



भारत में सामाजिक उपभोग के मुख्य संकेतक स्वास्थ्य

Key Indicators of Social Consumption in India Health

रा. प्र. स. 71 वाँ दौर

NSS 71st Round

(जनवरी - जून 2014)

(January – June 2014)



भारत सरकार
Government of India
सांखिकी और कार्यक्रम कार्यान्वयन मंत्रालय
Ministry of Statistics and Programme Implementation
राष्ट्रीय प्रतिदर्श सर्वेक्षण कार्यालय
National Sample Survey Office
जून 2015
June 2015

प्राक्कथन

राष्ट्रीय प्रतिदर्श सर्वेक्षण (रा.प्र.स.) के स्वास्थ्य सम्बंधी सामाजिक उपभोग सर्वेक्षण, स्वास्थ्यपरिवर्त्य के विभिन्न संकेतकोंजैसे - रुग्णता, अस्पताल में भर्ती होने, महिला को शिशु जन्म से पूर्वव जन्म के बाद मिलने वाली देखभाल, सार्वजनिक और निजी क्षेत्रों से उपचार पर किया गया व्यय, आयुष द्वारा उपचार का उपयोग तथा लागत आदि से संबंधित प्राथमिक मात्रात्मक जानकारी के मुख्य स्रोत हैं। इनका उपयोग आयोजना, नीति-निर्माण, निर्णय लेने, और विभिन्न सरकारी संगठनों, शिक्षाविदों, शोधकर्ताओं तथा विद्वानों द्वारा आगे विश्लेषणात्मक अध्ययनों में इनपुट के तौर पर किया जाता है।

रा.प्र.स. ने अपने 7वें दौर (अक्टूबर 1953 - मार्च 1954) में स्वास्थ्य पर जानकारी एकत्रित करने का पहला प्रयास किया था। यह सर्वेक्षण और तीन अनुवर्ती दौरों (11वें से 13वें दौर, 1956-58) में आयोजित किए गए सर्वेक्षण समन्वेशी प्रकृति के थे। इन सर्वेक्षणों के बाद रुग्णता की जानकारी के वैकल्पिक सदृश्यों की जांच करने के लिए 17वें दौर (सितंबर 1961 - जुलाई 1962) में प्रायोगिक सर्वेक्षण कराया गया। रुग्णता संबंधी व्यापक सर्वेक्षण 28वें दौर (अक्टूबर 1973 - जून 1974) में किया गया था। उसके बाद रा.प्र.स.का. ने अलग से कोई रुग्णता संबंधी सर्वेक्षण नहीं किया। रुग्णता संबंधी आंकड़ों का संकलन अब दशवर्षिक सामाजिक उपभोग सर्वेक्षण के एक भाग के रूप में होता है जो कि रा.प्र.स. के 35वें दौर (जुलाई 1980 - जून 1981), 42वें दौर (जुलाई 1986 - जून 1987), 52वें दौर (जुलाई 1995 - जून 1996) और 60वेंदौर (जनवरी 2004-जून 2004) में किया गया। रा.प्र.स. के 71वें दौर (जनवरी - जून 2014) के 'सामाजिक उपभोग - स्वास्थ्य' पर किये गये सर्वेक्षण का उद्देश्य स्वास्थ्य क्षेत्र सम्बंधी मात्रात्मक सूचना प्रदान करना है। सभी राज्य सरकारों और संघ राज्य क्षेत्र (अंडमान एवं निकोबार द्वीप समूह, चंडीगढ़, दादर एवं नगर हवेली तथा लक्षद्वीप को छोड़कर) ने भी कम से कम समान आकार के प्रतिदर्श के आधार पर सर्वेक्षण कार्यक्रम में भाग लिया है।

राष्ट्रीय प्रतिदर्श सर्वेक्षण कार्यालय का यह सतत प्रयास रहा है कि उपयोगकर्ताओं की सामयिक अपेक्षाओं को पूरा करने के लिए क्षेत्र कार्य के पूरा होने के एक वर्ष के अंदर मुख्य संकेतकों के रूप में सर्वेक्षण परिणाम जारी कर दिए जाएं। इसको ध्यान में रखते हुए और सर्वेक्षण के मुख्य निष्कर्षों को उपलब्ध कराने के मद्देनजर, विस्तृत रिपोर्ट जारी करने से काफी पहले, राष्ट्रीय प्रतिदर्श सर्वेक्षण कार्यालय केंद्रीय प्रतिदर्श आंकड़ों के आधार पर 'भारत में सामाजिक उपभोग के मुख्य संकेतक: स्वास्थ्य' नामक दस्तावेज जारी कर रहा है।

रा.प्र.स.का. के सर्वेक्षण अभिकल्प तथा अनुसंधान प्रभाग (एसडीआरडी) ने सर्वेक्षण पद्धति, सर्वेक्षण-साधन विकसित करने तथा यह रिपोर्ट तैयार करने का कार्य किया। क्षेत्र संकार्य प्रभाग (एफओडी) नेक्षेत्र कार्य किया जिनमें केंद्रीय प्रतिदर्शों को शामिल किया गया। आंकड़ा विधायन तथा सारणीयन का कार्य समकं विधायन प्रभाग (डीपीडी) ने किया। समन्वय एवं प्रकाशन प्रभाग (सीपीडी) ने सर्वेक्षण संबंधी विभिन्न कार्यकलापों में समन्वयन का कार्य किया।

मैं सर्वेक्षण के विभिन्न चरणों में बहुमूल्य मार्गदर्शन प्रदान करने हेतु राष्ट्रीय प्रतिदर्श सर्वेक्षण के 71वें दौर के कार्य दल के अध्यक्ष और सदस्यों और राष्ट्रीय सांचिकीय आयोग (एनएससी) की अत्यंत आभारी हूँ। मैं इस रिपोर्ट को तैयार करने में शामिल रा.प्र.स.का. के विभिन्न प्रभागों के अधिकारियों द्वारा किये गये प्रयासों की भी सराहना करती हूँ।

मैं आशा करती हूँ कि यह रिपोर्ट योजनाकारों, नीति-निर्माताओं, शिक्षाविदों और शोधकर्ताओं के लिए उपयोगी सिद्ध होगी। इस रिपोर्ट की विषयवस्तु, अभिन्यास अथवा रिपोर्ट के किसी अन्य पहलू में सुधार के लिये सुझावों का स्वागत है।

अमरजीत

(अमरजीत कौर)

महानिदेशक एवं मुख्य कार्यकारी अधिकारी,
राष्ट्रीय प्रतिदर्श सर्वेक्षण कार्यालय

नई दिल्ली

जून, 2015

Foreword

The surveys on social consumption relating to health, conducted by the National Sample Survey Office (NSSO), are the primary source of basic quantitative information on the health sector like morbidity, hospitalization, extent of receipt of pre-natal and post-natal care by women, expenditure incurred on treatment received from public and private sectors, use and cost of AYUSH treatment, etc. These are used for planning, policy formulation, decision support and as input for further analytical studies by various Government organizations, academicians, researchers and scholars.

2. NSSO made its first attempt to collect information on health in its 7th round (Oct 1953-March 1954). This survey and those conducted in the subsequent three rounds (11th to 13th rounds during the period 1956-58) were exploratory in nature. These surveys were followed by a pilot survey in the 17th round (September 1961 - July 1962) to examine alternative approaches of morbidity reporting. With the experience of the earlier surveys, a full-scale survey on morbidity was conducted in the 28th round (October 1973 - June 1974). Since then, the NSSO has not undertaken any separate morbidity survey. Morbidity data are now collected as a part of the decennial surveys on social consumption, carried out in its 35th round (July 1980 - June 1981), 42nd round (July 1986 - June 1987), 52nd round (July 1995 - June 1996) and 60th round (Jan.-June 2004). The survey on Social Consumption: Health, carried out during NSS 71st round (Jan.-June 2014) aims to generate basic quantitative information on the health sector. All the State Governments and Union Territories (except Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Lakshadweep) also participated in the survey programme with at least an equal matching sample size basis.

3. It has been the persistent endeavour of NSSO to bring out its survey results in the form of Key Indicators within one year of completion of field work of the survey to meet timely requirement of its users. With this aim and with a view to make available the salient results of the survey, well in advance of the release of detailed report, NSSO is bringing out this document 'Key Indicators of Social Consumption in India: Health' based on Central sample data.

4. The Survey Design and Research Division (SDRD) undertook the development of the survey instruments and the preparation of this document. The field work was carried out by the Field Operations Division (FOD), while the data processing and tabulation work was handled by the Data Processing Division (DPD). The Coordination and Publication Division (CPD) coordinated various activities pertaining to the survey.

5. I would like to express my gratitude to the Chairman & members of the Working Group of NSS 71st round and National Statistical Commission for their valuable guidance provided at various stages of the survey. I also place on record my appreciation of efforts made by the officers of different divisions of NSSO involved in the preparation of this document.

6. I hope that this document will be found useful by planners, policy makers and researchers. Suggestions for improvement of its content and coverage will be highly appreciated.

New Delhi
June, 2015


(Amarjeet Kaur)
Director General & Chief Executive Officer
National Sample Survey Office

Contents

Chapter One

1.	Introduction	
1.1	Background	1
1.2	Objective of the Survey	1
1.3	Comparability with Previous Round Survey	2
1.4	Report of the 71 st Round: Health	3
1.5	Contents of this Document	3

Chapter Two

2.	Main Features of the Survey	
2.1	Schedules of Enquiry	5
2.2	Scope and Coverage	5
2.3	Conceptual Framework	8

Chapter Three

3.	Summary of Findings	
3.0	Introduction	10
3.1	Morbidity and Health	10
3.2	Treatment of Ailments	13
3.3	Hospitalised Treatment of Ailments (excluding Childbirth)	15
3.4	Cost of Treatment: Hospitalisation and Other	18
3.5	Incidence of Childbirth, Expenditure on Institutional Childbirth	25

Appendix A

Detailed Tables	A-1 – A-25
------------------------	-------------------

Appendix B

Concepts and Definitions	B-1 – B-7
---------------------------------	------------------

Appendix C

Note on Sample Design and Estimation Procedure	C- 1 – C-8
---	-------------------

Appendix D

Schedule 25.0: Social Consumption: Health	D-1 – D-12
--	-------------------

Feedback Form

Appendix A
Detailed Tables

Table 1R/U

Number of ailments reported per thousand persons (PAP) during the last 15 days by State/UT, and age-group

A-1 – A-2

Table 2R/U

Percentage distribution of spells of ailment by nature of treatment received, separately for each State/UT and gender

A-3 – A-4

Table 3

Per 1000 no. of persons reporting ailment (PAP) and No. per 1000 of persons hospitalized in each State/UT: rural, urban

A-5

Table 4

Per thousand distribution of spells of ailment treated on medical advice over levels of care in each State/UT for each gender

A-6 – A-7

Table 5

Cases of hospitalisation (EC) on account of different ailment types reported per 100,000 persons during the last 365 days

A-8 – A-11

Table 6R/U

Per thousand distribution of hospitalisation cases(EC) during the last 365 days by type of hospital and gender, separately for each State/UT

A-12 – A-13

Table 7

Average total medical expenditure for treatment per hospitalisation case (EC) during stay at hospital (as inpatient) over last 365 days by State/UT and gender

A-14

Table 8R/U

Average medical expenditure and non-medical expenditure (Rs.) on account of hospitalisation per hospitalisation case (EC) for each State/UT, gender and sector

A-15 – A-16

Table 9

Average total medical expenditure for (non-hospitalised) treatment per person during last 15 days by level of care, and broad nature of ailment

A-17

Table 10

Per thousand distribution of hospitalisation cases (EC) by nature of treatment received during hospitalisation, separately for each State/UT and gender

A-18 – A-19

Table 11R/U

Average total medical expenditure (Rs.) for treatment per childbirth during stay at hospital (as inpatient) over last 365 days by type of hospital for each State/UT

A-20 – A-21

Table 12R/U

Percentage distribution of women aged 15-49 by place of childbirth during last 365 days

A-22 – A-23

Table 13

Distribution of population by age-group for each gender: rural, urban

A-24

Table 14

Distribution of population by gender for each State/UT: rural, urban

A-25

Abbreviations

Abbreviation	Description
PAP	Proportion of Ailing Persons
EC	Excluding Childbirth
AYUSH	Ayurveda, Yoga & Naturoathy, Unani, Siddha, and Homeopathy.
ASHA	Accredited Social Health Activist
HSC	Health Sub-Centre
AWW	Angan wadi worker
ANM	Auxiliary Nurse Midwives
PHC	Primary Health Centre
hh (s)	Household (s)
CHC	Community Health Centre
MMU	Mobile Medical Unit
UMPCE	Usual Monthly per capita Consumer Expenditure
RSBY	Rashtriya Swasthya Bima Yojna

Chapter One

Introduction

1.1 Background

1.1.1 NSS made its first attempt to collect information on health in its 7th round (October 1953- March 1954). This survey and those conducted in the three subsequent rounds (the 11th to the 13th round, 1956-58 and the follow-up pilot survey during 17th round) were all exploratory in nature. With the aid of the findings of these exploratory surveys, a full-scale survey on morbidity was conducted in the 28th round (October 1973 - June 1974). Subsequently, reports based on the data of the NSS surveys of social consumption carried out in the 42nd round (July 1986 - June 1987) and the 52nd round (July 1995 - June 1996) gave information on the public distribution system, health services, educational services and the problems of the aged. In the 60th round of NSS (January-June 2004), a survey on morbidity and health care, including the problems of aged persons, was carried out and a report (NSS Report No.507) was brought out. Since then there has been no NSS survey on health.

1.2 Objective of the Survey

1.2.1 The survey on Social Consumption: Health in 71st round aimed to generate basic quantitative information on the health sector. One of the vital components of the schedule was dedicated to collect information which was relevant for determination of the prevalence rate of different diseases among various age-sex groups in different regions of the country. Further, measurement of the extent of use of health services provided by the Government was an indispensable part of this exercise. Special attention was given to hospitalisation, or medical care received as in-patient of medical institutions. The ailments for which such medical care was sought, the extent of use of Government hospitals as well as different (lower) levels of public health care institutions, and the expenditure incurred on treatment received from public and private sectors, were investigated by the survey. Break-up of expenditure by various heads was estimated for expenses on medical care received both as in-patient and otherwise. Emphasis was laid on collecting information on 'out of pocket' expenditure for various episodes of illness.

1.2.2 For the first time in an NSS health survey, the data collected had enabled assessment of the role of alternative systems of medicine in respect of prevalence of use, cost of treatment and type of ailments covered. Besides, the survey was meant to ascertain the extent of use of private and public hospitals for childbirth, the cost incurred and the extent of receipt of pre-natal and post-natal care by women who gave childbirth. Finally, information on certain aspects of the condition of the 60-plus persons was also obtained which have a bearing on their state of health, economic independence, and degree of isolation. For most important parameters, the survey provided estimates separately for males and females.

1.3 Comparability with Previous Round Survey

1.3.1 Due to the change in coverage and difference in concepts and definitions in respect of some important parameters followed in the two rounds, the results of NSS 71st round are not strictly comparable with the results of NSS 60th round. While making any comparison, these differences may be taken into consideration.

1.3.2 In the 60th round and earlier surveys on health, persons with disabilities were regarded as ailing persons. In this round, pre-existing disabilities were considered as chronic ailments provided they were under treatment for a month or more during the reference period, but otherwise were not recorded as ailments. Disabilities acquired during the reference period (that is, whose onset was within the reference period) were, however, recorded as ailments.

1.3.3 In the earlier NSS health surveys, only treatment of ailments administered on medical advice was considered as medical treatment. Self-medication, use of medicines taken on the advice of persons in chemists' shops, etc. were not considered as medical treatment and ailments for which only such medication was taken were considered as untreated ailments. In this round, all such treatment was considered as medical treatment. But for each ailment treated, it was ascertained whether the treatment was taken on medical advice or not.

1.3.4 Childbirths were given a dummy ailment code so that details of treatment and expenditure of childbirth could be recorded. However, childbirths were, as usual, not considered in generating estimates of Proportion of Ailing Persons (PAP). In addition, in the light of the experience of earlier surveys, more emphasis has been laid on identification of chronic ailments and information was collected in such a way as to enable to estimate separately for the incidence of chronic ailments.

1.3.5 Information on expenditure incurred on treatment was collected with a 'paid' instead of a 'payable' approach; as such information was considered to be much more readily available.

1.3.6 In the earlier surveys, for each person aged 60 years or more, the ailments reported on the date of survey and the nature of treatment of such ailments was recorded in addition to information on ailments during the reference period of last 15 days. In this round, the additional information on ailments as on the date of survey was not collected for any age-group.

1.3.7 A more detailed and updated code list for ailments was adopted in the current round as per the requirements of the Ministry of Health and Family Welfare. Whenever information on nature of treatment was collected, the options 'Indian System of Medicine' (including Ayurveda, Unani and Siddha), Homeopathy and 'Yoga or Naturopathy' were provided in the list of responses to enable tabulation of data separately for treatments by different systems of medicine.

1.3.8 The estimates on indicators of health for Telangana are presented. It may be noted that, estimates shown for the state of Andhra Pradesh correspond to the newly formed state.

1.3.9 In this round NSS has marginally deviated from its definition of **Household**. As usual, a group of persons normally lived together and taking food from a common kitchen constituted a household. It included temporary stay-aways (those whose total period of absence from the household is expected to be less than 6 months) but excluded temporary visitors and guests (expected total period of stay less than 6 months). This time, assuming that expenditure related information could be better collected from the person who actually funded it, some exceptions were allowed as follows:

- (i) students residing in students' hostels were considered as members of the household to which they belonged before moving to the hostel irrespective of the period of absence from the household they belonged. Hence, they were not regarded as forming single-member households unlike previous rounds
- (ii) any woman who has undergone childbirth during last 365 days was considered a member of the household which incurred the cost of childbirth irrespective of her place of residence during the last 365 days
- (iii) a child aged less than 1 year was considered a member of the household to which its mother belongs

1.4 Report of the 71st round: Health

1.4.1 The results of NSS 71st round survey on Social Consumption: Health, only one report in addition to this Key Indicator Document is planned for release.

1.5 Contents of this Document

1.5.1 This document brings out the key results of NSS 71st round within a year of completion of the field work for use in decision support, policy inferences and economic analysis. It contains three Chapters and four Appendices. Following the present introductory Chapter, Chapter Two outlines the features of this health survey along with its conceptual framework. A brief summary of the information contained in the key indicators is presented in Chapter Three. In Appendix A, some important indicators at State/UT level and some detailed all-India level tables are presented. Appendix B contains the basic concepts and definitions and procedures followed in the survey along with the definitions/terms used in this document other than those discussed in Chapter Two. Appendix C gives details of the sample design and estimation procedure followed and Appendix D consists of the schedule of enquiry (Schedule 25.0) that was canvassed in the surveyed households.

1.5.2 Chapter Three summarises the major findings of the survey and discusses the salient features relating to health of the household members. The observations are mainly confined to all-India estimates followed by an examination of the disparities between gender, age, type of hospital visited, nature of treatment received, etc. across the major states and rural-urban

sectors. The estimates for the smaller states and union territories (UTs) have not been presented separately as the sample sizes for the smaller states and UTs may not be adequate for getting sufficiently reliable estimates – at least for measuring change or inter-state comparison. The estimates for those smaller states and UTs have, however, been given in the Appendix A.

1.5.3 The indicators presented in this document are –

A. Proportion of ailing persons

- (i). for gender at different sector
- (ii). for gender , broad age group at different sector
- (iii). quintile classes of UMPCE and sector

B. Spells of ailments & its treatment

- (iv). quintile classes of UMPCE , nature of treatment, gender, sector
- (v). level of care, gender, sector

C. Rate of hospitalization

- (vi). age group, gender, sector
- (vii). quintile classes of UMPCE, type of hospital, sector
- (viii). quintile classes of UMPCE, nature of treatment, gender, sector

D. Cost of Treatment–Hospitalisation

- (ix). broad ailment, type of hospital, sector
- (x). quintile classes of UMPCE, sector
- (xi). quintile classes of UMPCE, coverage of health protection scheme
- (xii). state, sector, proportion of reimbursement
- (xiii). quintile classes of UMPCE, sector, source of finance of health expenditure

E. Cost of Treatment –non-hospitalised treatment

- (xiv). quintile classes of UMPCE, gender, sector
- (xv). level of care, gender, sector

F. Incidence of Childbirth, Maternity care

- (xvi). institutional and not-institutional childbirth at quintile classes of UMPCE
- (xvii). institutional childbirth at quintile classes of UMPCE, level of care, sector
- (xviii). average expenditure on institutional childbirth at quintile class of UMPCE, level of care, sector

Chapter Two

Main Features of the Survey

2.1 Schedules of Enquiry

2.1.1 The survey period of the 71st round was from January to June 2014. The required information was collected from a set of sample households using *schedule 25.0* (please see *Appendix D for details*).

2.1.2 In addition to the household characteristics and demographic particulars (along with the details of former member(s) if any), following information were collected in this round from each household members and former members:

- (i). particulars of medical treatment received as in-patient of a medical institution during the last 365 days and expenses incurred during the last 365 days for treatment of members as in-patient of medical institution,
- (ii). particulars of spells of ailment of household members during the last 15 days (including hospitalisation) and expenses incurred during the last 15 days for treatment of members (not as an in-patient of medical institution),
- (iii). particulars of economic independence and state of health of persons aged 60 years and above as on date of survey, and
- (iv). particulars of pre-natal and post-natal care for women of age 15-49 years during the last 365 days

2.2 Scope and Coverage

2.2.1 *Geographical coverage:* The survey covered the whole of the Indian Union.

2.2.2 *Population coverage:* The following rules regarding the population coverage were adhered to compile listing of households and persons:

- (i). Under-trial prisoners in jails and indoor patients of hospitals, nursing homes, etc., were excluded, but residential staff therein were listed whenever listing was done in such institutions. The persons of the first category were considered as members of their parent households and counted there. Convicted prisoners undergoing sentence were outside the coverage of the survey.
- (ii). Floating population, i.e., persons without any normal residence were not listed. But households residing in open space, roadside shelter, under a bridge, etc., more or less regularly in the same place, were listed.

- (iii). Neither the foreign nationals nor their domestic servants were listed, if by definition the latter belong to the foreign national's household. If, however, a foreign national became an Indian citizen for all practical purposes, he or she was covered.
- (iv). Persons residing in barracks of military and paramilitary forces (like police, BSF, etc.) were kept outside the survey coverage due to difficulty in conduct of survey therein. However, civilian population residing in their neighbourhood, including the family quarters of service personnel, were covered.
- (v). Orphanages, rescue homes, vagrant houses, etc. were outside the survey coverage. However, persons staying in old age homes, *ashrams/hostels (other than students)* and the residential staff (other than monks/ nuns) of these ashrams were listed. For orphanages, although orphans were not listed, the persons looking after them and staying there were considered for listing.
- (vi). Students residing in the students' hostels were excluded from the hostel as they were considered as members of the household to which they belonged before moving to the hostel. However, residential staff was listed in the hostel.

2.2.3 Sample size

- (i). *First-stage units*: As usual in the regular NSS rounds, most States and Union Territories participated in the survey: a “State sample” was surveyed by State Government officials in addition to the “Central sample” surveyed by NSSO. For rural India, the number of villages surveyed in the Central sample was 4577 and the number of urban blocks surveyed was 3720. This document is based on the estimates obtained from the Central sample only.
- (ii). *Second-stage units*: Stratification of households was done on the basis of (i) with at least one child of age less than 1 year, and (ii) households with at least one member (including deceased former member) hospitalised during last 365 days. For the survey, from each sample village and urban block, 8 households were surveyed. Detailed sampling design and estimation procedure is presented in Appendix C of this document. The total number of households in which Schedule 25.0 was canvassed was 36480 in rural India and 29452 in urban India.
- (iii). Table 2.1 shows the number of villages and urban blocks surveyed, the number of rural and urban sample households, and also the number of persons surveyed for each State and Union Territory.
- (iv). As mentioned earlier the survey period was only six months (January to June 2014).

**Table 2.1: No. of villages/blocks, households and persons surveyed for Schedule 25.0, NSS 71st round,
Central sample: rural, urban**

State/UT	no. of fsu's (villages/blocks) surveyed		no. of surveyed					
			households			persons		
	rural	urban	rural	urban	all	rural	urban	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Andhra Pradesh	156	154	1240	1208	2448	5482	5154	10636
Arunachal Pradesh	48	32	379	247	626	1942	1052	2994
Assam	212	70	1695	560	2255	8757	2654	11411
Bihar	264	132	2111	1056	3167	11638	5958	17596
Chhattisgarh	85	66	680	525	1205	3524	2502	6026
Delhi	8	148	63	1095	1158	366	5058	5424
Goa	12	12	96	96	192	470	446	916
Gujarat	182	180	1456	1432	2888	8082	7129	15211
Haryana	90	90	720	704	1424	4152	3888	8040
Himachal Pradesh	88	24	704	192	896	3552	840	4392
Jammu & Kashmir	92	68	735	544	1279	4003	2785	6788
Jharkhand	104	82	832	621	1453	4884	3434	8318
Karnataka	186	184	1488	1471	2959	7824	6903	14727
Kerala	160	160	1199	1279	2478	5484	5745	11229
Madhya Pradesh	248	204	1984	1629	3613	10416	8715	19131
Maharashtra	340	340	2711	2692	5403	14072	13052	27124
Manipur	96	80	768	640	1408	4002	3185	7187
Meghalaya	68	36	544	288	832	2931	1449	4380
Mizoram	48	48	384	384	768	1924	1940	3864
Nagaland	44	28	352	224	576	1650	1001	2651
Odisha	212	94	1696	746	2442	8186	3390	11576
Punjab	96	96	768	761	1529	4044	3753	7797
Rajasthan	210	156	1678	1234	2912	9645	7010	16655
Sikkim	40	24	320	192	512	1343	757	2100
Tamil Nadu	246	246	1960	1957	3917	8237	7853	16090
Telangana	94	96	744	750	1494	3317	3265	6582
Tripura	104	72	832	576	1408	3608	2369	5977
Uttar Pradesh	616	378	4918	3003	7921	29924	17159	47083
Uttarakhand	44	40	352	320	672	1756	1421	3177
West Bengal	324	304	2592	2427	5019	11860	10923	22783
A & N Islands	20	12	159	95	254	827	407	1234
Chandigarh	8	16	64	120	184	311	563	874
Dadra & N. Haveli	8	8	64	64	128	371	270	641
Daman & Diu	8	8	64	64	128	288	249	537
Lakshadweep	8	8	64	64	128	403	433	836
Puducherry	8	24	64	192	256	298	819	1117
all	4577	3720	36480	29452	65932	189573	143531	333104

2.3 Conceptual Framework

2.3.1 The estimates of number of households presented in this report are based on data with a moving reference point, from 1.1.2014 to 30.6.2014, which spans a period of six months. These estimates, therefore, may be taken to represent the number of households existing as on 31.03.2014, the mid-point of the six-month period.

2.3.2 **Reference period:** Details of all ailments (as in-patient or otherwise) during last 15 days were collected for all current members and former members. On the other hand, the number of ‘hospitalised’ members and the number of ‘deaths occurred’ were collected with a different reference period as follows:

- (i) details of hospitalisation for all current and former members were collected for last 365 days (hospitalisation occurred from January 2013 to June 2014)
- (ii) details of death were collected for last 365 days (death occurred from January 2013 to June 2014).

Thus the estimates of number of ‘hospitalised’ members as well as number of ‘deaths occurred’ may be taken to represent the same as on 30.09.2013.

2.3.2.1 In the 60th round, however, ratio of estimated number of persons ailing during last 15 days and current population (plus estimated former members) during last 365 days was used for calculating Proportion of Ailing Persons (PAP). But it was understood that using current population plus estimated former members during last 365 days as denominator cannot represent the actual size of population that reported ailment at a particular time during the reference period or the population exposed to the risk during the same time point. Thus to determine PAP, ratio of current population (excluding former members) reporting ailment and the current population exposed to the risk is considered for this report.

2.3.2.2 On the other hand, rate of hospitalisation for any population category is calculated as a ratio of hospitalised members of current population and former members and estimated current population (plus estimated former members) during last 365 days. The same formula was used in 60th round as well.

2.3.3 Any estimate for the smaller states and union territories (UTs) needs to be analysed cautiously as the sample sizes for the smaller states and UTs may not be adequate for getting sufficiently reliable estimates – at least for measuring change or inter-state comparison. The estimates for all states and UTs have, however, been given in the Appendix. For the purpose of report, the major states are relatively large in terms of population. In some statements/tables where percentage (per 1000 no.) distribution is depicted, total (all-class) may not add up to 100(1000), as the case may be due to rounding off issues.

2.3.4 **Household’s usual consumer expenditure (₹) in a month:** Household’s usual consumer expenditure is the sum total of monetary values of all goods and services usually

consumed (out of purchase or procured otherwise) by the household on domestic account during a month. This has the following components which are given below:

- A. Usual expenditure for household purposes in a month.
- B. Purchase value of any household durables (mobile phones, TV sets, fridge, fans, cooler, AC, vehicles, computers, furniture, kitchen equipment, etc.) purchased during the **last one year** and the expenditure **per month** obtained by dividing by 12.
- C. If any household consumption (usually) from (a) wages in kind (b) home-grown stock (c) free collection was there, then the approximate monthly value of the amount usually consumed in a month was imputed.

Then the sum of A+B+C is taken as household's usual consumer expenditure in a month in whole number of rupees. Usual monthly per capita consumer expenditure (UMPCE) for a household is the household's usual consumer expenditure in a month divided by that household size.

2.3.5 Quintile class of UMPCE:

2.3.5.1 This refers to the 5 quintile classes of the Rural/Urban ALL-INDIA distribution (estimated distribution) of households by UMPCE. In the tables, the different quintile classes are referred to simply as 1 (lowest quintile class), 2, 3, 4 and 5.

2.3.5.2 Thus, for example, the words “quintile class 2” (or “20-40%”) in a table for the State PUNJAB, RURAL sector, means households of the rural Punjab falling in the second (second lowest) quintile class of the estimated distribution of RURAL households by UMPCE of PUNJAB. These 5 classes are demarcated separately for each sector based on the amount of usual consumer expenditure of the household in a month.

2.3.5.3 Following table 2.2 shows the lower and upper limits of the all-India quintiles to have an idea of level of living of the households belonging to these quintile classes.

Table 2.2: Lower and upper limits of UMPCE in different quintile classes of UMPCE for each sector

quintile class of UMPCE	UMPCE (₹)			
	rural		urban	
	lower limit	upper limit	lower limit	upper limit
(1)	(2)	(3)	(4)	(5)
1	0	800	0	1182
2	800	1000	1182	1600
3	1000	1264	1600	2200
4	1264	1667	2200	3200
5	1667	-	3200	-

Chapter Three

Summary of Findings

3.0 Introduction

3.0.1 This chapter summarises the major findings of the survey and discusses the salient features unfolding indicators of ailments, hospitalisation and the expenditure incurred for those as well as indicators describing childbirth and related issues. The observations are mainly confined to all-India estimates followed by an examination of the gender and age differentials across the major states and rural-urban sectors. This may be important to note in this perspective that, households (or persons within households) are segregated in sector (rural/urban) by their place of domicile, and not by the place of treatment. This may be also kept in mind that all these data are summarised based on the information ‘as reported by the informant.’ The deviation (if any) from common idea of health practices may primarily be attributed to the perception of the informant. In this regard, difference between public-private and/or rural-urban may be interpreted cautiously.

3.1 Morbidity and Health

3.1.1 Statement 3.1 gives the survey estimates on the morbidity rate. For the purpose of the survey, it is termed as Proportion of Ailing Persons (PAP), measured as the number of living persons reporting ailment (per 1000 persons) during 15-day reference period for different gender in rural and urban sector. It shows a difference of 29 percentage points in the PAP between the rural and urban areas. The ratio differed between the male and female population by 19 percentage points in rural India and 34 percentage points in urban India.

Statement 3.1: Proportion (per 1000) of ailing persons (PAP) during last 15 days: rural, urban

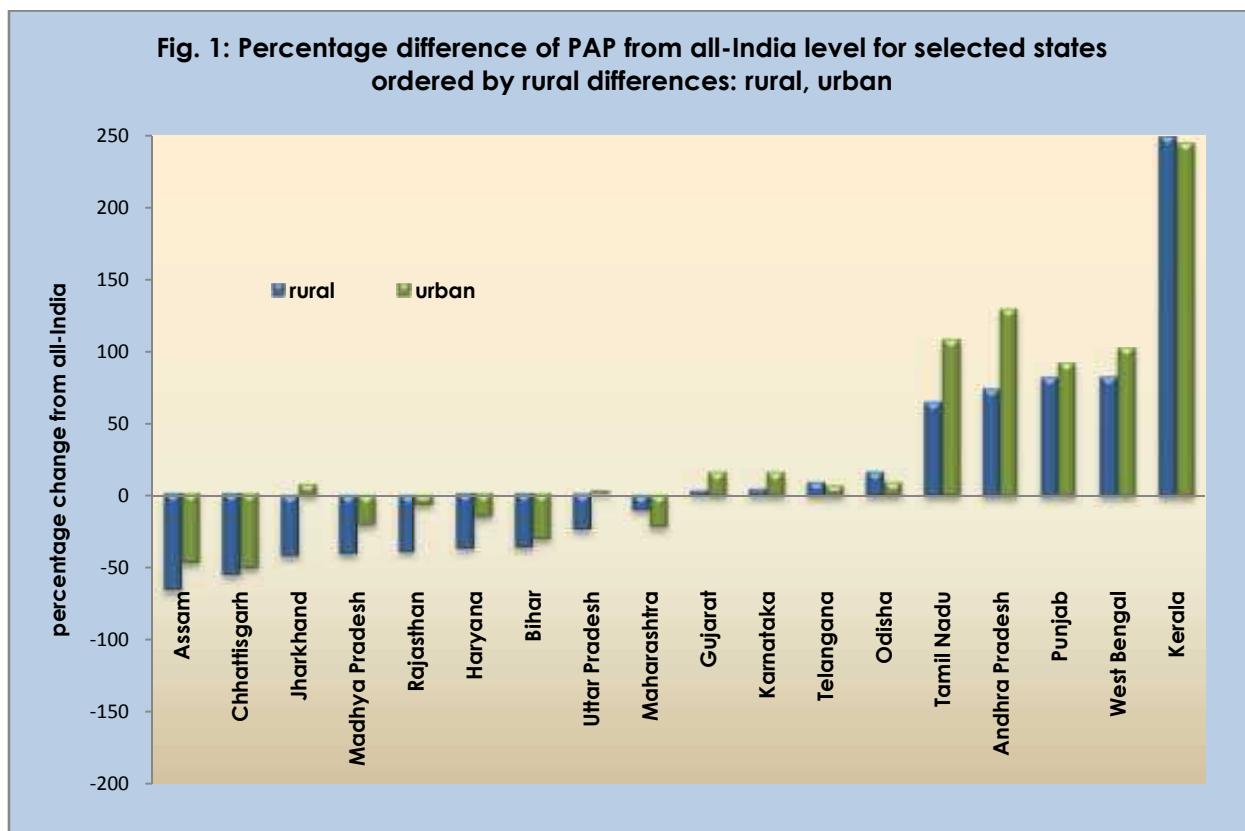
gender	NSS rounds		
	52 nd ('95-'96)	60 th (Jan-June '04)	71 st (Jan-June '14)
(1)	(2)	(3)	(4)
rural			
male	54	83	80
female	57	93	99
all	55	88	89
urban			
male	51	91	101
female	58	108	135
all	54	99	118

3.1.2 The morbidity rate (PAP) presented in this document gives the estimated proportion of persons reporting ailment at any time during 15-day reference period and are not strictly the *prevalence rates* as recommended by the Expert Committee on Health Statistics of the WHO. The WHO defines *prevalence rate* as the ratio between the number of spells of ailment at any time during the reference period and the population exposed to the risk. It measures the *frequency of illnesses* prevailing during the reference period, whereas Statement 3.1 gives the *number of (living) persons reporting ailments* during a 15-day period per 1000 (living) persons.

3.1.3 As the estimates are based on self-reported morbidity data, rather than on medical examination, the information on number of spells of different ailments during the reference period is not likely to reflect the illness-status of the patients, particularly the number of diseases a patient is afflicted with. Thus, only the estimated proportion (number per 1000) of ailing persons is used as a measure of morbidity rates in this report. The comparison of the survey estimates of morbidity rates, with those of the previous NSS round (60th round: January – June 2004) shows that the PAP has increased by 1 and 19 percentage points in the rural and urban areas, respectively. The increase in PAP over time is probably due to increased health consciousness over time and consequently, improvement in the self-reporting of ailments by the informants especially for urban sector.

3.1.4 Inter-state comparison: PAP

3.1.4.1 Table 3 in Appendix A shows the estimated proportion (number per 1000) of ailing persons during a 15 day period for all State/UTs.



3.1.4.2 Fig. 1 shows major-state-wise PAP separately for both rural and urban sectors relative to the all-India PAP through bar-diagram; rural changes are ordered. Among the major-states, 9 states show PAP below all-India average whereas remaining 9 states showed higher in rural India. For urban India the corresponding numbers were 7 and 11 respectively. All the other states with low PAP in rural area were having low PAP in urban area as well, exception being Jharkhand and Uttar Pradesh, where PAP in urban area was higher than the all-India urban estimates. Kerala showed the highest PAP in both the sectors. Other southern states, Punjab and West Bengal recorded high PAP in both the sectors. This may also be mentioned in this connection that, PAP of 11 states (Jharkhand, Madhya Pradesh, Rajasthan, Haryana, Bihar, Uttar Pradesh, Maharashtra, Gujarat, Karnataka, Telangana, and Odisha) fell within (\pm) 45% range with respect to PAP at all-India in both the sectors.

3.1.5 Level of Morbidity for different age groups

3.1.5.1 Statement 3.2 gives the survey estimates on PAP for some broad age-groups (State/UT wise fig. in Appendix A-table 1R/U). As expected, the PAPs were found to be higher for children and much higher for the higher age groups – the lowest being the PAPs for the youth (age bracket 15-29 years) for male and for age bracket 10-14 years for female, in both the sectors. Other than the age-bracket 0-4 for male child, the proportion was higher in urban than rural areas. The rural-urban differentials are also considerably evident from the following table.

Statement 3.2: Proportion (per 1000) of ailing persons during last 15 days for different age group separately for gender: rural, urban

age-group	rural			urban		
	male	female	persons	male	female	persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0-4	119	86	103	111	117	114
5-9	65	50	58	87	71	80
10-14	43	47	45	57	53	56
15-29	35	57	46	38	59	48
30-44	60	94	77	71	126	98
45-59	109	163	135	173	239	206
60-69	247	270	259	331	379	355
70+	327	286	306	376	371	373
all	80	99	89	101	135	118

3.1.6 Level of Morbidity for different quintile classes

3.1.6.1 Statement 3.3 shows the relationship between morbidity and level of living, measured by per capita monthly consumption expenditure (UMPCE).

3.1.6.2 It reveals a broad positive association between UMPCE and PAP, in both rural and urban areas. The range in variation in PAP was larger in the urban areas than in the rural areas. If UMPCE is considered to be a proxy for level of living of the households, the data

appear to depict that the level of morbidity increased with the level of living. This may also mean that the reporting of morbidity improves with improvement in the level of living.

Statement 3.3: Proportion of ailing persons (per 1000) during last 15 days by quintile class of UMPCE: rural, urban

quintile class of UMPCE	PAP	
	rural	urban
(1)	(2)	(3)
1	65	79
2	73	101
3	85	124
4	93	127
5	131	156
all	89	118

3.2 Treatment of Ailments

3.2.1 Persons who were ailing had different nature of treatment like allopathy, homoeopathy, etc. Even sometimes no medical care was taken for their ailments. From this round the options of 'Indian System of Medicine' (including Ayurveda, Unani and Siddha), Homeopathy and 'Yoga or Naturopathy' has been included for nature of treatment. Statement 3.4 gives the percentage distribution of spells of ailments by different nature of treatments (State/UT wise figures in Appendix A-table 2R/U).

Statement 3.4: Percentage distribution of spells of ailments treated (through different types of treatment) during last 15 days separately for each gender for each quintile class of UMPCE

quintile class of UMPCE	percentage of spells of ailment with treatment received					
	male			female		
	none	allopathy	other	none	allopathy	other
(1)	(2)	(3)	(4)	(5)	(6)	(7)
rural						
1	3.0	88.9	8.0	5.8	86.2	8.0
2	5.2	91.7	3.0	4.4	89.9	5.6
3	4.0	90.1	5.8	4.5	87.6	7.9
4	5.8	89.9	4.3	5.1	89.5	5.4
5	2.8	91.7	5.5	2.0	89.2	8.8
all	4.1	90.6	5.3	4.0	88.7	7.3
urban						
1	3.4	93.9	2.7	3.9	89.7	6.3
2	3.9	87.1	9.1	3.6	89.2	7.3
3	4.4	87.2	8.5	2.6	92.2	5.2
4	1.9	92.8	5.4	2.0	92.8	5.3
5	1.5	91.1	7.4	1.5	90.4	8.1
all	2.8	90.4	6.8	2.5	91.0	6.5

3.2.2 Clearly a higher inclination towards allopathy treatment was prevalent (around 90% in both the sectors). Only 5 to 7 percent usage of ‘other’ including AYUSH (Ayurveda, Yoga or Naturopathy Unani, Siddha and homoeopathy) has been reported both in rural and urban area. It was however, interesting to note higher usage (1.5 percentage point) of such ‘Other’ treatment by urban male than its rural counterpart while less usage of the same (0.8 percentage point) by urban female than rural female. Moreover, un-treated spell was higher in rural (both for male and female) than urban.

3.2.3 This statement also reveals the relationship between the percentages of un-treated spells of ailments and level of living separately for the rural and urban areas. Untreated spell was less in the fifth quintile class for both rural and urban sector.

3.2.4 Statement 3.5 describes the *share of public providers in treatment of ailment* (State/UT wise fig. in Appendix table 4). The public providers for health care include government hospitals, clinics, dispensaries, Primary Health Centres (PHCs) and the Community Health Centres (CHCs), Mobile Medical Unit (MMU) and the state and central government assisted ESI hospitals and dispensaries. The lowest level of care viz. Health Sub Centre (HSC), ANM/ASHA/AWW, (please see Appendix B for detailed definition) were also included in this round. But possibility of misclassification of these ‘levels of care’ (other than public hospital) by the informant cannot be ruled out, due to plausible positional overlapping of these units in some state (rural/urban). Thus in this document the figures are shown as a combined one. Rest of the providers belong to the category of ‘private’ sources. The ‘private’ sources include private doctors, nursing homes, private hospitals, charitable institutions, etc. Statement 3.5 shows how the share of public provider in treatment of ailments varies with gender and sector.

Statement 3.5 : Percentage distribution of spells of ailment treated during last 15 days by level of care separately for each gender

level of care	percentage of spells of ailment treated					
	rural			urban		
	male	female	persons	male	female	persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
HSC, PHC & others*	10.6	12.3	11.5	3.5	4.2	3.9
public hospital	15.9	17.5	16.8	17.4	17.3	17.3
private doctor/clinic	52.7	48.9	50.7	48.9	50.8	50.0
private hospital	20.8	21.3	21.0	30.2	27.7	28.8
all	100	100	100	100	100	100

* includes ANM, ASHA, AWW, dispensary, CHC, MMU

3.2.5 It is seen that private doctors were the most important single source of treatment in both the sectors. They accounted for around 50% of the treatments in rural as well as urban areas. In fact, more than 70% (72 per cent in the rural areas and 79 per cent in the urban areas) spells of ailment were treated in the private sector (consisting of private doctors, nursing homes, private hospitals, charitable institutions, etc.). Figures 2M and 2F show the pictorial representation of the statement 3.5 for “male” and “female”.

Fig 2M: Percentage distribution of spells of ailment by level of care for male

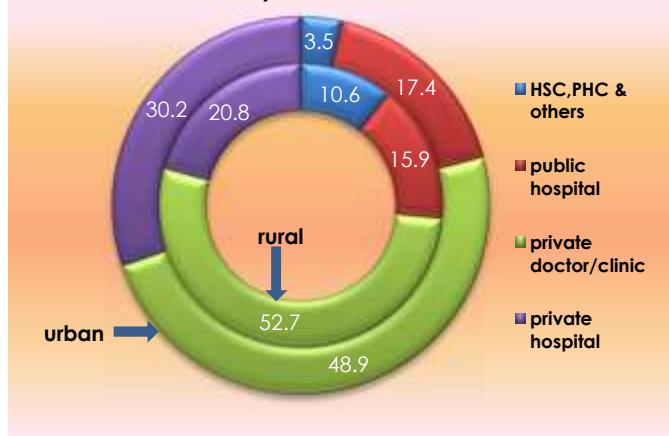
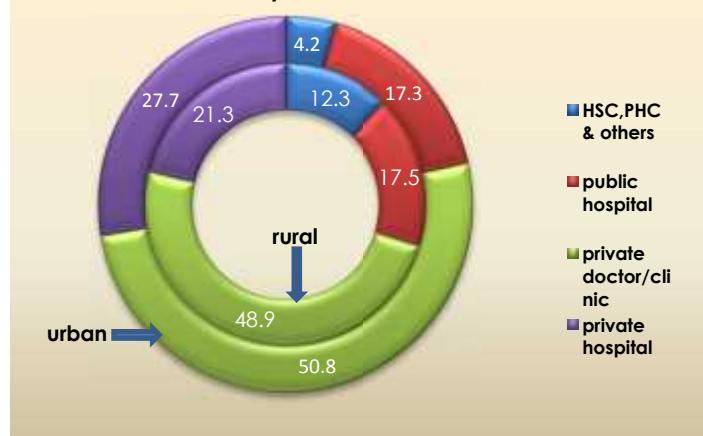


Fig 2F: Percentage distribution of spells of ailment by level of care for female



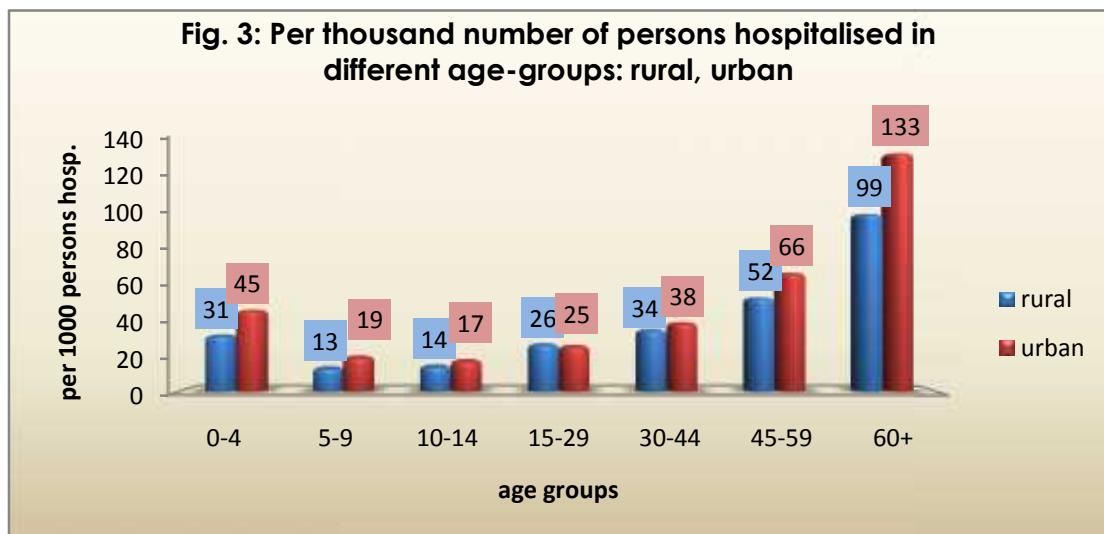
3.3 Hospitalised Treatment of Ailments excluding Childbirth (EC)

3.3.1 Proportion of Persons Hospitalised: Statement 3.6 gives the estimates of number (per 1000) of persons hospitalised during a reference period of 365 days for different age group and gender (Detailed ailment-wise figures in Appendix A-table 5).

Statement 3.6: Number per 1000 of persons hospitalised (excluding childbirth) in different age group during last 365 days by gender

age-group	number per thousand of persons hospitalised in					
	rural			urban		
	male	female	persons	male	female	persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0-4	38	22	31	51	39	45
5-9	15	10	13	20	17	19
10-14	16	11	14	17	18	17
0-14	23	14	19	28	24	26
15-19	19	18	18	17	21	19
20-24	23	42	32	22	34	28
25-29	19	41	29	22	37	28
15-29	20	32	26	20	31	25
30-34	22	35	28	29	34	32
35-39	28	40	34	30	47	38
40-44	40	38	39	41	47	44
30-44	30	38	34	33	43	38
45-49	45	50	47	57	65	61
50-54	57	51	54	62	68	65
55-59	55	55	55	77	72	74
45-59	52	52	52	65	68	66
60+	106	93	99	142	125	133
all	34	36	35	41	46	44

3.3.2 Medical treatment of an ailing person as an in-patient in any medical institution having provision for treating the sick as in-patients was considered as hospitalised treatment. It is seen that the estimated proportion of hospitalised persons differed substantially between the rural and the urban areas. In the urban population, 4.4 per cent were hospitalised at some time during a reference period of 365 days. The proportion of persons hospitalised in the rural areas was much lower (3.5 per cent). The survey results, however, do not reflect any systematic gender differential in this respect, either in the rural or in the urban areas. The rate increased with the age of a person and was the highest for the aged (60+) persons, both in rural and urban areas. Among the aged, the sectoral differences is most pronounced followed by the population in age group '0-4' and '45-59'.



3.3.3 *Hospitalised Cases and Level of Living*: Statement 3.7a reveals the relationship between the type of hospital (for hospitalisation cases during the 365 days preceding the date of survey) and average monthly per capita consumption expenditure (UMPCE), separately for the rural and urban areas of the country and (State/UT wise figures for gender in Appendix A-table 6R/U). In the rural area, 42% hospitalisation took place in public hospital, and 58% in private hospital. The corresponding percentages in urban India were 32% and 68% respectively.

3.3.4 Considering UMPCE as a proxy for level of living, the estimates suggest a positive association between level of living and *type of hospital* used in both rural and urban areas, The percentage share of the public sector in hospitalised treatment in different quintile classes varied over a very wide range – from 29% to 58% in rural areas and from 19% to 48% in urban areas. Statement 3.7a reflects a steady decline in the reliance on public provider for hospitalised treatment with a rise in UMPCE. On the whole, the poorer households appear to depend more on the public sector for hospitalised treatment than the better-off sections of the population, both in rural and urban areas, which conform to the general notion.

Statement 3.7a: Percentage distribution of hospitalised cases by public and private hospital for each quintile class of UMPCE: rural, urban

quintile class of UMPCE	percentage of hospitalised cases in					
	rural			urban		
	public hospital	private hospital	all	public hospital	private hospital	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	57.5	42.5	100	48.0	52.0	100
2	52.9	47.1	100	43.5	56.5	100
3	47.1	52.9	100	32.7	67.3	100
4	42.8	57.2	100	28.3	71.7	100
5	28.9	71.1	100	18.7	81.3	100
all	41.9	58.1	100	32.0	68.0	100

3.3.5 Statement 3.7b gives the share of government and private institutions in treating the hospitalised cases of ailments in the rural and urban areas for last three NSS rounds (52nd round – July 1995 to June 1996, 60th round – Jan to June 2004 and 71st round – Jan to June 2014).

Statement 3.7b: Percentage distribution of hospitalised cases by type of hospital (public and private) during 2014, 2004, and 1995-96: rural, urban

type of hospital	percentage of hospitalised cases in					
	rural			urban		
	1995-96	2004	2014	1995-96	2004	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)
public	43.8	41.7	41.9	43.1	38.2	32.0
private	56.2	58.3	58.1	56.9	61.8	68.0
all	100	100	100	100	100	100

3.3.6 It is seen that the private institutions dominate the field in treating the inpatients for all these years, both in the rural and urban areas. A steady decline in the use of Government sources and a corresponding increase in the use of private sources over the last three NSS rounds are evident in urban India. The changes were nominal in rural area during the period between 2014 and 2004.

3.3.7 *Hospitalised Cases and nature of treatment:* Statement 3.8 describes the relationship between the percentage distribution of hospitalisation cases by nature of treatment received during hospitalisation, at all-India level, separately for each quintile class of UMPCE and gender.

3.3.8 Statement 3.8 shows that in general, the use of allopathy was most prevalent in treating the hospitalised cases of ailments both in the rural and urban areas of the country irrespective of gender (State/UT wise figures in Appendix A-table 10). Surprisingly, use of AYUSH for hospitalised treatment in urban (0.8% for male and 1.2% for female) was more than rural areas (0.4% for male and 0.3% for female).

Statement 3.8: Nature of treatment in hospitalisation for each quintile class of UMPCE and gender: rural, urban

quintile class of UMPCE	percentage distribution of nature of treatment					
	male			female		
	allopathy	AYUSH	all	allopathy	AYUSH	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
rural						
1	99.8	0.2	100	99.8	0.2	100
2	99.6	0.4	100	99.9	0.1	100
3	99.6	0.4	100	99.9	0.0	100
4	99.5	0.5	100	99.5	0.4	100
5	99.4	0.7	100	99.4	0.6	100
all	99.5	0.4	100	99.7	0.3	100
urban						
1	99.1	0.8	100	98.8	1.2	100
2	99.3	0.7	100	97.8	2.1	100
3	99.4	0.6	100	99.5	0.6	100
4	99.6	0.3	100	98.8	1.1	100
5	98.9	1.1	100	99.0	1.0	100
all	99.3	0.8	100	98.8	1.2	100

3.4 Cost of Treatment: Hospitalisation and Other

3.4.1 In the present survey, data on expenses incurred for medical treatment was collected separately for each case of hospitalisation for hospitalised treatment, but in the case of non-hospitalised treatment, expenditure for the ailing person irrespective of the number of spells and type of ailment was recorded. Along with the medical expenses, the ‘other expenses’ also were recorded separately. *Medical expenses* included expenditure on items like cost of medicines (for non-hospitalised treatment cost of medicine was split into AYUSH and non-AYUSH), bed charges for hospitalised treatment, charges for diagnostic tests, and fees for doctor/surgeon. The ‘other expenses’ constituted all expenses relating to treatment of an ailment incurred by the household in connection with treatment of an ailing member of the household, but other than the exclusive expenditure regarding medical treatment. This category of expenditure included all transport charges paid by the household members in connection with the treatment, food and lodging charges of the escort(s) during the reference period. The estimates of ‘total expenditure’ were arrived at as the sum of ‘medical expenditure’ and ‘other expenditure’

3.4.2 Cost of Hospitalised Treatment

3.4.2.1 *Average Expenditure for Medical Treatment per Hospitalisation:* Statement 3.9 gives the estimates of average *medical expenditure* incurred per hospitalised case of treatment ‘excluding childbirth’ (childbirth cases are separately dealt with in section 3.5) during the reference period of 365 days (State/UT wise figures for gender in Appendix A-table 7).

Statement 3.9: Average medical expenditure (₹) per hospitalisation case for each broad ailment category in different types of hospital

broad ailment category	average medical expenditure (₹) per hospitalisation case		
	public	private	all
(1)	(2)	(3)	(4)
infections	3007	11810	8134
cancers	24526	78050	56712
blood diseases (including anaemia)	4752	17607	13313
endocrine, metabolic & nutrition	4625	19206	14117
psychiatric & neurological	7482	34561	23984
eye	1778	13374	9307
ear	6626	19158	15285
cardio-vascular	11549	43262	31647
respiratory	4811	18705	12820
gastro-intestinal	5281	23933	17687
skin	3142	14664	10438
musculo-skeletal	8165	28396	21862
genito-urinary	9295	29608	24525
obstetric and neonatal	2651	21626	11707
injuries	6729	36255	23491
other	14030	35572	28003
all	6120	25850	18268

3.4.2.2 The statement provides separate estimates for medical expenditure for each broad ailment category in different types of hospital (public or private). It is seen that, on an average, a much higher amount was spent for treatment per hospitalised case by people in the private (₹25850) than in the public (₹6120). The highest expenditure was recorded for Cancer (₹56712) followed by Cardio-vascular diseases (₹31647). For cancer treatment an average amount of ₹24526 was spent in public hospital whereas more than three times of the same was spent (₹78050) for the treatment in private hospital. In private hospital, cost for treatment of cancer was highest followed by Cardio-vascular and Injuries. On the other hand in public hospital, expenditure for treatment of cancer was highest followed by ‘other’ and Cardio-vascular diseases.

3.4.2.3 The statement clearly indicates the presence of distinct variation with reference to hospitalisation expenditure in different type of hospitals (public/private) during the reference period. It is seen that the average *medical expenditure* for hospitalised treatment from a public sector hospital was much lower than that from a private sector hospital in the reference period under consideration. The average amount spent for treatment per hospitalised case, if

treated in private hospital, was around 4 times of that if treated in public hospital. For some of the broad ailments like psychiatric & neurological, cardio-vascular, genito-urinary, obstetric and neonatal, etc. the ratios were even higher. It may be fascinating to note in this context that difference between the expenses incurred for treatment for ‘infections’ in private and public hospitals was least followed by the treatment for ‘skin’ and ‘eye’.

3.4.2.4 Expenditure on Hospitalisation and Level of Living: The following Statement 3.10 gives the average *expenditure* incurred on a case of hospitalisation by households belonging to quintile classes of monthly per capita consumer expenditure, widely considered to reflect the level of living of a household, separately for medical and other expenditure for both the sectors (State/UT wise fig. in Appendix table 8R/U). It is seen that the expenditure incurred on hospitalisation was broadly positively linked with levels of living irrespective of type of expenses (medical/other). The relationship seems to be stronger in the urban areas than in the rural areas. A sudden drop in *medical expenditure* and ‘*other expenditure*’ on hospitalisation as one moves from the second quintile class to the third quintile class can be seen in rural sector. This drop, which is difficult to explain, was more pronounced in *medical expenditure* than in ‘*other expenditure*’.

Statement 3.10: Average medical and other related non-medical expenditure (₹) per hospitalisation case for each quintile class of UMPCE

quintile class of UMPCE	average expenditure (₹) during stay at hospital					
	medical		other		total	
	rural	urban	rural	urban	rural	urban
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	10146	11199	1658	1317	11805	12516
2	11276	14533	1791	1620	13067	16153
3	10326	17926	1766	1772	12092	19697
4	13482	24776	1879	2131	15361	26907
5	21293	42675	2458	2743	23752	45418
all	14935	24436	2021	2019	16956	26455

3.4.2.6 Coverage of health expenditure support: Along with the expenditure incurred per hospitalisation case, it is interesting to know the extent of coverage of health expenditure support for the present population. Following Statement 3.11 reveals the same for each quintile class.

3.4.2.7 It is thus seen that as high as 86% of rural population and 82% of urban population were still not covered under any scheme of health expenditure support. It is also observed that such coverage was broadly correlated with levels of living in both rural and urban sector. The relationship seems to be stronger in the urban areas than in the rural areas. The values reflect a steady increase in the proportion of coverage by some scheme of health expenditure support with a rise in UMPCE level. On the whole, the poorer households appear not to recognize the efficacy of the coverage, both in rural and urban areas. Government, however, was able to bring about 12% urban and 13% rural population under health protection coverage through

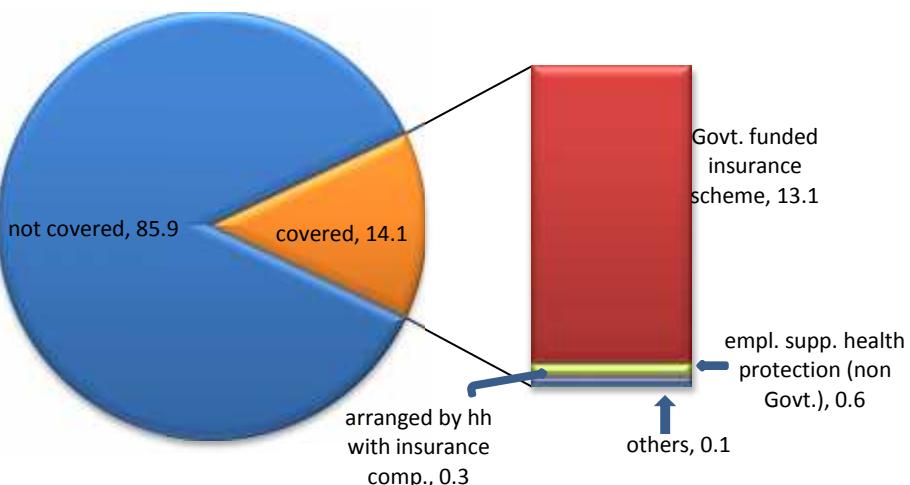
Rastriya Swasthya Bima Yojana (RSBY) or similar plan. Only 12% households of 5th quintile class of urban area had some arrangement of medical insurance from private provider. For all others, this share is negligible.

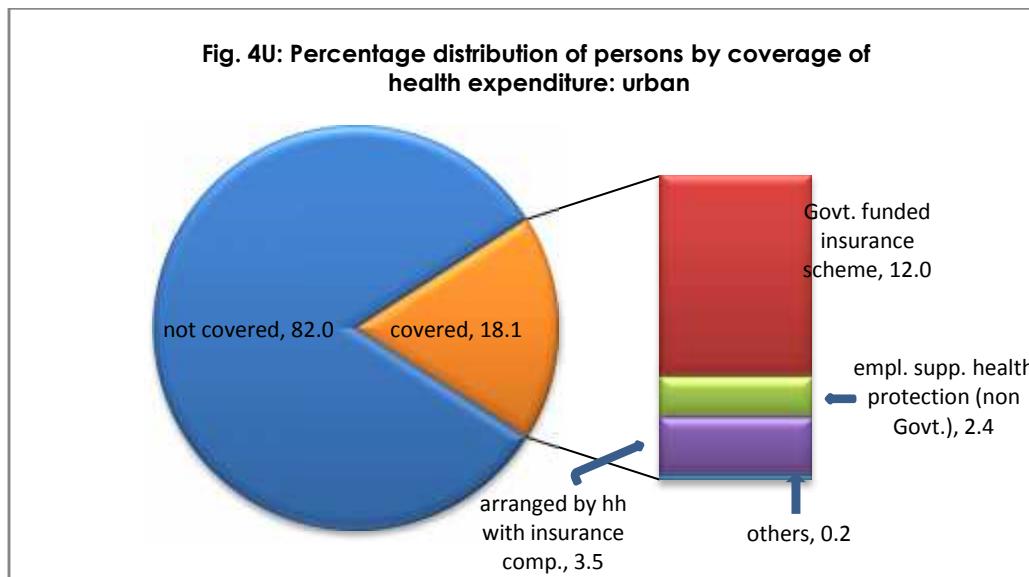
Statement 3. 11: Percentage distribution of persons by coverage of health expenditure support for each quintile class of UMPCE: rural, urban

quintile class of UMPCE	percentage of persons having coverage of health expenditure support					
	not covered	Govt. funded insurance scheme	employer (other than Govt.) supported health protection	arranged by hh with insurance company	others	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
rural						
1	89.1	10.1	0.7	0.0	0.0	100
2	88.8	10.7	0.4	0.1	0.0	100
3	87.4	11.9	0.6	0.1	0.0	100
4	83.3	15.9	0.5	0.1	0.1	100
5	81.1	17.0	0.8	0.9	0.2	100
all	85.9	13.1	0.6	0.3	0.1	100
urban						
1	91.4	7.7	0.6	0.0	0.2	100
2	87.5	10.6	1.3	0.5	0.2	100
3	84.7	12.9	1.3	1.0	0.1	100
4	79.7	13.5	3.3	3.4	0.1	100
5	66.6	15.1	5.6	12.4	0.3	100
all	82.0	12.0	2.4	3.5	0.2	100

3.4.2.8 From the following Fig. 4R & 4U showing percentage distribution of persons by coverage of health expenditure support, the overall considerable share of Government funded insurance among the 'covered' is amply evident both in rural and urban areas.

Fig. 4R: Percentage distribution of persons by coverage of health expenditure: rural





3.4.2.9 Reimbursement of expenses of hospitalisation in each State: The following Statement 3.12 reveals the same for each state separately for rural and urban sector. Expenditure on merely 6% hospitalised treatment in urban area was reimbursed partly or fully, whereas the similar figure for rural area was only a meagre 1%. In urban area, Maharashtra shows highest (12%) reimbursed case followed by Haryana (11%) and Gujarat (10%). On the other hand the lowest was recorded in Madhya Pradesh (1.5%). In rural India however, in Karnataka, Kerala and Chhattisgarh percentage of reimbursement cases was around 2% while for the other States, this was even smaller.

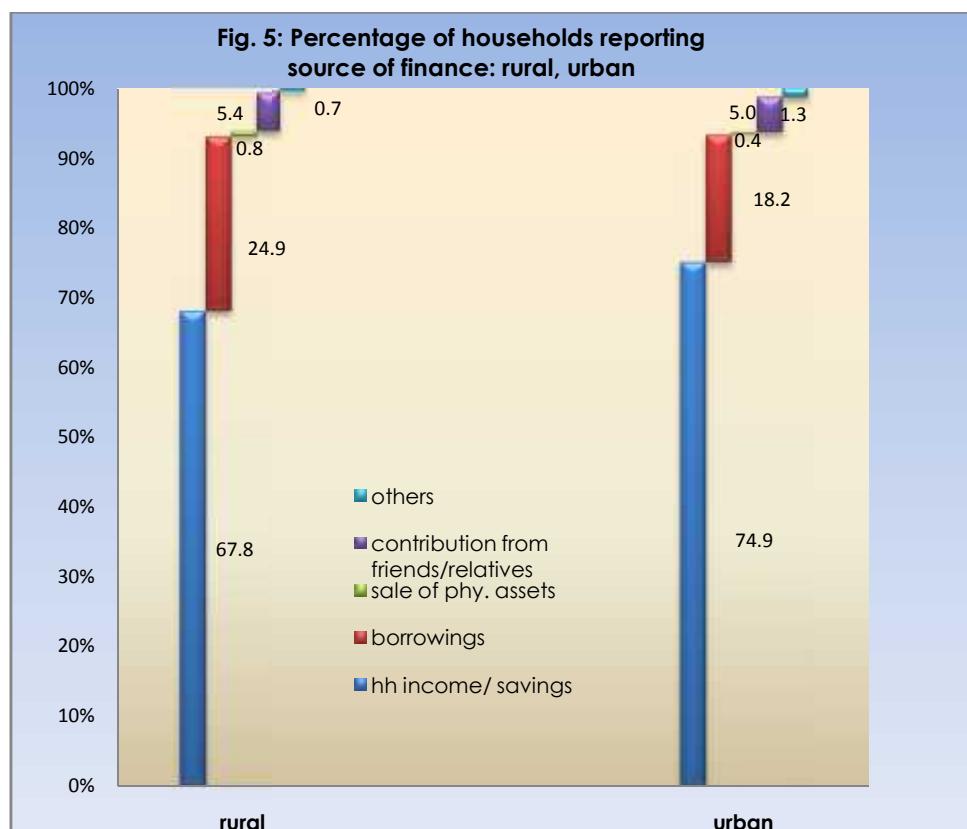
Statement 3.12: Proportion of hospitalisation cases that received part or full reimbursement in major States: rural, urban

major State	per 1000 no. of hospitalization where expenditure were reimbursed fully or partly			major State	per 1000 no. of hospitalization where expenditure were reimbursed fully or partly		
	rural		all		rural		all
	(1)	(2)	(3)	(4)	(1)	(2)	(3)
Andhra Pradesh	9	18	12	Madhya Pradesh	1	15	6
Assam	10	59	19	Maharashtra	10	117	53
Bihar	15	23	16	Odisha	7	60	17
Chhattisgarh	18	88	33	Punjab	16	40	25
Gujarat	15	101	54	Rajasthan	3	42	14
Haryana	9	106	49	Tamil Nadu	8	49	29
Jharkhand	5	30	13	Telangana	0	34	13
Karnataka	22	80	44	Uttar Pradesh	3	17	7
Kerala	19	59	35	West Bengal	15	79	36
				all-India	12	62	29

Statement 3.13: Major Source of finance for hospitalization expenditure for households in different quintile classes of UMPCE (percentage distribution): rural, urban

quintile class of UMPCE	% of hh reporting as source of finance for meeting the medical expenditure					
	hh income/ savings	borrowings	sale of physical assets	contribution from friends/relatives	others	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
rural						
1	65.6	26.8	1.1	5.3	0.5	100
2	67.1	25.8	1.4	4.8	0.5	100
3	68.1	25.3	0.6	5.1	0.5	100
4	68.8	26.0	0.4	3.8	0.8	100
5	68.1	23.1	0.9	6.9	0.7	100
all	67.8	24.9	0.8	5.4	0.7	100
urban						
1	68.4	21.7	0.4	6.4	2.7	100
2	71.8	21.9	0.4	4.5	1.1	100
3	74.1	20.7	0.3	3.9	0.7	100
4	74.9	16.1	0.3	6.9	1.6	100
5	80.9	13.7	0.4	3.7	1.0	100
all	74.9	18.2	0.4	5.0	1.3	100

3.4.2.10 *Source of Finance for Hospitalised Treatment during the last 365 days:* The contributions of different sources of financing, if not covered by some health protection scheme, to meet the total expenditure on hospitalisation are tabulated in Statement 3.13.



3.4.2.11 Perceptible rural-urban difference was noted in the relative importance of different source categories. While the rural households primarily depended on their 'household income/savings' (68%) and on 'borrowings' (25%), the urban households relied much more on their 'income/saving' (75%) for financing expenditure on hospitalisation, than on 'borrowings' (only 18 per cent).

3.4.3 Cost of non-hospitalised Treatment

3.4.3.1 *Average Expenditure for Non-hospitalised Treatment per Ailing Person and level of living:* The following Statement 3.14 gives the estimates of *medical expenditure* incurred per treated person for non-hospitalised treatment during a period of 15 days for each quintile class. The statement provides separate estimates for treatment of male and female patients in rural and urban areas. It is seen that, on an average, a higher amount was spent for non-hospitalised treatment for an ailing person in the urban areas than that for an ailing person in the rural areas. Secondly, the amount spent in a period of 15 days for treatment of an ailing male was less than that for treatment of an ailing female in rural sector but the scenario was reverse in urban sector.

Statement 3.14: Average total medical expenditure (₹) for non-hospitalised treatment per ailing person for each quintile class of UMPCE

quintile class of UMPCE	average total medical expenditure (₹) for treatment per ailing person					
	rural			urban		
	male	female	all	male	female	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	554	495	524	526	433	472
2	406	422	415	591	390	482
3	420	507	469	632	498	553
4	413	491	454	764	686	721
5	640	599	618	785	868	828
all	502	515	509	683	604	639

3.4.3.2 *Expenditure for Non-hospitalised Treatment per Treated Person and Level of care:* The following Statement 3.15 gives the *total expenditure* incurred on non-hospitalised treatment per treated person for different level of care (Broad ailment wise fig. in Appendix table 9). The estimates of total expenditure incurred per-ailing person who were suffering from only one ailment (not as an in-patient) during the reference period of 15 days are shown here. The table provides separate estimates for male and female patients of rural and urban areas. It is already seen that, on an average, a higher amount was incurred for non-hospitalised treatment of an ailment by the urban population than the rural population. The table reflects perceptible difference of expenditure incurred among the levels of care utilized for the treatment taken for. As expected, the table reveals rise in expenditure incurred with respect to rise in level of care, i.e. least amount was incurred for lowest level of care and so on.

Statement 3.15: Average total medical expenditure (₹) for non-hospitalised treatment per ailing person suffering from only one ailment for different level of care

level of care	average total medical expenditure (₹) per ailing person			
	rural		urban	
	M	F	M	F
(1)	(2)	(3)	(5)	(6)
HSC, PHC & others*	309	314	347	386
public hospital	407	505	372	411
private doctor/clinic	560	600	672	646
private hospital	773	810	1131	785
all	549	589	741	629

* includes ANM/ASHA/AWW/dispensary/CHC/MMU

3.5 Incidence of Childbirth, Expenditure on Institutional Childbirth

3.5.1 Incidence of pregnancy of women of age 15-49 years: In this round, as already stated, 'delivery of child' has been given a special dummy ailment code to facilitate collection of some important particulars of childbirth.

3.5.2 Incidence of Childbirth and place of birth: Statement 3.16 gives the distribution of women of age 15 to 49 by the place of childbirth separately for the rural and urban areas *vis-à-vis* level of living (State/UT wise fig. in Appendix table 12R/U) along with proportion) of pregnant women in each quintile class of UMPCE .

Statement 3.16: Percentage of women who were pregnant, Percentage distribution of women aged 15-49 by place of childbirth during last 365 days for each quintile class of UMPCE: rural, urban

quintile class of UMPCE	percentage of pregnant women (aged 15 to 49)	percentage of women who gave birth			
		in public hosp.	in private clinic/ hosp.	at home	all
(1)	(2)	(3)	(4)	(5)	(6)
rural					
1	10.6	58.0	16.9	24.5	100
2	10.0	58.1	20.1	21.6	100
3	9.5	59.1	20.4	20.1	100
4	9.5	52.9	29.2	17.7	100
5	8.4	47.8	36.7	14.4	100
all	9.6	55.5	24.1	19.9	100
urban					
1	8.6	53.5	31.7	14.8	100
2	8.3	47.7	40.7	11.3	100
3	7.5	42.1	47.0	10.8	100
4	5.8	31.8	59.8	8.2	100
5	4.3	18.9	77.0	3.1	100
all	6.8	41.7	47.5	10.5	100

* includes ANM, ASHA, AWW, HSC, PHC, dispensary, CHC, MMU, Public Hospital

3.5.3 In rural area 9.6% women were pregnant at any time during the reference period of 365 days; for urban this proportion was 6.8%. Evidence of interrelation with level of living is noted both in rural and urban area. In the rural areas, about 20% of the childbirths were at home or any other place other than the hospitals. The same for urban areas was 10.5%. Among the institutional childbirth, 55.5% took place in public hospital and 24% in private hospital in rural area. In urban area, however, the corresponding figures were 42% and 47.5% respectively.

Statement 3.17: Percentage distribution of cases of hospitalisation for childbirth by level of care for each quintile class of UMPCE: rural, urban

quintile class of UMPCE	percentage distribution of hospitalisation for childbirth by level of care							
	rural				urban			
	HSC, PHC and others*	public hospital	private hospital	all	HSC, PHC and others*	public hospital	private hospital	all
1	25.6	58.9	15.5	100	6.3	61.8	31.9	100
2	22.5	54.7	22.8	100	5.3	46.6	48.1	100
3	16.3	57.4	26.3	100	3.4	44.1	52.5	100
4	14.0	50.6	35.4	100	1.7	31.6	66.8	100
5	11.1	37.6	51.2	100	0.2	19.4	80.4	100
all	18.0	52.0	30.0	100	3.8	43.6	52.5	100

* includes ANM, ASHA, AWW, dispensary, CHC, MMU

3.5.4 *Institutional Childbirth in different level of cares vis-à-vis level of living:* Statement 3.17 gives the distribution of hospitalisation for childbirth by level of care separately for the rural and urban areas at the all India level *vis-à-vis* level of living.



3.5.5 Evidence of inter-relation among this distribution and level of living was observed. The share of govt. hospitals (including HSC, PHC and others) in the case of institutional births

was 47 % in the urban areas and 70 % in the rural areas; on the other hand share of private hospitals for the same was 52.5% and 30% respectively. It is however, also revealed that this choice of level of care was related to level of living (measured by quintile class). For both rural and urban sector, higher proportion of childbirth took place in lower level of care i.e. in HSC/PHC, etc. in lower quintile classes. For rural area it was more than 20% and in urban area it was more than 5% for first and second quintile class. As expected, the situation was just reverse in case of private hospital. In rural area, only 16% childbirth took place at private hospital for 1st quintile class; the proportion increased gradually and for the 5th quintile class the proportion was doubled and reached 51%. In urban India, however, the increase was even sharper, and childbirth at private hospital for the 1st quintile class was 32% and finally for 5th quintile class it became 80%.

3.5.6 Expenditure on Institutional Childbirth during the last 365 days: Statement 3.18 gives the expenditure incurred per childbirth at public and private source separately for the rural and urban areas (State/UT wise fig. in Appendix table 11R/U).

Statement 3.18 Average total medical expenditure (₹) per childbirth as inpatient over last 365 days by type of hospital (public/private) and quintile class of UMPCE

quintile class of UMPCE	average total medical expenditure (₹) per childbirth in					
	rural			urban		
	type of hospital					
	public	private	all	public	private	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	1225	13082	3062	1484	12985	5156
2	1359	14239	4294	1962	14859	8161
3	1623	13123	4646	2389	17739	10447
4	1924	13085	5870	3205	22964	16398
5	2097	17743	10113	3443	31681	26143
all	1587	14778	5544	2117	20328	11685

3.5.7 Perceptibly there was a considerable difference in the expenditure incurred during January-June, 2014, for childbirth between the rural and urban areas as well as between the treatment at public and private hospitals. An average of ₹5544 was spent per childbirth in rural area and ₹11685 in urban area. On the other hand it may be noted that an average amount spent per childbirth as an in-patient of private hospital was more than nine times of that spent in public hospital for both rural and urban area. Similar phenomenon was observed for all quintile classes. Moreover, it is observed that the average expenditure per childbirth increased as one moves from the lower to the higher quintile class. In the rural area, it was recorded as ₹3062 in the first quintile, and it reaches to ₹10113 (more than 3 times) in the fifth quintile class. The corresponding figures at urban sector was ₹5156 and ₹26143 (more than 5 times) respectively. Substantial increment was noticed in the expenditure when one moves from 4th quintile to 5th quintile for the childbirth taking place in private hospital both for rural and urban area.

Appendix A

Detailed Tables

Table 1R: Number of ailments reported per thousand persons (PAP) during the last 15 days by State/UT, and age-group

State/UT	Gender: all								Rural	
	PAP for age-group									
	0-14	15-29	30-44	45-59	60-69	70+	60+	all		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
Andhra Pradesh	88	71	126	242	565	499	545	155		
Arunachal Pradesh	109	50	69	109	264	384	315	95		
Assam	32	13	31	48	71	59	66	31		
Bihar	49	23	57	90	226	206	222	57		
Chhattisgarh	54	18	23	53	84	219	106	40		
Delhi	29	3	9	31	8	258	26	15		
Goa	136	91	40	339	157	726	281	160		
Gujarat	69	44	81	121	259	438	338	92		
Haryana	41	29	78	50	138	181	154	56		
Himachal Pradesh	57	52	44	92	196	292	239	82		
Jammu & Kashmir	50	30	51	68	194	445	296	64		
Jharkhand	35	34	73	69	124	35	104	52		
Karnataka	82	40	65	127	284	316	297	93		
Kerala	221	129	198	488	646	645	646	310		
Madhya Pradesh	44	26	58	78	172	126	156	53		
Maharashtra	76	43	64	107	169	245	195	80		
Manipur	33	11	19	19	59	449	147	26		
Meghalaya	46	18	2	19	183	261	209	32		
Mizoram	13	20	8	84	36	81	48	26		
Nagaland	97	8	12	6	0	0	0	31		
Odisha	99	75	64	127	215	300	245	103		
Punjab	103	96	127	266	383	420	398	161		
Rajasthan	28	27	74	92	146	161	153	54		
Sikkim	6	47	30	21	114	153	124	34		
Tamil Nadu	121	48	111	234	335	298	321	146		
Telangana	61	50	66	122	330	296	317	97		
Tripura	54	14	27	51	72	12	52	35		
Uttar Pradesh	52	42	62	103	199	250	217	68		
Uttarakhand	55	22	84	155	121	255	175	77		
West Bengal	146	93	144	196	363	605	457	161		
A & N Islands	148	78	281	214	306	329	316	188		
Chandigarh	6	122	21	676	704	440	586	109		
Dadra & N. Haveli	40	72	19	143	15	660	105	56		
Daman & Diu	35	10	15	178	53	0	41	39		
Lakshadweep	213	81	67	118	311	695	455	159		
Puducherry	304	46	194	27	541	10	287	175		
all	67	46	77	135	259	306	276	89		

Table 1U: Number of ailments reported per thousand persons (PAP) during the last 15 days by State/UT, and age-group

State/UT	Gender: all								Urban	
	PAP for age-group									
	0-14	15-29	30-44	45-59	60-69	70+	60+	all		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
Andhra Pradesh	100	31	211	395	705	684	700	204		
Arunachal Pradesh	31	42	45	99	284	0	249	49		
Assam	24	16	59	93	32	134	70	47		
Bihar	55	42	47	59	239	218	232	62		
Chhattisgarh	46	22	28	82	55	146	91	44		
Delhi	35	28	41	59	117	65	99	41		
Goa	187	89	42	243	639	377	587	194		
Gujarat	81	22	71	241	284	291	286	103		
Haryana	46	65	79	100	165	227	185	75		
Himachal Pradesh	40	11	30	62	78	289	220	51		
Jammu & Kashmir	36	8	27	67	65	230	113	41		
Jharkhand	38	67	139	149	238	249	242	96		
Karnataka	86	44	74	153	325	421	351	103		
Kerala	152	127	240	457	686	736	706	306		
Madhya Pradesh	58	48	57	122	120	204	150	71		
Maharashtra	77	30	60	92	161	186	171	70		
Manipur	3	2	1	8	28	17	23	4		
Meghalaya	73	15	8	10	2	16	4	26		
Mizoram	7	31	33	55	80	32	56	31		
Nagaland	21	10	29	22	0	0	0	19		
Odisha	106	50	57	140	241	321	275	97		
Punjab	88	109	144	333	330	556	404	170		
Rajasthan	55	38	81	163	245	230	240	83		
Sikkim	10	31	73	68	453	865	598	67		
Tamil Nadu	109	61	140	306	551	487	530	184		
Telangana	77	30	36	196	401	411	403	95		
Tripura	58	71	26	43	66	49	59	51		
Uttar Pradesh	74	42	94	151	251	336	278	91		
Uttarakhand	134	44	54	133	597	728	650	111		
West Bengal	138	61	143	308	423	417	420	179		
A & N Islands	65	122	134	319	743	909	794	156		
Chandigarh	148	86	58	381	368	546	454	135		
Dadra & N. Haveli	41	62	246	14	892	856	880	165		
Daman & Diu	64	72	293	415	297	281	285	186		
Lakshadweep	150	105	341	380	406	282	354	219		
Puducherry	145	58	192	389	507	591	536	227		
all	81	48	98	206	355	373	362	118		

Table 2R: Percentage distribution of spells of ailment by nature of treatment received, separately for each State/UT and gender

State/UT	male				female				Rural
	percentage of spells of ailment with treatment received from								
	none	allopathy	other*	all	none	allopathy	other*	all	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Andhra Pradesh	1.1	96.7	2.1	100	4.0	92.1	3.8	100	
Arunachal Pradesh	4.8	70.5	24.6	100	3.8	82.8	13.4	100	
Assam	0.6	94.0	5.4	100	1.4	98.1	0.5	100	
Bihar	2.3	94.8	2.9	100	3.5	81.7	14.8	100	
Chhattisgarh	0.1	80.6	19.2	100	7.0	70.5	22.5	100	
Delhi	0.0	100.0	0.0	100	0.0	100.0	0.0	100	
Goa	0.0	99.2	0.8	100	1.9	98.1	0.0	100	
Gujarat	19.7	73.8	6.6	100	21.5	75.0	3.4	100	
Haryana	2.9	91.4	5.6	100	0.3	94.3	5.4	100	
Himachal Pradesh	0.6	96.1	3.2	100	4.3	83.2	12.6	100	
Jammu & Kashmir	0.0	100.0	0.0	100	0.0	99.6	0.4	100	
Jharkhand	2.4	87.3	10.3	100	17.5	78.8	3.7	100	
Karnataka	1.9	96.0	2.0	100	0.3	98.0	1.7	100	
Kerala	4.0	88.9	7.0	100	2.1	86.2	11.9	100	
Madhya Pradesh	3.9	95.1	0.9	100	5.7	90.7	3.6	100	
Maharashtra	5.4	89.8	4.8	100	5.0	93.7	1.4	100	
Manipur	0.0	99.6	0.4	100	0.0	99.8	0.2	100	
Meghalaya	1.2	66.8	32.0	100	12.2	63.9	23.9	100	
Mizoram	0.0	50.3	49.7	100	0.0	51.6	48.4	100	
Nagaland	0.0	99.9	0.1	100	0.8	21.4	77.9	100	
Odisha	1.3	86.6	12.1	100	2.6	90.9	6.5	100	
Punjab	0.0	97.5	2.5	100	0.0	98.9	1.2	100	
Rajasthan	1.7	95.0	3.2	100	1.7	91.5	6.8	100	
Sikkim	0.0	100.0	0.0	100	0.0	100.0	0.0	100	
Tamil Nadu	5.1	93.6	1.3	100	2.3	95.4	2.2	100	
Telangana	0.7	97.0	2.3	100	0.0	98.7	1.3	100	
Tripura	0.0	98.0	2.0	100	0.5	98.5	1.0	100	
Uttar Pradesh	5.2	89.1	5.7	100	1.7	89.6	8.6	100	
Uttarakhand	1.8	95.2	3.1	100	1.8	96.3	1.9	100	
West Bengal	5.1	86.6	8.3	100	6.5	78.9	14.7	100	
A & N Islands	4.7	93.8	1.6	100	5.8	76.9	17.3	100	
Chandigarh	0.5	98.8	0.6	100	0.3	99.7	0.0	100	
Dadra & N. Haveli	10.3	68.8	20.9	100	17.3	82.7	0.0	100	
Daman & Diu	0.0	100.0	0.0	100	0.0	100.0	0.0	100	
Lakshadweep	0.0	80.0	20.0	100	0.0	80.6	19.4	100	
Puducherry	0.0	99.9	0.1	100	0.0	100.0	0.0	100	
all	4.1	90.6	5.3	100	4.0	88.7	7.3	100	

* includes Indian System of Medicine, Homoeopathy, Yoga & Naturopathy

Table 2U: Percentage distribution of spells of ailment by nature of treatment received, separately for each State/UT and gender

State/UT	male				female				Urban
	percentage of spells of ailment with treatment received from								
	none	allopathy	other*	all	none	allopathy	other*	all	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Andhra Pradesh	0.1	97.4	2.4	100	1.3	94.9	3.7	100	
Arunachal Pradesh	0.0	99.9	0.1	100	35.1	63.6	1.3	100	
Assam	0.0	94.2	5.9	100	0.0	96.0	4.0	100	
Bihar	0.3	96.0	3.7	100	0.6	98.2	1.2	100	
Chhattisgarh	0.1	88.6	11.2	100	0.1	99.1	0.8	100	
Delhi	0.0	97.4	2.7	100	0.2	99.7	0.1	100	
Goa	6.2	93.8	0.0	100	0.0	98.1	1.9	100	
Gujarat	11.1	88.1	0.8	100	11.3	87.8	0.9	100	
Haryana	0.7	98.6	0.7	100	3.4	85.8	10.8	100	
Himachal Pradesh	0.8	89.1	10.1	100	0.7	97.6	1.6	100	
Jammu & Kashmir	0.0	90.9	9.1	100	0.0	94.4	5.7	100	
Jharkhand	5.8	87.3	6.8	100	1.4	95.7	3.0	100	
Karnataka	4.2	88.3	7.4	100	2.0	94.1	3.9	100	
Kerala	6.6	78.2	15.3	100	2.9	85.6	11.6	100	
Madhya Pradesh	0.3	91.5	8.3	100	1.6	93.8	4.6	100	
Maharashtra	0.6	93.8	5.6	100	1.3	95.6	3.1	100	
Manipur	0.0	100.0	0.0	100	0.0	100.0	0.0	100	
Meghalaya	0.0	99.5	0.5	100	0.2	99.6	0.3	100	
Mizoram	0.0	99.7	0.3	100	0.0	100.0	0.0	100	
Nagaland	0.0	17.8	82.2	100	0.0	100.0	0.0	100	
Odisha	2.2	92.6	5.2	100	0.4	96.4	3.2	100	
Punjab	0.0	85.3	14.8	100	0.0	96.5	3.5	100	
Rajasthan	7.6	82.1	10.3	100	0.5	94.7	4.8	100	
Sikkim	0.0	99.3	0.7	100	0.0	99.6	0.4	100	
Tamil Nadu	1.5	93.5	5.0	100	2.3	93.3	4.4	100	
Telangana	0.0	99.7	0.3	100	0.0	98.3	1.6	100	
Tripura	0.0	82.0	18.0	100	0.0	89.8	10.2	100	
Uttar Pradesh	1.1	90.3	8.6	100	1.6	87.2	11.2	100	
Uttarakhand	0.0	99.6	0.4	100	0.0	73.7	26.2	100	
West Bengal	1.7	93.5	4.8	100	4.2	84.9	10.9	100	
A & N Islands	14.8	75.1	10.1	100	1.7	82.4	15.9	100	
Chandigarh	0.0	98.2	1.9	100	0.0	85.0	15.1	100	
Dadra & N. Haveli	0.0	98.9	1.1	100	0.3	69.0	30.7	100	
Daman & Diu	0.0	95.5	4.5	100	0.0	100.0	0.0	100	
Lakshadweep	6.6	81.9	11.5	100	16.4	79.9	3.7	100	
Puducherry	0.0	97.2	2.7	100	0.0	96.2	3.8	100	
all	2.8	90.4	6.8	100	2.5	91.0	6.5	100	

* includes Indian System of Medicine, Homoeopathy, Yoga & Naturopathy

Table 3: Per 1000 no. of persons reporting ailment (PAP) and No. per 1000 of persons hospitalized in each State/UT: rural, urban

State/UT	per 1000 no. of persons reporting ailment		per 1000 no. of persons hosp.		sample household		estimated households (00)	
	rural	urban	rural	urban	rural	urban	rural	urban
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(6)	(7)
Andhra Pradesh	155	204	59	55	1240	1208	86652	40667
Arunachal Pradesh	95	49	34	41	379	247	2038	486
Assam	31	47	28	36	1695	560	54883	8507
Bihar	57	62	34	33	2111	1056	164699	18990
Chhattisgarh	40	44	31	42	680	525	43068	10777
Delhi	15	41	15	36	63	1095	770	27846
Goa	160	194	44	40	96	96	1350	1994
Gujarat	92	103	48	49	1456	1432	64634	49883
Haryana	56	75	42	50	720	704	30720	16597
Himachal Pradesh	82	51	57	33	704	192	13669	2026
Jammu & Kashmir	64	41	39	37	735	544	15550	4509
Jharkhand	52	96	32	35	832	621	46986	14115
Karnataka	93	103	52	49	1488	1471	81214	56551
Kerala	310	306	117	99	1199	1279	44166	37116
Madhya Pradesh	53	71	40	44	1984	1629	106045	37794
Maharashtra	80	70	53	47	2711	2692	123345	106335
Manipur	26	4	43	35	768	640	3334	1712
Meghalaya	32	26	27	35	544	288	4805	1224
Mizoram	26	31	36	41	384	384	1107	896
Nagaland	31	19	17	22	352	224	2871	900
Odisha	103	97	45	51	1696	746	77450	17410
Punjab	161	170	41	40	768	761	33707	21962
Rajasthan	54	83	47	43	1678	1234	92447	34387
Sikkim	34	67	26	33	320	192	1082	360
Tamil Nadu	146	184	57	59	1960	1957	98295	101165
Telangana	97	95	48	49	744	750	49391	30011
Tripura	35	51	55	57	832	576	6811	2007
Uttar Pradesh	68	91	34	40	4918	3003	264616	85201
Uttarakhand	77	111	30	37	352	320	13959	4880
West Bengal	161	179	50	51	2592	2427	143608	66831
A & N Islands	188	156	52	61	159	95	576	360
Chandigarh	109	135	28	35	64	120	86	2207
Dadra & N. Haveli	56	165	49	54	64	64	391	509
Daman & Diu	39	186	55	53	64	64	108	795
Lakshadweep	159	219	47	76	64	64	24	95
Puducherry	175	227	58	63	64	192	1095	1927
all	89	118	44	49	36480	29452	1675550	809028

Table 4: Per thousand distribution of spells of ailment treated on medical advice over levels of care in each State/UT for each gender

State/UT	Rural+Urban									
	male					female				
	per 1000 distribution of spells of ailment treated over levels of care									
	HSC/PHC and others*	public hosp.	private doctor	private hosp.	all	HSC/PHC and others*	public hosp.	private doctor	private hosp.	all
(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)	(13)
Andhra Pradesh	28	109	323	540	1000	59	87	249	605	1000
Arunachal Pradesh	594	387	10	9	1000	704	292	3	2	1000
Assam	325	440	200	35	1000	596	199	191	14	1000
Bihar	25	41	844	90	1000	90	122	681	106	1000
Chhattisgarh	97	51	724	128	1000	342	125	448	84	1000
Delhi	41	89	738	132	1000	147	140	690	23	1000
Goa	47	284	573	96	1000	15	190	567	228	1000
Gujarat	104	102	502	292	1000	75	109	557	259	1000
Haryana	45	72	635	248	1000	16	64	654	266	1000
Himachal Pradesh	80	488	340	92	1000	37	361	404	198	1000
Jammu & Kashmir	13	469	512	6	1000	72	396	512	20	1000
Jharkhand	42	298	502	158	1000	67	95	720	118	1000
Karnataka	55	155	439	351	1000	46	171	472	312	1000
Kerala	97	216	360	327	1000	118	242	350	291	1000
Madhya Pradesh	61	231	602	105	1000	63	197	581	159	1000
Maharashtra	67	94	619	220	1000	83	111	624	182	1000
Manipur	165	276	324	236	1000	152	447	333	68	1000
Meghalaya	863	111	15	11	1000	430	55	446	69	1000
Mizoram	452	238	287	22	1000	462	49	416	73	1000
Nagaland	479	447	74	0	1000	281	139	483	97	1000
Odisha	465	234	278	23	1000	446	300	239	15	1000

Table 4: Per thousand distribution of spells of ailment treated on medical advice over levels of care in each State/UT for each gender

State/UT	Rural+Urban									
	male					female				
	per 1000 distribution of spells of ailment treated over levels of care									
	HSC/PHC and others*	public hosp.	private doctor	private hosp.	all	HSC/PHC and others*	public hosp.	private doctor	private hosp.	all
(1)	(2)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)	(13)
Punjab	78	137	564	221	1000	26	145	569	260	1000
Rajasthan	131	236	462	171	1000	128	264	471	137	1000
Sikkim	487	290	151	72	1000	628	162	124	86	1000
Tamil Nadu	71	272	225	432	1000	68	278	237	416	1000
Telangana	41	64	318	577	1000	64	117	410	408	1000
Tripura	135	196	554	115	1000	329	370	300	2	1000
Uttar Pradesh	48	94	745	113	1000	45	111	740	104	1000
Uttarakhand	42	360	305	292	1000	127	405	377	91	1000
West Bengal	40	156	769	35	1000	67	130	777	26	1000
A & N Islands	343	283	272	103	1000	622	188	177	13	1000
Chandigarh	46	268	684	3	1000	138	360	485	17	1000
Dadra & N. Haveli	257	469	17	257	1000	104	210	301	385	1000
Daman & Diu	36	105	491	368	1000	20	1	385	594	1000
Lakshadweep	142	627	9	222	1000	19	680	51	250	1000
Puducherry	0	408	287	305	1000	6	340	205	448	1000
all	79	164	513	243	1000	90	174	497	239	1000

* includes ANM/ASHA/AWW/dispensary/CHC/MMU

Table 5: Cases of hospitalisation (EC) on account of different ailment types reported per 100,000 persons during the last 365 days

ailment	cases of hospitalisation on account of different ailment types reported per 100,000 persons								
	rural			urban			rural+urban		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
fever with loss of consciousness or altered consciousness	52	52	52	54	70	62	52	57	55
fever with rash/ eruptive lesions	13	29	21	15	12	14	14	24	19
fever due to diphtheria, whooping cough	34	20	27	31	30	31	33	23	28
all other fevers	540	518	530	610	699	653	562	572	567
tuberculosis	61	42	52	66	30	49	62	39	51
filariasis	3	3	3	3	0	2	3	2	3
tetanus	1	3	2	1	2	2	1	3	2
hiv/aids	7	12	10	1	2	2	5	9	7
other sexually transmitted diseases	2	0	1	0	2	1	1	0	1
jaundice	78	45	62	125	63	96	92	50	72
diarrheas/ dysentery/ etc.	113	118	115	138	160	149	120	131	125
worms infestation	10	4	7	6	6	6	8	5	7
infection	913	846	881	1051	1078	1064	955	915	936
cancers	61	96	78	101	126	113	73	105	88
anemia (any cause)	41	66	53	35	80	56	39	70	54
bleeding disorders	15	26	20	15	18	16	15	23	19
blood diseases inc. anemia	56	92	73	50	98	73	54	94	73
diabetes	46	63	54	91	150	119	60	89	74
under-nutrition	7	8	7	1	4	3	5	7	6
goitre and other diseases of the thyroid	11	25	18	8	27	17	10	26	18
others (including obesity)	1	3	2	6	5	5	2	3	3

Table 5: Cases of hospitalisation (EC) on account of different ailment types reported per 100,000 persons during the last 365 days

ailment	cases of hospitalisation on account of different ailment types reported per 100,000 persons								
	rural			urban			rural+urban		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
endocrine, metabolic, nutritional	66	99	81	106	185	144	78	124	100
mental retardation	12	8	10	11	10	11	12	9	10
mental disorders	23	25	24	47	24	36	30	25	28
headache	19	40	29	22	42	32	20	41	30
seizures or known epilepsy	27	17	22	40	42	41	31	24	28
weakness in limb muscles and difficulty in movements	44	45	45	50	56	53	46	48	47
stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body	66	58	62	109	62	87	79	60	69
others including memory loss, confusion	9	9	9	23	17	20	13	12	12
psychiatric & neurological	199	203	201	302	253	279	230	218	224
discomfort/pain in the eye with redness or swellings/ boils	11	12	11	10	20	14	11	14	12
cataract	100	149	123	94	181	135	98	159	127
glaucoma	9	14	11	8	6	7	9	12	10
decreased vision (chronic) not including where decreased vision is corrected with glasses	11	7	9	8	11	9	10	8	9
others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)	13	11	12	19	7	13	15	10	12
eye	144	193	167	138	225	179	142	202	171
earache with discharge/bleeding from ear/ infections	9	14	11	20	17	19	12	15	14
decreased hearing or loss of hearing	3	1	2	7	5	6	4	2	3
ear	12	15	14	27	23	25	17	17	17
hypertension	98	91	95	113	191	150	103	121	111
heart disease: chest pain, breathlessness	205	161	184	388	278	336	261	196	230

Table 5: Cases of hospitalisation (EC) on account of different ailment types reported per 100,000 persons during the last 365 days

ailment	cases of hospitalisation on account of different ailment types reported per 100,000 persons								
	rural			urban			rural+urban		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
cardio-vascular	304	251	279	501	470	486	363	316	341
acute upper respiratory infections	41	44	42	49	56	53	43	48	45
cough with sputum with or without fever and not diagnosed as tb	36	28	32	32	27	30	35	28	32
bronchial asthma	107	102	104	146	140	143	119	113	116
respiratory	184	174	179	228	222	225	197	189	193
diseases of mouth/teeth/gums	3	7	5	9	21	15	5	11	8
pain in abdomen: gastric and peptic ulcers/ acid reflux/ acute abdomen	243	314	277	288	331	308	257	319	286
lump or fluid in abdomen or scrotum	76	74	75	109	132	120	86	91	88
gastrointestinal bleeding	32	16	25	42	21	32	35	18	27
gastro-intestinal	354	411	381	448	505	475	382	439	409
skin infection (boil, abscess, itching) and other skin disease	32	28	30	33	58	45	32	37	34
joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones	133	143	138	122	163	142	130	149	139
back or body aches	20	48	34	53	46	49	30	47	38
musculo-skeletal	153	191	171	175	209	191	160	196	177
any difficulty or abnormality in urination	152	63	109	180	161	171	160	92	128
pain the pelvic region/reproductive tract infection/ pain in male genital area	47	38	43	57	48	53	50	41	46
change/irregularity in menstrual cycle or excessive bleeding/pain during menstruation and any other gynecological and andrological disorders incl. infertility	3	142	70	7	201	100	4	160	79
genito-urinary	203	243	222	244	411	323	215	293	252
pregnancy with complications before/ during labour (abortion, ectopic pregnancy, abortion, hypertension, complications during labour)	0	342	-	0	247	-	0	314	-

Table 5: Cases of hospitalisation (EC) on account of different ailment types reported per 100,000 persons during the last 365 days

ailment	cases of hospitalisation on account of different ailment types reported per 100,000 persons								
	rural			urban			rural+urban		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
complications in mother after birth of child	0	38	-	0	47	-	0	41	-
illness in the newborn/ sick newborn	43	21	33	45	35	40	44	25	35
obstetric and neonatal	43	400	214	45	330	180	44	379	204
accidental injury, road traffic accidents and falls	480	166	330	533	247	397	496	190	350
accidental drowning and submersion	4	2	3	4	2	3	4	2	3
burns and corrosions	10	22	16	12	11	11	11	19	15
poisoning	24	16	20	11	7	9	20	14	17
intentional self-harm	7	6	6	1	2	2	5	5	5
assault	10	5	8	7	5	6	9	5	7
contact with venomous/harm-causing animals and plants	29	21	25	6	7	7	22	17	20
injuries	564	239	408	575	281	435	567	251	416
symptom not fitting into any of above categories or could not even state the main symptom	86	117	101	121	172	145	96	133	114
all	3372	3598	3480	4145	4643	4381	3605	3910	3751

Table 6R: Per thousand distribution of hospitalisation cases(EC) during the last 365 days by type of hospital and gender separately for each State/UT

State/UT	per 1000 no. of hospitalised cases in						all	
	public hospital			private hospital				
	male	female	person	male	female	person		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Andhra Pradesh	121	104	225	443	333	775	1000	
Arunachal Pradesh	454	432	886	53	61	114	1000	
Assam	486	406	892	51	57	108	1000	
Bihar	178	248	426	290	284	574	1000	
Chhattisgarh	245	250	494	278	228	506	1000	
Delhi	517	114	631	84	285	369	1000	
Goa	344	166	510	181	309	490	1000	
Gujarat	114	121	234	415	351	766	1000	
Haryana	174	159	333	364	304	667	1000	
Himachal Pradesh	339	418	758	105	137	242	1000	
Jammu & Kashmir	458	481	939	23	38	61	1000	
Jharkhand	201	195	396	315	290	604	1000	
Karnataka	135	134	268	390	341	732	1000	
Kerala	187	160	347	328	324	653	1000	
Madhya Pradesh	228	307	535	254	210	465	1000	
Maharashtra	98	94	192	454	354	808	1000	
Manipur	450	438	888	50	62	112	1000	
Meghalaya	483	409	891	46	63	109	1000	
Mizoram	395	465	860	64	76	140	1000	
Nagaland	374	357	731	150	118	269	1000	
Odisha	372	441	813	109	78	187	1000	
Punjab	109	183	293	335	372	707	1000	
Rajasthan	243	299	542	246	212	458	1000	
Sikkim	235	492	727	138	136	273	1000	
Tamil Nadu	213	191	404	278	318	596	1000	
Telangana	148	139	286	387	327	714	1000	
Tripura	483	450	933	40	27	67	1000	
Uttar Pradesh	118	184	302	342	356	698	1000	
Uttarakhand	297	211	508	272	220	492	1000	
West Bengal	393	379	772	107	121	228	1000	
A & N Islands	596	345	941	50	9	59	1000	
Chandigarh	498	273	772	85	144	228	1000	
Dadra & N. Haveli	444	256	700	266	34	300	1000	
Daman & Diu	198	55	253	428	319	747	1000	
Lakshadweep	361	266	628	248	124	372	1000	
Puducherry	146	172	318	364	318	682	1000	
all	201	218	419	303	278	581	1000	

Table 6U: Per thousand distribution of hospitalisation cases(EC) during the last 365 days by type of hospital and gender separately for each State/UT

State/UT	per 1000 no. of hospitalised cases in						all	
	public hospital			private hospital				
	male	female	person	male	female	person		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Andhra Pradesh	136	83	218	429	353	782	1000	
Arunachal Pradesh	421	455	876	113	10	124	1000	
Assam	242	273	515	222	263	485	1000	
Bihar	162	226	388	313	299	612	1000	
Chhattisgarh	158	136	294	498	207	706	1000	
Delhi	287	163	450	289	261	550	1000	
Goa	490	178	668	162	170	332	1000	
Gujarat	122	112	233	391	375	767	1000	
Haryana	102	81	183	488	329	817	1000	
Himachal Pradesh	303	414	718	112	171	282	1000	
Jammu & Kashmir	365	489	854	68	78	146	1000	
Jharkhand	94	169	264	345	391	736	1000	
Karnataka	75	108	183	393	425	817	1000	
Kerala	162	170	333	275	392	667	1000	
Madhya Pradesh	195	222	417	291	292	583	1000	
Maharashtra	111	90	200	387	413	800	1000	
Manipur	401	385	786	103	112	214	1000	
Meghalaya	318	154	473	172	356	527	1000	
Mizoram	239	363	601	156	243	399	1000	
Nagaland	195	203	399	273	328	601	1000	
Odisha	349	231	580	225	195	420	1000	
Punjab	167	135	302	348	350	698	1000	
Rajasthan	263	281	544	235	221	456	1000	
Sikkim	257	296	553	191	256	447	1000	
Tamil Nadu	150	143	293	364	343	707	1000	
Telangana	101	111	212	344	444	788	1000	
Tripura	492	400	892	75	34	108	1000	
Uttar Pradesh	137	146	283	312	405	717	1000	
Uttarakhand	135	263	397	276	326	603	1000	
West Bengal	294	232	526	236	238	474	1000	
A & N Islands	350	472	822	106	72	178	1000	
Chandigarh	393	456	849	61	91	151	1000	
Dadra & N. Haveli	103	96	199	464	338	801	1000	
Daman & Diu	112	62	175	223	603	825	1000	
Lakshadweep	347	338	685	150	165	315	1000	
Puducherry	281	341	622	219	159	378	1000	
all	165	156	320	332	348	680	1000	

Table 7: Average total medical expenditure (₹) for treatment per hospitalisation case (EC) during stay at hospital (as inpatient) over last 365 days by State/UT and gender

State/UT	average total medical expenditure for treatment (₹) per case								
	rural			urban			rural + urban		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	15683	10058	13227	42894	16144	31242	23735	11853	18551
Arunachal Pradesh	5882	5468	5678	10685	6908	8926	6759	5709	6247
Assam	7313	6563	6966	31945	60152	47064	11589	18340	14810
Bihar	12918	10124	11432	35363	15632	25004	15318	10699	12865
Chhattisgarh	10429	14030	12149	25360	17465	22647	14363	14614	14475
Delhi	16408	52043	30613	39322	28501	34730	38903	28888	34658
Goa	26096	34211	29954	26134	17606	23165	26119	26492	26270
Gujarat	17576	10619	14298	21954	18262	20155	19527	14146	16952
Haryana	23241	12645	18341	35502	27870	32370	28652	18580	24214
Himachal Pradesh	23382	15238	18860	45243	16776	28590	24583	15333	19431
Jammu & Kashmir	9845	7141	8442	17040	11592	13948	11157	8091	9536
Jharkhand	10231	10479	10351	14689	11946	13151	11541	11009	11270
Karnataka	15948	12039	14091	27592	17456	22190	20027	14232	17148
Kerala	24060	10815	17642	16931	14325	15465	21496	12340	16775
Madhya Pradesh	18696	7853	13090	30851	17516	23993	22750	11052	16713
Maharashtra	21856	18776	20475	28378	30598	29493	24308	23834	24085
Manipur	5311	6810	6061	10052	10380	10215	6647	7806	7226
Meghalaya	1696	2500	2075	16087	21376	18786	5692	8346	6974
Mizoram	9749	7893	8744	11182	14945	13461	10390	11510	11031
Nagaland	7987	3024	5628	17116	14617	15788	10273	6443	8394
Odisha	12749	7920	10240	17186	23199	19750	13744	10454	12095
Punjab	40400	17559	27718	31793	28040	29971	36967	21059	28539
Rajasthan	14419	11359	12855	23458	10054	16731	17070	10986	13976
Sikkim	10860	6360	8035	11169	8942	9939	10954	6987	8543
Tamil Nadu	13920	9839	11842	29093	18115	23757	21944	14025	18006
Telangana	13325	26939	19664	25946	16350	20617	17527	22523	20021
Tripura	7858	3324	5694	13744	8887	11638	9173	4406	6942
Uttar Pradesh	22134	15765	18693	33498	30150	31653	25451	20096	22540
Uttarakhand	8400	10171	9162	30766	22174	25703	13518	14498	13985
West Bengal	13148	9508	11327	28462	20826	24875	18532	13179	15910
A & N Islands	4926	537	3373	15662	2284	8389	8475	1442	5437
Chandigarh	16932	15631	16389	55879	17967	35158	54414	17914	34604
Dadra & N. Haveli	5606	820	4219	9886	4956	7749	7312	3113	5821
Daman & Diu	9633	11213	10223	8570	6105	6930	8778	6453	7309
Lakshadweep	13821	5100	10418	7335	9859	8604	7936	9570	8744
Puducherry	10203	5636	7965	18969	9176	14076	15694	7885	11821
all	17528	12295	14935	28165	20754	24436	21223	15292	18268

Table 8R: Average medical expenditure (₹) and non-medical expenditure (Rs.) on account of hospitalisation per hospitalisation case (EC) for each State/UT, gender and sector

State/UT	Rural								
	avg. med. exp. during stay at hospital (₹)			avg. of other exp. on account of hospitalisation (₹)			total expenditure (₹)		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	15683	10058	13227	2546	1717	2184	18229	11774	15411
Arunachal Pradesh	5882	5468	5678	2441	2283	2363	8323	7752	8042
Assam	7313	6563	6966	1738	1341	1554	9051	7905	8520
Bihar	12918	10124	11432	2319	2084	2194	15237	12208	13626
Chhattisgarh	10429	14030	12149	1735	2069	1895	12164	16099	14043
Delhi	16408	52043	30613	1343	1981	1597	17752	54024	32211
Goa	26096	34211	29954	3035	2014	2550	29131	36225	32503
Gujarat	17576	10619	14298	1447	1267	1362	19023	11886	15660
Haryana	23241	12645	18341	2914	2243	2604	26155	14888	20945
Himachal Pradesh	23382	15238	18860	2595	3584	3144	25977	18823	22004
Jammu & Kashmir	9845	7141	8442	2694	2001	2334	12539	9142	10777
Jharkhand	10231	10479	10351	1753	2731	2227	11984	13210	12578
Karnataka	15948	12039	14091	2153	1887	2027	18101	13926	16118
Kerala	24060	10815	17642	1901	1574	1743	25961	12389	19385
Madhya Pradesh	18696	7853	13090	2528	1962	2236	21224	9816	15326
Maharashtra	21856	18776	20475	2216	1758	2011	24072	20534	22486
Manipur	5311	6810	6061	2859	3135	2997	8170	9945	9058
Meghalaya	1696	2500	2075	2171	1858	2023	3867	4358	4098
Mizoram	9749	7893	8744	3085	2758	2908	12833	10651	11652
Nagaland	7987	3024	5628	2469	1739	2122	10456	4763	7750
Odisha	12749	7920	10240	2514	2248	2376	15262	10168	12616
Punjab	40400	17559	27718	2418	1776	2061	42817	19335	29779
Rajasthan	14419	11359	12855	3070	2453	2755	17489	13812	15609
Sikkim	10860	6360	8035	5183	4275	4613	16042	10636	12648
Tamil Nadu	13920	9839	11842	2397	1865	2126	16317	11704	13968
Telangana	13325	26939	19664	2068	1963	2019	15393	28902	21683
Tripura	7858	3324	5694	1915	1144	1547	9773	4468	7242
Uttar Pradesh	22134	15765	18693	2157	1683	1901	24291	17449	20594
Uttarakhand	8400	10171	9162	1305	1327	1314	9705	11498	10476
West Bengal	13148	9508	11327	1619	1409	1514	14766	10917	12841
A & N Islands	4926	537	3373	883	1217	1001	5809	1753	4374
Chandigarh	16932	15631	16389	1695	2278	1938	18626	17909	18327
Dadra & N. Haveli	5606	820	4219	637	954	729	6243	1774	4948
Daman & Diu	9633	11213	10223	1073	949	1027	10706	12162	11250
Lakshadweep	13821	5100	10418	4998	3334	4349	18819	8434	14766
Puducherry	10203	5636	7965	2482	1350	1928	12685	6987	9893
all	17528	12295	14935	2199	1841	2021	19727	14136	16956

Table 8U: Average medical expenditure (₹) and non-medical expenditure (₹) on account of hospitalisation per hospitalisation case (EC) for each State/UT, gender and sector

State/UT	Urban								
	avg. med. exp. during stay at hospital (₹)			avg. of other exp. on account of hospitalisation (₹)			total expenditure (₹)		
	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	42894	16144	31242	2729	2041	2429	45623	18186	33671
Arunachal Pradesh	10685	6908	8926	2008	1537	1789	12693	8445	10715
Assam	31945	60152	47064	4767	5768	5304	36711	65921	52368
Bihar	35363	15632	25004	4158	2055	3054	39521	17687	28058
Chhattisgarh	25360	17465	22647	2544	1675	2245	27904	19139	24891
Delhi	39322	28501	34730	2542	2016	2319	41864	30516	37049
Goa	26134	17606	23165	3691	2386	3237	29824	19992	26401
Gujarat	21954	18262	20155	1191	1047	1121	23145	19309	21276
Haryana	35502	27870	32370	3325	2161	2847	38827	30030	35217
Himachal Pradesh	45243	16776	28590	3191	2130	2570	48434	18905	31160
Jammu & Kashmir	17040	11592	13948	2940	1682	2226	19979	13274	16174
Jharkhand	14689	11946	13151	2023	1732	1860	16712	13679	15011
Karnataka	27592	17456	22190	2404	1668	2012	29996	19124	24202
Kerala	16931	14325	15465	1923	1442	1652	18854	15766	17117
Madhya Pradesh	30851	17516	23993	3006	1791	2381	33857	19306	26374
Maharashtra	28378	30598	29493	1816	1255	1534	30194	31854	31028
Manipur	10052	10380	10215	3618	3573	3595	13669	13953	13810
Meghalaya	16087	21376	18786	3184	2830	3004	19271	24206	21789
Mizoram	11182	14945	13461	2591	4514	3756	13773	19459	17216
Nagaland	17116	14617	15788	2974	2438	2689	20090	17055	18477
Odisha	17186	23199	19750	2945	2987	2963	20131	26186	22713
Punjab	31793	28040	29971	2240	1760	2007	34033	29800	31978
Rajasthan	23458	10054	16731	2022	1213	1616	25480	11267	18346
Sikkim	11169	8942	9939	9026	3209	5813	20195	12151	15751
Tamil Nadu	29093	18115	23757	2714	1935	2336	31808	20050	26092
Telangana	25946	16350	20617	2541	1506	1966	28486	17856	22584
Tripura	13744	8887	11638	2645	1834	2294	16390	10721	13931
Uttar Pradesh	33498	30150	31653	1990	1554	1749	35488	31704	33402
Uttarakhand	30766	22174	25703	2875	1696	2180	33641	23869	27883
West Bengal	28462	20826	24875	1832	2986	2374	30293	23812	27249
A & N Islands	15662	2284	8389	5186	1030	2927	20848	3314	11316
Chandigarh	55879	17967	35158	2529	1717	2085	58408	19684	37243
Dadra & N. Haveli	9886	4956	7749	619	430	537	10505	5386	8286
Daman & Diu	8570	6105	6930	1662	377	807	10232	6482	7737
Lakshadweep	7335	9859	8604	6213	3291	4744	13548	13150	13348
Puducherry	18969	9176	14076	2241	1389	1815	21210	10564	15891
all	28165	20754	24436	2286	1757	2019	30450	22511	26455

Table 9: Average total medical expenditure (₹) for (non-hospitalised) treatment per person with only one ailment during last 15 days by level of care, and broad nature of ailment

Broad nature of ailments	average total med. exp. for treatment (₹) per person in				
	HSC/PHC and others*	public hospital	private doctor/ clinic	private hospital	all
(1)	(2)	(3)	(4)	(5)	(6)
Gender: all					
infections	262	338	477	727	455
cancers	665	1720	2302	808	1253
blood diseases inc. anemia	290	1507	846	979	1072
endocrine, metabolic & nutrition	392	115	755	708	575
psychiatric & neuro.	287	551	743	885	699
eye	102	237	886	495	537
ear	126	2777	572	898	1330
cardio-vascular	180	247	470	600	438
respiratory	301	897	528	619	570
gastro-intestinal	660	674	636	1036	726
skin	317	318	507	736	491
musculo-skeletal	358	198	678	936	596
genito-urinary	370	416	1177	1024	1023
obstetric and neonatal	308	395	1338	1635	1070
injuries	748	668	1078	1547	1094
other	438	410	537	639	526
all	312	462	581	793	570
Rural					
infections	456	193	533	782	527
cancers	300	1604	952	7241	4258
blood diseases inc. anemia	119	1150	761	2432	1496
endocrine, metabolic & nutrition	649	207	653	686	592
psychiatric & neuro.	268	473	848	1216	850
eye	344	170	452	2075	1070
ear	655	206	762	1685	920
cardio-vascular	297	477	597	762	628
respiratory	224	190	516	665	481
gastro-intestinal	466	308	1236	1068	968
skin	156	354	568	757	563
musculo-skeletal	126	274	692	1049	636
genito-urinary	408	1002	1337	1446	1317
obstetric and neonatal	0	302	1378	2616	1997
injuries	232	3108	1635	1649	2011
other	277	358	919	1162	822
all	369	394	658	953	680
Urban					
infections	456	193	533	782	527
cancers	300	1604	952	7241	4258
blood diseases inc. anemia	119	1150	761	2432	1496
endocrine, metabolic & nutrition	649	207	653	686	592
psychiatric & neuro.	268	473	848	1216	850
eye	344	170	452	2075	1070
ear	655	206	762	1685	920
cardio-vascular	297	477	597	762	628
respiratory	224	190	516	665	481
gastro-intestinal	466	308	1236	1068	968
skin	156	354	568	757	563
musculo-skeletal	126	274	692	1049	636
genito-urinary	408	1002	1337	1446	1317
obstetric and neonatal	0	302	1378	2616	1997
injuries	232	3108	1635	1649	2011
other	277	358	919	1162	822
all	369	394	658	953	680

* includes ANM/ASHA/AWW/dispensary/CHC/MMU

Table 10: Per thousand distribution of hospitalisation cases (EC) by nature of treatment received during hospitalisation, separately for each State/UT and gender

State/UT	rural						urban					
	male			female			male			female		
	allopathy	AYUSH	all									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Andhra Pradesh	985	15	1000	1000	0	1000	995	5	1000	995	5	1000
Arunachal Pradesh	976	24	1000	961	39	1000	998	2	1000	962	38	1000
Assam	993	8	1000	999	1	1000	979	21	1000	1000	0	1000
Bihar	995	6	1000	999	1	1000	990	10	1000	991	9	1000
Chhattisgarh	996	4	1000	1000	0	1000	1000	0	1000	996	4	1000
Delhi	1000	0	1000	1000	0	1000	996	4	1000	994	6	1000
Goa	1000	0	1000	973	27	1000	1000	0	1000	1000	0	1000
Gujarat	1000	0	1000	1000	0	1000	997	3	1000	997	2	1000
Haryana	999	1	1000	1000	0	1000	1000	0	1000	999	1	1000
Himachal Pradesh	998	2	1000	992	7	1000	944	56	1000	995	5	1000
Jammu & Kashmir	990	10	1000	999	1	1000	1000	0	1000	997	3	1000
Jharkhand	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Karnataka	997	3	1000	997	3	1000	994	6	1000	950	50	1000
Kerala	992	8	1000	981	19	1000	996	4	1000	966	34	1000
Madhya Pradesh	997	3	1000	995	5	1000	994	6	1000	993	8	1000
Maharashtra	999	1	1000	999	1	1000	998	2	1000	999	1	1000
Manipur	991	8	1000	985	15	1000	1000	0	1000	1000	0	1000
Meghalaya	994	6	1000	982	19	1000	1000	0	1000	1000	0	1000
Mizoram	982	18	1000	919	81	1000	977	23	1000	995	5	1000
Nagaland	996	4	1000	992	8	1000	943	57	1000	1000	0	1000
Odisha	994	7	1000	1000	0	1000	969	32	1000	996	4	1000
Punjab	995	5	1000	1000	0	1000	986	14	1000	998	2	1000

Table 10: Per thousand distribution of hospitalisation cases (EC) by nature of treatment received during hospitalisation, separately for each State/UT and gender

State/UT	rural						urban					
	male			female			male			female		
	allopathy	AYUSH	all	allopathy	AYUSH	all	allopathy	AYUSH	all	allopathy	AYUSH	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Rajasthan	1000	0	1000	1000	0	1000	1000	0	1000	989	11	1000
Sikkim	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Tamil Nadu	989	11	1000	993	7	1000	976	24	1000	994	7	1000
Telangana	993	7	1000	1000	0	1000	996	4	1000	998	2	1000
Tripura	990	11	1000	994	6	1000	994	6	1000	997	3	1000
Uttar Pradesh	999	1	1000	997	3	1000	994	7	1000	990	10	1000
Uttarakhand	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
West Bengal	998	2	1000	1000	0	1000	1000	0	1000	998	2	1000
A & N Islands	1000	0	1000	1000	0	1000	1000	0	1000	989	11	1000
Chandigarh	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Dadra & N. Haveli	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Daman & Diu	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Lakshadweep	1000	0	1000	884	116	1000	958	42	1000	1000	0	1000
Puducherry	1000	0	1000	1000	0	1000	994	6	1000	962	38	1000
all	995	4	1000	997	3	1000	993	8	1000	988	12	1000

Table 11R: Average total medical expenditure (₹) for treatment per childbirth during stay at hospital (as inpatient) over last 365 days by type of hospital for each State/UT

State/UT	Rural								
	average total medical expenditure for treatment (₹) per case								
	allopathy			other			all		
	type of hospital								
	public	private	all	public	private	all	public	private	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	1471	13626	8311	0	0	0	1471	13626	8311
Arunachal Pradesh	1590	8883	6112	4200	0	4200	2092	8883	5953
Assam	3602	12502	4164	3000	0	3000	3599	12502	4158
Bihar	2202	16322	5493	1876	0	1876	2197	16322	5456
Chhattisgarh	1551	10675	3038	0	0	0	1551	10675	3038
Delhi	1331	7350	2555	0	0	0	1331	7350	2555
Goa	4814	24757	16351	0	0	0	4814	24757	16351
Gujarat	780	7502	5028	0	0	0	780	7502	5028
Haryana	1530	16206	8484	0	0	0	1530	16206	8484
Himachal Pradesh	2839	10357	3974	0	0	0	2839	10357	3974
Jammu & Kashmir	3277	23750	4449	0	0	0	3277	23750	4449
Jharkhand	1275	10573	2857	0	0	0	1275	10573	2857
Karnataka	1762	15762	6369	0	0	0	1762	15762	6369
Kerala	1662	19443	13830	0	0	0	1662	19443	13830
Madhya Pradesh	879	13818	2183	2400	0	2400	882	13818	2184
Maharashtra	1148	15537	8514	1000	0	1000	1147	15537	8496
Manipur	5396	21503	6488	0	0	0	5396	21503	6488
Meghalaya	811	20989	1529	0	0	0	811	20989	1529
Mizoram	1478	11992	2086	150	0	150	1419	11992	2004
Nagaland	2001	5207	2631	0	0	0	2001	5207	2631
Odisha	2598	16569	3894	1800	0	1800	2598	16569	3893
Punjab	2254	18064	9228	650	0	650	2220	18064	9124
Rajasthan	466	12751	2599	203	0	203	464	12751	2580
Sikkim	1987	8241	2446	0	0	0	1987	8241	2446
Tamil Nadu	327	28816	9759	0	31330	17164	325	28862	9842
Telangana	1511	20054	13320	0	0	0	1511	20054	13320
Tripura	4312	19844	5581	0	0	0	4312	19844	5581
Uttar Pradesh	1297	11937	4728	301	20700	14984	1296	11965	4742
Uttarakhand	1358	5699	1875	0	0	0	1358	5699	1875
West Bengal	2062	14821	4821	500	0	500	2061	14821	4820
A & N Islands	94	57500	1008	0	0	0	94	57500	1008
Chandigarh	3669	14857	4371	0	0	0	3669	14857	4371
Dadra & N. Haveli	0	7550	59	0	0	0	0	7550	59
Daman & Diu	0	10162	5704	0	0	0	0	10162	5704
Lakshadweep	667	16688	2827	0	0	0	667	16688	2827
Puducherry	965	18039	8944	0	0	0	965	18039	8944
all	1589	14761	5547	1235	26771	4603	1587	14778	5544

Table 11U: Average total medical expenditure (₹) for treatment per childbirth during stay at hospital (as inpatient) over last 365 days by type of hospital for each State/UT

State/UT	Urban								
	average total medical expenditure for treatment (₹) per case								
	allopathy			other			all		
	type of hospital								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	1232	17767	12488	0	0	0	1232	17767	12488
Arunachal Pradesh	773	12480	958	0	0	0	773	12480	958
Assam	7001	30031	11300	2200	0	2200	6949	30031	11219
Bihar	2584	13795	6268	0	0	0	2584	13795	6268
Chhattisgarh	3399	15875	7969	0	0	0	3399	15875	7969
Delhi	2985	32556	13915	11670	0	11670	3163	32556	13886
Goa	639	27300	19477	0	0	0	639	27300	19477
Gujarat	1495	13568	10125	0	10000	10000	1495	13551	10125
Haryana	1684	19264	12283	200	0	200	1674	19264	12251
Himachal Pradesh	2807	19172	4536	0	0	0	2807	19172	4536
Jammu & Kashmir	3247	14778	6039	3000	0	3000	3246	14778	6031
Jharkhand	1857	13413	8075	0	0	0	1857	13413	8075
Karnataka	2635	21353	13731	0	0	0	2635	21353	13731
Kerala	1534	21578	15346	0	0	0	1534	21578	15346
Madhya Pradesh	672	16288	6028	0	0	0	672	16288	6028
Maharashtra	2480	22752	15154	0	0	0	2480	22752	15154
Manipur	5883	22706	10116	0	0	0	5883	22706	10116
Meghalaya	2061	17050	5897	0	0	0	2061	17050	5897
Mizoram	2231	16040	6261	0	0	0	2154	16040	6107
Nagaland	3395	7104	4934	4530	0	4530	3406	7104	4932
Odisha	3008	18550	7271	0	0	0	3008	18550	7271
Punjab	3153	22015	15133	0	0	0	3153	22015	15133
Rajasthan	972	13811	5318	0	0	0	972	13811	5318
Sikkim	1355	12466	3931	0	0	0	1355	12466	3931
Tamil Nadu	666	30132	15606	0	0	0	661	30132	15556
Telangana	2433	23215	18760	0	50000	50000	2433	23443	18969
Tripura	5209	22965	7914	0	0	0	5209	22965	7914
Uttar Pradesh	2164	16714	10704	324	20500	2483	2147	16717	10670
Uttarakhand	2173	16114	5854	0	0	0	2173	16114	5854
West Bengal	3208	22829	9973	0	0	0	3208	22829	9973
A & N Islands	114	10500	1128	0	0	0	114	10500	1128
Chandigarh	4695	20340	7141	0	0	0	4695	20340	7141
Dadra & N. Haveli	1183	16651	14340	0	0	0	1183	16651	14340
Daman & Diu	271	19314	14774	0	0	0	271	19314	14774
Lakshadweep	0	20949	3228	0	0	0	0	20949	3228
Puducherry	1308	25137	11650	0	0	0	1308	25137	11650
all	2114	20320	11687	3211	28678	10397	2117	20328	11685

Table 12R: Percentage distribution of women aged 15-49 by place of childbirth during last 365 days

State/UT	per 1000 no. of women who gave birth in						Rural	
	HSC/PHC and others*	public hosp.	private clinic	private hosp.	at home	all	no. of pregnant women aged 15-49	estd. (00)
(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	51	360	7	488	93	1000	6342	348
Arunachal Pradesh	343	182	4	58	377	1000	320	98
Assam	240	576	2	60	121	1000	5424	650
Bihar	120	403	45	125	301	1000	24854	683
Chhattisgarh	159	296	20	91	435	1000	3983	214
Delhi	0	543	0	132	325	1000	41	16
Goa	0	415	0	585	0	1000	56	24
Gujarat	137	192	6	582	84	1000	6828	428
Haryana	91	361	3	390	119	1000	3738	215
Himachal Pradesh	88	539	4	118	251	1000	1146	200
Jammu & Kashmir	14	843	5	50	90	1000	1940	218
Jharkhand	117	472	21	127	263	1000	6871	334
Karnataka	154	516	0	307	21	1000	9140	444
Kerala	32	280	42	591	54	1000	4108	343
Madhya Pradesh	100	625	5	73	197	1000	14986	622
Maharashtra	159	329	7	477	27	1000	12338	788
Manipur	82	673	9	51	185	1000	529	227
Meghalaya	252	342	0	20	386	1000	937	217
Mizoram	242	316	0	34	408	1000	160	118
Nagaland	239	241	0	86	433	1000	154	99
Odisha	381	417	11	78	100	1000	7518	515
Punjab	81	439	12	354	109	1000	2670	214
Rajasthan	144	541	5	145	167	1000	15672	563
Sikkim	55	835	0	36	75	1000	69	88
Tamil Nadu	95	540	0	307	57	1000	6019	533
Telangana	69	294	23	593	22	1000	3533	210
Tripura	157	487	17	66	271	1000	597	224
Uttar Pradesh	193	274	23	210	292	1000	40349	1663
Uttarakhand	4	565	3	136	293	1000	1080	112
West Bengal	33	568	6	159	234	1000	14640	740
A & N Islands	464	497	0	15	24	1000	73	47
Chandigarh	277	468	0	255	0	1000	17	23
Dadra & N. Haveli	520	130	0	5	345	1000	32	17
Daman & Diu	262	106	0	470	162	1000	6	18
Lakshadweep	235	642	0	123	0	1000	2	19
Puducherry	0	533	0	467	0	1000	60	16
all	141	414	16	225	199	1000	196236	11288

* includes ANM/ASHA/AWW/dispensary/CHC/MMU

Table 12U: Percentage distribution of women aged 15-49 by place of childbirth during last 365 days

State/UT	per 1000 no. of women who gave birth in						Urban	
	HSC,PHC and others*	public hosp.	private clinic	private hosp.	at home	all	no. of pregnant women aged 15-49	estd. (00)
(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Andhra Pradesh	12	299	9	669	11	1000	2596	334
Arunachal Pradesh	287	396	0	83	233	1000	76	61
Assam	38	658	15	203	81	1000	601	156
Bihar	22	446	100	228	200	1000	2404	339
Chhattisgarh	16	312	0	229	418	1000	1023	153
Delhi	7	509	7	335	142	1000	1452	271
Goa	0	275	46	679	0	1000	230	23
Gujarat	24	233	3	714	27	1000	4325	379
Haryana	60	286	4	563	86	1000	1456	203
Himachal Pradesh	26	661	0	292	21	1000	91	47
Jammu & Kashmir	8	662	44	208	78	1000	435	161
Jharkhand	95	322	69	370	128	1000	1215	182
Karnataka	21	386	0	582	10	1000	4419	410
Kerala	8	307	0	682	2	1000	2640	353
Madhya Pradesh	18	586	29	288	79	1000	3739	472
Maharashtra	58	299	11	592	40	1000	6902	711
Manipur	29	644	24	196	108	1000	217	196
Meghalaya	111	504	0	254	131	1000	97	86
Mizoram	116	589	0	275	20	1000	78	106
Nagaland	93	477	16	289	124	1000	73	61
Odisha	178	521	46	223	32	1000	1571	200
Punjab	14	235	21	605	124	1000	1719	203
Rajasthan	12	586	22	301	78	1000	4209	374
Sikkim	0	729	0	216	55	1000	11	51
Tamil Nadu	37	449	0	497	17	1000	5476	516
Telangana	6	225	8	745	16	1000	2016	199
Tripura	106	672	14	125	63	1000	124	152
Uttar Pradesh	42	261	22	378	288	1000	9168	877
Uttarakhand	7	684	1	226	83	1000	334	90
West Bengal	8	539	8	305	141	1000	4236	628
A & N Islands	23	880	0	98	0	1000	20	29
Chandigarh	44	762	0	159	35	1000	112	28
Dadra & N. Haveli	0	128	0	872	0	1000	18	17
Daman & Diu	191	38	0	732	38	1000	30	13
Lakshadweep	0	864	0	136	0	1000	10	23
Puducherry	0	604	0	396	0	1000	142	53
all	33	384	17	458	105	1000	63266	8157

* includes ANM,ASHA,AWW,dispensary,CHC,MMU

Table 13: Distribution of population by age-group for each gender: rural, urban

age group	Rural						Urban					
	no. of estimated persons (00)			no. of sample persons			no. of estimated persons (00)			no. of sample persons		
	male	female	person	male	female	person	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
0-4	385612	352534	738146	12837	11922	24759	131450	124479	255929	8751	8130	16881
5-9	424625	377532	802157	9103	8373	17476	147834	128737	276571	5898	5355	11253
10-14	473940	392148	866088	9000	8027	17027	167363	144614	311977	5861	5299	11160
0-14	1284177	1122215	2406392	30940	28322	59262	446647	397830	844477	20510	18784	39294
15-19	417243	364714	781957	8679	7983	16662	167052	132179	299231	6001	5389	11390
20-24	350081	342762	692843	8322	10328	18650	163436	153443	316879	6522	7749	14271
25-29	307666	322395	630061	8892	9194	18086	164234	145356	309590	7139	7649	14788
15-29	1074991	1029870	2104861	25893	27505	53398	494723	430978	925700	19662	20787	40449
30-34	274351	289763	564114	7520	6727	14247	152840	145212	298052	6803	5822	12625
35-39	275169	296769	571939	6232	5771	12003	134319	136802	271121	5326	4650	9976
40-44	253578	229130	482708	4883	4660	9543	118790	117594	236384	4111	4016	8127
30-44	803098	815662	1618760	18635	17158	35793	405949	399608	805557	16240	14488	30728
45-49	216709	198501	415209	4556	4646	9202	106241	93095	199336	3833	3856	7689
50-59	351496	350581	702077	8308	8591	16899	155457	157531	312988	6428	6717	13145
60-64	101171	110833	212004	2577	2706	5283	50005	53494	103499	2060	2242	4302
65-69	87736	87792	175528	2245	2064	4309	36612	37357	73969	1648	1618	3266
45-69	757112	747707	1504819	17686	18007	35693	348314	341478	689792	13969	14433	28402
70 & above	107066	107645	214712	2835	2592	5427	48110	47836	95946	2327	2331	4658
60 & above	295973	306270	602244	7657	7362	15019	134727	138687	273414	6035	6191	12226
all	4026444	3823100	7849544	95989	93584	189573	1743743	1617730	3361473	72708	70823	143531

Table 14: Distribution of population by gender for each State/UT: rural, urban

State/UT	no. of estimated persons (00)					
	Rural			Urban		
	male	female	person	male	female	person
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Andhra Pradesh	170002	166259	336261	70864	76156	147020
Arunachal Pradesh	5092	4814	9907	969	905	1874
Assam	138379	119971	258350	18007	16255	34262
Bihar	443634	406299	849932	51554	45782	97336
Chhattisgarh	107028	94286	201314	24137	20283	44420
Delhi	2961	2250	5211	57738	46707	104445
Goa	2897	2952	5849	4461	4413	8874
Gujarat	154176	147609	301786	116921	98385	215306
Haryana	81423	75752	157175	43463	40528	83990
Himachal Pradesh	28724	31268	59992	3355	3150	6504
Jammu & Kashmir	40974	37300	78273	10313	9985	20298
Jharkhand	122490	114337	236827	36868	33770	70638
Karnataka	186641	182301	368942	117907	108789	226697
Kerala	85102	93970	179072	70981	75502	146483
Madhya Pradesh	255852	236056	491909	94568	85529	180096
Maharashtra	291174	281490	572664	222186	205572	427758
Manipur	9046	7900	16946	4147	3916	8063
Meghalaya	12186	12457	24643	2604	2556	5160
Mizoram	2452	2536	4988	2056	2114	4170
Nagaland	6339	6292	12631	1881	1931	3812
Odisha	177810	162447	340257	32846	30384	63230
Punjab	86984	77518	164502	48663	49264	97927
Rajasthan	233824	232927	466751	91648	83879	175527
Sikkim	2008	1719	3727	511	409	920
Tamil Nadu	170511	183408	353918	176093	170981	347074
Telangana	90883	96835	187718	60148	52183	112331
Tripura	14538	13355	27894	3796	3555	7351
Uttar Pradesh	758782	708195	1466977	222123	202218	424341
Uttarakhand	32834	30024	62858	9390	8495	17886
West Bengal	306533	285798	592332	132499	124412	256910
A & N Islands	1516	1312	2828	698	664	1362
Chandigarh	176	142	318	4512	3679	8191
Dadra & N. Haveli	784	810	1594	768	603	1371
Daman & Diu	184	166	350	1194	869	2063
Lakshadweep	64	49	112	290	222	512
Puducherry	2439	2296	4735	3584	3687	7271
all	4026444	3823100	7849544	1743743	1617730	3361473

Appendix B

Concepts and Definitions

Concepts and Definitions

1.0 Household and related terms:

1.1 **Household** : A group of person normally living together and taking food from a common kitchen constitutes a household. The word "normally" means that temporary visitors are excluded but temporary stay-aways are included. "Living together" is usually given more importance than "sharing food from a common kitchen" in drawing the boundaries of a household in case the two criteria are in conflict; however, in the special case of a person taking food with his family but sleeping elsewhere (say, in a shop or a different house) due to space shortage, the household formed by such a person's family members is taken to include that person also. Under-trial prisoners in jails and indoor patients of hospitals, nursing homes, etc., are considered as members of the households to which they last belonged. In this round, however, following exceptions in the definition of household was integrated:

- (a) students residing in students' hostels was considered as members of the household to which they belonged before moving to the hostel irrespective of the period of absence from the household they belonged. Hence, they were not regarded as forming single-member households unlike previous rounds.
- (b) any woman who has undergone childbirth during last 365 days was considered a member of the household which incurred the cost of childbirth irrespective of her place of residence during the last 365 days.
- (c) a child aged less than 1 year was considered a member of the household to which its mother belongs.

1.2 **Household size:** The size of a household is the total number of persons in the household.

2.0 NATURE OF TREATMENT

2.1 **Allopathy:** In this survey the term 'allopathy' is used to refer to the broad category of medical practice that is sometimes called Western medicine, biomedicine, evidence-based medicine, or modern medicine. According to MedTerms Dictionary, allopathic medicine is defined as 'the system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment'. The term 'allopathy' was coined in 1842 by C.F.S. Hahnemann to designate the usual practice of medicine (allopathy) as opposed to homeopathy.

2.2 **Indian System of Medicines (ISM):** This includes Ayurveda, Siddha, Unani and Sowa-Rig-Pa medicines. These medicines are also called **Desi Dawaiyan** in India. Herbal medicines are also included in this category of medicines. The practitioners of these systems may be called Vaidji, Vaidya, Siddha Vaidya, Hakim, etc. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa*), and the medicines given by local Vaidya/Hakim. e.g. Neem leaves for skin diseases, Tulsi leaves for common cold, Haldi

(turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem etc., Lahasun (Garlic) for gathiya/ joint pain, Kali Mirch (pepper) and honey for dry and productive cough, Ashwagandha, Chyawanprash as tonic /Rasayana for energy, Gulab Jal for eye diseases and face wash, Saunf for indigestion, Ajowain and Hing for stomach pain, *Methi seeds, Ajawain, Pudina* (mint), *Jeera, Sunthi* (dry ginger), *Laung* (clove), *Triphala* powder for problems like indigestion, loss of appetite, constipation, *Laung* (clove) oil for toothache, *Bilva* (Bel) powder for diarrhoea, etc.

2.3 Homoeopathy: Homeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defenses in the body. Oral Homoeopathy medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture.

2.4 Yoga and Naturopathy: Yoga is a combination of breathing exercises (*pranayam*), physical postures (*asanas*) and meditation for curing illness and releasing stress, both physical and mental. In Naturopathy treatments are based on five elements of nature, namely, (i) Earth (mud baths, mud packs, mud wraps) (ii) Water (hydrotherapy methods like baths, jets, douches, packs, immersions, compresses/fomentations) (iii) Air (breathing exercises, outdoor walking, open-air baths) (iv) Fire (sun baths, magnetized water) (v) Ether (fasting therapy).

2.5 AYUSH: Each letter of the word AYUSH represents a specific system of medicine: A for Ayurveda, Y for Yoga and Naturopathy, U for Unani, S for Siddha, and H for Homeopathy. Thus AYUSH encompasses the Indian System of Medicines, Yoga and Naturopathy, and Homeopathy. Treatment by any of these systems were therefore qualify as **AYUSH treatment**, and medicines used by any of these systems were called **AYUSH medicines**.

3.0 LEVEL OF CARE: EXPLANATIONS OF ASSOCIATED TERMS

3.1 Medical institution: This refers to any medical institution having provision for admission of sick persons as in-patients for treatment. Thus it covers all HSC, PHC, CHC, public dispensaries with facilities for in-patient treatment, any public hospital (district hospital/state general hospitals/ medical college hospitals etc), and private hospital of any kind (private nursing home, day care centre, private medical college and hospital, super-speciality hospital, etc.).

3.2 ASHA (Accredited Social Health Activist): ASHAs are local women trained to act as health educators and promoters in their communities. There is one ASHA for every 1000 population. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., usage of condoms, IUDs, surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. They have a drug kit – which has tablets like paracetamol, anti-malarials, oral contraceptives, co-trimoxazole (an antibiotic), etc.

3.3 AWW (Anganwadi worker): These are the staff of the Anganwadi centre in the village. There is one Anganwadi centre for every 1000 population. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services. They are provided with a drug kit and may give tablets for about 1 to 3 children in a day.

3.4 HSC (Health Sub-Centre): This is the most peripheral facility in the primary health care system. There is one sub-centre for every 3000 population in hilly/tribal/difficult areas and 5000 population in plains. Each Sub-Centre is staffed by one or two

3.5 Auxiliary Nurse Midwives (ANM¹) (female health worker) and may have a male health worker. Their main task (as perceived) is to provide immunization to children and antenatal care. Some sub-centres also conduct normal delivery but they have no beds and the sub-centre is not considered as an institution with in-patients. They perform some outpatient care largely in the form of treatment for basic illnesses. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.

3.6 Dispensary: This is a public institution from which medical supplies, preparations, and treatments are dispensed, but which does not have facilities for treatment of in-patients. Dispensaries are staffed by one or more doctors.

3.7 PHC (Primary Health Centre) is staffed by a Medical Officer (MBBS or AYUSH) and Para medical staff. They provide curative OPD services and ante natal checkups and deliveries. They usually have 4-6 beds to conduct delivery. They may or may not have facilities for in-patient treatment. There is one PHC for every 30000 population in the plains and for every 20,000 populations in hilly/tribal/difficult areas. The terms ‘additional PHC’, ‘mini-PHC’ and ‘new PHC’ are considered synonymous to ‘PHC’.

PHCs in Bihar and Uttar Pradesh are the equivalent of CHCs in other States that their area of coverage is a block and may even have 30 beds. Admissions/in-patients are always there in this facility type. Their equivalent of a PHC in these States is called an additional PHC.

3.8 CHC (Community Health Centre): CHC is usually located at block/division or *taluk* level and serves as a referral centre for PHCs. It is to be staffed by medical specialists and medical officers and AYUSH doctors – but in practice there are usually only medical officers. It always has provision for in-patients and 10 to 30 beds. It usually has an OT, X-Ray, Labour Room and laboratory facilities.

3.9 Public Hospital: All other government hospitals, including district hospitals in the district headquarters town (which acts as referral site for all the CHCs and PHCs and sub-centers), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run

¹ An ANM is a nurse, usually with 18 months training, who is expected to provide a range of services as required in a health sub-centre. In some States the post is called village health nurse, or junior public health nurse.

by the government covered under the category 'public hospital' for the purposes of this survey.

3.10 Private Hospital, private clinic: Any other hospital/ nursing home/ day care centre with facilities for in-patient treatment called a private hospital. A private clinic with facilities for consultation with private doctor(s) but no in-patient facility.

4.0 Ailment and Related Terms:

4.1 Ailment – illness or injury: Ailment, i.e. illness or injury, meant any deviation from the state of physical and mental well-being. In this round whether a person suffered an ailment during a particular period, it was judged by some deviation from physical or mental well-being **was felt²** by the person during the period subject to the following inherent limitations:

- An ailment may not cause any necessity of hospitalisation, confinement to bed or restricted activity.
- An ailment may be untreated or treated.

For the purpose of this survey, ailments are INCLUSIVE of:

- All types of injuries, such as cuts, wounds, haemorrhage, fractures and burns caused by an accident, including bites to any part of the body
- Cases of abortion – natural or accidental.

However, following

- Cases of sterilisation, insertion of IUD, getting MTP etc.
 - A state of normal pregnancy without complications
 - Cases of pre-existing visual, hearing, speech, locomotor and mental disabilities.
- were NOT INCLUDED in ailment

4.2 Spell of ailment: A spell is a continuous period of sickness due to a specific ailment.

4.3 Hospitalisation: Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, was called hospitalisation. The birth of a baby in a hospital was not a case of hospitalisation of the baby. If, however, a baby who had never left the hospital after birth contracts an illness for which it had to stay in hospital, was regarded as a case of hospitalisation. *Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) were treated as cases of hospitalisation for the purpose of the survey.* For such cases it was possible for admission and discharge to take place on the same day.

5.0 Medical expenditure for treatment: The total expenditure during the last 365 days for medical treatment during the stay in the hospital or not as inpatient was accounted against the following items:

² Note that the identification of ailments is necessarily subjective as it depends on the feeling or perception of the person concerned. This is a problem inherent in all surveys of general morbidity or illness.

5.1 Package component (Rs.): “Packages” of treatment involving specific surgical or non-surgical medical procedures, inclusive of different items like operation theatre (OT) charges, OT consumables, medicines, doctor’s fees, bed charges, etc. are common nowadays in all private hospitals. Normally, packages do not include additional diagnostic tests, attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc. When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for constituent for this treatment, were not separately available. The total cost of the package treatment received will, however, as informed by the informant was recorded against “package component”. However, even when treatment has a package component, some extra medical expenses might have been incurred over and above the package component and those information were also recorded.

5.2 Doctor’s/surgeon’s fee: This was inclusive of the total amount paid on account of doctor’s/surgeon’s fees chargeable for the period of treatment within the reference period during the stay in hospital.

5.3 Medicines: The total amount paid for medicines (including drips) used for treatment whether of AYUSH or other – were recorded.

5.4 Diagnostic tests: The total amount paid for diagnostic tests carried out on the patient as in-patient or otherwise within the reference period – whether using the hospital’s diagnostic facilities or not – were recorded here.

5.5 Bed charges: Amount paid for bed charges during stay in hospital within the reference period was recorded here.

5.6 Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.): All other expenditure involved in medical treatment were recorded as ‘Other’.

5.6.1 Attendant charges: This refers to charges for services of hired attendant(s) (caregivers) who stay with the patient in the hospital or not otherwise to attend to their needs. If any household member or relative attends to the patient, no imputation of charges for his/her services was made.

5.6.2 Physiotherapy: If the patient had any physiotherapy during the stay at hospital, the amount chargeable was included in this ‘Other’

5.6.3 Personal medical appliances: This refers to personal medical appliances of durable nature like spectacles, contact lenses, intro-ocular lenses, hearing aids, trusses, crutches, catheter, nebulizer, artificial limbs, pacemaker, etc. for the purpose of treatment.

5.6.4 Blood, oxygen cylinder, etc.: Charges for blood, oxygen cylinders and other consumables such as gloves, bandages, plaster, etc., used.

5.6.5 Apart from these, expenses on any other item used in medical treatment or diagnosis during stay in the hospital, or otherwise such as thermometer, infra-red lamp, blood pressure measuring equipment, blood sugar measuring kit, bed-pan, urinal, etc., were included in ‘Other’ if borne by the household.

6.0 Non-Medical expenditure

6.1 transport for patient: Here the amount paid for transport charges (by ambulance or other vehicle) for the patient – whether accompanied by other household members or not – for the journey to hospital, Clinic or any other and for the return journey, were recorded in addition to the expenditure incurred to undergo a diagnostic test which the doctor advised.

6.2 other non-medical expenses incurred by the household (food, transport for others, expenditure on escort, lodging charges if any, etc.): All other non-medical expenses were recorded here. Some important ones are:

- **Food:** will include expenses incurred on food supplied by the hospital for in-patient treatment and/or purchased from outside for the patient. The cost of meals supplied from home for the patient will not be included.
- **Transport (other than ambulance):** This includes transport expenses incurred by household members for travelling to the hospital to visit the patient and attend to the patient’s needs, and for return journeys, including travel for procuring medicines, blood, oxygen, etc. for the hospitalised person or just to accompany the ailing person. **Lodging charges of escort(s):** Charges for lodging incurred by those household members who were required to stay in a hotel or a lodge for attending to the patient’s needs during hospital stay were included.
- **Other expenses incurred by the household:** Other incidental charges paid and expenses incurred due to hospitalisation, such as telephone charges made from PCO, and expenditure on soap, towel, toothpaste, etc. for the patient and escort(s), were included

7.0 Total amount reimbursed by medical insurance company or employer: The following points are important in this regard:

1. Expenses incurred, as recorded here are basically the expenditure made by the household (“out-of-pocket” expenditure) even if it was reimbursed later.
2. However, expenses met through “cashless facility” of medical insurance (paid directly to hospital by the insurance company) and expenses directly met by the employer to the hospital was excluded.

Thus, of the out-of-pocket expenditure as recorded, the amount reimbursed or expected to be reimbursed by the employer (public/private) or any insurance companies (public/private) or any other agencies was defined as ‘amount reimbursed by medical insurance company or employer’. Entry was made only in those situations where the household initially bears the

medical expenditure, which the employer or the insurance company subsequently reimbursed partly or fully.

8.0 Source of finance for expenses: The total expenditure exclusive of the amount reimbursed was borne by the household. The money needed for this might have been spent from current household income or accumulated household savings. It might have been partly or wholly spent from the proceeds of sale of cattle or draught animals, jewellery or other physical assets or financed by borrowing. Part of it might have been contributed by friends and relatives as outright assistance.

Appendix C

**Note on
Sample Design
and
Estimation Procedure**

Note on Sample Design and Estimation Procedure

1.1 Subject Coverage: The 71st round (January 2014 – June 2014) of NSS was devoted to the subject of Social Consumption and earmarked for surveys on ‘Health’ and ‘Education’. The last survey on health was conducted in 60th round of NSS (January 2004 - June 2004) and the same on education was conducted during 64th round of NSS (July 2007 - June 2008).

1.2 Geographical coverage: This survey covered the whole of the Indian Union.

2.0 Outline of Survey Programme

2.1 Period of survey and work programme: The period of survey was of six months duration starting on 1st January 2014 and ending on 30th June 2014.

2.2 Sub-rounds: The survey period of this round was divided into two sub-rounds of three months’ duration each as follows:

sub-round 1 : January - March 2014

sub-round 2 : April - June 2014

2.3 In each of these two sub-rounds equal number of sample villages/ blocks (FSUs) was allotted for survey with a view to ensuring uniform spread of sample FSUs over the entire survey period. Attempt had been made to survey each of the FSUs during the sub-round to which it was allotted. *Because of the arduous field conditions, this restriction was not strictly enforced in Andaman and Nicobar Islands, Lakshadweep, Leh (Ladakh) and Kargil districts of Jammu & Kashmir and rural areas of Arunachal Pradesh and Nagaland.*

2.4 Schedules of enquiry: During this round, the following schedules of enquiry were canvassed:

Schedule 0.0 : List of Households

Schedule 25.0 : Social consumption: Health

Schedule 25.2 : Social consumption: Education

2.5 Participation of States: In this round all the States and Union Territories except Andaman & Nicobar Islands, Chandigarh, Dadra & Nagar Haveli and Lakshadweep participated. The following was the matching pattern of the participating States/ UTs.

State/UT	Extent of matching
Nagaland (U)	triple
Andhra Pradesh, Telangana, Jammu & Kashmir, Manipur	double
Maharashtra (U)	one and half
Remaining States/ UTs	equal

3.0 Sample Design

3.1 Outline of sample design: A stratified multi-stage design was adopted for the 71st round survey. The first stage units (FSU) were the census villages (Panchayat wards in case of Kerala) in the rural sector and Urban Frame Survey (UFS) blocks in the urban sector. The ultimate stage units (USU) were households in both the sectors. In case of large FSUs, one intermediate stage of sampling was the selection of two hamlet-groups (hg's)/ sub-blocks (sb's) from each rural/ urban FSU.

3.2 Sampling Frame for First Stage Units: For *the rural sector*, the list of 2011 census villages (henceforth the term 'village' would mean Panchayat wards for Kerala) constituted the sampling frame. In case of Kerala, due to the non-availability of Panchayat wards based on census 2011, the available list of Panchayat wards based on census 2001 was used as the rural frame. For the urban sector, the latest updated list of UFS blocks (phase 2007-12) was considered as the sampling frame.

3.3 Stratification: Stratum had been formed at district level. Within each district of a State/UT, generally speaking, two basic strata were formed: (i) rural stratum comprising of all rural areas of the district and (ii) urban stratum comprising of all the urban areas of the district. However, within the urban areas of a district, if there were one or more towns with population 1 lakh or more as per Census 2011, each of them formed a separate basic stratum and the remaining urban areas of the district had been considered as another basic stratum.

3.3.1 Special stratum in the rural sector: There are some villages in Nagaland and Andaman & Nicobar Islands which remain difficult to access. As in earlier rounds, a special stratum was formed at State/UT level comprising these villages in the two State/UTs.

3.4 Sub-stratification:

3.4.1 Rural sector: If 'r' was the sample size allocated for a rural stratum, the number of sub-strata formed was 'r/2'. The villages within a district as per frame were first arranged in ascending order of population. Then sub-strata 1 to 'r/2' were demarcated in such a way that each sub-stratum comprised a group of villages of the arranged frame and had more or less equal population.

3.4.2 Urban sector: If 'u' was the sample size allocated for an urban stratum, the number of sub-strata formed was 'u/2'. For all strata, if $u/2 > 1$, implying formation of 2 or more sub-strata, all the UFS blocks within the stratum were first arranged in ascending order of total number of households in the UFS Blocks as per UFS phase 2007-12. Then sub-strata 1 to 'u/2' were demarcated in such a way that each sub-stratum had more or less equal number of households.

3.5 Total sample size (FSUs): 8300 FSUs were allocated for the central sample at all-India level.

3.6 Allocation of total sample to States and UTs: The total number of sample FSUs were allocated to the States and UTs in proportion to population as per *Census 2011* subject to a minimum sample allocation to each State/UT. While doing so, the resource availability in terms of number of field investigators was kept in view.

3.7 Allocation of State/ UT level sample to rural and urban sectors: State/UT level sample size was allocated between two sectors in proportion to population as per *Census 2011* with double weightage to urban sector subject to the restriction that urban sample size for bigger states like Maharashtra, Tamil Nadu etc. did not exceed the rural sample size. A minimum of 16 FSUs (minimum 8 each for rural and urban sector separately) were allocated to each State/ UT.

3.8 Allocation to strata: Within each sector of a State/UT, the respective sample size was allocated to the different strata in proportion to the population as per *Census 2011*. Stratum level allocation was adjusted to multiples of 2 with a minimum sample size of 2.

For special strata in the rural areas of Nagaland and A & N Islands, 4 FSUs were allocated to each.

3.9 Allocation to sub-strata: Allocation for each sub-stratum was 2 in both rural and urban sectors.

3.10 Selection of FSUs: For the rural sector, from each stratum/sub-stratum, required number of sample villages was selected by Probability Proportional to Size With Replacement (PPSWR), size being the population of the village as per *Census 2011*.

For the urban sector, from each stratum/sub-stratum, FSUs were selected by Probability Proportional to Size With Replacement (PPSWR), size being the number of households of the UFS Blocks.

Both rural and urban samples were drawn in the form of two independent sub-samples and equal number of samples was allocated among the two sub rounds.

3.11 Selection of hamlet-groups/ sub-blocks

3.11.1 Criterion for hamlet-group/ sub-block formation: After identification of the boundaries of the FSU, it was determined whether listing will be done in the whole sample FSU or not. In case the approximate present population of the selected FSU was found to be 1200 or more, it was divided into a suitable number (say, D) of 'hamlet-groups' in the rural sector and 'sub-blocks' in the urban sector by more or less equalising the population as stated below.

approximate present population of the sample FSU	no. of hg's/sb's formed
less than 1200 (no hamlet-groups/sub-blocks)	1
1200 to 1799	3
1800 to 2399	4
2400 to 2999	5
3000 to 3599	6
.....and so on	-

For rural areas of Himachal Pradesh, Sikkim, Uttarakhand (except four districts Dehradun, Nainital, Hardwar and Udhampur, Reasi, Doda, Kistwar, Ramban, Leh (Ladakh), Kargil districts of Jammu and Kashmir and Idukki district of Kerala, the number of hamlet-groups was formed as follows:

approximate present population of the sample village	no. of hg's formed
less than 600	(no hamlet-groups)
600 to 899	1
900 to 1199	3
1200 to 1499	4
1500 to 1799	5
.....and so on	6
	-

3.11.2 Formation and selection of hamlet-groups/ sub-blocks: In case hamlet-groups/ sub-blocks were formed in the sample FSU, the same was done by more or less equalizing population. Note that while doing so, it was ensured that the hamlet-groups/ sub-blocks formed were clearly identifiable in terms of physical landmarks.

Two hamlet-groups (hg)/ sub-blocks (sb) were selected from a large FSU wherever hamlet-groups/ sub-blocks were formed in the following manner – one hg/ sb with maximum percentage share of population was always selected and termed as hg/ sb1; one more hg/ sb was selected from the remaining hg's/ sb's by Simple Random Sampling (SRS) and termed as hg/ sb2. Listing and selection of the households was done independently in the two selected hamlet-groups/ sub-blocks. The FSUs without hg/ sb formation was treated as sample hg/ sb number 1.

3.12 Formation of second stage strata and allocation of households:

Three SSS were formed for Schedule 25.0 as per following criteria:

SSS	composition of SSS within a sample FSU	number of households surveyed	
		FSU without hg/sb formation	FSU with hg/sb formation (for each hg/sb)
SSS 1	households having at least one child of age less than 1 year	2	1
SSS 2	from the remaining, households with at least one member (including deceased former member) hospitalised during last 365 days	4	2
SSS 3	other households	2	1

3.13 Selection of households: From each SSS, the sample households were selected by SRSWOR.

4.0 Estimation Procedure

4.1 Notations:

s = subscript for s-th stratum

t = subscript for t-th sub-stratum

m = subscript for sub-sample (m = 1, 2)

i = subscript for i-th FSU [village (panchayat ward)/ block]

d = subscript for a hamlet-group/ sub-block (d = 1, 2)

j = subscript for j-th second stage stratum in an FSU/ hg/sb [j = 1, 2 or 3]

k = subscript for k-th sample household under a particular second stage stratum within an FSU/ hg/sb

D = total number of hg's/ sb's formed in the sample FSU

D* = (D - 1) for FSUs with D = 1

Z = total size of a rural/urban sub-stratum (= sum of sizes for all the FSUs of a sub-stratum)

z = size of sample village/UFS block used for selection.

n = number of sample FSUs surveyed including 'uninhabited' and 'zero cases' but excluding casualty for a particular sub-sample and sub-stratum.

H = total number of households listed in a second-stage stratum of an FSU / hamlet-group or sub-block of sample FSU

h = number of households surveyed in a second-stage stratum of an FSU / hamlet-group or sub-block of sample FSU

x, y = observed value of characteristics x, y under estimation

\hat{X} , \hat{Y} = estimate of population total X, Y for the characteristics x, y

Under the above symbols,

$y_{stmidjk}$ = observed value of the characteristic y for the k-th household in the j-th second stage stratum of the d-th hg/ sb (d = 1, 2) of the i-th FSU belonging to the m-th sub-sample for the t-th sub-stratum of s-th stratum.

However, for ease of understanding, a few symbols have been suppressed in following paragraphs where they are obvious.

4.2 Formulae for Estimation of Aggregates for a particular sub-sample and stratum \uparrow sub-stratum:

4.2.1 Schedule 0.0:

4.2.1.1 Rural/Urban:

- (i) For estimating the number of households in a stratum \times sub-stratum possessing a characteristic:

$$\hat{Y} \approx \frac{Z}{n} \sum_{i=1}^n \frac{1}{z_i} \left| y_{i1} < D_i^* \uparrow y_{i2} \right|$$

where, y_{i1} , y_{i2} are the total number of households possessing the characteristic y in hg's 1 & 2 of the i -th FSU respectively.

- (ii) For estimating the number of villages in a stratum \times sub-stratum possessing a characteristic:

$$\hat{Y} \approx \frac{Z}{n} \sum_{i=1}^n \frac{1}{z_i} y_i$$

where y_i is taken as 1 for sample villages possessing the characteristic and 0 otherwise.

4.2.2 Schedules 25.0 & 25.2:

4.2.2.1 Rural/ Urban:

- (i) For j -th second-stage stratum of a stratum \times sub-stratum:

$$\hat{Y}_j = \frac{Z}{n_j} \sum_{i=1}^{n_j} \frac{1}{z_i} \left[\frac{H_{i1j}}{h_{i1j}} \sum_{k=1}^{h_{i1j}} y_{i1jk} + D_i^* \times \frac{H_{i2j}}{h_{i2j}} \sum_{k=1}^{h_{i2j}} y_{i2jk} \right]$$

- (ii) For all second-stage strata combined:

$$\hat{Y} \approx \sum_j \hat{Y}_j$$

4.3 Overall Estimate for Aggregates for a sub-stratum:

Overall estimate for aggregates for a sub-stratum (\hat{Y}_{st}) based on two sub-samples in a sub-stratum is obtained as: $\hat{Y}_{st} \approx \frac{1}{2} \sum_{m=1}^2 \hat{Y}_{stm}$

4.4 Overall Estimate for Aggregates for a stratum:

Overall estimate for a stratum (\hat{Y}_s) will be obtained as

$$\hat{Y}_s \approx \sum_t \hat{Y}_{st}$$

4.5 Overall Estimate of Aggregates at State/UT/all-India level:

The overall estimate \hat{Y} at the State/ UT/ all-India level is obtained by summing the stratum estimates \hat{Y}_s over all strata belonging to the State/ UT/ all-India.

4.6 Estimates of Ratios:

Let \hat{Y} and \hat{X} be the overall estimates of the aggregates Y and X for two characteristics y and x respectively at the State/ UT/ all-India level.

Then the combined ratio estimate (\hat{R}) of the ratio ($R = \frac{Y}{X}$) will be obtained as

$$\hat{R} = \frac{\hat{Y}}{\hat{X}}.$$

4.7 Estimates of Error: The estimated variances of the above estimates will be as follows:

4.7.1 For aggregate \hat{Y} :

$$\text{Var}(\hat{Y}) \approx \sum_s \text{Var}(\hat{Y}_s) + \sum_s \sum_t \text{Var}(\hat{Y}_{st}) \text{ where } \text{Var}(\hat{Y}_{st}) \text{ is given}$$

by

$\text{Var}(\hat{Y}_{st}) : \approx \frac{1}{4} (\hat{Y}_{st1} - \hat{Y}_{st2})^2$, where \hat{Y}_{st1} and \hat{Y}_{st2} are the estimates for sub-sample 1 and sub-sample 2 respectively for stratum 's' and sub-stratum 't'.

4.7.2 For ratio \hat{R} :

$$\text{MSE}(\hat{R}) \approx \frac{1}{4\hat{X}^2} \sum_s \sum_t (\hat{Y}_{st1} - \hat{Y}_{st2})^2 < \hat{R}^2 \text{Var}(\hat{X}_{st1} - \hat{X}_{st2})^2 > 2\hat{R}(\hat{Y}_{st1} - \hat{Y}_{st2})(\hat{X}_{st1} - \hat{X}_{st2})$$

4.7.3 Estimates of Relative Standard Error (RSE):

$$RSE(\hat{Y}) : \approx \frac{\sqrt{\text{Var}(\hat{Y})}}{\hat{Y}} \times 100$$

$$RSE(\hat{R}) : \approx \frac{\sqrt{\text{MSE}(\hat{R})}}{\hat{R}} \times 100$$

5.0 Multipliers:

The formulae for multipliers at stratum/sub-stratum/second-stage stratum level for a sub-sample and schedule type are given below:

sch type	sector	formula for multipliers	
		hg / sb 1	hg / sb 2
25.0/ 25.2	rural/urban	$\frac{Z_{st}}{n_{stmj}} \uparrow \frac{1}{z_{stmi}} \uparrow \frac{H_{stmi1j}}{h_{stmi1j}}$	$\frac{Z_{st}}{n_{stmj}} \uparrow \frac{1}{z_{stmi}} \uparrow D_{stmi}^* \uparrow \frac{H_{stmi2j}}{h_{stmi2j}}$
(j = 1, 2, 3)			

Note:

- (i) For estimating any characteristic for any domain not specifically considered in sample design, indicator variable may be used.
- (ii) Multipliers have to be computed on the basis of information available in the listing schedule irrespective of any misclassification observed between the listing schedule and detailed enquiry schedule.
- (iii) For estimating number of villages possessing a characteristic, $D_{stmi}^* = 0$ in the relevant multipliers and there will be only one multiplier for the village.

Appendix D

Schedule 25.0

RURAL	<input type="checkbox"/>
URBAN	

GOVERNMENT OF INDIA
NATIONAL SAMPLE SURVEY OFFICE
SOCIO-ECONOMIC SURVEY

CENTRAL	<input type="checkbox"/>
STATE	

SEVENTY-FIRST ROUND: JANUARY TO JUNE, 2014
HOUSEHOLD SCHEDULE 25.0: SOCIAL CONSUMPTION: HEALTH

* tick mark (Ø) may be put in the appropriate place

[0] descriptive identification of sample household	
1. state/u.t.:	5. hamlet name:
2. district:	6. investigator unit /block:
3. tehsil/town: [*]	7. name of head of household:
4. village name:	8. name of informant:

[1] identification of sample household							
item no.	item	code			item no.	item	code
1.	srl. no. of sample village/ block				10.	sub-round	
2.	round number	7	1		11.	sub-sample	
3.	schedule number	2	5	0	12.	FOD sub-region	
4.	sample (central-1, state-2)				13.	sample hg/sb number	
5.	sector (rural-1, urban-2)				14.	second-stage stratum number	
6.	NSS region				15.	sample household number	
7.	district				16.	serial number of informant (as in column 1 of block 4)	
8.	stratum				17.	response code	
9.	sub-stratum				18.	survey code	
					19.	reason for substitution of original household	

CODES FOR BLOCK 1

item 17: response code: informant: co-operative and capable -1, co-operative but not capable -2, busy -3, reluctant -4, others -9.

item 18: survey code: original -1, substitute -2, casualty -3.

item 19: reason for substitution of original household: informant busy -1, members away from home -2, informant non-cooperative -3, others -9.

[2] particulars of field operations							
sl. no.	item	field investigator (FI) / asstt. superintending officer (ASO)			field officer (FO)/ superintending officer (SO)		
(1)	(2)	(3)			(4)		
1.(a)	(i) name (block letters)						
	(ii) code						
	(iii) signature						
1.(b)	(i) name (block letters)						
	(ii) code						
	(iii) signature						
2.	date(s) of:	DD	MM	YY	DD	MM	YY
	(i) survey/ inspection						
	(ii) receipt						
	(iii) scrutiny						
	(iv) despatch						
3.	number of additional sheet(s) attached						
4.	total time taken to canvass the schedule by the team of investigators (FI/ASO) (in minutes) [no decimal point]						
5.	number of investigators (FI/ASO) in the team who canvassed the schedule						
6.	whether any remark has been entered by FI/ASO/supervisory officer (yes-1, no-2)	(i) in block 12/13					
	(ii) elsewhere in the schedule						

[12] remarks by investigator (FI/ASO)

[13] comments by supervisory officer(s)

[3] household characteristics									
1. household size			6. social group (code)						
2. principal industry (NIC-2008)	description:					7. type of latrine (code)			
	code (5-digit)								
3. principal occupation (NCO-2004)	description:					8. type of drainage (code)			
	code (3-digit)								
4. household type (code)			9. major source of drinking water (code)						
5. religion (code)			10. primary source of energy for cooking during the last 30 days (code)						
			11. amount of medical insurance premium paid for household members in last 365 days (Rs.)						
			12. household's usual consumer expenditure (Rs.) in a month						

CODES FOR BLOCK 3

item 4: household type: for rural areas: self-employed in agriculture -1, self-employed in non-agriculture -2, regular wage/salary earning -3, casual labour in agriculture -4, casual labour in non-agriculture -5, others-9

for urban areas: self-employed -1, regular wage/salary earning - 2, casual labour -3, others - 9

item 5: religion: Hinduism -1, Islam -2, Christianity -3, Sikhism-4, Jainism -5, Buddhism -6, Zoroastrianism -7, others -9

item 6: social group: Scheduled Tribes-1, Scheduled Castes -2, Other Backward Classes -3, Others- 9

item 7: type of latrine: latrine: service -1, pit -2, septic tank/flush system -3, others - 9; no latrine -4

item 8: type of drainage: drainage: open kutcha - 1, open pucca- 2, covered pucca - 3, underground - 4; no drainage -5

item 9: major source of drinking water: bottled water – 1, tap – 2, tube-well/hand pump-3, tankers - 4, pucca well -5, tank/pond reserved for drinking – 6, river/canal - 7, others – 9

item 10: primary source of energy for cooking: coke, coal –01, firewood and chips -02, LPG -03, gobar gas -04, dung cake -05, charcoal -06, kerosene -07, electricity -08, others -09; no cooking arrangement -10

[5] particulars of former household members who died during the last 365 days									
srl. no.	name of deceased member	sex (male -1, female-2)	age at death (years)	whether medical attention received before death (yes-1, no-2)	whether hospitalised (yes-1, no-2)	if 1 in col. 6, no. of times hospitalised	*if 2 in col. 3 and age 15-49 in col.4,	whether pregnant any time during last 365 days (yes-1, no-2)	if 1 in col. 8, time of death (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
91									
92									
93									

*information not to be sought for unmarried females, but may be recorded if voluntarily provided

CODES FOR BLOCK 5

col.9: time of death: deaths related to pregnancy: during pregnancy -1, during delivery -2, during abortion -3, within 6 weeks of delivery/abortion -4, other deaths -9

CODES FOR BLOCK 4

col. relation to head: self - 1, spouse of head - 2, married child - 3, spouse of married child - 4, unmarried child - 5, grandchild - 6, 3: father/mother/father-in-law/mother-in-law - 7, brother/sister/brother-in-law/sister-in-law/other relatives - 8, servant/employees/other non-relatives - 9

col. marital status: never married - 1, currently married - 2, widowed - 3, divorced/separated- 4 6;

col. **general education:** not literate -01, literate without any schooling: 02, literate without formal schooling: through NFEC -03, literate 7: through TLC/ AEC -04, others-05; literate with formal schooling: below primary-06, primary-07, upper primary/middle-08, secondary-10, higher secondary -11, diploma/certificate course (up to secondary)-12, diploma/certificate course (higher secondary)-13, diploma/certificate course (graduation & above)-14, graduate-15, postgraduate and above-16

col. whether covered by any scheme for health expenditure support: government funded insurance scheme (e.g. RSBY, Arogyasri, CGHS, 14: ESIS, etc.) -1, employer supported health protection (other than govt.) -2, arranged by household with insurance companies-3, others-4, not covered-5

[6] particulars of medical treatment received as in-patient of a medical institution during the last 365 days							
1.	sr1. no. of the hospitalisation case		1	2	3	4	
2.	srl. no. of member (as in col. 1, block 4/5) hospitalised						
3.	age (years) (as in col.5, block 4/ col.4, block 5)						
4.	nature of ailment (code list on pages 11-12)						
5.	nature of treatment (code)						
6.	level of care (code*)						
7.	type of ward (free -1, paying general -2, paying special -3)						
8.	when admitted (code)						
9.	when discharged (code)						
10.	duration of stay in hospital (days)						
details of medical services received (not received -1; received: free -2, partly free -3, on payment -4)							
11.	surgery						
12.	medicine						
13.	X-ray/ECG/EEG/Scan						
14.	other diagnostic tests						
15.	whether treated on medical advice before hospitalisation (yes -1, no-2)						
if 1 in item 15		16.	nature of treatment (code)				
		17.	level of care (code)				
		18.	duration of treatment (days)				
19.	whether treatment on medical advice continued after discharge from hospital (yes -1, no-2)						
if 1 in item 19		20.	nature of treatment (code)				
		21.	level of care (code)				
		22.	duration of treatment (days)				

*For item 6, code 4 is not applicable. Code 1 is also not applicable, except for ailment code 88.

CODES FOR BLOCK 6

item 5, 16, 20: nature of treatment:

Allopathy	-1	Homoeopathy	-3
Indian system of medicine (desi dawai: ayurveda, unani or siddha)	-2	Yoga & Naturopathy	-4
		other	-9

items 6, 17, 21: level of care:

HSC/ANM/ASHA/AWW	-1	private doctor/clinic	-4
PHC/dispensary/CHC/mobile medical unit	-2	private hospital	-5
public hospital	-3		

item 8: *when admitted: during last 15 days - 1, 16 days to 365 days ago - 2, more than 365 days ago - 3*

item 9: *when discharged: not yet -1, during last 15 days -2, 16 days to 365 days ago -3*

[7] expenses incurred during the last 365 days for treatment of members as in-patient of medical institution						
1.	srl. no. of the hospitalisation case (as in item 1, block 6)	1	2	3	4	5
2.	srl. no. of member hospitalised (as in item 2, block 6)					
3.	age (years) (as in item 3, block 6)					
4.	whether any medical service provided free (yes: <i>Govt. -1, private -2; no -3</i>)					
expenditure for treatment during stay at hospital (Rs.)						
5.	package component (Rs.)					
non-package component (Rs.):		#####				
6.	doctor's/ surgeon's fee (hospital staff/ other specialists)					
7.	medicines					
8.	diagnostic tests					
9.	bed charges					
10.	other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)					
11.	medical expenditure (Rs.): total (items 5-10)					
12.	transport for patient					
13.	other non-medical expenses incurred by the household (Rs.) (food, transport for others, expenditure on escort, lodging charges if any, etc.)					
14.	expenditure (Rs.): total (items 11-13)					
15.	total amount reimbursed by medical insurance company or employer (Rs.)					
16.	major source of finance for expenses (code)					
17.	2 nd most important source of finance (code)					
18.	place of hospitalisation (state code)					

CODES FOR BLOCK 7

items 16, 17: source of finance for expenses:

<i>household income/ savings</i>	-1
<i>borrowings</i>	-2
<i>sale of physical assets</i>	-3

contributions from friends and relatives -4
other sources -9

[8] particulars of spells of ailment of household members during the last 15 days (including hospitalisation)						
1.	srl. no. of spell of ailment		1	2	3	4
2.	srl. no. of member reporting ailment (as in col.1 of block 4/5)					
3.	age (years) (as in col.5, block 4/ col.4, block 5)					
no. of days within the ref. period	4. ill					
	5. on restricted activity					
	6. confined to bed					
7.	nature of ailment (code list on pages 11-12)					
8.	whether chronic (yes-1, no-2)					
9.	status of ailment (code)					
10.	total duration of ailment (days)					
11.	nature of treatment (code)					
12.	whether hospitalised (yes-1, no-2)					
13.	if 1-4 or 9 in item 11, whether treatment taken on medical advice (yes -1, no -2)					
if 1 in item 13	14. level of care (code)					
	15. if 4 or 5 in item 14, reason for not availing govt. sources (code)					
if 2 in item 13	16. reason for not seeking medical advice (code)					
	17. whom consulted (code)					
18.	loss of household income, if any, due to ailment (Rs.)					

CODES FOR BLOCK 8**item 9: status of ailment:**

started more than 15 days ago and is continuing	-1	started within 15 days and is continuing	-3
started more than 15 days ago and has ended	-2	started within 15 days and has ended	-4

item 11: nature of treatment:

Allopathy	-1	Homoeopathy	-3	No treatment	-5
Indian system of medicine (desi dawai: ayurveda, unani or siddha)	-2	Yoga & Naturopathy	-4		
		Other	-9		

item 14: level of care:

HSC/ANM/ASHA/AWW	-1	private doctor/clinic	-4
PHC/dispensary/CHC/mobile medical unit	-2	private hospital	-5
public hospital	-3		

item 15: reason for not availing govt. sources:

required specific services not available	-1	quality satisfactory but involves long waiting	-4
available but quality not satisfactory	-2	financial constraint	-5
quality satisfactory but facility too far	-3	other	-9

item 16: reason for not seeking medical advice:

no medical facility available in the neighbourhood	-1	facility of satisfactory quality involves long waiting	-4
facility of satisfactory quality not available	-2	ailment not considered serious	-5
facility of satisfactory quality too expensive	-3	other	-9

item 17: whom consulted: self/ other household member/ friend - 1, medicine shop - 2, others - 9

[9] expenses incurred during the last 15 days for treatment of members (not as in-patient of medical institution)					
1.	srl. no. of ailing member (as in item 2, block 8)				
2.	age (years) (as in item 3, block 8)				
3.	whether any medical service provided free (yes: Govt. -1, pvt. - 2; no - 3)				
details of medical services received (not received - 1; received: free - 2, partly free - 3, on payment - 4)					
4.	surgery				
5.	medicine received (AYUSH)				
6.	medicine received (other than AYUSH)				
7.	X-ray/ECG/EEG/Scan				
8.	other diagnostic tests				
medical expenditure for treatment (Rs.)					
9.	doctor's/ surgeon's fee (hospital staff/ other specialists)				
10.	medicines: AYUSH				
11.	medicines: other than AYUSH				
12.	diagnostic tests				
13.	other medical expenses (attendant charges, physio-therapy, personal medical appliances, blood, oxygen, etc.)				
14.	medical expenditure (Rs.): total (items 9-13)				
15.	transport for patient				
16.	other expenses (Rs.) incurred by the household (food, transport for others, expenditure on escort, etc.)				
17.	expenditure (Rs.): total (items 14-16)				
18.	total amount reimbursed by medical insurance company or employer (Rs.)				
19.	major source of finance for expenses (code)				
20.	2 nd most important source of finance for expenses (code)				
21.	place of treatment (state code)				

CODES FOR BLOCK 9

items 19, 20: source of finance for expenses:

household income/ savings	-1	contributions from friends and relatives	-4
borrowings	-2	other sources	-9
sale of physical assets	-3		

[10] particulars of economic independence and state of health of persons aged 60 years and above

1.	srl. no. of member (as in col. 1, block 4)				
2.	age (years) (as in col. 5, block 4)				
3.	number of sons living				
4.	number of daughters living				
5.	state of economic independence (code)				
6.	if 1 in item 5 , no. of dependants				
7.	if 2 or 3 in item 5 , person financially supporting aged person (code)				
8.	living arrangement (code)				
9.	physical mobility (code)				
10.	if 1 or 2 in item 9 , person helping (<i>household member -1, other than household member -2, none -3</i>)				
11.	own perception about current state of health (code)				
12.	own perception about change in state of health (code)				

CODES FOR BLOCK 10

item 5: state of economic independence: not dependent on others - 1, partially dependent on others - 2, fully dependent on others - 3

item 7: person financially supporting aged person: spouse -1, own children -2, grandchildren -3, others -9

Item 8: living arrangement:

living alone:as an inmate of old age home -1	living with spouse and other members - 4
living alone:not as an inmate of old age home -2	living without spouse but with: children -5
living with spouse only - 3	other relations - 6
	non-relations - 9

item 9: physical mobility: physically immobile: confined to bed - 1, confined to home - 2, able to move outside but only in a wheelchair - 3; physically mobile - 4

item 11: own perception about current state of health: excellent/very good - 1, good/fair - 2, poor - 3

item 12: own perception about change in state of health: compared to previous year: much better - 1, somewhat better - 2, nearly the same - 3, somewhat worse - 4, worse - 5

[11] particulars of pre-natal and post-natal care for women of age 15-49 years during the last 365 days													
for women aged 15-49 years													
serial no. (as in block 4/5)	age (years) (as in block 4/5)	whether pregnant any time during last 365 days (yes-1, no-2)	if 1 in col. 3										
			serial no. of pregnancy (1/2)	whether received tetanus toxoid vaccine during pregnancy (yes-1, no-2)	whether taken IFA during pregnancy (yes-1, no-2)	whether any other pre-natal care received (code)	if 1-6 in col. 7	total expenditure incurred on pre-natal care (Rs.)	out-come of pregnancy (code)	if 1-3 in col. 10	if 1-6 in col. 12	nature of post-natal care (AYUSH-1, non-AYUSH-2, both-3)	expenditure incurred on post-natal care (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

CODES FOR BLOCK 11**cols. 7, 12: whether any other pre-natal/ any post-natal care received:**

yes, from HSC/ANM/ASHA/AWW	-1	yes, from private doctor/clinic	-4
yes, from PHC/dispensary/CHC/mobile medical unit	-2	yes, from private hospital	-5
yes, from public hospital	-3	no	-8

col. 10: outcome of pregnancy: live birth -1, stillbirth -2, abortion-3, pregnancy continuing -4**col. 11: place of delivery/ abortion:**

in HSC	-1	in private clinic	-4
in PHC/dispensary/CHC/mobile medical unit	-2	in private hospital	-5
in public hospital	-3	at home	-6

CODES FOR “NATURE OF AILMENT”**Block 6: item 4; Block 8: item 7**

Reported Diagnosis and/or Main Symptom	Code	Reported Diagnosis and/or Main Symptom	Code
INFECTION		EYE	
<i>Fever with loss of consciousness or altered consciousness</i>	01	<i>Discomfort/pain in the eye with redness or swellings/ boils</i>	27
<i>Fever with rash/ eruptive lesions</i>	02	<i>Cataract</i>	28
<i>Fever due to DIPHTHERIA, WHOOPING COUGH</i>	03	<i>GLAUCOMA</i>	29
<i>All other fevers</i> <i>(Includes malaria, typhoid and fevers of unknown origin, all specific fevers that do not have a confirmed diagnosis)</i>	04	<i>Decreased vision (chronic) NOT including where decreased vision is corrected with glasses</i>	30
<i>Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)</i>		<i>Others (including disorders of eye movements – strabismus, nystagmus, ptosis and adnexa)</i>	31
TUBERCULOSIS	05	EAR	
<i>Filariasis</i>	06	<i>Earache with discharge/bleeding from ear/ infections</i>	32
<i>Tetanus</i>	07	<i>Decreased hearing or loss of hearing</i>	33
<i>HIV/AIDS</i>	08	CARDIO-VASCULAR	
<i>Other sexually transmitted diseases</i>	09	<i>HYPERTENSION</i>	34
<i>Jaundice</i>	10	<i>Heart disease: Chest pain, breathlessness</i>	35
<i>Diarrheas/ dysentery/ increased frequency of stools with or without blood and mucus in stools</i>	11	RESPIRATORY	
<i>Worms infestation</i>	12	<i>Acute upper respiratory infections (cold, runny nose, sore throat with cough, allergic colds included)</i>	36
CANCERS		<i>Cough with sputum with or without fever and NOT diagnosed as TB</i>	37
<i>CANCERS (known or suspected by a physician and occurrence of any growing painless lump in the body)</i>	13	<i>Bronchial asthma/ recurrent episode of wheezing and breathlessness with or without cough over long periods or known asthma)</i>	38
BLOOD DISEASES		GASTRO-INTESTINAL	
<i>Anaemia (any cause)</i>	14	<i>Diseases of mouth/teeth/gums</i>	39
<i>Bleeding disorders</i>	15	<i>Pain in abdomen: Gastric and peptic ulcers/ acid reflux/ acute abdomen</i>	40
ENDOCRINE, METABOLIC, NUTRITIONAL		<i>Lump or fluid in abdomen or scrotum</i>	41
<i>DIABETES</i>	16	<i>Gastrointestinal bleeding</i>	42
<i>Under-nutrition</i>	17	SKIN	
<i>Goitre and other diseases of the thyroid</i>	18	<i>Skin infection (boil, abscess, itching) and other skin disease</i>	43
<i>Others (including obesity)</i>	19	MUSCULO-SKELETAL	
PSYCHIATRIC & NEUROLOGICAL		<i>Joint or bone disease/ pain or swelling in any of the joints, or swelling or pus from the bones</i>	44
<i>Mental retardation</i>	20	<i>Back or body aches</i>	45
<i>Mental disorders</i>	21		
<i>Headache</i>	22		
<i>Seizures or known epilepsy</i>	23		
<i>Weakness in limb muscles and difficulty in movements</i>	24		
<i>Stroke/ hemiplegia/ sudden onset weakness or loss of speech in half of body</i>	25		
<i>Others including memory loss, confusion</i>	26		

Reported Diagnosis and/or Main Symptom	Code	Reported Diagnosis and/or Main Symptom	Code
GENITO-URINARY		INJURIES	
<i>Any difficulty or abnormality in urination</i>	46	<i>Accidental injury, road traffic accidents and falls</i>	52
<i>Pain the pelvic region/reproductive tract infection/ Pain in male genital area</i>	47	<i>Accidental drowning and submersion</i>	53
<i>Change/irregularity in menstrual cycle or excessive bleeding/pain during menstruation and any other gynaecological and andrological disorders incl. male/female infertility</i>	48	<i>Burns and corrosions</i>	54
OBSTETRIC		<i>Poisoning</i>	55
<i>Pregnancy with complications before or during labour (abortion, ectopic pregnancy, abortion, hypertension, complications during labour)</i>	49	<i>Intentional self-harm</i>	56
<i>Complications in mother after birth of child</i>	50	<i>Assault</i>	57
<i>Illness in the newborn/ sick newborn</i>	51	<i>Contact with venomous/harm-causing animals and plants</i>	58
		<i>Symptom not fitting into any of above categories</i>	59
		<i>Could not even state the main symptom</i>	60
		<i>Childbirth – Caesarean/ normal/ any other (for both live birth and stillbirth)</i>	88

List of NSS Reports available for sale

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Unorganised Trade, NSS 46th Round						
1	403	Small Trading Units in India	150	11	7	380	27	17
2	403/1	State Level results on small trading units in India: Vol.-I	250	18	11	710	51	32
3	403/1	State Level results on small trading units in India: Vol.-II	250	18	11	710	51	32
		Land & livestock holdings and Debt & investment, NSS 48th Round						
4	407	Operational land holdings in India, 1991-92: Salient features	250	18	11	710	51	32
5	408	Live-stock and Agricultural implements in Household operational holdings, 1991-92	150	11	7	380	27	17
6	414	Seasonal variation in the operation of land holdings in India, 1991-92	250	18	11	710	51	32
7	419	Household Assets and Liabilities as on 30.6.91	250	17	11	1140	75	46
8	420	Indebtedness of Rural Households as on 30.6.1991	250	15	9	1370	82	50
9	421	Indebtedness of Urban Households as on 30.6.1991	250	15	9	1370	82	50
10	431 (Part I)	Household Borrowings and Repayments during 1.7.91 to 30.6.92	250	15	9	1140	68	42
11	431 (Part-II)	Household Borrowings and Repayments during 1.7.91 to 30.6.92	250	15	9	1140	68	42
12	432 (Part-I)	Households Assets and Indebtedness of Social Groups as on 30.6.91	250	15	9	1140	68	42
13	432 (Part-II)	Households Assets and Indebtedness of Social Groups as on 30.6.91	250	15	9	710	43	26
14	437	Household capital expenditure during 1.7.91 to 30.6.92.	250	15	9	1370	82	50
		Housing Conditions and Migration with special emphasis on slum dwellers, NSS 49th round						
15	417	Slums in India	150	11	7	380	27	17
16	429	Housing Conditions in India	150	11	7	380	25	16
17	430	Migration in India	250	15	9	710	42	26
		Employment & Unemployment, NSS 50th Round						
18	406	Key Results on Employment & Unemployment	150	11	7	610	44	26
19	409	Employment & Unemployment in India, 1993-94	250	18	11	710	51	32
20	411	Employment & Unemployment situation in cities and Towns in India, 1993-94	150	11	7	380	27	17
21	412	Economic activities and school attendance by children in India, 1993-94	150	11	7	380	27	17
22	416	Participation of Indian women in household work and other specified activities, 1993-94	150	11	7	380	27	17
23	418	Unemployed in India, 1993-94: Salient Features	150	11	7	380	27	17
24	425	Employment & Unemployment situation among social groups in India, 1993-94	250	17	10	480	32	19
25	438	Employment & Unemployment situation among religious groups in India, 1993-94	150	10	7	610	37	23
		Consumer Expenditure, NSS 50th Round						
26	401	Key results on Household Consumer Expenditure, 1993-94	150	11	7	380	28	17
27	402	Level and Pattern of Consumer Expenditure	250	19	12	710	52	32
28	404	Consumption of some important commodities in India	250	18	11	710	51	32

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Consumer Expenditure, NSS 50th Round						
29	405	Nutritional intake in India	250	18	11	710	51	32
30	410/1	Dwellings in India	250	18	11	710	51	32
31	410/2	Energy used by Indian households	150	11	7	380	28	17
32	413	Sources of household income in India, 1993-94	150	11	7	380	28	17
33	415	Reported adequacy of food intake in India, 1993-94	150	11	7	380	28	17
34	422	Differences in level of consumption among socio-economic groups	150	11	7	380	28	17
35	423	IRDP assistance and participation in Public Works, 1993-94	150	11	7	380	28	17
36	424	Ownership of Live-Stock, cultivation of selected crops and consumption levels, 1993-94	150	11	6	610	40	24
37	426	Use of durable goods by Indian households, 1993-94	150	11	7	380	28	17
38	427	Consumption of tobacco in India, 1993-94	150	11	7	610	40	24
39	428	Wages in kind, Exchanges of Gifts and Expenditure on Ceremonies and Insurance in India, 1993-94	150	11	7	610	40	24
		Consumer Expenditure and Unorganised Manufacture, NSS 51st Round						
40	433	Unorganised Manufacturing Sector in India Its Size, Employment and Some Key Estimates.	250	15	9	710	43	26
41	434	Unorganised Manufacturing Enterprises in India: Salient Features	250	15	9	710	43	26
42	435	Assets and Borrowings of the Unorganised Manufacturing Enterprises in India	150	10	7	380	23	15
43	436	Household Consumer Expenditure and Employment Situation in India, 1994-95	150	10	7	610	36	23
		Education, NSS 52nd Round						
44	439	Attending an Educational Institution in India: Its level, nature and cost	250	15	9	1140	68	42
		Consumer Expenditure, NSS 52nd Round						
45	440	Household Consumer Expenditure and Employment Situation in India, 1995-96	150	10	7	610	36	23
		Health, NSS 52nd Round						
46	441	Morbidity and Treatment of ailments.	250	15	9	1140	68	42
47	445	Maternity and Child Health Care in India	150	10	7	1270	76	46
		Aged in India, NSS 52nd Round						
48	446	The Aged in India: A Socio-Economic Profile, 1995-96	150	10	7	610	36	23
		Consumer Expenditure, NSS 53rd Round						
49	442	Household Consumer Expenditure and Employment Situation in India, 1997	150	10	7	610	36	23
		Unorganised Trade, NSS 53rd Round						
50	443	Small Trading units in India and their Basic Characteristics: 1997 Vol. I	250	15	9	710	43	26
51	444	Small Trading Units in India and Their Basic Characteristics: 1997 Vol. II	250	15	9	710	43	26
		Consumer Expenditure, Common Property Resources, Sanitation & Hygiene, Services, NSS 54th Round						
52	448	Household Consumer Expenditure and Employment Situation in India	150	10	7	610	36	23
53	449	Drinking water, sanitation and hygiene in India	250	15	9	1140	68	42

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Consumer Expenditure, Common Property Resources, Sanitation & Hygiene, Services, NSS 54th Round						
54	450	Travel and Use of Mass Media and Financial Services by Indian Households	150	10	7	610	10	7
55	451	Cultivation Practices in India	250	15	9	1370	82	50
56	452	Common Property Resources	250	15	9	1370	82	50
		Choice of Reference Period for Consumption Data, NSS 51st, 52nd, 53rd & 54th Round						
57	447	Choice of Reference Period for Consumption Data	150	10	7	1700	102	64
		Consumer Expenditure, NSS 55th Round (July'99 to June 2000)						
58	453	Household Consumer Expenditure in India (July – December 1999) - Key Results	150	10	7	610	36	23
59	454	Household Consumer Expenditure in India, 1999–2000 - Key Results	150	10	7	610	36	23
60	457	Level and Pattern of Consumer Expenditure in India, 1999 - 2000	250	15	10	1520	81	57
61	461	Consumption of some important Commodities in India, 1999-2000	250	15	10	1370	73	52
62	463	Sources of household income in India, 1999-2000	150	10	7	380	28	17
63	464	Energy Used by Indian Households, 1999-2000	150	10	7	610	36	23
64	466	Reported Adequacy of Food Intake in India, 1999 - 2000	150	10	7	610	36	23
65	467	IRDP Assistance and Participation in Public Works: 1999-2000	150	10	7	610	36	23
66	471	Nutritional Intake in India, 1999-2000	250	15	10	710	43	26
67	472	Differences in the level of consumption among socio economic groups, 1999-2000	250	15	10	480	32	19
68	473	Literacy and Levels of Education in India, 1999 - 2000	250	15	10	610	36	23
69	474	Sources of household consumption in India, 1999 - 2000	250	15	10	710	43	26
		Employment & Unemployment, NSS 55th Round (July'99 to June 2000)						
70	455	Employment and Unemployment in India, 1999-2000 - Key Results	150	10	7	610	36	23
71	458 (Part-I)	Employment and Unemployment Situation in India, 1999 - 2000	250	15	10	750	40	28
72	458 (Part-II)	Employment and Unemployment Situation in India, 1999 - 2000	250	15	10	1370	73	52
73	460	Non agricultural workers in Informal Sector based on Employment and Unemployment Survey, 1999-2000	150	10	7	610	36	23
74	462	Employment and Unemployment situation in Cities and Towns of India, 1999-2000	150	10	7	610	36	23
75	465	Participation of Indian Women in Household work and other specified activities, 1999-2000	150	10	7	610	36	23
76	468	Employment and Unemployment among religious groups in India, 1999-2000	150	10	7	610	36	23
77	469	Employment and Unemployment among social groups in India, 1999-2000	250	15	10	2950	156	110
78	470	Migration in India, 1999-2000	250	15	10	1140	68	42

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Non-agricultural Enterprises in Informal Sector 1999-2000, NSS 55th Round (July'99 to June 2000)						
79	456	Non-agricultural Enterprises in the Informal Sector in India, 1999-2000 - Key Results	150	10	7	610	36	23
80	459	Informal Sector in India, 1999 - 2000 - Salient Features	250	15	10	1600	85	60
		Consumer Expenditure, NSS 56th Round (July 2000 - June 2001)						
81	476	Household Consumer Expenditure and Employment - Unemployment Situation in India, 2000 - 2001	150	10	7	1040	66	41
		Unorganised Manufacturing, NSS 56th Round (July 2000 - June 2001)						
82	477	Unorganised Manufacturing Sector in India 2000-2001 - Key Results	250	15	10	710	52	32
83	478	Unorganised Manufacturing Sector in India 2000-2001 - Characteristics of Enterprises	250	15	10	1370	82	50
84	479	Unorganised Manufacturing Sector in India, 2000 – 2001: Employment, Assets and Borrowings	250	15	10	1370	82	50
85	480	Unorganised Manufacturing Sector in India, 2000 – 2001: Input, Output and Value added	250	15	10	1370	82	50
		Pilot Survey on Suitability of Reference Period for Measuring Household Consumption						
86	475	Results of a Pilot Survey on Suitability of Different Reference Periods for Measuring Household Consumption	150	10	7	610	36	23
		Consumer Expenditure, NSS 57th Round (July 2001 - June 2002)						
87	481	Household Consumer Expenditure and Employment - Unemployment Situation in India, 2001 - 2002	250	15	10	2680	158	105
		Unorganised Service Sector, NSS 57th Round (July 2001 - June 2002)						
88	482	Unorganised Service Sector in India 2001 - 02 Salient Features	250	15	10	1925	98	65
89	483	Unorganised Service Sector in India 2001 - 02 Characteristics of Enterprises	250	15	10	1370	82	55
		Consumer Expenditure, NSS 58th Round (July 2002 - December 2002)						
90	484	Household Consumer Expenditure and Employment - Unemployment Situation in India, 2002 - 2003	150	8	4	2380	129	70
		Disability, NSS 58th Round						
91	485	Disabled Persons in India, July-December 2002	250	14	7	7080	385	208
		Urban Slums, NSS 58th Round (July 2002 - December 2002)						
92	486	Condition of Urban Slums, 2002: Salient Features	250	14	7	2080	112	62
		Village facilities, NSS 58th Round (July 2002 - December 2002)						
93	487	Report on village facilities, July-December 2002	150	8	4	980	53	29
		Housing Condition, NSS 58th Round (July 2002 - December 2002)						
94	488	Housing Condition in India, 2002: Housing stock and constructions	250	15	10	9280	548	350
95	489	Housing Condition in India, 2002: Household Amenities and Other Characteristics	250	15	10	9220	524	285

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Consumer Expenditure, NSS 59th Round (January - December 2003)						
96	490	Household Consumer Expenditure and Employment - Unemployment Situation in India	150	8	4	1580	85	47
		Situation Assessment Survey of Farmers, NSS 59th Round (January - December 2003)						
97	495	Consumption Expenditure of Farmer Households, 2003	250	15	10	2140	121	67
98	496	Some Aspects of Farming, 2003	250	15	10	2680	149	83
99	497	Income, Expenditure and Productive Assets of Farmer Households, 2003	250	15	10	3480	209	139
100	498	Indebtedness of Farmer Households	150	8	4	1380	78	43
101	499	Access to Modern Technology for Farming, 2003	250	15	10	1680	93	52
		Land & livestock holdings and Debt & Investment, NSS 59th Round						
102	491	Household Ownership Holdings in India, 2003	250	15	10	3680	221	147
103	492	Some Aspects of Operational Land Holdings in India, 2002-03	250	15	10	5080	305	203
104	493	Livestock Ownership Across Operational Land Holding Classes in India, 2002-03	150	8	4	1580	84	42
105	494	Seasonal Variation in the Operational Land Holdings in India, 2002-03	250	15	10	2080	125	83
106	500	Household Assets and Liabilities in India as on 30.06.2002	250	15	10	4880	293	195
107	501	Household Indebtedness in India as on 30.06.2002	250	15	10	6000	360	240
108	502	Household Borrowings and Repayments in India during 1.7.2002 to 30.6.2003	250	15	10	4750	285	190
109	503	Household Assets Holdings, Indebtedness, Current Borrowings and Repayments of Social Groups in India as on 30.06.2002	250	15	10	3880	233	155
110	504	Household Capital Expenditure in India during 1.7.2002 to 30.6.2003	250	15	10	7280	437	291
		Consumer Expenditure, NSS 60th Round (January - June 2004)						
111	505	Household Consumer Expenditure in India, January - June 2004	150	8	4	2580	138	69
		Employment & Unemployment, NSS 60th Round (January - June 2004)						
112	506	Employment and Unemployment Situation in India, January - June 2004	250	15	10	3580	202	112
		Health, NSS 60th Round (January - June 2004)						
113	507	Morbidity, Health Care and the Condition of the Aged	250	15	10	4480	269	179
		Consumer Expenditure, NSS 61st Round (July 2004 - June 2005)						
114	508	Level and Pattern of Consumer Expenditure, 2004-05	250	16	8	5080	322	163
115	509 Vol. I	Household Consumption of Various Goods and Services in India, 2004-05 Vol. I	250	16	8	4480	284	144
116	509 Vol. II	Household Consumption of Various Goods and Services in India, 2004-05 Vol. II	250	16	8	4080	259	131

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Consumer Expenditure, NSS 61st Round (July 2004 - June 2005)						
117	510 Vol. I	Public Distribution System and Other Sources of Household Consumption, 2004-05 Vol. I	250	16	8	3880	246	124
118	510 Vol. II	Public Distribution System and Other Sources of Household Consumption, 2004-05 Vol. II	250	16	8	3680	234	118
119	511	Energy Sources of Indian Households for Cooking and Lighting, 2004-05	250	16	8	2480	157	79
120	512	Perceived Adequacy of Food Consumption in Indian Households 2004-2005	150	10	5	1780	113	57
121	513	Nutritional intake in India, 2004-2005	250	16	8	3680	234	118
122	514	Household Consumer Expenditure among Socio-Economic Groups: 2004 - 2005	250	16	8	2880	183	92
		Employment & Unemployment, NSS 61st Round (July 2004 - June 2005)						
123	515 (Part-I)	Employment and Unemployment Situation in India, 2004-05 (Part-I)	250	16	8	4680	297	150
124	515 (Part-II)	Employment and Unemployment Situation in India, 2004-05 (Part-II)	250	16	8	4680	297	150
125	516	Employment and Unemployment Situation Among Social Groups in India, 2004-05	250	16	8	3680	234	118
126	517	Status of Education and Vocational Training in India 2004-2005	250	16	8	2680	170	86
127	518	Participation of Women in Specified Activities along with Domestic Duties	150	10	5	1380	88	44
128	519 (Part-I)	Informal Sector and Conditions of Employment in India, 2004-05(Part-I)	250	16	8	3880	246	124
129	519 (Part-II)	Informal Sector and Conditions of Employment in India, 2004-05(Part-II)	250	16	8	4480	284	144
130	520	Employment and Unemployment Situation in Cities and Towns in India, 2004-2005	150	10	5	1570	100	50
131	521	Employment and Unemployment Situation among Major Religious Groups in India, 2004-05	250	16	8	2480	157	79
		Employment & Unemployment, NSS 62nd Round (July 2005 - June 2006)						
132	522	Employment and Unemployment Situation in India, 2005-06	250	16	8	4480	284	144
		Consumer Expenditure, NSS 62nd Round (July 2005 - June 2006)						
133	523	Household Consumer Expenditure in India, 2005-06	150	10	5	1380	88	44
		Unorganised Manufacturing Enterprises, NSS 62nd Round (July 2005 - June 2006)						
134	524	Operational Characteristics of Unorganised Manufacturing Enterprises in India, 2005-06	250	16	8	4880	310	156
135	525	Unorganised Manufacturing Sector in India, 2005-06 – Employment, Assets and Borrowings	250	16	8	2880	183	92
136	526	Unorganised Manufacturing Sector in India, 2005-06 – Input, Output and Value Added	250	16	8	4280	272	137
		Consumer Expenditure, NSS 63rd Round (July 2006 - June 2007)						
137	527	Household Consumer Expenditure in India, 2006 - 07	150	7	5	1380	69	48

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound- Sterling	₹	US\$	Pound- Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Service Sector Enterprises, NSS 63rd Round (July 2006 - June 2007)						
138	528	Service Sector in India (2006-07): Operational Characteristics of Enterprises	250	12	9	880	44	30
139	529	Service Sector in India (2006-07): Economic Characteristics of Enterprises	250	13	8	1280	68	43
		Consumer Expenditure, NSS 64th Round (July 2007 - June 2008)						
140	530	Household Consumer Expenditure in India, 2007-08	150	8	5	1380	75	48
		Employment & Unemployment and Migration Particulars, NSS 64th Round (July 2007 - June 2008)						
141	531	Employment and Unemployment Situation in India, 2007-08	250	14	9	4080	221	152
142	533	Migration in India, 2007-2008	250	14	9	2280	123	85
		Participation & Expenditure on Education NSS 64th Round (July 2007 - June 2008)						
143	532	Education in India : 2007-08 Participation and Expenditure	250	14	9	6280	345	232
		Particulars of Slum NSS 65th Round (July 2008 - June 2009)						
144	534	Some Characteristics of Urban Slums, 2008-09	150	8	6	1180	64	44
		Housing Condition NSS 65th Round (July 2008 - June 2009)						
145	535	Housing Condition and Amenities in India 2008-2009	360	20	13	720	41	25
		Domestic Tourism NSS 65th Round (July 2008 - June 2009)						
146	536	Domestic Tourism in India, 2008-09	430	24	15	860	48	31
		Employment & Unemployment NSS 66th Round (July 2009 - June 2010)						
147	KI (66/10)	Key Indicators of Employment and Unemployment in India, 2009-10	-	-	-	-	-	-
148	537	Employment and Unemployment Situation in India, 2009-10	360	18	12	720	37	23
149	539	Informal Sector and Conditions of Employment in India	300	15	10	600	29	19
150	543	Employment and Unemployment situation among Social Groups in India	360	17	11	720	34	21
151	548	Home-based Workers in India	360	17	11	720	34	22
152	550	Participation of Women in Specified Activities along with Domestic Duties, 2009-10	270	13	9	540	26	18
153	551	Status of Education and Vocational Training in India	260	12	8	520	24	16
154	552	Employment and Unemployment situation among Major Religious Groups in India	370	16	10	740	32	20
155	553	Employment and Unemployment situation in cities and towns in India	280	12	7	560	24	14

Continued..

List of NSS Reports available for sale (contd.)

Sl. No.	Report No.	Title of the Report	Price					
			Hard Copy			Soft Copy (CD)		
			₹	US\$	Pound-Sterling	₹	US\$	Pound-Sterling
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Consumer Expenditure NSS 66th Round (July 2009 - June 2010)						
156	KI (66/1.0)	Key Indicators of Household Consumer Expenditure in India, 2009-10	-	-	-	-	-	-
157	538	Level and Pattern of Consumer Expenditure	250	12	8	500	24	15
158	540	Nutritional Intake in India	240	12	8	480	23	15
159	541	Household Consumption of Various Goods and Services in India	230	12	7	460	23	15
160	542	Energy Sources of Indian Households for Cooking and Lighting	340	16	10	680	32	20
161	544	Household Consumer Expenditure across Socio-Economic Groups	410	19	12	820	38	24
162	545	Public Distribution System and Other Sources of Household Consumption	200	10	6	400	20	12
163	547	Perceived Adequacy of Food Consumption in Indian Households	250	12	8	500	24	16
		Unincorporated Non-agricultural Enterprises (Excluding Construction) NSS 67th Round (July 2010 - June 2011)						
164	KI (67/2.34)	Key Results of Survey on Unincorporated Non-agricultural Enterprises (Excluding Construction) in India	-	-	-	-	-	-
165	546	Operational Characteristics of Unincorporated Non-agricultural Enterprises (Excluding Construction) in India	280	13	8	560	26	16
166	549	Economic Characteristics of Unincorporated Non-agricultural Enterprises (Excluding Construction) in India	330	16	10	660	32	20
		Household Consumer Expenditure NSS 68th Round (July 2011 - June 2012)						
167	KI (68/1.0)	Key Indicator of Household Consumer Expenditure in India.	-	-	-	-	-	-
168	555	Level and Pattern of Consumer Expenditure, 2011-12	250	10	6	500	20	12
169	558	Household Consumption of Various Goods and Services in India, 2011-12	260	11	7	520	22	14
170	560	Nutritional Intake in India, 2011-12	380	15	10	760	30	20
171	562	Household Consumer Expenditure across Socio-Economic Groups, 2011-12	440	18	12	880	36	24
		Employment & Unemployment NSS 68th Round (July 2011 - June 2012)						
172	KI (68/10)	Key Indicator of Employment and Unemployment in India, 2011-12	-	-	-	-	-	-
173	554	Employment and Unemployment Situation in India, 2011-12	390	16	10	780	32	20
174	557	Informal Sector and Conditions of Employment in India	330	14	8	660	28	16
175	559	Participation of Women in Specified Activities along with Domestic Duties	290	12	7	580	24	14
176	563	Employment and Unemployment situation among Social Groups in India	390	16	10	780	32	20
177	564	Employment and Unemployment situation in Cities & Towns in India	280	11	7	560	22	14

List of NSS Reports available for sale (contd.)

		Drinking Water, Sanitation, Hygiene and Housing Condition NSS 69th Round (July 2012 - December 2012)						
178	KI (69/1.2)	Key Results of Survey on Drinking Water, Sanitation, Hygiene and Housing Condition in India	-	-	-	-	-	-
179	556	Drinking Water, Sanitation, Hygiene and Housing Condition in India	330	14	8	660	28	16
		Particular of Slums NSS 69th Round (July 2012 - December 2012)						
180	KI (69/0.21)	Key Indicators on Urban Slums in India	-	-	-	-	-	-
181	561	Urban Slums in India, 2012	330	13	8	660	26	16
		Land & Livestock Holdings NSS 70th Round (January 2013-December 2013)						
182	KI (70/18.1)	Key Indicators of Land and Livestock Holdings in India	-	-	-	-	-	-
		All India Debt & Investment NSS 70th Round (January 2013-December 2013)						
183	KI (70/18.2)	Key Indicators of Debt and Investment in India	-	-	-	-	-	-
		Situation Assessment of Agricultural Households NSS 70th Round (January 2013-December 2013)						
184	KI (70/33)	Key Indicators of Situation of Agricultural Households in India	-	-	-	-	-	-
		Social Consumption: Health NSS 71st Round (January 2014-June 2014)						
185	KI (71/25.0)	Key Indicators of Social Consumption in India: Health	-	-	-	-	-	-
		Social Consumption: Education NSS 71st Round (January 2014-June 2014)						
186	KI (71/25.2)	Key Indicators of Social Consumption in India: Education	-	-	-	-	-	-

Copies are available with the Additional Director General, SDRD, NSSO, 164, Gopal Lal Tagore Road, Kolkata-700 108 on payment basis through Demand Draft drawn in favour of **“Pay & Accounts Officer, Ministry of Statistics & P.I., Kolkata”**. **Postal Charges will be ₹ 85/- by Speed Post and ₹ 30/- by Regd. Parcel for single copy within India.**

FEEDBACK FORM

1. **Name** (optional):
2. **email id** (optional) :
3. **Your field of Work** : (please tick(√) the relevant)
(a) Govt Sector (b) Corporate Sector (c) Research (d) Civil Services
(e) NGO (f) Education (g) Art & Culture (h) Media
(i) Business (j) Student
4. Please mention the report/publication you are commenting on :

CONTENT

5. How useful/relevant is the report for your professional interests (please tick(√) the relevant)
(a) very useful (b) Moderately Useful (c) not at all useful
6. How useful/relevant is the report for your personal interests(please tick(√) the relevant)
(a) very useful (b) Moderately Useful (c) not at all useful

PRESENTATION

7. How do you find style of presentation of information of the report ? (please tick(√) the relevant)
(a) Excellent (b) Very Good (c) fair (d) not good at all

ACCESSIBILITY

5. How easy was it to collect a copy of the Report (soft/hard copy) ?
(a) Very easy (b) Moderately easy (c) difficult

6. ADDITIONAL COMMENTS

Please note: These comments may be used for internal and external promotional purposes but will not be attributed to the person making them, unless explicitly agreed to this in writing. (please add extra sheet if required)

Thank you for completing our feedback form!

Please send your valuable feedback to

Additional Director General, NSSO(SDRD), 164, GLT Road, Kolkata-108 or email us at nssosdrd@gmail.com