GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.186
TO BE ANSWERED ON 21ST JUNE, 2019

NATIONAL FAMILY HEALTH SURVEY/ ANNUAL HEALTH SURVEYS

186. SHRI ADHIR RANJAN CHOWDHURY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of National Family Health Survey (NFHS)/Annual Health Surveys conducted in the country so far and the major findings in these surveys, State/UT-wise;

(b) whether a number of States/UTs were not covered by some of these surveys and if so, the details thereof along with the reasons therefor; and

(c) the steps taken by the Government to ensure compilation of true and objective data in order to help the Government in making its future policies and programmes?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a): Four rounds of National Family Health Survey (NFHS) were conducted in the country during 1992-93 (NFHS 1), 1998-99 (NFHS 2), 2005-06 (NFHS-3) and 2015-16 (NFHS-4) with the technical support of International Institute for Population Sciences, Mumbai. The Three rounds (2010-11, 2011-12 and 2012-13) of Annual Health Survey (AHS) were carried out, through the Office of Registrar General & Census Commissioner of India, in 284 districts namely Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand.

The major findings of NFHSs and AHSs are available at link:

http://rchiips.org/NFHS/index.shtml ; and


(b): In NFHS-1, Srinagar region of Jammu and Kashmir was not covered due to Law and Order situation and Sikkim was also not covered as basic parameters for sample selection were not available.

NFHS-1, 2, 3 didn’t cover UTs except Delhi because the objective of the survey then was to provide State level estimates.
(c): The following important steps taken by the Government to ensure compilation of true and objective data in order to help the Government in making its future policies and programmes:

(i) Objective and Scientific sampling procedures including, a complete household listing operation in every Primary Sampling Unit, and the random selection of sample households was adopted to avoid bias.

(ii) Elaborative and comprehensive trainings was organised to ensure data quality.

(iii) Digital and physical field monitoring was ensured for collecting on computer-assisted personal interviewing (CAPI).

(iv) A Uniform procedure for the implementation of the survey and minimize non-sampling errors was adopted.