



DLHS Policy Brief

No: 1

September 2008

**INTERNATIONAL
INSTITUTE FOR
POPULATION
SCIENCES**

DLHS-3

Conducting the District Level Household and Facility Survey is one of the major responsibilities undertaken by IIPS at the request of the Ministry of Health and Family Welfare, Govt. of India. IIPS as a nodal agency involved 16 regional agencies and six monitoring agencies in carrying out this task covering all the districts of India. DLHS is the only source which provides district level estimates for various health and family welfare indicators. We acknowledge the efforts of sponsoring organizations, regional and monitoring agencies, project coordinators, research and field staff in carrying out this survey. We hope and believe that the data generated through the survey will meet the requirements of programme managers in monitoring and formulating effective interventions for providing quality services.

Prof. F. Ram
Director, IIPS

District Level Household and Facility Survey (DLHS-3) under Reproductive and Child Health Project (2007-08)

The District Level Household and Facility Survey (DLHS-3) is one of the largest ever demographic and health surveys carried out in India, with a sample size of about seven lakh households covering all the districts of the country. DLHS were initiated in 1997 with a view to assess the utilization of services provided by government health care facilities and people's perceptions 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. 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). DLHS-3 adopts a multi-stage stratified sampling design and sampled households representing a district vary from 1000 to 1500. Number of ever married women surveyed ranges from 1465 in Goa to 87,507 in Uttar Pradesh drawn from 50 villages/urban wards from each district.

Bilingual questionnaires, in English and 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 house-

hold, assets possessed, number of marriages and deaths in the household since January 2004, etc. was collected. 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 and District Hospital were covered. Further, all Sub-centres and Primary Health Centres which were expected to serve the population of the selected PSU were also covered.

In this policy brief, we provide important indicators related to child care, maternal health and family planning for selected states of India (for the remaining states, data will be available within few months). It highlights the level of achievements and issues that require immediate attention of health service providers and administrators. We are hopeful that the information gathered through DLHS will help the government in monitoring the implementation of health and family welfare programmes by improving the coverage and quality of services.



Child Immunization

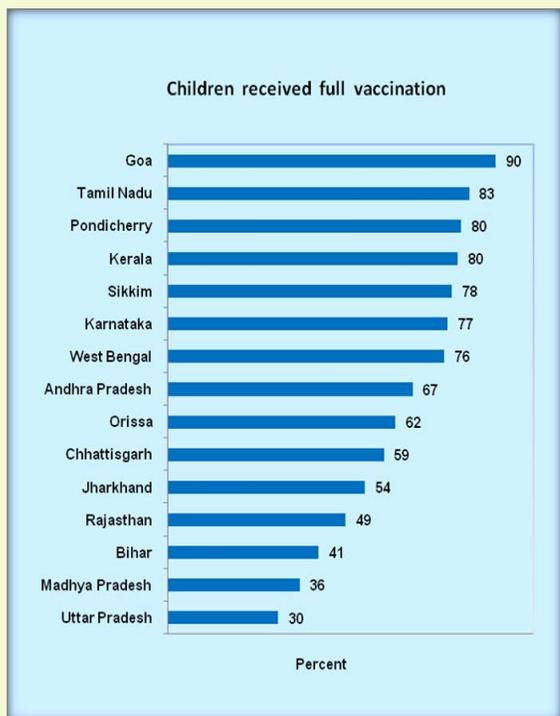
One of the important goals of the National Population Policy-2000 is to achieve complete immunization of children by strengthening the ongoing Universal Immunization Programme. The immunization coverage of children (age 12-23 months) is presented here:

The full immunization coverage of children varies from 30 percent in Uttar Pradesh to 90 percent in Goa. Tamil Nadu, Kerala and Pondicherry also have above 80 percent coverage. Among the EAG states, the full immunization coverage varies from the lowest 30 percent in Uttar Pradesh to the highest 62 percent in Orissa.

The coverage of BCG vaccine of children varies from 73 percent in Uttar Pradesh to as high as 100 percent in Tamil Nadu. States like Kerala, Goa, Sikkim, Andhra Pradesh, Karnataka, West Bengal and union territory of Pondicherry also achieved about 95 percent coverage.

Percent of Children age 12-23 months (born during 3 years prior to the survey) who received full vaccination, BCG, three doses of DPT, three doses of polio and measles

State/UT	Full vaccination	BCG	Three doses of DPT vaccine	Three doses of Polio vaccine	Measles vaccine
Andhra Pradesh	67.1	97.5	79.0	82.1	88.6
Bihar	41.4	81.5	54.4	53.1	54.2
Chhattisgarh	59.3	94.8	71.4	69.7	79.9
Goa	89.8	98.4	91.5	94.1	94.1
Jharkhand	54.1	85.0	62.6	64.4	70.5
Karnataka	76.7	96.9	84.8	90.3	85.2
Kerala	79.5	99.1	87.1	86.6	87.9
Madhya Pradesh	36.2	84.2	47.4	55.1	57.7
Orissa	62.4	94.2	74.3	78.8	81.1
Pondicherry	80.4	96.6	88.3	88.3	91.1
Rajasthan	48.8	82.8	55.6	63.9	67.5
Sikkim	77.8	98.4	88.7	86.5	92.5
Tamil Nadu	82.6	99.6	90.5	91.1	95.5
Uttar Pradesh	30.3	73.4	38.9	40.4	47.0
West Bengal	75.8	96.2	83.6	83.8	82.8



The coverage of three doses of DPT vaccine varies from the lowest 39 percent in Uttar Pradesh to as high as 92 percent in Goa. Among the EAG states, DPT coverage varies from 39 percent in Uttar Pradesh to 74 percent in Orissa. The coverage of three doses of polio vaccine is found to be highest (94 percent) in Goa, followed by Karnataka and Tamil Nadu. Coverage of vaccine to prevent measles is high in Tamil Nadu, Goa, Sikkim and Pondicherry (more than 90 percent). Uttar Pradesh recorded the lowest coverage of 47 percent.

Maternal Health Care

The National Population Policy reaffirms the government's commitment to safe motherhood within the broad framework of reproductive health. Maternal and child health programmes are strengthened with utmost effort under the National Rural Health Mission (NRHM). Some important indicators of maternal health care are provided here to understand the current scenario.

Antenatal Care

Antenatal care (ANC) refers to pregnancy-related health care provided by a doctor, an ANM or any health professional to women. In India, the Reproductive and Child Health Programme aims at providing at least three antenatal check-up, immunization against tetanus, and iron and folic acid for anaemia management. In DLHS-3, women who had given births during the three years preceding the survey were asked whether they had antenatal care for their most recent birth. In eight out of the 15 states/UTs covered in phase-I of DLHS-3, more than 90 percent women had antenatal care during their last pregnancy. The percentage of women who had three or more ANC visits ranges from 22 percent in Uttar Pradesh to almost complete coverage in Kerala. The percentage of women who received at least one tetanus toxoide injection was lowest in Rajasthan (55 percent) and highest in Kerala (98.5 %).

Institutional Deliveries

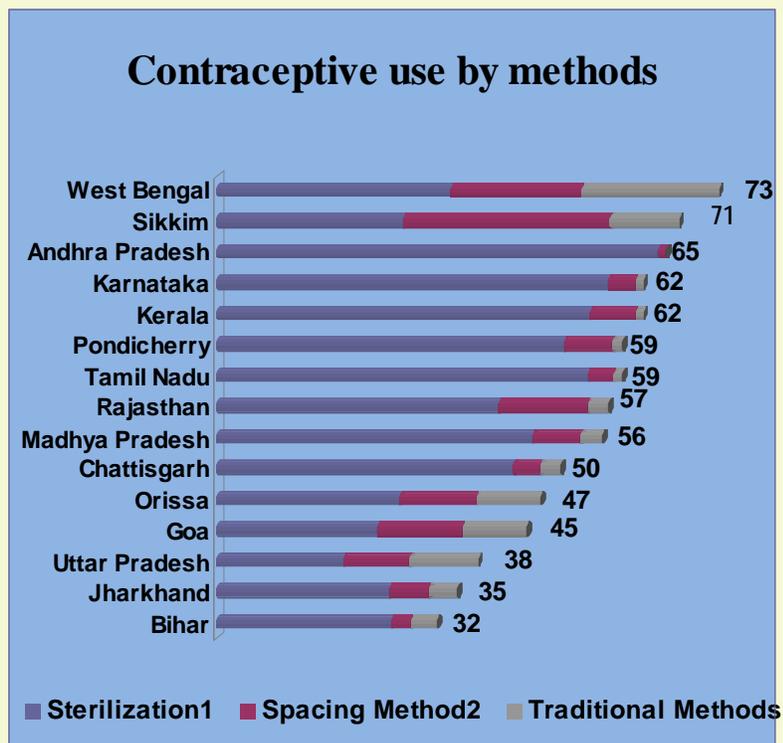
Reproductive and Child Health Programme also encourages deliveries in proper hygienic conditions under the supervision of trained health personnel. In DLHS-3, women who had birth during the three years preceding the survey were asked whether they had delivery in a health facility or at home attended by trained health personnel.

Percentage of currently married women age 15-44 years who received ANC and who had institutional delivery (preceding three years of survey)				
State/UT	Any antenatal care	3 or more ANC check-up	At least one TT injection	Institutional delivery
Andhra Pradesh	95.9	91.3	93.4	71.8
Bihar	59.3	26.7	58.4	27.7
Chhattisgarh	79.6	51.7	78.0	18.1
Goa	99.0	97.8	98.1	96.4
Jharkhand	55.9	31.6	54.9	17.8
Karnataka	90.2	81.6	86.9	65.1
Kerala	99.8	99.6	98.5	99.4
Madhya Pradesh	61.8	34.9	60.4	47.1
Orissa	84.1	55.5	82.4	44.3
Pondicherry	92.8	91.4	88.9	99.1
Rajasthan	56.6	28.2	55.0	45.5
Sikkim	95.1	73.1	94.1	49.8
Tamil Nadu	98.9	96.2	97.4	94.0
Uttar Pradesh	64.4	22.3	62.9	24.5
West Bengal	96.1	67.4	95.0	49.2

In Kerala, Pondicherry, Goa, and Tamil Nadu, more than 90 percent of births had taken place in safe environment at institutions conducted by health professionals. On the other hand, in Jharkhand and Chhattisgarh it is less than 20 percent. Other two states showing poor performance are Uttar Pradesh and Bihar (only one out of four women had institutional delivery).

Family Planning

Population stabilization is the eventual goal of the National Population Policy. To achieve this, one strategy is to promote the small family norm vigorously. The government is committed to offer a wide basket of choices of modern methods of family planning to all couples. The acceptance of modern methods of contraception is high in southern states as well as in West Bengal. The use of family planning methods is highest in West Bengal (73 %) with considerable proportion opting for traditional methods. Among the methods, sterilization is more popular in all southern states with a maximum in Andhra Pradesh (64 %). On the contrary, the use of spacing method is high in West Bengal, Rajasthan, Goa, Orissa and Uttar Pradesh whereas it is very low in states like Andhra Pradesh (1 %) and Bihar (3 %). Share of traditional meth-



ods in contraception is estimated to be high in West Bengal (27 %), Uttar Pradesh (27 %), Goa (21 %) and Orissa (20 %) and almost absent in Andhra Pradesh. States like Uttar Pradesh, Bihar and Jharkhand recorded the lowest level of contraceptive prevalence (less than 40 %). Concerted efforts are required to popularize family planning in these states.

Percentage of currently married women age 15-44 years by current use of contraceptive methods

State/UT	CPR by any method	Sterilization ¹	Spacing method ²
Andhra Pradesh	65.3	64.2	1.1
Bihar	32.4	25.3	2.9
Chattisgarh	49.7	43.1	3.9
Goa	44.9	23.3	12.4
Jharkhand	34.9	25.0	5.8
Karnataka	61.8	56.9	4.0
Kerala	62.3	54.3	6.6
Madhya Pradesh	56.2	45.9	7.0
Orissa	47.0	26.6	11.1
Pondicherry	59.4	50.4	7.1
Rajasthan	57.0	41.0	12.9
Sikkim	71.1	27.1	30.2
Tamil Nadu	59.4	53.9	3.7
Uttar Pradesh	38.4	18.3	9.8
West Bengal	72.7	34.0	19.0

Note: ¹Include male and female sterilization. ²Include IUD, Pills and condom. Any method includes traditional methods also

DLHS-3 Coordinators

Prof. F. Ram

Prof. L. Ladu Singh
Dr. Rajiva Prasad
Dr. T.V. Sekher

Dr. B. Paswan
Dr. Sayeed Unisa
Dr. Chander Shekhar

This policy brief is the first in the series of publications from DLHS-3 to quickly disseminate the important findings of the survey to policy makers, programme managers and researchers. This will serve as an immediate source of reference regarding reproductive and child health status in India, much before the state and national level reports are published by DLHS-3.

Series Editor: Dr. T.V. Sekher