

# India - Annual Health Survey, 2010-2012

**National Commission on Population - Office of Registrar General**

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## Overview

### Identification

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**ID NUMBER**

ind-ncp-ahs-2010-2012-v01

### Version

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**VERSION DESCRIPTION**

v2.1:v2.1: Edited, anonymous dataset for public distribution. This version was re-structured at CGHR, and the data and data dictionaries were downloaded from Postgres.

### Overview

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**ABSTRACT**

The Annual Health Survey (AHS) has been conceived at the behest of the National Commission on Population, Prime Minister's Office and Planning Commission to yield benchmarks of core vital and health indicators at the district level and to map its rate of change on a continual basis to assess the efficacy of various health interventions including those under National Rural Health Mission (NRHM). The AHS would, inter-alia, generate indicators such as Crude Birth Rate (CBR), Crude Death Rate (CDR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR), Maternal Mortality Ratio (MMR), Sex Ratio at Birth & host of other indicators on maternal & child care, family planning practices, etc. and changes therein on a year to year basis at appropriate level of aggregations.

**KIND OF DATA**

Sample survey data [ssd]

**UNITS OF ANALYSIS**

Census Enumeration Blocks in urban and villages or a segment thereof in rural; districts

### Coverage

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**GEOGRAPHIC COVERAGE**

2010-2011: Annual Health Survey (AHS) in eight Empowered Action Group (EAG) states and Assam

2011-2012: Annual Health Survey (AHS) in eight Empowered Action Group (EAG) states and Assam.

2012-2013: Annual Health Survey (AHS 3) in nine Empowered Action Group (EAG) states.

**UNIVERSE**

During the Base line Survey in 2010-11, a total of 20.1 million population and 4.14 million households.

During the first updation survey in 2011-12, 20.61 million population and 4.28 million households have actually been covered.

The second updation survey (third and final round) covered a total of 20.94 million population and 4.32 million households in 2012-13.

### Producers and Sponsors

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**PRIMARY INVESTIGATOR(S)**

Name	Affiliation
National Commission on Population	Office of Registrar General

## Metadata Production

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### METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Centre for Global Health Research	CGHR	University of Toronto, Canada; St. Michael's Hospital, Canada	Original producer

### DDI DOCUMENT VERSION

Version 1.0. This is the very first version of this DDI document

### DDI DOCUMENT ID

ind-cghr-ahs-2010-2012-v01

# Sampling

## Sampling Procedure

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The Sample design adopted for Annual Health Survey is a uni-stage stratified simple random sample without replacement except in case of larger villages in rural areas (population more than or equal to 2000 as per 2001 Census), wherein a two stage stratified sampling has been applied.

# Questionnaires

## Overview

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Houselisting Schedule  
Household Schedule  
Woman Schedule  
Mortality Schedule

## Data Collection

### Data Collection Dates

Start	End	Cycle
2010-07-01	2011-03-31	N/A
2011-10-01	2012-04-30	N/A
2012-11-01	2013-05-31	N/A

### Data Collection Mode

Face-to-face [f2f]

#### **SUPERVISION**

In addition to the multilayer supervision mechanism adopted by the Survey Agencies, regular inspections were carried out by the officers/officials of respective DCOs and those from ORGI headquarters to ensure the data quality. The inspections were a judicious mix of concurrent as well as post survey audit.

Over and above, a component of Third Party Audit was included to verify and authenticate the surveyed data through an independent mechanism. The Third Party Audit work was carried out in 20 randomly selected AHS units in each of the districts covering every household thereof by following a standard protocol prescribed by ORGI. Truncated versions of Household, Women and Mortality Schedules were filled in afresh by the field staff of the Third Party Audit Agencies. The findings in respect of key indicators were matched and re-survey was undertaken by the Survey Agencies in units where the variation was outside the permissible limit. The third party audit also helped in netting of missed vital events, particularly rarer ones like infant and maternal deaths.

## Data Processing

No content available

## Data Appraisal

No content available