

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 District Level Factsheet: 2010-11

Evidence based planning requires disaggregated data at the District level. In the absence of vital data at the district level, State level estimates are being used for formulating district plans and setting the milestones. 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.

2. To overcome this problem, 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 of the AHS is to yield a comprehensive, representative and reliable dataset on core vital indicators including composite ones like Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate along with their co-variates (process and outcome indicators) at the district level and map the changes therein on an annual basis. These benchmarks would help in better and holistic understanding and timely monitoring of various determinants on well-being and health of population particularly Reproductive and Child Health.

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 is 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 (i.e., a Base-line Survey followed by two updation surveys) spread over 2010-11 to 2012-13. These nine States, which account for about 48 percent of the total population, 59 percent of Births, 70 percent of Infant Deaths, 75 percent of Under 5 Deaths and 62 percent of Maternal Deaths in the country, are the high focus States in view of their relatively higher fertility and mortality. A representative sample of about 20.1 million population and 4.1 million households were covered in 20,694 statistically selected PSUs (Census Enumeration Blocks in case of urban areas and villages or a segment thereof in rural areas) in these 9 AHS States during baseline and to be followed every year. 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. In all, 161 indicators are available from AHS Baseline. In the first phase of dissemination, 9 Core Vital Indicators, viz., 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 have already been released.

6. In this phase of dissemination, data on remaining 152 indicators pertaining to Total Fertility Rate, Abortion, Family Planning Practices, Ante-natal care, Delivery care, Post-natal Care, Immunization, Childhood Diseases, Breastfeeding and Supplementation, Birth Registration, Disability, Injury, Morbidity, Personal Habits, etc., are being released.

7. The key highlights of the themes covered in the Presentation are as under:

Total Fertility Rate (TFR): TFR represents the average number of children born to a woman during her entire reproductive span. There is a wide variation in TFR across the 9 AHS States. Uttarakhand and Orissa with the TFR of 2.3 each are at one extreme and Uttar Pradesh and Bihar with 3.6 and 3.7 respectively are at the other extreme. There is also a significant variation in rural and urban areas across all the 9 States with the maximum rural-urban differential (1.2) reported in Uttar Pradesh. Only 20 out of 284 districts, viz., have already achieved the replacement level of 2.1. In all, 46 districts have TFR below the current National average of 2.5 as per SRS, 2010. As high as 164 districts have recorded TFR of 3.1 (National level TFR of SRS, 2001) and above. Across 284 districts in 9 AHS States, TFR ranges from 1.7 in Pithoragarh (Uttarakhand) to 5.9 in Shrawasti (Uttar Pradesh) exhibiting a variability of more than 4 children.

Current Usage of Family Planning: The Contraceptive Prevalence Rate (CPR) is the percentage of Currently Married Women aged 15-49 years who are using any method of contraception (modern / traditional). The current usage of any method varies from 37.6% in Bihar to 64.5% in Rajasthan. The rural-urban divide within States is significant in Jharkhand (Rural-44.1%, Urban-58.4%) and Bihar (Rural-35.8%, Urban-49.7%). Within a State, the least variation is reported in Uttarakhand whereas the most, in Uttar Pradesh. As high as 98 districts have reported less than 50% current usage of any method of Family Planning. Only 12 districts, viz., Damoh, Betul, Jabalpur in Madhya Pradesh & Baleshwar in Odisha, Ganganagar, Hanumangarh, Jhunjhunu, Alwar, Udaipur, Dungarpur & Banswara in Rajasthan and Jhansi in Uttar Pradesh feature in 70% & above category. It is noticed that 35 out of 37 districts of Bihar have reported less than 50% usage of any method of family planning. Among modern methods, female sterilization is the most dominant method across all AHS States except Assam where Pills (18.3%) are in maximum use. Male sterilization is the least preferred modern method across all AHS States. At the district level, current usage of family planning ranges from 21.9% in Sitapur (Uttar Pradesh) to 79.2% in Ganganagar (Rajasthan) exhibiting a variability of about 4 times.

Unmet Need for Family Planning: The unmet need for Family Planning is a crucial indicator for assessing the future demand for Family Planning services / supplies. Currently Married Women (CMW) who are not using any method of contraception and who do not want any more children or want after a period 2 years are defined as having an unmet need. Total Unmet need varies from a minimum of 19.6% in Rajasthan to maximum of 39.2% in Bihar which means that at least one-fifth of CMW are yet to meet their family planning requirement (Unmet Need) across all AHS States. Only in 69 out of 284 districts, the total Unmet need for family planning is below 20%. Bihar and Uttar Pradesh dominate in the 40% & above category. The Rural-Urban gap is prominent in Jharkhand, Bihar and Uttar Pradesh.

Mean Age at Marriage for Female: Mean Age at Marriage for Female is based on the marriages taken place during 2007-09. Mean age at marriage of females varies from 19.7 in Rajasthan to 22.0 years in Uttarakhand. Rural-Urban differential is of at least 1.4 years in all AHS States. This is quite prominent (2.3 years) in Madhya Pradesh and Rajasthan.

Marriage among Females below legal age (18 years): As in the case of Mean age at marriage, this is also based on marriages taken place during 2007-09. It varies from 3.0%

in Uttarakhand to 21.9% in Rajasthan. In rural areas, every 4th marriage among females in Rajasthan and every 5th in Bihar and Jharkhand take place below the legal age. Rural-Urban differential is quite significant across all AHS States. It has been noted that higher proportion of males are getting married below legal age (21 years) as compared to females in all AHS States.

Ante-natal Care: Ante-natal care constitutes one of the key elements towards initiatives to promote safe motherhood. This comprises all kinds of care, treatment, tests given to a pregnant woman like administration of Tetanus Toxoid (TT) injections, ultrasound, blood test, consumption of Iron & Folic Acid (IFA) tablets/syrup, etc.

Any ANC exceeds 80% in all the AHS States. ANC in 1st trimester varies from 40% in UP & Bihar to 65% in Chhattisgarh & Madhya Pradesh. Mothers receiving 3 or more ANCs ranges from 29.6% in Uttar Pradesh to 76.0% in Odisha. Mothers who consumed IFA for 100 days or more vary from 6.5% in Uttar Pradesh to 23.8% in Chhattisgarh.

Full ANC comprise 3 or more ANCs, at least one TT injection and consumption of IFA for 100 days or more. Uttar Pradesh has reported the minimum coverage of 3.9% while Chhattisgarh the maximum (19.5%). Full ANC coverage in urban areas is remarkably better than the rural areas. In 5 States (Bihar, Uttar Pradesh, Rajasthan, Uttarakhand and Jharkhand), urban coverage is more than double that of rural. Poor performance in IFA consumption is the main reason for sluggish full ANC.

Within the States, Bihar has reported the minimum variability among the districts compared to Odisha reporting the maximum. As high as 94 out of 284 districts reported less than 5% coverage of full ANC. Only 15 districts, viz., Raigarh, Mahasamund, Dhamtari in Chhattisgarh & Purbi Singhbhum in Jharkhand, Indore, Bhopal, Narsinapur & Balaghat in Madhya Pradesh and Jharsuguda, Mayurbhanj, Jagatsinghpur, Cuttack, Ganjam, Kandhamal & Naupada in Odisha have reported 25% & above coverage of full ANC. Across 284 districts, less than 1% coverage of full ANC has been reported in Balrampur of Uttar Pradesh, on the other hand Jagatsinghpur of Odisha reported the maximum 36%.

Delivery Care: The delivery in institutions is considered as the most important indicator under Delivery Care. Deliveries, however, do take place at home also. These can also be made safer by employing trained hands such as doctor/ nurse / ANM / LHV. Institutional Delivery ranges from 34.9% in Chhattisgarh to 76.1% in Madhya Pradesh. More than 85% of total births have taken place in Government Institutions in Madhya Pradesh and Odisha. It is more than 60% in the remaining States except Jharkhand. Jharkhand is the lone State reporting more than 50% births in Private Hospitals. Institutional Delivery is below 60% in 170 districts out of the 284 districts. Balrampur (Uttar Pradesh) has recorded the least 16.8% institutional delivery whereas Indore (Madhya Pradesh) the most 92.5% showing a variability of more than 5 times.

Safe delivery comprises Institutional deliveries and domiciliary deliveries assisted by doctor/ nurse / ANM / LHV. Jharkhand has reported the minimum of 47.1% and Madhya Pradesh the maximum of 82.2%. Rural-urban differential is quite prominent in Jharkhand, Chhattisgarh and Uttarakhand. Uttarakhand has exhibited the least variability among the districts whereas Uttar Pradesh the most. About one-fourth of the districts have reported less than 50% of Safe deliveries. Out of 14 districts reporting 90% & above safe deliveries, 10 belong to Madhya Pradesh. Seven out of every 10 deliveries are 'safe' in Madhya Pradesh, Rajasthan, Odisha and Assam whereas it is less than 5 in Jharkhand and Chhattisgarh.

Janani Suraksha Yojana (JSY): JSY is one of the most important programmes under the umbrella of NRHM aimed at reducing Maternal Mortality Ratio and Neo-natal Mortality Rate by promoting institutional deliveries. Mothers availing financial assistance under JSY range from 14.6% in Jharkhand to 61.6% in Odisha. The Rural-Urban differential is acute in Madhya Pradesh, Orissa and Jharkhand. Universal coverage of JSY remains a concern even in better performing States like Odisha, Madhya Pradesh and Rajasthan; the situation in Jharkhand and Uttar Pradesh merits immediate attention.

Post-natal & New-born Care: Mothers receiving Post-natal Care within 48 hours of delivery varies from 57% in Assam to 74.5% in Odisha. At least every 5th mother did not receive any post-natal check-up across all AHS States.

New-born checked up within 24 hours of birth exceeds 50% in all AHS States. It varies from 52.6% in Bihar to 74.9% in Odisha. The rural-urban divide is significant in Uttarakhand, Jharkhand, Assam and Chhattisgarh.

Immunization: Children are considered fully immunized if they have received vaccination against Tuberculosis, 3 doses of DPT & Polio and one dose of Measles. All States except Uttar Pradesh have at least half of their children aged 12-23 months fully immunized. Uttar Pradesh has reported the minimum percentage (45.3) of children fully immunized whereas Uttarakhand the maximum (75.4%). Rural-Urban gap exceeds 10% in Madhya Pradesh and Jharkhand. Within a State, the variability among the districts ranges from 32.2% in Uttarakhand to 70.0% in Odisha. Ninety districts reported below 50% of full immunization. Across all 284 districts, the minimum has been observed in Rayagada (11.9%) of Odisha and the maximum in Kanker (93.2%) of Chhattisgarh. In full Immunization, even the better performing States like Uttarakhand, Chhattisgarh and Rajasthan fall short by 25-30 percentage points in achieving universal coverage.

8. Availability of 63 indicators (co-variates) on various facets of Mother & Child Care at the district level will help in understanding the dynamics of composite indicators like IMR, U5MR and MMR.

9. For the first time, the data on TFR, Injury, Morbidity and Personal Habits are available at the district level. This would provide new insight in evidence-based planning and facilitate appropriate interventional strategies.

10. The results of AHS would also enable direct monitoring of UN Millennium Development Goals on Child Mortality and Maternal Health at the district level; help in identifying high focus districts meriting special attention in view of stark inter-district variations in the AHS States; and provide critical inputs to assess the milestones of various interventions including NRHM and pave the way for evidence-based planning.