

Office of Registrar General, India
Ministry of Home Affairs
Government of India

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Press Release

Subject: Annual Health Survey (AHS) in 8 EAG States and Assam – Release of AHS Bulletin: 2010-11

Decentralized district-based health planning is essential in India because of the large inter-district variations. In the absence of vital data at the district level, the State level estimates are being used for formulating district level plans as well as setting the milestones thereof. In the process, the hotspots (districts requiring special attention) very often get masked by the State average. This statistical fallacy compounds the problems of the districts acutely, more so in the health sector. At present, none of the Surveys provides estimates of core vital indicators on fertility and mortality at district level.

2. The Annual Health Survey was conceived during a meeting of the National Commission of Population held in 2005 under the chairmanship of the Prime Minister wherein it was decided that "there should be an Annual Health Survey of all districts which could be published/monitored and compared against benchmarks". The objective was to monitor the performance and outcome of various health interventions of the Government including those under National Rural Health Mission (NRHM), Ministry of Health & Family Welfare at closer intervals through these benchmark indicators. The AHS has been made an integral part of the NRHM.

3. Realizing the need for preparing a comprehensive district health profile on key parameters based on a community set up, the AHS has been designed to yield benchmarks of core vital and health indicators at the district level on fertility and mortality; prevalence of disabilities, injuries, acute and chronic illness and access to health care for these morbidities; and access to maternal, child health and family planning services.

4. AHS has been implemented by the Office of Registrar General, India in all the 284 districts (as per 2001 Census) in 8 Empowered Action Group States (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan) and Assam for a three year period during XI Five Year Plan period. These nine States, which account for about 48 percent of the total population in the country, are the high focus States in view of their relatively higher fertility and mortality indicators. A representative sample of 18 million population and 3.6 million households is to be covered in 20,694 statistically selected PSUs (Census Enumeration Blocks in case of urban areas and villages or a segment thereof in case of villages in rural areas) in these 9 AHS States every year. Even with the present coverage, the AHS is the largest demographic survey in the world and is two and half times that of the Sample Registration System.

5. The fieldwork for Baseline Survey was carried out during July, 2010 to March, 2011. The first set of data is being released in the form of a State-wise bulletin, which contains the district level data on crude birth rate, crude death rate, natural growth rate, infant mortality rate, neo-natal and post neo-natal mortality rate, under 5 mortality rate, sex ratio at birth, sex ratio (0-4 years) and overall sex ratio. Though the sample size has been calculated for the district as a whole, the rural and urban estimates at district level has also been published as a by-product. In addition, the maternal mortality ratio, maternal mortality rate and life time risk are being published for a group of districts.

6. The key highlights of the Bulletin are as under:

Crude Birth Rate (CBR) denotes the number of live births per 1000 population. Out of the 284 districts, Bageshwar in Uttarakhand has reported the minimum CBR (14.7) while Shrawasti in Uttar Pradesh, the maximum CBR (40.9) exhibiting a variation of about 3 times across the districts. CBR in rural areas of districts is generally higher than that in urban areas.

Crude Death Rate (CDR) measures the number of deaths per 1,000 population. Among the districts, Dhemaji in Assam has reported the Minimum CDR (4.5) and Shrawasti in Uttar Pradesh, the Maximum (12.6). As in the case of CBR, there is a variation of about three times in CDR also across the districts. Rural death rate in districts is significantly higher than the corresponding urban death rate. Low female death rates have also been observed as compared to male death rates.

Infant Mortality Rate (IMR) denotes the number of infants deaths (age below one year) per 1000 live births. Across the 284 districts, Rudraprayag in Uttarkhand has reported the minimum (19) while Shrawasti in Uttar Pradesh, the maximum (103), exhibiting a variation of 5 times. Six districts namely Purbi Singhbhum & Dhanbad (Jharkhand) and Chamoli, Rudraprayag, Pithoragarh & Almora (Uttarakhand) have already achieved the UN Millennium Development Goal (MDG)-4 National target of 28 by 2015. Another 4 districts viz. Bokaro & Ranchi (Jharkhand) and Bageshwar & Nainital (Uttarakhand) are in closer vicinity. Female infants in districts experience a higher mortality than male infants. IMR in rural areas of districts is significantly higher than that in urban areas.

Neo-Natal Mortality Rate (NNMR) measures the number of infant deaths (age below 29 days) per 1,000 live births. Rudraprayag in Uttarkhand has reported the minimum NNMR (11) while Balangir in Orissa, the maximum (75), across the 284 districts, showing a variability of 7 times. Out of every 10 infant deaths 6 -7 pertains to Neo Natal Deaths. Rural NNMR in districts is significantly higher than the urban.

Under Five Mortality Rate (U5MR) denotes the number of children who died before reaching their fifth birthday per 1,000 live births. Among the 284 districts, the minimum U5MR (24) has been reported in Pithoragarh district of Uttarakhand and the maximum U5MR (145), in Kandhmal district of Orissa. More number of females in districts die before reaching age 5 years as compared to their counterparts. In all, 7 districts viz. Pithoragarh, Almora, Rudraprayag, Chamoli, Nainital & Bagheswar (Uttarakhand) and Purbi Singhbhum (Jharkhand) have already achieved the MDG -4 National target of 42 by 2015. Another 10 districts viz. Dhanbad, Bokaro, Kodarma, Hazaribagh & Giridih (Jharkhand) and Kota (Rajasthan) and Champawat, Udham Singh Nagar, Dehradun & Uttarkashi (Uttarakhand) are in closer vicinity. Rural U5MR in districts is significantly higher than the urban.

Maternal Mortality Ratio (MMR) measures the proportion of maternal deaths per 1,00,000 live births. In order to facilitate direct intervention, the MMR has been published for a group of districts. The grouping of districts has been done on the basis of existing administrative divisions (Commissionraits) in the respective AHS States. In all, there are 62 such divisions across 9 AHS States. Among these divisions, the minimum MMR (183) has been reported for Kumaon HQ in Uttarakhand and the maximum (451) in Faizabad Mandal in UP.

Sex Ratio at Birth (SRB) defined as the number of female live births per 1,000 male live births. Among the 284 districts, the lowest SRB (764) has been reported in Pithoragarh district of Uttarakhand and the maximum (1030), in Moradabad district of Uttar Pradesh. SRB in rural areas of districts is generally higher than in urban areas. Along with SRB, the Child Sex Ratio (0-4) and Sex Ratio (all ages) are also published.

7. These indicators would provide requisite inputs for better planning of health programmes and pave the way for evidence based intervention strategies.