

# Project for District Level Health Indicators

Office of the Registrar General, India  
Ministry of Home Affairs

# District Level Health Indicators – requirement

- For monitoring of various health programs by Central/State Governments.
- Pre-requisite in the era of de-centralized planning.
- **Hon'ble Prime Minister, in a recent meeting of the National Population Commission (NPC), desired district level annual health indicators to be published regularly and compared against benchmarks.**
- Ministry of Health & FW suggested possible reorientation of existing SRS to provide district level estimates of core indicators of vital rates viz. CBR, CDR, IMR, TFR, etc..

# Sample Size – Criteria

The sample size would depend upon:

- Choice of the decisive indicator
  - Birth Rate/Death Rate/Infant Mortality Rate
- Permissible Level of Error
  - 5/10/15 percentage relative standard error
- Level of Aggregation
  - National/State/**District**
- Periodicity and Reference Period
  - 1/2/3 years

# Sample Size (Population) at varying rates of Infant Mortality Rates and Birth Rates at 10 percent relative standard error (*prse*)

IMR → BR ↓	40	50	60	70	80
20	124.9	99.9	83.2	71.3	62.4
23	108.6	86.9	72.4	62.0	54.2
25	99.9	79.9	<b>66.6</b>	57.0	49.9
27	92.5	74.0	61.6	52.8	46.2
30	83.2	66.6	55.5	47.5	41.6

Population in '000

# Periodicity of events Vs Population covered

(Level of error = 10 prse of IMR)

Periodicity (in years)	Population to be covered	
	Per district (in thousands)	National level (in million)
1	67	40
2	47	28
3	39	23

Note: Sample size estimated for a district with birth rate of 25 and infant mortality rate of 60.

# States by level of precision of BR and DR based on 10 percent relative standard error of IMR

Vital Rates	Death Rate <b>1-2 prse</b>	Death Rate <b>2-3 prse</b>
Birth Rate <b>&lt; 1 prse</b>	Bihar, M.P., Rajasthan, U.P., W.B.	
Birth Rate <b>1-2 prse</b>	A.P., Orissa, Maharashtra, T.N.	Assam, Gujarat, Haryana, Punjab Karnataka

# Status of the Project

- The sample design, sample size, permissible level of standard error, resource requirement etc. vetted by Ministry of Statistics & Programme Implementation; the NSSO and experts in the field of Statistics and Demography.
- Ministry of Health & Family Welfare has given in principle approval to undertake the project on turn key basis.

## Expected Outcome:

- CBR, CDR
- Mean age at marriage for boys and girls.
- Percentage of boys and girls marrying below legal age at marriage
- Current use of family planning methods.
- Maternal Health:
  - ~ Any ANC; Full ANC; Institutional deliveries; Home deliveries; and Safe deliveries
- Percentage of children who received:
  - ~ BCG; DPT; Polio; Measles; and Complete immunization.
- Percentage of women visited by ANM/ Health worker during three months prior to survey date.

# Alternatives for Field Work:

- SRS Collaborators
- Non-Governmental Organizations (NGOs)
- Specially recruited staff of ORGI

# Time lag in availability of the bench mark estimates:

Collection of data : 12 months

Processing and report writing: 6 months

Total time lag : 18 months

2<sup>nd</sup> year onwards : Within 12 months

# Targets

- **The National Commission on Population have targeted** reduction in IMR and MMR by 2010.
  - IMR: 66 to 30
  - MMR: 400 to 100
  - Universal immunization of children against all vaccine preventable diseases
  - 80% institutional deliveries and 100% deliveries by trained persons

# Process and Program Indicators:

- Maternal Health Care
    - Number of ANC check-ups
    - Number of TT Injections
    - Number of IFA tablets consumed
  - Proportion of children immunized
    - BCG/ DPT/ Polio/ Measles / Complete immunization
  - Type of medical attention at delivery
  - Type of delivery
    - Normal/ Cesarean
- The proposed district level survey would enable us to generate these indicators and monitor the stated targets.

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**Thanks**