

SUMMARY OF
HEALTH AND FAMILY WELFARE
PROGRAMME IN INDIA



Executive Summary

The Ministry of Health and Family Welfare has been bringing out a statistical publication titled “Family Welfare Statistics in India”. The publication has been renamed in 2013 as “Health and Family Welfare Statistics in India”. The publication presents the most up-to-date data on demographic indicators and performance of various programmes. The 2015 edition contains eight Sections.

Section “A” (Tables: A.1 to A.63.1) covers Population and Vital Statistics indicators like population, sex ratio, rural & urban composition, child population, percentage distribution of population by age and sex, number of married couples, life expectancy at birth, fertility indicators, age specific fertility rates by educational levels, age specific death rates by sex, infant mortality rate by sex, child mortality rate, Maternal Mortality Ratio, etc. Analysis of some of the important indicators, is given in the “Over View” (Para 1.1 to 5.11).

Performances of Family Welfare Programmes, MTP services, etc. are covered in Section-“B” (Tables-B.1 to B.15). Para 6.0 to 6.4.8 discusses some of these important parameters in the “Overview”.

Section “C” (Tables C. 1 to C. 11) of the publication covers State-wise data on Targets/Need Assessed and Achievements of Maternal Health Activities, Tetanus Immunisation for Expectant Mothers, Prophylaxis against nutritional anaemia among women, 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 women receiving post partum check-up within 48 hours after delivery, etc

The **Section-“D”** presents data on **Child Health**. The Universal Immunization Programme (UIP) includes six vaccine-preventable diseases (tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, and measles) and services are provided free of cost to all. State-wise data on Targets and Achievement made in respect of these vaccine-preventable diseases are presented in Tables D-1 to D- 2.6. State-wise data on Targets and Achievement made in respect of administration of Vitamin – A to children (First Dose, Fifth Dose and 9th Dose) is brought in Tables D-2.7 to D-2.9. Data on number of newborns breastfed within one hour, number of newborns weighed at the time of birth and found to be weighing less than 2.5 Kg (State-wise) is presented in Tables D-3 to D-5. These data on Maternal and Child Health Indicators is an aggregation of facility/district level data which is uploaded on Health Management Information System (HMIS) portal of the Ministry by States/UTs.

The **Section- “E”** of the report provides data on findings of Surveys on Health and Family Welfare Key Indicators. 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), Coverage Evaluation Survey CES), etc. This chapter captures indicators pertaining to Marriage and Fertility, Family Planning, Maternal Health, Child Health, Other Key Health Indicators like prevalence of HIV, Tuberculosis, Diabetes and Goiter; extent of utilization of health care services by households from these large surveys along with rural/urban break-up etc. Findings of the large scale surveys viz. NFHS, (DLHS, CES are presented in Tables E.1 to E.27.

Data in **Section-“F”** (Tables F.1 to F.3) provides information on selected indicators from Annual Health Survey (**AHS**) and Concurrent Evaluation of National Rural Health Mission.

The **Section-“G”** provides information on **Infrastructure**. The Health Services are provided to the community through a network of Sub-centres(SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas and Hospitals and Dispensaries etc. in the urban areas. Data on availability of physical and human resource infrastructure, Drinking Water and Latrine Facilities from Census 2011 are presented in Tables G.1 to G.11

Section-“H” covers **“Important tables on key health indicators from NSS 71st round have been incorporated in this publication in table Nos H.1 to H.7**

The Annexures covers information on Demographic Indicators, Demographic Estimates for selected countries, District-wise rural/urban Population by Sex as per 2011 Census, year-wise BE, RE and actual expenditure relating to Department of Family Welfare/NRHM and Definitions (Annexure 1-6).

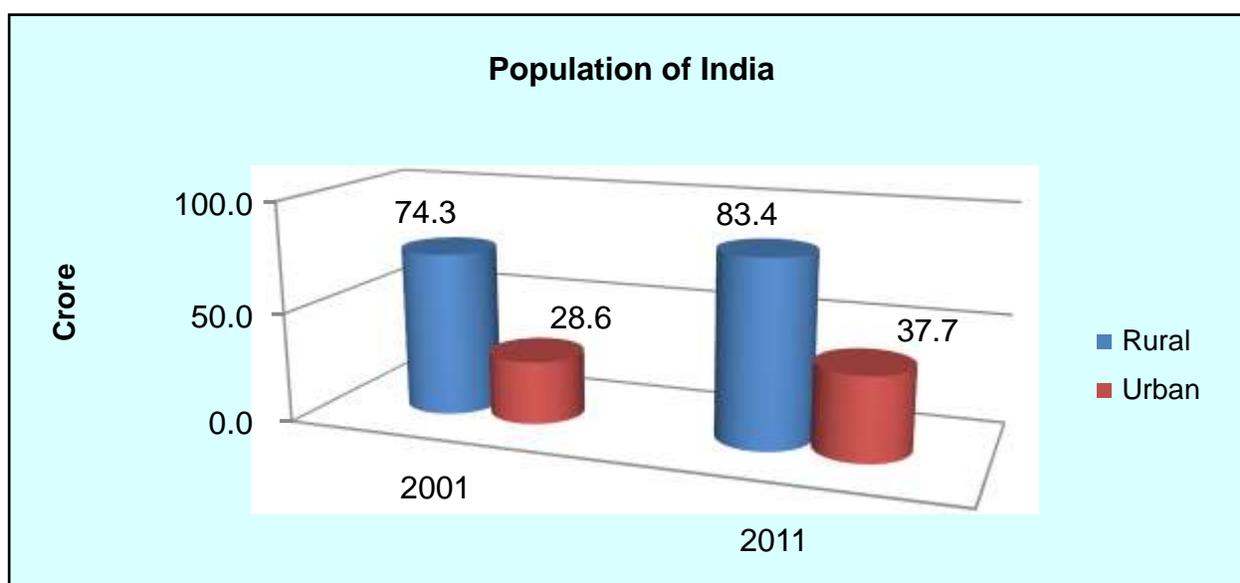
Overview

Health and Family Welfare Statistics in India, 2015

DEMOGRAPHIC PROFILE OF INDIA

1.0 Vital Statistics

1.1 As on 1st March, 2011 India's population stood at 121 crore comprising of 62.3 crore (51.5%) males and 58.7 crore (48.5%) 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%). Of the 121 crore Indians, 83.4 crore (68.9%) live in rural areas while 37.7 crore (31.1%) live in urban areas.

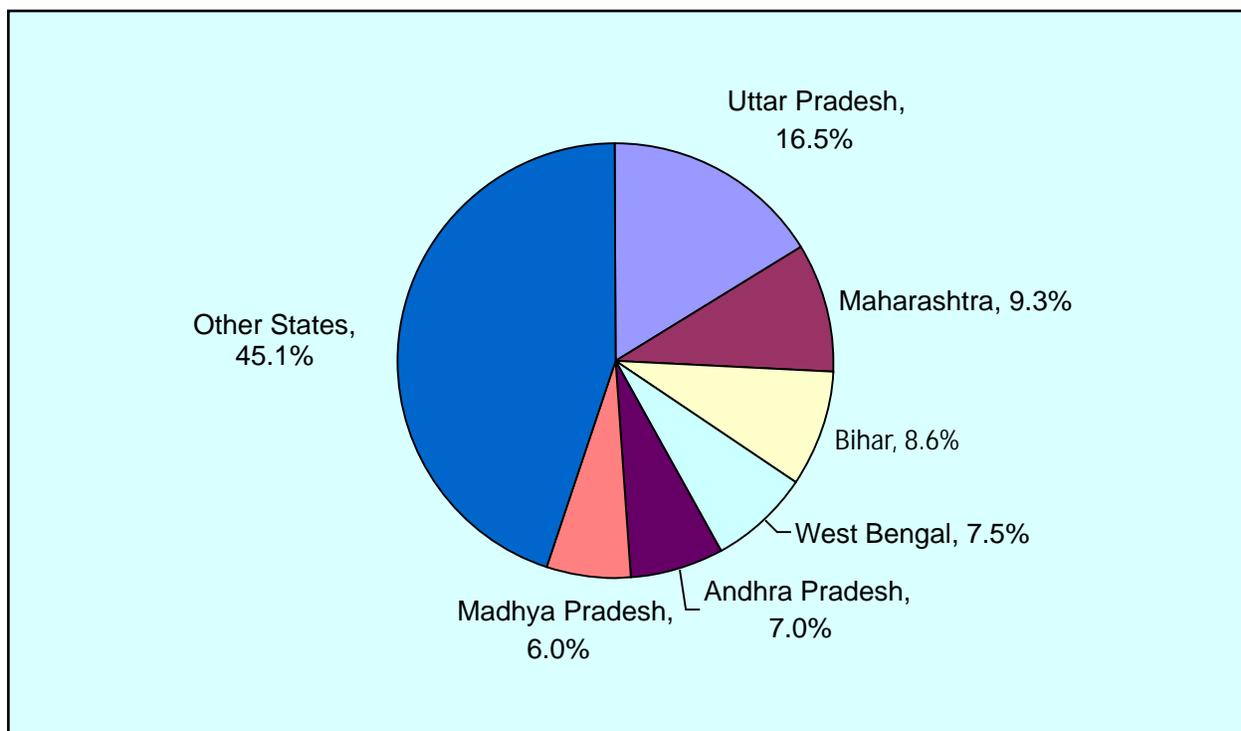


The population living in urban areas increased to 31.1% in 2011 from 27.8% in 2001. Increase in urban population is observed across all the States /UTs. The State of Kerala experienced explosive increase in urban population from 26% in 2001 to 47.7% in 2011 (Table-A 4).

One of the important features of the last decade(2001-11) is that, it 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 182.12 million during the decade 2001-2011 as compared to 182.3 million during 1991-2001.

Among the States and Union territories, Uttar Pradesh is the most populous State with 199.8 million people and Lakshadweep the least populated with 64,473 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 (7.5%), Andhra Pradesh (7.0%) and Madhya Pradesh (6.0). These six most populous States in the country accounts for 55% of the country's population



Highlights of Census 2011

The rural population (83.3 crore) and urban Population (37.7 crore) constitutes 68.9% and 31.1% respectively of the total population of the country.

Decennial growth of population during 2001-11 declined to 17.7% from 21.5% during 1991-2001. The decline is more prominent in rural population.

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 of the country by 3.8 percent as compared to 1991-2001.

Though the child-sex ratio [0 to 6 years] has declined from 927 female per 1000 males in 1991-2001 to 919 females per 1000 males in 2001-2011, increasing trend in the child sex ratio was observed in Himachal Pradesh, Punjab, Chandigarh, Haryana, NCT of Delhi, Arunachal Pradesh, Mizoram, Gujarat, Karnataka, Goa, Kerala, Tamil Nadu and Andaman & Nicobar Islands.

Literacy rate increased from 64.8% in 2001 to 73.0% in 2011. Female literacy increased sharply from 53.7% in 2001 to 64.6% in 2011 as compared to male literacy rate (75.3% in 2001 to 80.9% in 2011)

1.2 Average Annual Exponential Growth Rate (AAEGR): The Average Annual Exponential Growth Rate (AAEGR) of population dipped sharply to 1.63 percent during 2001-2011 from 2.16 percent during 1981-1991 and 1.97 percent during 1991-2001. Among the major States, Bihar, Jammu & Kashmir, 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 (2.27%) AAEGR and Kerala (0.48) registered the lowest.

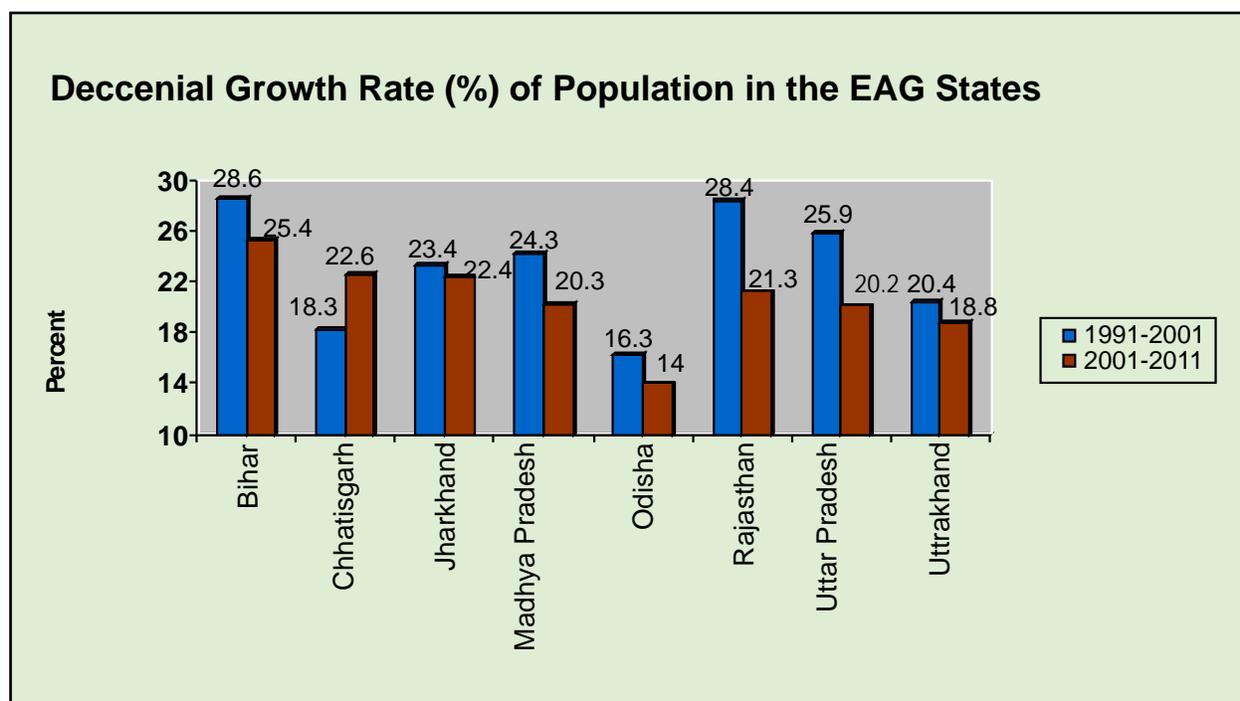
1.3 Decennial growth rate of population: The Decennial growth of population during 2001-11 declined to 17.7% from 21.5% during 1991-2001. It is significant that the percentage decadal growth during 2001-2011 has registered the sharpest decline since independence. It declined from 23.87 percent during 1981-1991 to 21.54 percent during period 1991-2001, a decrease of 2.33 percentage points. During 2001-2011, this decadal growth has become 17.7 percent, a further decrease of 3.8 percentage points. There has been a significant decline in decennial growth of population in rural areas. The decennial growth rate of population declined from 17.9% in 1991-2001 to 12.3% in 2001-2011 in rural areas and in urban areas it increased from 31.2% to 31.8% during the same period (Table A-3).

At State level, growth rates varied widely. Nagaland with (-) 0.6% 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 Odisha 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 25.4% and Kerala the lowest (4.9%).

Out of 35 States/UTs, 9 States/UTs have shown negative decennial growth rate of population during 2001-11 in rural areas. These States/UTs are Andaman & Nicobar Islands (-1.2%), Chandigarh (-68.5%), Lakshadweep (-58.0%), Delhi (-55.6%), Daman & Diu (-40.1%), Kerala (-25.9%), Goa (-18.5%), Nagaland (-14.6%) and Sikkim (-5.0%).

The decennial growth rate of population in urban areas of States / UTs varied widely in 2001-11. As compared to 1991-2001, 13 States / UTs viz. Andhra Pradesh, Arunachal Pradesh, Bihar, Gujarat, Karnataka, Kerala, Manipur, Sikkim, Tripura, West Bengal, Daman & Diu, Lakshadweep and Puducherry had higher decennial growth rate in 2001-11 as compared to the period 1991-2001. (Table-A4)

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 Odisha, 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-4). 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 3.8 percentage points during 2001-11 as compared to 1991-2001.



It is significant to note that the decennial growth rate of population has dropped both in rural and urban areas of Assam, Haryana, Himachal Pradesh, Jammu & Kashmir, Maharashtra, Uttar Pradesh, Rajasthan, Madhya Pradesh, Odisha, Meghalaya, Mizoram, Nagaland, Punjab, Andaman & Nicobar Islands, Dadra & Nagar Haveli and Chandigarh while in Bihar it is limited to rural areas only during 2001-11 as compared 1991-2001.

1.4 Literacy level: According to 2011 census, the literacy rate went up from 64.8 per cent in 2001 to 73.0 per cent in 2011 — showing an increase of 8.2 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 64.6 per cent in 2011. The male literacy, in comparison, rose from 75.3 to 80.9 per cent (Table A-9).

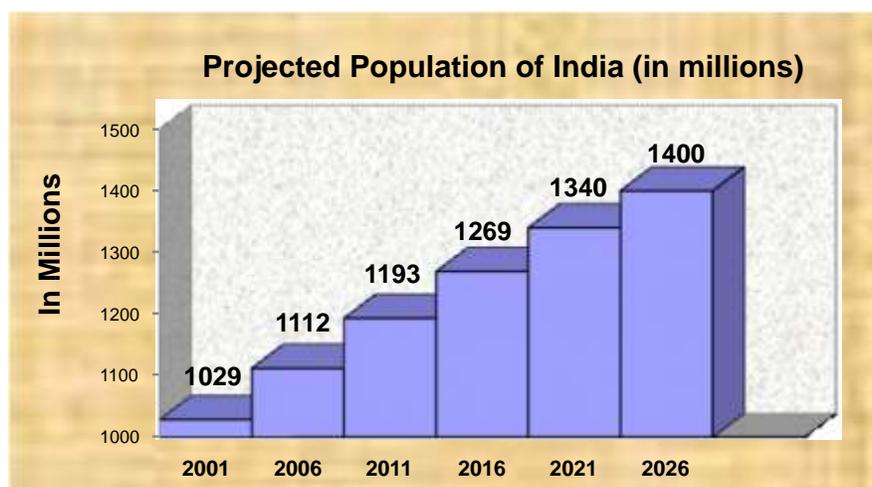
Kerala, with 94.0 per cent literacy, continues to occupy the top position among States as far as literacy is concerned while Bihar remained at the bottom of the ladder at 61.8 per cent. Ten States and Union territories, including Kerala, Lakshadweep, Mizoram, Tripura, Goa, Daman and Diu, Puducherry, Chandigarh, NCT of Delhi and Andaman and Nicobar Islands have achieved a literacy rate of above 85 per cent.

1.5 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 943 in 2011 census. Kerala has the highest sex ratio (1084) followed by Puducherry (1037). Daman and Diu has the lowest sex ratio of 618. The Sex Ratio in Arunachal Pradesh (938), Bihar (918), Gujarat (919), Haryana (879), Jammu & Kashmir (889), Madhya Pradesh (931), Maharashtra (929), Nagaland (931), Punjab (895), Rajasthan (928), Sikkim (890) and Uttar Pradesh (912) is lower than the national average. All UTs except Puducherry and Lakshadweep also have lower Sex Ratio as compared to national average (Table A- 10).

1.6 Child Sex Ratio: Census 2011 marks a considerable fall in child sex ratio (0-6 years) from 927 to 919 (8 points) during 2001-2011. In rural areas, the fall has been to the tune of 11 points (934 to 923) and in urban areas, the decline has been of 1 point (906 to 905) over the last decade. Delhi (814) has recorded the lowest and Chhattisgarh (977) the highest child sex ratio in the rural areas. Haryana (832) has recorded the lowest and Puducherry (975) the highest child sex ratio in urban areas.

2.0 POPULATION PROJECTIONS

2.1 Population Projections: The population 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 & Census Commissioner, India, reveals that the country's population would reach 1.4 billion by 2026. Another Technical Group on Population Projection has been formed to give population projections based on the latest data from Census 2011 and other sources. The report of the Technical Group is awaited.



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)	Percent			
		0-14 (years)	15-59 (years)	15-49 (years) (Female Population)	60+ (years)
2001	1029	35.4	57.7	51.1	6.9
2006	1112	32.1	60.4	53.1	7.5
2011	1193	29.1	62.6	54.5	8.3
2016	1269	26.8	63.9	54.8	9.3
2021	1340	25.1	64.2	54.1	10.7
2026	1400	23.4	64.3	53.3	12.4

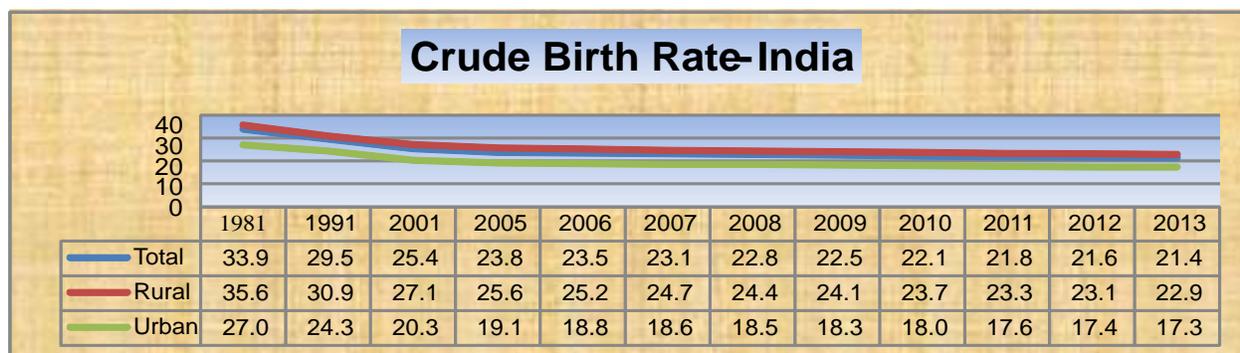
3.0 DEMOGRAPHIC and HEALTH STATUS INDICATORS

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

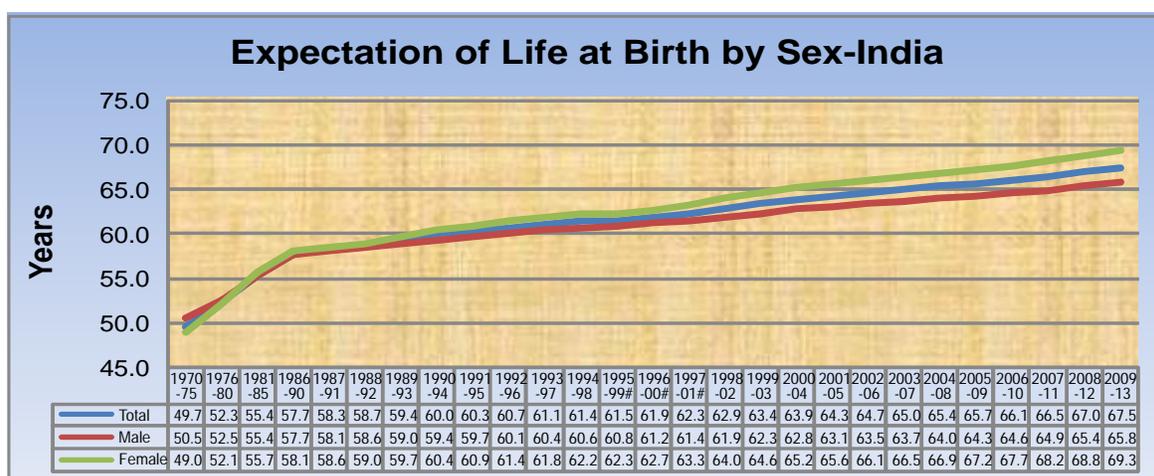
Sl. No.	Parameters	1951	1981	1991	2001	Current Levels
1	Crude Birth Rate (per 1000 population)	40.8	33.9	29.5	25.4	21.4 (2013)
2	Crude Death Rate (per 1000 population)	25.1	12.5	9.8	8.4	7.0 (2013)
3	Total Fertility Rate	6.0	4.5	3.6	3.1	2.3 (2013)
4	Maternal Mortality Ratio (per 100,000 live births)	NA	NA	398 SRS (1997-98)	301 (2001-03)	167 SRS (2011-13)
5	Infant Mortality Rate (per 1000 live births)	146 (1951-61)	110	80	66	40 (2013)
6	Expectation of life at birth (in years) Person -Male -Female	NA 37.1 36.1 (1951)	55.4 55.4 55.7 (1981-85)	59.4 59.0 59.7 (1989-93)	63.4 62.3 64.6 (1999-03)	67.5 65.8 69.3 (2009-2013)

Source: Office of the Registrar General & Census Commissioner, India NA – Not available

3.2 Crude Birth Rate (CBR): The Crude Birth Rate declined from 29.5 in the 1991 to 25.4 in 2001 and further declined to 21.4 in 2013. The CBR is higher (22.9) in rural areas as compared to urban areas (17.3) in 2013. Bihar recorded the highest CBR (27.6) and Goa the lowest (13.0). Assam (22.4), Chhattisgarh (24.4), Jharkhand (24.6), Madhya Pradesh (26.3), Meghalaya (23.9), Rajasthan (25.6), Uttar Pradesh (27.2) and Dadra & Nagar Haveli (25.5) recorded higher CBR as compared to the national average. The CBR is higher in rural areas as compared to urban areas in all States/UTs except Manipur, Andaman & Nicobar Islands, Dadra & Nagar Haveli and Goa (Table A-26 & A27).



3.3 Expectation of Life at Birth: Data are presented on life expectancy by sex for India and States for 1970-75 to 2009-13 using data from the Sample Registration System and other sources in Table A-19.



Excluding Jammu & Kashmir

The data reveals that there is a remarkable increase in life expectancy at birth. The female expectation of life at birth in general, is higher than male life expectancy.

The life expectancy at birth for males was 65.8 years as compared to females, 69.3 years according to SRS Based Abridged Life Tables 2009-13. Urban Male (69.6 years) and Urban Female (73.0 years) have longer life span as compared to their rural counter parts.

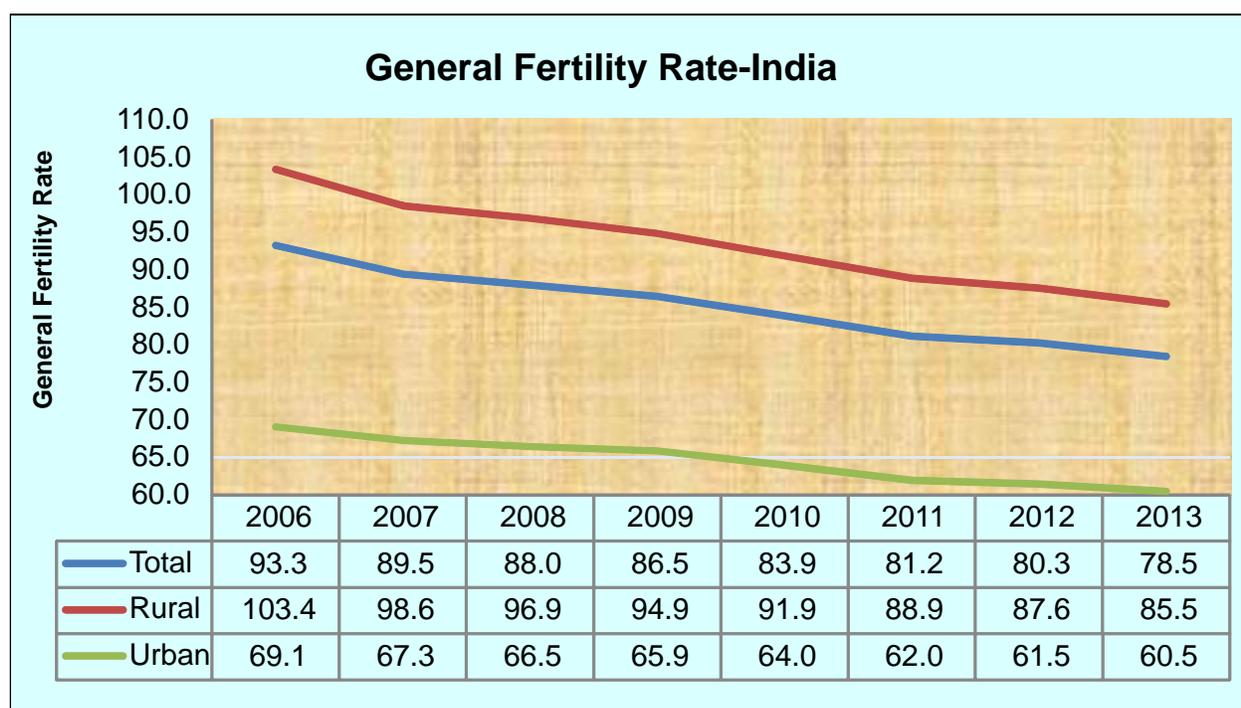


Within the States, the expectation of life (Total population) at birth is higher in urban areas as compared to rural areas. (Table A-20).

According to the projections made by the “Technical Group on Population Projections” life expectancy at birth (e^0) in the case of male population is likely to reach 68.8 years by 2016-20 and 69.8 years by 2021-25 from the present level. In the case of female population, it is likely to reach 71.1 years by 2016-20 and 72.3 years by 2021-25 (Table-A.21)

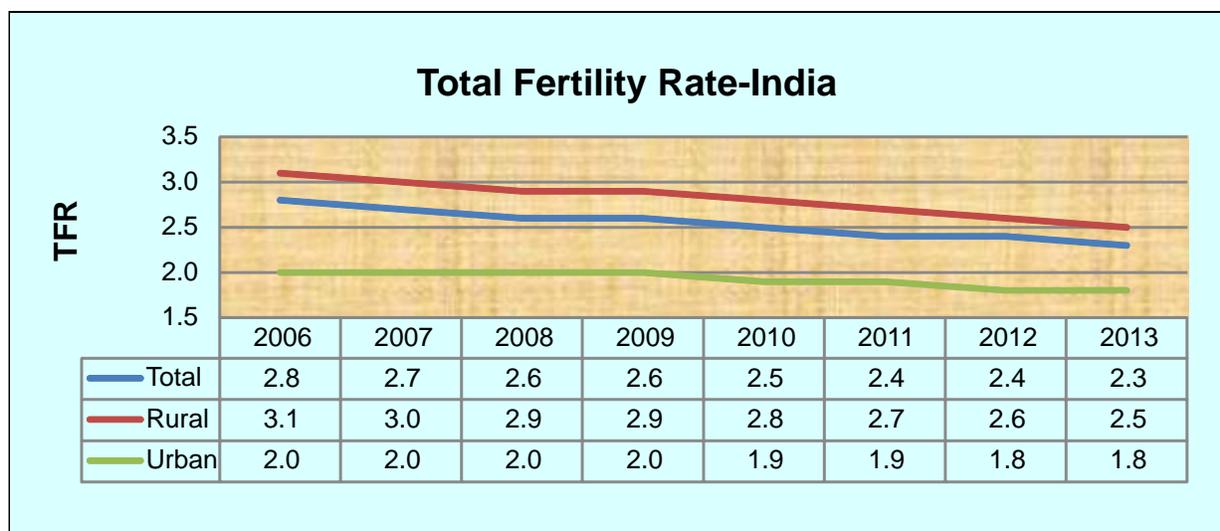
4.0 FERTILITY INDICATORS

4.1 General Fertility Rate (GFR): It is a refined measure of fertility and defined as the number of live births per thousand women in the reproductive age-group 15-49 years. The GFR for all-India and bigger States is given in Table –A-33 for the year 2013. At the national level, 78.5 children were born per thousand women aged 15-49 years in 2013. This number varies from 60.5 in urban areas to 85.5 in rural areas in 2013. The GFR is consistently higher in rural population as compared to urban population.



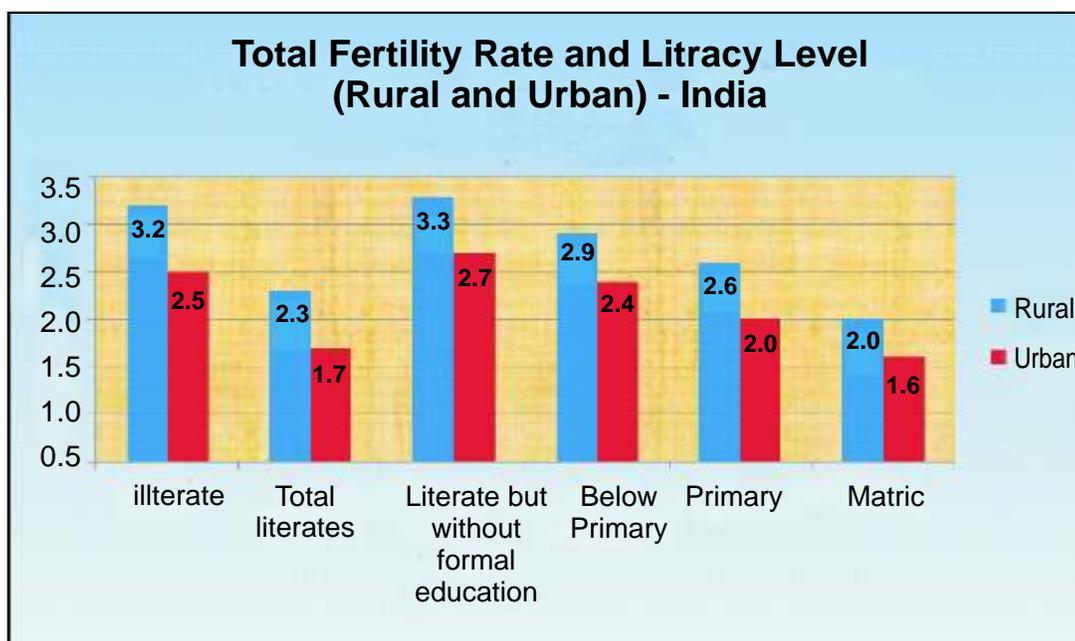
Among the bigger States, GFR varies widely from 53.3 in Kerala to 109.5 in Bihar. The GFR is higher in 7 bigger States viz. Assam (78.7), Bihar (109.5), Chhattisgarh (89.0), Jharkhand (91.3), Madhya Pradesh (99.5), Rajasthan (97.0) and Uttar Pradesh (103.2) as compared to national average (78.5) in 2013.

4.2 Total Fertility Rate (TFR): The Total Fertility Rate (TFR) of a population is the average number of children that would be born to a woman during her reproductive age. The TFR has declined from 2.8 in 2006 to 2.3 in 2013 which accounts for a decline of about 17.8%. The TFR in rural areas has declined from 3.1 in 2006 to 2.5 in 2013 whereas the corresponding decline in urban areas has been from 2.0 to 1.8 during the same period.

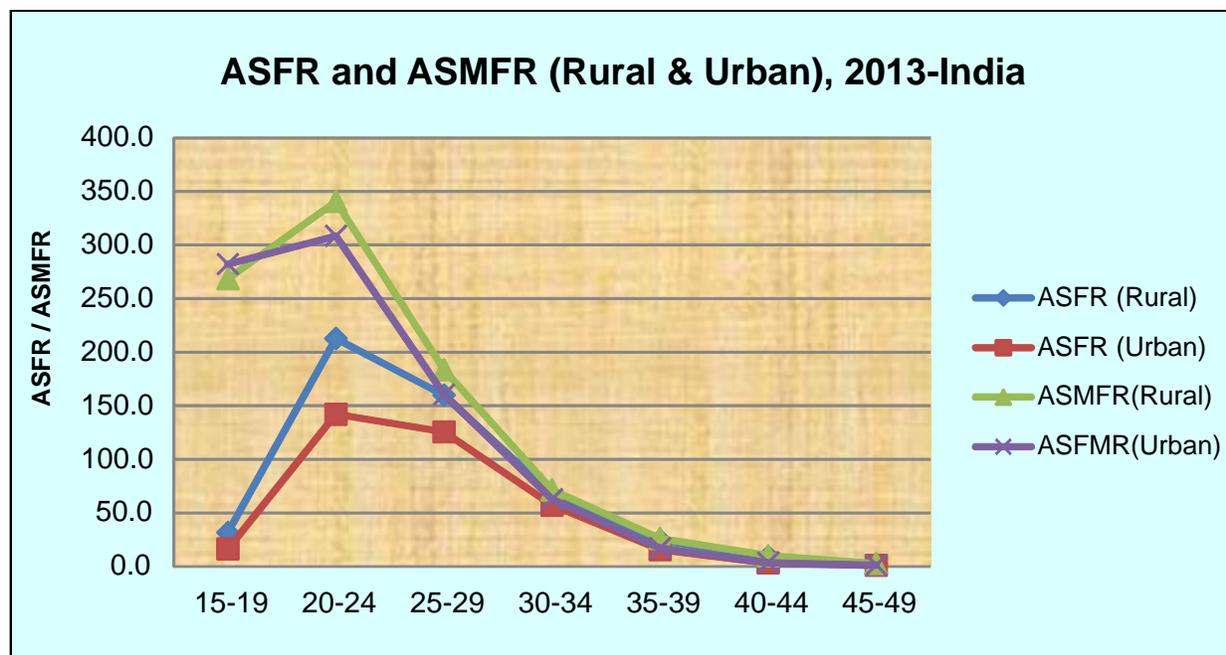


It is observed that the TFR in urban areas remained at the same level at 1.9 during 2010 and 2011 after remaining at 2.0 for four consecutive years (2006-2009) and decreased to 1.8 in 2012 and remained at the same level in 2013. Among the bigger States, West Bengal has the lowest TFR of 1.6 and the highest TFR recorded is 3.4 for Bihar. Eleven States out of 20 bigger States have achieved the replacement level of fertility i.e. TFR of 2.1 in 2013 viz. Andhra Pradesh (1.8), Delhi (1.7), Himachal Pradesh (1.7), Jammu & Kashmir (1.9), Karnataka (1.9), Kerala (1.8), Odisha (2.1), Maharashtra (1.8), Punjab (1.7), Tamil Nadu (1.7) and West Bengal (1.6). With the exception of Tamil Nadu where the TFR is same for both rural and urban Population (1.7) during 2013, in all other bigger States the rural TFR is higher as compared to urban TFR. However, the difference is marginal in Andhra Pradesh, Delhi, Kerala and Punjab—Table A-33.

The graph presented below reveals the relationship between TFR and level of education. It is observed that TFR declines as the literacy level increases (Table A-35).



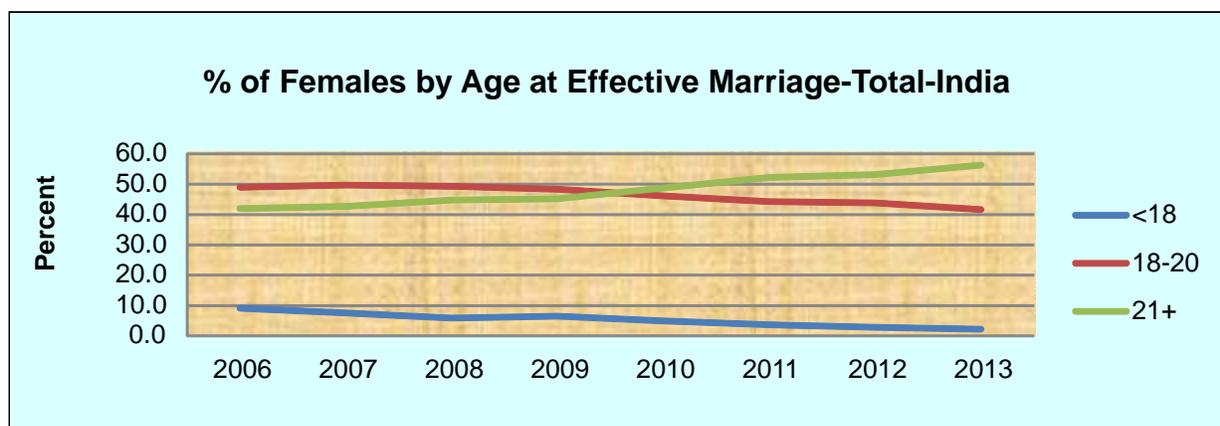
4.3 Fertility by age of women: Age of women is an important factor in determining the fertility levels. On the basis of data on births to women by specific age groups in the reproductive span 15-49 years (as available from SRS for 2013), measures such as Age Specific Fertility Rates (ASFR) & Age Specific Marital Fertility Rates (ASMFR) are computed. 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-32 presents ASFR and ASMFR data separately for rural and urban areas, for the years 2006 to 2013.



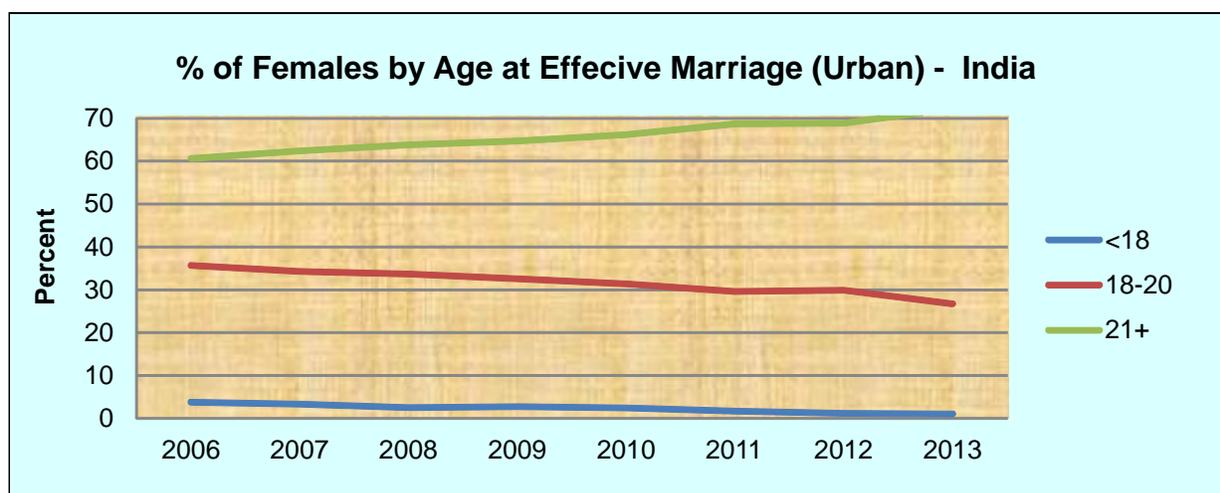
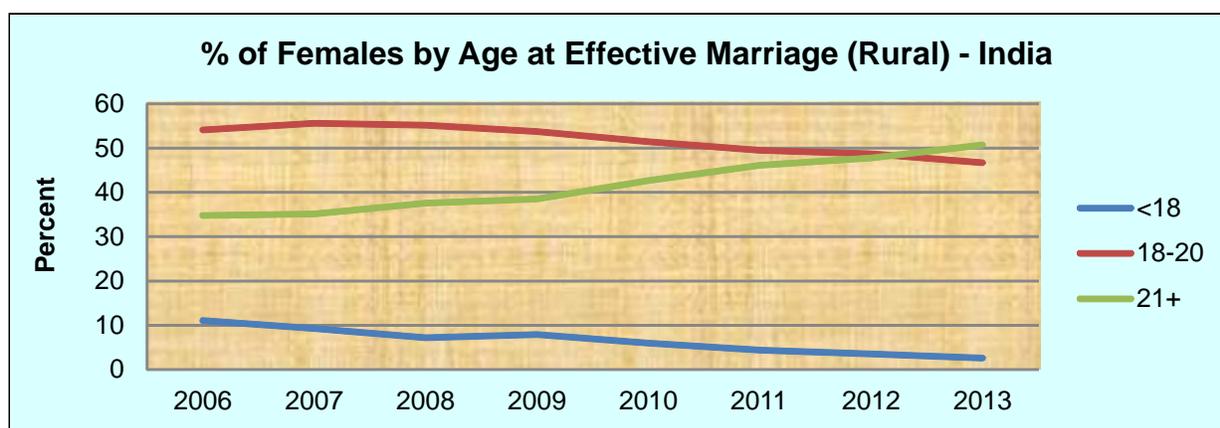
It is observed that ASMFRs are higher than ASFRs in all age groups as ASMFR covers only married women. The data on these two indicators also reveals that fertility in all the age groups is higher in rural areas than in urban areas. The fertility reaches the peak in the age group 20-24 and declines thereafter. Both these indicators are lower in urban areas as compared to rural areas in almost all years. The ASMFR increased to 340.7 in 2013 from 329.0 in 2012 and the ASFR increased to 212.8 from 210.6 during the same period for the age group 20-24 in the rural areas (Table A-32). In Jammu & Kashmir, Uttar Pradesh and Bihar the fertility contribution of the high age groups (>35 years age group) is relatively high as compared to other States. Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Karnataka, Himachal Pradesh, Punjab and West Bengal are better off as the fertility contribution of high fertility group is lesser (Table A-34).

4.4 Mean Age at Effective Marriage (Female): Age at effective marriage (Female) is a very important demographic predictor as it relates to number of years a couple is exposed to pregnancy and the family size. The data reveals that there is no significant change in the mean age at effective marriage in India as it increased from 20.5 years in 2006 to 21.3 in 2013. Jammu & Kashmir (24.4) had the highest and Chattisgarh (20.3) had the lowest mean age at effective marriage (Table A-22).

Fertility reduction takes place as the age at effective marriage (Female) increases. The data reveals that the percentage of females who had the effective marriage in the age group of <18 years and 18-20 years has dropped while it increased in the 21+ age group (Table A-24).



The data also reveals that in 2013, the highest percentage of female effective marriage occurred in the age group 18-20 years in rural areas (46.7%) and in the age group of 21+ years in the urban areas (72.3%).

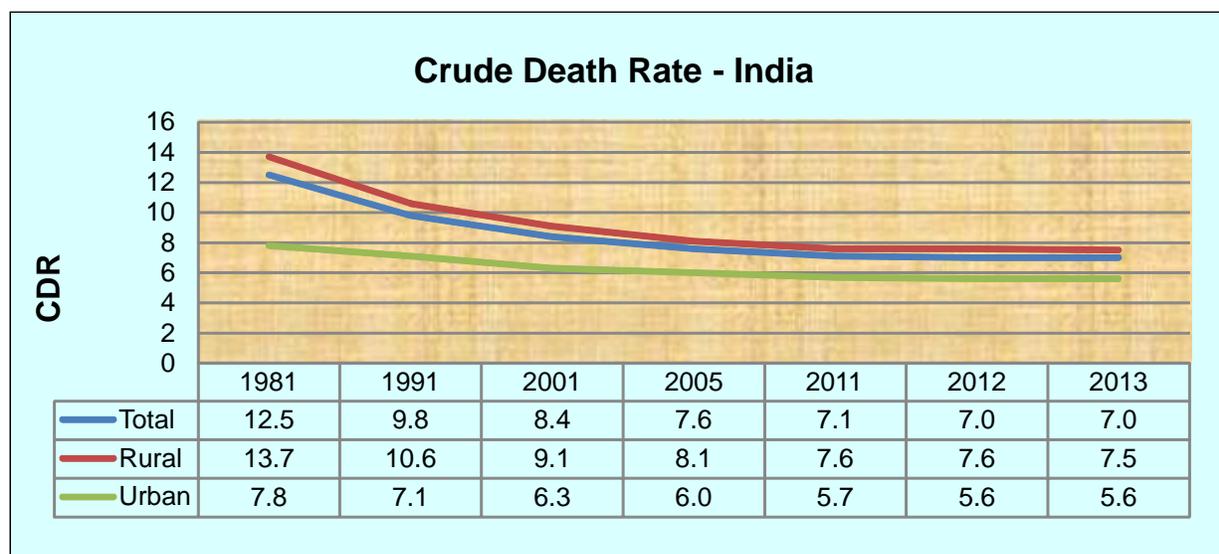


Percentage of females who had their effective marriage before 18 years has come down over the years (2006 to 2013) in almost all major States (rural and urban), while it has increased in the age group 21+. The State with the highest percentage of females who had their effective marriage before 18 is Jharkhand (6.5%) and the State with the lowest percentage is Punjab (0.2%) - Table A-24.

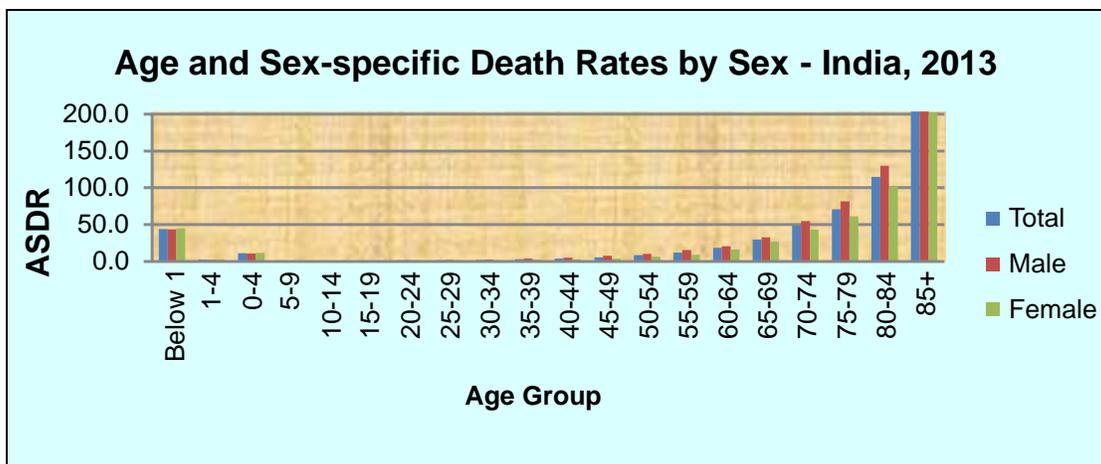
5.0 MORTALITY INDICATORS

5.1 Crude Death Rate (CDR): It gives the number of deaths that occur per 1000 people in a year. The CDR, which was stagnant during 2007 and 2008 at 7.4, came down to 7.2 in 2010 and further declined to 7.0 in 2013. The CDR has been consistently higher in rural areas as compared to urban areas over the years. (Table A.43)

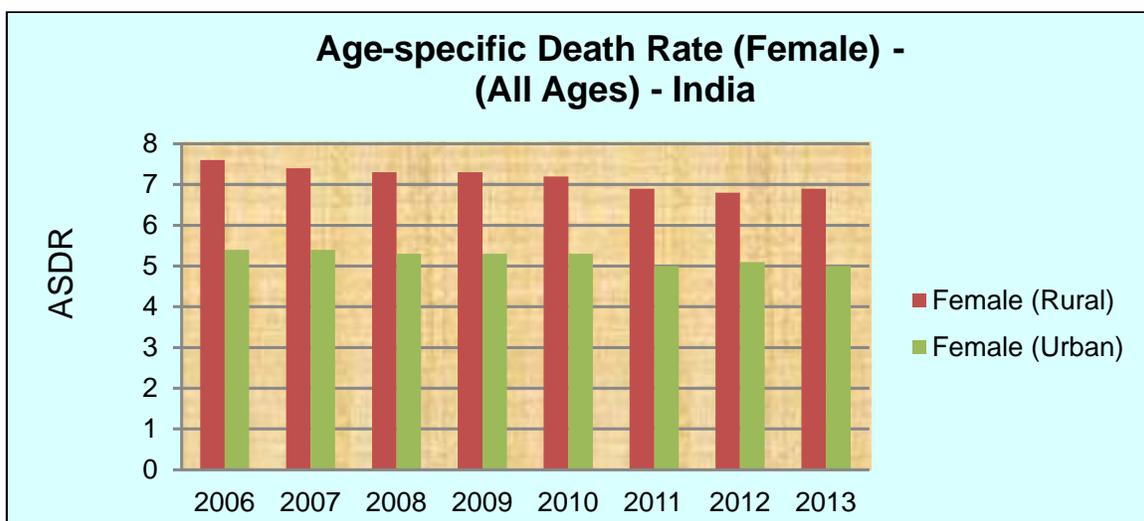
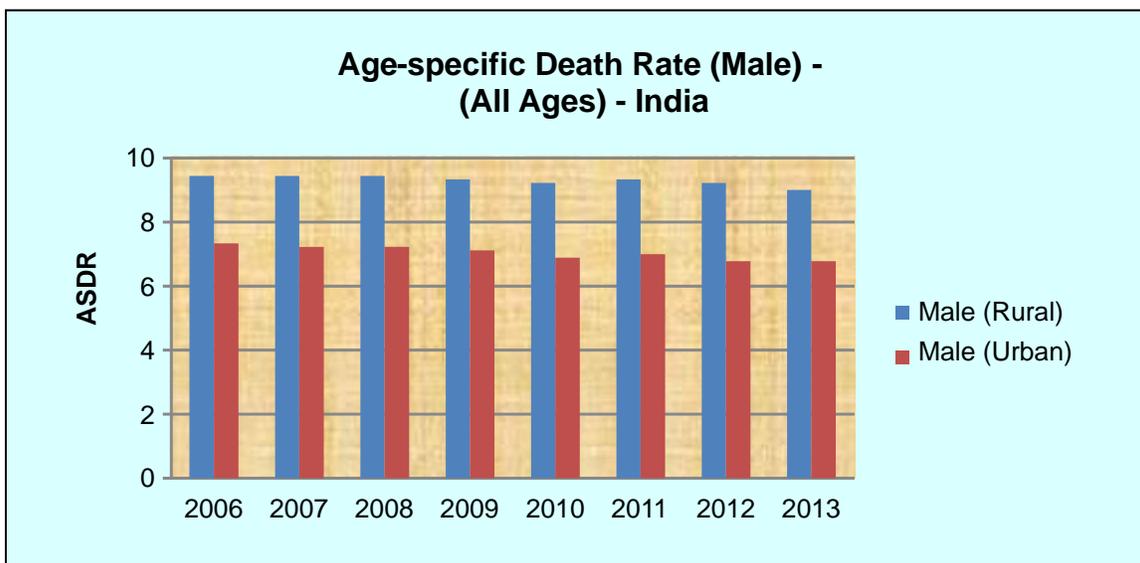
The CDR varies widely across the States. Odisha has the highest (8.4) CDR and Nagaland has the lowest (3.1) in 2013. Eight States/UTs viz. Andhra Pradesh (7.3), Assam (7.8), Chhatisgarh (7.9), Madhya Pradesh (8.0), Meghalaya (7.6), Odisha (8.4), Tamil Nadu (7.3) and Uttar Pradesh (7.7) had higher CDR as compared to national average. The CDR is higher in rural areas as compared to urban areas across all States and UTs except in the case of Manipur, Tripura, West Bengal, Chandigarh and Lakshadweep where the CDR is higher in urban areas as compared to rural areas (Table A-43).



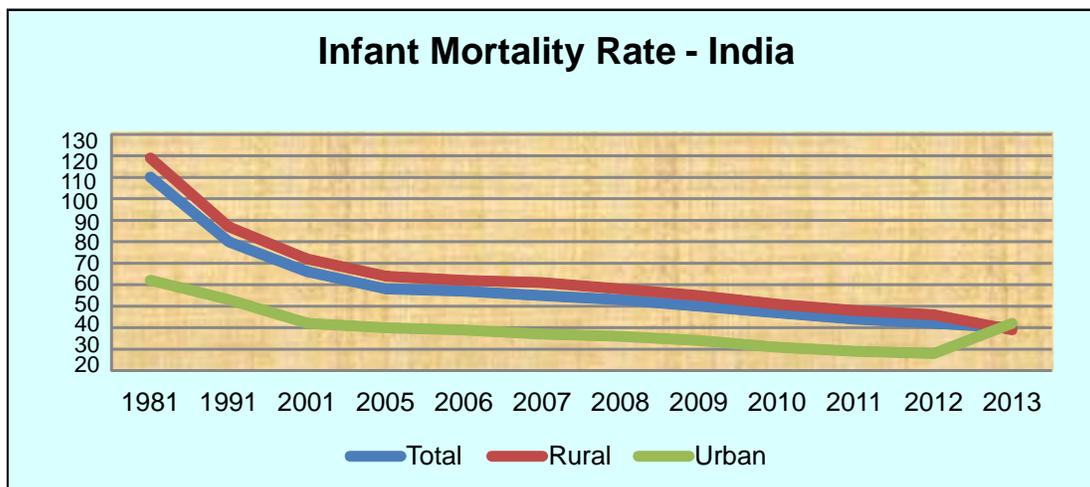
5.2 Age-specific Death Rates (ASDR): The ASDR for the year 2013 was 11.0 per 1000 population in the age-group 0-4 years; it drastically declined in the next age-group (5-9 years) to 0.8 and further declined to 0.6 in the age group 10-14 years. Thereafter, the ASDR gradually increased in each age-group to reach to the level 18.4 per 1000 in the age-group 60-64 years and continued to increase to reach finally to the level 212.7 per 1000 population in the last age-group, 85+.



The Crude Death Rate (CDR) or Age-specific Death Rate (ASDR) for all ages is declining over the years (7.5 in 2006 to 7.0 in 2013) but the rural-urban and Male –Female differentials are still high (Table A- 45)

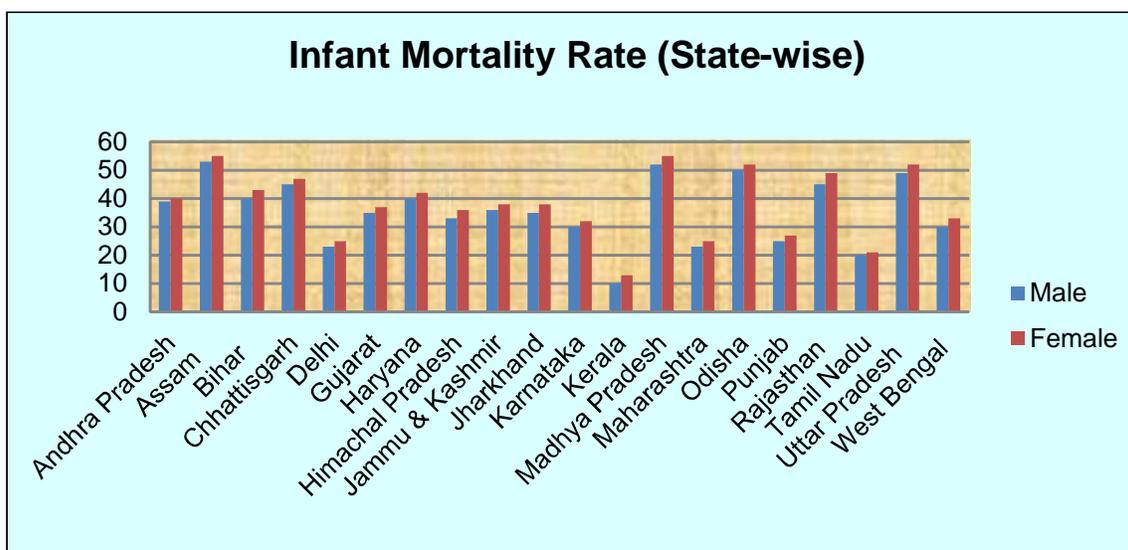


5.3 Infant Mortality Rate (IMR): Infant and childhood mortality-reduction continued to be national priority since the First Five Year Plan. According to SRS, the IMR at national level was 40 per 1000 live births in 2013 as compared to 42 in 2012.



In 2013, the highest infant mortality was in Madhya Pradesh and Assam (54) and the lowest in Kerala (12) among the major States. Assam (54), Bihar (42), Chhattisgarh (46), Haryana (41), Odisha (51), Madhya Pradesh (54), Rajasthan (47) and Uttar Pradesh (50) recorded higher IMR as compared to the national average. Among the smaller States, Meghalaya (47) reported the highest IMR while Goa (9) the lowest (Table-A-48).

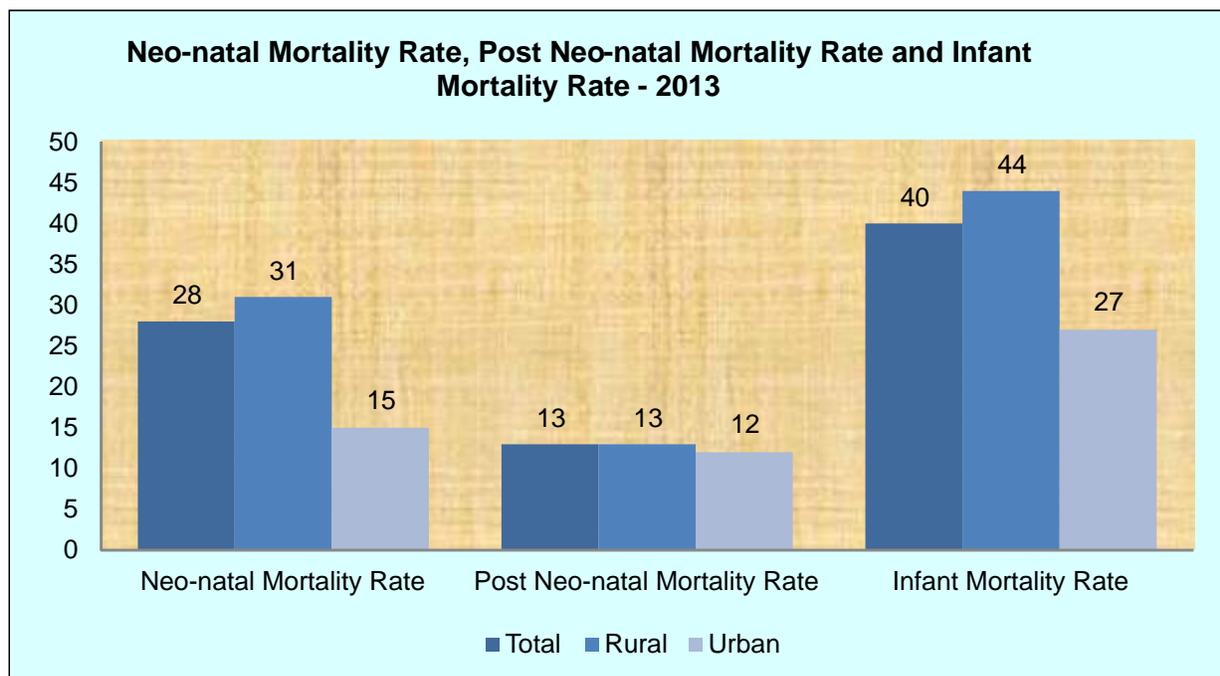
Female infants continue to experience a higher mortality than male infants in 2013. It is higher in respect of female infants (42) as compared to male infants (39). This variation is prevalent among all the major States (Table A-46).



The IMR is higher in rural areas (44 per 1000 live births) as compared to urban areas (27). Rural areas of Madhya Pradesh registered the highest IMR (57) followed by Assam (56), Uttar Pradesh and Odisha (53) - (Table-A-48).

5.4 Neo-natal Mortality Rate (NMR):

According to the Sample Registration System estimates -, the Neonatal Mortality Rate in 2013 was 28 per 1000 live births, neo-natal mortality accounts for 70% of infant mortality at the national level and varies from 55.6% in urban areas to 70.5% in rural areas. Among the bigger States, Jammu & Kashmir registered the highest percentage (78.4%) of neo-natal to infant deaths and Assam registered the lowest (50.0%).



Neo-natal mortality refers to number of infants dying within four weeks of birth. 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, 34 in 2009, 33 in 2010, 31 in 2011, 29 in 2012 and stood at 28 during 2013. The neo-natal mortality rate is very high in rural areas (31 per 1000 live births) as compared to 15 in urban areas in 2013. The neonatal mortality rate also varies considerably among States. Madhya Pradesh (36), Uttar Pradesh (35), Odisha (37), Rajasthan (32), Jammu & Kashmir (29) and Chhattisgarh (31) recorded higher neo-natal mortality rate as compared to national average. The Neo-natal mortality rate is the lowest in Kerala (6) – (Table A-51).

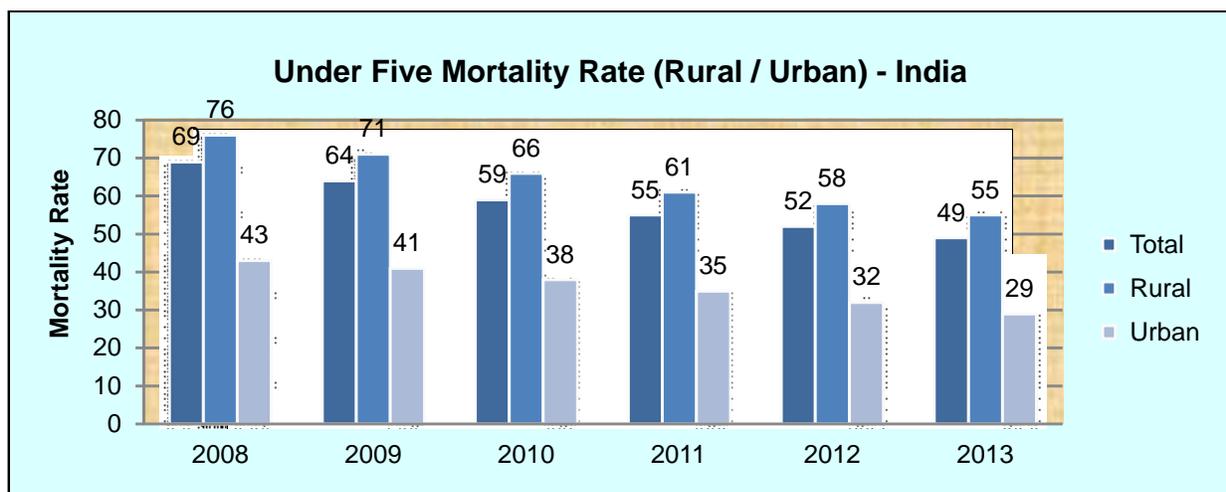
5.5 Post-Neo-Natal Mortality Rate (PNMR): Refers to number of infant deaths between 28 days and one year of age per 1000 live births. The Post Neo natal Mortality Rate came down to 13 in 2013 from 16 in 2009. It is higher in rural areas (13) as compared to urban areas (12) (Table A-47)

5.6 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 decreased from 37 in 2007 to

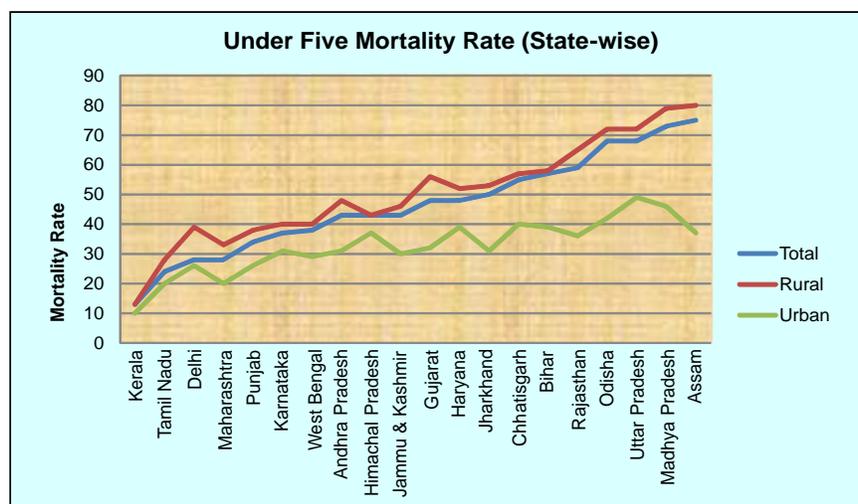
26 in 2013. It is higher in rural areas (28) as compared to urban areas (16) during 2013. The Peri-natal Mortality Rate significantly varied across the States. Kerala with the Peri-natal Mortality Rate of 9 is the best performing State and Odisha with the Rate of 35 is the least performing State during 2013 (Table A- 54)

5.7 Still Birth Rate (SBR): The SBR came down to 4 in 2013 from 5 in 2012. The rural and urban variation is vague at All India level though wide variations are prominently noticed across Major States during 2013(Table A-55). The reporting of still birth for registration from domiciliary events is almost negligible and there is scope for the improvement in netting of still birth events.

5.8 Under-five Mortality Rate (U5MR): The U5MR, representing deaths of children of age under 5 per 1000 live births, has started declining over the years. According to the SRS data released by Registrar General of India, the U5MR declined from 69 deaths per 1000 live births in 2008 to 64 in 2009, to 59 in 2010 to 55 in 2011 to 52 in 2012 and further to 49 in 2013 in India. The U5MR is higher in rural areas as compared to urban areas.

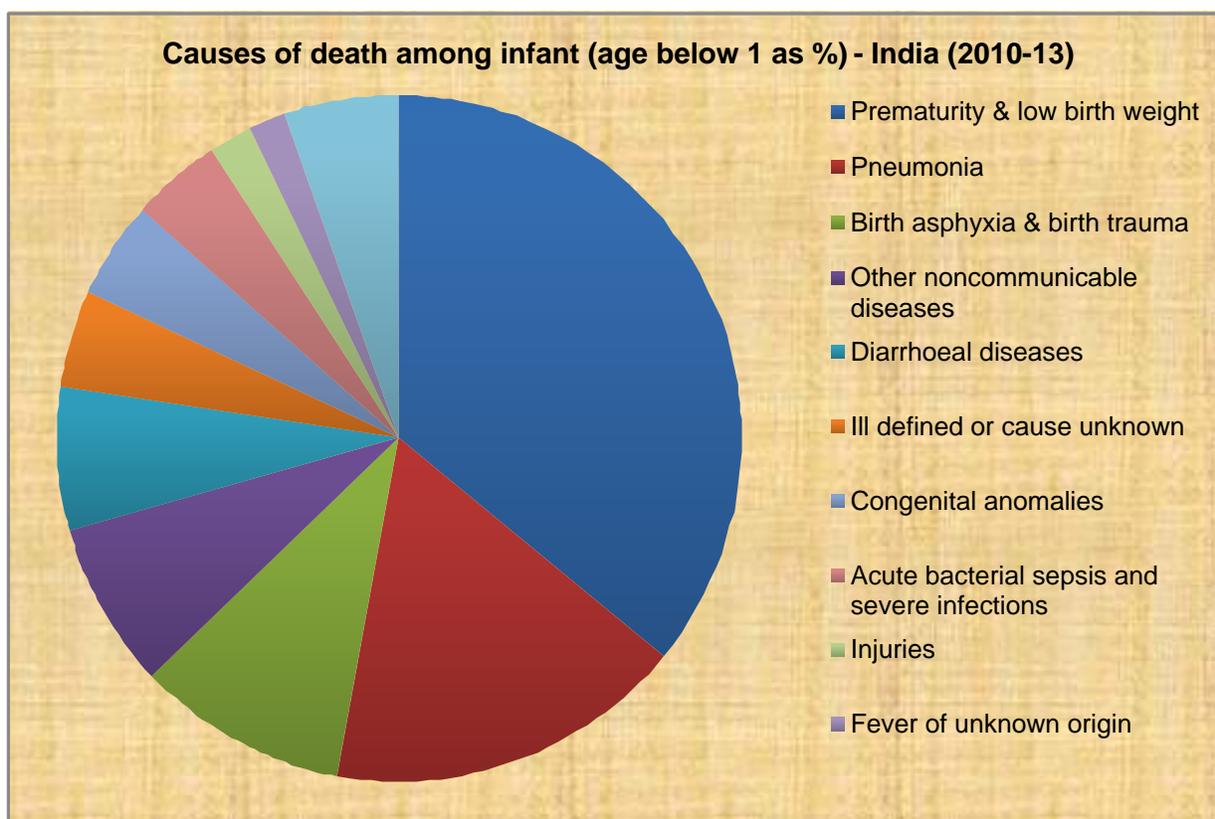


Large variations are observed in Under Five Mortality Rate across the State both in rural and urban areas (Table A-56).



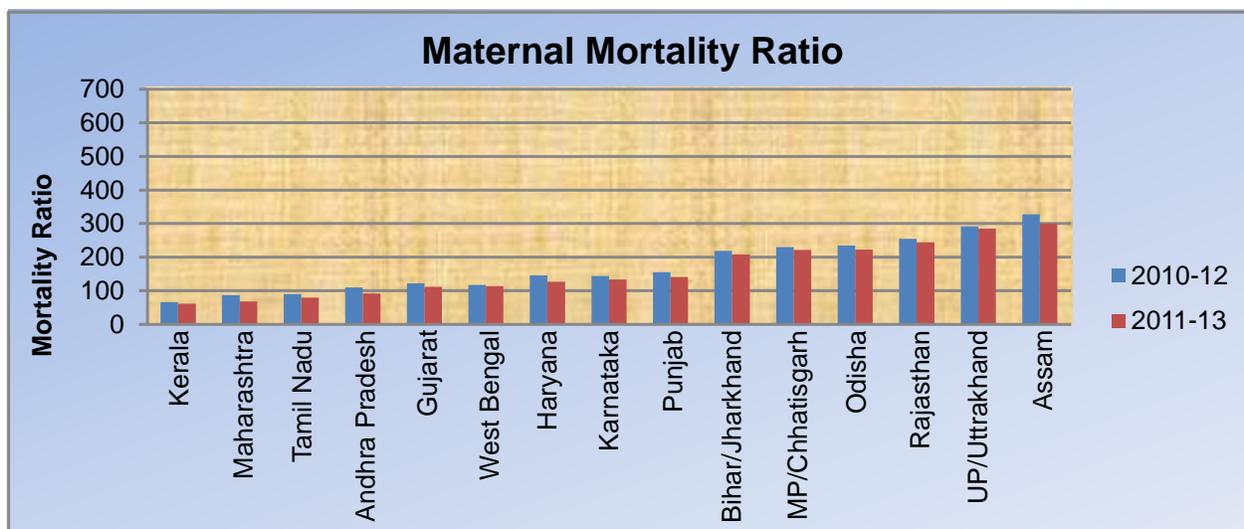
Rural areas of Assam (77) had the highest U5MR in 2013 closely followed by Madhya Pradesh (75), Uttar Pradesh (68), Odisha (70) and Rajasthan (63). In urban areas, Uttar Pradesh had the highest U5MR (44) and Kerala (9) the least in 2013.

5.9 Causes of Death among Infants: Reduction in infant and child mortality has been the priority area over the Plan periods. Latest available data from SRS on top 10 Causes of Death in India 2010-2013 (Table A-61) indicate that Prematurity & low birth weight, Pneumonia, Birth asphyxia & birth trauma, Other noncommunicable diseases and Diarrhoeal diseases are the five major causes of death among infants.

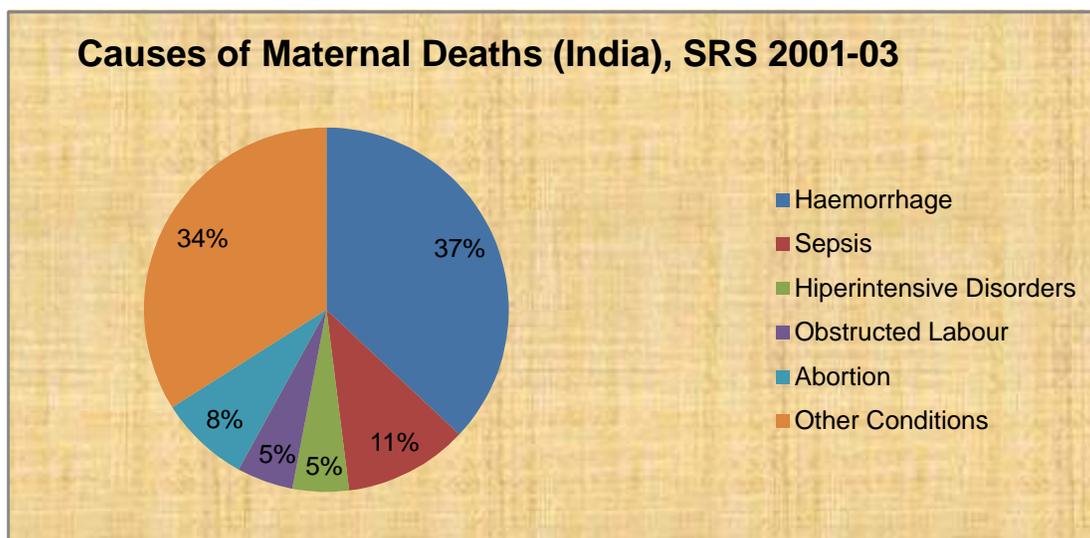


5.10 Maternal Mortality Ratio (MMR): MMR is the number of women who die due to causes relating to pregnancy, childbirth & abortion per 100,000 live births. Deaths due to pregnancy and during the child birth are common among women in the reproductive age groups. Reduction of mortality of women has thus been an area of concern and the Government has set time bound targets to achieve it.

India has made impressive achievement in MMR over the years. According to the latest SRS estimates, the Maternal Mortality Ratio (MMR) of India was 167 per one lakh live birth (2011-13) as compared to 178 in 2010-12. Some States like Kerala (61), Tamil Nadu (79), and Maharashtra (68) have made remarkable progress in 2011-13 while some others are lagging behind. The MMR is the highest in Assam (300) closely followed by Uttar Pr/Uttarkhand (285) and Rajasthan (244). Kerala is the best performing State with MMR of 61 (Table-A 57)



5.11 Causes of Maternal Deaths: Prevailing high maternal morbidity and mortality has always been cause of concern. Available data from SRS for 2001-03 (Special Survey of Deaths) indicate that the major causes of maternal mortality are Hemorrhage, Sepsis, Abortion, Hypertensive disorders and Obstructed Labour. In India, State/district specific maternal morbidity/mortality data is not available. However, data for group of States viz. EAG States and Assam; Southern States; and other States are presented in Table –A59.



6.0 Achievements under various Programmes:

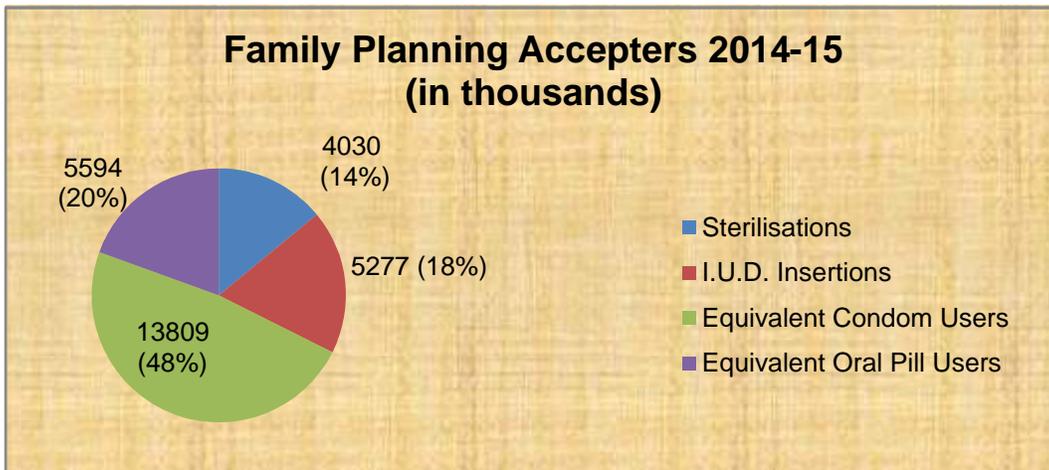
6.1 Reproductive Child Health (RCH) Programme: Reproductive and Child Health Programme, is an integral component of the National Health Mission. Important steps have been taken within the mandate of this programme to ensure universal and equitable access to quality maternal and child health services based on the principle of continuum of care. RCH focussed on reducing social and geographical disparities in access to and utilisation of reproductive and child health services in order to accelerate the achievement of its goals. The major components of the RCH programme are Maternal Health, Child Health, Nutrition, Family Planning, Adolescent and Reproductive Health (ARSH), Preconception and Prenatal Diagnostic Techniques Act etc.

India was the first country in the world to introduce a national family planning programme as early as during the first five year Plan (1951-56), to address the issues of high fertility and rapid population growth. Over the years, the programme has been expanded to encompass maternal and child health, family welfare and nutrition. The services are delivered through a network of Community Health Centres, Primary Health Centres & Sub-centres in rural areas and Urban Family Welfare Centres, Urban Health Posts, Post Partum Centres and Hospitals in the urban areas.

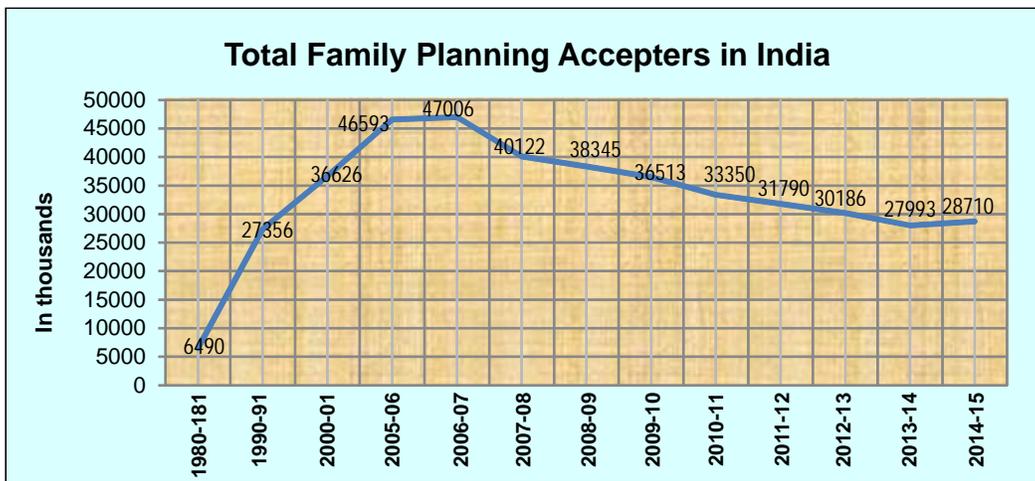
The figures given in the publication are based on the data reported by the State/UTs at district/facility level on the HMIS portal of the Ministry of Health & Family Welfare) <https://nrhm-mis.nic.in>(and consolidated at State and National level.

6.2 FAMILY PLANNING

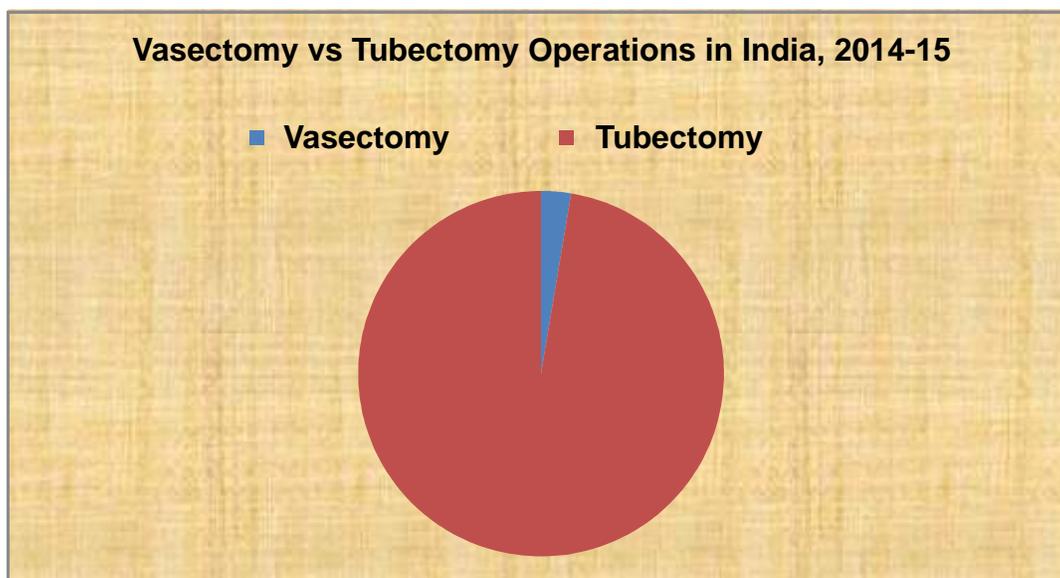
According to the latest data, the total number of family planning acceptors in India decreased by 2.56% between 2013-14 and 2014-15. The data revealed that condom is the most preferred method of family planning while sterilizations the least adopted means.



The number of couples adopting various methods for family planning, including spacing methods in 2014-15 was found to be 28.7 million with 13.8 million preferring condoms to any other means. The total number of Family Planning Acceptors in India has shown a gradual decreasing trend after 2007-08. (Table-B.1)



6.2.1 Sterilizations: About 4.03 million people underwent sterilization during 2014-15. The number of Sterilization declined by 2.7 lakh (6.3%) in 2014-15 as compared to 2013-14. Of the total sterilizations conducted, vasectomy (male sterilization) comprised only 2.0% (Table-B.8).



Of the total number of Sterilisations, Sikkim had the highest percentage of vasectomies (17.9%) in 2014-15 while no vasectomy has been reported in the State/UT of Mizoram and Daman & Diu. The number of vasectomies carried out in almost all Bigger States is quite insignificant as compared to number of tubectomies (Table- B.8). Of the total tubectomy operations carried out in the country, 37.9% accounts for Laparoscopic tubectomies during 2014-15. Laparoscopic tubectomies are more prominent in Himachal Pradesh (91.0%) followed by Rajasthan (79.9%), Madhya Pradesh (81.4%), Assam (77.5%), Uttar Pradesh (75.1%), Andaman & Nicobar Islands (68.5%), Nagaland (64.7%), Uttarakhand (63.6%) and Jammu & Kashmir (60.3%) (Table-B.9).

6.2.2 IUD Insertions: At the national level, the number of IUD insertions during 2014-15 showed marginal increase of 1.5% as compared to 2013-14. The Bigger States showing increase in performance during 2014-15 are Assam, Chhattisgarh, Gujarat, Haryana, Karnataka, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and West Bengal while usage has gone down in Andhra Pradesh, Bihar, Jharkhand, kerala, Maharashtra, Punjab and Uttar Pradesh (Table–B.5).

6.2.3 Use of Condoms: According to the available data, the number of equivalent condom users increased from 12.6 million in 2013-14 to 13.8 million in 2014-15 (Table B.1). The increase in condom users is observed in 3 major States viz. Gujarat, Karnataka and Madhya Pradesh as compared to 2013-14. The significant observation is that the number of takers of free condoms decreased by 6.2% in 2014-15 as compared to 2013-14. The number of users has also decreased in the case of commercial distribution (Table–B.6).

6.2.4 Oral Contraceptive Pill Users: During the year 2014-15, 5.59 million Oral Pill Users were reported as against 5.87 million in 2013-14. Among major States, Assam, Bihar, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Tamil Nadu and West Bengal have reported increased number of Oral Pill Users in 2014-15 as compared to 2013-14 while in respect of other major States, there was drop in the number of users (Table B-7).

6.3 Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth, abortion and the postpartum period.

6.3.1 Antenatal care (ANC): 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 2014-15, 28.4 million women got registered for ANC checkup and 22.0 million underwent 3 ANC check-ups during the pregnancy period.

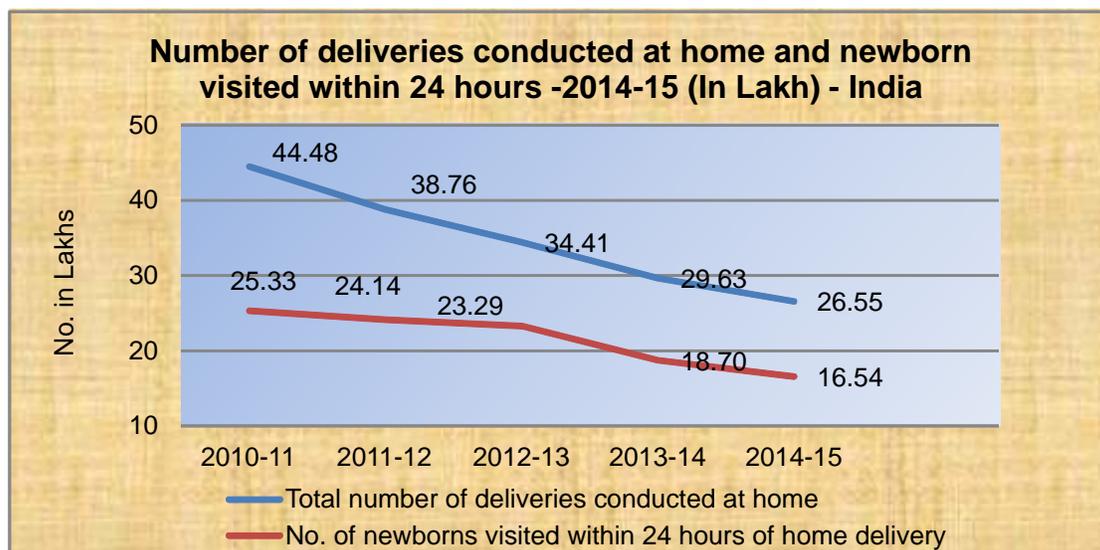
6.3.2 Tetanus Immunization for Expectant Mothers (II + Booster): The Tetanus Toxoid (TT) vaccine is given during pregnancy to prevent tetanus to the expectant mother as well as the baby. According to data reported on HMIS portal, 23.5 Million expectant mothers were immunized against tetanus during 2014-15 accounting for an achievement of 79.0% as against the need assessed. Wide variations were observed across the States / UTs in achievement as against the target. The achievement was the lowest in Arunachal Pradesh (46.1%) (Table-C-2).

6.3.3 Prophylaxis against Nutritional Anaemia: The conception and the subsequent weeks afterwards is the time when the expectant mother needs extra nutrients. To meet the requirement of additional nutrients, expectant mothers are given nutritional supplements. During 2014-15, 23.0 million pregnant women benefitted against the target of 29.7 million pregnant women accounting for an achievement of 77.4%. State-wide variations in achievement are quite glaring (Table- C-3).

6.3.4 Institutional Deliveries: Maternal and Child Health Programmes have aggressively promoted Institutional Deliveries in India. Out of 20.2 million deliveries (Institutional + home) reported on the HMIS portal in 2014-15 more than 17.5 million deliveries were institutional which account for 86.9% of total deliveries as compared to 85.5% in 2013-14. The percentage of institutional deliveries steadily increased from 79.1% in 2010-11 to 86.9% in 2014-15. States with an achievement of more than 90% institutional deliveries in 2014-15 include Andhra Pradesh (94.8%), Gujarat (97.6%), Karnataka (99.1%), Kerala (99.8%), Maharashtra (98.3%), Rajasthan (94.9%), Tamil Nadu (99.9%), Telangana (96.9%), Arunachal Pradesh (94.1%), Delhi (93.7%), Goa (99.9%), Jammu & Kashmir (90.9%), Mizoram (90.4%), Sikkim (98.0%), Andaman & Nicobar Islands (96.3%), Chandigarh (98.6%), Dadra & Nagar Haveli (98.7%), Daman & Diu (98.4%), Lakshadweep and Puducherry (100.0%) (Table- C-6).

6.3.5 Number of Deliveries Conducted at Home: The current policy of Government of India under NHM is to encourage institutional delivery which is an important step in lowering the maternal mortality. However, home based deliveries are still prevalent in the

country but the number is decreasing over the years. According to the data available on HMIS Portal, the number of deliveries conducted at home has come down to 26.55 lakhs in 2014-15 from 44.48 lakhs in 2010-11. It is observed that medical attention provided to new born at home has significantly increased over the years. The percentage of newborns visited within 24 hours of home delivery increased from 57% in 2010-11 to 62.3% in 2014-15.



Postpartum checkups are extremely important for a woman after the delivery. According to the HMIS data, the percentage of women receiving postpartum check-up within 48 hours of delivery increased during 2014-15 as compared to 2013-14 (Table C.8).

6.3.6 Medical Termination of Pregnancy (MTP): To provide safe abortions, most countries have enacted laws whereby only qualified Gynecologists / doctors and approved clinics / hospitals can perform abortions under certain laid down conditions. During the reference period (2014-15), 7,01,637 MTPs were performed as against 6,65,851 in 2013-14. Maharashtra with 1,98,820 MTPs tops the list in bigger States while Telangana is at the bottom of the ladder (2656) - Table B.15.

6.4 Child Health

Immunization programme aims 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 used to protect children and pregnant mothers include the following:

- Tuberculosis
- Diphtheria
- Pertussis
- Polio

- Measles
- Tetanus

In India, some other vaccinations like Hepatitis B, Japanese Encephalitis etc. are also undertaken.

6.4.1 DPT Immunization for Children: The DPT is an immunization or vaccine to protect against the diseases of Diphtheria (D), Pertussis (P) and Tetanus (T). During 2014-15, 68.8% children were given three doses of DPT against the assessed need of 25.93 Million children. The corresponding achievement was 75% in 2013-14. The achievement varies widely across States. 12 States / UTs achieved more than 90% DPT Immunization for children. The achievement of DPT vaccine has decreased in 2014-15 as compared to 2013-14 due to the introduction of penta-valent vaccine. (Table - D1 and D2).

6.4.2 Polio: As compared to the 90.1% achievement in 2013-14, 87.2% percent children received the third dose of Polio vaccine in 2014-15. The percentage of children who received third dose of polio ranges from 64.1% in Arunachal Pradesh to more than 100% in States like Maharashtra, Telangana, Manipur, Meghalaya, Mizoram, Tripura and Lakshadweep during 2014-15. (Table - D1& D2.1).

6.4.3 BCG: BCG vaccine is given for protection against tuberculosis, mainly severe forms of childhood tuberculosis. 24.02 million children of below one year age were administered BCG vaccine during 2014-15. The achievement in 2014-15 was 92.6% as against 93.6% in 2013-14. 13 States / UTs achieved more than 100% immunization during 2013-14 and 2014-15 Puducherry achieved the highest percentage immunization in 2014-15 and 2013-14 (Table D1 & D2.2).

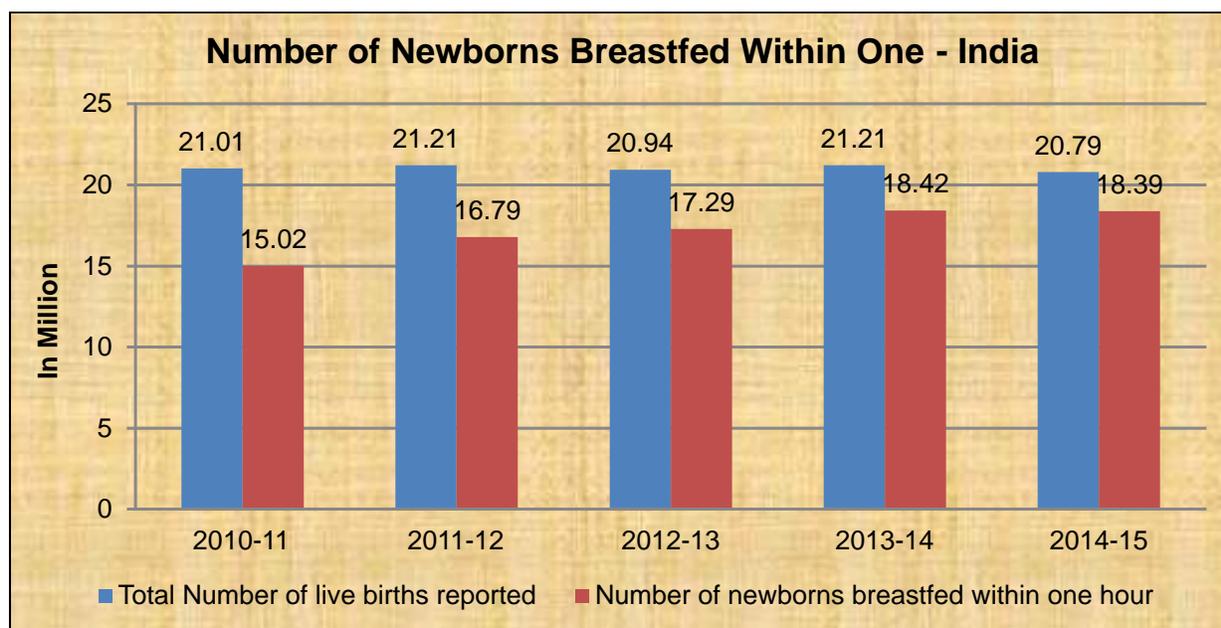
6.4.4 Measles: 22.6 million children of below one year age received measles vaccine during 2014-15 as against 22.8 million children accounting for an achievement of 87.3 % as against 89.2% in 2013-14. Telangana, West Bengal, Goa, Meghalaya, Mizoram, Tripura and Lakshadweep achieved more than 100% vaccination in 2014-15 (Table- D1&D2.3).

6.4.5 Tetanus: Vaccination against Tetanus was administered to 12.4 million (Need assessed: 23.8 Million) children of 5 years age (DT/DPT-5), 14.1 million children of 10 years age (Need assessed: 24.7 million) and 13.9 million children of 16 years age (Need assessed: 25.9 Million) during 2014-15. The achievement against the assessed need works out to 52.3%, 57.4% and 53.9% respectively for children in the age groups of 5, 10 and 16 years. In the State of Bihar, only 9.4% children of age 5 years, 18.7% children of age 10 Years and 28.8% children of age 16 years, received TT immunization during 2014-15 (Tables- D 2.4 to D2.6).

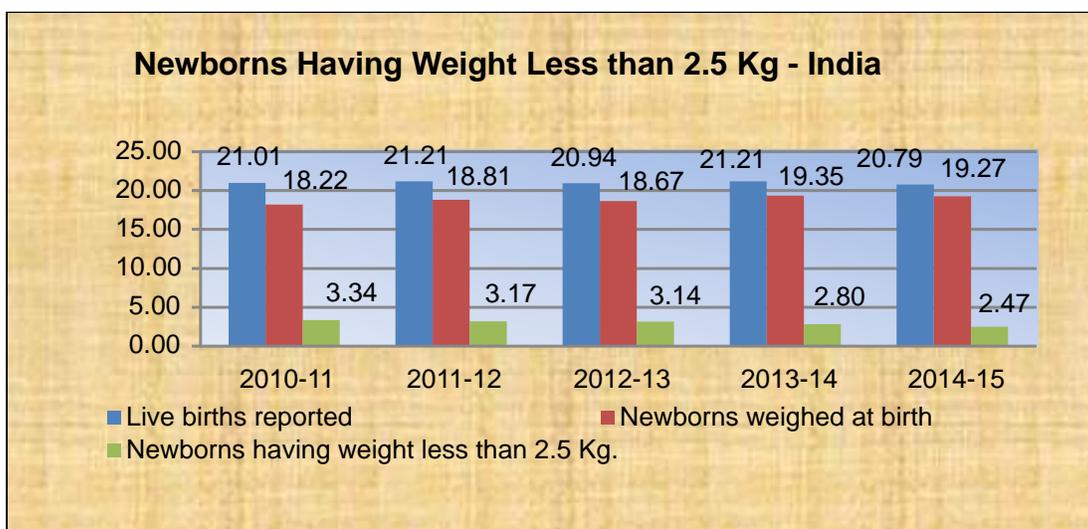
6.4.6 Prophylaxis against Blindness due to Vitamin 'A' Deficiency: Vitamin A is an important micronutrient for maintaining normal growth, regulating cellular proliferation and differentiation, controlling development, and maintaining visual and reproductive functions. Vitamin A deficiency has now been accepted as one of the major nutrition problems among pre-school children and an important cause of childhood blindness. One of the approaches to control the childhood blindness is periodic administration of the vitamin-A doses. First dose is administered at below one year of age and second to fifth doses are administered above one year. State-wise data on achievement made against the need assessed for the years 2010-11 to 2014-15 are presented in Tables D 2.7 to D.2.9.

- i) **First dose of Vitamin- A** was administered to 19.6 million children (Need assessed-25.9 million) of age over 6 months but under 1 year during 2014-15 accounting for an achievement of 75.8% as compared to 73.0% during 2013-14. State-wise variations are quite visible. Among major States, West Bengal had the highest percentage of achievement while Jharkhand had the lowest. The percentage of achievement is lower than the national average in 14 States / UTs (Table 2.7).
- ii) **Fifth dose of Vitamin- A** was administered to more than 16.4 million children of under 3 years of age as against the assessed need of 24.2 million during 2014-15 accounting for an achievement of 67.8% as compared to 63.4% in 2013-14. State-wise variations are quite significant. Tamil Nadu had the highest achievement while Jharkhand had the least (0.8%). The percentage of achievement is lower than the national average in 24 States / UTs (Table D. 2.8).
- iii) **Ninth (9th) dose of Vitamin- A** was administered to 14.6 million children of under 5 years of age as against the assessed need of 23.8 million during 2014-15 as compared to 13.4 million children in 2013-14. The achievement varies widely across the States / UTs. The percentage is lower than the national average of 61.4% in 21 States / UTs (Table D. 2.9).

6.4. 7 Breastfeeding Practices: Breastfeeding has many health benefits for both the mother and infant. Early initiation of breastfeeding ensures that the infant receives the colostrum ("first milk"), which is rich in protective factors. According to the data available on HMIS portal, the number of newborns breastfed within one hour increased significantly during 2010-11 to 2013-14. As compared to total number of live births reported (20.79 Million) during 2014-15, 88.4% newborns were breastfed within one hour of birth as against 86.9% in 2013-14 and 82.6% in 2012-13. (Table D.3)



6.4. 8 Weight of Newborns at Birth: Infants born with a low birth weight are at increased risk of long-term disability and impaired development. Infants born weighing less than 2.5 Kg are considered as under-weight babies.



According to the HMIS data, out of 20.79 million live births occurred during 2014-15, 19.3 million were weighed at birth and 2.47 million babies (11.9%) were found to be having weight less than 2.5 Kg. (Table D.4 & D.5)

7.0 HEALTHCARE INFRASTRUCTURE

The Ministry of Health and Family Welfare is responsible for implementation of various programmes and schemes in areas of health and family welfare. The term health care infrastructure includes physical infrastructure and also human resources as the healthcare centres, dispensaries, or hospitals need to be manned by well trained staff to provide services. Tables in Section – G presents Data on Health Infrastructure.

The health care infrastructure in rural areas has been developed as a three tier system and is based on the following population norms:

Centre	Population Norms	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	3000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

7.1 Sub Centres (SCs)

The Sub Centre is the most peripheral and first contact point between the primary health care system and the community. Sub Centres are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. Each Sub Centre is required to be manned by at least one auxiliary nurse midwife (ANM) / female health worker and one male health worker. Under NRHM, there is a provision for one additional second ANM on contract basis. One lady health visitor (LHV) is entrusted with the task of supervision of six Sub Centres. Government of India bears the salary of ANM and LHV while the salary of the Male Health Worker is borne by the State governments. There were 1,53,655 Sub Centres functioning in the country as on 31st March, 2015. (Table G-1)

7.2 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 (BMS) Programme. As per minimum requirement, a PHC is to be manned by a medical officer supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHCs on contract basis. It acts as a referral unit for 6 Sub Centres and has 4 - 6 beds for patients. The activities of PHC involve curative, preventive, promotive and family welfare services. There were 25,308 PHCs functioning in the country as on 31st March, 2015.

7.3 Community Health Centres (CHCs)

CHCs are being established and maintained by the State government under MNP/BMS programme. As per minimum norms, a CHC is required to be manned by four medical specialists i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff (See Annexure-I for IPHS norms). 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 31st March, 2015, there were 5,396 CHCs functioning in the country. (Table G-1)

Data on availability of Infrastructure, staff and services at CHC, PHC and Sub-Centre (in terms of percentage) as per District Level Household and Facility Survey, 2012-13 is given at Table G-2.

Data on actual requirement, sanctioned strength and vacancy position of Health Workers (Female) / AMM at Sub-Centres and Primary Health Centres for 2015 as compared to 2005 is given in Table- G3. Data on availability and shortfall of human resources for PHCs (Doctors) and CHCs (Surgeons, Obstetrician and gynaecologist, physicians, paediatricians) for 2015 is presented in table G3 to G5. Number of sub-centres without ANMs or and Health Workers (M), with and without doctor/lab technician/pharmacist, is given at table G-6 and G-7. State/UT-wise No. of Government hospitals and beds in rural and urban areas (including CHCs) in India (2015 is given at G-8 and State-wise details of medical colleges for the year 2015-16 is at G-9. Distribution of households by availability or drinking water facility and type of latrine facility as per Census 2011 is given at G-10 and G-11 respectively.

8.0 MONITORING AND EVALUATION SYSTEM

8.1. Introduction: The National Health Mission (NHM) has quantifiable goals to be achieved through specific road maps with appropriate linkages and financial allocations for strengthening the health infrastructure. A continuous flow of good quality information on inputs, outputs and outcome indicators is essential for monitoring the progress of NHM at closer intervals. Integral to this process is using information for decentralized planning where the States prepare Integrated District Health Action Plans culminating in the State Health Action Plans or Programme Implementation Plans (PIP) through which resource allocation takes place.

Important M & E activities being undertaken are as under:

8.2. Web based Health Management Information System (HMIS): A web based Health MIS (HMIS) portal (nrhm-mis.nic.in) was launched in October, 2008 to facilitate data capturing at District and lower levels. The HMIS portal has led to faster flow of information and almost all districts in the country are now reporting data on a regular basis.

The HMIS has also been rolled out to capture information at the facility level. As on 9th October, 2015, 672 districts (out of 674) are reporting facility wise information every month. The remaining two districts are reporting consolidated district information and are in the process of shifting to facility based reporting.

To promote use of HMIS data, pre-generated ready to use reports giving national, State, district and sub-district level key indicators are being generated and refreshed on daily / weekly basis. Further, to improve quality of HMIS data, score cards and dash-boards along with GIS Module have been developed and these are being used at the State and district level consultations to highlight the poor performing regions and the programme areas which need more attention. HMIS reports, besides reports from surveys etc., are available on the HMIS portal nrhm-mis.nic.in under the link Statistical reports and Publications.

8.3 Large Scale Surveys: The Ministry has been conducting large scale surveys periodically to assess the level and impact of health interventions. These surveys include National Family Health Survey (NFHS), District level Household Survey (DLHS), Annual Health Survey (AHS) etc. The main aim of these surveys is to assess the impact of the health programmes and to generate various health related indicators at the District, State and National level.

The details of the Surveys related to health are summarised below:

Sl. No.	Name	Nodal Agency	Periodicity (Year of Surveys)	Availability of Information
1.	National Family Health Survey (NFHS), MoHFW Coordinated by IIPS, Mumbai	IIPS, Mumbai	5 – 7 years (Three rounds conducted in 2005-06, 1998-99, 1992-93) 2015-16 (Under progress)	National and State level indicators relating to population, fertility, mortality, health, nutrition, reproductive and child health, health seeking behavior etc. HIV/AIDS estimates provided for the first time in 2005-06
2.	District level Household Survey (DLHS), MoHFW Coordinated by IIPS, Mumbai	IIPS Mumbai	5 – 6 years (Four rounds conducted in 2012-13, 2007-08, 2002-04, and 1998-99)	National, State and district level estimates on health and nutrition, performance of reproductive and child health programmes etc.

Sl. No.	Name	Nodal Agency	Periodicity (Year of Surveys)	Availability of Information
3.	Sample Registration System (SRS), Registrar General of India, Ministry of Home Affairs	RGI	Annual	National and State level estimates on CBR, CDR, IMR, U5MR, TFR etc.
4.	Annual Health Survey	RGI	Annual (Three rounds)	Demographic and health Indicators at the State and District level for 8 EAG States and Assam

The latest status relating to these is as under:

8.3.1 National Family Health Survey:

The fourth round of National Family Health Survey (NFHS-4) is in progress in two phases. The phase-I comprise 14 States / Regions (Andhra Pradesh, Bihar, Goa, Haryana, Karnataka, Madhya Pradesh (East), Madhya Pradesh (West), Meghalaya, Sikkim, Tamil Nadu, Telangana, Tripura, Uttar Pradesh (East), Uttarakhand, West Bengal, Andaman & Nicobar Islands and Puducherry) and the remaining States/Region are covered in phase-II.

8.3.2 District level Household Survey: The fourth round of District Level Household Survey (2012-13) has since been completed, factsheets containing important indicators for 21 States / UTs (Andhra Pradesh, Arunachal Pradesh, Goa, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Punjab, Sikkim, Tamil Nadu, Telangana, Tripura, West Bengal, Andaman and Nicobar Islands, Chandigarh and Puducherry) and 18 State Reports are available on the website of the Ministry "nrhm-mis.nic.in". Reports of the "Facility Survey' component of DLHS-4, for 9 States, is being uploaded on Ministry's web site shortly.

8.3.3 Annual Health Survey: The Ministry has undertaken three rounds (2010-11, 2011-12 and 2012-13) of Annual Health Survey (AHS) through the Office of Registrar General & Census Commissioner, India (ORGI) in 284 districts of 9 States namely Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand. Results of the Clinical, Anthropometric and Biochemical (CAB) component of the survey have since been published; complete survey results are available on the website of ORGI "censusindia.gov.in".

8.4 Regional Evaluation Teams (RETs): There are 7 Regional Evaluation Teams (RETs) located in the Regional Offices of the Ministry which undertake evaluation of the NRHM activities including Reproductive and Child Health Programme (RCH) on a sample basis by visiting the selected Districts and interviewing the beneficiaries. Reports of the RETs are sent to the States and programme divisions for taking corrective measures on issues highlighted in the reports. During 2013-14, 86 districts were visited by RETs and during 2014-15, 128 districts have been allocated.

8.5 Population Research centres: 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. The PRCs 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. During the year 2013-14, 126 districts were visited by PRCs for evaluation of PIPs and 168 studies were completed. During 2014-15, 213 districts have been allocated for monitoring of PIPs.

For the first time, a compendium of important research publication of the PRCs is being prepared.