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MANUAL ON VITAL STATISTICS

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Government of India
Ministry of Statistics and Programme Implementation
Central Statistics Office
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PRFEFACE

One of the mandates of the Central Statistics Office [CSO] is that of laying down norms and standards and evolving concepts, definitions, methodology and classification in relation to Official Statistics. Even though the CSO has been performing this mandate in many fields of statistics, the absence of proper documentation in this regard had some time back led to a decision to prepare, statistical manuals in respect of 24 selected/identified subjects dealing inter alia with concepts, definitions, classification procedures, collection and compilation of data, estimation procedures, dissemination and other relevant explanatory notes, including methodological framework in respect of the statistical indicators to make these manuals comprehensive and useful reference books comparable to the manuals produced by the UNSD from time to time.

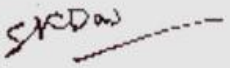
2. This manual on Vital Statistics is one in the series of such manuals on statistical indicators proposed to be brought out, by the CSO. The basic purpose of this manual, like those of all others in the series, is to provide the users of Vital Statistics with a ready-to-use reference guide on methodological aspects of Vital Statistics (metadata) that facilitate international comparison and help in aggregation of statistics needed to derive meaningful conclusions. Another purpose of this manual is to provide the statistical offices, both at the national and state levels, with guidelines regarding the compilation of Vital Statistics.

3. The manual is primarily meant for the easy understanding and operational use by the relevant staff/Statistical functionaries working with the various Ministries/Departments/Organisations at the National, State and Sub-State Levels. At the same time, the manual is also meant to serve as a comprehensive reference material, in the form of metadata, for the proper understanding and use of researchers, academicians and students of Academic Institutions, besides Industry and Trade Associations/Chambers of Commerce etc.

4. The information included in this manual is expected to bring about inter-alia harmonization in concepts, definitions and methodology of compilation of vital statistics in India. The adoption of the methodology suggested in this manual, it is expected, can go a long way in facilitating data aggregation and data comparison, both at intra-regional and inter-regional levels, besides international comparisons.

5. The draft of this manual was earlier prepared by Shri K.S. Natarajan, Deputy Registrar General of India (Retired), under the overall directions and guidance of the Steering Committee for Preparation of Manuals on Statistical Indicators/Statistics functioning under the Chairmanship of the Director General, CSO. I take this opportunity to place on record my deep and heartfelt appreciation for the significant contributions made by the concerned officers of the Office of Registrar General, India; Ministry of Health and Family Welfare, Government of India and also the Social Statistics Division of the CSO, especially Ms. S. Jeyalakshmi, Additional Director General, Shri T.V. Raman, Deputy Director General, Shri Inderjeet Singh, Deputy Director General, Dr. Niyati Joshi, Assistant Director and Shri M.P. Diwakar, Assistant Director in bringing out this comprehensive manual on a very important theme. I would also like to take this opportunity to commend the excellent secretarial support extended in this endeavour by Ms. Jaideep Kapoor, Technical Assistant (on contract basis) in the Social Statistics Division of the CSO.

6. I hope that this manual will serve as a useful reference document on the subject. Any comments/suggestions towards improving the scope, contents, lay out etc. of this manual from the readers/users of this manual would be welcome and deeply appreciated.



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I - VITAL STATISTICS

Definition of a Vital statistics System and Sources of data

1.1 A vital statistics system is defined as the total process of [1]

(*a*) collecting information by civil registration or enumeration on the frequency of occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and of the person or persons concerned, and

(*b*) Compiling, processing, analyzing, evaluating, presenting and disseminating these data in statistical form. The vital events of interest are: live births, adoptions, legitimations, recognitions; deaths and foetal deaths; and marriages, divorces, separations and annulments of marriage

1.2 The main source of vital statistics is records of vital events from civil registration, which involves the continuous gathering of information on all relevant vital events occurring within the boundaries of a country. For the calculation of vital rates, civil registration data are usually complemented by census information, which also has national coverage. However, when civil registration data either do not exist or are deficient, countries have taken recourse to data sources other than civil registration to estimate the necessary vital statistics. The use of complementary data sources has also been made to enrich and evaluate civil registration data or to gather information on demographic or epidemiological processes in a way that enriches the information obtained through civil registration.

1.3 Additional sources in a vital statistics system include specific questions on fertility and mortality added to population censuses, household sample surveys, vital records from sample registration and health records. For some countries, the uses of these sources of data together with the application of indirect techniques of demographic estimation have been supplying some of the statistical indicators needed for planning purposes, mainly at the national level. But there is no substitute for the availability of continuous information on vital events as obtained from registration of vital events in civil registration Accuracy, timeliness and completeness are essential elements that countries should strive to attain in their systems. Allowance is made, as appropriate, for the use of other sources of complementary or alternative data.

1.4 The important sources of vital statistics in India are (1) Population Census (2) Civil Registration System;(3) Demographic Sample Surveys such as those conducted by the National Sample Surveys Organization(NSSO); (4)Sample Registration System (SRS) and (5) Health Surveys, such as National Family Health Surveys, (NFHS) and District Level Household Surveys (DLHS-RCH) conducted for assessing progress under the Reproductive and Child Health programme. A separate manual on Population Census is uploaded in MOSPI website. This manual deals with Vital Statistics from other sources.

[1] U.N., Department of Economic and Social Affairs, Statistics Division- "Principles and Recommendations for a Vital statistics system, revision 2" ST/ESA/STAT/Series. M/19 /Rev 2

Civil Registration System

1.5 According to the United Nations, civil registration is defined as the continuous permanent and compulsory recording of the occurrence of vital events, like, live births, deaths, foetal deaths, marriages, divorces as well as annulments, judicial separation, adoptions, legitimations and recognitions. Civil registration is performed under a law, decree or regulation so as to provide a legal basis to the records and certificates made from the system, which has got several civil uses in the personal life of individual citizens. Moreover, the information collected through the registration process provides very useful and important vital statistics also on a continuous basis at the national level starting from the smallest administrative unit. In fact, obtaining detailed vital statistics on a regular basis is one of the major functions of the Civil Registration System (CRS) in several countries of the world. Vital records obtained under CRS have got administrative uses in designing and implementing public health programmes and carrying out social, demographic and historical research. For an individual, the birth registration records provide legal proof of identity and civil status, age, nationality, dependency status etc., on which depend a wide variety of rights.

1.6 The office of the Registrar General of India was created in 1951 and the vital statistics department was transferred to this office from the Director of Health Services in 1960. On the deliberations and recommendations of various committees, the Registration of Births and Deaths Act (1969) was enacted by Parliament to enforce uniform civil registration throughout the country.

National Sample Survey

1.7 Data on fertility and mortality from the census are not very reliable and they are also available only once in ten years. In the absence of reliable data from the civil registration system (CRS), the need for reliable vital statistics at national and state levels is being met through sample surveys launched from time to time. In the 1950's and 1960's, the National Sample Survey attempted to provide reliable estimates of birth and death rates through its regular rounds. However, the release of 1961 census data indicated that the birth rates and death rates and consequently, the growth rates were often not estimated correctly. Many analysts, at that point of time, felt that the one time retrospective recall surveys such as National Sample survey may not be able to estimate the vital rates correctly. This resulted in a search for alternative mechanism estimate vital rates. The sample registration system (SRS) was one such attempt.

Sample Registration System (SRS)

1.8 The Government of India, in the late 1960s, initiated the Sample Registration System that is based on a Dual Recording System. In the Sample Registration System, there is a continuous enumeration of births and deaths in a sample of villages/urban blocks by a resident part-time enumerator and then, an independent six monthly retrospective survey by a full time supervisor. The data obtained through these two sources are matched. The unmatched and partially matched events are re-verified in the field to get the correct number of events. At present, the Sample Registration System (SRS) provides reliable annual data on fertility and mortality at the state and national levels for rural and urban areas separately. In this survey, the sample units, villages in rural areas and urban blocks in urban areas are replaced once in ten years.

Health Surveys (NFHS, DLHS and AHS)

1.9 In the past about a decade or so, a few important sources for demographic data have emerged. These are the National Family Health Surveys (NFHS) and the District Level Household Surveys (DLHS) conducted for the evaluation of reproductive and child Health programmes. Three rounds of NFHS surveys have since been completed. These provide estimates inter-alia of fertility, child mortality and a number of health parameters relating to infants and children at state level. They also provide information on the availability of health and family planning services to pregnant mothers and other women in reproductive ages. The DLHS provide information at the district level on a number of indicators relating to child health, reproductive health problems and the quality of services available to them. Three rounds of DLHS surveys have been conducted so far. In each of the first two rounds, the survey was conducted in two phases spread over two years, wherein, under each phase of the survey, half of the districts in a state had been covered. However, in the third round of the DLHS survey (2007-08), all the districts were covered in one phase.

1.10 The concept of the Annual Health Survey (AHS) arose during a meeting of the National Commission of Population held on 23rd July, 2005 under the Chairmanship of the Prime Minister, wherein it was decided that "there should be an Annual Health Survey (AHS) of all districts, which could be published/monitored and compared against bench marks". This was followed up by meetings with the Planning Commission and it was decided that Ministry of Health & Family Welfare (MOHFW) would initiate follow up action for implementation of this decision. The Annual Health Survey (AHS) aims to prepare District Health Profile of the 284 districts in the erstwhile EAG States and Assam on an annual basis. The survey will be done through the Registrar General of India Ministry of Home Affairs. The survey has since been launched in April 2010.

Use of Vital Records

1.11 **Some common uses of vital records in vital statistics are:**

(i) Preparing population estimates and projections;
(ii) In Cohort and period studies;
(iii) Construction of life tables;
(iv) Preparing health indicators, such as infant mortality rates, neonatal mortality rates, post-neonatal mortality rates, maternal mortality rates, etc.;
(v) Starting points in retrospective epidemiological studies;
(vi) Public health programmes in the absence of morbidity data, or for health education;
(vii) Maternal and child health services for planning and evaluation;
Fertility data in family planning.

Definition of Vital Events

1.12 Not all countries publish statistics on all 10 vital events recommended by the United Nations. Some countries do not have the need to register all 10 events, and some do not have the capacity to register or to publish them. As a country develops a civil registration system to support the vital statistics system, it may follow a recommended priority of vital events in

organizing the registration system. In India, the civil registration system mandates registration of births, deaths and still births. The standard international definition of these as events and the definitions followed in India are given below.

Live Birth:

1.13 Live Birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live-born (all live born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at time of registration, and if they die at any time following birth they should also be registered and counted as deaths).

Death:

1.14 Death is the permanent disappearance of all evidence of life at any time after live birth has taken place (post-natal cessation of vital functions without capability of resuscitation) (this definition excludes foetal deaths, which are separately defined below).

Foetal Death

1.15 Foetal Death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles (note that this definition broadly includes all terminations of pregnancy other than live births, as defined above)

Evolution of Vital Registration System in India

1.16 A number of commissions and committees had stressed the importance of Vital Statistics. The importance of vital statistics in the study of manpower and health conditions was recognized in the reports of the Royal Commission on Agriculture (1924) and Royal Commission on Labour (1938). The royal commission on agriculture observed

(i) that the problems involved in securing uniformity in the returns from the different provinces were serious;

(ii) that the information though existed in numerous reports, is not collected in a systematic form,

1.17 The Royal Commission on Labour went in to the statistics of cause of death for industrial workers and found that the data supplied were inadequate. It recommended appointment of medical registrars in large industrial towns.

"It is essential, however, that municipal council and local bodies, who are primarily responsible for registration should devote much more attention to the matter. In larger towns and more important industrial areas, at least, the appointment of Medical Registrars should be compulsory since only then will it be possible to improve the classification of causes of death. This has already been done in certain areas and, as a result, special investigations which were previously impossible have been successfully carried out".

1.18 In 1939, the Central Advisory Board of Health, which met in Madras (currently Chennai) strongly recommended the compulsory registration of vital events, with provisions for strict enforcement, establishment of Bureau of Vital Statistics for each province, appointment of Medical Registrar for medical certification of cause of death, training of Registrars and several other measures for improvement of vital statistics. But no significant development in the registration system took place until about the middle of this century.

1.19 The Health Survey and Development Committee or Bhore Committee, as it was called after its Chairman, was constituted in 1946. This Committee made an extensive survey of the problem of public health in India and put forward several useful and noteworthy recommendations: An important recommendation of this committee is reproduced below.

"In the areas in which our scheme will be introduced, registration of vital statistics should be made compulsory along with the introduction of the scheme, wherever such provision does not already exist'. In other areas compulsion should be introduced gradually. The enforcement of the law through the prosecution of offenders is essential if definite improvement is to be secured"

"We recommend the appointment of an officer with the title of Registrar General of Vital and Population Statistics. He will be attached to the Central Ministry of Health and will be responsible for collection, compilation, study and publication of vital statistics from all parts of the country, for carrying out of the census at periodical intervals and for continuous population studies. He will work independently of the Central Health Department but in close co-operation with it. He should publish an annual report on the population of India incorporating such information as is available regarding existing conditions and possible tendencies for the future".

1.20 In 1948, the second Health Ministers' Conference appointed a vital statistics committee. This committee endorsed Bhore committee's recommendation.

"It is essential that there should be provision for enforcing uniformity throughout India in the collection and compilation of the main items of information included in the vital statistics of the country. Such enforcement will become possible only if the Centre has the power to prescribe for regulating the registration and compilation of vital statistics in the component units of the federation of India. It is recommended that such provision as may be necessary to achieve this end should be incorporated in Constitution of the country. Individual Governments will be at liberty to prescribe for the territories the collection of such other information as may be deemed necessary to suit their purposes. The enactment of an Indian Vital Statistics Act as a piece of Central Legislation should be undertaken as soon as circumstances permit''.

1.21 Based on the recommendation of these two committees, the office of the Registrar General India was created in 1951. Further, vital statistics, including civil registration was included in the concurrent list.

1.22 In the 1950's, 3 committees made recommendations which affected the civil registration in India. These were the Central Expert Committee of the Indian Council of Medical Research and Expert Committees of the States on Cholera and Small Pox and Manickavelu Committee of the Central Council of Health (1960). The former recommended

(i) Legislation for compulsory registration of vital events,
(ii) appointment of the secretaries of gram Panchayat as Registrars and
(iii) Production of birth certificates for admission in schools and various other measures for improvement in registration

The latter added the following recommendations

(i) The setting up of statistical units in state headquarters and in large municipalities and municipal corporations and
(ii) Provision of statistical staff at the district level and in the primary health centers for the work relating to health and vital statistics and
(iii) Centralized mechanical tabulation and provision of training facilities for statistical personnel on a uniform basis.

1.23 In 1960, Vital statistics was transferred to the office of the Registrar General, India from the Director General of Health services. Thus, population census and vital statistics, including civil registration, came under one office, the office of the Registrar Central and Census Commissioner of India.

1.24 A conference of State representatives, called "Conference on Improvement of Vital Statistics" was convened in April 1961 to take stock of the registration system prevalent in various parts of the country. This conference made specific recommendations over a wide range of topics for the reorganization and strengthening of the vital statistics system in the country. The conference recommended an early enactment of a Central law on compulsory registration of births and deaths and spelt out in detail the scope and content of the proposed legislation. It recommended adoption of a minimum tabulation plan, centralized tabulation, strengthening of the vital and health statistical units at the state headquarters, appointment of Registrars and staff at the district level, strengthening of statistical units in municipalities, imparting training to Registrars and other officials concerned with registration and compilation of vital statistics, educational programme for sensitizing the public on the importance of vital statistics and various other matters.

1.25 Based on the recommendations of these conferences, the office of the Registrar General, India (RGI) initiated a number of steps to improve vital statistics in India. As a first step a team of experts in vital statistics, Dr. Forest E. Linder and Dr. Conrad Tuber of the National Centre of Health Statistics, U.S. Government and U.S. Bureau of Census visited India and recommended short term and long term measures to improve vital statistics. Their recommendations, with suitable modifications, were submitted as plan proposals to the planning commission. These were sanctioned as "Plan scheme for improvement of vital statistics" in the middle of third five year plan. The main operational components of the scheme were as per the recommendations of the Manickavelu committee referred to above. These were

(i) Strengthening of the Vital Statistics Organisation at the office of Registrar General, India

(ii) Strengthening of statistical units in municipalities with full-time office staff for purposes of supervision and compilation of registration data of the municipal area
(iii) Setting up of mechanical tabulation units at state headquarters for centralized tabulation of data to cut down the intermediate levels for compilation of registration data and thereby, minimize the deficiencies resulting from transcription errors and delays in transmission of returns. The scheme envisaged supply of mechanical data processing equipment such as 40 column range mechanical punches, verifiers, reproducers, and sorters with full counting arrangement and tabulators, by the Registrar General, India
(iv) Training in registration promotion, methods and research , and
(v) Organising training programmes for officers employed all along the line, from the periphery to the headquarters

1.26 During Third, Fourth, Tenth and Eleventh Five Year Plans, some staff was provided at State Headquarters, districts and large municipalities for work connected with the improvement of registration of births and deaths and vital statistics.

II. CIVIL REGISTRATION SYSTEM AND HISTORY OF CIVIL REGISTRATION IN INDIA

International Resolutions on recording live birth

2.1 The United Nations, in a number of ways, has officially endorsed the protective value of live birth records. The Universal Declaration of Human Rights (General Assembly resolution 217 A (III)), adopted in 1948, proclaimed in article 15 that (a) everyone has the right to a nationality, and (b) no one shall be arbitrarily deprived of his nationality or denied the right to change it. The basic right to a nationality provided by the Declaration depends on having one's birth legally recorded. This was reinforced by the adoption in November 1959 of the Declaration of the Rights of the Child (General Assembly resolution 1386 (XIV)), in which the Assembly affirmed, in principle that "The child shall be entitled from his birth to a name and a nationality". The International Covenant on Civil and Political Rights, in article 24, states that "Every child shall be registered immediately after birth and shall have a name". (see General Assembly resolution 2200 A (XXI), annex I, December 1996). This principle was further reinforced and emphasized, especially in reference to the need for greater attention to the accurate and timely registration of female infants and the dissemination of statistics, in the recommendations of the World Summit on Children, the International Conference on Population and Development and the Fourth Conference on Women.

2.2 Civil registration is a major foundation for a legal system for establishing the rights and privileges of individuals in the country. Where it is comprehensively maintained, it is the main source of vital statistics and the focus is on the collection, compilation and dissemination of vital statistics.

2.3 Civil registration is the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of events, including vital events, pertaining to the population, as provided by decree or regulation, in accordance with the legal requirements of a country. Civil Registration is carried out primarily for the purpose of establishing the legal documents provided for by law. These records are also the best source of vital statistics.

2.4 Even though civil registration includes all vital events (live birth, deaths, foetal death, marriage, divorce, annulment, judicial separation of marriage, adoption, legitimation and recognition), the *vital events* which comprise a vital statistics system are live births, deaths, foetal deaths, marriages and divorces. In establishing or improving a vital statistics system, first priority should be given to setting up procedures for the registration of (a) live births and (b) deaths, followed closely by (c) foetal deaths, because it is these events that are basic to the measurement of population growth rates and directly related to the measurement of key health indicators, such as infant and childhood mortality and life expectancy. The increasing importance given to the registration of foetal deaths is in recognition of their importance in measuring perinatal mortality and pregnancy outcomes. In addition, it is recognized that, due to specific family patterns and cultural values, it may not be feasible, in some countries, to give a very high priority to the collection of data on marriage and divorce.

2.5 A *system*[2] *of civil registration* includes all institutional, legal and technical settings needed to perform the civil registration functions in a technically sound, coordinated and standardized manner throughout the country, taking into account cultural and social circumstances particular to the country.

2.6 The *civil registration method* is the procedure employed to gather the basic observations on the incidence of vital events and their characteristics which occur to the population of a country within a specified time period and upon which vital records with legal value are prepared and vital statistics are based. This method should be distinguished from other methods that gather data about the population. The civil registration method is distinguished from the enumeration method and the administrative method by the fact that it is continuous and permanent. It records data on every vital event as it occurs and it does so with no lapses in the time period of collection. The enumeration method is the procedure used to gather information through population or other census or survey statistics. Enumeration employs a snapshot approach that gathers data on the population at a particular moment in time. It is often periodic, such as a decennial census. The administrative method produces population data as a by-product of various management controls. For example, automobile accident statistics may be produced as a by-product of Department of Transportation data. The tax system may produce income data as a byproduct of its control system.

Uses of civil registration

2.7 Civil registration has a dual purpose − legal on the one hand, and statistical, demographic and epidemiological on the other. In the first purpose, the records generated have importance as legal records documenting the facts surrounding each registered vital event. In that sense, each vital record has an intrinsic importance of its own. For the second purpose , the records may be aggregated to form a body of vital statistics which, collectively, convey important information about the persons described in the statistics in summary form Those two purposes reinforce each other in a number of ways, but it is important to maintain their distinctiveness in discussing the uses and operation of civil registration.

Uses of civil registration records for administrative purposes

2.8 Live birth records are the basis for many public health programmes for post-natal care of mother and child, and may be used, when needed, for programmes of vaccination and immunization, premature-baby care, assistance to disabled persons. Death records are used to provide legal permission for burial or disposal of deceased individuals. They can also provide information of epidemiological importance, and indicate the need for preventive control measures. Death records are also necessary to clear a number of administrative files, such as disease-case registers, population registers, social security files, military service files, electoral rolls, identity files and tax registers.

[2] U.N., Department of Economic and Social Affairs, Statistics Division- "*Handbook on training in Civil Registration and Vital Statistics Systems*" ST/ESA/STAT/Series. F/84

Uses of civil registration records for Individuals

2.9 For the individual, the birth registration records provide legal proof of identity and civil status, age, nationality, dependency status etc., on which depend a wide variety of rights. The birth registration record may be required for establishing:

(i) Identity and family relationships for settling inheritance or insurance claims and arranging transfer of property.

(ii) Proof of age for admission in schools, entry into services and professions, obtaining a driving license, exercising voting rights, entering into legal contracts, inheritance claims, marriage etc.

(iii) Nationality or citizenship by birth, to obtain passport for foreign travel, qualify for voting privileges, own property

(iv) Because of the increased national and international mobility of the population, vital records have taken on additional importance. For the migrant, it has become essential to have access to documents that can prove his or her civil status and nationality. To facilitate the process of identification, those documents should conform to internationally accepted standards. This is another reason to establish in each country a civil registration process capable of registering vital events on a current basis, including efficient procedures for providing documentation in cases where timely registration has not taken place.

(v) Marriage and divorce records provide documentation for the establishment of the civil status of individuals for such purposes as receipt of alimony allowances, claims for tax benefits, provision and allocation of housing or other benefits related to the marital status of a couple, and changing nationality on the basis of marriage. In addition, records of divorce are important for establishing the right of an individual to remarry and to be released from financial and other obligations incurred by the other party.

History of Civil Registration in India

2.10 Civil Registration in India dates back to 19th century. The first legislation at national level to register births, deaths and marriages was made in 1886. Registration under this act was voluntary. Foreigners mostly British were the ones to register the vital events under the act. It was virtually inoperative as far as the general population was concerned. Registration was carried on under various legal provisions in different parts of the country. In the urban areas the registration was carried on under municipal by-laws and in the rural areas according to administrative orders issued from time to time to village officials under the revenue codes and police manuals.

2.11 Before the Central Act, some of the States had their own laws to register vital events. The erstwhile Central Province of Berar introduced a system of registration as early as 1866. Punjab and United Provinces followed a little later. In 1873, the Bengal Births and Deaths Registration Act was passed and it was later adopted by the neighbouring states of Bihar and Orissa. Like Bengal ,the erstwhile composite Madras had its own Act. (Madras Registration of Births and Deaths Act 1899).Some other States had enabling provisions in this behalf in the Municipal Act, Panchayat Act, Chowkidar Manual or Land Revenue Manual and registration was governed by executive orders or by-laws setting out local registration procedures.

2.12 The need for registration of births and deaths had been felt by the Administration much earlier. In the middle of nineteenth century, deaths were registered by sanitary commissioners. With a view to introducing sanitary reforms for control of pests and disease, registration of deaths was started. The Provincial Sanitary Commissioners obtained statistics on deaths from the local health officers and passed them on to the Sanitary Commissioner of the Government of India. However, the quality of registration was highly deficient and inadequate.

2.13 The Indian Famine Commission in 1880 pointed out the need for registration of vital events such as births and deaths. It made a recommendation that the registration of births and deaths should be made legally obligatory in villages as well as in towns and the regular monthly publication of the main vital statistics should be enforced. The Commission also fixed the responsibility on the Sanitary Commissioner to warn the Government of any unusual rise in the death rate in order that the Government might enquire into the cause of such a rise and take remedial action. This recommendation was a land-mark one in the history of development of vital statistics in India. The 1886 Act was a consequence of this recommendation.

Lack of uniformity

2.14 In the absence of uniform legal provisions, different systems were adopted in different States for registration of vital events. Even in the same State, different procedures were followed in urban and rural areas. The responsibility for reporting an event rested with the heads of households in some States, while in some other States, village chowkidars were made responsible for reporting all events occurring in their respective villages. The time period prescribed for reporting an event, penalties for non-reporting as well as failure on the part of the Registrar to register an event also varied from State to State and also within a State. Similarly, there existed great diversity in all other matters connected with registration and compilation of vital statistics, such as maintenance of records, inspection arrangements, issue of certificates, the channel of transmission of returns from the primary Registrar to the State headquarters and the time schedule prescribed for such transmission of returns, etc.

2.15 In 1930, Bengal was the only province in which registration was compulsory both in rural and urban areas. In Madras, registration was compulsory in all municipal towns and was later extended to all villages with a population of 2,000 and more. In Bihar and Orissa, registration was compulsory only in some municipalities whereas in Punjab and the Central Provinces, it was compulsory in all municipal towns. In Bombay, it was compulsory in nearly all municipalities while in Assam, it covered all municipal towns, small towns, tea gardens and a few towns of hill districts.

III LEGAL FRAMEWORK FOR CIVIL REGISTRATION

International Recommendations on Legal Framework

3.1 The foundation for a sound civil registration system in a country or area is a well designed registration law that gives clear guidelines concerning how the civil registration system will work. The existence of a civil registration system as such should spring from and be supported by a comprehensive organic law that is not over-regulated. Comprehensive means that the law should contain, as a minimum, provisions concerning the structural base of the system; definitions of its objectives, functions and linkages; the principal features of its organization and method of operation, its financing or financial set-up, and, if an earlier agency is being replaced, the transitional arrangements. Not being over-regulated means taking careful decisions as to how much freedom of action is to be given to system management. The basis for any civil registration and vital statistics system should, therefore, be custom-designed legislation that maps out the systems, establishes their organization and defines the classes of vital events to be registered, the basic information to be gathered, and the registration requirements, as well as by whom, when and how the events are to be registered. In addition, the registration legislation should clearly define: the powers and resources of the agencies responsible for registration functions; the mechanics of preparing the registration and statistical documents; quality controls on the information obtained using the civil registration method, to ensure its effectiveness at law as the preferred means of proof that the vital events registered actually occurred; and its subsequent compilation for statistical purposes in order to prepare and comply with state programmes in such areas of demographic studies, fertility and mortality studies, education, public housing, etc.[3]

3.2 The civil registration law should clearly define the objectives of the system. It must clearly state the compulsory nature of the system and specify sanctions for noncompliance. The law needs to designate the functions included under the civil registration method, and should also specify the administrative, institutional, organizational and inter-agency participation necessary for the operation of the civil registration system. Another key element to be included in the legal framework that the law establishes is the method of funding the civil registration system.

3.3 The civil registration law should include, for example:

(i) General provisions: covers definitions of vital events, the compulsoriness of registration, the collection of statistical items, confidentiality, privacy, access and the safekeeping, storage and preservation of records.
(ii) Civil registration infrastructure: specifies the Ministry or Government agency in which the central or national authority for civil registration will be located; establishes a Director General or Registrar General, duties and responsibilities and the appointment of local Registrars, their status and duties; at the local level, defines registration units, notifiers, informants etc., as well as the authority to redefine them as the need arises.
(iii) Sphere of competence of the civil or register: specifies responsibility of the register for completeness and place of registration of all registrable events.

[3] U.N., Department of Economic and Social Affairs, Statistics Division, "*Handbook on Civil Registration and Vital Statistics Systems: Preparation of a Legal Framework",* ST/ESA/STAT/Series. F/71E

(iv) Making of entries in registers: indicates in general what must be entered in registers, time periods for entries, and where entries are to be made.
(v) Specific registers: indicates, in particular, as to how, when and where specific items must be registered for births, deaths, marriages, divorces etc., and designates informants for each type of vital event. Specifies incentives for registration and sanctions for non-compliance with timely reporting.
(vi) Amendment of registration records: outlines who is authorized to amend registration records and how it is to be accomplished.
(vii) Proof of registration: authorizes certain officials to issue documents certifying the facts of registration.
(viii) Statistical reports: specifies the agency to which the local registrar will send statistical reports, and delineates cooperation between civil registration and the national statistics agency.
(ix) Inspection and penalties: outlines the Director General's Registrar General's responsibility for oversight of the civil registration system and penalties for failures in compliance.
(x) Funding arrangements: delineates how the civil registration system will be funded and authorizes the method of funding.

3.4 The legal frame work for civil registration system in India is reviewed in the light of the above recommendations. The write up in the following paragraphs is mostly as per the Census Centenary Monograph[4] on Civil Registration System in India brought out by the office of the Registrar general in 1971 and its revision from time to time.

Need for Central Legislation

3.5 There was a great diversity in the legal provisions for registration of births and deaths in different parts of the country. Different Acts were enforced in different parts of the country at different points of time and even in a single state, there were many Acts in force in different areas. A few states had their own Acts which were adopted by a few other states, while others had only enabling provisions in this behalf in the Municipal Act, Panchayat Act, Chowkidar Manual, Land Revenue Manual and the registration was governed by executive orders or by-laws setting out local registration procedure. The details and provisions of the enactments were as varied as the Acts themselves. The position was made more complex by the re-organization of the states in 1956, which resulted in the prevalence of different Acts and rules in different parts of the same state. Apart from this, generally speaking, the provisions themselves were not adequate and did not take into account new possibilities and developments. They were based on outdated circumstances and concepts and did not make much use of the recent notable advances in the general administrative set up and the rapid expansion of developmental activities in various directions.

The Registration of Births & Deaths (RBD) Act 1969

3.6 Against this background of multiplicity of Acts and rules governing civil registration in various parts of the country, a Central legislation on the subject was considered absolutely necessary to bring about improvement in the system. The recommendations of the 1961

[4] Census of India, 1971, "Civil Registration System in India-a perspective "-Census Centenary Monograph No 4 , Office of the Registrar General ,India, Ministry of home affairs , New Delhi

conference of State representatives convened in April 1961 provided a blue print for action and the Government of India took a decision, in consultation with the State Governments, for enactment of a Central law relating to registration of births and deaths. Accordingly, the Registration of Births and Deaths Bill was introduced in the Rajya Sabha in 1964, which was passed in the Budget Session of 1964-65 but lapsed on the dissolution of the Lok Sabha. The Rajya Sabha again passed the Bill on February 27, 1968. The Lok Sabha passed the Bill on May 27, 1969, with certain amendments. The Rajya Sabha approved those amendments on May 16, 1969. The Bill, as passed by both Houses of Parliament, received the assent of the President on May 31, 1969. It was notified in the Gazette of India extraordinary, Part-II Section I on June 2, 1969 ***(Annex-1). Annex-2*** *contains details regarding the Model Registration of Births and Deaths Rules, 1999.*

Provisions of the Act

3.7 The RBD act 1969 has 5 chapters and different sections. The significance of these in establishing a legal basis of the civil registration system is discussed below.

3.8 **Chapter 1 of the Act** , has two sections. The first section enables different enforcement dates in different states . Section 2 defines the vital events to be registered and their definition.

3.9 The notification regarding enforcement was to be issued by the Central Government. The states had to be consulted about the suitable date for enforcement in the states. Section 1 of the Act, provides for different dates of enforcement in different parts of a state. The enforcement of the Act called for preparatory steps to be taken by the State Governments, such as the appointment of registration functionaries, framing of the state rules, registration procedures and registration forms for implementing the various provisions of the Act.

3.10 To discuss various issues connected with the early enforcement of the Act, in February 1970, the Registrar General, India, convened a conference of officers to be designated as Chief Registrars of Births by the states under the Act. This Conference, which is now known as the first Conference of Chief Registrars, favoured the enforcement of the Act in most of the states from April 1, 1970, excluding certain areas to be intimated by the individual states to the Registrar General, India. The conference also discussed in detail the model rules prepared in connection with the framing of state rules. It recommended the continuation of the old forms and registers, pending the notification of the state rules and appointment of additional officers to assist the registration functionaries. The Act has been enforced at present in all the States and Union territories. ***Annex-3*** gives the dates of enforcement of the Act and notification of state Rules in various States and Union Territories.

3.11 Section 2 specifies that birth would mean live birth or still birth. The definitions of live birth, death and foetal death and still birth are the same as international definitions. Birth, where definition in the Indian Act includes still birth and death are to be registered. The Act defines that “foetal death” means absence of all evidence of life prior to the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy and “still-birth” means foetal death, where a product of conception has attained at least the prescribed period of gestation. The model rules framed under the Act define period of gestation as 28

weeks. In effect, the Act read in conjunction with model Rules framed there under, would imply that the still birth would mean foetal death of conception of at least 28 weeks or more.

3.12 **Chapter II of the Act** enables to set up the registration establishment at national and state level and has 5 sections. These sections deal with the appointment of registration machinery at the national, state, district and below district level. It also specifies their duties.

3.13 Section 1 deals with the appointment of Registrar General India. Section 2 enables him to appoint such other officers to discharge his functions .Section 3 defines his responsibilities and duties. Sections 4 & 5 deal with the establishment of machinery at state level and sections 6 and 7 below state level. These sections have sub sections that deal with the duties and responsibilities of each of the functionaries.

National Level Machinery

3.14 The Registrar General, India is appointed by the Central Government under section 3(1) of the Act and is the central authority to coordinate and unify the activities of the Chief Registrars of Births & Deaths in States and Union Territories and to provide general directions and guidance in the matter of registration of births and deaths and working of the Act. He has to submit to the Central Government an annual report on the working of the Act in the various states as stipulated in section 3(3) of the Act.

3.15 At the national level, all matters relating to vital registration and vital statistics are handled by the Vital Statistics (Civil Registration) Division. The Division assists the Registrar General, India in (i) coordinating and unifying the work of registration and compilation of vital statistics in the states, (ii) providing direction and guidance to the state authorities, (iii) standardization of forms and procedures for registration and compilation of vital statistics for promoting uniformity and comparability, (iv) providing clarifications on various provisions of the Act and ensuring uniform interpretations of the law, (v) organizing training programmes, (vi) initiating publicity and other promotional measures, (vii) preparation of annual report on the working of the Act in different states for submission to the Central Government, (viii) preparation of annual statistical report for the country entitled 'Vital Statistics of India' and (ix) various other matters for securing a uniform and efficient system of registration throughout the country.

3.16 The Vital Statistics Division also deals with all other vital statistics activities of the organization, *i.e.*, those relating to Sample Registration System (SRS) and Medical Certification of Cause of Deaths (MCCD). SRS is described in detailed later.

3.17 The Directors of Census Operations of the States/UTs, the Joint Directors/Deputy Directors posted in respective Directorate of Census Operations have been appointed by the Central Govt. under Section 3(2) as Joint Registrar General. They are required to discharge various provisions of the Act in their respective States/UTs, under the supervision and direction of the Registrar General, India.

State Level Machinery

3.18 The Chief Registrar is appointed by the State Government under section 4(1) of the Act. The Chief Registrar is the Chief Executive Authority in the State/Union Territory for implementing

the provisions of the Act and the rules made there under in his State/Union Territory. He has to submit a report annually on the working of the Act to the State Government on July 31 of the following year.

3.19 The State Governments under the provision of section 4(2) of the Act is empowered to appoint officers **such as** Additional Chief Registrar/Deputy Chief Registrar. They are required to discharge, under the supervision of the Chief Registrar, such of the functions of the Chief Registrar as he may authorise them to do from time to time. Almost all the States/UTs have appointed one or more officers with the designations of Additional/Deputy Chief Registrar for the entire State/UT or a part there of.

District Level Machinery

3.20 State Government also appoints District Registrar and Additional District Registrars under the powers conferred in section 6(1) of the Act. The Registrar is also appointed under section 7(1) of the Act. The Registrar may, with the prior approval of the Chief Registrar, appoint Sub-Registrars and assign to them any or all of his powers and duties in relation to specified areas within his jurisdiction.

District Registrar

3.21 He is to assist the Chief Registrar in his functions**.** The Handbook of Civil Registration[5] lists the following as his responsibilities.

(i) Arranging inspection of registration offices and examination of the registers kept therein.
(ii) Issuing timely instructions and guidance to the Registrars.
(iii) Organising periodical training courses for the Registrars.
(iv) Ensuring regular and timely flow of returns from the Registrars to the state headquarters.
(v) Organising studies to identify good and bad registration areas.
(vi) Informing the public of the necessity, procedures and requirements of registration.
(vii) Authorising delayed registration prescribed in the rules.
(viii) Ensuring permanent recording and storage of registration documents.
(ix) Periodic monitoring of the system, with a view to improving the efficiency of the system.

Registrar/Sub Registrar

3.22 The Registrar is appointed by the State Government, under section 7(1) of the Act, for any local area comprising the area within the jurisdiction of a municipality, Panchayati or other local authority or any other area or a combination of any two or more of them. The Registrar may, with the prior approval of the Chief Registrar, appoint Sub-Registrars and assign to them any or all of his powers and duties, in relation to specified areas within his jurisdiction. Section 7(2) stipulates the duties of the Registrar as follows:

[5], Office of the Registrar General ,India, "Handbook on civil Registration -Third Edition" , Ministry of Home affairs , Government of India, New Delhi, 1993

(i) Every Registrar shall, without fee or reward, enter in the register maintained for the purpose all information given to him under section 8 or section 9 and shall also take steps to inform himself carefully of every birth and of every death which takes place in his jurisdiction and to ascertain and register the particulars required to be registered.

(ii) The Registrar is responsible for recording the specified information regarding the vital events which take place in his jurisdiction; ensuring compliance with the registration law; ensuring the completeness and accuracy of each record; informing the public of the necessity, procedures and requirements for effecting registration and the value of vital statistics; taking custody of the records; and recording and reporting of data for statistical purposes.

Registration of Births and Deaths

3.23 **Chapter III of the Act** is the crucial chapter that defines the responsibilities of different categories of persons for registration and has eight sections (8 to 15), lays down the registration procedures, and provides for late registration.

3.24 Section 8 fixes responsibility on different categories of persons required to report occurrence of births and deaths to the Registrar Births and deaths. The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in **Form Nos. 1, 2 and 3** for the Registration of a birth, death and still birth respectively. Prior to that, these forms were called form 2, form 3 and form 4 respectively. Some states still retain the numbers. Earlier, these forms were same for registration and statistical reporting. But, under model rules 1999, this has been amended. Now, these forms have two parts; one contains the legal information and other contains statistical information.

3.25 Originally, it was prescribed in the Model Rules that the required information should be furnished within 7 or 3 days respectively in respect of a birth or a death in a municipality or cantonment and within 14 or 7 days in respect of a birth or a death in any other area. Subsequently, because of the difficulties expressed by some of the States with regard to the reporting period in the urban areas, uniform reporting periods of 14 days in the case of births and 7 days in the case of deaths had been prescribed for all areas, whether rural or urban. Now this period has been made 21 days uniformly for birth and death for all areas, whether rural or urban.

3.26 Section 9 is a special provision regarding births and deaths occurring in a plantation.

3.27 **Statement 1** shows the persons responsible for reporting of vital events occurring under different circumstances.

3.28 Section10 lays down that midwife or any other medical or health attendant at a birth or death, keeper of owner of a place set apart for the disposal of dead bodies responsible to notify births and deaths and provides for medical certification of cause of death. Medical certification is required only in places where such facilities exist. **Form No. 4** is prescribed for medical certification of cause of death for hospital in patients. **Form No. 4A** is prescribed for medical certification of cause of death for non-institutional deaths. These forms shall not be filled up for the still births. The filled up forms are required to be sent to the Registrar, along with the death report form No. 2 of the respective death.

3.29 Sections 11 and 12 lay down the registration procedures. Section 11 stipulates that Informant has to sign the Register and section 12 directs the registrar to provide an extract of the

prescribed particulars to the informant under his hand from the register relating to such birth or death. Soon after the registration is complete, the registrar is required to issue, under Section 12 of the Act, an extract (certificate) in the prescribed form free of cost to the informant. **Form No. 5** has been prescribed for birth certificate and **Form No. 6** for death certificate.

Statement 1; Persons responsible for reporting of births and deaths under sections 8 & 9 of the RBD act, 1969	
Informant	Place of occurrence of events
1	2
(a) Head of the Household and in his absence, his nearest relative and in his absence, oldest adult male person.	Events occurring in a house.
(b) Medical Officer in- charge or Any person authorised by him.	Events occurring in Hospital, Health Centre, Nursing home or other like institutions.
(c) Jailor in charge	Events occurring in Jail
(d) Person in charge	Events occurring in choultry, chhattram hostel, dharamshala, boarding house, lodging house, tavern, barrack, toddy shop or place of public resort.
(e) Headman or other corresponding officer of the village in the case of a village and officer in charge of local police station elsewhere.	Newborn child or dead body found deserted in a public place.
(f) Officer, who conducts an inquest	Deaths not covered under clauses (1)-(e) of section 8(1) of the Act.
(g) Superintendent of the Plantation specified by the rules (*The informants mentioned in clause (a) to (f) above have to furnish the necessary particulars to the superintendent of the plantation)*.	Events in Plantation.
(h) Person in charge of the moving vehicle	Events in moving vehicle on land air and water.
Source: Handbook on RBD act- - 2004	

3.30 Section 13 provides for registration of events reported after the prescribed period and prescribes the late fee. Registration of an event, of which information is given to the Registrar after the expiry of the prescribed period but within 30 days of its occurrence, is done on payment of a prescribed late fee. Registration of an event, of which information is given to the Registrar after 30 days but within one year of its occurrence, is done on payment of a prescribed fee and on production of an affidavit made before a notary public or any other officer authorized in this behalf and with the written permission of the District Registrar or any other officer authorized. If an event has not been registered within one year, then the registration of such an event can be done only on an order of the Executive Magistrate and on payment of the prescribed fee.

3.31 Section 14, allows inclusion of name of child at a later date but within one year. The name of the child can also be entered even after one year on payment of a prescribed late fee, subject to the provisions of rules made for the purpose.

3.32 If it is proved to the satisfaction of the registrar that an entry in his register is erroneous, the entry can be corrected or cancelled by him under section 15 of the act.

Maintenance of Civil Registration Records

3.33 **Chapter IV** of the act deals with the maintenance of the record and has 4 sections, 16 to 19. Sections 16-17, provide for maintenance of records and issuance of certified extracts by the Registrar.

3.34 The part of the reporting Forms No. 1, 2 and 3 containing the legal information will be kept in the form of bound registers. These will form the pages of the Birth Register, Death Register and the Still Birth Register respectively, after the process of registration of an event is completed. Additional items like birth weight of the child in the birth register and cause of death in the death register have also been included in the bound registers and the reporting forms. The bound registers so maintained will also be used for day-to-day activities. These registers are permanent records. All the information, inclusive of orders given for delayed registration under Section 13, are the integral part of the registers and shall be kept by the Registrar, along with the register. The Registrars keep these registers with them for a period prescribed in the State Rules, after the end of the calendar year to which the records relate. Thereafter, these registers shall be transferred to the officer specified under the state rules in this behalf for safe custody and preservation.

3.35 Under section 17 of the Act, a person can obtain certified extract from the register relating to a birth or death, on payment of the fee prescribed in the Rules. Such extracts (certificate) are to be issued in Form No. 5 in the case of births and Form No. 6 in the case of deaths as prescribed in the Rules. In the case of an extract relating to a death, the particulars regarding the cause of death shall not be disclosed. All extracts given under this section are required to be certified by the Registrar or any officer specified under the Rules and such extracts are admissible as evidence for the purpose or for proving the birth or death to which the entry relates.

3.36 Section 18 deals with inspection of registration registers and offices. These can be inspected only by officers authorized by the chief Registrar.

3.37 Section 19 prescribes the regular flow of returns from the Registrar and statistical report to be submitted by the Chief Registrar. Following forms have been prescribed for submission of monthly statistical reports:

Form No.11 Summary Monthly Report of Births
Form No.12 Summary Monthly Report of Deaths
Form No.13 Summary Monthly Report of Still Births

3.38 The part of the reporting forms 1, 2 and 3 containing the statistical information of the events registered during the month shall be enclosed along with the respective summary. The summary has to be submitted every month on the first working day. Form 12 will also contain certain information relating to infant and maternal deaths. These forms will be prepared in

triplicate. One copy with the reporting forms will be sent to the Chief Registrar. One copy will be sent to the district Registrar and one copy retained by the Registrar for his reference.

3.39 Chief Registrar is required to submit an annual report on the working of the Act, along with an annual statistical report, to the State Government by the 31st July of the following year to which the report relates. He is also required to send to the Registrar General, India (i) monthly return, within two months after the expiry of the month to which the return relates and (ii) the annual reports, within nine months after the end of the calendar year.

3.40 The monthly return provides summary data on the number of births, deaths, and infant deaths for the district for rural and urban areas separately, along with the information on the total number of registration units and the number of units from which the returns were received.

3.41 The Annual Statistical Report in the prescribed format is also to be sent to the Registrar General, India every year by the Chief Registrars.

3.42 The data relating to births are processed according to the place of usual residence of the mother and those of death are processed according to the place of usual residence of the deceased. For processing the above data, computerized data processing has been introduced, in which records of individual events are entered into the computer. Prior to 2000, these were processed on the basis of place of occurrence of the events. This created a difficulty in using the tables prepared, as large number of institutions are located in urban areas and these events get registered there.

3.43 **Chapter V** is titled miscellaneous and includes 13 sections-20 to 32. Section 20 deals with registration of births and deaths of Indian citizens abroad. Section 21 empowers a Registrar to obtain information regarding birth or death from a local resident. Section 22 Confers powers on the Central Government to give directions to the State Governments. Sections 23-25 prescribe penalties for the various offences. Sections 26-28 declare Registrars as public servants and provide protection. Section 29 saves the Births, Deaths and Marriages Registration Act, 1886. Sections 30 and 32 empower the State Governments to make rules and remove difficulties. With the approval of the Central Government, section 31 repeals the earlier state laws on registration.

Coordination Mechanism

3.44 Civil Registration is the joint effort of the Centre and State Governments. There is a need for co ordination of their activities and to exchange views on implementation of civil Registration. This is achieved through the conference of Chief Registrars. The first conference was held in 1970 to discuss the preparatory steps required and decide about the date of implementation of the Act. The second conference held in 1974 discussed the enforcement of the Act in the remaining States, where it had not been enforced till then and various other steps needed in connection with the implementation of the Act. This conference recommended that a training centre should be set up at the centre to train senior officers. It emphasized the need for a full time training at the state level to train the civil registration officials. The third conference was held in New Delhi during 26-29 November 1980 to undertake a thorough review of the working of the system. The fourth conference was held during August 15-19, 1985. Two rounds of Regional Conferences were held during 1981 and 1987. So far, there have been 12 Conferences of the Chief Registrars of Births and Deaths. Meetings of the State Secretaries and Chief Registrars of Births & Deaths

were held in 1996 and 1997 in which issues relating to various aspects of Civil Registration System and strategies for its improvement were discussed. In the meetings of the State Secretaries and Chief Registrars of Births & Deaths held in 1998 and 1999, the forms, procedures and statistical systems based on Civil Registration were reviewed with a view to meeting the requirement of vital statistics in the changed scenario and new system of registration evolving new forms and procedure of registration has been developed. Need of vital statistics based on usual place of residence of the mother and the deceased was felt for planning and implementation of various programmes. A new set of tables for preparation of Annual Statistical Reports based on place of usual residence have been recommended. All the states agreed to implement the new system of registration from 1.1.2000. The National Conference of Chief Registrars of Births and Deaths, 2003 felt the need of strengthening the reporting of the events for registration by strict monitoring of the work.

Statistical reports

3.45 The office of the Registrar General, India brings out annually a comprehensive statistical report entitled 'Vital Statistics of India'. The series of reports have been brought out starting with 1958. The report is divided into two parts. The detailed statistical data based on the registration records are presented in the main tables included in Part-II of the report. Part-I contains analytical notes on important features and analysis of the data, along with a brief review of the progress made towards enforcement of the Act and measures initiated for improvement of the registration system. Part I also contains brief notes on the sample registration system, along with the latest data available from this source.

3.46 The registration data at present suffer from both under registration and incomplete coverage. Information in respect of certain registration areas is not available in time. A set of control charts has been prescribed to monitor the reporting. These charts provide for monitoring the receipt of forms from each registration unit month wise, separately for births, deaths and still births. These are to be maintained at the sub district, district and state levels.

List of tables generated

3.47 The following tables are generated on priority based on the data collected in the civil registration system.

1. Vital Statistics by districts
2. Vital Statistics by sex
3. Vital Rates by district
4. Vital Statistics for towns with population 30000 and above
5. Number of live births by type of medical attention at delivery
6. Deaths by type of medical attention received
7. Deaths by age and sex
8. Deaths by cause(medically certified or otherwise)
9. Deaths by cause, age and sex for medically certified cases

3.48 The following tables are generated as priority table

1. Vital Statistics by religion

2. Vital Statistics by month and sex
3. Live births by birth order and age of mother (rural, urban. and individual cities with population 100000 and above)
4. Live births by birth order and literacy of mother (rural and urban areas)
5. Live births by birth order and literacy of father (rural and urban areas)
6. Live births by birth order and occupation of father (rural and urban areas)
7. Live births by birth order and religion of father (rural and urban areas)
8. Deaths by occupation and sex
9. Infant deaths by sex and age
10. Time gap in registration of live births and deaths

CRS performance levels compared to SRS

3.49 The registration of births and deaths varies from state to state and between births and deaths. One way to assess the performance of CRS is to compare the rates derived at state level from CRS with those derived from SRS, which collects these information for the usually resident population and provides reliable estimates of birth and death rates at state level. ***Annex 6*** shows such a comparison for the years 1990-1999, separately for births and deaths.

3.50 At the national level, only about 71 per cent of the births and 64 per cent of the deaths are being covered by the registration machinery at present. It has to be kept in mind that the figures shown for CRS are based on events registered at the place of occurrence and not at the place of usual residence of the mother, in the case of birth and of the person who died in the case of death. In those States and Union Territories, where a large number of people come from outside its boundaries due to availability of medical facilities, the birth rates and death rates are likely to be significantly higher in the civil registration system.

3.51 Some of the States such as Goa, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Meghalaya, Mizoram, Nagaland, Punjab, Sikkim and Tamil Nadu and the Union Territories of Chandigarh, Daman & Diu, Delhi and Puducherry have achieved above 90% registration of births while some of the States such as Andhra Pradesh, Arunachal Pradesh, Assam, Chhatisgarh, Jammu & Kashmir, Madhya Pradesh, Manipur, Orissa, Rajasthan, Tripura and Uttarakhand and the Union Territories of A&N Islands, Dadra & Nagar Haveli and Lakshadweep are able to register between 50 and 90 per cent of the births. Jharkhand, Uttar Pradesh and Bihar are below 50 per cent level.

3.52 Goa, Karnataka, Kerala and Mizoram and Union Territories of A & N Islands, Chandigarh, Delhi and Puducherry registered more than 90 per cent of the deaths. The States of Andhra Pradesh, Chhatisgarh, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Orissa, Punjab, Rajasthan, Tripura and West Bengal and Union Territories of Dadra & Nagar Haveli, Daman & Diu and Lakshadweep fall in the 50-90 per cent range. Levels of death registration in Arunachal Pradesh, Assam, Jammu & Kashmir, Jharkhand, Manipur, Uttarakhand and Uttar are below the 50 per cent mark,

Medical Certification of Cause of Death

3.53 One important aspect of vital statistics is the certification of cause of death. This information is very important for public health planners. A provision has been made in the RBD

Act for certification by a medical practitioner who attends death. In the case of hospital deaths, report of death and cause of death are to be sent by the authorities to the registrar. Separate forms have been prescribed for reporting by hospitals and individuals. These are form 4 and 4A. Form 4 is to be filled up in the case of hospital deaths and form 4A is to be used in all other cases. Form 4 uses international classification evolved by World Health Organization. This form has two parts, Part-I provides for entering the diseases in a specific sequence of events leading to death so that the immediate cause is shown first and the underlying cause is shown last. The underlying cause is that morbid condition which initiated the chain of events leading to death. The World Health Organisation has recommended that the underlying cause of death is to be taken into account for tabulating cause-specific mortality. In cases of violent deaths and other medico-legal cases usually brought to the notice of a medical examiner at the postmortem stage, the certificate may be filled in by the medical examiner on the basis of evidence noticed by him. Considering the present state of medical infrastructure, it may not be possible to fully implement the international recommendations.

3.54 The medical certification of cause of death was in operation in all major medical teaching institutions and other hospitals in many states by the beginning of the seventies. It envisages that the certificate of cause of death is to be filled in by the attending medical practitioner and given to the informant for onward transmission to the Registrar for registering the death. Classification of causes of deaths is to be done according to WHO's International Classification of Diseases (ICD) by trained persons. At present, the data mainly relate to hospitals and similar institutions, which are compiled at the municipal headquarters, along with the other registration data.

3.55 The certificate of cause of death is the basic document for generating cause of death statistics. Filling this accurately needs training. Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India through its training centres provides such trainings to non medical personnel. The National Workshop on Civil Registration and Causes of Death held at New Delhi during 24 - 26 May 2001 reviewed the status and functioning of the Medical Certification of Cause of Death in the States/UTs. It has made a number of useful suggestions such as involving medical record unit of medical institutions in coding of causes of death, training of doctors for writing the proper cause of death in Form 4/4A medical certificate of cause of death; (ii) training of staff entrusted with coding of cause of death according to ICD; and (iii) printing of forms used in the registration of births & deaths, including form 4/4A in the implementation of the MCCD scheme. Indian Medical Association may be involved in giving wider publicity among doctors regarding the statutory requirement and protection available to them. Newsletters brought out by the IMA should be made available to all private practitioners to sensitize them about the importance of the medical certification.

IV-Sample Registration System

Brief History of Sample Registration System (SRS)

4.1 In India, the registration of births and deaths is governed by the Registration of Births and Deaths Act, 1969. The Rules under the Act have been notified in all the States. The civil registration system functions at different levels of efficiency in different states and it has not yet reached a stage where the data generated can be directly used for calculating vital rates. This necessitated the initiation of sample surveys for getting vital rates and its continuance till date.

4.2 The conference on improvement of vital statistics 1961 recommended that a scheme of sample registration areas be set up to get reliable estimates of birth and death rates at the state and national levels. In pursuance of the above recommendation, the Office of the Registrar General India (ORGI) formulated a plan scheme titled "Plan for improvement of Vital Events" during the third five year plan, as a centrally sponsored scheme. The planning commission, recognizing the importance of the data on vital events approved the scheme in 1963 for inclusion in the middle of third five-year plan. A pilot study was initiated during 1964-65 and on full scale from 1969-70.This was called the Sample Registration Scheme (SRS). Later on, the name changed to Sample Registration System (SRS).

Objective of SRS

4.3 The main objective of SRS is to provide reliable estimates of birth rate, death rate and infant mortality rate at the natural division level for the rural areas and at the state level for the urban areas. Natural divisions are National Sample Survey (NSS) classified group of contiguous administrative districts with distinct geographical and other natural characteristics. It also provides data for other measures of fertility and mortality including total fertility, infant and child mortality rate at higher geographical levels. In order to facilitate effective tracking of Millennium Development Goals (MDGs) on under-five mortality, the estimates of Under-5 mortality rate for India and bigger states separately for rural & urban and also by sex have been made a regular feature of SRS - Annual Statistical Report starting from the year 2008. Similarly, the estimates of maternal mortality generated under the domain of SRS starting from 1997 provide important inputs for tracking of MDGs on maternal mortality.

Dual Record System

4.4 The field investigation under Sample Registration System consists of continuous enumeration of births and deaths in a sample of villages/urban blocks by a resident part-time enumerator, and an independent six monthly retrospective survey by a full-time supervisor. The data obtained through these two sources are matched. The unmatched and partially matched events are re-verified in the field to get an unduplicated count of correct events. The advantage of this procedure, in addition to elimination of errors of duplication, is that it leads to a quantitative assessment of the sources of distortion in the two sets of records making it a self-evaluating technique.

Structure of the Sample Registration System

4.5 The main components of SRS are:

(i) Base-line survey of the sample units to obtain demographic details of the usual resident population of the sample areas;

(ii) Continuous (longitudinal) enumeration of vital events pertaining to usual resident population by the enumerator;

(iii) Independent retrospective half-yearly surveys for recording births and deaths which occurred during the half-year under reference and up-dating the House-list, Household schedule and the list of women in the reproductive age group along with their pregnancy status by the Supervisor;

(iv) Matching of events recorded during continuous enumeration and those listed in course of half- yearly survey;

(v) Field verification of unmatched and partially matched events; and

(vi) Filling of Verbal Autopsy Forms for finalized deaths.

Baseline Survey:

4.6 The base-line survey is carried out prior to the start of continuous enumeration. This involves preparation of a notional map of the area to be surveyed, house numbering and house listing and filling-in of a household schedule. Wherever a sound system of house numbering exists the same is adopted. Otherwise, the house numbering is done by the enumerator/supervisor with the help of chalk and tar, etc. at a conspicuous place near the entrance of the house. The supervisor prepares a notional map, with the help of the local Part-time enumerator, showing important landmarks and location of the houses covered by the sample unit. Thereafter, a list of houses/households covered by the sample is prepared in the **House List (Form 1)** and the details relating to the residential status and demographic particulars of each individual residing in the household viz. name, sex, age, marital status and relation to head of household, etc. are recorded in t**he Household Schedule (Form 2).** The inmates of public institutions like hotels, inns, schools and hospitals are excluded, but households living permanently within the compound of such institutions are covered. A list of all women in the reproductive age group 15-49 years along with their pregnancy status is also prepared in the **Pregnancy Status of women (Form 3)**

Continuous Enumeration

4.7 An enumerator is appointed in each sample unit to record birth and death, as and when they occur in a sample unit. The enumerator maintains a **Birth Record (Form 4)** and a **Death Record (Form 5)** in respect of his area. The enumerator is expected to record all births and deaths occurring within the sample unit, as well as those of the usual residents occurring outside the sample unit. The events to visitors occurring within the sample unit are also listed, but these are not taken into account while calculating rates. Thus the events to be enumerated by the enumerator are those pertaining to: (i) Usual residents inside the sample unit; (ii) Usual residents outside the sample unit; (iii) In-migrants present; (iv) in-migrants absent; (v) Visitors inside the sample unit.

4.8 For ensuring complete netting, the enumerator uses different sources to get information of the occurrence of vital events in the sample unit. These include the help of the village priest, barber, village headman, midwife and such other functionaries. The enumerators maintain contact with these informants at frequent intervals and collects information about the occurrence of births and

deaths. On being informed about the occurrence of an event, the enumerator visits the concerned household and records the prescribed particulars. The enumerator also keeps in touch with other socially important persons and visits local or nearby hospitals, nursing homes, cremation or burial grounds, at frequent intervals to keep updated about the occurrence of events. The enumerator maintains and updates a list of all women in the reproductive span along with their pregnancy status, which helps in netting of all the births. Despite all these efforts, the enumerators may miss information about some of the events, therefore, they are required to visit all the households once a month so as to ensure that all the events have been recorded.

Half-Yearly Survey

4.9 Half-yearly survey is carried out independently in each sample unit by a full-time supervisor. The supervisor belonging to the statistical cadre of the State Census Directorates (either a Compiler or a Sr. Compiler or Statistical Investigator or any suitable official) visits each household in the sample unit and records the particulars of births and deaths in Forms 9 & 10 respectively in respect of all the usual residents and visitors (only those occurring within the sample unit) which had occurred during the half-yearly period (January-June or July-December) under reference. Simultaneously, updating of the house-list, the household schedule and the pregnancy status of women is also done by making entries of changes, if any. While carrying out this survey, supervisors do not have access to the birth and death records of the enumerator for the same periods which are withdrawn from the field before the supervisor's visit for the half yearly survey.

Matching

4.10 On completion of the half-yearly survey, the Forms 9 & 10 filled-in by the supervisors are compared with those in the Forms 4 & 5 (filled-in by the enumerators). This is done at the office of Directorate of Census Operations for all states except for rural areas of Kerala and Maharashtra, where it is done at the Directorate of Economics and Statistics of the respective states. Selected important entries in the enumerator's and supervisor's record are matched item by item and events are classified as fully matched, partially matched and unmatched. The items generally considered for matching for birth events are: Identification code of the head of Household and mother, Relationship of the mother to head, date of live birth, month in case of still birth/abortion, sex in case of live birth /still birth (for birth) and the item considered for death events are: identification code of the head of household and mother in infant death, relationship of the deceased to head, date of death and sex of the deceased.

Field verification of unmatched and partially matched events

4.11 Every unmatched or partially matched event is verified by a visit to the concerned household. This is done either by a third person or jointly by the supervisor and the enumerator, depending upon the availability of staff.

Sample Design

Background

4.12 The Sample design adopted for SRS is a uni-stage stratified simple random sample without replacement in rural areas except in larger villages of rural areas, where two stage stratification has

been applied. In urban areas, the sample design was a stratified two stage simple random sample, with towns as first stage unit and census enumeration blocks as second stage units. While the basic design of the survey has remained the same since 1969 when it was initiated the survey design has undergone few changes during the course of time in the way the sampling units are selected.

Sample design during 1993-94 replacement

4.13 The Sample design adopted for SRS is a uni-stage stratified simple random sample without replacement. In rural areas, each district within a state has been divided into two stratas viz. Strata 1 - Villages with population less than 1500 and Strata 2 - Villages with population 1500 or more. In order to cover the village by one part-time enumerator, villages belonging to the second strata (having population of more than 1,500) were segmented into two or more segments of equal size. A simple random sample of villages and segments has been selected, from each of the two strata, without replacement in each State/Union Territory. In urban areas stratification has been done on the basis of size class of the towns/cities. The towns/cities were grouped into five classes, viz.:- towns with population below 20,000 (b) towns with population of 20,000 and more but less than 50,000 (c) towns with population of 50,000 and more but less than 100,000 (d) towns with population of 100,000 and more but less than 500,000, (e) cities with population of 500,000 and more but less than 1,000,000 and (f) each city with population 1,000,000 or more, treated as a separate stratum. The sampling unit in urban area is a census enumeration block. A simple random sample of these enumeration blocks has been selected without replacement from each of the size classes of towns/cities in each State/Union Territory.

Sample design during 2004 replacement

4.14 The Sample design adopted for SRS is a uni-stage stratified simple random sample without replacement, except in stratum II (larger villages) of rural areas, where two stage stratification has been applied. In rural areas of bigger states (population with ten million or more as per Census 2001), the NSS natural division is the first level of geographical stratification. The overall stratification in rural areas has been done on size of villages with villages having population less than 2,000 forming Stratum I and villages with population 2,000 or more forming Stratum II. Smaller villages with population less than 200 were excluded from the sampling frame in such a manner that the total population of villages so excluded did not exceed 2 per cent of the total population of the state. The number of sample villages in each state was allocated to the substrata proportionally to their size (population). The villages within each size stratum were ordered by the female literacy rate based on the Census 2001 data, and three equal size substrata were established. The sample villages within each substratum were selected at random with equal probability. In the case of villages of Stratum II, each sample village with a population of 2,000 or more was sub-divided into two or more segments in a way that none of the segments cut across the Census Enumeration Blocks (CEBs) and the population of each segment formed by grouping the contiguous CEBs was approximately equal and did not exceed 2000. A frame of segments was prepared and the selection of segments was done at random at the second sampling stage for the SRS enumeration.

4.15 In urban areas, the categories of towns/cities have been divided into four strata based on the size classes in contrast to the six strata in the earlier sampling frame. Towns with population less than one lakh have been placed under stratum I, towns/cities with population one lakh or more but less than 5 lakhs under stratum II, towns/cities with population 5 lakh or more under stratum III and four metro cities of Delhi, Mumbai, Chennai and Kolkata as separate strata viz. stratum IV. The sampling unit in urban area is a Census Enumeration Block. The Census

Enumeration Blocks within each size stratum were ordered by the female literacy rate based on the Census 2001 data, and three equal size substrata were established. The sample Census Enumeration Block within each substratum was selected at random with equal probability. A simple random sample of these enumeration blocks have been selected within each sub-strata without replacement from each of the size classes of towns/cities in each State/Union Territory.

Sample Size

4.16 At the initial stage, 3412 rural units and 584 urban units were selected. The total number of units was 3696. In Jammu & Kashmir, Ladakh was not included. Subsequently, 20 rural and 6 urban units were added. In the fifth plan, an additional 1700 units were sanctioned to strengthen the existing sample. The total number of units increased to 5422, out of which 3684 were rural units. The entire 5422 units were re allocated among different states and union territories. During the 6^{th} plan, another 600 units were added. The new 600 units were distributed to the state of Uttar Pradesh, Bihar, West Bengal, Karnataka, Manipur, Meghalaya and Sikkim.

4.17 By the 1980s, there was demand for collecting data on age at marriage, live birth order and interval between previous and current births from SRS on a continuing basis for evaluation of family planning programme. A Technical Advisory Committee set up for this purpose recommended that it would be possible to estimate the birth rates in some cases at Natural Division level in rural areas by marginally augmenting the sample size. It recommended 825 additional units, of which 508 units were in rural areas. As per the recommendations, forms were revised and from 1990, additional data were collected.

Sample Size

4.18 The Infant Mortality is the decisive indicator for estimation of sample size at Natural Division, the ultimate level for estimation and dissemination of indicators for rural areas. The permissible level of error has been taken as 10 PRSE (Percentage Relative Standard Error) at Natural Division level for rural areas and 10 PRSE at state level for urban areas, in respect of major states having population more than 10 million as per Census 2001. For minor states, 15 PRSE has been fixed at the total state level. By and large, the above criteria have been followed. However, there have been a few exceptions, on account of operational constraints. Based on the above criteria, the number of units has been increased from 6671 to 7597 (4433 in rural and 3164 in urban areas). **Statement 1** shows the number of sample units and population covered in 2008, separately for rural and urban areas of all the states and union territories.

Statement: 1

Number of sample units and population covered India, States and Union territories, 2008

India/States/Union territories	Number of sample units			Population covered (in'000)		
	Total	Rural	Urban	Total	Rural	Urban
1	2	3	4	5	6	7
India	**7,597**	**4,433**	**3,164**	**7,103**	**5,198**	**1,904**
Bigger States						
1. Andhra Pradesh	375	235	140	404	317	88
2. Assam	300	90	210	206	91	116
3. Bihar	330	200	130	353	286	67
4. Chhattisgarh	130	40	90	106	44	62
5. Delhi	200	10	190	157	20	137
6. Gujarat	365	215	150	359	279	80
7. Haryana	210	100	110	211	134	77
8. Jammu & Kashmir	260	150	110	220	170	50
9. Jharkhand	170	60	110	116	61	55
10. Karnataka	480	330	150	437	355	82
11. Kerala	250	150	100	343	280	63
12. Madhya Pradesh	340	220	120	315	242	73
13. Maharashtra	485	250	235	407	276	131
14. Orissa	405	290	115	335	269	67
15. Punjab	250	150	100	243	175	67
16. Rajasthan	350	250	100	331	280	51
17. Tamil Nadu	465	250	215	464	327	137
18. Uttar Pradesh	500	350	150	559	460	99
19. West Bengal	555	310	245	583	423	161
Smaller States						
1. Arunachal Pradesh	60	45	15	32	21	11
2. Goa	85	43	42	79	56	23
3. Himachal Pradesh	190	140	50	95	69	27
4. Manipur	150	110	40	134	110	24
5. Meghalaya	120	90	30	66	49	17
6. Mizoram	40	20	20	30	17	13
7. Nagaland	45	33	12	37	29	8
8. Sikkim	60	45	15	63	52	11
9. Tripura	80	60	20	109	97	12
10. Uttaranchal	150	100	50	111	82	30
Union Territories						
1. Andaman & Nicobar Islands	50	34	16	35	25	10
2. Chandigarh	35	5	30	33	10	23
3. Dadra & Nagar Haveli	30	22	8	40	34	5
4. Daman & Diu	20	13	7	28	23	5
5. Lakshadweep	12	6	6	15	10	5
6. Pondicherry	50	17	33	46	25	21

Note: Rural-Urban population may not add up to total due to rounding

Revision of Sampling Frame

4.19 The revision of SRS sampling frame is undertaken once in every ten years, based on the results of the latest census. While changing the sample, modifications in the sampling design; wider representation of population; overcoming the limitations in the existing scheme; meeting the additional requirements are taken into account. The first replacement was carried out in 1977-78, with the last being in 2004. Whereas the replacement of samples in earlier years was undertaken in phases spread over 2-3 years, the replacement in 2004 was done in one go, within a year. **The following table viz. Statement-2 provides the details of the sample size in different replacement periods.**

Statement 2
Number of sample units at different replacement period

Residence	1969-70	1977-78	1983-85	1993-95	2004	2008
Rural	2432	3684	4176	4436	4433	4433
Urban	1290	1738	1846	2235	3164	3164
Total	3722	5422	6022	6671	7597	7597

Information Collected in SRS

SRS Forms and their flow

4.20 For collecting information on population and vital events various forms/schedules have been prescribed under the SRS. Depending upon various operations under the system, the following 17 types of forms are in use:

Baseline Survey Forms
Form 1: House List
Form 2: Household Schedule
Form 3: Pregnancy Status of women

Continuous Enumeration Forms
Form 4: Outcome of Pregnancy recorded by Enumerator (January-June/July-December)
Form 5: Deaths recorded by Enumerator (January-June/July-December)
Form 6: Monthly report of Outcome of Pregnancy
Form 7: Monthly report of Deaths

Half yearly Survey Forms
Form 9: Outcome of Pregnancy recorded by Supervisor (January-June/July-December)
Form 10: Deaths recorded by Supervisor (January-June/July-December)
Form 15: Distribution of usual resident population by age, sex and marital status (as on 1st July/1st January)
Form 16: Distribution of Female population by broad age groups and levels of education (as on 1st July/1st January)
Form 17: Number of females who got married by age at effective marriage (January-June/July-December)

Compilation/Tabulation Forms

Form 8: Consolidated monthly report on births and deaths
Form 11: Finalised list of Outcome of Pregnancy (January-June/July-December)
Form 12: Finalised list of Deaths (January-June/July-December)
Form 13: Results of the HYS for Outcome of Pregnancy (January-June/July-December)
Form 14: Results of the HYS for Deaths (January-June/July-December)

4.21 Every enumerator records all births and deaths events (Forms 4 and 5) on a continuous basis and the same is retained for six months prior to initiation of the next half yearly surveys. The enumerator is required to send to the state headquarters in the first week of the following month, a monthly report on births and deaths (Forms 6 and 7). The relevant entries of birth and death records are copied in monthly report from six monthly records and sent to the state headquarter. On the basis of the monthly reports received from the sample units, the state headquarters are required to prepare a consolidated monthly report (Form 8) and forward the same to the Office of the Registrar General, India by the end of the following month. The monthly reports for the individual units remain at the state headquarters. The supervisor records details of each birth and death event occurring during the six-month reference period in Forms 9 and 10 respectively. After matching of each birth and death event recorded in Forms 4 and 5 with those in Forms 9 and 10 and verification of partially and unmatched events in the field, finalized forms 11 and 12 are pre-pared, after necessary corrections and inclusion of additional events recorded during the survey. These forms are sent to the Office of the Registrar General, India, along with the half-yearly survey results in Forms 13, 14, 15, 16 and 17.

Evaluation of Sample Registration System

4.22 The SRS is a dual registration system designed to net all the vital events. This provides built in checks on the work of the enumerators and as well as the supervisors. Despite this, omission of events cannot be ruled out. Attempts have therefore been made from time to time to assess the extent of omission. These evaluations are based on survey and analytical methods (Indirect estimation techniques using P/F ratio method). These have been discussed in brief in the following paragraphs.

Evaluation based on survey methods

4.23 An intensive check undertaken in rural Kerala during 1965-66 indicated that 8 per cent of births and 5 per cent of deaths were omitted. An intensive enquiry undertaken in Assam during 1972-73 indicated that the in rural areas, birth and deaths were omitted to the extent of 2.4 per cent and 3 per cent respectively. In urban areas, the corresponding figures were 5.8 and 5.2 per cent respectively. In 1973-74, the extent of under enumeration in urban areas of Andhra Pradesh was 7.7 per cent of births and 9.2 per cent of deaths.

4.24 An intensive enquiry in a ten per cent of sub sample of SRS units was undertaken during 1980-81 by the Office of the Registrar General, India. This survey provided correction factors at national and state level. At national level, the correction factors were 3.2 per cent of birth and 3.4 per cent of deaths. Another comprehensive enquired a correction factor of 1.018 of birth and 1.025 of deaths.

Evaluation based on analytical methods

4.25 Panel on India of the committee on Population and Demography, National Academy of Sciences, U.S.A. estimated that SRS births were under reported to the extent of 7.3 per cent in 1970-73. These estimates were based on the data on children ever born collected in the fertility

survey, 1972 undertaken in a sub sample of SRS units. Using brass growth balance method on the SRS data for the period 1970-75, it was estimated that the births were under estimated to the extent of 6 per cent. A survey on infant and child mortality was conducted in all units of SRS during 1979. In this survey, questions on the number of children ever born and the number surviving were canvassed. Based on this data and applying Brass P/F ratio method, it was estimated that the births in SRS were under estimated to the extent of 2.5 per cent at the national level. The survey also estimated under enumeration at state level. The child mortality estimates derived from the survey were close to SRS estimates. Another study done in 1992, using indirect regression estimates, revealed that both SRS fertility and mortality estimates were remarkably good.

Data brought out by SRS and Publications

4.26 A number of fertility and mortality indicators based on SRS are published regularly. The most important fertility indicators are Crude Birth Rate, General Fertility Rate, Age Specific Fertility Rates, Total Fertility Rates, Gross Reproduction Rate, General Marital Fertility Rate, Total Marital Fertility Rate, Mean age at effective marriage for females, per cent distribution of life births and birth order, percent distribution of life births by birth interval (in months). The mortality indicators available are Crude Death Rate, Infant Mortality Rate, Neo-natal Mortality Rate, early Neo natal Mortality Rate, late Neo Natal Mortality Rate post Neo Natal Mortality Rate, Peri-natal Mortality Rate and still birth rate. Apart from these indicators, per cent distribution of births by type of medical attention at delivery and also before death - institutional (Govt. hospital and private hospital), qualified professionals and untrained functionary and others are also published. The SRS data on birth rate, death rate and infant mortality rates and their confidence intervals are brought in the Sample Registration Bulletin published regularly. This is followed by an annual publication titled "Sample Registration System-A Statistical Report". This report presents a number of demographic indicators for each state and union territory and includes analysis focusing on population composition by broad age group, sex and marital status for India and bigger states. The given information was on mean age at effective marriage for females, interval between current and previous live birth, and distribution of live births by birth order is also published. The tables published in the report are mentioned in **Annex-7**.

Based on the tables, a number of derived indicators are presented in the form of statements. Apart from the statistical reports mentioned above, during the last about ten years or so, the office of the Registrar General India has been regularly bringing our "SRS based abridged life tables". The publication SRS based abridged life table for 2002-06 has been brought out recently viz. in 2008. The SRS Bulletin for 2009 and SRS Statistical Report -2008 were also published in 2009.

SRS based life tables

4.27 In the absence of reliable estimates of mortality rates from the civil registration system, in India, it had been the practice to estimate expectation of life at birth from the life tables constructed using the age distribution of population in two censuses which are ten years apart. With the introduction of the SRS system, an alternative and more reliable source of age specific death rates has become available. Based on the age specific death rates, life tables have been constructed for the period 1970-75, 1976-80, 1981-85 and 1986-90. After this, life tables have been brought out every year regularly. These are constructed separately for males and females, in rural and urban areas. From these life tables, expectation of life is available at every age for

males and females and for rural and urban areas. To reduce sampling fluctuations, the mortality rates are based on the last five years' data and relate to the mid point of the period.

Special Surveys

4.28 A number of special surveys have been carried our from time to time using SRS infrastructure. These are:

- A fertility survey during 1972 in a 25 per cent sub sample of SRS households in each unit with a view to study the socio economic differentials in fertility
- Survey on infant and child mortality in 1979 to study the pattern of differential of fertility and child mortality, health and care of children.
- Survey of fertility, 1984 to provide fertility and mortality differentials by socio economic group.
- Special fertility and mortality survey, conducted around February 1998, in 6434 and the 6671 SRS sample units. Apart from collection of data on birth and death events, data on fertility history of each married women, total by number of children ever born and surviving, gender of the previous births, personal habits i.e., alcohol, smoking and visual and physical impairments were also collected.
- To make available bench mark data on cause specific mortality by age and sex, a special survey of death was completed in all the states and union territories by pooling deaths in SRS sample for the period 2001-03 during 2004-05. Based on this study, two landmarks reports namely 'Maternal Mortality in India-1997-2003' and 'Causes of Death in India-2001-03' were published in 2006 and 2009 respectively. A Special Bulletin on Maternal Mortality in India, 2004-06 has been published in 2009.

New initiatives:

4.29 To enhance the utility of SRS data, the following two initiatives have been taken recently:

- Collection of additional data in SRS: Special schedules have been canvassed during July-December, 2001 to collect additional data on 'Proof of age, registration of births and determining the residential status of the mother during pre and post natal period'.
- Integration of Survey of Causes of Deaths (Rural) in SRS: In the absence of dependable statistics on cause of death based on medical certificate of death, Office of the Registrar General, India initiated in the 1960s a scheme called "Model Registration Scheme" in selected Primary Health Centers. In 1982 this scheme was renamed as "The Survey of Causes of Deaths (Rural)". This has been merged with the Sample Registration System from 1st January, 1999 to give more impetus to collect reliable data on cause of death, covering both rural and urban areas. In the SRS blocks, deaths are classified by causes of death based on Verbal Autopsy (VA). For this, instruments based on existing experience of WHO, Chinese Surveillance System and other national and international studies, VA instruments have been developed. Since then causes of death data under the domain of SRS are being collected regularly and the results are published in the form of special reports/bulletins.
- Unlike in past, the entire SRS sample units were replaced in a single year during the latest revision done in 2004 based on 2001 census frame.

- **Introduction of Unique Identification Code:** One of the significant initiative during the latest revision is introduction of unique identification code. This will result in :
    - easy storage and retrieval of data
    - aggregation at different levels
    - Cross-classification of various determinants with fertility and mortality indicators
    - Cohort studies.

V VITAL STATISTICS FROM NATIONAL FAMILY HEALTH SURVEYS

Background of the Survey

5.1 India's first National Family Health Survey 1(NFHS-1) was conducted in 1992–93. The primary objective of survey was to provide national and state level data on fertility, nuptiality, family size preferences, knowledge and practice of family planning, the potential demand for family planning services, the level of unwanted fertility , utilization of ante natal care services , breast feeding and food supplementation practices , child nutrition and health immunization and infant and child mortality. Financial assistance for NFHS was provided by the United States Agency for International Development (US AID).The Ministry of Health and Family Welfare (MOHFW), Government of India, subsequently designated the International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency to conduct the survey.

5.2 The second survey (NFHS-2) which was conducted in 1998-99 collected most of the information covered in NFHS 1 and in addition expanded to a number of new topics such as reproductive health, women's autonomy, domestic violence, women's nutrition, anaemia and salt iodization. The survey also provided estimates at the regional level for four states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) and estimates for three metro cities (Calcutta, Chennai, and Mumbai), as well as slum areas in Mumbai.

5.3 The third Survey (NFHS-3) was conducted in the year 2005-06. This survey, as in the past, collected information on Mortality, Marriage, Family Planning, Maternal and Child Health, Immunization of children, treatment of infection, child feeding practices, Obesity among men and women, knowledge, attitude and behavior with regard to HIV/AIDS and its prevalence. Questions on several emerging issues such as perinatal mortality, male involvement in maternal health care, adolescent reproductive health, higher risk sexual behavior, family life education, safe injections, domestic violence and knowledge and treatment seeking behavior about tuberculosis and malaria were also asked.

5.4 NFHS is a household survey with an overall target sample size of approx. 90,000 ever married women in the age group of 15-49. NFHS-1 and NFHS-2 covered more than 99% of India's population living in all 25 states. While the state of Sikkim was not covered in NFHS-1, it was covered in NFHS-2. Both the surveys did not cover Union Territories. NFHS-3 covered 29 states. Some more additional features of NFHS-3 were:

(i) Unlike the earlier surveys in which only ever-married women (age 15-49) were interviewed, NFHS-3 covered samples from all ever married, unmarried and widowed women in the age group of 15-49 years and men in the age group of 15-54 years.

(ii) NFHS-3 provided estimates of key indicators for India as a whole and, with the exception of HIV prevalence, for all 29 states by urban-rural residence.

(iii) NFHS-3 was the first nation-wide community based survey to provide an estimate of HIV prevalence in the general population. It also provided estimates of HIV prevalence among women in the age-group of 15-49 yrs and men in the age group of 15-54 years at the national level.

(iv) NFHS-3 provided estimates for the slum and non-slum population of eight selected cities viz; Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai and Nagpur.

Organisation of Survey

5.5 NFHS-2 was conducted with major financial support from the United States Agency for International Development (USAID), with additional funding from UNICEF, ORC Macro, Calverton, Maryland, USA, and the East-West Center, Honolulu, Hawaii, USA provided technical assistance. Thirteen field organizations were selected to collect the data. Eight of the field organizations are private sector organizations and five are Population Research Centres (PRCs) established by the Government of India in various states. Each field organization had responsibility for collecting the data in one or more states.

5.6 NFHS-3 was conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India, with support from a number of organizations. The International Institute for Population Sciences (IIPS), Mumbai, was designated as the nodal agency. Funding was provided by United States Agency for International Development (US AID), DFID, the Bill and Melinda Gates Foundation, UNICEF, UNFP and MOHFW. Macro International, USA, provided technical assistance whereas the National Aids Control Organization (NACO) and the National Aids Research Institute (NARI) provided technical guidance for the HIV component of NFHS-3, including testing. Eighteen Research Organizations were involved in conducting the field work in the different states of India.

5.7 Decisions about policies and procedures, including design, methodology, questionnaire, contents etc for NFHS-3 were reviewed by three project committees, namely: (a) A Steering Committee under the chairmanship of the Secretary, MOHFW; (b) An Administrative and Finance Management Committee under the Chairmanship of the Additional Secretary and Financial Advisor to the MOHFW and (c) A Technical Advisory Committee under the Chairmanship of Dr. Arvind Pandey, the then Director, National Institute For Medical Statistics, Indian Council of Medical Research (ICMR). These Committees included representatives of MOHFW, other Government of India Ministries and Organizations such as Statistics and Programme Implementation, Women and Child Development, Planning Commission, ICMR, NACO etc.

Sample Design

5.8 The survey used a uniform sample design, questionnaires (translated into 18 Indian languages), field procedures, and procedures for biomarker measurements throughout the country to facilitate comparability across the states and to ensure the highest possible data quality. In each state, the rural sample was selected in two stages; the selection of Primary Sampling Units (PSUs), which are villages, with probability proportional to population size (PPS) at the first stage, followed by the random selection of an equal number of households within each PSU in the second stage. In urban areas, a three-stage procedure was followed. In the first stage, wards were selected with PPS sampling. In the next stage, one Census Enumeration Block (CEB) was randomly selected from each sample ward. In the final stage, an equal number of households were randomly selected within each sample CEB. Information was collected from a nationally representative sample of 109,041 households, 124,385 women (age group 15-49 years) and 74,369 men (age group 15-54 years).

5.9 The sample size for each state was specified in terms of a target number of completed interviews with eligible women. The target sample size was set considering the size of the state, the resources available for the survey, and the aggregate level (urban/rural, region, metropolitan cities) at which separate estimates were needed.

5.10 In NFHS 1, the initial target sample size was 4,000 completed interviews with eligible women in states with a 1991 population of more than 25 million, 3,000 completed interviews with eligible women in states with a 1991 population between 2 and 25 million, and 1,000 completed interviews with eligible women in states with a population of less than 2 million. However, there were some exceptions. In Uttar Pradesh the interviews to be completed were fixed at 8000. For Uttar Pradesh, Bihar, Madhya Pradesh, and Rajasthan, the samples were designed to provide estimates for backward districts of the states. The sample size in these states was fixed at 8000 interviews.

5.11 In NFHS 2, for states with population less than 2 million the sample size was fixed at 1500 completed interviews. The target sample size was set at 10,000 completed interviews with eligible women in Uttar Pradesh and 7,000 completed interviews with eligible women in Madhya Pradesh, Bihar, and Rajasthan. For other states, the sample size remained three thousand completed interviews. For Maharashtra, West Bengal, and Tamil Nadu, the initial target samples were increased to allow separate estimates to be made for the metropolitan cities of Mumbai, Calcutta, and Chennai. The target sample size was 5,500 in Maharashtra, 4,750 in West Bengal, and 4,750 in Tamil Nadu. For Mumbai, the target sample was large enough to allow separate estimates for its slum and non-slum populations.

Sample Selection in Rural Areas

5.12 Prior to NFHS-3, in rural areas, the 1991 Census list of villages served as the sampling frame. The list was stratified by a number of variables. Except in Delhi, the first level of stratification was geographic, with districts being subdivided into contiguous regions. Within each of these regions, villages were further stratified using selected variables from the following list: sub regions, village size, percentage of males working in the nonagricultural sector, percentage of the population belonging to scheduled castes or scheduled tribes, and female literacy. However, not all variables were used in every state. Each state was examined individually and a subset of variables was selected for stratification with the aim of creating not more than 6 strata for small states, not more than 12 strata for medium size states, and not more than 15 strata for large states. Female literacy was used for implicit stratification (i.e., the villages were ordered prior to selection according to the proportion of females who were literate) in every state except Kerala and Orissa, where female literacy was an explicit stratification variable. From the list of villages arranged in this way, villages were selected systematically with probability proportional to the 1991 Census population of the village. Small villages with 5–49 households were linked with an adjoining village to form PSUs with a minimum of 50 households. Villages with fewer than five households were excluded from the sampling frame.

5.13 In every state, a mapping and household listing operation was carried out in each sample area. The listing provided the necessary frame for selecting households at the second stage. The household listing operation involved preparing up-to-date notional and layout sketch maps of each selected PSU, assigning numbers to structures, recording addresses of these structures,

identifying residential structures, and listing the names of heads of all the households in residential structures in the selected PSUs. Large sample villages (with more than a specified number of households, usually 500) were segmented, and two segments were selected randomly using the PPS method. Household listing in the segmented PSUs was carried out only in the selected segments. Each household listing team comprised one lister and one mapper. Senior field staff of the concerned field organization supervised the listing operation.

5.14 The households to be interviewed were selected with equal probability from the household list in each area using systematic sampling. The interval applied for the selection was determined to obtain a self-weighting sample of households. On an average, 30 households were initially targeted for selection in each selected enumeration area. To avoid extreme variations in the workload, minimum and maximum limits were put on the number of households that could be selected from any area, at 15 and 60, respectively. Each survey team supervisor was provided with the original household listing, layout sketch map, and the list of selected households for each PSU. All the households which were selected were contacted during the main survey, and no replacement was made if a selected household was absent during data collection. However, if a PSU was inaccessible, a replacement PSU with similar characteristics was selected by IIPS and provided to the field organization.

5.15 In NFHS-3, in rural areas, the 2001 Census list of villages served as the sampling frame. The list was stratified by a number of variables. The first level of stratification was geographic, with districts being subdivided into contiguous regions. Within each of these regions, villages were further stratified using selected variables from a list containing the village sizes, percentage of males working in the non-agricultural sector, percentage of the population belonging to scheduled castes or scheduled tribes and female literacy. In addition to these variables, an external estimate of HIV prevalence viz. “High”, “Medium”, or “Low”, as estimated for all the districts in high HIV prevalence states, was used for stratification in high HIV prevalence states. Female literacy was used for implicit stratification (i.e., villages were ordered prior to selection according to the proportion of females who were literate) in most states although literacy was an explicit stratification variable in a few states.

5.16 The households to be interviewed were selected with equal probability from the household list in each area using systematic sampling. The interval applied for the selection was determined to obtain a self-weighting sample of households within each domain. On an average, 30 households were initially targeted for selection in each selected enumeration area. All the households which were selected were contacted during the main survey and no replacement was made, if a selected household was absent during data collection. However, if a PSU was inaccessible, a replacement PSU with similar characteristics was selected.

Sample Selection in Urban Areas

5.17 Prior to NFHS-3, the procedure adopted for the first stage of the sample design in urban areas was similar to the one followed in rural areas. The 1991 Census list of wards was arranged according to districts and within districts by the level of female literacy, and a sample of wards was selected systematically with probability proportional to size. Next, one census enumeration block, consisting of approximately 150–200 households, was selected from each selected ward using the PPS method. In Jammu and Kashmir, two census enumeration blocks were selected in each selected ward. As in rural areas, a household listing operation was carried out in each

selected census enumeration block, which provided the necessary frame for selecting households in the third stage of sample selection. On an average, 30 households per block were targeted for selection (except in Jammu and Kashmir and in Mumbai, where the target was 20 households per block).

5.18 In NFHS-3, the procedure adopted for the first stage of the sample design in urban areas was similar to the one followed in rural areas. The 2001 Census list of wards was arranged according to districts and within districts, by the level of female literacy and a sample of wards was selected systematically, with probability proportional to size. Next, one Census Enumeration Block, consisting of approximately 150-200 households, was selected from each selected ward using the PPS method. As in rural areas, a household listing operation was carried out in each CEB, which provided the necessary frame for selecting households in the third stage of sample selection. On an average, 30 households were targeted for selection from each CEB, with minimum and maximum limits from any area of 15 and 60 households.

Questionnaires Canvassed

5.19 NFHS- 1& 2 used three types of questionnaires: the Village Questionnaire, Household Questionnaire and the Woman's Questionnaire.

5.20 For each village selected in the sample, the Village Questionnaire collected information on the availability of various facilities in the village (especially health and education facilities) and amenities such as electricity and telephone connections.

5.21 In NFHS 1, a set of state specific questions were added in most of the states. The set of questions included were: dowry in Bihar, age at marriage in Rajasthan, sex preference in Uttar Pradesh, international migration in Kerala, and Green card for family planning in Madhya Pradesh, benefits received from anti poverty measures in Karnataka and international migration in Punjab. In all other states, a set of questions relating to knowledge of AIDS was canvassed.

5.22 In NFHS 2 respondents to the Village Questionnaire were also asked about development and welfare programmes operating in the village. The village survey included a short, open-ended questionnaire that was administered to the village head, with questions on major problems in the village and actions that could be taken to alleviate the problems.

5.23 *The Household Questionnaire* listed all usual residents in each sample household plus any visitors who stayed in the household the night before the interview. For each listed person, the survey collected basic information on age, sex, marital status, relationship to the head of the household, education, and occupation. Information was also collected on the main source of drinking water, type of toilet facility, material used in the construction of the house, source of lighting, type of cooking fuel, religion of the household head, caste/tribe of the household head, ownership of a house, ownership of agricultural land, ownership of livestock, and ownership of other selected consumer durable goods items. In NFHS 1, the Household Questionnaire also collected information on the prevalence of blindness, tuberculosis, leprosy, physical impairment of limbs and malaria during last three months. In NFHS 2, the Household Questionnaire also collected information on the usual place where household members go for treatment when they get sick, the prevalence of asthma, tuberculosis, malaria, and jaundice, as well as three risk behaviors—chewing paan masala or tobacco, drinking alcohol, and smoking. In addition, a test

was conducted to assess whether the household uses cooking salt that has been fortified with iodine. In NFHS 1, Household Questionnaire included question about births in the last two years (since 1990) and in NFHS 2 there were questions on deaths occurring to household members in the two years before the survey, with particular attention to maternal mortality. The information on the age, sex, and marital status of household members was used to identify eligible respondents for the Woman's Questionnaire.

5.24 In NFHS 1, height/length and weight of children under age 4 were recorded in most of the states. However due to non availability of measuring instruments during first phase of data collection height/length was not measured in a few states.

5.25 In NFHS 2 ,the health investigator on each survey team measured the height and weight of *each woman* and *each of her children born since January 1995* (in states where fieldwork started in 1998) or *January 1996* (in states where fieldwork started in 1999) This height and weight information is useful for assessing levels of nutrition prevailing in the population. The health investigators also took blood samples from each woman and each of her children born since January 1995/1996 to assess hemoglobin levels. This information is useful for assessing prevalence rates of anemia among women and children. Haemoglobin levels were measured in the field at the end of each interview using portable equipment (the HemoCue) that provides test results in less than one minute. Severely anaemic women and children were referred to local medical authorities for treatment. In Delhi and Mumbai, the blood samples of young children were also used to test levels of lead using the portable Lead Care instrument.

5.26 *The Woman's Questionnaire* collected information from all ever-married women age 15–49 who were usual residents of the sample household or visitors who stayed in the sample household the night before the interview. The questionnaire covered the following topics:

Background characteristics: Questions on age, marital status, education, employment status, and place of residence provided information on characteristics likely to influence demographic and health behaviour. Questions were also asked about a woman's husband and work status of the woman herself. NFHS 2 added questions on gender roles, and the treatment of women in the household.

Reproductive behaviour and intentions: Questions covered dates and survival status of all births, current pregnancy status, and future childbearing intentions of each woman.

Knowledge and use of contraception: Questions covered knowledge and use of specific family planning methods and source of family planning i.e; where the user obtained her family planning method. For women not using family planning, questions on reasons for nonuse and intentions about future use were included.

Antenatal, delivery, and postpartum care: The questionnaire collected information on whether women received antenatal and postpartum care, who attended the delivery and the nature of complications during pregnancy for recent births.

Breastfeeding and health: Questions covered feeding practices, the length of breastfeeding, immunization coverage, and recent occurrences of diarrhoea, fever, and cough for young children.

5.27 In 1996, the then existing family welfare programme was transformed to Reproductive and Child Health (RCH) programme. Therefore, NFHS 2 included several questions on the quality of health and family welfare services provided in the public and private sector. These were covered in the following sections.

Reproductive health: Questions assessed various aspects of women's reproductive health and the type of care sought for health problems.

Status of Women: The questionnaire included questions about women's autonomy and violence against women. The questions canvassed focused on woman's role in respect of household decision making, decision on use of earnings (for women who earn cash), freedom of movement, and control over money.

Quality of care: Questions assessed the quality of family planning and health services.

Knowledge of AIDS: Questions assessed women's knowledge of AIDS and the sources of their knowledge, as well as knowledge about ways to avoid getting AIDS.

5.28 Like NFHS-1 and NFHS-2, NFHS-3 was designed to provide estimates of important indicators on family welfare, maternal and child health and nutrition. Besides, it included questions on several new and emerging issues. Information on nutritional status including the prevalence of anaemia was provided in NFHS-3 for women (age 15-49), men (age 15-54) and young children. A special feature of NFHS-3 is the inclusion of testing of the adult population for HIV. It was the first nationwide community based survey in India to provide an estimate of HIV prevalence in the general population. Specifically, NFHS-3 provided estimates of HIV prevalence among women (15-49 years), and men (age 15-54 years) for all of India and also, separately for Uttar Pradesh, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Tamil Nadu, five of the six states classified by NACO as high HIV prevalence states. No estimate of HIV prevalence had been provided for Nagaland, the sixth high HIV prevalence state, due to strong local opposition to the collection of blood samples.

Sample Implementation

5.29 In order to achieve better coordination and supervision, the NFHS-2 survey operation was carried out in two phases. The first phase included the states of Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Sikkim, Uttar Pradesh, and West Bengal. The second phase states were Arunachal Pradesh, Assam, Delhi, Goa, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, and Tamil Nadu. Tripura fieldwork was delayed due to local problems.

5.30 A total of 91,196 households were interviewed, two-thirds of which were rural. The overall household response rate—the number of households interviewed per 100 occupied households—was 98 percent. The household response rate was more than 94 percent in every state except Meghalaya and Delhi where it was 89 percent and 91 percent, respectively. The household response rate was almost 100 percent in Tamil Nadu.

5.31 In the interviewed households, interviews were completed with 89,199 eligible women who stayed in the household the night before the household interview. The individual response rate—the number of completed interviews per 100 identified eligible women in the households with completed interviews—was 96 percent for the country as a whole. The variation in the women's response rate by state was similar to that observed for the household response rate.

5.32 The NFHS-3 field work was carried out in two phases, in order to achieve better coordination and supervision in the implementation of the survey. Twelve States were canvassed in the first phase and the remaining 17 states were canvassed in the second phase. First phase data collection was carried out from November, 2005 to May, 2006 while the second phase data collection was carried out from April to August, 2006.

Field Work

5.33 Prior to NFHS-3, the fieldwork in each state was carried out by a number of interviewing teams, each team consisting of one field supervisor, one female field editor, four female interviewers, and one health investigator. The number of interviewing teams in each state varied according to the sample size. In each state, interviewers were hired specifically for NFHS-2, taking into consideration their educational background, experience, and other relevant qualifications. All interviewers were female, a stipulation that was necessary to ensure that women who were survey respondents would feel comfortable talking about topics that they may find somewhat sensitive.

5.34 In NFHS-3, the field work in each state was carried out by a number of interviewing teams, each team consisting of one field supervisor, one female field editor, four interviewers and two health investigators. In the states in which all sample households were eligible for men's interviews, two of the interviewers were males and the other two were females. In the remaining states, each team included three female interviewers and one male interviewer. The number of interviewing teams in each state varied according to the sample size. Assignment of PSUs to the teams and various logistical decisions were made by the survey coordinators from the concerned research organizations which were hired for NFHS-3. Each interviewer was required to make a minimum of three call backs, if no suitable informant was available for the household interview or if an eligible woman or man in the household was not present at the time of the interviewer's visit.

Training of field staff

5.35 Prior to NFHS-3, training of the field staff lasted for a minimum of three weeks in each state. The training course consisted of instruction in interviewing techniques and survey field procedures, a detailed review of each item in the questionnaires, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews in the field. In addition, at least two special lectures were arranged in each state: one on the topic of family planning at the beginning of training on the section on contraception in the Woman's Questionnaire, and one on maternal and child health practices, including immunization, at the beginning of training on the section on the health of children. In addition to the main training, two days' training was arranged for field editors and supervisors, which focused on the organization of fieldwork as well as methods of detecting errors in field procedures and in the filled-in questionnaires. Health investigators attached to interviewing

teams were given additional specialized training on measuring height and weight and testing for anaemia in a centralized training programme conducted by IIPS in collaboration with the All India Institute of Medical Sciences (AIIMS), New Delhi. This specialized training included classroom training and extensive field practice in schools, anganwadis, and communities.

5.36 Assignment of Primary Sampling Units (PSUs) to the teams and various logistical decisions were made by the survey coordinators from each field organization. Each interviewer was instructed not to conduct more than three individual interviews a day and was required to make a minimum of three callbacks if no suitable informant was available for the household interview or if the eligible woman identified in the selected household was not present at the time of the household interview.

5.37 The main duty of the field editor was to examine the completed questionnaires in the field for completeness, consistency, and legibility of the information collected, and to ensure that all necessary corrections were made. Special attention was paid to missing information, skip instructions, filter questions, age information, and completeness of the birth history and the health section. If major problems were detected, such as discrepancies between the birth history and the health section, the interviewers were required to revisit the respondent to correct the errors. An additional duty of the field editor was to observe ongoing interviews and verify the accuracy of the method of asking questions, recording answers, and following skip instructions.

5.38 The field supervisor was responsible for the overall operation of the field team and collection of information on villages using the Village Questionnaire. In addition, the field supervisor conducted spot-checks to verify the accuracy of information collected on the eligibility of respondents. IIPS also appointed one or more research officers in each state to help with monitoring throughout the training and fieldwork period in order to ensure that correct survey procedures were followed and data quality was maintained. Survey directors and other senior staff from the field organizations, project coordinators, other faculty members from IIPS, senior research officers, and staff members from ORC Macro and the East-West Center also visited the field sites to monitor the data collection operation. Medical health coordinators appointed by IIPS monitored the nutritional component of the survey. Field data were quickly entered into microcomputers, and field-check tables were produced to identify certain types of errors that might have occurred in eliciting information and filling out questionnaires. Information from the field-check tables was fed back to the interviewing teams and their supervisors so that their performance could be improved.

Data Processing

5.39 All completed questionnaires were sent to the office of the concerned field organization (FO) for editing and data processing (including office editing, coding, data entry, and machine editing). Although field editors examined every completed questionnaire in the field, the questionnaires were re-edited at the FO headquarters by specially trained office editors. The office editors checked all skip sequences, response codes that were circled, and information recorded in filter questions. Special attention was paid to the consistency of responses to age questions and the accurate completion of the birth history. In the second stage of office editing, appropriate codes were assigned for open-ended responses on occupation and cause of death, and commonly mentioned “other” responses were added to the coding scheme. For each state, the data were processed with microcomputers using the data entry and editing software known

as the Integrated System for Survey Analysis (ISSA). The data were entered directly from the pre-coded questionnaires, usually starting within one week of the receipt of the first set of completed questionnaires. Data entry and editing operations were usually completed a few days after the end of fieldwork in each state. Computer-based checks were used to clean the data and remove inconsistencies. Age imputation was also completed at this stage. Age variables such as the woman's current age and the year and month of birth of all of her children were imputed for those cases in which information was missing or incorrect entries were detected.

5.40 Preliminary reports with selected results were prepared for each state within a few months of data collection and presented to policymakers and programme administrators responsible for improving health and family welfare programmes. Detailed NFHS-2 state reports were prepared by IIPS, in collaboration with the Population Research Centres, other local organizations, ORC Macro, and the East-West Center. The state reports contained detailed information on such topics as the state's survey design and implementation, household and respondent background characteristics, fertility and fertility preferences, family planning, mortality, morbidity, child immunization, lifestyle indicators, domestic violence, knowledge of HIV/AIDS, nutritional status of women and children, infant feeding practices, anaemia among women and children, maternal care and reproductive health, and the quality of care of health and family welfare services. ***Annex 8*** presents a list of indicators available for each state in NFHS 2.

5.41 In NHFS-3, which involved many organizations and a large number of individuals who required various skills to successfully implement all stages of the survey, centralized training workshops were held to train the representatives of each of the 18 field organizations, as well as the personnel at IIPS (which assisted with the supervision and monitoring of all NFHS-3 activities). Persons who were trained in each workshop subsequently trained the staff in each state, according to the standard procedures discussed in the training workshops. The purpose of these workshops was to ensure uniformity in data collection procedures in different states. Five types of training workshops were held for the personnel involved in the NFHS-3 project implementation, namely, (a) Health Coordinator Training, (b) Household Listing and Mapping Workshops, (c) Training of Trainers (TOT) Workshops, (d) Health Investigator Training and (e) Data Processing Training.

5.42 NFHS-3 Data Processing involved office editing, data entry using CSPro software, verification of data entry and secondary editing by the concerned research organizations which participated in NHFS-3. Final data cleaning and recording of the data into a standard structure and variable naming conventions was done at IIPS.

5.43 All completed questionnaires were sent to the office of the concerned research organization for editing and data processing (including office editing, data entry and machine editing). Although field editors examined every completed questionnaire in the field, the questionnaires were re-edited at the research organization headquarter by specially trained office editors. In the second stage of office editing, appropriate codes were assigned for open-ended responses on occupation. For each state, the data were processed with micro computers, using the CSPro data entry and editing software. The data were entered directly from the pre-coded questionnaires, usually starting within one week of the receipt of the first set of completed questionnaires. Data entry and editing operations were usually completed a few days after the end of field work in each state. Computer-based checks were used to clean the data and the inconsistencies were resolved on the basis of the information recorded in the questionnaires. All

the completed data sets were sent to IIPS for final processing. At this stage, secondary editing programs were run again to detect any remaining errors and inconsistencies.

NHFS-3 Publications

5.44 Fact sheets presenting key indicators were prepared for each state and for India, as a whole within three months of the end of data collection in the last state. These fact sheets have been widely distributed to policy makers and programme administrators responsible for appropriate interventions in health and family welfare programmes and to other key stake-holders.

5.45 The first volume of the NFHS-3 national report was prepared by IIPS in collaboration with Macro International. The second volume of the national report provided additional information on sampling and on standard errors of key indicators, as well as the questionnaires used in NFHS-3. An additional report on key findings from NFHS-3 had also been prepared as a companion volume to the comprehensive national report. Short state reports were also proposed to be produced, with a summary discussion on major population, health and nutrition indicators and selected state level tables. Several specialized subject reports on key topics were also proposed to be published.

RAPID HOUSEHOLD SURVEYS (RHS) UNDER REPRODUCTIVE AND CHILD HEALTH (RCH) INTERVENTIONS

5.46 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. The new approach requires decentralization of planning, monitoring and evaluation of the services. Under such objectives, district is the basic nucleus of administration. GOI has been entrusted to generate district level data, other then service statistics, on utilisation of the services provided by government health facilities. Since covering all the households would be very expensive, it was decided to conduct a sample survey in each district to assess the extent of delivery of services and to assess the people's perceptions on quality of services. Therefore, it was decided to undertake District Level Household Survey (DLHS) under RCH Project in the country. In phase I of second round of DLHS–RCH, 297 districts were covered and the remaining districts covered in phase II of the DLHS–RCH.

5.47 The first round of RCH survey (RHS-RCH) in India was conducted during the year 1998–99 in two phases (each phase covered half of the districts from all states/union territory) for which International Institute for Population Sciences (IIPS), Mumbai was designated as the nodal agency. The second round of RCH survey was conducted during 2002-04.

5.48 In DLHS-RCH, more detailed data on RCH were collected. Some new dimensions were added to RHS-RCH such as testing of cooking salt to assess fortified with iodine, testing of blood of children, adolescents and pregnant women to assess level of anaemia and weighing children to assess the nutritional status.

5.49 The main focus of the District Level Household Survey is on the following aspects:

1) Coverage of Ante Natal Care(ANC) & immunisation Services

2) Proportion of safe deliveries
3) Contraceptive Prevalence Rates
4) Unmet need for Family Planning
5) Awareness about RTI/ STI and HIV/AIDS and
6) Utilization of government health services and the users' satisfaction

5.50 For the purpose of conducting DLHS-RCH, all the States and the Union territories were grouped into 16 regions. A total of twelve research organizations, including Population Research Centres (PRCs) were involved in conducting the survey and IIPS, Mumbai was designated as the nodal agency .

Survey Design and Sample Size

5.51 A multi-stage stratified sampling design was adopted in District Level Household Survey under Reproductive and Child Health Survey (DLHS-RCH). In each state/union-territory, at first stage half of the districts were selected alternatively with random start for first phase and remaining were taken up in second phase of DLHS-RCH (the selection of districts was based on the total number of districts according to 2001 Census). In each selected district, 40 Primary Sampling Units (PSUs – Villages/UFS) were selected with probability proportional to size (pps) at second stage using 1991 Census data. The distribution of number of rural and urban PSUs was made in proportion to percent of urbanization in the district. The target sample size in each district was set at 1000 complete residential households from 40 selected PSUs. In third stage, within each PSU, 28 residential households were selected with Circular Systematic Random Sampling (CSRS) procedure, in order to take care of anticipated 10 percent non-response due to various reasons.

5.52 The National Sample Survey Organization (NSSO) provided the list of selected urban frame survey (UFS) blocks on the basis of percent of urbanization in the district. The UFS were made available separately for each district for urban areas. The maps of selected blocks were obtained from the NSSO field office located in each state/union-territory.

5.53 However, in the case of two old districts, one with highest proportion of safe delivery and another with lowest proportion of safe delivery were surveyed during first round of RHS-RCH in each state. The same districts were surveyed during DLHS-RCH on the bases of sample procedure adopted in first round of RHS-RCH, 1998–99.

House Listing

5.54 A household listing operation was carried out in each of the selected PSU prior to the data collection. This provided the necessary frame for selecting the households for DLHS-RCH. The household listing involved

(a) preparation of location map of each selected PSU
(b) preparation of layout sketch map of the structures and
(c) recording details of the households in these structures.

5.55 This exercise was carried out by independent teams each comprising one lister, one mapper and one supervisor under the overall supervision and monitoring of the research staff of regional agencies.

5.56 A complete listing was carried out in the villages with number of households up to 300. In case of villages with more than 300 households but less than or equal to 600 households, two segments of more or less same equal size were formed and one segment was selected at random and completely listed. In case of villages with more than 600 households, segments each of about 300 households were formed and two segments were selected. In case of small villages with less than 50 households, village was linked with the nearest village available. After combining it with the nearest village the same sampling procedure was adopted as mentioned above. As the urban PSUs were of almost equal size and contained less than 300 households, as provided by NSSO, there was no need of segmentation.

5.57 No replacement was made if a selected household was absent during data collection. However, if a PSU was inaccessible, a replacement PSU with similar characteristics was selected by Nodal agency IIPS and provided to regional agency.

Questionnaires

5.58 The details of questionnaires canvassed are as follows:

Household Questionnaire: The household questionnaire listed all usual residents in each sample household including visitors who stayed in the household the night before the interview. For each listed household member, the survey collected basic information on age, sex, marital status, relationship to the head of the household, education and the prevalence /incidence of tuberculosis, blindness and malaria. Information was also collected on the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion and caste of household head and ownership of other durable goods in the household. In addition, a test was conducted to assess whether the household used cooking salt that has been fortified with iodine. Besides, details of marriages and deaths which happened with usual residents within reference period were collected A specific enquiry was made on for maternal death and detailed information about maternal death, if any, was collected..

5.59 **Women Questionnaire:** Women questionnaire was designed to collected information from currently married women age 15 – 44 years who are usual residents of the sample household or visitors who stayed in the sample household the night before the interview. The women questionnaire covered the following sections

Section I: Background Characteristics: In this section the information was collected on age, educational status and birth and death history of biological children including still birth, induced and spontaneous abortions.

*Section II: Antenatal, Natal and Post natal Care T*his section was canvassed only for women who had live birth, still birth, spontaneous or induced abortion during last three years preceding the survey date. Information on whether the women received antenatal and postpartum care, type of attention at delivery, , and the nature of complications during pregnancy for recent births was collected.

Section III: Immunization and childcare: This section was to collect data on breast feeding practices, the length of breastfeeding, immunization coverage and recent occurrence of diarrhoea and pneumonia fever and cough for young children.

Section IV: Contraception: This section provided information on knowledge and use of specific family planning methods. Questions were also asked about women who were not using any contraception, reasons for non use, intentions about future use, desire for additional child, sex preference for next child etc.

Section V: Assessment of quality of Government health services and client satisfaction. In this section the questions were designed to the quality of family planning and health services provided by Government health facilities. Information was also collected about the rate of Government health facilities and reasons for not visiting to government health facilities by eligible woman.

Section VI: Awareness about RTI/STI and HIV/AIDS: In this section the data were collected about women's knowledge of RTI/STI, source of such knowledge, mode of transmission, curability, symptoms and treatment seeking behavior. The data on awareness, source of knowledge, mode of transmission and prevention of HIV/AIDS were also collected.

5.60 **Husband Questionnaire:** In DLHS-RCH, husband questionnaire was used to collect information from eligible women's husbands about age, educational status, knowledge and source of knowledge of RTI/STI and HIV/AIDS reported symptoms of RTI/STI and male participation of family planning. Apart from these, data pertaining to desire for children, reasons for not using family planning methods, future intention to use F.P. methods and knowledge about no scalpel vasectomy (NSV) were also collected.

5.61 **Health Questionnaire:** For the first time in RCH survey, a health questionnaire was included in the second round of DLHS-RCH. The information collected were on weight of children of age 0–71 months old and the blood sample to assess the haemoglobin levels of children of age 0–71 months old, adolescents of 10–19 years old and pregnant eligible women. These were useful for assessing the levels of nutrition prevailing in the population and prevalence of anaemia among women, adolescent girls and children.

5.62 **Village Questionnaire:** A village questionnaire was also added in this round of RCH survey. This questionnaire collected information on the availability and accessibility of various facilities in the village, especially educational and health facilities.

Data Processing

5.63 The completed questionnaires were brought to the headquarter of regional agencies and data were processed using microcomputers. The process consisted of office editing of questionnaires, data entry, data cleaning and tabulation. Data cleaning included validation, range and consistency checks. For both data entry and tabulation of the data, IIPS developed the software package. ***Annex-9*** shows key indicators available based on this survey (DLHS-RCH-2) for each district of the country.

District Level Household and Facility Survey (DLHS-3)

5.64 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 7 lakh households covering all the districts of the country. DLHSs were initiated in 1997, with a view to assess the utilization of services provided by the Government health care facilities and people's perceptions about the quality of services. DLHS-3 is the third in the series of such district surveys, preceded by DLHS-1 in 1998-99 and DLHS-2 in 2002-04. As in DLHS-1 and DLHS-2, in DLHS-3 also, the IIPS was the nodal agency to conduct the survey. Like the other two earlier rounds of DLHS, DLHS-3 was designed to provide estimates on important indicators on maternal and child health, family planning and other reproductive health services. In addition, DLHS-3 provided information on important interventions of the National Rural Health Mission (NRHM). However, unlike the previous two rounds, in which only currently married women (age 15-44 years) were interviewed, DLHS-3 interviewed ever-married women (age 15-49 years) and never-married women (age 15-24 years). DLHS-3 adopted a multistage stratified sample design and sampled households representing a district varied from 1000 to 1500.

5.65 The uniform bilingual questionnaires, both in English and in local language, were used in DLHS-3 viz. Household, Ever Married Women (age 15-49), Un-married 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 household, assets possessed, number of marriages and deaths in the household since January 2004, etc. was collected. In the case of female deaths, attempts were made to assess maternal death. The household questionnaire also collected information on respondent's knowledge about messages related to Government Health Programme being spread through media and other sources. 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 was conducted as part of DLHS-3. In a district, all the Community Health Centres (CHCs) and District Hospitals were covered. Further, all the Sub-Centres(SCs) and Primary Health Centres(PHCs) which were expected to serve the population of the selected PSU were also covered. There were separate questions for SCs, PHCs, CHCs and District Hospitals. They broadly included questions on infrastructure, human resources, supply of drugs and instruments and performance.

5.66 DLHS-3 provided the latest statistics for examining the performance of programme implementation in the health sector. The information available on health and family welfare indicators can help the programme managers at the district level to monitor the implementation and to take necessary corrective measures, whenever called for. For each district, a fact sheet is prepared stating the performance levels. The IIPS, as the Nodal Agency for DLHS-3, involved 16 regional agencies and six monitoring agencies in carrying out the survey, which was sponsored by the Ministry of Health and Family Welfare, Government of India.

Annual Health Survey (AHS)

5.67 The National Rural Health Mission (NRHM) proposes an intensive accountability framework through a three pronged process of community based monitoring, external surveys and stringent internal monitoring. The concept of the Annual Health Survey (AHS) arose during a meeting of the National Commission of Population held on 23rd July, 2005 under the Chairmanship of the Prime Minister, wherein it was decided that "there should be an Annual Health Survey (AHS) of all districts, which could be published/monitored and compared against bench marks". This was followed up by meetings with the Planning Commission and it was decided that Ministry of Health & Family Welfare (MOHFW) would initiate follow up action for implementation of this decision.

5.68 The Annual Health Survey (AHS) aims to prepare District Health Profile of the 284 districts in the erstwhile EAG States and Assam on an annual basis. The Mission Steering Group (MSG) has been delegated powers of the Cabinet to sanction suitable initiatives within the approved NRHM Framework. The MSG, in its meeting held on 17.07.2007, approved conduct of the Annual Health Survey through the Registrar General of India (RGI), Ministry of Home Affairs. The AHS is a hybrid model where the field work will be outsourced to external agencies and supervision done by the additional staff provided by RGI.

5.69 The Annual Health Survey aims to provide feedback on the impact of the schemes under NRHM in reduction of Total Fertility Rate (TFR), Infant Mortality Rate (IMR) at the district level and the Maternal Mortality Ratio (MMR) at the regional level. These are important indicators of health which are currently being estimated at the national/state level through the Sample Registration System (SRS) by Registrar General of India.

The following tables gives the coverage of AHS:

State	No. of District	Sample Units Total	No. of Households*	Sample Population Total
Assam	23	1,784	327,593	1,637,967
Bihar	37	2,356	439,268	2,196,340
Jharkhand	18	2,109	377,504	1,887,520
Madhya Pradesh	45	2,557	440,432	2,202,161
Chhatisgarh	16	1,255	225,188	1,125,940
Orissa	30	2,364	428,264	2,141,319
Rajasthan	32	1,841	324,342	1,621,710
Uttar Pradesh	70	3,927	693,893	3,469,464
Uttaranchal	13	2,059	368,934	1,844,670
Total	**284**	**20,252**	**3,625,418**	**18,127,089**

*' : No. of households estimated using 5.0 as average household size

The survey design has been prepared after elaborate discussions on the subject with concerned Ministries, Institutions and experts in the field. The sample design, size, periodicity, reliability of estimates at the level of aggregation etc has been vetted by the Technical Group constituted by the MOHFW. The Technical Advisory Group (TAG) constituted for the purpose shall continue to oversee and refine the methodology adopted for the AHS as necessary. A proposal for inclusion of Bio-marker tests in AHS to measure the levels of anaemia, sugar, nutritional status in terms of height and weight measurements, Blood Pressure measurement and measurement of level of iodine in salt consumed by households is under consideration.. The survey has been launched in April, 2010.

Concurrent Evaluation of NRHM

5.70 The objective of the Concurrent Evaluation is to assess the reach of NRHM activities to the rural communities. The aim is to get various indicators about implementation of health care programmes which will be helpful to policy makers and programme managers in effective implementation of NRHM. The concurrent evaluation was carried out in all States and UTs covering 197 selected districts.

5.71 As per the sampling strategy, from each district, along with District Hospital, 2 CHCs, 4 PHCs, 12 Sub-Centres, 24 villages, 12 Gram Panchayat, 24 ASHAs, 1200 heads of the household and 1200 currently married women (15-49) were to be covered. In-patients and out-patients were also interviewed to know their opinion about the health services through exit interview schedules from different facilities such as District Hospital, selected CHCs and PHCs in each district. The field work was conducted during 2009 in the selected districts.

5.72 Bilingual interview schedules, both in English and in regional language, were used to collect information from households, currently married women (age 15-49), Gram Panchayat and Accredited Social Health Activist(ASHA). In the household schedule, information on socio-economic characteristics, assets of the household and knowledge about the health related issues and health programmes, and awareness of *Rogi Kalyan Samiti* were included. Further, health related practices, treatment seeking behavior and utilization of government health facilities were also covered in the household survey. Eligible woman's schedule contained information on women's characteristics, awareness about ASHA, Janani Suraksha Yojana (JSY), Nishchay Pregnancy Test Kit (NPTK), breastfeeding and immunization of children, family planning and HIV/AIDS. The Gram Panchayat schedule contained information on availability of health functionaries and facilities available in the villages, type of improvements brought by NRHM at the village level, and the difficulties faced in its implementation.

5.73 Districts and State Fact sheets are being prepared which will provide key indicators related to the core strategies of NRHM such as infrastructure and management practices, communitisation of services and innovations at community level, human resources, response to NRHM at the grass root level and JSY. Detailed State-wise reports and National Report shall also be brought out.

ANNEXURES 1-9

Annex-1

The Registration of Births and Deaths Act, 1969

(Act No. 18 of 1969)

[31st May 1969]

An Act to provide for the regulation of registration of births and deaths and for matters connected therewith.

Be it enacted by Parliament in the Twentieth Year of the Republic of India as follows:

CHAPTER I

PRELIMINARY

1. Short title, extent and commencement—(1) This Act may be called the Registration of Births and Deaths Act, 1969.

(2) It extends to the whole of India.

(3) It shall come into force in a State on such date as the Central Government may, by notification in the Official Gazette, appoint:

Provided that different dates may be appointed for difference parts of a State.

1. Definitions and interpretation—(1)
In this Act, unless the context otherwise requires,

(a) "birth" means live-birth or still-birth ;

(b) "death" means the permanent disappearance of all evidence of life at any time after live-birth has taken place ;

(c) "foetal death" means absence of all evidence of life prior to the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy ;

(d) "live-birth" means the complete expulsion of extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, and each product of such birth is considered live-born ;

(e) "prescribed" means prescribed by rules made under this Act;

(f) "State Government", in relation to a Union territory, means the Administrator thereof;

(g) "still-birth" means foetal death where a product of conception has attained at least the prescribed period of gestation.

(2) Any reference in this Act to any law which is not in force in any area shall, in relation to that area, be construed as a reference to the corresponding law, if any, in force in that area.

CHAPTER II

REGISTRATION ESTABLISHMENT

3. Registrar General, India—*(1)* The Central Government may, by notification in the Official Gazette, appoint a person to be known as the Registrar-General, India.

(2) The Central Government may also appoint such other officers with such designations as it thinks fit for the purpose of discharging, under the superintendence and direction of the Registrar-General, such functions of the Registrar-General under this Act as he may, from time to time, authorize them to discharge.

(3) The Registrar-General may issue general directions regarding registration of births and deaths in the territories to which this Act extends, and shall take steps to co-ordinate and unify the activities of Chief Registrars in the matter of registration of births and deaths and submit to the Central Government an annual report on the working of this Act in the said territories.

4. Chief Registrar—*(1)* The State Government may, by notification in the Official Gazette, appoint a Chief Registrar for the State.

(2) The State Government may also appoint such other officers with such designations as it thinks fit for the purpose of discharging, under the superintendence and direction of the Chief Registrar, such of his functions as he may, from time to time, authorize them to discharge.

(3) The Chief Registrar shall be the chief executive authority in the State for carrying into execution the provisions of this Act and the rules and orders made thereunder subject to the directions, if any, given by the State Government.

(4) The Chief Registrar shall take steps by the issue of suitable instructions or otherwise, to co-ordinate, unify and supervise the work of registration in the State for securing an efficient system of registration and shall prepare and submit to the State Government, in such manner and at such intervals as may be prescribed, a report on the working of this Act in the State alongwith the statistical report referred to in sub-section (2) of section 19.

5. Registration divisions—The State Government may, by notification in the Official Gazette, divide the territory within the State into such registration divisions as it may think fit and prescribe different rules for different registration divisions.

6. District Registrar—*(1)* The State Government may appoint a District Registrar for each revenue district and such number of Additional District Registrars as it thinks fit who shall, subject to the general control and direction of the District Registrar, discharge such functions of the district Registrar as the District Registrar may, from time to time, authorize them to discharge.

7. Registrars—*(1)* The State Government may appoint a Registrar for each local area comprising the area within the jurisdiction of a municipality, Panchayat or other local authority or any other area or a combination of any two or more of them :

Provided that the State Government may appoint in the case of a municipality, Panchayat or other local authority, any officer or other employee thereof as a Registrar.

(2) Every Registrar shall, without fee or reward, enter in the register maintained for the purpose all information given to him under section 8 or section 9 and shall also take steps to inform himself carefully of every birth and of every death which takes place in his jurisdiction and to ascertain and register the particulars required to be registered.

(3) Every Registrar shall have an office in the local area for which he is appointed.

(4) Every Registrar shall attend his office for the purpose of registering births and deaths on such days and at such hours as the Chief Registrar may direct and shall cause to be placed in some conspicuous place on or near the

outer door of the office of the Registrar a board bearing, in the local language, his name with the addition of Registrar of Births and Deaths for the local area for which he is appointed, and the days and hours of his attendance.

(5) The Registrar may, with the prior approval of the Chief Registrar, appoint Sub-Registrars and assign to them any or all of his powers and duties in relation to specified areas within his jurisdiction.

CHAPTER III

REGISTRATION OF BIRTHS AND DEATHS

8. Persons required to register births and deaths—*(1)* It shall be the duty of the persons specified below to give or cause to be given, either orally or in writing, according to the best of their knowledge and belief, within such time as may be prescribed, information to the Registrar of the several particulars required to be entered in the forms prescribed by the State Government under sub-section *(1)* of section 16,--

(a) in respect of births and deaths in a house, whether residential or non-residential, not being any place referred to in clauses *(b)* to *(e)*, the head of the house or, in case more than one household live in the house, the head of the household, the head being the person, who is so recognized by the house or the household, and if he is not present in the house at any time during the period within which the birth or death has to be reported, the nearest relative of the head present in the house, and in the absence of any such person, the oldest adult male person present therein during the said period;

(b) in respect of births and deaths in a hospital, health center, maternity or nursing home or other like institution, the medical officer in charge or any person authorized by him in this behalf;

(c) in respect of births and deaths in a jail, the jailor in -charge;

(d) in respect of births and deaths in a choultry, chattram, hostel, dharmasala, boarding house, lodging house, tavern, barrack, toddy shop or place of public resort, the person in charge thereof ;

(e) in respect of any new-born child or dead body found deserted in a public place, the headman or other corresponding officer of the village in the case of a village and officer in charge of the local police station elsewhere :

Provided that any person who finds such child or dead body, or in whose charge such child or dead body may be placed, shall notify such fact to the headman or officer aforesaid ;

(f) in any other place, such person as may be prescribed.

(2) Notwithstanding anything contained in sub-section (1), the State Government, having regard to the conditions obtaining in a registration division, may be order require that for such period as may be specified in the order, any person specified by the State Government by designation in this behalf, shall give or cause to be given information regarding births and deaths in a house referred to in clause *(a)* of sub-*)* section (1) instead of the persons specified in that clause.

9. Special provision regarding births and deaths in a plantation—In the case of births and deaths in a plantation, the superintendent of the plantation shall give or cause to be given to the Registrar the information referred to in section 8:

Provided that the persons referred to in clauses *(a)* to *(f)* of sub-section *(i)* of section 8 shall furnish the necessary particulars to the superintendent of the plantation.

Explanation – In this section, the expression "plantation" means any land not less than four hectares in extent which is being prepared for the production of, or actually produces, tea, coffee, pepper, rubber, cardamom, cinchona or such other products as the State Government may, by notification in the Official Gazette, specify and the expression "superintendent of the plantation" means the person having the charge or supervision of the labourers and work in the plantation whether called a manager, superintendent or by any other name.

10. Duty of certain persons to notify births and deaths and to certify cause of death—*(1)* It shall be the duty of—

(i) the midwife or any other medical or health attendant at a birth or death,

(ii) the keeper or the owner of a place set apart for the disposal of dead bodies or any person required by a local authority to be present at such place, or

(iii) any other person whom the State Government may specify in this behalf by his designation, to notify every birth or death or both at which he or she attended or was present, or which occurred in such areas as may be prescribed, to the Registrar within such time and in such manner as may be prescribed.

(2) In any area, the State Government, having regard to the facilities available therein in this behalf, may require that a certificate as to the cause of death shall be obtained by the Registrar from such person and in such form as may be prescribed.

(3) Where the State Government has required under sub-section (2) that a certificate as to the cause of death shall be obtained, in the event of the death of any person who, during his last illness was attended by a medical practitioner, the medical practitioner shall, after the death of that person, forthwith, issue without charging any fee, to the person required under this Act to give information concerning the death, a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death; and the certificate shall be received and delivered by such person to the Registrar at the time of giving information concerning the death as required by this Act.

11. Informant to sign the register – Every person who has orally given to the Registrar may information required under this Act shall write in the register maintained in this behalf, his name, description and place of abode, and, if he cannot write, shall put his thumb mark in the register against his name, description and place of abode, the particulars being in such a case entered by the Registrar.

12. Extracts of registration entries to be given to informant.—The Registrar shall, as soon as the registration of a birth or death has been completed, give, free of charge, to the person who gives information under section 8 or section 9 an extract of the prescribed particulars under his hand from the register relating to such birth or death.

13. Delayed registration of births and deaths. – (1) Any birth or death of which information is given to the Registrar after the expiry of the period specified therefore, but within thirty days of its occurrence, shall be registered on payment of such late fee as may be prescribed.

(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence shall be registered only with the written permission of the prescribed authority and on payment of the prescribed fee and the production of an affidavit made before a notary public or any other office authorized in this behalf by the State Government.

(3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order made by a magistrate of the first class or a Presidency Magistrate after verifying the correctness of the birth or death and on payment of the prescribed fee.

(4) The provisions of this section shall be without prejudice to any action that may be taken against a person for failure on his part to register any birth or death within the time specified therefore and any such birth or death may be registered during the pendency of any such action.

14. **Registration of name of child.—**Where the birth of any child has been registered without a name, the parent or guardian of such child shall within the prescribed period give information regarding the name of the child to the Registrar either orally or in writing and thereupon the Registrar shall enter such name in the register and initial and date of the entry.

15. **Correction or cancellation of entry in the register of births and deaths.—**If it is proved to the satisfaction of the Registrar that any entry of a birth or death in any register kept by him under this Act is erroneous in form or substance, or has been fraudulently or improperly made, he may, subject to such rules as may be made by the State Government with respect to the conditions on which and the circumstances in which such entries may be corrected or cancelled, correct the error or cancel the entry by suitable entry in the margin, without any alteration of the original entry, and shall sign the marginal entry and add thereto the date of the correction or cancellation.

CHAPTER IV

MAINTENANCE OF RECORDS AND STATISTICS

16. Registrars to keep registers in the prescribed form – *(1)* Every Registrar shall keep in the prescribed form a register of births and deaths for the registration area or any part thereof in relation to which he exercises jurisdiction.

(2) The Chief Registrar shall cause to be printed and supplied a sufficient number of register books for making entries of births and deaths according to such forms and instructions as may, from time to time, be prescribed; and a copy of such forms in the local language shall be posted in some conspicuous place on or near the outer door of the office of every Registrar.

17. Search of births and deaths register—*(1)* Subject to any rules made in this behalf by the State Government, including rules relating to the payment of fees and postal charges, any person may--

(a) cause a search to be made by the Registrar for any entry in a register of births and deaths; and

(b) obtain an extract from such register relating to any birth or death :

Provided that no extract relating to any death, issued to any person, shall disclose the particulars regarding the cause of death as entered in the register.

(2) All extracts given under this section shall be certified by the Registrar or any other officer authorised by the State Government to give such extracts as provided in section 76 of the Indian Evidence Act, 1872 (1 of 1872), and shall be admissible in evidence for the purpose of proving the birth or death to which the entry relates.

18. Inspection of registration offices – The registration offices shall be inspected and the registers kept therein shall be examined in such manner and by such authority as may be specified by the District Registrar.

19. Registrars to send periodical returns to the Chief Registrar for compilation—*(1)* Every Registrar shall send to the Chief Registrar or ot any officer specified by him, at such intervals and in such form as may be prescribed, a return regarding the entries of births and deaths in the register kept by such Registrar.

(2) The Chief Registrar shall cause the information in the returns furnished by the Registrars to be compiled and shall publish for the information of the public a statistical report on the registered births and deaths during the year at such intervals and in such form as may be prescribed.

CHAPTER V

MISCELLANEOUS

20. Special provision as to registration of births and deaths of citizens outside India—*(1)* The Registrar General shall, subject to such rules as may be made by the Central Government in this behalf, cause to be registered information as to births and deaths of citizens of India outside India received by him under the rules relating to the registration of such citizens at Indian Consulates made under the Citizenship Act, 1955 (57 of 1955), and every such registration shall also be deemed to have been duly made under this Act.

(2) In the case of any child born outside India in respect of whom information has not been received as provided in sub-section (1), if the parents of the child returns to India with a view to settling therein, they may, at any time within sixty days from the date of the arrival of the child in India, get the birth of the child registered under this Act in the same manner as if the child was born in India and the provisions of section 13 shall apply to the birth of such child after the expiry of the period of sixty days aforesaid.

21. Power of Registrar to obtain information regarding birth or death—The Registrar may either orally or in writing require any person to furnish any information within his knowledge in connection with a birth or death in the locality within which such person resides and that person shall be bound to comply with such requisition.

22. Power to give directions—The Central Government may give such directions to any State Government as may appear to be necessary for carrying into execution in the State any of the provisions of this Act or of any rule or order made thereunder.

23. Penalties—*(1)* Any person who—

(a) fails without reasonable cause to give any information which it is his duty to give under any of the provisions of sections 8 and 9; or

(b) gives or causes to be given, for the purpose of being inserted in any register of births and deaths, any information which he knows or believes to be false regarding any of the particulars required to be known and registered; or

(c) refuses to write his name, description and place of abode or to put his thumb mark in the register as required by section 11, shall be punishable with fine which may extend to fifty rupees.

(2) Any Registrar or Sub-Registrar who neglects or refuses, without reasonable cause, to register any birth or death occuring in his jurisdiction or to submit any returns as required by sub-section (1) of section 19 shall be punishable with fine which may extend to fifty rupees.

(3) Any medical practitioner who neglects or refuses to issue a certificate under sub-section (3) of section 10 and any person who neglects or refuses to deliver such certificate shall be punishable with fine which may extend to fifty rupees.

(4) Any person who, without reasonable cause, contrvenes any provision of this Act for the contravention of which no penalty is provided for in this section shall be punishable with fine which may extend to ten rupees.

(5) Notwithstanding anything contained in the Code of Criminal Procedure, 1898 (5 of 1898), an offence under this section shall be tried summarily by a **Magistrate**.

24. Power to compound offices—(1) Subject to such conditions as may be prescribed, any officer authorised by the Chief Registrar by a general or special order in this behalf may, either before or after the institution of criminal proceedings under this Act, accept from the person who has committed or is reasonably suspected of having committed an offence under this Act, by way of composition of such offence a sum of money not exceeding fifty rupees.

(2) On the payment of such sum of money, such person shall be discharged and no further proceedings shall be taken against him in respect of such offence.

25. Sanction for prosecution—No prosecution for an offence punishable under this Act shall be instituted except by an officer authorised by the Chief Registrar by general or special order in this behalf.

26. Registrars and Sub-Registrars to be deemed public servants—All Registrars and Sub-Registrars shall, while acting or purporting to act in pursuance of the provisions of this Act or any rule or order made thereunder be deemed to be public servants within the meaning of section 21 of the Indian Penal Code (45 of 1860).

27. Delegation of powers—The State Government may, by notification in the Official Gazette, direct that any power exercisable by it under this Act (except the power to make rules under section 30) or the rules made thereunder shall, subject to such conditions, if any, as may be specified in the direction be exercisable also by such officer or authority subordinate to the State Government as may be specified in the direction.

28. Protection of action taken in good faith—*(1)* No suit, prosecution or other legal proceeding shall lie against the Government, the Registrar General, any Registrar, or any person exercising any power or performing any duty under this Act for anything which is in good faith done or intended to be done in pursuance of this Act or any rule or order made thereunder.

(2) No suit or other legal proceeding shall lie against the government for any damage caused or likely to be caused by anything which is in good faith done or intended to be done in pursuance of this act or any rule or order made thereunder.

29. Act not to be in derogation of Act 6 of 1886—Nothing in this Act shall be construed to be in derogation of the provisions of the Births, Deaths and Marriages Registration Act, 1886.

30. Power to make rules—(1) The State Government may with the approval of the Central Government, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(2) In particular, and without prejudice to the generality of the foregoing provision, such rules may provide for—

(a) the forms of registers of births and deaths required to be kept under this Act;

(b) the period within which and the form and the manner in which information should be given to the Registrar under section 8;

(c) the period within which and the manner in which births and deaths shall be notified under sub-section (1) of section 10;

(d) the person from whom and the form in which a certificate as to cause of death shall be obtained;

(e) the particulars of which extract may be given under section 12

(f) the authority which may grant permission for registration of a birth or death under sub-section (2) of section 13;

(g) the fees payable for registration made under section 13;

(h*)* the submission of reports by the Chief Registrar under sub-section (4) of section 4;

(i) the search of birth and death registers and the fees payable for such search and for the grant of extracts from the register;

(j) the forms in which and the intervals at which the returns and the statistical report under section 19 shall be furnished and published;

(k) the custody, production and transfer of the registers and other records kept by Registrars;

(l) the correction of errors and the cancellation of entries in the register of births and deaths;

(m) any other matter which has to be, or may

be, prescribed.

[1][(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before the State Legislature].

31. Repeal and saving—*(1)* Subject to the provisions of section 29, as from the coming into force of this Act in any State or part thereof, so much of any law in force therein as relates to the matters covered by this Act shall stand repealed in such State or part, as the case may be.

(2) Notwithstanding such repeals, anything done or any action taken (including any instruction or direction issued, any regulation or rule or order made) under any such law shall, in so far as such thing or action is not inconsistent with the provisions of this Act, be deemed to have been done or taken under the provisions aforesaid, as if they were in force when such thing was done or such action was taken, and shall continue in force accordingly until superseded by anything done or any action taken under this Act.

32. Power to remove difficulty—If any difficulty arises in giving effect in a State to the provisions of this Act in their application to any areas, the State Government may, with the approval of the Central Government, by order make such provisions or give such directions not inconsistent with the provisions of this Act as appears to the State Government to be necessary or expedient for removing the difficulty :

Provided that no order shall be made under this section in relation to any area in a State after the expiration of two years from the date on which this Act comes into force in that area.

1. Ins. by Act 4 of 1986, s.2 and Schedule (w.e.f.15.5.1986).

ANNEX 2

MODEL REGISTRATION OF BIRTHS AND DEATHS RULES, 1999

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (18 of 1969) the State Government/Governor/Administrator of…….. with the approval of the Central Government, hereby makes the following rules, namely;

1. Short title--(1) These rules may be called the Registration of Births and Deaths Rules, 1999.

(2) They shall come into force with effect from 1.1.2000 through notification in the Official Gazette.

(3) These rules will replace the…… Registration of Births and Deaths Rules,---------and all its subsequent amendments notified from time to time.

2. Definitions--In these rules, unless the context otherwise requires :

(a) "Act" means the Registration of Births & Deaths Act, 1969;

(b) "Form" means a Form appended to these rules; and

(c) "Section" means a section of the Act.

3. Period of gestation--The period of gestation for the purposes of clause (g) of sub-section (I) of section 2 shall be twenty-eight weeks.

4. Submission of report under section 4(4)--The report under sub-section (4) shall be prepared in the prescribed format appended to these Rules and shall be submitted alongwith the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.

5. Form, etc. for giving information of births and deaths--(1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in Form Nos. 1, 2 and 3 for the Registration of a birth, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained.

(2) The part of the reporting forms containing legal information shall be called the 'Legal Part' and the part containing statistical information shall be called the 'Statistical Part'.

(3) The information referred to in sub-rule (1) shall be given within twenty one days from the date of birth, death and still birth.

6. Birth or death in a vehicle--(1) In respect of a birth or death in a moving vehicle, the person in-charge of the vehicle shall give or cause to be given the information under sub-section (1) of section 8 at the first place of halt.

Explanation--For the purpose of this rule the term "Vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor-car, a motor-cycle, a cart, a tonga and a rickshaw.

(2) In the case of deaths (not falling under clauses (a) to (e) of sub-section (1) of section (8) in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (1) of section 8.

7. Form of certificate under section 10(3)--The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No.4 or 4A and the Registrar shall, after making necessary entries in the register of deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

8. Extracts of registration entries to be given under section 12-(1) The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in Form No.5 or Form No.6, as the case may be.

(2) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of Section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house may collect the extracts of birth or death from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the State Government under sub-section (2) of the said section, the person so specified shall

transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or household as the case may be, or, in his absence, the nearest relative of the head present in the house within thirty days of its issue by the Registrar.

(4) In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.

(5) If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

9. Authority for delayed registration and fee payable therefor--(1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupee two.

(2) Any birth or death of which information is given to the registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the officer prescribed in this behalf and on payment of a late fee of rupees five.

(3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of a Magistrate of the first class or a Presidency Magistrate and on payment of a late fee of rupees ten.

10. Period for the purpose of section 14-- (1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing :

Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, which shall be reckoned

(i) in case where the registration had been made prior to the date of commencement of the Registration of Births & Deaths (Amendment) Rules, 19…, from such date, or

(ii) in case where the registration is made after the date of commencement of the Registration of Births & Deaths (Amendment) Rules 19…, from the date of such registration, subject to the provisions of sub section (4) of section 23,

the Registrar shall

(a) if the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five,

(b) if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and, if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees five.

(2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extract given to him under section 12 or a certified extract issued to him under section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of the proviso to sub-rule (1).

11. Correction or cancellation of entry in the register of births and deaths--(1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in section 15 and shall send an extract of the entry showing the error and how it has been corrected to the State Government or the officer specified by it in this behalf.

(2) In the case referred to in sub rule (1) if the register is not in his possession, the Registrar shall make a report to the State Government or the office specified by it in this behalf and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction.

(3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the State Government or the officer specified by it in this behalf when the register is received from the Registrar.

(4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5) Notwithstanding anything contained in sub-rule (I) and sub-rule (4) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the State Government or the officer specified in this behalf.

(6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.

(7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. Form of register under Section 16 - The legal part of the Forms No. 1, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7,8 and 9) respectively.

13. Fees and postal charges payable under section 17--(1) The fees payable for a search to be made, an extract or a non-availability certificate to be issued under section 17, shall be as follow :

		Rs	
(a)	Search for a single entry in the first year for which the search is made	2.00	
(b)	for every additional year for which the	2.00	search is continued
(c)	for granting extract relating to each birth or death	5.00	
(d)	for granting non-availability certificate of birth or death	2.00	

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Govt. in this behalf in Form No. 5 or, as the case may be, in Form No. 6 and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (1 of 1872).

(3) If any particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form No. 10.

(4) Any such extracts or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefor.

14. Interval and forms of periodical returns under section 19(1) - (1) Every Registrar shall after completing the process of registration send all the Statistical Parts of the reporting forms relating to each month along with a Summary Monthly Report in Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month.

(2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.

15. Statistical report under section 19(2)--The statistical report under sub-section (2) of section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.

16. Conditions for compounding offences—

(1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (1), (2) and (3) and rupees ten for offences under sub-section (4) of section 23 as the said officer may think fit.

17. Registers and other records under section 30(2)(k)--(1)The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.

(2) The court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed.

(3) The certificate as to the cause of death furnished under sub-section (3) of the section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.

(4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and such register shall thereafter be transferred for safe custody to such officer as may be specified by the State Government in this behalf.

ANNEX 3

Dates of Enforcement of the RBD Act, 1969

	State/Union Territory	Date of Enforcement of the Act	Date of approval of State Rules by Central Government	Date of notification of Rules in State Gazette
	1	2	3	4
1	Andhra Pradesh	1-4-1972	23-7-1976	29-12-1977
2	Arunachal Pradesh	1-7-1972	24-2-1973	6-10-1973
3	Assam	1-4-1970	22-4-1970	28-6-1978
4	Bihar	1-4-1970	13-4-1970	8-7-1970
5	Chatisgarh	1-4-1970	24-10-1970	2-5-1975
6	Goa	1-7-1971	20-11-1970	31-12-1970
7	Gujarat	1-4-1970	10-4-1970	18-4-1973
8	Haryana	1-4-1970	11-11-1970	15-2-1972
9	Himachal Pradesh	1-4-1970	21-7-1978	29-8-1979
10	Jammu & Kashmir	1-10-1970	19-6-1972	26-11-1975
11	Jharkhand	1-4-1970	13-4-1970	8-7-1970
12	Karnataka	1-4-1970	6-10-1970	15-12-1970
13	Kerala	1-4-1970	13-4-1970	1-7-1970
14	Madhya Pradesh	1-4-1970	24-10-1970	2-5-1975
15	Maharashtra	1-4-1970	7-4-1975	7-2-1976
16	Manipur	1-1-1971	2-12-1970	14-12-1971
17	Mehghalaya	1-11-1971	8-3-1973	13-4-1974
18	Mizoram	1-5-1974	25-3-1975	15-4-1980
19	Nagaland	1-10-1971	28-12-1971	24-6-1972
20	Orissa	1-4-1970	13-4-1970	11-8-1970
21	Punjab	1-4-1970	26-4-1972	22-9-1972
22	Rajasthan	1-4-1970	2-12-1970	7-7-1972
23	Sikkim	30-9-1976	7-4-1979	27-9-1979
24	Tamil Nadu	1-4-1970	3-1-1976	15-3-1977
25	Tripura	1-4-1972	20-6-1972	13-2-1976
26	Uttar Pradesh	1-4-1970	20-3-1972	8-1-1977
27	Uttranchal	1-4-1970	20-3-1972	8-1-1977
28	West Bengal	1-4-1970	18-8-1970	15-1-1977

ANNEX 4

Civil Registration hierarchy in states and union territories

Sl. No	State level		District level / Below district level	Local area level (rural)
1	2	3	4	5
1.	**Andhra Pradesh** **Chief Registrar** Director of Health	**Addl. Chief Registrar** Addl. Director of Medical & Health Services (CD) Commissioner & Director Municipal Administration Dy. Commissioner Panchayat Raj **Dy. Chief Registrar:** Dy. Director of Medical & Health Services (Stat.)	**District Registrar:** District Medical and Health Officer **Addl. District. Registrar:** Dy. District. Medical & Health Officer in-charge of Medical & Health Work other than Family Welfare District Revenue Officer & District Panchayati Officer Addl. District. Medical & Health Officer (FW)	**Registrar:** Panchayati Secretary
2.	**Arunachal Pradesh** **Chief Registrar** Director of Economics & Statistics		**District Registrar:** Dy. Commissioner **Addl. District. Registrar:** District Statistical Officer	**Registrar:** Extra-Assistant Commissioner/Circle Officer **Sub-Registrar:** Teacher/Village level worker
3.	**Assam** **Chief Registrar** Director of Health Services	**Addl. Chief Registrar** Director, Rural Development Director Municipal Administration	**District Registrar:** District. Magistrates **Addl. District. Registrar:** Joint Director of Health Services CEO of Zola Parish ads	**Registrar:** Medical Officer In charge of CHC / PHC / MPHC/ SHC / State Dispensary, etc.
4.	**Chhatisgarh** **Chief Registrar** Commissioner-cum-Director of Economics & Statistics	**Addl. Chief Registrar:** **District Collectors** **Dy.Chief Registrar:** Dy.Director (VS) Economics & Statistics	**District Registrar:** District Planning & Statistics Officer	**Registrar:** Chief Executive Officer, Janpad Panchayati **Sub Registrar :** Panchayati Secretary / Karmi
5.	**Bihar** **Chief Registrar** Director of Statistics & Evaluation	**Joint Chief Registrar:** Joint Director (VS**)** **Dy. Chief Registrar:** Dy. Director (VS**)**	**District Registrar:** District Magistrate **Addl. District. Registrar:** District. Statistical Officer Addl. District. Registrar: Block Development Officer	**Registrar:** Panchayati Sevak
6.	**Goa** **Chief Registrar** Director of Planning,	**Addl.Chief Registrar:** Joint Director, Planning,	**District Registrar:** Additional Collector	**Registrar:** Secretary of Village Panchayati

	Statistics & Evaluation	Statistics & Evaluation	**Addl. District. Registrar:** Block Development Officer	

Sl. No	State Level		District level / Below District Level	Local Area Level (Rural)
1	2	3	4	5
7.	**Gujarat** **Chief Registrar** Commissioner of Health, Medical Services & Medical Education	**Dy. Chief Registrar:** Addl. Director (Stats.) **Addl.Dy.Chief Registrar:** Dy. Director (Stats.)	**District Registrar:** District Health Officer/Chief District Health Officer **Taluka Registrar:** Taluka Development Officer	**Registrar:** Galati-cum-Mantra/Mantra **Sub-Registrar:** Clerk of Village Panchayati
8.	**Haryana** **Chief Registrar** Director General of Health Services	**Addl.Chief Registrar:** Dy. Director Health Services (ME) Asstt. Director, Urban Development Deptt.	**District Registrar:** Civil Surgeon **Addl.Distt.Registrar:** District. Health Officer	**Registrar:** In charge Medical Officer P.H.C
9.	**Himachal Pradesh** **Chief Registrar** Director of Health Services	**Dy. Chief Registrar:** Dy. Director (CR)	**District Registrar:** Chief Medical Officer **Specified Officer** Block Development Officer	**Registrar:** Panchayati Secretary and Panchayati Sahayak of Gram Panchayati
10.	**Jammu & Kashmir** **Chief Registrar** Director of Health and Family Welfare	**Addl. Chief Registrar:** Director of Economics & Statistics	**District Registrar:** Chief Medical Officer Addl. District. Registrar: District. Statistics & Evaluation Officer	**Registrar:** In-charge of Police Station
11.	**Jharkhand** **Chief Registrar** Principal Secretary, Statistics & Evaluation	**Joint Chief Registrar:** Joint Director (VS**)** **Dy. Chief Registrar:** Dy. Director (VS**)**	**District Registrar:** Dy. Commissioner / Collector **Addl. District. Registrar:** District. Statistical Officer Addl. District. Registrar: Block Development Officer	**Registrar:** Panchayati Sevak
12.	**Karnataka** **Chief Registrar** Director, Bureau of Economics & Statistics	**Joint Chief Registrar:** Joint Director, Economics & Statistics **Dy. Chief Registrar:** Dy. Director Economics & Statistics	**District Registrar:** Dy. Commissioner **Addl.Distt.Registrar:** District Statistical Office	**Registrar:** Village Accountant

Sl. No	State Level		District Level /Below District Level	Local Area Level (Rural)
1	2	3	4	5
13.	**Kerala** **Chief Registrar** Director of Panchayats	**Addl.Chief Registrar:** Addl. Director of Economics & Statistics **Dy. Chief Registrar:** Dy. Director of Economics & Statistics	**District Registrar:** Deputy. Director of Panchayats **Addl. District. Registrar:** Deputy Director of District Statistical Office	**Registrar:** Secretary of Gram Panchayati
14.	**Madhya Pradesh** **Chief Registrar** Commissioner, Economics & Statistics	**Addl.Chief Registrar** **District Collectors** **Dy.Chief Registrar:** Dy.Director (VS) Asstt. Chief Registrar Assistant Director (VS)	**District Registrar:** District Planning Officer	**Registrar:** Chief Executive Officer, Janpad Panchayati MO In charge of PHC/CHC/Civil and District Hospitals **Sub Registrar** Panchayati Secretary / Karmi
15.	**Maharashtra** **Chief Registrar** Director Health Services	**Dy. Chief Registrar:** Dy. Director of Health Services (SBHI & VS)	**District Registrar:** District Health Officer **Addl. District. Registrar:** Dy. Chief Executive Officer (Village Panchayati) of Zola Panchayati BDO (Panchayati Samiti)	**Registrar:** Gram Sevak/Asstt. Gram Sevak
16.	**Manipur** **Chief Registrar** Director of Medical & Health Services	**Addl. Chief Registrar:** Director Economics & Statistics Addl. Director Health Services **Dy. Chief Registrar:** Dy. Director (VS)	**District Registrar:** Chief Medical Officer	**Registrar:** Block Development Officer for CD Block areas Sub Divisional Officers/Medical Officer in-charge of PHCs of hilly areas **Sub-Registrar:** Panchayati Secretary CD Block areas
17.	**Meghalaya** **Chief Registrar** Director of Health Services	**Dy. Chief Registrar:** Joint Director of Health Services	**District Registrar:** District. Medical & Health services	**Registrar:** Medical and Health Officer in-charge of PHC
18.	**Mizoram** **Chief Registrar** Secretary/ Commissioner Planning	**Addl. Chief Registrar:** Director of Economics & Statistics **Dy. Chief Registrar:** Dy. Director of Economics & Statistics	**District Registrar:** Deputy Commissioner **Addl. District. Registrar:** District Education Officer **Asstt. District. Registrar:** Research Officer Economics & Statistics	**Registrar:** Primary School Teacher

Sl. No	State Level		District Level / Below District Level	Local Area Level (Rural)
1	2	3	4	5
19.	**Nagaland** **Chief Registrar** Development Commissioner	**Joint Chief Registrar:** Director of Economics & Statistics **Dy. Chief Registrar** Dy. Director Economics Statistics	**District Registrar:** Dy. Commissioner District Statistical Officer **Circle Registrar:** Block Development Officer	**Registrar:** Head Teacher Govt. Primary School
20.	**Orissa** **Chief Registrar** Director of Health Services	**Addl. Chief Registrar:** Joint Director of Health Services (Public Health) **Dy. Chief Registrar:** Dy. Director (VS) **Asstt. Chief Registrar:** Asstt. Director (VS)	**District Registrar:** Chief District Medical Officer **Addl. District. Registrar:** Addl. District Medical Officer	**Registrar:** Medical Officer in-charge of PHC
21.	**Punjab** **Chief Registrar** Director of Health & Family Welfare	**Dy. Chief Registrar:** Sr. Research Officer	**District Registrar:** Civil Surgeon **Addl. District. Registrar:** District Health Officer Assistant Civil Surgeon	**Registrar:** Panchayati Secretary of Gram Panchayati
22.	**Rajasthan** **Chief Registrar** Director of Economics & Statistics	**Addl. Chief Registrar:** District Collectors **Dy. Chief Registrar:** Dy. Director (VS) CEO of Zola Prishand	***District Registrar:*** *District Statistical Officer* ***Addl. District. Registrar:*** *Development Officer of* Panchayati Samiti	**Registrar:** Gram Sevak Group Sachiv Head Master of Primary, Middle School
23.	**Sikkim** **Chief Registrar** Principal Director of Health & Family Welfare	Joint Chief Registrar: Director, Bureau of Economics & Statistics	**District Registrar:** Chief Medical Officer	**Registrar:** Medical Officer in-charge of PHC
24.	**Tamil Nadu** **Chief Registrar** Director of Public Health & Preventive Medicine	**Dy. Chief Registrar:** Jt. Director, SBHI	**District Registrar:** Collector/District Revenue Officer/Additional Collector **Addl. District. Registrar:** Dy. Director Health Services Health Officer Corporation	**Registrar:** Village Administrative Officer

Sl. No	State Level		District Level / Below District Level	Local Area Level (Rural)
1	3	4	5	6
25.	**Tripura** **Chief Registrar** Director of Health Services		**District Registrar:** District. Magistrate/Collector **Addl. District. Registrar:** Sub-divisional Officer (in Tripura Tribal Area Autonomous District Council (TTAADC) rural area) Block Development Officer (in Non TTAADC rural area)	**Registrar:** Tehsildar (in TTAADC rural area) Panchayati Secretary (in Non TTAADC rural area)
26.	**Uttar Pradesh** **Chief Registrar** Director General Medical & Health	Director Local Administration (Urban area) Director Panchayati Raj (Rural area) **Dy. Chief Registrar:** Assistant Director / Statistical Officer, Medical and Health	**District Registrar:** District Collector **Addl. District. Registrar:** Chief Medical Officer Dy. District. Registrar Dy. Chief Medical Officer **(urban area)** Addl. District. Registrar District Panchayati Raj Officer (Rural area)	**Registrar:** Gram Panchayati Vikas Adhikari
27.	**Uttarkhand** **Chief Registrar** Principal Secretary/ Secretary, Medical, Health and Family Welfare	**Addl. Chief Registrar:** Director General of Medical, Health and Family Welfare Director Local Administration (Urban area) Director Panchayati Raj (Rural area) ***Dy. Chief Registrar:*** *Addl. Director,* *Medical, Health and Family Welfare*	**District Registrar:** District Collector **Addl. District. Registrar:** Chief Medical Officer Addl. District. Registrar Dy. Chief Medical Officer **(urban area)** Addl. District. Registrar District Panchayati Raj Officer (Rural area)	**Registrar:** Gram Panchayati Vikas Adhikari
28.	**West Bengal** **Chief Registrar** Director of Health Services	**Dy. Chief Registrar:** Director (SBHI) **Asstt. Chief Registrar:** Asstt. Director Health Services (VS)	**District Registrar:** District Magistrate/Dy. Commissioner **Addl. District. Registrar:** CMO of Health Addl. District Magistrate. (Gen.Admn.) Dy. CMOH – II	**Registrar:** Block Sanitary Inspector Sub Registrar: Pradhan, Gram Panchayati

Sl. No	State Level		District Level / Below District Level	Local Area Level (Rural)
1	3	4	5	6
	Union territories			
1.	**A&N Islands** **Chief Registrar** Director Health Services		**District Registrar:** Medical Supdt. of G.B. Pant Hospital for Andaman and M.O. in-charge of Nicobar for Nicobar District	**Registrar:** Medical Officer-in-Charge of Community Health Centres and Primary Health Centre
2.	**Chandigarh** **Chief Registrar** Director of Health Services		**District Registrar:** Medical Officer of Health **Addl. District. Registrar:** Nosologist	**Registrar:** Thana Officer
3.	**Dadra & Nagar Haveli** **Chief Registrar** Secretary to Administration		**District Registrar:** Mamlatdar-cum-Survey & Settlement Officer	**Registrar:** Patel, Galati
4.	**Daman & Diu** **Chief Registrar** Development Commissioner / Secretary Planning	**Addl. Chief Registrar:** Dy. Director, Planning & Statistics	**District Registrar:** Collector **Addl. District. Registrar:** Block Development Officer	**Registrar:** Panchayati Secretary
5.	**Delhi** ***Chief Registrar:*** Director Bureau of Economics & Statistics	**Addl. Chief Registrar:** Municipal H.O. of MCD Municipal H.O. of NDMC Executive Officer Cantonment Area	**District Registrar:** **Asstt. Director (VS)** Dte. Of Economics & Statistics	**Registrar:** Municipal Health Officer Officer In charge (Vital Stat.) Dy. Health Officer
6.	**Lakshadweep** **Chief Registrar** Secretary Health	Addl. Chief Registrar Director of Medical & Health Services	**Addl. District Registrar:** Medical Officer in-Charge	**Registrar:** Health Inspector
7.	**Pondicherry** **Chief Registrar** Director of Local Administration		**District Registrar:** Dy. Director (Municipal Administration/Local Admn.) **Addl. District. Registrar:** Dy. Director (Statistics) Local Admn. Deptt	**Registrar:** Commissioner of Commune Panchayati

Annex-5
Level of Registration of Births and Deaths, 2001 - 2007

Sl. No.	India/ State/ Union Territory	Births							Deaths						
		2001	2002	2003	2004	2005	2006	2007	2001	2002	2003	2004	2005	2006	2007
	India	**58.0**	**59.5**	**57.7**	**60.4**	**62.5**	**69.0**	**71.0**	**52.2**	**52.1**	**53.5**	**55.2**	**55.0**	**63.2**	**64.4**
	States														
1.	Andhra Pradesh	55.3	61.5	57.1	63.2	61.0	73.4	77.4	57.8	58.9	59.8	67.7	60.5	68.3	70.6
2.	Arunachal Pradesh	100.0	100.0	100.0	94.3	73.9	75.6	75.7	28.7	26.1	24.0	28.2	23.5	23.2	22.5
3.	Assam	44.7	51.0	58.0	67.5	71.2	74.6	76.8	22.8	27.6	28.2	29.2	35.1	36.7	30.9
4.	Bihar	3.9	4.6	5.9	11.5	16.9	20.3	26.2	11.0	12.0	13.5	18.1	21.7	24.6	25.3
5.	Chhatisgarh	55.4	62.9	59.0	55.2	63.3	64.1	62.4	66.6	72.6	72.6	75.7	77.3	76.6	81.0
6.	Goa	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.5	97.7	100.0	100.0	100.0	100.0
7.	Gujarat	86.2	85.0	84.6	94.9	89.5	96.6	97.8	62.9	58.3	64.3	74.3	65.1	73.8	75.7
8.	Haryana	73.2	73.7	74.6	83.0	84.3	90.8	91.6	70.6	75.5	81.1	83.0	72.9	81.0	84.7
9.	Himachal Pradesh	100.0	100.0	100.0	100.0	100.0	100.0	100.0	80.7	77.1	84.3	84.5	85.2	91.6	85.8
10.	Jammu & Kashmir	56.2	60.5	63.3	64.3	64.8	66.5	64.5	41.0	48.6	49.5	50.4	52.0	49.0	49.1
11.	Jharkhand	18.9	19.9	24.3	28.8	32.9	37.0	36.6	23.8	29.4	32.6	36.8	41.3	44.7	45.2
12.	Karnataka	86.5	81.9	84.3	85.8	87.6	92.2	92.0	90.7	91.8	91.7	90.3	91.9	96.7	91.6
13.	Kerala	100.0	100.0	100.0	100.0	100.0	100.0	100.0	86.4	89.5	94.8	99.5	96.4	98.0	100.0
14.	Madhya Pradesh	38.0	38.9	41.4	51.1	53.3	65.2	72.9	47.9	49.4	52.4	52.0	52.6	57.2	56.0
15.	Maharashtra	90.6	92.8	93.1	86.6	85.9	88.1	91.5	72.4	78.1	83.2	78.8	78.1	80.6	85.5
16.	Manipur	44.6	57.8	65.5	75.5	72.0	80.0	77.2	23.0	43.6	33.3	43.0	50.8	40.2	48.2
17.	Meghalaya	52.2	53.4	73.8	64.0	100.0	100.0	100.0	38.7	39.9	41.4	63.6	53.3	64.2	67.7
18.	Mizoram	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	96.7	97.9	89.9	98.1
19.	Nagaland	nc	100.0	100.0	100.0	100.0	100.0	100.0	nc	80.6	69.6	78.8	79.5	70.9	57.6
20.	Orissa	79.3	82.5	80.2	80.2	85.3	88.3	88.7	61.6	67.1	67.6	64.1	69.1	68.7	71.9
21.	Punjab	90.8	89.2	92.0	100.0	100.0	100.0	100.0	89.3	87.6	93.3	91.9	91.4	91.9	93.8
22.	Rajasthan	39.5	55.6	46.2	56.9	65.3	81.5	83.2	55.1	62.4	59.1	70.4	65.9	72.9	74.6
23.	Sikkim	80.6	84.3	90.6	100.0	95.8	97.5	93.9	54.9	74.5	92.1	97.2	90.8	83.9	87.6
24.	Tamil Nadu	92.6	94.7	93.3	99.3	100.0	99.7	100.0	80.8	82.9	86.7	84.8	87.4	90.5	91.6
25.	Tripura	100.0	78.6	80.6	100.0	100.0	100.0	89.1	75.1	43.4	58.5	77.4	73.7	65.9	60.9
26.	Uttar Pradesh	39.0	41.1	34.9	29.4	35.3	45.3	45.4	28.7	20.5	18.9	19.1	21.2	45.4	45.1

27.	Uttarakhand	na	75.4	73.3	60.5	61.5	57.4	66.0	na	44.1	42.7	37.9	41.6	39.3	44.8
28.	West Bengal	100.0	100.0	100.0	100.0	97.0	97.9	99.6	56.2	59.3	59.1	58.0	51.1	52.7	51.3
	Union Territories														
1.	A & N Islands	100.0	100.0	95.6	94.6	86.9	91.7	87.0	73.3	71.2	72.3	100.0	84.7	90.3	95.8
2.	Chandigarh	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3.	Dadra & Nagar Haveli	80.1	88.9	96.8	78.9	79.4	82.6	79.1	60.3	56.9	77.5	82.1	76.4	86.3	81.7
4.	Daman & Diu	100.0	100.0	100.0	100.0	98.3	99.6	99.3	83.0	79.9	76.6	80.5	71.7	79.0	81.1
5.	Delhi	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
6.	Lakshadweep	95.1	87.4	82.4	66.5	76.6	73.9	68.2	93.1	95.0	99.8	64.9	70.0	83.5	72.1
7.	Puducherry	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2007 data : Provisional

SAMPLE SURVEYS

ANNEXURES 6-8

ANNEX 6

Tables & Statements presented in SRS reports

General

1: Number of sample units and population covered, India, states and union territories

Population Composition

2: Percentage distribution of population by broad age groups to total population by sex and residence, India
3: Percentage of population in the age group 0-4 years to total population by sex and residence, India and bigger states
4: Percentage of population in the age group 0-14 years to total population by sex and residence, India and bigger states
5: Percentage of population in the age group 15-59 years to total population by sex and residence, India and bigger states
6: Percentage of population in the age group 60 years and above to total population by sex and residence, India and bigger states
7: Percentage distribution of population by marital status and sex, India and bigger states
8: Percentage distribution of population age 10+ by marital status and sex, India and bigger states
9: Percentage distribution of female age 10+ by marital status and residence, India and bigger states
10: Percentage distribution of female age 15+ by marital status and residence, India and bigger states
11: Percentage of females by age at effective marriage and by residence, India and bigger states
12: Mean age at effective marriage of female by residence, India and bigger states,

Fertility Indicators

13: CBR (Crude birth rate) by residence, India and bigger states
14: Percent change in average birth rate in 10 years by residence, India and bigger states
15: Sex ratio at birth by residence, India and bigger states
16: GFR (General fertility rate) by residence, India and bigger states
17: Per cent change in average GFR (general fertility rate) in ten years, by residence, India and bigger states
18: ASFRs (Age specific fertility rates) by residence, India, 2001
19: Percent change in age specific fertility rates by residence in ten years , India
20: ASFRs (Age specific fertility rates), India and bigger states
21: Percentage distribution of cumulative fertility by age group, India and bigger states
22: Mean age of fertility and associated standard deviation, India and bigger states
23: TFR (Total fertility rate) by residence, India and bigger states
24: Percent change in average TFR (Total fertility rate) in ten years, by residence, India and bigger states
25: GRR (gross reproduction rate) by residence, India and bigger states
26: ASMFRs (age specific marital fertility rates) by residence, India
27: ASMFRs (Age specific marital fertility rates) India and bigger states
28: TMFRs (Total marital fertility rates) by residence, India and bigger states
29: Per cent change in average Total Marital Fertility rate (TMFR) in ten years, by residence, India and bigger states
30: Per cent female population in the age group 15-49 by level of education, India and bigger states
31: General fertility rate by level of education of women, India and bigger states,
32: Age specific fertility rates by level of education of women,
33: Total fertility rate by level of education of women, India and bigger states
34: Percentage distribution of current live births by birth order, India and bigger states
35: Percentage distribution of current live births by birth order and residence, India and bigger states
36: Percentage distribution of second and higher order live births by interval, India and bigger states
37: Percentage distribution of second and higher order live births by interval and residence, India and bigger states
38: Per cent distribution of live births by type of medical attention received by the mother at delivery by residence, India and bigger states

Mortality Indicators

39: CDR (Crude Death Rates) by residence, India and bigger states
40: Percent change in average crude death rate between ten years, by residence, India and bigger states
41: Crude death rates by sex and residence, India
42: Crude death rates by sex, India and bigger states
43: Per cent distribution of deaths by broad age groups, India and bigger states
44: Percentage of infant deaths to total deaths by residence, India and bigger states,
45: Infant mortality rates by sex and residence, India and bigger states
46: Per cent change in average infant mortality rates between 10 years by residence, India and bigger states
47: Neo-natal mortality rates and percentage share of neo-natal deaths to infant deaths by residence, India and bigger states
48 Early neo-natal mortality rates and percentage share of early neo-natal deaths to infant deaths by residence, India and bigger states

49 Peri-natal mortality rates and still birth rates by residence,
India and bigger states

ANNEX 7

Key Indicators –National Family health Survey

Sample Size
Number of Households sampled
Ever-married women age 15–49 interviewed
Characteristics of Households
Percent with electricity
Percent within 15 minutes of safe water supply (
Water from taps, covered well, tanker, truck)
Percent with flush toilet
Percent with no toilet facility
Percent using govt. health facilities for sickness
Percent using iodized salt (at least 15 ppm)
Characteristics of Women (Ever-married women age 15–49)
Percent urban
Percent illiterate
Percent completed high school and above
Percent Hindu
Percent Muslim
Percent Christian
Percent regularly exposed to mass media
Percent working in the past 12 months
Status of Women2 (Ever-married women age 15–49)
Percent involved in decisions
Percent with control over some money
Marriage
Percent never married among women age 15–19
Median age at marriage among women age 20–49
Fertility and Fertility Preferences
Total fertility rate (for the past 3 years)
Mean number of children ever born to women 40–49
Median age at first birth among women age 20–49.(
Percent of births(For births in the past 3 years)
of order 3 and above
Mean ideal number of children (Excluding women giving non-numeric responses)
Percent of women with 2 living children wanting another child
Current Contraceptive Use (Among currently married women age 15–49)
Any method
Any modern method
Pill
IUD
Condom
Female sterilization
Male sterilization
Any traditional method
Rhythm/safe period
Withdrawal
Other traditional or modern method
Unmet Need for Family Planning5 ([6]For current users of modern methods)

Percent with unmet need for family planning
Percent with unmet need for spacing
Quality of Family Planning Services (For current users of modern methods)

Percent told about side effects of method

Percent who received follow-up services

Childhood Mortality

Infant mortality rate for 5 years preceding the survey (1994–98)

Under-five mortality rate (or the 5 years preceding the survey (1994–98))

Safe Motherhood and Women's Reproductive Health

Maternal mortality ratio

Percent of births8[6] within 24 months of previous birth

Percent of births3 whose mothers received:

Antenatal check-up from a health professional

Antenatal check-up in first trimester

Two or more tetanus toxoid injections

Iron and folic acid tablets or syrup

Percent of births3 whose mothers were assisted at delivery by a:

Doctor

Nurse/midwife

Traditional birth attendant

Percent5 reporting at least one reproductive health problem

Awareness of AIDS

Percent of women who have heard of AIDS

Child Health

Percent of children age 0–3 months exclusively breastfed

Median duration of breastfeeding (months)

Percent of children9 who received vaccinations: (Children age 12–23 months)

BCG.

DPT (3 doses).

Polio (3 doses)

Measles

All vaccinations

Percent of children10 with diarrhea in the past 2 weeks who received oral rehydration salts (ORS?)

Percent of children [7]with acute respiratory infection in The past 2 weeks taken to a health facility or provider

Nutrition

Percent of women with anemia[8]

Percent of women with moderate/severe anaemia11

Percent of children age 6–35 months with anaemia11

Percent of children age 6–35 months with moderate/ Severe anaemia11

Percent of children chronically undernourished (stunted.

Percent of children acutely undernourished (wasted) 12.)[9]

Percent of children underweight

[6] For births in the past 5 years (excluding first births

[7] Children under 3 years

[8] Anaemia–haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia haemoglobin level < 10.0 g/dl

[9] Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

Annex 8

Key indicators brought out by District Level Household survey under RCH programme

	Variable Description
1	State Name
2	Phase
3	District Name
4	Mean age at marriage for boys
5	Mean age at marriage for girls
6	Boys married below legal age at marriage 21 years
7	Girls married below legal age at marriage 18 years
8	Knowledge of any modern family planning method
9	Knowledge of any modern spacing family planning method
10	Knowledge of all modern family planning methods
11	Knowledge of any traditional method
12	Current use of any family planning method
13	Current use of any modern family planning method
14	Current use - Female sterilization
15	Current use - Male sterilization
16	Current use – IUD
17	Current use – PILLS
18	Current use – CONDOM
19	Current use of any traditional family planning method
20	Unmet need for limiting-1
21	Unmet need for spacing-1
22	Unmet need -total-1
23	Unmet need for limiting-2
24	Unmet need for spacing-2
25	Unmet need -total-2
26	No antenatal check up
27	Any antenatal check up
28	3 or more antenatal check ups
29	Antenatal check up at home
30	Who had no TT injection during pregnancy
31	Who had one TT injection during pregnancy
32	Who had two or more TT injection during pregnancy
33	Who consumed one IFA tablet regularly

	Variable Description
35	Who received 100 or more IFA tablets during pregnancy
36	Received adequate IFA tablets/syrup
37	Full ANC1 - (At least 3 visits for ANC + at least one TT injection + 100 or more IFA tablets)
38	Full ANC2 - (At least 3 visits for ANC + at least one TT injection + 100 or more IFA tablets/syrup)

39 Institutional deliveries
40 Institutional deliveries - government
41 Institutional deliveries - private
42 Safe Deliveries (Either institutional delivery or home delivery attendant by Doctor/Nurse/TBA)
43 Safe Deliveries (Either institutional delivery or home delivery attendant by Doctor/Nurse)
44 Breastfeeding within 2 hours (children age below 36 months)
45 Percentage whose mother squeezed out the first breast milk (children age below 36 months)
46 Exclusive breastfeeding at least 4 months (children age 4-12 months)
47 Percentage of children age 12-35 months received Polio 0
48 Percentage of children age 12-35 months received BCG
49 Percentage of children age 12-35 months received DPT 3
50 Percentage of children age 12-35 months received POLIO 3
51 Percentage of children age 12-35 months received Measles
52 Percentage of children age 12-35 months received Full Immunization
53 Percentage of children age 12-35 months not received any vaccination
54 Aware of diarrhea
55 Knowledge of ORS
56 who had diarrhea (two weeks prior to survey)
57 Given ORS to children during Diarrhea
58 Sought treatment for Diarrhea
59 Aware of danger signs of Pneumonia
60 who had Pneumonia (two weeks prior to survey)
61 Sought treatment for Pneumonia
62 Women aware of RTI/STI
63 Women aware of HIV/AIDS
64 Women who had pregnancy complications
65 Women who had delivery complications
66 Women who had post delivery complications
67 Women had side effects due to female sterilization
68 Women had side effects due to IUD

Variable Description

69 Women who had Menstruation related problems
70 Abnormal vaginal discharge
71 Women who had any symptom of RTI/STI
72 Sought treatment for Pregnancy complications
73 Sought treatment for Post delivery complications
74 Sought treatment abnormal vaginal discharge
75 Women visited by ANM/Health worker
76 Women who had said worker spent enough time with them
77 Women who satisfied with service/advice given by health worker
78 Women who utilized government health facility for antenatal care
79 Women who utilized government health facility for treatment of pregnancy complications
80 Women who utilized government health facility for treatment of post delivery complications
81 Women who utilized government health facility for treatment of RTI/STI (vaginal discharge) **Unmet need for contraception**

82 Limiting 1-The proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.

83 Spacing 1: The proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children but after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are not included in unmet for spacing.

84 Total Unmet need for limiting-1 and spacing-1

85 Limiting 2: The proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.

86 Spacing 2: The proportion of currently married women who are neither in menopause not had hysterectomy nor are currently pregnant and who want more children but after two years or later and are currently not using any currently pregnant . The women who are not sure about whether and when to have next child are also included in unmet for spacing.

87 Total 2: Unmet need for limiting-2 and spacing-2