check of family planning acceptors was introduced in the year, 1972 by t