

# India - Reproductive and Child Health Project, Rapid Household Survey (Phase I & II) 1998-99

**Department of Family Welfare, Ministry of Health and Family Welfare -  
Government of India**

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# Overview

## Identification

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## Overview

### ABSTRACT

The Reproductive and Child Health (RCH) interventions that are being implemented by the Government of India (GoI) are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from the method-mix target based activity to client centred, demand driven quality services. The Government of India is making efforts to re-orient the programme and change the attitude of the service providers at the grass-root level, as well as to strengthen the services at the outreach level.

The new approach requires decentralization in planning, monitoring and evaluation of services. In view of these objectives, district being the basic nucleus of administration, it was necessary to generate district level data on the utilization of services provided by government health facilities, other than service statistics. It was also necessary to assess people's perceptions about the quality of services. Therefore, it was decided to undertake a Rapid Household Survey (RHS) in all the districts of the country in two phases.

The main objective of the survey was to estimate the service coverage of the following:

1. Ante Natal Care (ANC) and Immunization services
2. Extent of safe deliveries
3. Contraceptive prevalence
4. Unmet need for family planning
5. Awareness about RTI/STI and HIV/AIDS
6. Utilization of government health services and users' satisfaction

### TOPICS

Topic	Vocabulary	URI
health survey, district, household survey	women survey, rch, RIT, STI, HIV, family planning	

## Coverage

### GEOGRAPHIC COVERAGE

National

504 districts and about 1000 households in each district

For the purpose of conducting Rapid Household Survey, all the states and the union territories were grouped into 15 regions. A total of twelve research organizations including Population Research Centres (PRCs) were selected for conducting the survey.

## Producers and Sponsors

### PRIMARY INVESTIGATOR(S)

Name	Affiliation
Department of Family Welfare, Ministry of Health and Family Welfare	Government of India

**OTHER PRODUCER(S)**

Name	Affiliation	Role
International Institute of Population Sciences		Nodal Agency

## Metadata Production

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**METADATA PRODUCED BY**

Name	Abbreviation	Affiliation	Role
Centre for Global Health Research	CGHR	St. Michael's Hospital; University of Toronto	Metadata Producer

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# Sampling

## Sampling Procedure

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The survey as well as the preparation of reports was carried out in two separate phases. Approximately 50 percent of the districts from each state and union territory were covered in each phase. The survey for phase I was carried out from May to November, 1998 and for phase II it was carried out from to October, 1999. In the first phase of the RHS, 50 percent of the total districts in India as existing in 1995 were selected for the survey. Systematic random sampling was adopted for the selection of the districts for phase1. For selection purposes, districts within the state were arranged alphabetically, and starting at random from either first or second district, alternative districts were selected. The second phase covered all the remaining districts of the country.

In each of the selected districts, 50 Primary Sampling Units (PSUs), i.e. either villages or urban wards were selected adopting probability proportional to size (PPS) sampling. The village/ ward level population as per the 1991 census was used for this purpose. The sample size for RHS-RCH was fixed at 1000 households with 20 households from each PSU. In order to take care of non-response due to various reasons, 10 percent over sampling was done. In other words, 22 households from each PSU were selected. The selection of the households in a PSU was done after listing of all the households in the PSUs. For the selection of households circular systematic random sampling was adopted. In the first phase the work of drawing sample of PSUs was entrusted to the Institute of Research in Medical Statistics (IRMS), New Delhi and in the second phase IIPS did the sampling of PSUs in all the districts.

# Questionnaires

## Overview

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Two types of questionnaires were used in the survey: the household questionnaire and the woman's questionnaire. IIPS in consultation with MoHFW and World Bank decided the overall contents of the questionnaires. These questionnaires were discussed and finalized in training-cum-workshop organized at IIPS during the third week of May 1998. Representatives of Regional Agencies, MoHFW, IIPS and World Bank participated in this workshop. IIPS carried out pre-testing of these questionnaires in Maharashtra. Questionnaires were also pre-tested in different languages by regional agencies. Though the overall contents of questionnaire for both the phases were the same, there were some changes in the second phase. The changes were mainly regarding ordering and phrasing of the questions.

The household questionnaire was used to list all the eligible women in the selected households (de jure) and to collect information on marriages and births among the usual residents. In the first phase the reference period for the recording of marriages and births was from 1st January 1995 to survey date and in the second phase it was from 1st January 1996 to survey date. For all the marriages reported in the survey, age at marriage of boy/ girl of that household who got married was recorded. Besides, details of births like, date of birth, sex of the child, order of the birth, survival status and age at death in case if child was dead were also collected. In addition, the questionnaire contained questions on socio-economic characteristics of the households, and the incidence/ prevalence of malaria, tuberculosis and leprosy. In the second phase of the survey more details of household economic conditions like possession of some of the consumer durables were collected. The information on an Auxiliary Nurse Midwife's (ANM's) visit to counsel unmarried adolescent girls on reproductive health issues and distribution of Iron and Folic Acid (IFA) tablets to the girls having anemia was also collected in the household questionnaire.

The household questionnaire had a separate section for males age 20-54 years (irrespective of their marital status), which was administered to one male from each sampled household. The information covered in this section includes knowledge of RTI, STI and HIV/AIDS, reported symptom(s) of RTI/STI and attitude towards male participation in family planning.

The woman's questionnaire was administered to all the eligible women in the household (listed in the household questionnaire). In RHS an eligible woman has been defined as a currently married woman aged 15-44 years who is a usual resident of the sampled household and whose marriage has been consummated.

The woman's questionnaire had the following sections:

- Woman's characteristics and summary of fertility history
- Antenatal, natal and post natal care
- Immunization and child care
- Contraception
- Utilization of government health services and client satisfaction
- Awareness of RTI, STI and HIV/AIDS

The questionnaires were both in English and in regional languages.

IIPS prepared the survey questionnaires and a manual for house listing and one for field investigators. The software package for data entry was developed at IIPS. IIPS prepared tabulation plans for the district, state and national reports. The software package for district level tabulation was developed by IRMS, New Delhi and for the state level it was developed at IIPS. The model district-level and state level reports were prepared at IIPS and were given to the regional agencies. This report presents the status of RCH services and indicators in India, combining data collected in both the phases.

## Data Collection

### Data Collection Dates

Start	End	Cycle
1998-05	1999-11	Phase 1
1999	1999-10	Phase 2

### Data Collection Mode

Face-to-face [f2f]

#### DATA COLLECTION NOTES

House Listing:

House listing involved the preparation of a location map of each PSU and layout sketch of the structures and recording details of the households in the village/census enumeration block. An independent team comprising of one lister and one mapper carried out the houselisting exercise.

Complete listing was carried out in villages with population up to 1500. In the case of larger villages, with more than 1500 population, the village was divided into two or more segments of equal size, one segment was selected at random for listing and in the selected segment complete listing was carried out. In the urban wards with population exceeding 1500 one census enumeration block was selected at random.

## Data Processing

### Data Editing

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All the completed questionnaires were brought to the headquarters of the respective agencies for data processing. The data was processed using Micro Computers. The process consisted of office editing of questionnaires, data entry, data cleaning and tabulation. Data cleaning included validation, range and consistency checks.

The state level indicators referring to the entire population like, percentage of women knowing different family planning methods or the percentage of children who had received different vaccines were obtained as weighted averages of the corresponding district level indicators. The weight is the proportion of the district population in the total population of the state.

See National Report, attached in the External Resources Section, for more details

## Data Appraisal

No content available