



**Ministry of Health and Family Welfare
Government of India**

**District Level Household and Facility Survey
under Reproductive and Child Health Project (DLHS-3)**

District Fact Sheet

2007-08



**Bihar
Purba Champaran**



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About DLHS - 3:

The District Level Household Survey (DLHS) was initiated in 1997 with a view to assess the utilization of services provided by government health care facilities and people's perception about the quality of services. The District Level Household Survey (DLHS -3) is the third in the series of district surveys, preceded by DLHS-1 in 1998-99 and DLHS-2 in 2002-04. As in DLHS-3, the International Institute for Population Sciences (IIPS) was the nodal agency to conduct DLHS-1 and DLHS-2. DLHS-3, like other two earlier rounds, is designed to provide estimates on important indicators on maternal and child health, family planning and other reproductive health services. In addition, DLHS-3 provides information on important interventions of National Rural Health Mission (NRHM). Unlike other two rounds in which only currently married women age 15-44 years were interviewed, DLHS -3 interviewed ever-married women (age 15-49) and never married women (age 15-24).

The sample size among the districts in the country varies according to their performance in terms of Ante-Natal Care (ANC), institutional delivery, immunization, etc. and it was fixed based on information related to such indicators from DLHS-2. For low performing districts, 1500 Households (HHs), for medium performing districts, 1200 HHs and for good performing districts, 1000 HHs were fixed as sample size. In case of Purba Champaran, sample size was 1500 households with 10% additional HHs to take care of non-response/refusal, etc.

The survey used two-stage stratified random sampling in rural and three-stage stratified sampling in urban areas of each district. The information from 2001 Census was used as sampling frame for selecting primary sampling units (PSUs). In rural areas, all the villages in the district were stratified into different strata based on population /HH size, percentage of SC/ST population, female literacy (7+), etc. The required number of villages from each strata was selected with probability proportional to size (PPS). In selected primary sampling units (villages), household listing was done and required numbers of households were selected using systematic random sampling.

For larger villages (more than 300 HHs) segmentation was carried out. In case of 300 to 600 HHs, two segments of equal size were made and one was selected using PPS. For PSUs having more than 600 HHs, segments of 150 HHs were created depending on the size and then two segments were selected using PPS. In case of urban areas, number of wards were selected using PPS at first stage. In a selected ward, one enumeration block from 2001 census was selected again using PPS. Procedure for segmentation, household selection, etc, was same as in the case of rural PSUs.

The uniform bilingual questionnaires, both in English and in local language, were used in DLHS-3 viz., Household, Ever Married Women (age 15-49), Unmarried Women (age 15-24), Village and Health facility questionnaires.

In the household questionnaire, information on all members of the household and the socio-economic characteristics of the household, assets possessed, number of marriages to usual members of the household since January 2004 and deaths in the household since January 2004 etc. was collected. In case of female deaths, attempts were made to assess maternal death. The household questionnaire also collected information on respondent's knowledge (seen/read/ heard) about messages related to various government health programmes being spread through media and other sources.

The ever married women's questionnaire consisted of sections on women's characteristics, maternal care, immunization and child care, contraception and fertility preferences, reproductive health including knowledge about HIV/AIDS.

The unmarried women's questionnaire contained information on her characteristics, family life education and age at marriage, reproductive health-knowledge and awareness about contraception, HIV / AIDS, etc.

The village questionnaire contained information on availability of health, education and other facilities in the village and whether the health facilities are accessible throughout the year.

For the first time, population-linked facility survey has been conducted in DLHS-3. In a district, all Community Health Centres (CHCs) and District Hospital (DH) were covered. Further, all Sub-centres (SC) and Primary Health Centres (PHC) which were expected to serve the population of the selected PSU were also covered. There were separate questionnaires for SC, PHC, CHC and DH. They broadly include questions on infrastructure, human resources, supply of drugs & instruments, and performance.

Note:

DLHS-2: information is based on data collected from currently married women 15-44 years.

DLHS-3: information is based on data collected from ever married women 15-49 years.

DLHS-2: In total percentage is adjusted for indicators considering over sampling of urban PSUs in DLHS-2. This adjustment is done in those districts where urban percentage is less than 30.

DLHS-2: includes tap (inside residence/yard/plot), tap (shared/public), hand pump/borewell, well-covered.

DLHS-3: includes pipe into dwelling, piped to yard/plot, public tap/standpipe.

Unmet need for spacing

Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.

Unmet need for limiting

Unmet need for limiting includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.

Unmet need

Unmet need refers to unmet need for limiting and spacing.

Correct knowledge of HIV/AIDS

The women who heard about HIV/AIDS and have correct knowledge about transmission of HIV/AIDS and knowledge of prevention from HIV/AIDS.

Bihar		DLHS-3		District : Purba Champaran	
District Indicators, Purba Champaran, (2001 Census)					
Indicators				Census 2001	
Population (in thousands)				3934	
Decadal Growth Rate (1991-01)				29.3	
Sex Ratio*				898	
Percent Urban population				6.4	
Percent SC population				13.1	
Percent ST population				0.04	
Female Literacy Rate (7 years and above)				24.7	
Male Literacy Rate (7 years and above)				50.1	
Sample outcome, DLHS -3, 2007-08					
Category			No. covered	Response Rate	
Households			1513	91.7	
Ever Married Women (15-49 years)			1423	91.2	
Unmarried Women (15-24 years)			181	88.7	
Sub Centres (SC)			29	100.0	
Primary Health Centres (P H C)			25	100.0	
Community Health Centres (C H C)			3	100.0	
District Hospital (D H)			1	100.0	
Population and Household Characteristics, 2007-08					
Background Characteristics	DLHS - 3		DLHS - 2		
	Total	Rural	Total	Rural	
Percent total literate Population (Age 7 +)	55.9	54.4	-	-	
Percent literate Male Population (Age 7 +)	70.0	68.7	-	-	
Percent literate Female Population (Age 7 +)	42.8	41.1	-	-	
Percent girls (age 6-11) attending Schools	99.2	99.1	-	-	
Percent boys (age 6-11) attending Schools	98.7	98.8	-	-	
Have Electricity connection (%)	12.7	10.3	11.6	8.4	
Have Access to toilet facility (%)	11.8	9.2	12.2	9.2	
Use piped drinking water (%)	0.4	0.2	12.1	11.8	
Use LPG for cooking (%)	3.5	1.7	5.2	3.0	
Live in a pucca house (%)	10.7	9.1	13.0	10.7	
Own a house (%)	99.7	99.7	-	-	
Have a BPL card (%)	20.8	20.8	-	-	
Own Agriculture Land (%)	50.7	50.3	-	-	
Have a television (%)	7.8	5.8	10.1	7.8	
Have a mobile phone (%)	17.6	15.6	-	-	
Have a Motorized Vehicle (%)	6.2	5.2	9.4	8.6	
Standard of Living Index					
Low (%)	88.0	90.5	82.4	85.1	
Medium (%)	7.1	6.4	11.9	10.9	
High (%)	5.0	3.1	5.7	4.0	
* Number of Females per 1000 Males					

Bihar	DLHS-3		District : Purba Champaran	
Indicators	DLHS - 3		DLHS - 2	
	Total	Rural	Total	Rural
Marriage and Fertility, (Jan 2004 to 2007-08)				
Percentage of girl's marrying before completing 18 years	54.9	55.3	66.9	69.2
Percentage of Births of Order 3 and above	48.1	47.8	54.5	54.8
Sex Ratio at birth	102	102	-	-
Percentage of women age 20-24 reporting birth of order 2 & above	69.3	69.3	-	-
Percentage of births to women during age 15-19 out of total births	92.3	92.5	-	-
Family planning (currently married women, age 15-49)				
Current Use :				
Any Method (%)	27.7	26.3	23.9	22.7
Any Modern method (%)	23.6	22.6	22.8	21.7
Female Sterilization (%)	20.8	20.5	19.9	19.1
Male Sterilization (%)	0.7	0.6	0.3	0.3
IUD (%)	0.0	0.0	0.1	0.1
Pill (%)	0.6	0.6	0.3	1.1
Condom (%)	1.1	0.7	0.9	0.8
Unmet Need for Family Planning:				
Total unmet need (%)	34.7	35.2	39.3	39.7
For spacing (%)	12.7	12.9	19.2	19.7
For limiting (%)	22.0	22.3	20.0	20.1
Maternal Health:				
Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%)	23.3	22.8	-	-
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	36.0	35.7	20.0	18.7
Mothers who got at least one TT injection when they were pregnant with their last live birth / still birth (%)#	75.9	75.5	37.1	35.6
Institutional births (%)	27.1	26.3	14.5	13.2
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)	1.7	1.5	6.8	6.3
Mothers who received post natal care within 48 hours of delivery of their last child (%)	36.3	36.2	-	-
Child Immunization and Vitamin A supplementation:				
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%)	41.3	40.6	12.7	10.7
Children (12-23 months) who have received BCG (%)	72.4	73.0	47.6	26.0
Children (12-23 months) who have received 3 doses of Polio Vaccine (%)	46.4	46.1	20.9	17.5
Children (12-23 months) who have received 3 doses of DPT Vaccine (%)	46.9	46.6	22.7	16.3
Children (12-23 months) who have received Measles Vaccine (%)	47.4	46.5	17.8	14.7
# It is adjusted according to DLHS-3 definition				

Bihar		DLHS-3		District : Purba Champaran	
Indicators		DLHS - 3		DLHS - 2	
		Total	Rural	Total	Rural
Child Immunization and Vitamin A supplementation: (Contd...)					
Children (9-35 months) who have received at least one dose of Vitamin A (%)		46.1	46.4	-	-
Children (above 21 months) who have received three doses of Vitamin A (%)		5.6	5.4	-	-
Treatment of childhood diseases (children under 3 years based on last two surviving children)					
Children with Diarrhoea in the last two weeks who received ORS (%)		14.7	15.2	12.7	12.0
Children with Diarrhoea in the last two weeks who were given treatment (%)		79.3	80.0	85.7	86.0
Children with acute respiratory infection/fever in the last two weeks who were given treatment (%)		69.9	70.0	-	-
Children had check-up within 24 hours after delivery (based on last live birth) (%)		34.9	34.7	-	-
Children had check-up within 10 days after delivery (based on last live birth) (%)		37.7	37.4	-	-
Child feeding practices (Children under 3 years)					
Children breastfed within one hour of birth (%)		7.2	7.0	-	-
Children (age 6 months above) exclusively breastfed (%)		5.3	5.5	-	-
Children (6-24 months) who received solid or semisolid food and still being breastfed (%)		83.8	84.1	-	-
Knowledge of HIV/AIDS and RTI/STI among Ever married Women (age 15-49)					
Women heard of HIV/AIDS (%)		19.9	18.0	20.1	18.2
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)		45.5	37.6	26.7	26.3
Women having correct knowledge of HIV/ AIDS (%)		89.7	89.2	-	-
Women underwent test for detecting HIV/ AIDS (%)		2.9	2.1	-	-
Women heard of RTI/STI (%)		41.9	40.7	77.7	76.8
Knowledge of HIV/AIDS among Un-married Women (age 15-24)					
Women heard of HIV/AIDS (%)		41.7	38.0	-	-
Women who knew that consistent condom use can reduce the chances of getting HIV/AIDS (%)		52.9	48.4	-	-
Women having correct knowledge of HIV/ AIDS (%)		96.2	97.0	-	-
Women underwent test for detecting HIV/ AIDS (%)		1.4	0.0	-	-
Women heard of RTI/STI (%)		21.6	21.1	-	-
Women facilitated/motivated by ASHA for					
Ante-natal Care (%)		6.0	6.1	-	-
Delivery at Health Facility (%)		3.5	3.7	-	-
Use of Family Planning Methods (%)		1.7	1.9	-	-

Bihar		DLHS-3		District : Purba Champaran	
Facility Survey					
Indicators		Number	Indicators		Number
Primary Health Centre (PHC) (Contd...)					
Human Resource :			Supply :		
PHC having Lady Medical Officer (LMO)	4	PHC that received the untied fund in previous financial year		12	
PHC having Laboratory Technician	10				
PHC organized any training programme in their PHC during last year	21				
PHC having at least one MO, who received Integrated Skill Development Training for 12 days during last five years	6				
PHC having at least one MO, who received IMNCI training during last five years	4				
Sub Centre (SC) N = 29					
Infrastructure :			Performance :		
Sub Centre located in government building	11	Number of Infants and children immunized		4,860	
Sub Centre having communication facility	0				
Sub Centre having separate labour room	2				
ANM staying in Sub Centre village	3				
Sub Centre having staff quarter for ANM	1				
Sub Centre having regular water supply	17				
Human Resource :			Supply :		
Sub Centre where Male Health Worker in position	3	Sub-Centre having auto-disposable syringes		28	
ANM had Integrated Skill Development Training in last 5 years	9	Sub-Centre reporting IFA tablets out of stock for more than 10 days during last one month		15	
ANM ever been trained in Integrated Skill Development Training	22	Sub-Centre reporting Vitamin A out of stock for more than 10 days during last one month		8	
ANM trained in integrated management of neonatal and childhood Illnesses (IMNCI) in last 5 years	6	Sub-Centre reporting ORS packets out of stock for more than 10 days during last one month		15	
ANM ever been trained in integrated management of neonatal and childhood Illnesses (IMNCI)	7	Sub-Centre that received untied fund in previous financial year		5	
ANM who attended Skilled birth attendant (SBA) training	5				
8					

Performance at a Glance

