



क्षेत्र कर्मचारियों के लिए अनुदेश  
**Instructions to Field Staff**

**खंड /Volume-I**

**Design, Concepts, Definitions and Procedures**

समाजार्थिक सर्वेक्षण  
**SOCIO-ECONOMIC SURVEY**

रा. प्र. स. 79वां दौर  
**NSS 79<sup>th</sup> ROUND**



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# Chapter One

## Introduction: Coverage, Concepts, Design and Definitions

### 1.0 Introduction

1.0.1 The National Sample Surveys (NSS) are conducted by the Government of India since 1950 to collect data on various socio-economic indicators employing scientific sampling methods. The seventy-ninth round of NSS will commence from July 2022.

1.0.2 NSS 79<sup>th</sup> round is earmarked for collection of data for compilation of a number of SDG indicators through a ‘Comprehensive Annual Modular Survey (CAMS)’ along with a survey on Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi and Homoeopathy (AYUSH).

### 1.1 Objectives of the survey

1.1.1 **Comprehensive Annual Modular Survey (CAMS):** CAMS is introduced to cater the emerging need of information on high-frequency socio-economic indicators that are not available from any other sources like administrative data, etc. CAMS will collect information required for the purpose of generating some SDG indicators and sub-indicators of Global Indices. This survey will be annual in which some of the modules may be repeated annually and some periodically with more than one year periodicity. List of some SDG and sub-indicators of Global indices which will be generated from CAMS is given below:

- Proportion of population using safely managed drinking water services
  - Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water
  - Proportion of individuals who own a mobile phone, by sex
  - Proportion of population covered by a mobile network, by technology
  - Percentage of Household with a computer
  - Percentage of individuals using internet during last 3 months, last 365 days
  - Percentage of adult having an account at a formal financial institution
  - Percentage of women having an account at a formal financial institution
  - Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
  - Proportion of population that has convenient access (0.5 km/1 km) to public transport (low/ high-capacities) stop.
  - Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
  - Proportion of youth (aged 15–24 years) not in education, employment or training
  - Mean year of schooling
  - Out-of-pocket medical expenditure on hospitalization during last 365 days
-

**1.1.2 Survey on AYUSH:** As mentioned earlier, the 79<sup>th</sup> round NSS will also cover the first ever all-India survey on AYUSH. The survey on AYUSH will be undertaken simultaneously with CAMS. This survey will gather information for development of the following broad indicators:

- Percentage of population aware of AYUSH system,
- Percentage of population hospitalized for taking AYUSH treatment during last 365 days,
- Ailment/disease for which hospitalization is made,
- The system(s) of AYUSH (namely, Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy and Homeopathy) used for taking treatment on hospitalization,
- Expenditure incurred on AYUSH medicines/treatment for hospitalization during last 365 days,
- Percentage of population taken treatment using AYUSH medicines as an out-patient during last 365 days,
- Usage of AYUSH medicines for pre-natal and post-natal care.

## 1.2 Outline of the Survey programme

**1.2.1 Geographical coverage:** The survey will cover the whole of the Indian union except the villages in Andaman and Nicobar Islands which are difficult to access.

**1.2.2 Survey Period:** The survey will commence from July 2022 and it will be of one year duration. CAMS and AYUSH will be carried out simultaneously in same FSU but in different household.

**1.2.3 Sub-rounds:** The survey period of the round will be divided into four sub-rounds of three months duration each as follows:

sub-round 1 :	July - September 2022
sub-round 2 :	October - December 2022
sub-round 3 :	January - March 2023
sub-round 4 :	April - June 2023

In each of these four sub-rounds equal number of sample First Stage Units (FSUs) will be allotted for survey with a view to ensure uniform spread of sample FSUs over the entire survey period. Attempt should also be made to survey each of the FSUs during the sub-round to which it is allotted. *Because of the arduous field conditions, this restriction need not be strictly enforced in Andaman and Nicobar Islands, Lakshadweep, Leh and Kargil districts of Ladakh and rural areas of Arunachal Pradesh and Nagaland.*

**1.2.4 Schedule of enquiry:** During this round, the following Schedules of enquiry will be canvassed:

Schedule OOCM :	List of Households
Schedule CAMS2022-23 :	Comprehensive Annual Modular Survey
Schedule AYUSH 2022-23 :	AYUSH

**1.2.5 Participation of States:** All the States and Union Territories except Andaman & Nicobar Islands, Daman & Diu and Dadra & Nagar Haveli are participating in this round. Following is the matching pattern of the participating States/UTs in this round:

State/UT	Extent of matching
Nagaland (U)	: triple
Manipur, Telangana	: double
Maharashtra (U)	: one and half
Remaining States/ UTs	: equal

### 1.3 Contents of Volume I

**1.3.1** The present volume contains four chapters. Chapter One, besides giving an overview of the whole survey operation, discusses the concepts and definitions of certain important technical terms to be used in the surveys. It also describes, in detail, the sample design and the procedure for selection of households adopted in this round. Instructions for filling of different schedules are given in Chapters Two to Four.

**1.3.2** Along with the instructions, a list of Frequently Asked Questions (FAQ) is also appended at the end of each of the Chapters Two to Four.

## 1.4 Sample Design

### 1.4.1 Formation of sub-units (SUs):

1.4.1.1 **Rural areas:** A rural village will be notionally divided into a number of sub-units (SU) of more or less equal population during the preparation of frame. Census 2011 population of villages will be projected by applying suitable growth rates and the number of SUs to be formed in a village will be determined apriori.

1.4.1.2 The above procedure of SU formation will be implemented in the villages with population *more than or equal to 1000 as per Census 2011*. In the remaining villages, no SU will be formed.

1.4.1.3 The number of SUs to be formed in the villages (with Census 2011 population 1000 or more) of the frame will be decided before selection of the samples following the criteria given below:

projected population of the village	no. of SUs to be formed
less than 1200	1
1200 to 2399	2
2400 to 3599	3
3600 to 4799	4
4800 to 5999	5
.....and so on	....

### 1.4.1.4 Special case:

1.4.1.4.1 For rural areas of (i) Himachal Pradesh, (ii) Sikkim, (iii) Andaman & Nicobar Islands, (iv) Uttarakhand (except four districts Dehradun, Nainital, Hardwar and Udham Singh Nagar), (v) Punch, Rajouri, Udhampur, Reasi, Doda, Kishtwar, Ramban of Jammu and Kashmir (vi) Leh and Kargil districts of Ladakh region and (vii) Idukki district of Kerala, numbers of SUs to be formed in a village will be determined in such a way that each SU contains 600 or less projected population. Further, SUs will not be formed in the villages in the above mentioned districts/States with population less than 500 as per Census 2011. In the remaining villages the number of SUs to be formed for these States/districts will be as follows:

projected population of the village	no. of SUs to be formed
less than 600	1
600 to 1199	2
1200 to 1799	3
1800 to 2399	4
2400 to 2999	5
.....and so on	....

1.4.1.4.2 For rural parts of Kerala, similar procedure as mentioned in para 1.4.1.3 above will be adopted with the modification that the SUs will be formed within Panchayat Wards instead of villages.

1.4.1.5 **Urban areas:** SUs will be formed in urban sector also. The procedure will be similar to that adopted in rural areas except that SUs will be formed on the basis of number of households in the UFS frame instead of population, since UFS frame does not have population. Each UFS block with number of households more than or equal to 250 will be divided into a number of SUs. In the remaining UFS blocks, no SU will be formed.

1.4.1.6 The number of SUs to be formed in the UFS blocks of the frame will be decided before selection of the samples following the criteria given below:

number of households of the UFS block	no. of SUs to be formed
less than 250	1
250 to 499	2
500 to 749	3
750 to 999	4
1000 to 1249	5
.....and so on	....

1.4.2 **Outline of sample design:** A stratified multi-stage design will be adopted for the 79<sup>th</sup> round survey. *The first stage units (FSU) will be villages/UFS blocks/sub-units (SUs) as per the situation.* The ultimate stage units (USU) will be households in both the sectors.

#### 1.4.3 Sampling Frame for First Stage Units (FSUs):

1.4.3.1 There will be no SU formation in uninhabited villages and villages (Panchayat wards for Kerala) with population less than 1000 as per Census 2011 (less than 500 as per Census 2011 for the areas mentioned in para 1.4.1.4.1) and entire village will be considered as one FSU. All such villages (Panchayat wards for Kerala) will be the First Stage Units (FSUs).

1.4.3.2 In the remaining villages, notional sub-units (SUs) following the procedure as described in para 1.4.1.1 will be formed. Such SUs will be considered as First Stage Units (FSUs).

1.4.3.3 For the UFS blocks with less than 250 households, the entire UFS block will be considered as one FSU. In the remaining UFS blocks, the SUs will be considered as First Stage Units (FSUs).

1.4.3.4 List of FSUs as described above will be the sampling frame for respective cases.

#### 1.4.4 Stratification of FSUs:

##### **Rural Sector:**

A Special Rural stratum, at all-India level, will be formed comprising all the uninhabited villages as per census 2011 belonging to all States/UT.

For the remaining villages which are inhabited as per census 2011, districts will be basic geographical unit for stratum formation. Within each district, two Stratum will be formed:

- (a) The villages (i) within a distance of 5 Kms from the district headquarter or (ii) within a distance of 5 Kms from a city/town with more than 5 lakh population, will form a stratum (stratum 1). The information will be obtained from the village directory of census 2011. It will be the stratum 1 for a particular district.
- (b) Rest of the villages will constitute another stratum (stratum 2) of the particular district.

##### **Urban Sector:**

Two or more strata will be formed in urban areas of each district:

- (i) each million plus city as per census 2011 will constitute separate stratum .  
Stratum no will be 01, 02, 03....,19
- (ii) rest of the urban areas of the district. Stratum no will be 20.

#### 1.4.5 Sub-stratification of FSUs:

**1.4.5.1 Rural sector:** Three groups of villages will be formed within each stratum, except special rural stratum at all-India level as mentioned in para 1.4.4

Group 1: all villages (Panchayat wards for Kerala) with Census 2011 population less than 250

Group 2: all villages (Panchayat wards for Kerala) with Census 2011 population more than or equal to 250 but less than 500

Group 3: remaining villages

The sample size for a rural stratum will be allocated among 3 groups in proportion to population. Let  $r_1$ ,  $r_2$  and  $r_3$  be the allocations to Group 1, Group 2 and Group 3 respectively. The villages within each group will be first arranged in ascending order of number of population. For all the three groups within each strata, ' $r_1/4$ '>1, ' $r_2/4$ '>1 and ' $r_3/4$ '>1, will



imply formation of 2 or more sub-strata in each group. Sub-strata will be demarcated in Group 1, Group 2 and Group 3 respectively in such a way that each sub-stratum will comprise a group of villages (all SUs of a village considered together) of the arranged frame and have more or less equal population.

If number of FSUs in a particular Group is very small, no sub-stratum may be formed in that Group.

**1.4.5.2 Urban sector:** Let 'u' be the sample size allocated for an urban stratum. For all strata, if ' $u/4$ ' >1, implying formation of 2 or more sub-strata, all the UFS blocks within the stratum will be first arranged in ascending order of total number of households in the UFS blocks as per urban frame. Then sub-strata will be demarcated in such a way that each sub-stratum will comprise a group of UFS blocks (all SUs of a block considered together) having more or less equal number of households. If number of blocks in a particular stratum is very small, no sub-stratum will be formed in the stratum.

**1.4.6 Total sample size (FSUs):** **15416** FSUs will be surveyed at all-India level for CAMS and AYUSH survey.

**1.4.7 Allocation of total sample to State/UTs:** As per NITI AYOOG list, at present there are 114 aspirational districts in the rural area and 112 in the urban areas. Socio economic upliftment of these districts is of prime interest of the Government. With a view to generate estimates for these aspirational districts, all aspirational districts and larger districts in rural India will get allocation of 20 FSUs with the allocation for other districts will be a minimum of 4 FSUs. In Urban areas, all aspirational districts will get allocation 20 FSUs and districts having million plus towns will get at least 20 FSU allocations. For other districts 4 FSUs will be allocated.

**1.4.8 Allocation to strata:** In rural area, 20 FSUs will be allocated to the Stratum corresponding to the 'Aspirational Districts (declared by NITI AYOOG)' and large districts and minimum 4 FSUs will be allocated to the stratum corresponding to other districts in rural area. In Urban area, 20 FSUs will be allocated to the stratum corresponding to the 'Aspirational Districts' and minimum 20 FSUs will be allocated to the stratum related to million plus cities but some of the big million plus cities will get more than 100 FSUs allocation. Stratum related to other urban districts will get minimum 4 FSUs allocation. Stratum level allocation will be adjusted to multiples of 4 with a minimum sample size of 4. Within a rural district different group wise allocation will be proportional to as per census 2011 population.

*For special stratum formed at all-India level, 20 FSUs will be allocated.*

#### 1.4.9 Allocation to sub-strata:

1.4.9.1 Generally, allocation will be 4 for each sub-stratum in the rural/urban sector. However, allocation will be adjusted in case of constraints of sample size. Thus, allocations may be more than 4 or less than 4 in some cases.

#### 1.4.10 Selection of FSUs within a stratum/sub-stratum:

1.4.10.1 From all the sub-strata in both rural and urban sector within each stratum, required number of FSUs will be selected by Simple Random Sampling without Replacement (SRSWOR) scheme.

#### 1.4.12 Formation of sub-units and listing of households

1.4.12.1 **Proper identification of the FSU boundaries:** The first task of the field investigators is to ascertain the exact boundaries of the village as per its identification particulars given in the sample list. The village may either itself be a sample FSU or may contain a sample FSU (i.e. SU). For urban samples, the boundaries of the UFS block may similarly be identified by referring to the map for that UFS block.

1.4.12.2 **Procedure of formation of SUs:** After identification of the boundaries of the village/ UFS block which contains the sample FSU, the village/ UFS block is to be divided into a number of SUs (say, D) as given in the sample list by more or less equalising the present population of the village/UFS block in which the sample FSUs are located. It is to be ensured that SUs formed are clearly identifiable in terms of physical landmarks. For villages/blocks where the number of SUs to be formed is 1 as per the sample list, no SU formation is required.

1.4.12.3 **Listing of households:** All the households of the sample FSU will be listed. Temporarily locked households will also be listed after ascertaining the temporariness of locking of households through local enquiry.

1.4.13 **Formation of Sub-divisions in the selected SU:** It has been observed in the previous rounds that there happen to be some extreme cases where the population/household of the selected SU is very high and listing becomes very difficult. To take care of such extreme situations, such SU may be sub-divided into a number of smaller units (Sub-divisions) and one of them may be randomly selected. Listing and selection of households may be done in the selected Sub-division unit only. The procedure for formation of Sub-divisions is same as that of formation of SUs within village/blocks. The listing of hamlets will not be required but Sub-divisions will be formed such that each Sub-division has more or less equal population and is a compact area.

**Note:** Sub-Unit will not be formed in the selected village if census 2011 population is less than 1000 or less than 500 for special rural areas, but if approximate present population of the selected village is found to be 1500 or more (750 or more for special rural areas) then although no sub-unit has been formed but sub-division will be formed based on approximate present population and one sub-division will be selected randomly for listing.

In case of Urban areas, Sub-Unit will not be formed in the selected UFS Block if number of households is less than 250, but if approximate present population of the UFS block is found to be 1500 or more then although no sub-unit has been formed but sub-division will be formed based on approximate present population and one sub-division will be selected randomly for listing.

The criteria for determining the number of Sub-divisions ( $D_1$ ) to be formed in the selected rural/urban SUs is as follows:

Approx. population of the SU	no. of Sub-divisions ( $D_1$ ) to be formed
less than 1500	1
1500 to 2399	2
2400 to 3599	3
3600 to 4799	4
4800 to 5999	5
.....and so on	....

#### 1.4.13.1 Special case:

1.4.13.1.1 For rural areas of (i) Himachal Pradesh, (ii) Sikkim, (iii) Andaman & Nicobar Islands, (iv) Uttarakhand (except four districts Dehradun, Nainital, Hardwar and Udham Singh Nagar), (v) Punch, Rajouri, Udhampur, Reasi, Doda, Kishtwar, Ramban of Jammu (vi) Leh and Kargil districts of Ladakh region and (vii) Idukki district of Kerala, the criterion for determining the number of sub-divisions ( $D_1$ ) to be formed in rural SUs is as follows:

Approx. population of the SU	no. of Sub-divisions to be formed
less than 750	1
750 to 1199	2
1200 to 1799	3
1800 to 2399	4
2400 to 2999	5
.....and so on	....

**1.4.14 Formation of second stage strata (SSS) of households and allocation among SSS:**

**CAMS:** 2 SSS will be formed for CAMS.

- SSS1: households with at least one member (**including deceased former member**) hospitalized (including institutional childbirth) during last 365 days.
- SSS2: remaining households.

**AYUSH:** 2 SSS will be formed for AYUSH.

- SSS1: Households incurring expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during last 365 days OR households with at least one member having knowledge about AYUSH systems,
- SSS2: Remaining households.

**Note that if the cost of medical expenditure for a household, say, 'A' has been paid by another household, say, 'B' during the last 365 days, household 'A' will be considered for classification in SSS1 for survey on AYUSH.**

**The households having Knowledge of AYUSH will be decided on the basis of the following:**

A person is considered to be knowledgeable in AYUSH system if

(i) He/she has knowledge about the concepts/fundamentals (i.e., basic principles) of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi or Homoeopathy (AYUSH) as well as he/she has knowledge about treatment modalities or procedures ( i.e., how to treat illness or prevent from illness ) of AYUSH system of medicines like Panchakarma, Thokkanam, Shatkriya of Yoga etc. or (ii) he/she has knowledge about medicinal plants , traditional practices/home remedies or folk medicine.

A person may acquire knowledge of AYUSH system in different ways as discussed below:

**Primary level:** A person acquires knowledge about concepts or treatment processes of AYUSH system or about medicinal plants, traditional practices or folk medicine through social media platforms, news, beneficiaries, forefathers etc.

**Secondary level:** A person acquires knowledge about concepts or treatment processes of AYUSH system or about medicinal plants, traditional practices or folk medicine from reliable sources like books, journals, scientific texts etc.

**Higher level:** A person is actually engaged in practice of AYUSH medicine. This includes registered/unregistered medical practitioners, Yoga Instructor, Panchakarma Therapist, Cupping Therapist etc.

**Note: Objective criteria for deciding whether a household belongs to SSS1 or not.**

A household will belong to SSS1 if-

- i) Any expenditure has been incurred for AYUSH treatment/services for at least one member of the household (as in-patient or outpatient of a medical institution) for prevention or treatment of diseases/ailments or for pre-natal care/post-natal care/childbirth. It is to be noted that expenditure for AYUSH treatments should be incurred by the household itself or borne by some other households.  
or
- ii) At least one member, by profession, is attached to any AYUSH service care providers (i.e., at least one member belongs to any of the category- Registered Medical Practitioner (AYUSH), Unregistered Medical Practitioner (AYUSH), Midwife, Pharmacists (AYUSH), Masseurs, Yoga Instructor, Panchakarma Therapist or Cupping Therapist, etc.) or involved in production or manufacturing of AYUSH medicines.  
or
- iii) Any member of the household has knowledge about medicinal plants or traditional practices/home remedies or folk medicines for healthcare and healing.

It is to be noted that - if a household is aware of AYUSH system (i.e., they have heard about existence of any of the systems of Ayurveda, Yoga, Unani, Sowa-Rigpa/Amchi or Homoeopathy from media, articles, books, journals etc.) ***but has no knowledge about concepts/fundamentals or treatment modalities or procedures of AYUSH system then the household will not be considered in SSS1.***

20 households will be surveyed in each FSU for CAMS while 12 household will be surveyed in each FSU for AYUSH. For CAMS 5 households will be selected from SSS 1 and 15 households will be selected for SSS 2. For AYUSH, 8 households will be selected from SSS 1 and 4 from SSS 2.

SURVEY	SSS	Composition of SSS	Number of households to be surveyed
CAMS	1	households with at least one member ( including deceased former member ) hospitalized (including institutional childbirth) during last 365 days	5
	2	remaining households	15
AYUSH	1	households incurring expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during last 365 days OR households with at least one member having knowledge about AYUSH systems	8
	2	remaining households	4

**1.4.15 Selection of households:** The sample households from each SSS for each of the Schedule will be selected by SRSWOR. The two different surveys will be conducted in two different households. If there is any shortage of households then same households will be canvassed for different schedules.

## 1.5 Concepts and Definitions:

1.5.0 Important concepts and definitions used in different Schedule of this survey are explained below.

1.5.1 **Population coverage:** The following rules regarding the population to be covered are to be remembered in listing of households and persons:

1. Under-trial prisoners in jails and indoor patients of hospitals, nursing homes etc., are to be excluded, but residential staff therein will be listed while listing is done in such institutions. The persons of the first category will be considered as members of their parent households and will be counted there. Convicted prisoners undergoing sentence will be outside the coverage of the survey.
2. Floating population, i.e., persons without any normal residence will not be listed. But households residing in open space, roadside shelter, under a bridge, etc., more or less regularly in the same place, will be listed.
3. Neither the foreign nationals nor their domestic servants will be listed, if by definition the latter belong to the foreign national's household. If, however, a foreign national becomes an Indian citizen for all practical purposes, he or she will be covered.
4. Persons residing in barracks of military and paramilitary forces (like police, BSF, etc.) will be 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, are to be covered. Permission for this may have to be obtained from the appropriate authorities.
5. Orphanages, rescue homes, ashrams and vagrant houses are outside the survey coverage. However, the residential staff of these institutions may be listed. People staying in old age homes will be covered in the survey.

1.5.2 **House:** Every structure, tent, shelter, etc. is a house irrespective of its use. It may be used for residential or non-residential purpose or both or even may be vacant.

1.5.3 **Household:** A group of persons normally living together and taking food from a common kitchen will constitute a household. It will include temporary stay-aways (those whose total period of absence from the household is expected to be less than 6 months during the survey period) but exclude temporary visitors and guests (expected total period of stay less than 6 months during the survey period). Even though the determination of the actual composition of a household will be left to the judgment of the head of the household, the following procedures will be adopted as guidelines.

(i) Each inmate (including residential staff) of a hostel, mess, hotel, boarding and lodging house, etc., will constitute a single-member household. If, however, a group of persons among them normally pool their income for spending, they will together be treated as forming a single household. For example, a family living in a hotel will be treated as a single household.

(ii) In deciding the composition of a household, more emphasis is to be placed on 'normally living together' than on 'ordinarily taking food from a common kitchen'. In case the place of

residence of a person is different from the place of boarding, he or she will be treated as a member of the household with whom he or she resides.

(iii) A resident employee, or domestic servant, or a paying guest (but not just a tenant in the household) will be considered as a member of the household with whom he or she resides even though he or she is not a member of the same family.

(iv) When a person sleeps in one place (say, in a shop or in a room in another house because of space shortage) but usually takes food with his or her family, he or she should be treated not as a single member household but as a member of the household in which other members of his or her family stay.

(v) If a member of a family (say, a son or a daughter of the head of the family) stays elsewhere (say, in hostel for studies or for any other reason), he/ she will not be considered as a member of his/ her parent's household. However, he/ she will be listed as a single member household if the hostel is listed.

**1.5.4 Household size:** The number of members of a household is its size.

**1.5.5 Household's usual monthly consumer expenditure (Rs.):** This information is collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumer expenditure (HCE) is the sum total of monetary values of all goods and services consumed (out of purchase or procured otherwise) by the household on domestic account (i.e., all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in Consumer Expenditure Survey of NSS. Unusual expenditures, such as expenditure on social ceremonies, capitation fee, hospitalization, etc., are to be excluded for deriving usual monthly consumer expenditure of the household. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, will not be covered under consumer expenditure. However, expenditure on household durable goods is to be included.

Household's usual monthly consumer expenditure will be derived through the following items:

- (i) usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services ***excluding items like clothing, footwear*** (A)
- (ii) imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B)
- (iii) imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)
- (iv) expenditure on purchase of items like clothing, footwear, etc. **during last 365 days** (D)



- (v) expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. **during last 365 days (E)**

In (i) to (v) entry will be made in whole number in rupees.

**From the entries in (i) to (v), UMPCE will be derived in whole number of rupees rounded to the nearest rupee as:  $[A + B + C + (D+E)/12]$**

- (i) Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services *excluding items like clothing, footwear* (A)**

Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes will be included here *whereas expenses on items like clothing, footwear and purchase of durable goods will be excluded from the coverage of this item*. Further, cash remittances should not be reported under this item.

- (ii) Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B):** There are some households, especially in rural areas, who use (i.e., consume) items of household consumer goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who use items of household consumer goods from home grown stock on *regular basis*, the imputed value of such usual consumption in a month at ex farm/ex factory price will be recorded here.

- (iii) Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C):** There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals etc., as payment for wages in kind. In some cases it may also happen that household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly consume goods and services received as (1) wages in kind, (2) in exchange of goods provided by them, (3) as gifts or (4) obtained through free collection, etc., the imputed value of such usual consumption in a month at local retail prices will be recorded here. Mid-day meals received by household members also will be considered for making entries against this item.

**Points to remember:**

- For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.

- Goods and services received as gifts or obtained through free collection or allotted by Government (e.g., fund allotted for students in Government sponsored school) which are regular in nature are only to be considered for reporting.
- If goods and services received at subsidised rates, local retail price is to be imputed.
- Rent of leased out land received in kind, and consumed by the household, is to be considered and imputed value of good received is to be recorded.

**(iv) Expenditure on purchase of items like clothing, footwear, etc. during last 365 days (D):** Expenditure on purchase of items like clothing footwear, etc., which generally are not purchased on a regular basis during the last 365 days will be recorded in here.

**(v) Expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. during last 365 days (E):** Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like, bedstead, furniture, vehicles, TV sets, fridge, fans, cooler, AC, mobile phones, computers, kitchen equipment, etc., will be recorded here. Expenditure for construction of household durable goods will be considered for reporting in this item.

**Points to remember:**

- If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments, during the reference period is to be recorded irrespective of whether the such durable goods was purchased during the reference period.
- If a car or any other durable goods is purchased during last 365 days by taking loan from bank and instalments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods is to be considered and reported instead of the amount of instalments paid during the last 365 days.
- Cost of repair/ servicing of vehicle will be considered for reporting in this item.
- Major repair/construction of durable goods which intends to increase the life of the durable goods will be considered for reporting in this item.
- Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat which will be considered for reporting in this item.

**Special procedure for expense on tuition fees, hostel room charges and hostel mess charges:**

- If these expenses are incurred with a monthly periodicity, they will naturally come under 'A'. But if they are incurred semester-wise, or quarterly or annually, the average expenditure per month is to be calculated and included in 'A'.
- Note, however, that in case of hostel students, these expenditures should be accounted in the student's household and not in the 'parent' household. This is because rent and tuition fees regularly paid by a household (parent household) for a member of another household (usually a hostel student) are covered by the Use Approach.

- For simplicity, the above procedure will be followed for tuition fees paid for non-hostel students as well. That is, if tuition fees are not paid monthly and therefore not reported in 'A', the monthly average over a year will be included in 'A'.

**Points to remember:**

- Amount spent for purchase of flats/houses will not be considered for calculating UMPCE excluded as it is treated as an investment/capital expenditure.
- Expenditure incurred for regular medical treatment or diagnosis (e.g., dialysis for kidney impairment, chemotherapy/radiology for cancer) will be considered for calculating UMPCE. However, any expenditure on hospitalisation, which is not of regular nature, will be excluded.
- Expenditure incurred for payment of insurance premium, will be excluded as it is essentially a transfer payment and all types of transfer payments are outside the purview of consumer expenditure.

**1.5.6 Economic activity:** The entire spectrum of human activity falls into two categories: economic activity and non-economic activity. Any activity that results in production of goods and services that adds value to national product is considered as an economic activity. The economic activities have two parts - market activities and non-market activities. Market activities are those that involve remuneration to those who perform it, i.e., activity performed for pay or profit. Such activities include production of all goods and services for market including those of government services, etc. Non-market activities are those involving the production of primary commodities for own consumption and own account production of fixed assets.

1.5.6.1 The full spectrum of economic activities as defined in the UN System of National Accounts (SNA 2008) is not covered in the definition adopted for capturing information on the usual activity particulars of the household members. Production of any good for own consumption is considered as economic activity by UN System of National Accounts but production of only primary goods for own consumption is considered as economic activity in NSS surveys. While the former includes activities like own account processing of primary products among other things, in the NSS surveys, processing of primary products for own consumption is not considered as economic activity. However, it may be noted that 'production of agricultural goods for own consumption' covering all activities up to and including stages of threshing and storing of produce for own consumption, comes under the coverage of the economic activities in NSS surveys.

1.5.6.2 The term 'economic activity' in the context of collection of information on usual principal activity status particulars of the household members will include:

- (i) all the market activities described above, i.e., the activities performed for pay or profit which result in production of goods and services for exchange,

(ii) of the non-market activities,

(a) all the activities relating to the primary sector (i.e., **industry Divisions 01 to 09 of NIC-2008**) which result in production (including free collection of uncultivated crops, forestry, firewood, hunting, fishing, mining, quarrying, etc.) of primary goods, including threshing and storing of grains for own consumption.

and

(b) the activities relating to the own-account production of fixed assets. Own account production of fixed assets include construction of own houses, roads, wells, etc., and of machinery, tools, etc., for household enterprise and also construction of any private or community facilities free of charge. A person may be engaged in own account construction in the capacity of either a labourer or a supervisor.

The activities like prostitution, begging, etc., which may result in earning, will not be considered as economic activities for the survey.

**1.5.7 Activity status:** It is the activity situation relating to participation in economic and / or non-economic activities in which a person is found engaged during a reference period. According to this, a person will be in one or a combination of the following three broad activity statuses during a reference period:

(i) Working or being engaged in economic activity (work),

(ii) Being not engaged in economic activity (work) and either making tangible efforts to seek 'work' or being available for 'work' if the 'work' is available and

(iii) Being not engaged in any economic activity (work) and also not available for 'work'.

Activity statuses, as mentioned in (i) & (ii) above, are associated with 'being in labour force' and the last with 'not being in the labour force'. Within the labour force, activity status (i) above is associated with 'employment' and activity status (ii) with 'unemployment'. During the reference period of last 365 days, by adopting the procedure to determine the broad activity statuses, each person is classified in one of the three broad activity statuses. Persons found with the broad activity statuses (i), (ii) and (iii), during the reference period, are employed (worker), unemployed and 'not in labour force', respectively.

**1.5.7.1** The detailed activity categories for these broad activity statuses are as below:

*(i) working or being engaged in economic activity (employed):*

- (a) worked in household enterprise (self-employed) as an own-account worker
- (b) worked in household enterprise (self-employed) as an employer
- (c) worked in household enterprise (self-employed) as 'helper'

- (d) worked as regular salaried/wage employee
- (e) worked as casual wage labour in public works
- (f) worked as casual wage labour in other types of works

(ii) *not working but seeking or available for work (unemployed)*

(iii) *not working and also not available for work (not in labour force) :*

- (a) attended educational institution
- (b) attended domestic duties only
- (c) attended domestic duties and was also engaged in free collection of goods (vegetables, roots, firewood, cattle-feed etc) sewing, tailing, weaving, etc. for household use
- (d) rentiers, pensioners, remittance recipients, etc.
- (e) not able to work due to disability
- (f) others

1.5.8 The various constituents of 'employed', 'unemployed', 'labour force', 'out of labour force' are as explained below:

(a) **Workers (or employed):** Persons who, during the reference period, are engaged in any economic activity or who, despite their attachment to economic activity, have temporarily abstained from work for reasons of illness, injury or other physical disability, bad weather, festivals, social or religious functions or other contingencies constitute workers. Unpaid helpers who assist in the operation of an economic activity in the household farm or non-farm activities are also considered as workers.

(b) **Seeking or available for work (or unemployed):** Persons, who, during the reference period, owing to lack of work, had not worked but either sought work through employment exchanges, intermediaries, friends or relatives or by making applications to prospective employers or expressed their willingness or availability for work *under the prevailing condition of work and remuneration* are considered as those who are 'seeking or available for work' (or unemployed).

However, if it is found that a student is currently on the *live* register of the Employment Exchange, the person will normally be categorised as a student. But before categorising him/her as a student, further probes should be made as to whether he/she will give up his/her studies the moment he/she gets a job. If it is found that he/she will leave his studies to take up the job for which he/she has registered, he/she will be considered as unemployed.

(c) **Labour force:** Persons who are either 'working' (or employed) or 'seeking or available for work' (or unemployed) during the reference period together constitute the labour force.

(d) **Out of labour force:** Persons who are neither 'working' and at the same time nor 'seeking or available for work' for various reasons during the reference period are considered to be 'out of labour force'. The persons under this category are students, those engaged in domestic

duties, rentiers, pensioners, recipients of remittances, those living on alms, infirm or disabled persons, too young or too old persons, prostitutes, etc. and casual labourers not working due to sickness.

1.5.9 It may be noted that workers have been further categorized as *self-employed, regular wage/ salaried employee and casual wage labourer*. These categories are defined in the following paragraphs.

1.5.10 **Self-employed:** Persons who operate their own farm or non-farm enterprises or are engaged independently in a profession or trade on own-account or with one or a few partners are deemed to be self-employed in household enterprises. The essential feature of the self-employed is that they have *autonomy* (i.e., how, where and when to produce) and *economic independence* (i.e., market, scale of operation and money) for carrying out their operation. The remuneration of the self-employed consists of a non-separable combination of two parts: a reward for their labour and profit of their enterprise. The combined remuneration is given by the revenue from sale of output produced by self-employed persons *minus* the cost of purchased inputs in production.

The self-employed persons may again be categorised into the following three groups:

- (i) **own-account workers:** They are the self-employed who operate their enterprises on their own account or with one or a few partners and who during the reference period by and large, run their enterprise without hiring any labour. They may, however, have unpaid helpers to assist them in the activity of the enterprise.
- (ii) **employers:** The self-employed persons who work on their own account or with one or a few partners and by and large run their enterprise by hiring labour are the employers, and
- (iii) **helpers in household enterprise:** The helpers are a category of self-employed persons mostly family members who keep themselves engaged in their household enterprises, working full or part time and do not receive any regular salary or wages in return for the work performed. They do not run the household enterprise on their own but assist the related person living in the same household in running the household enterprise.

1.5.10.1 There is a category of workers who work at a place of their choice which is outside the establishment that employs them or buys their product. Different expressions like 'home workers', 'home based workers' and 'out workers' are generally used synonymously for such workers. For the purpose of this survey, all such workers will be categorised as 'self-employed'. The 'home workers' have *some degree of autonomy* and *economic independence* in carrying out the work, and their work is not directly supervised, as is the case for the *employees*. Like the other self-employed, these workers have to meet certain costs, like actual or imputed rent of the space in which they work, costs incurred for heating, lighting and power, storage or transportation, etc., thereby indicating that they have some tangible or

intangible means of production. It may be noted that *employees* are not required to provide such inputs for production.

1.5.10.2 It may further be elaborated that the ‘putting out’ system prevalent in the production process in which a part of production which is ‘put out’ is performed in different household enterprises (and not at the employer’s establishment). For example, *bidi* rollers obtaining orders from a *bidi* manufacturer will be considered as home workers irrespective of whether or not they were supplied raw material (leaves, *masala*, etc.), equipment (scissors) and other means of production. In some cases, the payment may be based on piece rate. Similarly, a woman engaged in tailoring or embroidery work on order from a wholesaler, or making *pappad* at home on order from some particular unit/ contractor/ trader will be treated as ‘home worker’. On the other hand, if she does the work in the employers’ premises, she will be treated as an *employee*. Again, if she is not undertaking these activities on orders from outside, but markets the products by herself/ other household members for profit, she will be considered as an own account worker, if of course, she does not employ any hired help more or less on a regular basis.

1.5.11 **Regular wage/ salaried employee:** Persons working in other’s farm or non-farm enterprises (both household and non-household) and getting in return salary or wages on a regular basis (and not on the basis of daily or periodic renewal of work contract) are the regular wage/ salaried employees. *This category not only includes persons getting time wage but also persons receiving piece wage or salary and paid apprentices, both full time and part-time.*

1.5.12 **Casual wage labour:** A person casually engaged in other’s farm or non-farm enterprises (both household and non-household) and getting in return wage according to the terms of the daily or periodic work contract is a casual wage labour. Usually, in the rural areas, one category of casual labourers can be seen who normally engage themselves in ‘*public works*’ activities. The concepts related to ‘*public works*’ are discussed later in this chapter.

**1.6. System of AYUSH Medicine:** This term pertains to the recognized systems of medicines, which are used for curative and/or preventive purposes in India such as Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy, and Homoeopathy. These system of medicines are regulated in the country by the Ministry of AYUSH.

**1.6.1 AYURVEDA:** ‘Ayurveda’ literally means “Science of Life”. Ayurveda is evolved from the various Vedic hymns rooted in the fundamental philosophies about life, disease and health. Ayurveda treatment is based more on the prevention process. Ayurvedic treatment focuses more on bringing a balance in the health of an individual rather than treating the disease. By promoting the overall health, Ayurveda indirectly prevents the disease and cures the sickness. An Ayurvedic health system is a holistic approach which involves a variety of measures that can be taken by an individual prior to the onset of any disease. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance. Moreover, this process helps in strengthening the mechanism of the human body to prevent the recurrence of the disease.

**1.6.2 YOGA:** Yoga is a discipline that dates back to thousands of years and is regarded as one of the best practices known to calm the inner self. It refers to traditional physical and mental disciplines originating in India. It is about the union of a person's own consciousness and the universal consciousness. It is a healing system of theory and practice. It is a combination of breathing exercises, physical postures, and meditation that has been practiced for more than 5,000 years as part of healthy lifestyle and has become part of our spiritual heritage. The practice aims to attain self-realization, by improving the inherent power of an individual in a balanced way. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development etc. The components of Yoga are Yama, Niyama, Pratyahara, Dharana, Asana, Pranayama, Dhyana and Samadhi. These components bring about physical discipline, help in the regulation of breath, restraining the sense organs, and promote contemplation and meditation. These techniques play an important role in the prevention of diseases such as psychosomatic disorders and promote overall health.

**1.6.3 NATUROPATHY:** Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself. Naturopathic philosophy favours a holistic approach without the use of surgery and drugs and emphasizes the use of natural elements (air, water, heat, sunshine) and physical means (massage, water treatment etc.) to treat illness. It refers to methods of treating diseases using natural therapeutics viz. Water therapy (Hydrotherapy), Colour therapy (chromotherapy), Fasting therapy, Mud therapy, Magnet therapy and food therapy to assist the natural healing process. It is the science of disease diagnosis, treatment, and cure using natural therapies including dietetics, botanical medicine, fasting, exercise, lifestyle counseling, detoxification, and chelation, clinical nutrition, hydrotherapy, naturopathic manipulation, spiritual healing, environmental assessment, health promotion, and disease prevention.

**1.6.4 UNANI:** Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare. The diagnosis and treatment of this system of medicine are based on various holistic concepts and scientific principles of health and healing. In the Unani system of medicine, the temperament of an individual plays an important role. In the diagnosis and treatment of the Unani system, temperament acts as the base. The classification and evaluation of various temperaments are based on the amalgamation of four humors in the blood in different quantities that are: phlegm, blood, black bile, and yellow bile. Humors are the fluids in the human body that produce energy, and trigger growth, nutrition, and repair. The humors also perform the function of maintaining moisture in different organs of the human body. Any imbalance in the equilibrium of humor causes disease, which can be treated with medication and consuming a balanced diet. In this system, a lot of importance is given to the diet and state of digestion of an individual for both health and disease.

**1.6.5 SIDDHA:** Siddha is one of the ancient systems of medicine in India which has a close



association with Dravidian culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine. The fundamental and applied principles and doctrines of the Siddha System have a close resemblance to Ayurveda, with a specialty in iatro-chemistry. Siddha system emphasizes on the patient's age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, physiological constitution of the diseases for its treatment, environment which is individualistic in nature. Diagnosis of the diseases is done through examination of pulse, urine, eyes, study of voice, colour of body, tongue and status of the digestion of individual patients. This system is very effective for women during pre-natal and post-natal care and also for menstrual issues. The Siddha System is also effective in treating the chronic cases of liver, anemia, rheumatic issues, bleeding piles, prostate enlargement, peptic ulcer, and skin disorders specifically Psoriasis. The Siddha Medicines containing mercury, lead, silver, sulfur, and arsenic are found to be very effective in curing a number of infectious disorders as well as venereal disorders. This system has unique treasure for conversion of metals and minerals as drugs without any side effects.

**1.6.6 SOWA-RIGPA/AMCHI:** Sowa-Rigpa/Amchi is a system of medicine that is one of the oldest medical traditions across the world. The term Sowa-Rigpa means Knowledge of Healing and derives its meaning from the Bhoti Language. This system was reinforced in the Trans-Himalayan region and is popular in the Himalayan societies such as Ladakh, Himachal Pradesh (Spiti and Lahoul), Jammu and Kashmir, West Bengal (Darjeeling), Arunachal Pradesh, and Sikkim. Sowa-Rigpa has been recognized and promoted by the Government of India as a traditional medical system. Sowa-Rigpa is perceived to be similar to Ayurvedic Philosophy. Many medicines of the Indian-origin such as Ashwagandha, Guggulu, Triphala, Ashok, Haridra, etc. are used in the Sowa-Rigpa system for treatment purposes. The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

**1.7 Hospitalization:** Hospitalization means admission **as in-patient** – for treatment of ailment or injury, or for childbirth – to any medical institution (Definition of medical institution is provided below). Further, childbirths sometimes take place in Health Sub-Centres; such cases of delivery will also be considered as hospitalization. Surgeries undergone in temporary camps set up for treatment of ailments, such as eye camps, will also be treated as cases of hospitalization.

Note: Special case in respect of Covid treatments: if any hospital/medical institution makes some arrangement in hotels/home for treating Covid patients, then it will be treated as in-patient treatment for the purpose of this survey. Here medical facilities have been made available under supervision of a medical institution and proper supervision on the patients were made by medical practitioners.

### 1.7.1 Medical institution:

Medical institution here refers to any institution having provision for admission of sick persons as in-patients for treatment as well as providing treatment to a person as out-patient – all Primary Health Centres, Community Health Centres, all public/government hospitals (district hospitals/state general hospitals/ medical college hospitals etc.) and all private hospitals (run by charitable organisations or NGOs or trusts, private nursing home, day care centre, private medical college and hospital, super-speciality hospital, etc.) comes under this.

#### For survey on AYUSH:

- ✓ *The medical institutions which provide facility of treatment under any discipline of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system will only be considered for this survey.*
- ✓ *It is pertinent to mention here that if any allopathic Hospital is having treatment facility for any discipline under AYUSH ( for examples if an allopathic Hospital has a wing/centre of Ayurveda/ Unani/ Siddha/ Sowa-Rigpa/Amchi Homoeopathy/ Yoga/ Naturopathy) will be covered under this item.*
- ✓ *In case, if an AYUSH doctor visits an allopathic health care centre (Hospital/Dispensaries/PHCs/CHCs) once or twice in a week or so (but not on all working days) such Allopathic centre may also be treated as providing 'AYUSH' facility for the purpose of this survey.*

### 1.7.2 Explanations of Associated Terms with medical institution

**1.7.2.1 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), ORS packets etc.

**1.7.2.2 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.

**1.7.2.3 Dispensary:** 'Dispensary' is the consulting place/ chamber, which does not generally have facilities for treatment of in-patients. A dispensary is a public institution that dispenses medicine or medical aids or an office in a hospital, school or other institution from which medical supplies, preparations, and treatments are dispensed. Hospitals without bed may be treated as Dispensaries.

**1.7.2.4 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 **Auxiliary Nurse Midwives (ANM)** [(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]. No doctor is posted in such Sub-centre. The main task of these ANM (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.

**1.7.2.5 PHC (Primary Health Centre):** PHC is the first contact point between a village community and the medical officer. It has a medical officer (MBBS or AYUSH doctors) and other paramedical staff. It is run by the Government and usually has in-patient and out-patient facilities including ante-natal check-ups 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. Their equivalent of a PHC in these States is called an additional PHC.

**1.7.2.6 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 including out-patient facilities.

**1.7.2.7 Government/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-centres), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run by the government will come under the category ‘govt. /public hospital’.

**1.7.2.8 Charitable/NGO/Trust run hospital:** Some hospitals which are run by presumable NGO/ religious or other trust with a basic motive to offer health facility at a lower cost. Some examples are Sri Sathya Sai Institute of Higher Medical Sciences (SSSIHMS) Prasanthigram hospital through Sri Sathya Sai Central Trust. The CMC hospitals of Vellore and Chandigarh, which are voluntary non-profit organisation, Medical services offered by Ramakrishna Mission with 15 major hospitals, 125 dispensaries and 60 mobile dispensaries etc.

**1.7.2.9 Private Hospital, private clinic:** Hospital/ nursing home/ day care centre apart from Government or Charitable organizations with facilities for in-patient treatment will be called a

private hospital. A private clinic has facilities for consultation with private doctor(s) but no in-patient facility.

**1.7.2.10 AYUSH Health Center (AHC):** In some of the State Govt. Institutions, Ayurveda, Unani, Siddha, Sowa-Rigpa dispensaries are also called as AYUSH Health Centers. Generally these centers are managed by one doctor, one pharmacist and one other staff and provide only out-door patient care.

**1.7.2.11 Panchkarma Centers / Kendra:** These are small hospitals where Panchkarma Procedures / Ayurveda massage etc. is carried out. Panchkarma Center provides the facilities for ladies and gents both types of patients.

**1.7.2.12 Ayurveda / Panchkarma Hospitals:** There are many hospitals providing indoor patient care through Panchkarma / Massage therapy. Kerala State is well known to have Panchkarma Hospitals of very high quality. Various procedures of massage, fomentation, putting oil on forehead (called as Shirodhara) and applying medicated oils all over the body.

**1.7.2.13 Yoga/Naturopathy centres:** An in-patient/out-patient health care organization that provides curative/therapeutic Yoga or Naturopathy treatment (consultation, medication and procedures) by qualified and trained professionals/practitioners. These centres may be providing preventive care to healthy population who seek their help in learning Yoga practices, etc. for maintaining good health.

**1.7.2.14 Informal Health Provider (IP):** Informal Health Provider is a heterogeneous group of providers of informal health facilities with different type of training, regulatory frameworks, and services provided as follows:

The set of definitional criteria include:

**Training:** IPs include those who have not received formally recognized training with a defined curriculum from an institution (i.e. government, NGO, or academic institution). IPs, however, typically have some level of informal training through apprenticeships, seminars, workshops etc. and are typically not mandated by any formal institution.

**Payment:** IPs collect payment from patients served, not from institutions. One notable exception to this criterion involves NGO or other sponsored voucher programs, where informal providers exchange services or goods for payment from a sponsoring body in the form of reimbursement vouchers. Payment is usually, but not always, undocumented and tendered in cash. IPs are mainly entrepreneurs.

**Registration and regulation:** IPs are not typically registered with any government regulatory body and operate outside of the purview of regulation, registration, or oversight by the government or other institutions

**Professional affiliation:** IP professional associations, if they exist, are primarily focused on networking and business activities and conduct minimal self-regulation.

Thus, in general, IP may be defined as a variety of health service providers who are untrained and work outside regulatory frameworks.

### **1.8 Profiles of various medical practitioner/instructor:**

**1.8.1 Doctor/ Vaidya/ Hakim/Siddha Maruthuvar/ Homoeopaths:** Medical practitioners providing treatment in any discipline under AYUSH will be covered by this term. In different parts of the country, AYUSH practitioners are known by different names like Vaidya, Hakim, Siddha Maruthuvar, Homoeopath, Naturopath, Yoga guru, etc.

**1.8.2 Private practitioners/ doctors:** There are a number of private practitioners providing treatment/medicines under AYUSH. The practitioners working outside Government Hospitals/ Dispensaries/ PHCs/ CHCs are called private practitioners.

**1.8.3 Registered Medical Practitioner (AYUSH):** Registered Medical Practitioner (RMP) in AYUSH is defined as a person who is permitted to practice medicine after registration in State Medical Register of Indian Medicine (Ayurveda/Siddha/Unani/Sowa-Rigpa) or Homoeopathy or the Central Register Indian Medicine or Homoeopathy.

**1.8.4 Unregistered Medical Practitioner (AYUSH):** Unregistered Medical Practitioner is defined as a person who practices AYUSH systems of medicine without any registration from any medical council. A practitioner may be a Doctor/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopath and they do not necessarily refer to those holding recognized degrees/diplomas. They may be having traditional knowledge through family members/ancestors such practitioners are called unregistered practitioner.

**1.8.5 Midwife:** Midwife is a qualified person in AYUSH System who professionally deals with Pregnancy, Delivery and the Post-partum period of women, as well as the Neo-natal Care.

**1.8.6 Pharmacists:** Pharmacists are qualified health care professionals in AYUSH System who dispense prescribed drugs, ensure drug doses and monitor drug interactions; counsel patients regarding the drug efficacy and safe & appropriate usage.

**1.8.7 Masseurs:** Masseurs are trained and licensed health care professional in AYUSH System who practices manual hands-on massage on the Soft body tissues which includes muscle, connective tissue, tendons, and ligaments, administer the Panchakarma/Thokkanam/Ilj-bid-Tadbir procedures for preventive, curative, promotive, rehabilitative and palliative care/ for the general wellness of the subject.

**1.8.8 Yoga Instructor:** A Yoga Instructor is a trained and certified yoga teacher who demonstrates and imparts training on Yoga.

**1.8.9 Panchakarma Therapist:** Panchakarma is a unique therapeutic procedure for the radical elimination of disease-causing-factors and to maintain the equilibrium of doshas. The panchakarma therapy minimizes the chances of recurrence of the diseases and promotes positive health by rejuvenating the vital body systems. A Panchakarma Therapist is a trained health care professional who practices Panchakarma Therapy.

**1.8.10 Cupping Therapist:** Hijama (cupping therapy) is an important method of treatment in the non-drug regimental therapies of Unani medicine. Hijama is a mode of treatment, which is carried out by creating partial vacuum in the cupping glasses, placed on the body surface by mean of fire or suction, in order to evacuate morbid material. A skilled person performing the same is called a cupping therapist.

**1.8.11 Medical Stores/Local shops/Other sellers:** Medical Stores here means any shop which sells drugs and medicines of any system of medicine viz. Allopathic, Homeopathic, Ayurvedic, Siddha or Unani medicines. As regards local shops, it may be clarified that ISM medicines/ jadibootiyan are also available in general merchant/ kirana shops etc. in local markets. Other sellers refer to roadside vendors, etc.

**1.8.12 Medicine:** Under AYUSH system, Yoga & Naturopathy are drugless systems. For Ayurveda, Unani, Sowa-Rigpa and Siddha, plant-based medicines are sometimes given to patients. Even home-based medicines like kadha, tulsi, neem leaves etc. may be prescribed. Some of the common medicines for various diseases have been mentioned under each discipline, viz., Ayurveda, Unani, Siddha and Sowa-Rigpa. Homeopathic medicines are available in many forms including the traditional Homoeopathic pellets (sweet white balls), liquid dilution, tablets (lactose based) and mother tinctures.

**1.8.13 Medicinal plants:** The term “medicinal plant” includes various types of plants used in herbalism (“herbology” or “herbal medicine”). Plants that possess therapeutic properties or exert beneficial pharmacological effect on the human or animal body. Medicinal plants are not only a major resource base for the traditional medicine & herbal industry but also provide livelihood and health security to a large segment of Indian population. Now-a-days, herb refers to any part of the plant like fruit, seed, stem, bark, flower, leaf, stigma or a root, as well as a non-woody plant. Earlier, the term “herb” was only applied to non-woody plants, including those that come from trees and shrubs. These medicinal plants are also used as food, flavonoid, medicine or perfume and also in certain spiritual activities. Medicinal plants such as Aloe, Tulsi, Neem, Turmeric and Ginger cure several common ailments. These are considered as home remedies in many parts of the country. It is known fact that lots of consumers are using Basil (Tulsi) for making medicines, black tea, and other activities in their day to day life.

**1.8.14 Home remedies:** Home remedies are simple medication prepared at home by using herbs available in the region or other ingredients available in the house like spices. These are meant for prevention of diseases and management of simple and minor illness like common cold, cough, loss of appetite, indigestion and to aid recovery from illness, etc. Sometimes, these are useful in chronic problems such as osteoarthritis. These are simple prepared medication or tonic of unproven effectiveness administered without prescription or

professional supervision. It is traditional therapy generally information passed from one generation to next, often utilizing natural products, nutritional supplements or physical measures. These are simple measures of symptom management for minor health complaints.

**1.8.15 Folk medicines/ Local health traditions:** Local health traditions (LHT) are the non-codified knowledge and traditional health care practices of common people and folk practitioners which are orally transmitted through generations. They are specific to the ecosystem and ethnic community and use household food items, locally available plants, animal and mineral/ metal derivatives for prevention and healing of various ailments.

The folklore traditions are household level health practices and diverse viz. home remedies, food recipes, rituals and certain specialized practices like Marmachikitsa, bone setting, poison healers etc. These are also known as ethno medicines, indigenous medicines, folk knowledge, etc.

<b>Table 1: Allocation of Sample FSUs in NSS 79th round</b>						
State	Central			State		
	Rural	Urban	Total	Rural	Urban	Total
JAMMU & KASHMIR	112	132	244	112	132	244
HIMACHAL PRADESH	64	56	120	64	56	120
PUNJAB	232	160	392	232	160	392
CHANDIGARH	20	4	24	20	4	24
UTTARAKHAND	84	84	168	84	84	168
HARYANA	164	120	284	164	120	284
DELHI	44	136	180	44	136	180
RAJASTHAN	508	272	780	508	272	780
UTTAR PRADESH	1116	572	1688	1116	572	1688
BIHAR	648	380	1028	648	380	1028
SIKKIM	80	32	112	80	32	112
ARUNACHAL PRADESH	140	80	220	140	80	220
NAGALAND	100	60	160	100	180	280
MANIPUR	148	144	292	296	288	584
MIZORAM	76	104	180	76	104	180
TRIPURA	144	76	220	144	76	220
MEGHALAYA	116	52	168	116	52	168
ASSAM	372	240	612	372	240	612
WEST BENGAL	440	312	752	440	312	752
JHARKHAND	416	424	840	416	424	840
ODISHA	376	248	624	376	248	624
CHHATTISGARH	348	288	636	348	288	636
MADHYA PRADESH	616	408	1024	616	408	1024
GUJARAT	356	264	620	356	264	620
DAMAN & DIU & Dadra & Nagar Haveli	24	12	36	24	12	36
MAHARASHTRA	516	608	1124	516	912	1428
ANDHRA PRADESH	260	168	428	260	168	428
KARNATAKA	344	284	628	344	284	628
GOA	32	16	48	32	16	48
LAKSHADWEEP	8	8	16	8	8	16
KERALA	184	168	352	184	168	352
TAMIL NADU	416	344	760	416	344	760
PUDUCHERRY	16	32	48	16	32	48
A & N ISLANDS	24	20	44	24	20	44
TELANGANA	240	264	504	480	528	1008
Ladakh	32	8	40	32	8	40
All-India	8816	6580	15396	9204	7412	16616
20 more rural FSUs will be allocated to special rural stratum at all-India level						



## Chapter Two

### Schedule 00CM: List of Households

**2.0.0 Introduction:** Schedule 00CM is meant for listing of all the houses and households residing in the sample first stage unit (FSU). Some household information like household size, whether at least one member including deceased former member hospitalized as in-patient during last 365 days, whether the household has incurred expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during last 365 days or household has at least one member with knowledge about AYUSH treatment. These auxiliary information will be used for grouping the households into two different second-stage-strata (SSS) for CAMS and AYUSH survey. The sampling frames for selection of households will be prepared and details of the selection of sample households will be recorded in this schedule. Whenever sub-units (SU) are required to be formed, particulars relating to the formation of SUs and identification of the selected SU are also to be recorded in this schedule. Concepts and definitions of various items have been given in Chapter One.

**2.0.1 Structure of the schedule:** Schedule 00CM contains the following blocks:

- Block 0: descriptive identification of sample FSU
- Block 1: identification of sample FSU
- Block 2: particulars of field operations
- Block 3: sketch map for sub-units (SU) formation
- Block 3.1: sketch map of Sub-division formation
- Block 4.1: list of hamlets (only for rural samples with SU formation)
- Block 4.2: list of sub-units (SU) and identification of selected SU
- Block 4.3: list of Sub-divisions of selected SU with population equal to or more than 1500 (750 for special cases) and selection and identification of selected Sub-division
- Block 5A: list of households and record and selection of households for Schedule CAMS
- Block 5B: selection of households for Schedule AYUSH
- Block 6: particulars of sampling of households
- Block 7: remarks by investigators (JSO/SE)
- Block 8: comments by supervisory officer(s)

**2.0.2 Unit of survey:** The first stage unit (FSU) is the village/UFS block/SU depending on the sampling frame. The Junior Statistical Officer (JSO)/Survey Enumerator (SE), on arrival at a sample FSU, will ascertain the exact boundaries of the village/UFS block which contains the SU.

This may be done with the help of the village officials like patwari, panchayat authorities etc. for rural areas and with the help of UFS maps/ ward maps/ town maps in the urban areas.

**2.0.3 Formation of sub-units in rural areas:** Sub-unit formation will be resorted to in the villages with census 2011 population equal to or more than 1000. A village will be divided into a certain number (D) of sub-units (SUs). The number of SUs to be formed (i.e., the value of D) will be mentioned in the sample list. The criterion for deciding the number of SUs to be formed in a village has been discussed in detail in Chapter One.

The procedure for listing of hamlets and forming of sub-units is outlined below.

**2.0.3.1 Procedure:** In a large village, there usually exists a few localities or pockets where the houses of the village tend to cluster together. These are called 'hamlets'. In case there are no such recognised hamlets in the village, the census sub-divisions of the village (e.g., enumeration blocks or groups of census house numbers or geographically distinct blocks of houses) may be treated as 'hamlets'. Large hamlets may be divided artificially to achieve more or less equal population content for the purpose of SU formation. The procedure for formation of SU is best described, perhaps, by listing sequentially the steps involved:

- (i) Identify the hamlets as described above.
- (ii) Ascertain approximate present population of each hamlet.
- (iii) Draw a notional map in Block 3 showing the approximate location of the hamlets and number them in a serpentine order starting from the northwest corner and proceeding southwards. While drawing this map, uninhabited area (non-*abadi* area) of the village will be included as part of nearby hamlet, so that no area of the village is left out. The boundaries of the hamlets may be defined with the help of some landmarks like canals, footpaths, railway lines, roads, cadastral survey plot numbers etc., so that it would be possible to identify and locate the geographical boundaries of the SUs to be formed in the village.
- (iv) List the hamlets in Block 4.1 in the order of their numbering. Indicate the present population content in terms of percentages.
- (v) Group the hamlets into D number of SUs. *The criteria* to be adopted for SU formation are *equality of population content and geographical contiguity* (numbering of hamlets is not to be adopted as a guideline for grouping). *In case there is a conflict* between the two aspects, *geographical contiguity is to be given priority*. However, difference between the population of the smallest and the largest SU formed may be kept at minimum to the extent possible. Indicate the grouping in the map.
- (vi) Number the SUs serially in column (1) of Block 4.2. The SU containing hamlet number 1 will be numbered as 1, the SU with next higher hamlet number not included in SU 1 will be numbered as 2 and so on. Indicate the numbers also in the notional map. It is quite possible that an SU may not be constituted of hamlets with consecutive serial numbers.

**2.0.4 Formation of SUs in urban areas:** If an UFS block has 250 or more households, it will be necessary to form SUs. Procedure for formation of SU is the same as that for the formation of SUs in the case of villages. Here the SUs are to be formed artificially by dividing the block into a certain number (say, D) of groups *by more or less equalizing the population giving priority to geographical compactness* within each SU as per the criterion specified in Chapter One. The number of SUs to be formed (i.e. the value of D) will be provided in the sample list. SUs will be numbered serially in column (1) of Block 4.2.

**2.0.5 Formation of Sub-divisions of SU:** After formation of SUs in the sample village/block, the selected sample SU will be identified as per the sample list. If the approximate present population of selected SU is found to be equal to or more than 1500 (750 for special cases in rural), Sub-divisions will be formed in the selected SU to control the workload of listing. The selected SU will be divided into a number of Sub-divisions ( $D_1$ ) depending on the approximate population of the SU as described in Chapter One. The procedure will be similar to the formation of SU within the block as described in para 2.0.4. Each of the Sub-divisions will have more or less equal population and will be geographically compact.

**2.0.6 Starting point for listing:** Having determined the area unit to be surveyed, the JSO/FI will proceed to list the houses and households in this area unit. The listing may be done in the same order as that of the 2011 Census order of house listing. If the census order of house listing is not available, the listing may be started from the northwest corner of the FSU and proceeding southwards in serpentine order. While listing the households, some essential minimum particulars about the households will be collected for the purpose of formation of second stage strata.

**2.0.7** The procedures to be followed for filling up the various blocks of the Schedule 00CM are described in the following paragraphs. Before filling in blocks, it is necessary to put tick-marks in the appropriate boxes at left hand and right hand top corners of the first page of the schedule.

### **Block 0: Descriptive identification of sample FSU**

**2.0.8 General:** This block is meant for recording descriptive identification particulars of the sample FSU. State/UT, district, sub-district/ tehsil/ town name (to be tick-marked appropriately), village name, investigator unit no., block no., sample SU no. are to be auto populated in CAPI from the sample list for central Sample . A dash (-) may be recorded against not applicable items (e.g., item 4 i.e. village name is not applicable for urban sample and items 5 and 6 i.e. investigator unit and block are not applicable for rural sample). All the information of this block will be copied from the sample list for State sample.

## 2.1 Block 1: Identification of sample FSU

**2.1.0 General:** This block is meant for recording the identification particulars of the sample FSU in terms of codes or numbers. The particulars relating to all the items will be recorded in box spaces provided in the block against each item (except for items 2 & 3, the codes of which are already printed). For multiple cells, the rightmost cell shall be used for recording the digit of the unit place, the next left cell for the tenth place digit and so on. *Items 1, 4 to 13 and 15 shall be copied from the sample list for State Sample. Items 1, 4 to 13 and 15 will be auto populated in CAPI from sample list for central sample.*

**2.1.1 Item 11: FOD sub-region:** The four-digit code corresponding to the FOD sub-region to which the sample FSU belongs will be recorded against item 11. A ‘–’ *will be put against this item for the state samples and also for the central samples in respect of the states of Arunachal Pradesh, Manipur, Mizoram and Tripura for which field work is carried out by the respective States.*

**2.1.2 Item 12: frame code:** The different types of frames used for selection of FSUs are indicated by 'frame code' available in the sample list. Entry against item 12 shall be auto populated from the sample list for Central Sample. The frame codes to be used are:

**Rural:** 2011 census – 16

**Urban:** 2007-12 UFS – 15, 2012-17 UFS – 17

**2.1.3 Item 13: population of village/ number of households of UFS block:** Census 2011 population of the village (in which the sample SU is located) or the number of households of the UFS block (in which the sample SU is located) as given in the sample list will be copied here.

**2.1.4 Item 14: approximate present population:** The JSO/SE will first ascertain the approximate present population of the entire village/UFS block containing the sample SU taking into consideration the normal growth of population along with any abnormal influx of population into or exodus of population from the village/UFS block. This may be ascertained mainly from the knowledgeable persons by putting certain probing questions. The starting point can be 2011 Census population. In the case of large difference with census population, it may be asked whether there has been any abnormal influx into or exodus from the village after the census or the village has been split or partly merged with other village/ urban area. If so, the approximate increase or decrease of population due to such events or any new settlements that have come up in the rural/urban area after the census is to be ascertained. **In the case of large difference between frame population and approximate present population, adequate remarks for such differences should be recorded in Block 7/ 8.**

**2.1.5 Item 15: total number of SUs to be formed (D):** The total number of sub-units to be formed in the village/UFS block will be given in the sample list and it will be auto populated from the sample list it will be used in Block 4.2 as the value of ‘D’.

**2.1.6 Item 16: approximate present population of the SU:** Approximate present population of the selected Sub-unit will be recorded here. This item will be filled up after identification of selected Sub-unit in block 4.2.

**2.1.7 Item 17: number of Sub-divisions of SU to be formed (D<sub>1</sub>):** The total number of Sub-divisions to be formed will be determined according to the criterion given in Chapter One and recorded here as the value of D<sub>1</sub>. This will be recorded in the heading of block 4.3 also. This item may be filled only when item 16 is filled in.

**2.1.8 Item 18: Survey code:** The survey codes are:

selected FSU surveyed:	
inhabited .....	1
uninhabited .....	2
zero case .....	3
originally selected FSU not surveyed but substitute FSU surveyed:	
inhabited .....	4
uninhabited .....	5
zero case .....	6
selected FSU casualty .....	7

Some examples of zero cases are: FSUs comprising wholly the barracks of military and paramilitary forces (like CRPF, BSF etc.), rural areas declared as urban areas and now forming part of UFS frame used for urban sampling, FSUs wholly submerged under water in a dam or FSUs with the whole population evicted because of acquisition of land to construct a new factory or other project work etc. with no chance of habitation in future. As against this, the FSU whose entire population has shifted elsewhere due to some natural calamities like fire, cyclone etc., but is likely to return in the future, will be considered as uninhabited FSU and will be given code 2 or 5 as the case might be. If the substitute FSU cannot be surveyed, survey code will be 7. ***If a substitute FSU is surveyed (i.e. survey codes 4 – 6), the name of the village, its frame population must be mentioned in Block 7/8.***

**2.1.9 Item 19: Reason for substitution of original sample (for codes 4 – 7 in item 18):** In all the cases where the *originally* selected sample FSU is a casualty irrespective of whether it has been substituted and subsequently surveyed or not surveyed (i.e. for codes 4 to 7 against item 18), the reason for its becoming a casualty will be recorded in terms of code against item 19. The codes are:

Original sample FSU:

not identifiable/ traceable.....	1
not accessible.....	2

restricted area (not permitted to survey) .....	3
others (specify).....	9

A ‘–’ may be put against this item if the entry against item 18 is 1 or 2 or 3. *Cases of FSUs comprising wholly the barracks of military and paramilitary forces will not be considered as restricted area for providing code 3 against item 19. As stated earlier, such cases will be considered as surveyed and will be treated as zero cases.*

**2.2 Block 2: Particulars of field operations:** The details of field operations will be recorded in this block. In the serial number 1(a) and 1(b), names of the Junior Statistical Officer (JSO)/ Survey Enumerator (SE)/ Senior Statistical Officer (SSO)/ Survey Supervisor (SS), codes (permanent employee code in case of regular employees and temporary codes, if available, for other staff) and signatures will be recorded. All other items are self-explanatory.

For recording the entry in column (3) and (4) corresponding to serial number 2 (i) and (ii), following procedure may be adopted. For entering date of commencement of survey/ inspection the date when commencement of identification of FSU was started will be recorded. But while entering date of completion of survey/inspection, the date when completion of listing and selection of households was done will be recorded. However, the minor part relating to columns (7) to (10) of Block 6 may be ignored.

### 2.3 Block 3: Sketch map for sub-units (SU) formation

2.3.0 For villages/UFS blocks requiring SU formation, the space provided in the block shall be used to draw a free hand sketch-map of the village/UFS block showing the boundaries of the hamlets and SUs formed so that they may be identifiable in the field afterwards with the help of this map. It need not be drawn to scale. For villages, the serial numbers of the hamlets as given in column (1) of Block 4.1 will be written down on the map against each hamlet. The SU number given in column (1) of Block 4.2 to which the hamlet belongs will also be shown against each hamlet within brackets on the right side of the hamlet number. For urban areas also, the SUs will be numbered in the map. The area for the selected SU shall be shaded in the map. In CAPI module sketch map of sub-unit will be uploaded in this block.

### 2.4 Block 3.1: Sketch map of Sub-division formation

2.4.0 For SU requiring formation of Sub-divisions, a freehand sketch map of the SU showing the boundaries of the Sub-divisions will be shown in the map. The number of Sub-division will be marked against each Sub-division corresponding to the number in column (1) of block 4.3. The area of selected Sub-division will be shaded in the map. In CAPI module sketch map of sub-division will be uploaded in this block.

## 2.5 Block 4.1: List of hamlets (only for rural samples with SU formation)

2.5.0 This block is to be filled in only for the villages requiring formation of SU (i.e. for  $D > 1$ ). All the hamlets located in the village will be listed in the specified order.

2.5.1 **Columns (1) to (3):** A running serial number for the hamlets will be given in column (1). Name of the hamlets will be written in column (2). Present population of each hamlet expressed as percentage of the total village population will be given in column (3) in whole numbers. Entries in column (3) should add up to 100.

## 2.6 Block 4.2: List of sub-units (SU) and identification of selected SU

2.6.0 **General:** This block is meant for recording the details of formation of SUs and their selection (i.e. with  $D > 1$ ). Reference may be made to paragraphs 2.0.3, 2.0.3.1 and 2.0.4 for the procedures of formation and numbering of SUs.

2.6.1 **Column (1): serial no. of SU:** The SUs formed will be given a running serial number (starting from 1) in column (1) as per the guidelines given in paragraphs 2.0.3, 2.0.3.1 and 2.0.4. The last serial number in this column will be the value of 'D' which is mentioned in the sample list and copied in item 15, block 1 and also against 'D' below the block heading of 4.2.

2.6.2 **Column (2): serial no. of hamlet(s) in the SU (rural only):** This column is to be filled up only for rural FSUs. The serial numbers of the hamlets recorded in column (1) of Block 4.1 constituting each SU are to be recorded in column (2) separated by commas.

2.6.3 **Column (3): percentage (%) of population in the SU:** Approximate present population of the SU in terms of percentage to total village/UFS block population will be recorded in column (3) in whole number. Entries in this column should always add up to 100.

2.6.4 **Column (4): selected SU:** '1' will be recorded against the selected SU (as given in item 7 of Block 0) in this column. *The selected SU number corresponding to entry '1' in column (4) needs to be encircled in column (1).*

## 2.7 Block 4.3: List of Sub-divisions of selected SU with population equal to or more than 1500 (750 for special cases) and identification of selected Sub-division

2.7.0 **General:** This block is meant for recording the details of formation of Sub-divisions and their selection within the selected SU. Reference may be made to paragraph 2.0.5 for the procedures of formation of Sub-divisions. The criterion of formation of Sub-division is described in paragraph 1.4.13 and 1.4.13.1 of Chapter One.  $D_1$  number of Sub-divisions will be formed.

**Note that if entire Village/UFS Block has been selected (Sub-Unit has not been formed) as FSU, then also if the approximate present population of village/UFS block is 1500 or more (750 for special rural area) Sub-division will be formed.**

**2.7.1 Column (1): serial no. of Sub-divisions:** The Sub-divisions formed will be given a running serial number (starting from 1) in column (1). The numbering of the Sub-divisions will be same as in case SUs in villages/UFS blocks. The last serial number in this column will be the value of 'D<sub>1</sub>' which is to be recorded against 'D<sub>1</sub>' below the block heading of 4.3.

**2.7.2 Column (2): percentage (%) of population in the Sub-divisions:** Approximate present population of the Sub-divisions in terms of percentage to selected SU population will be recorded in column (2) in whole number. Entries in this column should always add up to 100.

**2.7.3 Column (3): selected Sub-division:** '1' will be recorded against the selected Sub-division in this column. *The selected Sub-divisions number corresponding to entry '1' in column (3) needs to be encircled in column (1).*

## **2.8 Block 5A: list of households and record of selection of households for Schedules CAMS**

2.8.0.1 In this block, various information is to be recorded for selected SU/Sub-divisions of SU.

2.8.0.2 Listing of all the houses and households along with collection of a few particulars for identification, preparation of sampling frame for Schedule CAMS 2022-23 and AYUSH 2022-23 and formation of second stage strata for Schedule CAMS 2022-23 and AYUSH 2022-23 are to be carried out in this block.

2.8.0.3 It is essential to ensure that there is no omission or duplication of any house or household. A house to house enquiry will be made to list all the houses and households. *Households, which are found to be locked at the time of listing (including such households which are absent in the present place for a period of less than six months during last one year) are also to be listed and included in the frame of households before sample selection.* After obtaining from the neighbours as much details as possible about the absentee households, attempt should be made to contact the households at the appropriate hours (even outside the normal working hours of the JSO/SE) and if required, by revisiting the households during the survey period in the sample FSU. While listing a house the JSO/SE shall find out how many households (including locked households) reside there and list all of them. After this, the JSO/SE will proceed to list the next house. In order to ensure complete listing of houses/ households, it is better to follow some definite order for listing. The order followed in 2011 Population Census may be adopted, wherever possible, taking care that any house that has come up later is not omitted; otherwise, listing may be done in serpentine manner starting from the north-west corner and moving southwards. The names of any natural grouping of the houses like hamlet, street, mohalla, etc. and date of listing may be written at the top before the listing of houses starts. This will help in checking completeness.



Various columns of Block 5A are described below:

**2.8.1 Column (0): serial number of row:** The serial numbers of rows are printed in column (0) of Block 5A, for each page of the block. This is to facilitate transfer some entries from block 5A to block 5B.

**2.8.2 Column (1): house number:** All houses including vacant ones shall be listed by giving a house number. The 2011 Population Census house number or the number given by the local panchayat, municipality or other local bodies, may be used if available. The houses without such numbers will be given a separate running serial number starting from 1 within brackets. Wherever house numbers are available, even if not for all the houses, the actual house numbers shall be recorded without any bracket. After listing all the households associated with a house, the next house shall be listed. If the house is used solely for non-residential purposes or is vacant, the purpose to which it is put will be written across the line, e.g. temple, vacant structure, etc. For family living under a tree or bridge etc. (i.e. without any house), a ‘—’ may be put in this column.

**2.8.3 Column (2): household serial number:** The household(s) normally residing in the house or in a fixed location (e.g. under a tree/ bridge/ open space etc.) listed in column (1) will be numbered in column (2). All households (including those found temporarily absent) will be given a running serial number in this column starting from 1. In case of persons staying in, say, hostels and forming single member households, each of them will be listed in separate lines giving a household serial number. Continuous serial number starting from 1 will be given in column (2) for the households in the FSU. This column will be left blank for the lines meant for vacant houses, non-residential buildings, etc.

**2.8.4 Column (3): name of head of the household:** For a household having serial number in column (2), the name of head of the household shall be recorded here.

**2.8.5 Column (4): household size:** The size of each household will be recorded in this column. Two small box spaces are provided against this column at the end of each page to record the current page total for this column and the cumulative total for the pages.

**2.8.6 Column (5): whether any member of the household (including deceased former member) hospitalized during last 365 days including institutional child birth? (Yes=1, no=2).** If any member of household including deceased former member hospitalized as **in patient** during last 365 days preceding the date of survey then code 1 will be given else code 2 will be recorded here. If any member of household hospitalized for some routine test then it will not treated as hospitalization. For locked household, investigator will try to collect this information by neighbour and if information is not available with neighbour then code 2 will be given. All the households with code 1 will form second stage stratum 1 for CAMS and households with code 2 will form second stage stratum 2 for CAMS.

Note that in case of dialysis, coronary angiogram etc. if the all process related to admission as in-patient has been done and in-patient ID has been created then it will be treated as hospitalization even if patient is discharged after 4-5 hours. Duration of stay in hospital is not the criteria for determining hospitalization; if in-patient ID is created then it will be treated as a case of hospitalization.

**2.8.6 Column (6): Whether the household has incurred expenditure for AYUSH treatment /services as in-patient or out-patient for at least one member during the last 365 days or the household has at least one member with knowledge about AYUSH system? (Yes=1, no=2)?**

From each household, first it will be ascertained,

- i) Any expenditure has been incurred for AYUSH treatment/services for at least one member of the household (as in-patient or outpatient of a medical institution) for prevention or treatment of diseases/ailments or for pre-natal care/post-natal care/childbirth. It is to be noted that expenditure for AYUSH treatments should be incurred by the household itself or borne by some other households.
- or
- ii) At least one member, by profession, is attached to any AYUSH service care providers (i.e., at least one member belongs to any of the category- Registered Medical Practitioner (AYUSH), Unregistered Medical Practitioner (AYUSH), Midwife, Pharmacists (AYUSH), Masseurs, Yoga Instructor, Panchakarma Therapist or Cupping Therapist, etc.) or involved in production or manufacturing of AYUSH medicines.
- or
- iii) Any member of the household has knowledge about medicinal plants or traditional practices/home remedies or folk medicines for healthcare and healing.

If the reply to (i) or (ii) or (iii) is in the affirmative, code 1 will be given in this column, otherwise code 2 will be recorded.

It is to be noted that - if a household is aware of AYUSH system (i.e., they have heard about existence of any of the systems of Ayurveda, Yoga, Unani, Sowa-Rigpa/Amchi or Homoeopathy from media, articles, books, journals etc.) ***but has no knowledge about concepts/fundamentals or treatment modalities or procedures of AYUSH system then the household will not be considered in SSSI.***

For locked household investigator will try to get the information telephonically otherwise code 2 may be given.

**Note that if the cost of medical expenditure for a household, say, ‘A’ has been paid by another household, say, ‘B’ during the last 365 days, household ‘A’ will be considered for classification in SSS1 for survey on AYUSH.**

**2.8.7 Column (7): SSS no. for Schedule CAMS:** The SSS formation for Schedule CAMS will be based on the entry in column (5) of Block 5A for both rural and urban samples. The following table needs to be followed while allotting SSS no. to a particular household

Entry in col. (5)	SSS no. in col. (7)
1	1
2	2

**2.8.8 Column (8-9): sampling serial no (CAMS):** For Schedule CAMS, there will be two Second Stage Strata (SSS). Columns (8) and (9) will provide the sampling frame of households for SSS 1 and 2 respectively. Column 8 and 9 will be automatically generated in CAPI as per entry in col.7 of block 5A for central sample. Each household will be tick-marked (✓) in one and only one of these columns for State sample.

The households with code 1 in column (7) will be tick-marked in column (8). The households with codes 2 in column (7) will be tick-marked in column (9) respectively.

Then all the tick-marks will be given a running serial number from the top starting with 1 in each column independently. Columns (8) and (9) will provide the sampling serial numbers for SSS1 and SSS2 respectively.

The highest serial number in each of these columns will be the value of ‘H’ for the respective SSS for the schedule. This value will be recorded against ‘H’ in the space provided in the column heading.

**In the CAPI module, sampling serial number will be assigned in each and every residential household as per SSS number of the household entered in column 7 of Block 5A.**

**2.8.9 Column (10-11): sample household number (CAMS) for SSS1/SSS2:** The number of households to be selected from each SSS of CAMS is given under sample design in Chapter One. Five households will be selected from SSS 1 and 15 households will be selected from SSS 2 for CAMS for each selected FSU. However, it may be necessary to modify this number if there is a shortfall in the number of households in any SSS. The final number of sample households, will be the value of ‘h’ for respective SSS. These values will be recorded against ‘h’ in the space provided in the column headings.

Sample households are to be selected by SRSWOR from each SSS. **For central sample, required number of households needs to be surveyed in each second stage strata (SSS) of CAMS will be selected automatically in CAPI.** For selecting the sample households for State sample of any particular SSS by SRSWOR, the following procedure will be followed: Suppose 'H' denotes the total number of households in the frame of SSS 1 [i.e. the highest entry in column (8) of Block 5A] and 'h' the number of households to be selected. If  $H = h$ , all the households will be selected and no random number needs to be drawn. If  $H > h$ , first draw a random number, say  $R_1$ , between 1 and H. Next, draw another random number, say,  $R_2$ , also between 1 and H. If  $R_2 = R_1$ , then reject  $R_2$  and draw a fresh  $R_2$ . Continue this way till requisite number of distinct R's [i.e.,  $R_1, R_2, \dots, R_h$ ] have been drawn. Then the households with sampling serial numbers  $R_1, R_2, \dots, R_h$  in column (8) will be the selected households and be given sample household numbers as 1, 2, ..... , h in column (10). Similarly, households will be selected for SSS 2 by using sampling serial numbers of column (9) and sample household numbers will be given in columns (11) respectively. Encircle the sampling serial numbers in columns (8)/ (9) for the selected households.

## 2.9 Block 5B: selection of households for Schedule AYUSH

2.9.1 In this block, some information will be copied from Block 5A. Formation of SSS and record of selection of households will be done for Schedule AYUSH 2022-23. For the columns of Block 5B entries may be copied only for those households which have running serial numbers in column (2) of Block 5A.

Various columns of Block 5B are described below:

2.9.2 **Columns (0), (2) and (6):** Entries for these columns will be auto populated from the columns (0), (2) and (6) of Block 5A for every page. Copying may be started from first household serial number in the relevant page of Block 5A and continuing without omission or duplication in the corresponding page of Block 5B. Care must be taken to copy the entries correctly.

2.9.3 **Column (12): SSS no.** for Schedule AYUSH – The SSS formation for Schedule AYUSH will be based on the entry in column (6) of Block 5A for both rural and urban samples. The following table needs to be followed while allotting SSS no. to a particular household.

Block 5B	
Entry in col. (6)	SSS no. in col. (12)
1	1
2	2

**2.9.4 Columns (13) – (14): Schedule AYUSH – sampling serial number for SSS 1/ SSS 2:**

For Schedule AYUSH, there will be two Second Stage Strata (SSS). Columns (13) and (14) will provide the sampling frame of households for SSS 1 and 2 respectively. Column 13 and 14 will be automatically generated in CAPI as per entry in col.12 of block 5B for central sample. Each household will be tick-marked (✓) in one and only one of these columns.

The households with code 1 in column (12) will be tick-marked in column (13). The households with codes 2 in column (12) will be tick-marked in column (14) respectively.

Then all the tick-marks will be given a running serial number from the top starting with 1 in each column independently. Columns (13) and (14) will provide the sampling serial numbers for SSS1 and SSS2 respectively.

The highest serial number in each of these columns will be the value of 'H' for the respective SSS for the schedule. This value will be recorded against 'H' in the space provided in the column heading.

**In the CAPI module, sampling serial number will be assigned in each and every residential household as per SSS number of the household entered in column 12 of Block 5B.**

**2.9.5 Columns (15) – (16): Schedule AYUSH – sample household number for SSS 1/ SSS 2:**

The number of households to be selected from each SSS is given under sample design in Chapter One. However, it may be necessary to modify this number if there is a shortfall in any of the SSS. The final number of sample households, after compensation, will be the value of 'h' for respective SSS. These values will be recorded against 'h' in the space provided in the column heading.

Sample households are to be selected by SRSWOR from each SSS. **For central sample, required number of households needs to be surveyed in each second stage strata (SSS) of AYUSH will be selected automatically in CAPI.** For selecting the sample households for State Sample of any particular SSS by SRSWOR, the following procedure will be followed: Suppose 'H' denotes the total number of households in the frame of SSS 1 [i.e. the highest entry in column (13) of Block 5B] and 'h' the number of households to be selected. If  $H = h$ , all the households will be selected and no random number needs to be drawn. If  $H > h$ , first draw a random number, say  $R_1$ , between 1 and H. Next, draw another random number, say,  $R_2$ , also between 1 and H. If  $R_2 = R_1$ , then reject  $R_2$  and draw a fresh  $R_2$ . Continue this way till requisite number of distinct R's [i.e.,  $R_1, R_2, \dots, R_h$ ] have been drawn. Then the households with sampling serial numbers  $R_1, R_2, \dots, R_h$  in column (13) will be the selected households and be given sample household numbers as 1, 2, ..... , h in column (15). Similarly, households will be selected for SSS 2 by using sampling serial numbers of column (14) and sample household

numbers will be given in columns (16) respectively. Encircle the sampling serial numbers in columns (13)/ (14) for the selected households.

If the sample household is found to have been already selected for Schedule CAMS, it will be *replaced* by the next non-selected household in the frame. The household selected after replacement will be treated as an originally selected household. The sampling serial number of this household will be encircled twice. However, if the number of households in any SSS is inadequate and *replacement* is not possible, one or more sample households may be selected for both the schedules in that SSS. In such cases both schedules will be canvassed in the same household.

**2.10 Shortfall and compensation for Schedules AYUSH and CAMS:** TWO SSS have been formed for CAMS and AYUSH. Allocation of sample households for each SSS has been discussed in Chapter One. However, there may be a situation where number of households in the frame of an SSS is less than the required allocation leading to a shortfall.

**The procedure of compensation is to be implemented by following the steps described below:**

**Step 1:** Allocate the required number of households to each SSS wherever possible and identify the SSS having shortfall.

**Step 2:** Find the SSS where additional households are available following the priority order given as follows and compensate.

SSS having shortfall		priority order of SSS for compensation
Schedule: CAMS		
Description	SSS no	
households with at least one member (including deceased former member) hospitalized (including institutional childbirth) during last 365 days	1	2
remaining households	2	1

SSS having shortfall		priority order of SSS for compensation
Schedule: AYUSH		
Description	SSS No.	
the household has incurred expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during the last 365 days <b>or</b> the household has at least one member with knowledge about AYUSH systems	1	2
Remaining households	2	1

Find the SSS where additional households are available as per the above priority order of SSS and compensate. The step may be repeated for **all** SSS having shortfall after step 1.

The resulting number of households (h) for each SSS will be entered at the top of relevant column(s) of Block 5A, 5B and also in column (5) against the relevant SSS number of Block 6 of Schedule 0.0.

### Example 1: Compensation of shortfall for Schedule CAMS

SSS	no. of households to be surveyed	H	Step 1	Step 2	h
1	5	3	3*(2)	C(SSS 2, SSS 2)	3
2	15	18	15	2	17
<i>total</i>	20	21	18	2	20
shortfall			2	0	×

\* indicates the SSS having shortfall (the number of shortfall);

C – indicates compensation made (SSS from which compensation is made)

### Example 2: Compensation of shortfall for Schedule AYUSH

SSS	no. of households to be surveyed	H	Step 1	Step 2	h
1	8	6	6*(2)	C(SSS 2, SSS 2)	6
2	4	8	4	2	6
<i>total</i>	12	14	10	2	12
shortfall			2	0	×

\* indicates the SSS having shortfall (the number of shortfall);

C – indicates compensation made (SSS from which compensation is made)

**Example 3: Compensation of shortfall for Schedule AYUSH**

SSS	no. of households to be surveyed	H	Step 1	Step 3	h
1	8	20	8	2	10
2	4	2	2*(2)	C (SSS 1, SSS 1)	2
<i>total</i>	<i>12</i>	<i>22</i>	<i>10</i>	<i>2</i>	<i>12</i>
shortfall			2	0	×

\* indicates the SSS having shortfall (the number of shortfall);

C – indicates compensation made (SSS from which compensation is made)

**2.11 Block 6: particulars of sampling of households**

2.11.0 Particulars of sampling of households will be recorded in this block for selected FSU for different schedules.

**All the requisite information pertaining to this block will be auto populated in CAPI for central sample.**

2.11.1 **Column (2): population:** Population as obtained by summing up the page totals of household sizes in column (4) of Block 5A over all the listed households may be recorded in this column against Schedule CAMS for both rural and urban samples.

2.11.2 **Columns (4) – (10): number of households:** Total number of households listed in the each SSS for schedule CAMS and AYUSH will be recorded in the corresponding cells of column (4). Number of selected households will be copied in column (5) for Schedules CAMS and AYUSH from the relevant columns of Blocks of 5A and 5B.

Columns (6), (7) and (9) of Block 6 may be filled up on the basis of survey codes given in Block 1 of both Schedules CAMS and AYUSH. The entries in columns (6), (7) & (9) will be the number of filled-in schedules with the survey codes 1, 2 & 3 for respective schedule and SSS. Total number households surveyed will be entered in column (8). It may be seen that -

(i) column (8) = column (6) + column (7) and (ii) column (9) = column (5) - column (8).

Entry against 'all (9)' will be sum of entries in SSS 1 – 2 for Schedule CAMS and AYUSH.

2.11.3 **Column (10): number of households replaced:** Total number of households replaced for Schedule AYUSH (being already selected for Schedule CAMS) will be reported against the rows for Schedule AYUSH. Entries will be the number of double circles in columns (13) and (14) of Block 5B. Entry against 'all (9)' will be sum of entries of all SSS of Schedule AYUSH.

2.12 **Block 7: remarks by investigators (JSO/FI):** The Junior Statistical Officer (JSO)/ Field Investigator (FI) may give remarks here on any abnormal situation or entry in the schedule.



**2.13 Block 8: comments by supervisory officer(s):** The supervising officer inspecting the work relating to this schedule may give comments here.

**2.14 Substitution of sample households:** If a sample household of a particular schedule cannot be surveyed due to some reason or the other, it will be substituted by the next non-selected household, i.e. the one which has not already been selected for any other schedule, having higher sampling serial number of the same SSS. The substitute for the one having last sampling serial number of an SSS will be the one having smallest sampling serial number within the same SSS. If the substituted household becomes a casualty, it will be substituted by another in the same manner. If this household also turns out to be a casualty, further substitute need not be taken. Substitution may be attempted more than twice in a few cases to prevent occurrence of void SSS. In such cases, the fact has to be recorded in the remarks block (Blocks 7 & 8).

It is to be noted that in the case of a substitution of a household, the word “SUBSTITUTED” should be written at the top of the front page of schedule.

**2.15 Substitution of sample FSU:**

(a) If a sample FSU cannot be surveyed due to say, it being not uniquely identifiable or traceable, not accessible or for any other reason, it will be substituted. All such cases will be referred to:

The Deputy Director General (TC), DQAD, NSO  
Mahalanobis Bhawan,  
164, Gopal Lal Tagore Road, Kolkata- 700108.  
e-mail address: tc.dpd@mospi.gov.in  
fax: 033-25771025

A copy of the letter may be given to:

The Deputy Director General (Co-ordination), SDRD, NSO  
Mahalanobis Bhawan,  
164, Gopal Lal Tagore Road, Kolkata- 700108.  
e-mail address: tc.sdrd-mospi@gov.in  
fax: 033-25776439

If the substituted FSU has same problem as the original, correspondences may be made immediately so that another substitute can be provided to prevent stratum/sub-stratum from being void. In case no substitute FSU could be surveyed even with best efforts [i.e. code 7 in item 18, Block 1], a blank Schedule 0.0 will be submitted with only Blocks 0, 1, 2, 7 and 8 filled in. The word ‘CASUALTY’ is to be written at the top of the front page of the schedule in such cases.

**All efforts must be made to ensure that at least one FSU is always surveyed from each stratum/ sub-stratum so as to prevent occurrences of void strata.**

(b) If a sample FSU is found to be depopulated at the time of survey, or its population has shifted elsewhere due to some natural calamity, or it is treated as a “zero-case”, it will not be substituted. It will be treated as a valid sample and blank Schedule 0.0 with only Blocks 0, 1, 2, 7 and 8 filled in will be submitted in such cases. The word ‘UNINHABITED’ or ‘ZERO CASE’, as appropriate will be written on the top of the front page of the schedule in such cases. However, in Arunachal Pradesh and possibly elsewhere also in the hill tracts of North Eastern States where, for example, jhum cultivation is prevalent, whole village may shift from place to place. In such cases the sample village will be surveyed in the place where it is currently located and not treated as uninhabited if found absent in its original location.

(c) If a village in which the sample FSU is situated is found to have been declared as urban (as a town by itself or as merged in another town) either by State Govt. notification or by census authorities after Census 2011 and if it is covered in the urban frame used for selection of FSUs, it will be treated as a zero case and the procedure given in the previous para will be followed in this case. However, if it is not included in the urban frame, it is to be surveyed as per the rural programme. If the boundaries of the original village are not identifiable, it may be substituted. If only a part of the village has been merged in the town, the remaining part will be surveyed as per rural programme even in this situation. *It is suggested* to write to SDRD before treating any sample as a zero case.

(d) *It is important* to note that a listing schedule has to be submitted for every sample FSU irrespective of whether it is surveyed/ substituted (including uninhabited and zero cases) or a casualty.

**2.17 Selection of more than one SU from same village/UFS block:** If more than one SU belonging to a particular village/UFS block is selected as sample, each of them will be treated as an independent sample.

2.17.1 If more than one SU is selected from same village/UFS block *in same sub-round*, formation of SUs may be done when listing schedule for the first of the sample FSUs of the village/UFS block is filled-in. That is, *Blocks 3, 4.1, 4.2 and 4.3 may be filled-in for the first instance and when any other SU is selected from the same village/UFS block, information may be copied from Blocks 3, 4.1, 4.2 and 4.3 of the previously filled-in listing schedule.*

2.17.2 If, however, the SUs are canvassed in different sub-rounds, they are to be surveyed just like a new sample with fresh SU formation, listing and sample selection.

[5A] list of households and record and selection of households for Schedule CAMS													
Serial no of row	house number	household serial number	name of head of the household	household size(hh)	Whether any member of the household hospitalized during last 365 days? (yes=1, no=2) *	Whether the household has incurred expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during the last 365 days <b>OR</b> the household has at least one member with knowledge about AYUSH systems? (yes=1, no=2)	SSS number for CAMS	CAMS				SSS formation for CAMS	
								sampling serial number		sample household number	entry in col (5)	SSS number (col (7) )	
								1 in col (7)	2 in col (7)				
								SSS		SSS			
								1	2	1	2		
H=20	H=13	h= 5+2	h=13										
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
1	10	1	Ram	4	1	1	1	√1				Col(5)=1	1
2	11/1	2	Rahim	3	2	2	2		√1		7		
3	11/1	3	Jodu	2	1	2	1	√2		3			
4		-	Temple										
5	12	4	Akbar	7	2	1	2		√2		6		
6	(1)	5	Ajay	4	1	2	1	√3					
7	13/1	6	Sumit	1	1	1	1	√4		6			
8	13/1	7	Sanjay	1	2	2	2		√3		13		
9	13/1	8	Raju	1	2	2	2		√4		10		
10		-	Hospital										
11	(2)	9	Sujata	3	1	2	1	√5				Col(5)=2	2
12	14	10	Sramana	2	2	2	2		√5		1		
13	15/A	11	Asit	6	1	2	1	√6					
14	15/B	12	Sanjay	3	1	2	1	√7					
15		-	School										
16	17/1	13	Roony	4	1	1	1	√8		4			
17	17/2	14	Ramnivas	3	1	1	1	√9					
18	18	15	Ziaul	3	2	1	2		√6		5		
19	19	16	Vishnu	4	1	1	1	√10					
20	20	17	Shakti	3	1	1	1	√11		5			
Page Total				54									
Cumulative page Total				54									

\* including deceased former member and institutional child birth

[5A] list of households and record and selection of households for Schedule CAMS													
Serial no of row	house number	household serial number	name of head of the household	household size(hh)	Whether any member of the household hospitalized during last 365 days? (yes=1, no=2) *	Whether the household has incurred expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during the last 365 days <b>OR</b> the household has at least one member with knowledge about AYUSH systems? (yes=1, no=2)	SSS number for CAMS	CAMS				SSS formation for CAMS	
								sampling serial number		sample household number	entry in col (5)	SSS number (col (7) )	
								1 in col (7)	2 in col (7)				
								SSS		SSS			
								1	2	1			2
								H= 20	H= 13	h= 5+2			h= 13
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	Col(5)=1	1
21	21	18	Avishek	4	2	2	2		√7		2		
21	22/A	19	Monoj	4	1	2	1	√12					
23	22/B	20	Sudipta	4	1	2	1	√13		7			
24		-	Church										
25		-	Factory										
26	25/1	21	Manju	2	2	1	2		√8		3		
27	25/2	22	Soniya	3	2	2	2		√9		4		
28	25/3	23	Surya	4	1	2	1	√14					
29	26	24	Akram	9	2	1	2		√10		12		
30	27	25	sohel	5	1	1	1	√15					
31	28	26	Gurpreet	6	1	2	1	√16		1			
32		-	Temple									Col(5)=2	2
33		-	Shop										
34	29	27	Sudeep	7	1	2	1	√17					
35	30	28	Sadhu	2	1	1	1	√18					
36	31	29	Navin	3	2	2	2		√11		9		
37	32/A	30	Rajiv	3	2	1	2		√12		11		
38	32/B	31	Uttam	3	1	2	1	√19		2			
39	33	32	Kousik	3	2	1	2		√13		8		
40	34	33	Alok	2	1	1	1	√20					
Page Total				63									
Cumulative page Total				117									

\* including deceased former member and institutional child birth

[5B] selection of households for Schedule AYUSH									
Transfer entries from cols. Of block 5A			SSS number for AYUSH	AYUSH				SSS formation for AYUSH	
Col. 0	Col. 2	Col.6		sampling serial number		sample household number		entry in col (6)	SSS number (col 12) )
Serial no of row	household serial number	Incurred expenditure for AYUSH treatment/services as in-patient or out-patient during the last 365 days OR at least one member with knowledge about AYUSH systems? (yes=1, no=2)		1 in col (12)	2 in col (12)				
				SSS		SSS			
				1	2	1	2		
			H=15	H=18	h=8	h=4			
(0)	(2)	(6)	(12)	(13)	(14)	(15)	(16)		
1	1	1	1	√1				Col(6)=1	1
2	2	2	2		√1				
3	3	2	2		√2		4		
5	4	1	1	√2					
6	5	2	2		√3				
7	6	1	1	√3		1			
8	7	2	2		√4				
9	8	2	2		√5				
11	9	2	2		√6				
12	10	2	2		√7				
13	11	2	2		√8				
14	12	2	2		√9				
16	13	1	1	√4		8		Col(6)=2	2
17	14	1	1	√5					
18	15	1	1	√6					
19	16	1	1	√7		5			
20	17	1	1	√8					
21	18	2	2		√10				
21	19	2	2		√11	6			
23	20	2	2		√12				
26	21	1	1	√9		3			
27	22	2	2		√13		1		

[5B] selection of households for Schedule AYUSH									
Transfer entries from cols. Of block 5A			SSS number for AYUSH	AYUSH				SSS formation for AYUSH	
Col. 0	Col. 2	Col. 6		sampling serial number		sample household number		entry in col (6)	SSS number (col 12) )
Serial no of row	household serial number	Incurred expenditure for AYUSH treatment/services as in-patient or out-patient during the last 365 days OR at least one member with knowledge about AYUSH systems? (yes=1, no=2)		1 in col (12)	2 in col (12)				
				SSS		SSS			
				1	2	1	2		
			H=15	H=18	h=8	h=4			
(0)	(2)	(6)	(12)	(13)	(14)	(15)	(16)		
28	23	2	2		√14			Col(6)=1	1
29	24	1	1	√10					
30	25	1	1	√11		7			
31	26	2	2		√15		2		
34	27	2	2		√16				
35	28	1	1	√12					
36	29	2	2		√17				
37	30	1	1	√13		2			
38	31	2	2		√18		3		
39	32	1	1	√14					
40	33	1	1	√15		4			
								Col(6)=2	2

**FREQUENTLY ASKED QUESTIONS AND THEIR REPLIES****Schedule 0.0: List of Households**

<b>sl. no.</b>	<b>block</b>	<b>item</b>	<b>col.</b>	<b>query</b>	<b>reply</b>
(1)	(2)	(3)	(4)	(5)	(6)
1.	Concepts, Definitions			How to treat a census village for this survey, if the village is urbanized after census 2011?	If the urbanised village is not yet included in the urban frame, it should be surveyed as a rural FSU.
2.	Concepts, Definitions			A whole village is to be listed and census 2011 listing order is unavailable. In this situation, if it is difficult to find out the starting house for listing, can the listing be started from northwest corner of the village?	Yes, first we have to try our best to follow census 2011 listing order. If the census order is not available, listing may be done in serpentine manner starting from north-west corner and moving southwards.
3.	Concepts, Definitions			When a sample FSU needs to be substituted?	If a sample FSU cannot be surveyed because of not being uniquely identifiable or traceable or not accessible or for any other reason, it will be substituted.
4.	Concepts, Definitions			What are the criteria of paying guest?	A person will be considered as a paying guest only when he/she stays with the household, takes breakfast and major meals from the household. He/she should also pay a lump sum amount for the expenses.
5.	Concepts, Definitions			If some students living in a hostel and pool their income for expenditure on food and other consumable items, will they constitute a single household?	No, the students will be treated as single member households.
6.	Concepts, Definitions			What is the basic objective of the term 'use' in AYUSH?	It is to identify whether the household has availed of the AYUSH system with 'knowledge or awareness' about its beneficial effects.

sl. no.	block	item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
7.	Concepts, Definitions			In Sikkim and some other parts of North East India, Tibetan Medicines is used abundantly. Whether the use of Tibetan medicine has to be included in the survey or not?	Tibetan medicines formally known by the name of Sowa-Rig-Pa has recently been included in the Indian System of medicines. Therefore, the use of Tibetan system is to be considered as a part of AYUSH system.
8.	Concepts, Definitions			Will use under advice of friends/ relatives/ acquaintances who are not doctors/practitioners be considered as 'use'?	Yes.
9.	Concepts, Definitions			Are bio-chemic formulations part of homeopathic medicines?	Yes
10.	Concepts, Definitions			Will natural treatments advised by saints/baba be a part of AYUSH?	If some medicine/ jadi-booti is given or yogic practices asked to be followed with knowledge and awareness of its benefits, then it will be considered as a part of AYUSH
11.	Concepts, Definitions			In rural areas sometimes Jadu-Mantar is practiced and the person doing Jadu-Mantar gives medicines (Jadi-Boti) along with Jadu-Mantar. Whether such Jadu-Mantar could be included by the field team as the use of AYUSH?	Jadu-Mantar is not a part of AYUSH. Jadi Booti are part of AYUSH
12.	Concepts, Definitions			Whether <i>fish</i> medicine famous in Hyderabad for treatment of Asthama (DAMA) is a part of AYUSH?	Yes, if medicine is given with fish, then it is a part of Indian System of Medicine
13.	Concepts, Definitions			Whether practice of yoga by watching TV has to be treated as yoga practice?	Yes, if the source is authentic and practiced with the knowledge of benefits of the same.
14.	Concepts, Definitions			Is self-medication to be treated as AYUSH use?	Yes, if done with 'knowledge or awareness' about its beneficial effects.



sl. no.	block	item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
15.	Concepts, Definitions			Whether routine practices like morning walk, Haldi in Dal, use of spices in food, saunf as mouth freshener, use of herbal beauty products will be considered as use?	No, these are excluded. But, if used with specific intention of prevention or cure of ailments and knowledge about effects, then may be considered.
16.	Concepts, Definitions			Will the use of herbal products be considered as 'use' of AYUSH?	Only such use of herbal products which are taken knowingly (i.e., with awareness) for medical purpose (preventive as well curative) will be considered as "use" of AYUSH.
17.	Concepts, Definitions			If in changing season, household is using some AYUSH medicines for prevention purpose only, whether it is to be recorded as use?	Yes.
18.	Concepts, Definitions			If a person is hospitalized abroad, will he be considered as hospitalized for making entry in column (5) of Block 5A?	No. In schedule 0.0, hospitalization is considered only when a person is admitted as an inpatient in a hospital in Indian territory.
19.	Concepts, Definitions			Whether cases, such as a person normally going to hospital for dental care (like root canal etc.), should be considered as hospitalization?	No. If the person is admitted as inpatient in the hospital, only then this will be treated as a case of hospitalization.
20.	5A		4	Will the deceased member of a family be counted in the household size?	No.
21.	5A		5	Whether childbirth cases will be treated as cases of hospitalization?	Yes. Childbirth will be regarded as hospitalization case of the mother but not for the baby.
22.	5A	-	5	If a baby, before leaving the hospital, contracts an illness for which it has to stay in the hospital, will it be treated as a case of hospitalization?	Yes, for this case, it will be treated as hospitalization case of the baby.
23.	5A	-	5	A household member was hospitalised before 365 days and discharged within 365 days of listing. Will it be treated as hospitalisation?	Yes, it will be treated as hospitalisation and code 1 will be recorded in Col. 5.

sl. no.	block	item	col.	query	reply
(1)	(2)	(3)	(4)	(5)	(6)
24.	5A	-	5	If a person is admitted in a hospital to donate kidney, whether it will be treated as case of hospitalization?	No.
25.	5A	-	5	A person is admitted in the hospital for family planning purpose. Will he be treated as hospitalized?	Since family planning operation is not considered as a treatment of any ailment, the person will not be treated as hospitalized.
26.	5A	-	5	A person was admitted in the hospital during last 365 days but is not a member of the household on the date of listing due to some reason. Whether such hospitalization will be considered?	Only the member (including deceased former member) of the household as on the date of survey will be considered while determining the case of hospitalization.

## Schedule CAMS 2022-23: Comprehensive Annual Modular Survey 2022-23

### 1. INTRODUCTION

1.1 The Comprehensive Annual Modular Survey (CAMS) schedule, 2022-23 is designed to collect information required to generate some important socio-economic indicators, demand for which has been increased significantly during past few years. The importance for having globally comparable indices measuring and monitoring the performance of the country in various socio-economic dimensions has also been emphasized in different forum. A number of requests on a variety of subjects have been received by Ministry of Statistics and Programme Implementation (MoSPI) from different Ministries for generation of data/production of indicators on socio-economic and socio-demographic variables related to households on continuing basis. This information is required for the purpose of monitoring the performances of Sustainable Development Goals (SDG) indicators as well as for compilation of a number of other indicators related to Global Indices (e.g., Global Innovation Index (GII), Global Competitiveness Index (GCI), Travel & Tourism Competitiveness Index (TTCI), E-Governance Index (E GI), ICT Development Index (ICT DI), Network Readiness Index (NRI), Globalization Index (GI) etc).

1.2 Based on the request of Ministry of Education, Ministry of Health and Family Welfare, some information will also be collected for estimating some important indicators viz. *'Mean years of Schooling'*, *'Outbound Mobility of Indian Students'*, *'Estimated Number of Students Graduate in Science and Technology'*, *'Estimated Number of Students Enrolled in Tertiary Education'* etc. and *'Out-of-pocket Medical Expenditure on Hospitalization during last 365 days'*, *'Out-of-pocket Medical Expenditure on Non-hospitalization during last 30 days'* etc. respectively.

Based on the data collected through CAMS 2022-23, estimates of some SDG indicators (both global and national) will also be developed. Some of these indicators are:

- (i) National Indicator No. 4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months.
- (ii) Global Indicator No. 17.8.1: Proportion of individuals using the Internet during last 3 months/last 365 days
- (iii) Global Indicator No. 6.1.1: Proportion of population using safely managed drinking water services
- (iv) National Indicator No. 8.6.1: Proportion of youth (15-24 years) not in education, employment and training (NEET).
- (v) National Indicator No. 9.1.1: Proportion of the rural population who live within 2 km of an all-weather road.
- (vi) National Indicator No. 5.a.6: Percentage of adult having an account at a formal financial institution.

- (vii) National Indicator No. 5.a.7: Percentage of women having an account at a formal financial institution.
- (viii) National Indicator No. 5.a.2: Number of borrowers per 1,00,000 adults.
- (ix) Global Indicator No. 5.b.1: Proportion of individuals who own a mobile telephone, by sex.
- (x) Global Indicator No. 6.2.1: Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water.
- (xi) Global Indicator No. 7.1.1: Proportion of population with access to electricity.
- (xii) Global Indicator No. 8.10.2: Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider.
- (xiii) Global Indicator No. 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill
- (xiv) National Indicator No. 11.2.1: Proportion of population that has convenient access within (0.5/1 km) to (low/high) capacity public transport stop
- (xv) National Indicator No. 11.7.1: Proportion of households reporting an open space within 500 meters from premises (urban)
- (xvi) Global Indicator No. 9.c.1: Proportion of population covered by a mobile network, by technology

## 2. Summary Description of the Schedule

2.1 For conducting CAMS, a schedule CAMS 2022-23 has been developed which consists of fourteen blocks. A brief description of these blocks is given below.

Block Number	Description
1	Identification of sample household
2	Particulars of field operations
3.1	Demographic and other particulars of household members
3.2	Usage of mobile, computer etc. by the household members of age 3 years or more
3.3	ICT particulars of household members of age 15 years or more who can use smart phone/ desktop computer/laptop/tablet/palmtop/notebook etc.
4.1	General household characteristics
4.2	Household assets and amenities
4.3	Information on particulars of health

<b>Block Number</b>	<b>Description</b>
5.1 - 5.3	Information on education for household members with age $\geq 3$
5.4	Person level information on formal education of erstwhile household member (age $\geq 18$ years) studying outside India, if any
6	Household consumer expenditure
7	General Remarks by Survey Enumerator (SE)/ Junior Statistical Officer (JSO)
8	General Comments by Survey Supervisor (SS)/ Senior Statistical Officer (SSO)

## 2.2 Sequencing of Blocks:

To reduce respondent fatigue for providing information during the canvassing, a particular sequencing of the Blocks is to be followed while canvassing the CAMS schedule. The plan of the sequencing of Blocks is given below;

<b>FSU serial number</b>	<b>Household serial number</b>	<b>Sequence of blocks for canvassing</b>
Odd	Odd	1, 3.1, 3.2, 3.3, [4.1 - 4.3], [5.1 - 5.4], 6, 7, 8, 2
	Even	1, 3.1, 3.2, 3.3, [5.1 - 5.4], [4.1 - 4.3], 6, 7, 8, 2
Even	Odd	1, 3.1, 3.2, 3.3, [5.1 - 5.4], [4.1 - 4.3], 6, 7, 8, 2
	Even	1, 3.1, 3.2, 3.3, [4.1 - 4.3], [5.1 - 5.4], 6, 7, 8, 2

In CAPI, the blocks will be sequenced automatically whereas in PAPI, the enumerator has to follow the sequence while canvassing.

## 3.1 Block 1: Identification of sample household

3.1.1 This Block contains identification particulars of the sample household. Information relating to items 1 to 8 and 11 will be available from the sample list. Information on items 12, 12.1 and 13 will be available from the Schedule used for listing households (Schedule 0.0). Items 9 (round number) and 10 (Schedule name) are given. In Computer assisted Personal Interview (CAPI), except items 14 and 15, all the items will be auto-populated. In Pen and Paper assisted Personal Interview (PAPI), items 14 and 15 are to be filled by the field officials.

**Item 14: Survey code:**

3.1.2 Select the survey code from among the following codes:

household, surveyed:  
                                   original .....1  
                                   substitute.....2  
 household, casualty .....3

3.1.3 If the originally selected sample household has been surveyed, code 1 will be selected. However, if the originally selected household could not be surveyed for whatever might be the reason, a substituted household will be surveyed and, in such cases, code 2 will be selected. If neither the originally selected household nor the substituted household could be surveyed, i.e., if the sample household is a casualty, code '3' will be selected. In such cases, only the Blocks 1, 2, 6 and 7 will be filled in.

**If 2 or 3 is reported in Item 14, Item 15 is to be filled in**

**Item 15: Reason for substitution of original household**

3.1.4 This item is applicable if entry in item 14 is either code 2 or 3 is selected. In case the originally selected sample household could not be surveyed, the reason for not surveying the original household will be selected, irrespective of whether or not a substituted household could be surveyed.

The codes for this item are as follows:

informant busy .....	1
members away from home .....	2
informant non-cooperative .....	3
others .....	9

**3.2 Block 2: Particulars of field operations**

3.2.1 In this Block, particulars of field operations will be recorded along with some particulars of the informant of the selected household. This block should be canvassed at the end of the canvassing the schedule.

**Item 1(a) and Item 1(b): Details of Field Official**

3.2.2 Details of field officials for example name, code, signature etc will be recorded in Items 1 (a) and (b) in PAPI. In column 3, such details of Survey Enumerator (SE)/ Junior Statistical Officer (JSO) will be recorded and in column 4, such particulars of Survey Supervisor (SS)/ Senior Statistical Officer (SSO) will be recorded. In CAPI, code will be used for login and the name is to be recorded in Block 2.

**Item 2: Dates of survey operation**

3.2.3 In item 2(i), column 3, date of survey is to be reported by the Survey Enumerator (SE)/ Junior Statistical Officer (JSO) in PAPI. In item 2(i), column 4, date of inspection, receipt, scrutiny, despatch are to be reported by the Survey Supervisor (SS)/ Senior Statistical Officer (SSO) in PAPI. In CAPI the date of survey will appear. However it can be modified, if required.

**Item 3: Total time taken to canvass the Schedule by the team of enumerators**

3.2.4 Entry in item 3 will be made in whole number and in minutes. The time required to canvass the Schedule should be the actual time taken by the enumerator(s) to canvass the Schedule and will not include the time needed by the enumerator(s) to finalise the Schedule.

**Item 4: Number of enumerators (SE/JSO) in the team who canvassed the Schedule**

3.2.5 Number of enumerators (SE/JSO) in the team who canvassed the Schedule will be recorded in Item 4.

**Item 5: Whether any remark has been entered by SE/JSO/SS/SSO**

3.2.6 In this item, information will be recorded on whether remarks are recorded in Block 6/7 i.e., comments boxes provided in the paper schedule or elsewhere in the paper schedule by selecting the appropriate codes in column 3/4 of Item 5.

**Item 6: Name of the informant**

3.2.7 Informant is the person from whom the bulk of the information on the Schedule is collected. It is always desirable to collect information from one of the household members. In extreme cases, where this cannot be done, information may be collected from a non-household member who is supposed to know the requisite information.

3.2.7.1 In **Computer assisted Personal Interview (CAPI) mode**, serial number and name of the household member as listed in Col.1 and 2 of Block 3.1 will appear along with an option 'not a household member' against 'srl. no. of the household member ('99') for selecting the informant. The enumerator should select the 'informant' from that list as given below.

Srl no. of the household member	Name	Select the informant
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
99	not a household member	<input type="radio"/>

3.2.7.2 In **Pen and Paper assisted Personal Interview (PAPI) mode**: Serial number of the household member as listed in Col.1 of Block 3.1 is to be copied. In some rare cases, if it is not possible to collect information from the household member(s), information may be collected from the person(s) who is not a member of the household and in such a case, entry '99' is to be recorded against this item.

**Item 7: Mobile number of informant/any other household member who can be contacted**

3.2.8 The 10-digit mobile number of the informant or any other household member who can be contacted is to be recorded in this item. If the informant or any other household member does not possess a mobile or if the informant/

any other household member refuses to provide mobile number, entry '999' is to be recorded.

**Item 8: Landline number of household, if any (Start with STD code):**

3.2.9 The 11-digit landline number starting with the STD code as applicable, of the household, if exists in the household is to be recorded in this item. If the household does not possess a landline or if the informant refuses to provide landline, entry '999' is to be recorded.

**Item 9: E-mail id of the informant/any other household member:**

3.2.10 The valid email id of the informant or any other household member is to be recorded in this item. If no e-mail id exists or if the informant/any other household member refuses to provide email id, then entry '999' is to be recorded.

**Item 10: Whether interested to participate in web survey conducted by NSO in future?**

3.2.11 In this item, the informant will be asked whether he/she is willing to participate in web survey conducted by NSO in future and the response will be recorded in terms of yes -1 and no -2.

**Item 11: Response code**

3.2.12 This item 11 is meant to categorize the informant according to the degree of his/her co-operation as well as his/her capability to provide the required information in the Schedule. Information on the type of informant will be collected in terms of the following codes:

informant co-operative and capable .....	1
informant co-operative but not capable...	2
informant busy.....	3
informant reluctant.....	4
others.....	9



### 3.3 BLOCK 3.1: Demographic and other particulars of household members

#### Objectives and Scope

- To record basic demographics on gender, age, relationship to head of household, marital status, enrolment status in education, weekly activity status, possession of financial account, status of indebtedness, status of birth registration for each of the eligible member(s) of the household listed in Col. 1 of Block 3.1.

#### Implementation Notes

- All the household members of the selected household will be listed and their related information will be recorded.
- Block 3.1 will be filled in for each household.
- Information in Columns 1 to 6 is to be collected for all household members
- Information in Columns 7 is to be collected for all household members of age 3 years and above (i.e., for entry in Col. 5  $\geq$  3)
- Information in Columns 8 to 11 is to be collected for all household members of age 15 years and above (i.e., for entry in Col. 5  $\geq$  15)
- Information in Columns 12 and 13 is to be collected for all household members of age less than 5 years (i.e., for entry in Col. 5  $<$  5)

#### Col. 1: Serial number of the household member

3.3.1 The serial number of the member will be recorded in Col. 1 starting with 1 and proceeding continuously in PAPI. In CAPI, the serial number will be auto-populated.

#### Col. 2: Name of the household member

3.3.2 The name of the household member will be recorded in Col. 2 starting with the name of the head of the household followed by spouse of the head and their children and so on. If the household has any non-relative, their name will be listed at the end.

#### Points to remember:

- For a household having unmarried elder brother and married younger brother, if the head of the household is their father or mother, the married younger brother is to be recorded first followed by unmarried elder brother, otherwise if the unmarried elder brother is the head of the household, he will be recorded first.
- For a household having unmarried elder sister and married younger brother(s), the married younger brother(s) and their family are to be reported first followed by unmarried elder sister, if the head of the household is their father or mother. If the unmarried elder sister is the head of household, she will be recorded first.

**Col. 3: Relation to head**

3.3.3 This is for recording the relationship of the household member with the head of the household. For the head of the household, code 1 will be automatically generated in CAPI. The list of codes for relation to the head of the household is as follows:

self (i.e., head of the household) .....	1
spouse of head.....	2
married child.....	3
spouse of married child.....	4
unmarried child.....	5
grandchild.....	6
father/mother/father-in-law/mother-in-law.....	7
brother/sister/brother-in-law/sister-in-law/other relatives...	8
servant/employee/other non-relatives .....	9

**Col. 4: Gender**

3.3.4 The gender code of each member is to be recorded with code 1 for male and code 2 for female. Hijras, Eunuchs or transgender are to be treated as transgender and in such cases code 3 will be recorded.

**Col. 5: Age [completed number of years of age]**

3.3.5 Age, in completed years, of the household member will be ascertained and will be recorded in whole number of years. For infants below one year of age, '0' will be entered.

**Col. 6: Marital status**

3.3.6 The marital status of each member will be recorded in this column. The codes are:

never married - 1,	currently married (including living together) - 2,
widowed - 3,	divorced/separated - 4.

Couples living together will be treated as currently married.

**Points to remember:**

- For a couple whose divorce is pending, marital status will be currently married for both of them.

**Col.7: Whether ever been enrolled (enlisted) in formal education /training**

3.3.7 This item is applicable for person with age  $\geq 3$  years and status of enrolment in formal education/training is to be recorded using the following codes:

- yes: currently enrolled -1,
- yes: ever enrolled but currently not enrolled - 2,
- no: never enrolled-3

*Applicable for persons of age 3 years and more [i.e., entry in (col. 5)  $\geq 3$ ]*

3.3.7.1 For this Survey, **Enrolment would cover** education acquired through formal pre-school, school, college, university, institutions, ITIs, vocational/ technical training institutes, special schools for children with special needs, etc. Formal education covers general, technical, professional, vocational courses offered by schools, colleges, universities, open schools, open and distance education universities, CA/ CFA/ ICWA/ CS or similar professional bodies or other institutions. Enrolment includes enrolment in kindergarten (upper and lower), nursery, pre-primary school, Early Childhood Care and Education (ECCE) of Aanganwadi etc.

### 3.3.7.2 Enrolment would not cover

- i. Education acquired through play schools, Government run literacy programmes e.g., Non-Formal Education Centres/Total Literacy Campaign/Adult Education Centres and similar programmes run by NGOs,
- ii. Gaining knowledge from master craftsmen, motor repairing shops, parents/ relatives who work in agriculture, tailoring, pottery, cobbler, carpenter, etc; work-based training given at offices.

*Columns 8-11: Applicable for persons of age 15 years and more [i.e., entry in (col. 5)  $\geq 15$ ]*

### Col.8: Whether involved/engaged in any economic activity for at least one hour during last 7 days?

Codes to be used:

yes-1,                      no-2

3.3.8 **Economic activity:** The entire spectrum of human activity falls into two categories: economic activity and non-economic activity. Any activity that results in production of goods and services that adds value to national product is considered as an economic activity. The economic activities have two parts - market activities and non-market activities. Market activities are those that involve remuneration to those who perform it, i.e., activity performed for pay or profit. Such activities include production of all goods and services for market including those of government services, etc. Non-market activities are those involving the production of primary commodities for own consumption and own account production of fixed assets.

The full spectrum of economic activities as defined in the UN System of National Accounts (SNA 2008) is not covered in the definition adopted for capturing information on the usual activity particulars of the household members. Production of any good for own consumption is considered as

economic activity by UN System of National Accounts but production of only primary goods for own consumption is considered as economic activity in NSS surveys. While the former includes activities like own account processing of primary products among other things, in the NSS surveys, processing of primary products for own consumption is not considered as economic activity. However, it may be noted that ‘production of agricultural goods for own consumption’ covering all activities up to and including stages of threshing and storing of produce for own consumption, comes under the coverage of the economic activities in NSS surveys.

The term ‘economic activity’ in the context of collection of information on usual principal activity status particulars of the household members will include:

(i) all the market activities described above, i.e., the activities performed for pay or profit which result in production of goods and services for exchange,

(ii) the non-market activities,

(a) all the activities relating to the primary sector (i.e., industry Divisions 01 to 09 of NIC-2008) which result in production (including free collection of uncultivated crops, forestry, firewood, hunting, fishing, mining, quarrying, etc.) of primary goods, including threshing and storing of grains for own consumption.

and

(b) the activities relating to the own-account production of fixed assets. Own account production of fixed assets includes construction of own houses, roads, wells, etc., and of machinery, tools, etc., for household enterprise and also construction of any private or community facilities free of charge. A person may be engaged in own account construction in the capacity of either a labourer or a supervisor.

The activities like prostitution, begging, etc., which may result in earning, will not be considered as economic activities for the survey.

### 3.3.8.1 Points to remember:

- Renting of machinery and equipment, building for residential or non-residential purposes is considered as economic activity, if those are performed as a business activity, for which substantial amount of time is spent.

**Information collected in Col.8 is one of the information required to generate SDG Indicator:**

**Proportion of youth (aged 15–24 years) not in education, employment or training (G 8.6.1/ N 8.6.2)**

**Col.9: Whether having an account either individually or jointly in any bank/other financial institution/ mobile-money-service provider**

Codes to be used:

- yes-1,                      no-2

**3.3.9.1 Mobile money service** generally refers to payment services operated under financial regulation and performed from or via mobile device. Instead of paying with cash, cheque or credit card, a consumer can use a mobile to pay for a wide range of services. Some examples are Paytm, Google pay, Phonepe, Freecharge etc.

**3.3.9.2 Points to remember:**

- A person holding an account at a bank means that the person is having an account at a nationalised bank, foreign commercial bank operating in India, regional rural bank, cooperative banks etc in the past 12 months.
- A person holding an account at a another type of financial institution means that the person is having an account at another type of financial institution, such as a credit union, microfinance institution, cooperative, or the post office (if applicable), or having a debit card in own name in the past 12 months.
- The household member who reports to be receiving wages, government transfers, or payments for agricultural products into an account at a financial institution in the past 12 months; paying utility bills or school fees from an account at a financial institution in the past 12 months; or receiving wages or government transfers into a card in the past 12 months will also be included under this category.
- A person holding a mobile money account means that the person was using GSM Association (GSMA) Mobile Money for the Unbanked (MMU) services in the past 12 months to pay bills or to send or receive money.
- It includes respondents who report to be receiving wages, government transfers, or payments for agricultural products through a mobile phone in the past 12 months.
- Possessing of bank account is to be considered in this question irrespective of the bank account being dormant or in operation.
- Loan account is not to be treated as bank account. Only savings and current accounts are to be considered.

**Col. 10: Type of account held**

*Applicable for persons who report to have account individually or jointly in any bank/other financial institution/ mobile-money-service provider [i.e., with entry 1 in Col.9]*

3.3.10 This information will be collected for sample household members who reports to have an account individually or jointly in any bank/other financial institution/ mobile-money-service provider (i.e., for code 1 in Col.9). The information on type of account held will be recorded in terms of the following codes:

bank and/ or other financial institution -1 ,  
mobile-money-service provider-2,      combination of 1 and 2 -3

3.3.10.1 For the sample household member who reports to have an account individually or jointly in any bank or in other financial institution (viz. credit union, microfinance institution, cooperative, or the post office) or in both, code 1 is to be reported. If the sample household member reports to be personally using only GSM Association (GSMA) Mobile Money for the Unbanked (MMU) services, code 2 is to be reported. If the household member reports to have account in a bank and /or other financial institution and account in a mobile money service provider, code 3 is to be reported.

**Information collected in Col.9 and 10 is required to generate following SDG indicators:**

- (i) Percentage of adult having an account at a formal financial institution (N 5.a.6)**
- (ii) Percentage of women having an account at a formal financial institution (N 5.a.7)**
- (iii) Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider (G 8.10.2)**

**Col.11: Whether indebted to any institutional/non institutional agency?**

Codes to be used:

- yes-1
- no-2

3.3.11.1 In this survey, sample household member will be considered as indebted if he/she had taken **a cash loan amount of Rs. 500/- and that amount is remained outstanding as on the date of survey.**

3.3.11.2 Descriptions of the different institutional and non-institutional agencies for borrowing loan are as follows:

### **Institutional Agencies**

**a) government:** When money (including subsidy received either in cash or kind) is received from the central or state governments it will be considered here.

**b) bank (Commercial Banks including regional rural bank, cooperative society/bank):** Amount of money (including subsidy received either in cash or kind) taken from commercial banks, including nationalised banks, regional rural banks, State Bank of India and its associates like State Bank of

Rajasthan, State Bank of Mysore, etc., and foreign commercial banks operating in India will be considered here. Similarly, money may be obtained from agencies such as cooperative society/banks, like district or central cooperative banks or other types of cooperative societies, etc. Such amount will also be considered here.

c) **insurance:** All loans taken from Life Insurance Corporation, Postal Life Insurance and other insurance funds will be considered to be loans taken from ‘insurance’.

d) **provident fund:** Refundable advance/loans taken from a Provident Fund account, such as a Contributory Provident Fund, a General Provident Fund, a Public Provident Fund or any other provident fund in the public/private sector offices and companies, by the employees of the respective concerns, or account holders in case of a Public Provident Fund, will be considered here.

e) **financial corporations/institutions:** Institutions such as Housing Development Finance Corporation Limited (HDFC), Housing and Urban Development Corporation Limited (HUDCO), etc., will be considered here.

f) **other institutional agencies:** Amount raised by the households from financial institutions other than those listed above will be treated as loans from ‘Other Institutional Agencies’.

### **Non-institutional Agencies**

g) **self-help group:** A self-help group (SHG) is a financial intermediary usually composed of between 10-12 local persons. Members make small regular savings contributions over a few month until there is enough capital in the group to begin lending. Funds are lent back to the members or at times to others. In India, many SHGs are linked to banks for the hand delivery of microcredit.

h) **money lender:** In this survey, persons who lend money on interest will be considered as money lenders.

i) **friends and relatives:** Friends and relatives in this particular context are those who are not the household members of the selected household and gifted money/material or lent money free of interest to sample household members. A friend or relative who charges interest for any loan advanced will be regarded as money lender and the amount is to be considered.

j) **other non-institutional agencies:** Any non-institutional credit agency not covered above is to be considered under this category.

If the household member reports to be indebted to any institutional/non institutional agency as on the date of survey, code 1 is to be reported otherwise code 2 is to be reported.

### **3.3.11.3 Points to remember:**

- If a non-household member has taken loan from a bank in the name of a household member and that household member is repaying the loan, the household member is to be treated as indebted to any institutional/non institutional agency.
- Kind loans are outside the coverage of this survey.

- If the institutional or non-institutional loan providing agency has recovered the loan from any mortgaged item, the household member will not be considered as indebted as he/she is not indebted as on the date of survey.
- If a joint loan has been taken by more than one household member, all such persons will be considered as indebted.
- If head of a household buys some items from grocery shop and makes payment to the shopkeeper on a monthly basis, such cases shall not be treated as indebtedness.
- Persons who are availing/have availed Student Credit Card Scheme will be considered to be indebted till repayment has been made.
- Persons clearing off credit card dues within due date of payment will not be treated as indebted even if the payment is due for the current month as on the date of survey. Otherwise he/she will be considered as indebted provided the credit amount is greater than or equal to Rs 500.
- A person repaying loan through EMI will also be treated as indebted provided the loan amount is greater than or equal to Rs 500.

**Information collected in Col. 11 is required to generate SDG indicator:**

**Number of borrowers per 1,00,000 adults (male & female - wise) (N 5.a.2)**

***Columns 12-13: Applicable for persons of age less than 5 years [i.e., entry in (col. 5) < 5]***

### **Col.12: Whether received birth certificate ever?**

Codes to be used:

received -1,                      did not receive -2,                      don't know-3

3.3.12 Birth certificate issued by Municipalities, Panchayat, Government Health institution or other local authority appointed by State Government for registration of birth and issue of certificate is to be considered here.

#### **3.3.12.1 Points to remember:**

- Transfer certificate issued by a school cannot be considered as birth certificate for this survey.

**Instruction: If entry in Col.12 equal to 2 or 3, go to Col.13 otherwise go to Block 3.2**



**Col.13 Whether registered with civil authority for issue of birth certificate?**

Codes to be used:

yes-1,                      no -2,                      don't know-3

*Applicable for persons of age less than 5 years [i.e., entry in (col. 5) < 5] who reported in Col.12 that he/she either didn't receive birth certificate or has no idea about the receipt of birth certificate [i.e., with code 2 or 3 in Col.12]*

3.3.13 In this survey, **civil authority** includes municipality, panchayat, Government health institution or other local authority appointed by the State Government for registration of birth and issue of birth certificate.

**Information collected in Col.12 and 13 is required to generate SDG Indicator**

**(i) Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (G 16.9.1)**

### **3.4 BLOCK 3.2: Usage of mobile, computer etc., particulars of the household members of age 3 years or more**

#### **Objectives and Scope**

- To record usage of mobile telephone or smartphone, type of mobile technology used, usage of desktop/computer/laptop/tablet/palmtop/notebook for each of the household members of age 3 years and above. Moreover, for members reporting usage of any of mobile telephone or computer alike devices; usage of internet via these devices, status of usage, ability to send or receive emails, status of usage of mobile or computer alike devices for performing banking transactions are also to be recorded in this Block.

#### **Implementation Notes**

- All the household members of the sample household of age 3 years and above as listed in Block 3.1 will be selected and their related information will be recorded.

*Columns 1-10: Applicable for persons of age 3 years and more [i.e., entry in (col. 5) ≥ 3]*

**3.4.1 Col.1: Serial number of the household member (as in Col.1 of Block 3.1):** To be copied or auto-populated from Col.1 of block 3.1

**3.4.2 Col.2: Age of the household member (as in Col.5 of Block 3.1):** To be copied or auto-populated from Col.5 of block 3.1

**3.4.3 Col.3: Whether able to use mobile telephone?**

Code to be used:

yes: smart phone-1,                      yes: mobile telephone excluding smart phone -2,                      no -3

**3.4.3.1 Smart phone** is a mobile phone that performs many of the functions of a computer, typically having a touch screen interface, internet access, and an operating system capable of running downloaded apps.

**3.4.3.2** If the household member reports to be able to use smartphone, code 1 is to be reported. If the household member reports to be able to use only mobile telephone (i.e a simple button phone having no other functionality except for making calls and text messages) but not a smartphone (having a wide range of functionality with advanced software, similar to a computer operating system), code 2 is to be recorded. In cases where household member reports that he/she is not able to use any of mobile telephone or smart phone, code 3 is to be reported.

**Col.4: Whether uses any mobile telephone (including smart phone) with an active sim card for the last three months for making personal calls and/or to access the internet?**

Codes to be used:

yes: exclusive use -1,                      yes: shared with household member(s)-2  
yes: shared with non-household member(s) -3,                      no-4

*Applicable for persons who reports to be able to use either smart phone or button phone [i.e., with code 1 or 2 in col. 3]*

**3.4.4 Points to remember:**

- The usage of mobile phone is to be given importance rather than its possession or ownership.
- Mobile cellular phone(s) supplied by employers that can be used by the household member(s) for personal reasons (i.e. to make personal calls and or to access the Internet etc.) are to be considered.
- Household member(s) who have only active SIM card(s) without a mobile phone device are not to be considered. However, if he/she intends to acquire a device in near future, in such cases any of the codes 1 to 3 is to be reported depending on the situation.
- If there has been any disruption in usage of mobile telephone either due to issue(s) in network or in the device, during the span of last 3 months but the person intends to overcome the issue(s) in near future for using it further, in such cases any of the codes 1 to 3 is to be reported depending on the situation.

- If a person has used the mobile telephone for less than the duration of last 3 months as on the date of survey but intends to continue the use further in future, in such cases any of codes 1 to 3 is to be reported depending on situation.
- If during the last three months, in some span of time, the person has shared the mobile telephone with household/non-household member(s) and in the other span, he/she has exclusively used it, major time criteria is to be followed while recording the appropriate code among 1 to 3.
- If any household member has one mobile phone for his/her exclusive use and another is being shared with any other household member or a non-household member, he/she shall be considered to have used the mobile phone exclusively (i.e., code 1 is to be reported against such person).

**Information collected in Col.3 and 4 is required to generate the SDG Indicator:**

### Proportion of individuals who own a mobile telephone, by sex (G 5.b.1)

**Col.5: What is the type of mobile technology mainly used?**

Codes to be used:

5G and above-1,	4G-2,	3G-3
2G-4,	others-5,	don't know-9

Mobile technology refers to mobile-cellular signal.

*Applicable for persons who report to use either exclusively or on sharing basis any mobile telephone (including smart phone) for the last three months [i.e., with code 1,2 or 3 in col. 4 ]*

### 3.4.5 Points to remember:

- In case of more than one applicable code, the code appearing first in the code list is to be reported i.e., the highest technology mainly used by the person is to be recorded.

**Information collected in Col.5 is required to generate the SDG Indicator:**

### Proportion of population covered by a mobile network, by technology (G 9.c.1)

**Col.6: Whether able to use any of: desktop computer/laptop/tablet/palmtop/notebook etc.?**

Codes to be used:

yes -1,                      no -2

**3.4.6.1 A Palmtop PC** is an approximately pocket calculator-sized, battery-powered computer compatible with the IBM Personal Computer in a horizontal clamshell design with integrated keyboard and display. It can be used like a sub-notebook, but is light enough to be comfortably used handheld as well.

**3.4.6.2 Notebook computer** is a small, portable personal computer (PC) with a screen and alphanumeric keyboard. Notebook typically have a 'clamshell' form factor, typically having the screen mounted on the inside of the upper lid of the clamshell and the keyboard on the inside of the lower lid, although 2-in-1 PCs with a detachable keyboard are often marketed as laptops or as having a "laptop mode."

**3.4.6.3** If the person reports to be able to use any one of the devices like desktop computer, laptop, tablet, palmtop or notebook, code 1 is to be reported otherwise code 2 is to be reported.

**3.4.6.4 Points to remember:**

- The ability of use of desktop computer/laptop/tablet/palmtop/notebook is to be given importance rather than its possession or ownership or its regular/ occasional usage.

**Questions in Col.3 and Col.6 are enquired, so that only the target population can be enquired further questions in Col. 7, 8, 9, 10 of Block 3.2 and Col.3 to 13 of Block 3.3**

*Columns 7-10: Applicable for persons who reports to be able to use any of mobile telephone, smart phone, desktop computer, laptop, tablet, palmtop or notebook [i.e., with code 1 or 2 in col.3 or code 1 in col.6]*

**Col. 7: Whether able to use internet with/via smart phone/ desktop computer/laptop/ palmtop/tablet/notebook etc. for any purpose?**

Codes to be used:

yes: for entertainment purpose (including communication) only-1,

yes: for information purpose only -2

yes: both for entertainment (including communication) and information purpose -3

no - 4

**3.4.7.1 Definition of Internet to be used in the Survey:** The *Internet* is a worldwide public computer network. It provides access to a number of communication services, including the World Wide Web, and carries e-mail, news, entertainment and data files, irrespective of the device used (not assumed to be only a computer; it may also be a mobile telephone, tablet, PDA, games machine, digital TV, and so on).

3.4.7.1.1 If the person reports no usage of internet via any of the devices mentioned above, code 4 is to be recorded. If the person reports to use internet for entertainment purpose (i.e., for viewing movies, videos, audios etc. including communication via any social media viz. whatsapp, messenger etc.), code 1 is to be recorded. If the person reports to use internet for information purpose only (i.e., for gaining knowledge, studying/job related purpose, making digital payment, ticket booking etc.), code 2 is to be recorded. However, if the person reports to use internet for both entertainment (including communication) and information purposes, code 3 is to be recorded.

#### 3.4.7.1.2 Points to remember:

- The use of internet with/via smart phone/ desktop computer /laptop/palmtop/tablet/notebook etc. for any purposes is to be given importance rather than its possession or ownership.

**Columns 8-10:** *Applicable for persons who reports to be able to use any of mobile telephone, smart phone, desktop computer, laptop, tablet, palmtop or notebook [i.e., with code 1 or 2 in col.3 or code 1 in col.6] and those who uses internet either for entertainment purpose (including communication) or for obtaining information or for both [i.e., with code 1,2 or 3 in col.7]*

#### Col. 8: Whether used internet at least once during last 3 months

Codes to be used:

yes-1,              no-2

3.4.8.1 If the person report to have used internet at least once during the last 3 months, code 1 is to be reported. If the person reports not to have used internet even on a single occasion during last 3 months, code 2 is to be reported.

**Columns 8.1:** *Applicable for persons who reports not to have used internet even on a single occasion during last three months [i.e., with code 2 in col.8]*

#### Col. 8.1: Whether used internet at least once during last 12 months

Codes to be used:

yes-1,              no-2

3.4.8.2 If the person report to have used internet at least once during the last 12 months, code 1 is to be reported. If the person report not to have used internet even on a single occasion during last 12 months, code 2 is to be reported.

**Information in Cols. 7, 8 and 8.1 are required to generate following SDG indicator and sub-indicators of Global indicators i.e.,**

- (i) Percentage of individuals using internet during last 3 months/last 365 days (G 17.8.1)**
- (ii) Percentage of individuals using internet for global indices viz.**

**Global Innovation Index (GII), Global Competitiveness Index (GCI), Travel & Tourism Competitiveness Index (TTCI), E-Governance Index (E GI), ICT Development Index (ICT DI), Network Readiness Index (NRI), Globalization Index (GI)**

- (iii) Difference between female and male population in using the Internet for global index Network Readiness Index (NRI)**

#### **Col. 9: Whether able to send or receive emails?**

Codes to be used:

yes -1,                      no -2

3.4.9.1 For the household members of age 3 years and above reporting code 1 or 2 in col.3 or code 1 in col.6 (i.e., those who reports to be able to use mobile telephone or smart phone or any of desktop computer, laptop, tablet, palmtop or notebook), and code 1, 2, 3 in Col.7 (i.e., those who able to use internet for one purpose or the other), the ability to send or receive emails will be recorded in this column. It is to be noted that ability is not to be tested. The investigator has to depend upon the judgement of the respondent only. No concept of regular usage is required to be satisfied.

#### **Col.10: Whether able to use any of: mobile phone/smart phone/desktop computer/laptop/tablet/palmtop/notebook etc., for performing banking transaction like digital payment?**

Codes to be used:

yes -1,                      no -2

3.4.10.1 For the household members of age 3 years and above reporting code 1 or 2 in col.3 or code 1 in col.6 (i.e., those who reports to be able to use mobile telephone or smart phone or any of desktop computer, laptop, tablet, palmtop or notebook) and code 1, 2, 3 in Col.7 (i.e., those who are able to use internet for

one purpose or the other), the ability to use any of mobile phone, smart phone, desktop computer, laptop, tablet, palmtop, notebook for performing banking transaction like digital payment is to be enquired. Investigator has to depend upon the judgement of the respondent and response had to be recorded accordingly. No concept of regular usage is required to be satisfied.

**Information collected in col. 7, 9 and 10 are required to generate estimate of Digital Literacy.**

**3.4.10.1 Definition of Digital Literacy:** A person shall be considered digitally literate if she/he can operate digital devices like mobile phone, tablet, computer to do all the following:

- (i) send or receive emails,
- (ii) search internet for information and
- (iii) perform some banking transactions like making digital payment.

**3.5 BLOCK 3.3: ICT particulars of household members of age 15 years or above who can use smart phone/ desktop computer/laptop/tablet/palmtop/notebook etc.**

### Objectives and Scope

To record possession of 11 different types of Information and Communication Technologies (ICT) skills of the household members of age 15 years and above, who can use any one of smart phone, desktop, computer, laptop, tablet, palmtop, notebook etc. Each of the household members of age 15 years and above will be asked whether they have executed any of the 11 ICT operations during the last 3 months.

### Implementation Notes

- All the household members of the selected household of age 15 years and above as listed in Block 3.2 and with entry 1 in col. 3 or entry 1 in col.6 of Block 3.2 will be selected and their related information will be recorded.
- Columns 3 to 13 of Block 3.3 will be filled in for each household member of age 15 years and above and with entry 1 in col. 3 or entry 1 in col.6 of Block 3.2.

### Col 3 to 13:

**Reference period:** Each of the eligible household members will be asked whether they have done the following ICT skills during last three months.

Col. no.	Questions with examples, wherever required	Codes to be used
3	Use copy and paste tools to duplicate or move data, information, documents etc.	(yes - 1, no - 2)
4	Send messages (e.g. e-mail, messaging service, SMS) with attached files (e.g. document, pictures and video) <i>For example, uploading of video clip, audio clip or picture in social media platform.</i>	
5	Use basic arithmetic formulae in a spread-sheet <i>Spreadsheet includes excel, calc, GSheets, etc.</i>	
6	Connect and install new devices (e.g. modem, camera, printer) through wired or wireless technologies	

Col. no.	Questions with examples, wherever required	Codes to be used
7	Search, download, install and configure software and applications	(yes - 1, no - 2)
8	Create electronic presentations with presentation software (including text, images, sound, video or charts) <i>For example, power point presentations</i>	
9	Transfer files or applications between devices (like PC, tablet, pen drive, portable disk etc.)	
10	Set up effective security measures to protect devices and online accounts (e.g. strong passwords, log-in attempt notification, etc.)  <i>Note: Includes skill of using firewall, installing antivirus software, anti-spyware package, keeping Operating System, apps and browser up-to-date, taking backups, to protect computer like devices.</i>  <i>Also includes skill of using complex passwords/pin/pattern lock, securing network, using two-factor authentication, encryption, control access to protect online accounts.</i>	
11	Change privacy settings on device, account or app to limit the sharing of personal data and information (e.g. name, contact information, photos, etc.)  <i>Note: Includes skill of turning off activity history, location tracking, camera, microphone access of device, access to account information, contacts, limiting lock screen, secure log in settings to smartphone/ apps/ PC etc.</i>	
12	Verify the reliability of online information  <i>Note: Includes skills like viewing authentic websites, checking the date of published content, authenticity of address bar of the website, authenticity of information circulated through various social media platforms etc.</i>	
13	Write programme or code to develop/modify software, mobile app etc.  <i>Note: Includes skill of writing programme in any programming language.</i>	



It is to be noted that ability of performing the above-mentioned ICT operations is not to be tested. The investigator has to depend upon the judgement of the respondent only. The person is to be considered if he/she has performed a particular ICT operation at least once during last three months irrespective of the fact whether he/she was successful in doing the operation every time they attempted for in the past.

**Information collected in col.3 to 13 are required to generate estimate of the following SDG indicator and sub-indicators of Global indices:**

**(i) Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill (G 4.4.1/ N 4.4.1)**

**(ii) Proportion of youth and adults with ICT skills (%) to develop Network Readiness Index (NRI)**

### 3.5.1 Points to remember:

- If a person possesses a particular skill, however due to non-requirement or circumstances, he/she has not executed the skill during last 3 months, code 2 is to be recorded in the respective column(s).
- If the person has uploaded video clip, audio clip or picture in social media platform during last three months, code 1 is to be reported in this column 4 against that person.
- If a household member has sent SMS with picture attached during last three months. However he/she has not sent emails with attached document during last three months, code 1 is to be reported in Column 4.
- If a household member has connected and installed modem with PC during last three months, but unable to install printer, code 1 is to be reported in Column 6.
- If a household member has connected and installed printer with laptop only through wired technology during last three months, code 1 is to be reported in Column 6.
- If a household member has created electronic presentations with only images or charts during last three months, code 1 is to be reported in Column 8.
- If a household member has transferred files only between PC and pen drive during last three months, code 1 is to be reported in Column 9.
- If a household member has protected only online accounts by setting strong passwords during last three months, code 1 is to be reported in Column 10.
- Skill for making login settings to smartphone/ apps/ PC etc., if executed during last three months is to be considered affirmative for reporting against column 11.
- If a household member has set only login password in laptop, during last three months, code 1 is to be reported against column 11.
- If the household member has verified the reliability of content found online during last three months by checking the authenticity of address bar of the website, it is to be considered for reporting affirmative in Column 12.
- If a household member has written a programme in some school/college/university during last three months, code 1 is to be reported in Column 13.

### 3.6 BLOCK 4.1: General household characteristics

#### Objectives and Scope

To record household level characteristics viz. household size, household religion, household social group, drinking water facilities, sanitation facilities, energy used by household for cooking, lighting, heating and other facilities like distance to open public space, all weather road, public transport facilities etc., from each of the sample household.

#### Implementation Notes

- All the information is to be canvassed for all the selected households

#### Q1 Household size:

3.6.1 The size of the sample household i.e., the total number of persons normally residing together and taking food from the same kitchen (including temporary stay-aways and excluding temporary visitors) will be recorded against this item in PAPI. This number will be the same as the last serial number recorded in column 1 of Block 3.1. However, in CAPI, the household size will be auto-populated.

#### Q2 Religion:

3.6.2 The religion of the household will be recorded against this item in terms of the following codes:

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

If religion of the household is not covered by any of the codes 1 to 7, then code 9 will be recorded to cover all other categories. In case different members of the household claim to belong to different religions, the religion of the head of the household will be considered as the 'religion' of the household.

#### Q3 Social group:

3.6.3 The social group of the household will be recorded against this item in terms of the following codes:

scheduled tribe (ST) -1, scheduled caste(SC) -2  
other backward class (OBC)-3, others-9

3.6.3.1 If social group of the household is not covered by any of the codes 1 to 3, then code 9 will be recorded here to cover all other categories. In case different members belong to different social groups, the social group in which the head of the household belongs will be considered as the 'social group' of the household.

**Points to remember:**

- In cases where household residing in a state possesses SC certificate issued by another state, social group of the household will be recorded as scheduled caste (SC).
- In cases where household belongs to OBC category as per Central list (for OBC) or issued by another state, social group of the household will be recorded as other backward class (OBC).
- The social group of the household with household members belonging to Nomadic Tribe, will be recorded as scheduled tribe (ST).

**Q4 Language mainly spoken at home:**

3.6.4 Information at household level will be collected in terms of the following codes;

Assamese-01, Bengali-02, Gujrati-03, Hindi-04  
 Kannada-05, Kashmiri-06, Konkani-07, Malayalam-08  
 Manipuri-09, Marathi-10, Nepali-11, Odia-12  
 Punjabi-13, Sanskrit-14, Sindhi-15, Tamil-16  
 Telugu-17, Urdu-18, English-19, Bodo-20  
 Dogri-22, Khasi-23, Garo-24, Mizo-25  
 Bhutia-26, Lepcha-27, Limboo-28, French-29  
 Santhali-39, Maithali-51, Other Languages-99

**3.6.4.1 Points to remember:**

- Language mainly spoken by majority of household members is to be considered.
- In case equal number of household members is speaking in two or more different languages, the language spoken by the head of household is to be reported.

**A. Drinking water facilities**

**Q5 Source of drinking water from which most of the drinking water is obtained by the household during last 365 days (i.e. principal source of drinking water)**

Codes to be used:

bottled water - 01 ,	pipd water into dwelling - 02,
pipd water to yard/plot- 03,	pipd water from neighbour - 04
public tap/standpipe -05,	tube well - 06
hand pump - 07,	well: protected - 08
well: unprotected -09,	tanker-truck: public - 10
tanker-truck: private -11,	spring: protected - 12

spring: unprotected -13,	rainwater collection -14
surface water: tank/pond - 15,	other surface water (river, dam, stream, canal, lake, etc.) - 16
others (cart with small tank or drum, etc) - 19	

3.6.5.1 For all the selected households, the information on the source of drinking water from which most of the drinking water is obtained by the household during last 365 days is to be recorded in terms of the above-mentioned codes.

3.6.5.2 Descriptions of the different sources of drinking water are given below:

i) **Bottled drinking water:** Drinking water packaged in bottles, jars, pouches and similar containers will be classified as bottled drinking water. Generally, this packaged drinking water meets certain safety standards and are considered safe for drinking. Tap water, well water, etc., kept by households in bottles, for convenience, will not be treated as bottled drinking water.

ii) **Piped water into dwelling and piped water to yard/plot:** If an arrangement is made by corporation, municipality, panchayat or other local authorities or any private or public housing estate or agency to supply water through pipe and if the sample household is availing such facility for drinking, then such sources of drinking water is considered as piped water. Piped water into dwelling is defined as a piped water connection to one or more taps to the dwelling unit (e.g., in the kitchen). Piped water to yard/plot is defined as a piped water connection to a tap placed outside the dwelling unit of the household but in the yard or plot within the household premises.

iii) **Piped water from neighbour:** If an arrangement is made by the sample household to avail drinking water from the piped water of the neighbour household supplied by corporation/municipality/panchayat or other local authorities or any private or public housing estate or agency, then the source of drinking water for the sample household will be considered as 'piped water from neighbour'. If the sample household collects drinking water from more than one neighbour using the same arrangement as explained above, then also the source will be piped water from neighbour.

iv) **Public tap/standpipe:** Public tap or standpipe is a water point for community use in which water is supplied through pipe by corporation/municipality/panchayat or other local authorities or any private agency. Public tap/standpipe can have one or more taps and are typically made of brickwork, masonry or concrete.

v) **Tube well and Hand pump:** Tube well and hand pump are bore well used for extracting ground water for drinking purpose. For constructing a bore well, a deep vertical hole is bored or drilled and a long casing or pipe is sunk deep into the underground with the purpose of reaching ground water supplies and ground water is lifted through a pump, which may be powered by human, animal, wind, electric, diesel or solar means. The casing or pipes prevent the small diameter hole from caving in and protect the water source from infiltration by run-off water. Bore wells are usually protected by a platform around it, which leads spilled water away from the tube well. If the pump of the bore well is operated by animal, wind, electric, diesel or solar means etc., it is known as tube well and if the

pump is operated manually by hand using human power and mechanical advantage to lift ground water, it is known as hand pump.

vi) **Protected well/unprotected well:** A well is considered as protected if it has generally the following protective measures to lower the risk of contamination:

- a. A headwall around the well with a properly fitting cover
- b. A concrete drainage platform around the well with a drainage channel
- c. A hand pump or bucket with windlass

If instead of hand pump or bucket with windlass, electric pump is used to pump water from such wells, where the conditions (a) and (b) exist, it will be considered as protected well. A well which is not protected by the above measures, e.g., the well is not protected from runoff water or the well is not protected from bird droppings and animals, it will be classified as unprotected well.

vii) **Tanker-truck:public/private:** In ‘tanker-truck’, drinking water is trucked to a locality and supplied from tanker to the households of the locality. If the ‘tanker-truck’ is operated by any government agencies (central/state/local bodies etc.) and the sample household reports that it is their principal source of drinking water then the source of drinking water of the household will be recorded as ‘public tanker-truck’. In case the ‘tanker-truck’ is operated by private agencies (NGOs, trusts etc.) and the sample household reports that it is their principal source of drinking water, then the source of drinking water of the household will be recorded as ‘private tanker-truck’. It is to be noted that in both the cases, sample household may have to pay the price for the water. Therefore, price should not be made as a criterion to determine whether the source is public or private. Instead deep probing needs to be made to ascertain the type of agency who supplies the water from the ‘tanker-truck’.

viii) **Protected spring/unprotected spring:** A spring is considered as protected, if it is protected from runoff, bird droppings and animals by a ‘spring box’, which is constructed of brick, masonry or concrete and is built around the spring so that water flows directly out of the box into a pipe or cistern, without being exposed to outside pollution. A spring which is not protected is called unprotected spring.

ix) **Rainwater collection:** Rainwater refers to rain that is collected or harvested from surfaces (by roof or ground catchment) and stored in a container, tank or cistern until used. Traditionally, rainwater collection has been practised in arid and semi-arid areas to get drinking water of the household and water for other uses. When such water is used for drinking purpose, the source of drinking water will be rainwater collection.

x) **Surface water:** Surface water is water located above ground and includes rivers, dams, lakes, ponds, streams, canals and irrigation channels. For surface water, two distinct codes have been provided, one for ‘tank/pond’ and another for ‘other surface water (river, dam, stream, canal, lake, etc.)’.

xi) **others** (cart with small tank or drum, etc.): In ‘cart with small tank or drum’, water is supplied in small tank or drum to a locality by donkey carts, motorized vehicles and other means.

### 3.6.5.3 Points to remember

- Drinking water carried through pipe mostly from sources like ‘tanker-truck’, ‘well’, ‘tank’, ‘spring’, ‘river’, ‘dam’, ‘stream’, ‘canal’, ‘lake’ etc., by the sample household only for convenience of the household, will not be treated as ‘piped water’ (i.e., ‘piped water into dwelling’ or ‘piped water to yard/plot’). Instead, such a source will get the code appropriate to the actual source from which water is carried through pipe.
- When a household makes arrangement for getting most of the drinking water by hiring the service of person, the source of water will be the one from which water is collected by that hired person.
- Source of drinking water of same type located at two different places will not be treated as two different sources of drinking water.
- If the household has made arrangement to bring most of the drinking water from a spring to his house through pipe, the source will be spring. Whereas, if some private or public agency has made arrangement to bring most of the drinking water from the spring to the house through pipe, the source will be piped water.
- If a household collects most of the drinking water from RO treated kiosk managed by Government or NGO or any private agency, the source of drinking water is to be considered as bottled water.
- If a household member brings most of the drinking water in a bottle from the 20-litre packaged water bottle supplied at his place of work, the source of drinking water is to be considered as bottled water.
- If a household member collects majority of drinking water daily through tap (supplied from bore well) in the office premises where he works, the source of drinking water is to be considered as piped water from neighbour.
- If the household gets equal amount of water from two sources during the last 365 days, the code appearing first in the code-list is to be recorded as the principal source of drinking water.
- If most of the drinking water is collected through tubewell fitted to a well, the source of drinking water will be protected or un-protected well, as the case may be.

### **Q6 Is availability of drinking water from the principal source sufficient throughout the year (i.e., during each calendar month of the last 12 months)?**

Codes to be used:

yes -1, no -2

3.6.6 For all the selected households, availability of drinking water from the principal source reported in Q5 will be considered as sufficient throughout the year if availability of drinking water was sufficient in each calendar month of the last 12 months. If in any calendar month, the availability of drinking water was not sufficient for majority of the days of the month, availability of drinking water will not be considered as sufficient in that month. For collecting this information, the investigator has to mainly depend on the judgement of the informant.

**Points to remember:**

- If during a particular season, the household deliberately does not collect drinking water from the principal source though sufficiently available, due to deterioration of drinking water quality, it is to be considered that the household has sufficient drinking water.
- In situations where supply of drinking water from the principal source is periodic in nature and the household stores it for use during the period of non-supply, the state of sufficiency of drinking water is to be reported based on the judgement of the informant.

**Q7 Type of access to the principal source of the drinking water**

Codes to be used:

exclusive use of household -1, common use of households in the building - 2

neighbour's source -3, community use - 4 others - 9

3.6.7 For all the selected households, type of access of the household to the principal source from which most of the drinking water is obtained is defined in terms of the prevailing situation reported by the sample household in respect of the principal source of drinking water that is being used and not the legal right to use the principal source of drinking water.

To determine the appropriate code, following points may be noted:

- If the source from which most of the drinking water is obtained, is for the exclusive use of household, code 1 will be recorded.
- If the source from which most of the drinking water is obtained is shared by the sample household with one or more households in the building, code 2 will be recorded.
- If the source of water is that of another household and the sample household uses it as the source from which most of the drinking water is obtained, code 3 will be recorded.
- If the principal source is for community use, code 4 will be recorded.
- If access of the household to the source from which most of the drinking water is obtained is not covered by any of the codes 1 to 4, code 9 will be recorded. For example, when households residing in two separate buildings, use the same principal source of drinking water, code 9 will be recorded.

**Points to remember:**

- If a group of households residing in the same building is accessing drinking water from a common well, located outside their premises through a motored pipe connection, the access to the principal source of drinking water will be common use of the households in the building in case no other household is accessing drinking water from that common well. In case other household(s) is/are accessing drinking water from that common well, the access to the principal source of drinking water for that group of households will be community use.

- If two households have only one water connection registered with the authority but have separated the same connection, for both of the households, type of access will be exclusive use.

### **Q8 Distance to the principal source of drinking water**

Codes to be used:

within dwelling -1,              outside dwelling but within the premises -2

outside premises:-3,

3.6.8.1 For all the selected households, the distance to the principal source (from which most of the drinking water is obtained) from the dwelling unit will be ascertained and relevant information is to be recorded in terms of the above codes.

3.6.8.2 If the principal source of drinking water is within the dwelling unit, code 1 will be recorded. When the principal source of drinking water is outside the dwelling but within the household premises, code 2 will be recorded. In the other case i.e., when the principal source is outside the premises, code 3 will be recorded.

3.6.8.3 In this survey, **Household premises** is defined as the dwelling unit of the household together with the courtyard, compound, garden, out-house, place of worship, garage, family graveyard, guest house, shop and offices for running household enterprises, tanks, wells, latrines, drains and boundary walls annexed to the dwelling unit which are under the possession of the household (possessed exclusively or possessed with some other households).

#### **Points to remember:**

- In situations where, drinking water is being carried through pipe from sources like 'tanker-truck', 'well', 'tank', 'spring', 'river', 'dam', 'stream', 'canal', 'lake' etc., by the sample household for convenience of the household, code 3 is to be recorded. If such arrangement is made by any public or private agency code 1 or 2 is to be reported depending on whether supplied within dwelling or within premises.
- For the principal source of drinking water as bottled water, distance will be within dwelling (code 1) or within premises (code 2) if supplied at the doorstep. On the other hand, if the household purchases the bottled water from the shop on his own, code 3 (outside premises) is to be recorded.

### **Q 9 Method used by the household for treatment of drinking water received from principal source:**

Codes to be used:

not required to treat the drinking water as household received or perceived to receive safe drinking water - 1



treated: electric purifier -2, non-electric purifier - 3

boiling -4, chemically treated with alum - 5

chemically treated with bleach/chlorine tablets -6, filtered with cloth - 7

others -9, not treated -8

3.6.9.1 The purpose of treatment of drinking water is to remove contaminants present in the water or reduce the concentration of such contaminants to improve the quality of drinking water. The method of treatment of drinking water used by the household will be the one which is generally used for most of the drinking water of the household.

3.6.9.2 Drinking water received by the household from the principal source may be treated at home by various methods before use. Treatment of drinking water can be done through boiling, filtering, by using chemicals, by using electric/non-electric purifier, etc. Here it is to be enquired whether household treat drinking water throughout the last 365 days and based on major time criterion and method of treatment used by the household, appropriate code is to be reported.

**3.6.9.3 Points to remember:**

- Method of treatment of water done at the source of drinking water (for e.g., using alum directly into the well) is not to be considered.
- Method of treatment of water done only during a particular season (for e.g., in monsoon season which is the breeding season of numerous fungi, algae etc), is not to be considered.
- When a household boils drinking water for the use of the child only and other members use drinking water without any treatment, it will not be considered that the household is treating drinking water.
- If a household purchased bottled water and used it without further treatment, code 1 is to be recorded.
- If a household reports that the drinking water is not required to treat as the household perceives that the drinking water is safe to drink, code 1 is to be reported. For example a household taking drinking water from protected well does not treat it because the household perceives that the drinking water from protected well is safe, code 1 is to be reported.
- Electric water purifiers are like reverse osmosis (RO) water purifiers, ultraviolet (UV) water purifiers which works using electricity whereas non-electric water purifiers are like activated carbon water purifier, sediment water purifier, ultra filtration (UF) water purifier work without using electricity.
- If a household reports two different methods of treating drinking water, the method through which most or maximum of the drinking water is treated is to be reported. If more than one code is applicable, the code appearing first in the code list will be recorded.

**Information in Q5 to Q9 are required to generate following SDG indicators and sub-indicators for Global indices**

- (i) Proportion of population using safely managed drinking water services (G 6.1.1)**
- (ii) Percentage of population getting safe and adequate drinking water within premises through piped water supply (N 1.4.1) and**
- (iii) Exposure to unsafe drinking water - sub-indicator of Global Competitiveness Index (GCI)**

**Improved source of drinking water includes bottled water, piped water into dwelling, piped water to yard/plot, piped water from neighbor, public tap/standpipe, tubewell, handpump, well (protected), tanker-truck: public, private, spring (protected), rainwater collection. By safely managed drinking water services, it is meant improved source of drinking water located on premises, available when needed and free from microbiological and chemical contamination. As checking of microbiological and chemical contamination of the drinking water used by the household is not feasible in this survey, to assess whether household is using safe drinking water, information on method of treatment will be enquired in this survey from the selected household. If a household reports that it treats drinking water, it will be considered that the household uses safe drinking water which is free from microbiological and chemical contamination.**

## **B. Sanitation facilities**

### **Q10 Type of access of the household to latrine**

Codes to be used:

exclusive use of household -1, common use of households in the building - 2

public/community use of latrine -3, others - 9

no access to latrine -4

3.6.10.1 For the purpose of the survey, a 'latrine' is defined as an infrastructure which allows safer and more hygienic disposal of human excreta. In this survey, 'access of the household to latrine' is defined in terms of the latrine facility that can be used by the majority of the household members, irrespective of whether it is being actually used by them or not.

3.6.10.2 For recording information in this question, it will first be ascertained whether the household has access to any latrine or not. If the household has access to latrine (i.e., there is latrine facility that can be used by majority of the household members), then it is to be ascertained whether household's access to latrine is for 'exclusive use of the household' or for 'common use of households in the

building’ or for ‘public/community use’ or ‘others’. The relevant information will be recorded in this question in terms of the given codes:

### 3.6.10.3 Points to remember:

- If the household can use a latrine facility which is for use of the households in the locality or for a specific block of the people, it will be considered that the household has access to public/community latrine.
- If a household is using a shared latrine exclusively due to absence of the other household in the same building for a long period, household’s access to latrine is to be recorded as ‘common use of households in the building’.
- The access to latrine is to be considered exclusive, even if the septic tank is same for the households having separate latrines.
- When the households of two separate buildings use the same latrine, then code 9 will be recorded if the latrine is not of public or community use.
- The access to the latrine for majority of the household members is to be considered. If more than one code is applicable for a household, the code appearing first in the code list will be reported.

**If any of codes 1 to 3 or 9 in Q10, Q11 is to be canvassed  
For code 4 in Q10, Q12 is to be canvassed**

### Q11 Type of latrine in which the household has access

Codes to be used:

flush/pour-flush to: piped sewer system - 01, flush/pour-flush to: septic tank - 02

flush/pour-flush to: twin leach pit - 03, flush/pour-flush to: single leach pit - 04

flush/pour-flush to: elsewhere (open drain, open pit, open field, etc.) - 05

ventilated improved pit latrine - 06, pit latrine with slab - 07

pit latrine without slab/open pit - 08, composting latrine - 10

open drain/nallah -11, others - 19

***Applicable for the households which have access to latrine i.e., entry any of 1, 2, 3, 9 in Q10.***

3.6.11.1 If majority of the sample household members has access to latrine, it will be considered that the sample household has access to latrine. If sample household has access to latrine, any of the codes 01 to 08, 10, 11 and 19 will be recorded in this question depending on the type of latrine reported by the sample household.

**Note on different types of latrines used in the survey:**

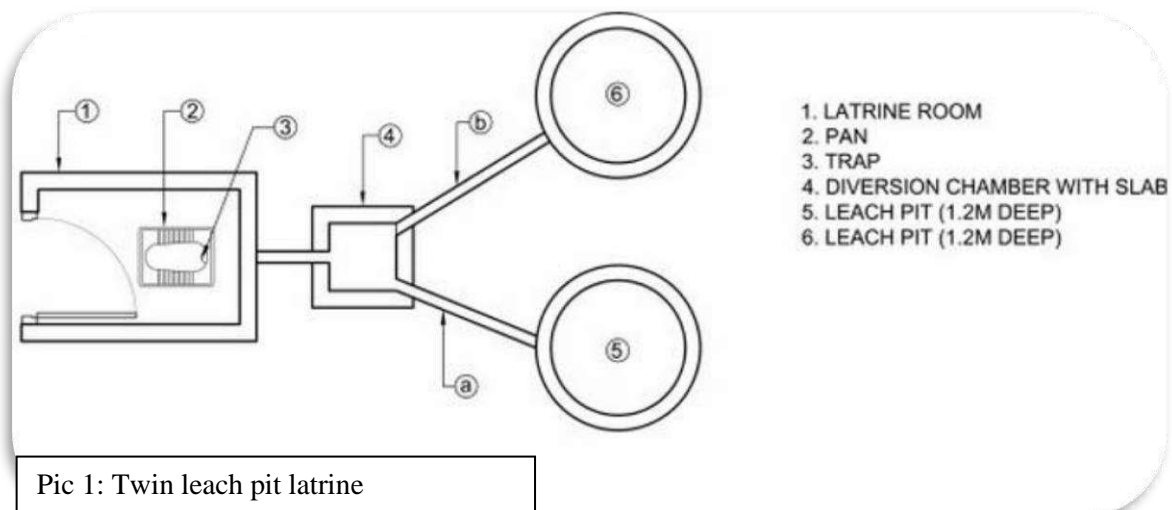
3.6.11.2 There are two basic types of latrines, wet and dry, differentiated depending on use of water to divert human excreta. In a wet latrine water is used to divert human excreta while dry latrines use very limited water or no water for flushing the human excreta. Besides these two basic types of latrines, there are latrines like, incinerating latrines which burn the human excreta; chemical latrines which are used in a variety of situations like in passenger trains and airplanes; hanging latrines, which deposit waste directly into open waterways; bucket latrine, in which human excreta are collected in a bucket placed underneath a latrine hole.

3.6.11.3 In the code structure of ‘type of latrine in which the household has access’, the different types of wet latrines are: (i) flush/pour-flush to piped sewer system, (ii) flush/pour-flush to septic tank, (iii) flush/pour-flush to twin leach pit, (iv) flush/pour-flush to single leach pit and (v) flush/pour-flush to elsewhere. The different types of dry latrines are: (i) ventilated improved pit latrine, (ii) pit latrine with slab, (iii) pit latrine without slab/open pit and (iv) composting toilet. The different types of latrines included under the category ‘other’ are: incinerating latrines, chemical latrines, hanging latrines, bucket latrine, etc.

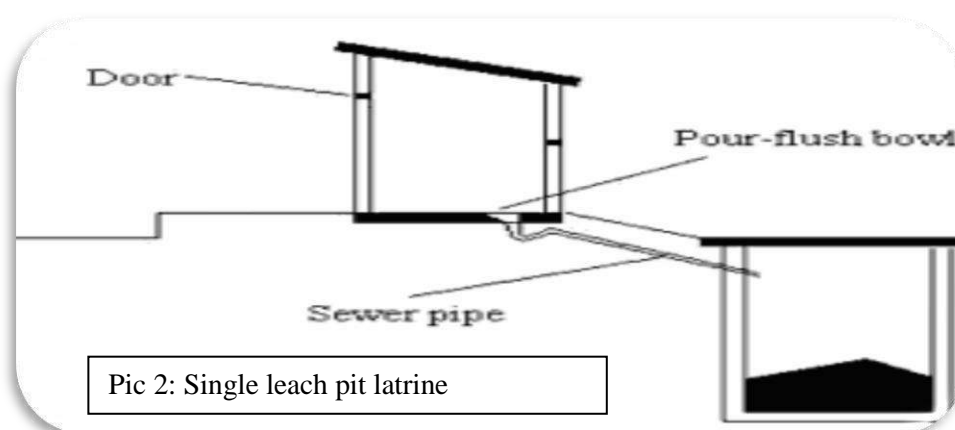
3.6.11.4 Descriptions of the different types of latrines are given below:

- **Flush/pour-flush:** Flush latrine uses a cistern or holding tank for flushing water and a water seal (which is a U-shaped pipe below the seat or squatting pan) that prevents the passage of flies and odours. A pour-flush latrine uses a water seal, but unlike a flush latrine, it uses water poured by hand for flushing (no cistern is used). Depending on the system/site where human excreta and wastewater are disposed off, flush/pour-flush latrine can be of the following types: (i) piped sewer system, (ii) septic tank, (iii) twin leach pit, (iv) single pit, (v) elsewhere (open drain, open pit, open field, etc.).
- **Piped sewer system:** Piped sewer system is a system of sewer pipes, also called sewerage that is designed to collect human excreta and wastewater and remove them from the household environment. If the sample household has access to flush/pour-flush latrine which is connected to piped sewer system, code 01 will be recorded.
- **Septic tank:** If the sample household has access to flush/pour-flush latrine which is connected to septic tank, code 02 will be recorded.
- **Flush/pour-flush to twin leach pits/single leach pit:** In twin pit flush/pour-flush latrine, the excreta are carried into subsurface leach pits through pipes or covered drains and one pit is used at a time. The liquid infiltrates into the soil through the holes in the pit lining. The gases also disperse into the soil, and therefore, the provision of a vent pipe for its outlet is not

necessary. When one pit is full, the excreta are diverted to the second pit. The filled pit can be conveniently emptied after a rest period of one and a half years, during which pathogens are inactivated and the organic matter decomposed. Thus, the two pits can be used alternately and continuously. For better understanding of the function of 'twin leach pits' latrine, a picture (Pic 1) of 'plan for twin leach pit' is given below. If the sample household has access to flush/pour-flush latrine which is connected to a twin leach pit code 03 will be recorded



- In a single leach pit system desludging is required immediately after the pit has filled up, and therefore involves handling of fresh and undigested excreta which is hazardous to health. Single leach pits are appropriate only if a mechanical desludging vacuum tanker is readily available, or if the pit is abandoned when full. For better understanding of the functioning of 'single leach pit' latrine, a picture (Pic 2) of single leach pit latrine is given below. If the sample household has access to flush/pour-flush latrine which is connected to leach code 04 will be recorded.



- **Flush/pour-flush to elsewhere (open drain, open pit, open field, etc):** This type of latrine refers to the system of flush/pour-flush latrine where excreta are disposed of near the household environment (not into a pit, septic tank or sewer). Excreta may be flushed to the

open drain, open pit, open field etc. If the sample household has access to this type of latrine, code 05 will be recorded.

- **Ventilated improved pit latrine:** This is a dry pit latrine ventilated by a pipe that extends above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark. If the sample household has access to ventilated improved pit latrine, code 06 will be recorded.
- **Pit latrine with slab :** This is a dry pit latrine that uses a hole in the ground to collect the excreta and a squatting slab or platform that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit. The platform has a squatting hole or is fitted with a seat. Unlike the ventilated improved pit latrine, in this type of latrine, vent pipe is not used. If the sample household has access to pit latrine with slab, code 07 will be recorded.
- **Pit latrine without slab/open pit:** Pit latrine without slab uses a hole in the ground for excreta collection and does not have a squatting slab, platform or seat. If the sample household has access to such latrine, code 08 will be recorded.
- **Composting latrine:** This is a dry latrine into which carbon-rich material (vegetable wastes, straw, grass, sawdust, ash) are added to the excreta and special conditions maintained to produce in offensive compost. If the sample household has access to composting latrine, code 10 will be recorded.
- **Open drain/nallah:** If the sample household has access to a latrine which actually is an open drain or nallah, then code 11 will be recorded.
- **Others:** If the sample household uses a latrine which is not covered in the codes 01 to 08 and 10 to 11 ; code 19 will be recorded here. Examples of such latrines are (i) hanging latrine which is built over the sea, a river, or other body of water, into which excreta drops directly, (ii) service latrine which are serviced by scavengers.

#### 3.6.11.5 Points to remember:

- If the sample household has access of more than one type of latrine, the type of latrine which is generally accessed by the majority of the household members will be reported here.

- If more than one code is applicable for a sample household, the code appearing first in the code list will be reported here.

### **Q 11.1 Whether excreta from septic tank/pit/composting latrine have ever been emptied?**

Codes to be used:

yes-1, no-2, not known-3

*Applicable for the households which have exclusive access to latrine [i.e., entry 1 in Q10 ] and type of latrine as flush/pour flush to: septic tank/twin leach pit/single leach pit, ventilated improved pit latrine, pit latrine with slab, composting latrine [i.e., entry any of 02,03,04,06,07,10 in Q11]*

#### **3.6.11.1.1 Point to remember:**

- Here the term ‘ever’ means ‘since that particular latrine is in access of the sample household’.

*Q 11.2 & Q11.3 Applicable for households which has emptied septic tank/pit/composting latrine ever in the past [i.e., with entry 1 in Q11.1]*

### **Q11.2 Place of disposal of excreta last time**

Codes to be used:

treatment plant -1, buried in covered twin leach pit/single pit - 2

uncovered pit/open land/pond/river etc. - 3, other places - 9, not known - 4

3.6.11.2.1 Information will be collected regarding the place where excreta were disposed of in the last occasion after removal from the household, as reported by the sample household.

### **Q11.3 How frequently excreta is emptied?**

Codes to be used:

once or more in a year -1, once in 2 years - 2, once in 5 years - 3

once in 10 years -4, others - 9, not known - 5

3.6.11.2.2 Information will be collected regarding the frequency of emptying excreta from septic tank/pit/composting latrine of the household as reported by the sample household.

**Q12 Is hand washing facility available within the household premises?**

Codes to be used: yes: with water and soap/detergent -1, yes: with water and ash/mud/sand etc.- 2

yes: with water only -3, no - 4

3.6.12.1 In this survey, **Household premises** is defined as the dwelling unit of the household together with the courtyard, compound, garden, out-house, place of worship, garage, family graveyard, guest house, shop and offices for running household enterprises, tanks, wells, latrines, drains and boundary walls annexed to the dwelling unit which are under the possession of the household (possessed exclusively or possessed with some other households).

3.6.12.2 **Hand washing facility** is an important hygienic facility required for removing dirt, soil, germs from hands before and after taking meal, after defecation etc. which prevent attack from diseases like diarrhoea/other stomach problems etc. to a great extent.

3.6.12.3 If majority of the household members have the hand washing facility within their premises with water and soap/detergent or liquid soaps or hard soaps, hand sanitizers, wet tissue papers etc., code 1 will be recorded. If a household reports that majority of its members have hand washing facility within their premises with water and ash/mud/sand etc., code 2 will be recorded. Code 3 will be recorded if majority of the household members have hand washing facility within their premises with water only. If majority of the household members do not have hand washing facility within their premises, code 4 will be recorded.

**3.6.12.4 Points to remember:**

- Sanitizer is to be treated as ‘with water and soap/ detergent’ and accordingly code 1 is to be reported.
- Wet tissue paper is to be treated as ‘with water and soap/ detergent’ and accordingly code 1 is to be reported.
- Dry tissue paper is to be treated as ‘with water only’ and accordingly code 3 is to be reported.
- The availability of facility of hand washing is to be given importance, not to the practice of hand washing.
- In case of a single-member household (e.g., in a hostel) where the member is not able to use his/her hand due to some illness and/or the member has lost his/her hand, the availability of hand washing facility within hostel premises is to be enquired and accordingly appropriate code is to be recorded.



**Information in Q10 to Q11.3 and Q12 are required to generate following SDG indicator and sub-indicators of Global indices**

**(i) Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water (G 6.2.1)**

**(ii) Use of basic sanitation (i.e., People using at least basic sanitation services as a percentage of total population) – a sub-indicator for Global Travel and Tourism Competitiveness Index (TTCI)**

**Improved type of latrine includes flush/pour flush to septic tank, flush/pour flush to twin leach pit, flush/pour flush to single leach pit, ventilated improved pit latrine, pit latrine with slab, composting latrine.**

**By ‘safely managed sanitation service’, it is meant private (exclusive) improved sanitation facility where faecal wastes are safely disposed on situ or transported and treated off-situ and having hand washing facility with soap and water.**

**By basic sanitation, it is meant improved private (exclusive) sanitation facility.**

### **C. Energy used by household for cooking, lighting, heating**

#### **Q13 What is the primary source of energy used by the household for cooking?**

Codes to be used:

firewood, chips & crop residue -01, LPG - 02, other natural gas -03

dung cake -04, kerosene -05, coke, coal -06

gobar gas -07, other biogas -08, charcoal -09

electricity (incl. generated by solar/wind power generators) -10, solar cooker -11

others -19, no cooking arrangement -12

3.6.13.1 For all selected households, information on primary source of energy generally used by the household for cooking purpose will be recorded in this item using the given codes.

#### **Q14 What is the primary source of energy used by the household for lighting?**

Codes to be used:

electricity (incl. generated by solar or wind power generators) -1, kerosene-2

other oil-3, gas-4, candle-5, others-9, no lighting arrangement-6

3.6.14.1 For all selected households, information on primary source of energy generally used by the household for lighting purpose will be recorded in this item using the given codes.

**Q15 What is the primary source of energy used by the household for heating?**

Codes to be used:

firewood, chips & crop residue -01, LPG - 02, other natural gas -03

dung cake -04, kerosene -05, coke, coal -06

gobar gas -07, other biogas -08, charcoal -09

electricity (incl. generated by solar/wind power generators) -10, solar cooker -11

others -19, no heating arrangement -12

3.6.15.1 For all selected households, information on primary source of energy generally used by the household for heating purpose will be recorded in this item using the given codes. 'Heating' here refers to heating of room, water etc.

**3.6.15.2 Points to remember for Q13 to Q15:**

- The primary source of energy generally being used by the household for cooking/lighting/heating is to be recorded.
- If more than one type of primary source of energy are used by the household for cooking/lighting/heating, the type of energy mainly used by the household will be reported in this item.
- If a household does not cook food in the dwelling unit, rather depends on food purchased from outside, it will be considered that the household has no cooking arrangement.
- For two or more different sources of energy for cooking/lighting/heating (for example, electricity for room heating and LPG for food and water heating), primary source of energy used for cooking/lighting/heating for most of the time by the household will be reported.

**Information in Q13 to Q15 is required to generate SDG indicator**

**Proportion of population with primary reliance on clean fuels and technology (G 7.1.2)**

**Q16 Is electricity used by the household for any of cooking/lighting/heating?**

Code to be used:

yes-1, no-2

***Applicable only for households with electricity use reported neither for cooking in Q13 nor for lighting in Q14 nor for heating in Q15***

### 3.6.16 Points to remember

- Electricity may be availed by the household legally or illegally and the electricity may be supplied to the household either through public agencies, corporations or by private suppliers.
- If the household makes its own arrangement, either through generator or solar panel, to generate electricity, the household is to be considered for reporting.

**Information in Q16 is required to generate SDG indicator Proportion of population with access to electricity (G 7.1.1) and Electricity access' for Global Competitiveness index (GCI)**

### D. Other facilities

**Q17 Whether an all-weather road (i.e., usable during all seasons) is within a distance of 2 km from the place of living of the household?**

Codes to be used:

yes-1, no -2

***Applicable for all the households in rural areas***

3.6.17 In this survey, a road which is motorable all year round by the prevailing means of rural transport will be considered as a road which is usable during all seasons in rural area.

**Information in Q17 is required to generate SDG indicator**

**Proportion of the rural population who live within 2 km of an all-season road (N 9.1.1)**

***Q 18 to Q20 are applicable for all the households in urban areas***

**Q 18 Whether the nearest low-capacity public transport system (e.g. bus, car, taxi, auto, rickshaw etc.) stop is within a walkable distance of 0.5 km from the place of living of the household**

Codes to be used:

yes-1, no -2

3.6.18.1 Low-capacity public transport is defined as a shared passenger transport service with less capacity that is available to the general public.

**3.6.18.2 Points to remember:**

- Low-capacity public transport system includes cars, buses, trams that are shared by strangers without prior arrangement.
- Point to point shared taxi, auto, toto/tuktuk services are also to be included as low-capacity transport.
- However, taxis, car pools, and hired buses, which are not shared by strangers without prior arrangement, will not be included as low-capacity transport.
- Low-capacity transport also excludes informal, unregulated modes of transport (para-transit), motorcycle taxis, three-wheelers, etc.

**Q 19 Whether the nearest high-capacity public transport system stop is within a walkable distance of 1 km from the place of living of the household**

Codes to be used:

yes-1, no -2

3.6.19.1 High-capacity public transport is defined as a shared passenger transport service with high capacity that is available to the general public.

**3.6.19.2 Point to remember:**

- High-capacity public transport system includes trains, metro, ferry etc. that are shared by strangers without prior arrangement.
- 

**Information in Q18 and Q19 are required to generate SDG indicator (N 11.2.1) i.e.,**

- (i) **Proportion of population that has convenient access within 0.5 km to low capacity public transport stop**
- (ii) **Proportion of population that has convenient access within 1 km to high capacity public transport stop**

**Q20 Distance of the nearest open public space (like Parks, Playgrounds, Riverfronts, Lakes, Public beaches, Squares etc.) from the place of living of the household**

Codes to be used are:

less than or equal to 500 mtrs-1,                      greater than 500 mtrs but less than or equal to 2 kms - 2  
more than 2 kms -3,                                      not known - 9

3.6.20.1 In this survey, **public space** refers to all places that are publicly owned or of public use, accessible and enjoyable by all, free and without a profit motive, categorized into streets, open spaces

and public facilities. **Public space** in general is defined as the meeting or gathering places that exist outside the home and workplace that are generally accessible by members of the public, and which foster resident interaction and opportunities for contact and proximity. This definition implies a higher level of community interaction and places a focus on public involvement rather than public ownership or stewardship. Open public space is any open piece of land that is accessible to the public without charge, and provides recreational areas for residents and helps to enhance the beauty and environmental quality of neighbourhoods. Open public space includes:

- **Parks:** Open space inside an urban territory that provide free air recreation and contact with nature. Their principal characteristic is the significant proportion of green area.
- **Recreational areas:** public areas that contribute to environmental preservation. Their main functions can be both ornamental and passive recreation. These include areas such as playgrounds, riverfronts, waterfronts, public beaches, etc.
- **Civic parks:** Open space created because of building agglomeration around an open area, which was later transformed into a representative civic area. They are characterized by considerable nature, specifically gardens and a good place for cultural events and passive recreation.
- **Squares:** Open spaces created because of building agglomeration around an open area. Its main characteristics are the significant architectonic elements and interaction between buildings and the open area. Squares are usually public spaces relevant to the city due to their location, territorial development, or cultural importance.
- **Undeveloped or land with no buildings (or other built structures)**

### 3.6.20.3 Points to remember:

- If some persons gather under a tree for smoking, gather in a place for playing cards, making gossip etc. such place is not to be considered as open public place for this survey.
- Private or Government plots lying vacant accessible by the public and used as open public space is to be considered as open public space for this survey.
- An open space may or may not be accessible to public free of charge for the entire day. In such cases, it may treated as an open space depending on the response of the informant of whether any fee was levied for accessing the concerned open space.

**Information in Q20 is required to generate SDG indicator**

**Proportion of households reporting an open space within 500 meters from premises (urban)  
(N 11.7.1)**

### 3.7 BLOCK 4.2: Household assets and amenities

#### Objectives and Scope

To record household assets and amenities from each of the selected household.

#### Implementation Notes

- All the information are to be canvassed for all the selected households

#### Assets and amenities:

**Q1 Record the number of each of the listed items possessed by the household for household use as on the date of the survey (in whole number)**

- (i) Telephone (including landline)                      (ii) Mobile phone (including smartphone)
- (iii) Desktop PC                      (iv) Laptop                      (v) Tablet/Palmtop                      (vi) Television

3.7.1.1 For all the selected households, the number of possession of each of the items (i) to (vi) for household use, as on the date of the survey, is to be recorded in whole number. If the household reports not to possess any of the items listed in (i) to (vi) as on the date of survey, '0' is to be recorded against that particular item.

#### 3.7.1.2 Points to remember:

- Use of the items exclusively for enterprise purposes is to be excluded.
- If household uses any item both for residential as well as enterprise purposes, it is to be considered that the household possessed that item.
- The items possessed by the household includes item provided by employer also.
- The items should be in working condition. If the item is not in working condition, as on the date of survey, it is to be considered for recording in this survey only if the household reports that it intends to repair the item for future use by the household for household purposes.

**Information in Q1 is required to generate estimates of the following sub-indicators for Global indices**

**(i) 'Percentage of households with a computer' - for Global Innovation Index (GII), ICT Development Index (ICT DI), Network Readiness Index (NRI)**

**(ii) 'Share of household with a television set' - for Globalization Index**

## **Q2 Whether the household has access to broadband internet facility within the household premises**

Codes to be used:

yes-1, no-2

3.7.2.1 For this survey, ‘broadband’ is defined as technologies that deliver advertised download speeds of at least 256 kbit/s. The main types of broadband services are i) Fixed (wired) broadband network, such as DSL, cable modem, high speed leased lines, fibre to- the-home/building, powerline and other fixed (wired) broadband; ii) Terrestrial fixed (wireless) broadband network, such as WiMAX, fixed CDMA; iii) Satellite broadband network (via a satellite connection); iv) Mobile broadband network (at least 3G, e.g. UMTS) via a handset and v) Mobile broadband network (at least 3G, e.g. UMTS) via a card (e.g. integrated SIM card in a computer) or USB modem.

### **3.7.2.2 Point to remember:**

- Both wired and wireless internet connection are to be considered for this survey.
- If any member of the household are using mobile network internet data, the household will be considered to have access to broadband internet facility within the household premises.

**Information in Q2 is required to derive estimates of the following sub-indicator of Global indices ‘Percentage of households with internet access’ -**

- (i) Global Innovation Index (GII)**
- (ii) ICT Development Index (ICT DI)**
- (iii) Network Readiness Index (NRI)**

## **3.8 BLOCK 4.3: Information on particulars of health**

### **Objectives and Scope**

In this block, information on coverage of health financing scheme/insurance of the household, medical expenditure incurred by the household on hospitalization and non-hospitalization and reimbursement on the same by the insurance company or employer will be collected.

### **Implementation Notes**

To be canvassed in each of the selected household.

## **Q1 Whether any member of the household is covered by any health financing scheme/insurance as on the date of survey?**

3.8.1.1 This question will be asked to the household, if any member of the household is covered by any of the following health financing scheme/insurance as on the date of the survey:

Ayushman Bharat (AB) – Pradhan Mantri Jan Aarogya Yojana (PMJAY)
Janani Suraksha Yojana
ESIS/ESIC
CGHS/ECHS/Other Central Govt. Health Scheme (of Railways etc.)
State Health Insurance Scheme
Other Health Insurance through employer/medical reimbursement by employer
Privately purchased commercial insurances
Other Insurances

3.8.1.2 If any member of the household is covered by any of the above health financing scheme/insurance, code 1 will be recorded against the respective health financing scheme/insurance, otherwise code 2 will be reported against each of the scheme/insurance. A brief description of each of the scheme is provided below:

3.8.1.3 **Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY):** This is a component of Ayushman Bharat scheme of Government of India which aims at providing health cover of Rs. 5 lakhs per family per year for secondary and tertiary healthcare hospitalization to poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The households included in this scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively.

3.8.1.4 **Janani Suraksha Yojana:** Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission. It has been implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The Yojana, launched on 12<sup>th</sup> April 2005, by the Hon'ble Prime Minister, and implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

3.8.1.5 **ESIS/ESIC (Employee's State Insurance Scheme (ESIS)/Employee's State Insurance Corporation (ESIC)):** The promulgation of Employees' State Insurance Act, 1948 (ESI Act), by the Parliament was the first major legislation on social Security for workers in independent India. The ESI Act 1948, encompasses certain health related eventualities that the workers are generally exposed to; such as sickness, maternity, temporary or permanent disablement, Occupational disease or death due to employment injury, resulting in loss of wages or earning capacity-total or partial. Social security provision made in the Act to counterbalance or negate the resulting physical or financial distress in such contingencies, are thus, aimed at upholding human dignity in times of crises through protection from deprivation, destitution and social degradation while enabling the society the retention and continuity of a socially useful and productive manpower.

3.8.1.6 **CGHS/ECHS/Other Central Govt. Health Scheme (of Railways, etc.):** Central Government Health Scheme (CGHS) is providing comprehensive medical care to the Central



Government employees and pensioners enrolled under the scheme. It caters to the healthcare needs of eligible beneficiaries covering all four pillars of democratic set up in India namely Legislature, Judiciary, Executive and Press. CGHS is the model Health care facility provider for Central Government employees & Pensioners and is unique of its kind due to the large volume of beneficiary base, and open-ended generous approach of providing health care. CGHS provides health care through the systems of Medicine: Allopathic, Homoeopathic, Indian system of medicine, Ayurveda, Unani, Siddha and Yoga.

Ex-Servicemen Contributory Health Scheme (ECHS) of Department of Ex-Servicemen Welfare (ESW), M/o Defence was launched with effect from 01 April, 2003. This is a contributory social health insurance scheme, for every personnel of the armed forces, after retirement. The member has to make one time contribution to the scheme according to his pay scale. Ex-servicemen pensioners and their dependants who were only entitled for treatment in service hospital were authorised for treatment, not only in service hospitals, but also in those civil/private hospitals which are specifically empanelled with the ECHS.

Any other health schemes of Central Government such as Health schemes of M/o Railways, etc., are also to be included under this category.

**3.8.1.7 State Health Insurance Scheme:** Any specific health insurance scheme launched by State Government is to be covered under this category. For e.g., Swasthya Sathi health insurance scheme of Government of West Bengal, Biju Swasthya Kalyan Yojana of Government of Odisha, Karunya Health Scheme of Government of Kerala, etc.

**3.8.1.8 Other Health Insurance through employer/medical reimbursement by employer:** Any other health insurance scheme provided by employer/medical reimbursement by employer, which does not cover under any of the categories mentioned above, will be recorded under this category.

**3.8.1.9 Privately purchased commercial insurances:** Any health insurance scheme purchased directly from an insurance company will be reported under this category.

**3.8.1.10 Other Insurances:** If any other health insurances were held by any member of the household as on the date of survey which does not falls under the categories mentioned earlier, will be reported under this category.

**2. Medical institution:** This refers to any medical institution having provision for admission of sick persons as in-patient for treatment as well as provides treatment to a person as out-patient. Thus, it covers all HSC (only for childbirth), PHC, CHC, public dispensaries with facilities for in-patient treatment (including out-patient treatment), any public/government hospital (district hospital/ state general hospitals/ medical college hospitals etc.), and private hospital which are run by NGO/Trust (religious or otherwise) of any kind as well as private nursing home, day care centre, private medical college and hospital, super- speciality hospital, etc.

**3. Hospitalization:** Admission as in-patient to a medical institution (as defined above) for treatment of some ailment or injury, or for childbirth, will be called hospitalization. The birth of a baby in a hospital will not be taken as a case of hospitalization of the baby. If, however, a baby who has never left the hospital after birth contracts an illness for which it has to stay in hospital, is it to be regarded as a case of hospitalization. Surgeries undergone in temporary camps set up for treatment of ailments (say, eye ailments) will be treated as cases of hospitalization for the purpose of the survey. (Note: It is possible that admission and discharge has taken place on the same day.)

*Information in Q2.1, Q3 & Q3.1 are required to generate the estimates on out-of-pocket medical expenditure incurred by the household for non-hospitalized treatment during the period of last 30 days.*

**Q2: Whether any member of the household (including deceased former member(s) of the household) has taken treatment as non-hospitalization and/or preventive measures and/or self-care during the last 30 days (excluding hospitalization)?**

3.8.2.1 This question will be enquired to the household, if any member of the household has suffered from any ailment and undergone for medical treatment (but not as in-patient of a hospital) as non-hospitalization or taken treatment as preventive measures and/or self-care during the period of last 30 days.

**3.8.2.2 Points to remember:**

- Care should be taken to exclude all the cases for which any member of the household was hospitalized during the reference period. However, medical treatment received before hospitalization or after discharge from hospital will be covered here, if occurred during the last 30 days.
- It may be noted that if any expenditure incurred on non-hospitalized treatment and thereby any amount is reimbursed for any deceased former member of the household during the reference period, the same will also be considered for recording in questions 2 to 3.1.

3.8.2.3 If any member of the household has taken treatment for non-hospitalization and/or preventive measures and/or self-care during the period of last 30 days, then code 1 will be recorded, else code 2 will be reported.

If code 1 is recorded in Q2, then fill-up Q2.1, else go to Q4

**Q 2.1: Total amount of expenses incurred for treatment on non-hospitalization and/or preventive measures and/or self-care by the household during the last 30 days?**

3.8.2.1.1 If code 1 is recorded in Q2, then the particulars of expenditure incurred by any member of the household during the last 30 days on medical treatment undergone (but not as in-patient of a hospital) for any ailment suffered or for preventive measure or self care will be recorded here.

**3.8.2.1.2 Points to remember:**

- All the expenditure for in-patient treatment in hospital will be excluded from here. However, expenses on medical treatment received before hospitalization or after discharge from hospital will be covered here if incurred during the last 30 days.
- All efforts should be made to record expenditure item-wise. Expenses incurred will include all expenditure made by the household (“out-of-pocket” expenditure) even if reimbursed later.
- Expenditure incurred and reimbursed by the employer or any other organization is not to be regarded as “provided free”.
- Total expenditure incurred by households will be recorded even if direct payment to the clinic/medical institution is made by the employer or an insurance company (cashless treatment). Deep probing should be made to record such expenditure. In this case, the entire amount should also be shown as reimbursement amount as well.
- If the household makes a payment to the medical institution/clinic which is later partly or wholly reimbursed by the employer or an insurance company, the payment made to the medical institution/clinic will be recorded (against serial nos. 1 to 5, Q2.1) and the amount reimbursed will be entered against the respective question.
- In case some or all of the expenditure was incurred by some other household, efforts have to be made to record the approximate expenditure if the exact amount is not known.
- In case of zero expenditure on any of the items of expenditure (against serial nos. 1 to 5 or 7, Q2.1), zero (0) should be entered in the relevant field.

**Serial no. 1, Q2.1: package component (Rs.)**

3.8.2.1.3.1 “Packages” in respect of non-hospitalization cases involves specific non-surgical medical procedures, inclusive of different items like medicines, doctor’s fees, etc. are common nowadays in all private hospitals/clinics. Normally, packages do not include additional diagnostic tests, attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.

3.8.2.1.3.2 When some treatment is received as a package (with pre-determined total cost) from the hospital, the information for serial nos. 2 to 5, for this treatment, will not be separately available. The total cost of the package treatment received will, however, be known and will be recorded against serial no. 1 as “package component”. However, even when treatment has a package component, some extra medical expenses may be incurred over and above the package component. Therefore, the presence of an entry in serial no. 1 does not necessarily mean that serial nos. 2 to 5 will be blank for that particular non-hospitalization case.

**Serial no. 2, Doctor’s/surgeon’s fee:**

3.8.2.1.4 This will include the total amount paid on account of doctor’s/surgeon’s fees chargeable for the period of treatment during the period of last 30 days for non-hospitalization and/or preventive measures and/or self-care. It is not necessary that the doctor(s) or surgeon(s) should be attached to the hospital. The amount will be recorded in whole number of Rupees.

**Serial no. 3, Q2.1: Medicines:**

3.8.2.1.5 The total amount paid for medicines (including drips) used for treatment during the period of last 30 days for non-hospitalization and/or preventive measures and/or self-care will be recorded here. The amount will be recorded in whole number of Rupees.

**Serial no. 4, Q2.1: Diagnostic tests:**

3.8.2.1.6 The total amount paid for diagnostic tests carried out on the patient during the period of last 30 days for non-hospitalization and/or preventive measures and/or self-care – whether using the hospital’s diagnostic facilities or not – will be recorded here. The amount will be recorded in whole number of Rupees.

**Serial no. 5, Q2.1: Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.):**

3.8.2.1.7 This item will include all other expenditure involved in medical treatment as non-hospitalization and/or preventive measures and/or self-care during the period of last 30 days. The amount will be recorded in whole number of Rupees.

**Attendant charges:**

3.8.2.1.7.1 This refers to the expenses on charges for services of hired attendant(s) (caregivers) who stay with the patient to attend to their needs. They may be arranged by the medical institution/clinic or by the patient’s relatives. If any household member or relative attends to the patient, no imputation of charges for his/her services is to be made. The amount will be recorded in whole number of Rupees.

**Physiotherapy:**

3.8.2.1.7.2 If the patient has undergone any physiotherapy during the reference period, the amount

chargeable will be included here irrespective of whether the physiotherapist is the staff of the medical institution/clinic or not. The amount will be recorded in whole number of Rupees.

**Personal medical appliances:**

3.8.2.1.7.3 This refers to the expenses on personal medical appliances of durable nature like spectacles, contact lenses, intra-ocular lenses, hearing aids, trusses, crutches, catheter, nebulizer, artificial limbs, pacemaker, etc. for the purpose of treatment of the patient. The amount will be recorded in whole number of Rupees.

**Blood, oxygen cylinder, etc.:**

3.8.2.1.7.4 Charges for blood, oxygen cylinders and other consumables such as gloves, bandages, plaster, etc., used by the patient, will be included here. Apart from these, expenses on any other item used in medical treatment or diagnosis during the reference period, such as thermometer, infra-red lamp, blood pressure measuring equipment, blood sugar measuring kit, bed-pan, urinal, etc., will be recorded against this item, if borne by the household. The amount will be recorded in whole number of Rupees.

**Problem of non-available break-up of medical expenditure:**

3.8.2.1.8.1 All efforts should be made to obtain a rough break-up, however approximate it might be. Even if this break-up differs a lot from the true break-up, it is better than having no break-up.

3.8.2.1.8.2 If the inability to provide the break-up is because the household paid a lump-sum payment to the medical institution/clinic without being given any idea as to the details, there may be no alternative but to record the entire amount against serial no. 1: package component (though this does not fit into the meaning of “package component” as explained in paragraphs 3.8.2.1.3.1 & 3.8.2.1.3.2) with a comment.

**3.8.2.1.8.3 Points to remember:**

- The practice to record the lump-sum payment made for medical expenses should only be resorted to in extreme cases as an exception, rather than as a rule. Making it a general practice will defeat one of the important objectives of the survey to record the break-up of medical expenses incurred by the household. Thus, all efforts should be made to record the medical expenses by its break-up (as provided in Q2.1, serial nos. 1 to 5).

**Serial no. 6, Q2.1: Medical expenditure: total:**

3.8.2.1.9 The total of entries in serial nos. 1 to 5 will be recorded here for all the cases of non-hospitalization and/or preventive measures and/or self-care. The amount will be recorded in whole number of Rupees.

**Serial no. 7, Q2.1: Transport for patient:**

3.8.2.1.10 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 medical institution/clinic for treatment, and for the return journey, will be recorded. In addition, charges for any journey performed on medical advice during the reference period (e.g. to undergo a diagnostic test which doctor advised but did not have the facilities at the clinic/medical institution to perform) will be included. The amount will be recorded in whole number of Rupees.

**Q 3: Whether any amount was reimbursed by medical insurance company or employer for treatment on non-hospitalization and/or preventive measures and/or self-care during last 30 days?**

3.8.3.1 If out-of-pocket expenditure recorded in serial no. 6, Q2.1, any amount of expenditure was reimbursed by medical insurance company or employer for treatment on non-hospitalization and/or preventive measures and/or self-care during the last 30 days, then code 1 will be recorded if the same was reimbursed by employer (public/private). Code 2 will be recorded if the expenditure was reimbursed by medical insurance company (public/private) and code 3 will be recorded, if the expenditure was reimbursed by both the medical insurance company and the employer (public/private). If no amount of expenditure was reimbursed, then code 9 will be reported.

**3.8.3.2 Points to remember:**

- In case, the reimbursement has not been provided by an insurance company or employer till date for expenses incurred on non-hospitalized treatment during the last 30 days, however, the same is supposed to be reimbursed by an insurance company or employer in a near future, then any one of the codes 1-3 is to be reported in Q3 and the amount claimed by the household from the insurance company or employer is to be recorded in Q3.1.

**Types of reimbursement:**

3.8.3.3 For some cases, expenditure made from out of pocket gets reimbursed at a later date. These may include:

- Payment through government sponsored schemes if any, like RSBY, Arogyasri, etc.
- Reimbursement from government as an employer like cases of CGHS beneficiaries, reimbursement from central govt. through AMA (Authorised Medical Attendant) or through other reimbursement process of PSUs, nationalized banks and all state govt.
- Reimbursement from employer supported health protection (other than govt.)
- Reimbursement from insurance companies.
- Other types of reimbursement (paid by some charitable organization or other household(s)).

**Q 3.1: What is the total amount reimbursed by medical insurance company/employer for treatments on non-hospitalization and/or preventive measures and/or self-care at medical institutions during last 30 days (in Rs.)?**

3.8.3.1.1 If any of the codes 1-3 is reported in Q3, then the amount of expenditure reimbursed by medical insurance company/employer for treatments on non-hospitalization and/or preventive measures and/or self-care during the last 30 days will be recorded here in whole number of Rupees.

**3.8.3.1.2 Points to remember:**

- It is to be noted that normally, reimbursement cannot exceed the cost of treatment, so the entry in Q3.1 cannot exceed the entry against serial no. 6, Q2.1. In fact, it will normally be less than or equal to the total of amount recorded in serial nos. 6, Q2.1 as expenditure on transport is usually not reimbursed.

**Q 4: Whether there was any member of the household (including deceased former member of the household) taken treatment (including Institutional Delivery) from medical institution as hospitalization during last 365 days?**

3.8.4.1 If any member of the household has suffered from any ailment and undergone for medical treatment as in-patient of a medical institution including delivery during the period of last 365 days then code 1 is to be recorded in Q4, otherwise code 2 is to be recorded.

**3.8.4.2 Points to remember:**

- The particulars of treatment in medical institution recorded here will refer only to the period of hospitalization contained within the reference period. For instance, if a person was hospitalized 13 months ago for a period of 1 month and 15 days, then particulars of treatment received during the last 15 days will be recorded.
- It may be noted that if any expenditure incurred on hospitalized treatment and thereby any amount is reimbursed for any deceased former member of the household during the reference period, the same will also be considered for recording in questions 4 to 5.1.

3.8.4.3 If any member of the household has taken treatment as in-patient of a medical institution including delivery of a child during the period of last 365 days, then code 1 will be recorded, else code 2 will be reported.

If code 1 is recorded in Q4, then fill-up Q4.1, else  
go to next Block

**Information in Q4.1, Q5 & Q5.1 are required to generate the estimates on out-of-pocket medical expenditure incurred by the household for hospitalized treatment during the period of last 365 days.**

**Q4.1: Total amount of expenses incurred for treatment on hospitalization at medical institution by the household during the last 365 days?**

3.8.4.1.1 If code 1 is recorded in Q4, then the particulars of expenditure incurred during the last 365 days on undergone medical treatment as in-patient of a hospital for any ailment suffered by any member of the household will be recorded in this question.

**3.8.4.1.2 Points to remember:**

- All efforts should be made to record expenditure item-wise. Expenses incurred will include all expenditure made by the household on hospitalization including institutional delivery (“out-of-pocket” expenditure) during the last 365 days, even if reimbursed later.
- Expenditure incurred and reimbursed by the employer or any other organization is not to be regarded as “provided free”.
- Total expenditure incurred by households will be recorded even if direct payment to the medical institution is made by the employer or an insurance company (cashless treatment). Deep probing should be made to record such expenditure. In this case, the entire amount should also be shown as reimbursement amount as well.
- If the household makes a payment to the medical institution which is later partly or wholly reimbursed by the employer or an insurance company, the payment made to the medical institution/clinic will be recorded (against serial nos. 1 to 6, Q4.1) and the amount reimbursed will be entered against the respective question.
- In case some or all of the expenditure was incurred by some other household, efforts have to be made to record the approximate expenditure if the exact amount is not known.
- For institutional childbirth, record expenditure excluding pre-natal and post-natal care.
- In case of zero expenditure on any of the items of expenditure (against serial nos. 1 to 6 or 8, Q4.1), zero (0) should be entered in the relevant field.

**Serial no. 1, Q4.1: package component (Rs.):**

3.8.4.1.3 “Packages” in respect of hospitalization cases involves 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.

3.8.4.1.4 The total cost of the package treatment received will, however, be known and will be recorded against serial no. 1 as "package component". However, even when treatment has a package component, some extra medical expenses may be incurred over and above the package component.

Therefore, the presence of an entry in serial no. 1 does not necessarily mean that serial nos. 2 to 6 will be blank for that particular hospitalization case.

The expenditure incurred (non-package component) on treatment during last 365 days as an in-patient of medical institution will be recorded in the following heads:

- Doctor's/surgeon's fee (hospital staff/other specialist)
- Medicines
- Diagnostic tests
- Bed charges
- Other medical expenses (attendant charges, physiotherapy, personal medical appliances, blood, oxygen, etc.)
- Transport

**3.8.4.1.5 The same set of instructions will be followed to record the amount on the above categories as provided in paras 3.8.2.1.4 to 3.8.2.1.8.3 above. However, the amount will be recorded only for the cases of hospitalization occurred during the last 365 days and to be recorded in whole number of Rupees.**

**Serial no. 5: bed charges:**

3.8.4.1.6 Amount paid for bed charges during stay in hospital within the reference period will be recorded here. If charges for food cannot be separated out from bed charges, the combined charges may be recorded against 'bed charges'.

**Serial no. 7, Q4.1: Medical expenditure: total:**

3.8.4.1.7 The total of entries in serial nos. 1 to 6 will be recorded here for all the cases of hospitalization (including institutional delivery). The amount will be recorded in whole number of Rupees.

**Serial no. 8, Q4.1: Transport for patient:**

3.8.4.1.8 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 for admission, and for the return journey, will be recorded. In addition, charges for any journey

performed on medical advice during the period of stay in hospital (e.g., to undergo a diagnostic test which the hospital advised but did not have the necessary facilities to perform) will be included.

**Q 5: Whether any amount was reimbursed by medical insurance company or employer for treatment on hospitalization at medical institution during the last 365 days?**

3.8.5.1 If out-of-pocket expenditure recorded in serial no. 7, Q4.1, any amount of expenditure was reimbursed by medical insurance company or employer for treatment on hospitalization at medical institution (including institutional delivery) during the last 365 days, then code 1 will be recorded if

the same was reimbursed by employer (public/private). Code 2 will be recorded if the expenditure was reimbursed by medical insurance company (public/private) and code 3 will be recorded, if the expenditure was reimbursed by both the medical insurance company and the employer (public/private). If no amount of expenditure was reimbursed, then code 9 will be reported.

**3.8.5.2 Points to remember:**

- In case, the reimbursement has not been provided by an insurance company or employer till date for expenses incurred on hospitalized treatment during the last 365 days, however, the same is supposed to be reimbursed by an insurance company or employer in a near future, then any one of the codes 1-3 is to be reported in Q5 and the amount claimed by the household from the insurance company or employer is to be recorded in Q5.1.

**3.8.5.3 The same set of instructions will be followed to record the reimbursement for treatment on hospitalization at medical institution as provided in the case of non-hospitalization above in para 3.8.3.2 & 3.8.3.3.**

**Q 5.1: What is the total amount reimbursed by medical insurance company or employer for treatment on hospitalization at medical institution during the last 365 days? (in Rs.)**

3.8.5.1.1 If any of the codes 1-3 is reported in Q5, then the amount of expenditure reimbursed by medical insurance company/employer for treatments on hospitalization at medical institution (including institutional delivery) during the last 365 days will be recorded here in whole number of Rupees.

**3.8.5.1.2 Points to remember:**

- It is to be noted that normally, reimbursement cannot exceed the cost of treatment, so the entry in Q5.1 cannot exceed the entry against serial no. 7, Q4.1. In fact, it will normally be less than or equal to the total of amount recorded in serial no. 7, Q4.1 as expenditure on transport is usually not reimbursed.

### **3.9 Block 5.1 For currently enrolled persons in formal education (including formal training) [i.e. with entry 1 in Col.7 of Block 3.1]**

#### **Objectives and Scope**

- To record person level information on education of currently enrolled persons with age  $\geq 3$  years.
- In this block, information on the course currently enrolled and attending, currently enrolled but not attending, courses previously attended and completed and those courses previously attended but not completed will be collected along with the number of years completed (excluding repeated years) in each of such courses. Further, information regarding recognition of school/institute where currently enrolled, medium of instruction in school in which currently enrolled, type of school where currently enrolled and whether the current class of enrolment is same as that of the previous academic year will also be collected

**The instruction for Block 5.1 given below is for a particular person only. The same instruction will hold for all persons categorised for being surveyed in Block 5.1**

#### **Implementation Notes**

- All the information is to be canvassed for the households in which there is (are) currently enrolled person(s) with age  $\geq 3$  years.
- For PAPI mode of data collection, additional sheets containing Block 5.1 need to be appended if there are more than one household member of age  $\geq 3$  years and currently enrolled in formal education and/or formal training.

**Q1.1: Serial number of the household member (as in Col.1 of Block 3.1):** To be copied (or auto-populated) from Col.1 of Block 3.1 with entry 1 in Col. 7 of Block 3.1 i.e., for currently enrolled persons.

**Q1.2: Name of the household member (as in Col.2 of Block 3.1):** To be copied (or auto-populated) from Col.2 of Block 3.1 with entry 1 in Col. 7 of Block 3.1 i.e., for currently enrolled persons.

**Q1.3: Age of the household member (as in Col.5 of Block 3.1):** To be copied (or auto-populated) from Col.5 of Block 3.1 with entry 1 in Col. 7 of Block 3.1 i.e., for currently enrolled persons.

**Q1.4: Gender of the household member (as in Col.4 of Block 3.1):** To be copied (or auto-populated) from Col.4 of Block 3.1 with entry 1 in Col. 7 of Block 3.1 i.e., for currently enrolled persons.

**Q1.5 Different type of courses enrolled ever [Please select the reported course(s), multiple selection is admissible]**

1. Pre-primary (ECCE centre of Aanganwadi/ nursery/ KG)
2. School/ Junior College: Primary to Higher Secondary
3. Vocational courses after completing class 8 or above (ITI/ others)
4. Open and Distance Education Courses upto Higher secondary level including open school
5. Open and Distance Education Courses post Higher secondary level including those conducted in open college/ open university
6. College (Degree/ Diploma)
7. College/ University (Post graduate/ PhD/ Post doctoral)
8. Technical/professional degree education after Higher Secondary/graduate/post graduate (Engineering/ Medical/ Law/ CA/ ICWA/ CFA/ MBA, MCA, Nursing / Education/ etc.)
9. Technical/professional diploma education after Higher Secondary/graduate/post graduate (Engineering/ Medical/ Law/ computer/ mobile technology/ nursing/ education/ etc.)

Multiple selection is allowable by providing tick mark among the 9 types of courses given in Q1.5, based on which the appropriate 3 digit course code are to be reported in Col.2.

**Section A & B:**

Section A and B are described below for one person. The Section A is designed to collect details of all courses attending/attended/completed by a household member currently enrolled in formal education. Section B will include some other particulars of person with age 15 years and above who are currently enrolled in formal education but not attending any course at present.

**Section A:**

*Columns 2 - 8: Applicable for the members of the household currently enrolled in formal education or formal training with age  $\geq 3$  years*

**Col.1 (Section A):Course Serial number:**

3.9.1 Provision of entering maximum 15 courses against each of the household member is kept encompassing the courses currently enrolled and attending in formal education (including formal training), currently enrolled and but not attending courses in formal education (including formal training), all other courses previously enrolled and attended in formal education (including formal training).

**Col.2: Course code (3 digit):**

3.9.2.1 For each person currently enrolled in formal education (including formal training), all courses either attending or not attending or attended and/or completed are to be recorded using course code structure given in Annexure I. While listing all the courses, a particular sequencing has to be maintained as described in para 3.9.2.2 and 3.9.2.3 below.

3.9.2.2 The currently enrolled course(s) in which currently attending will be listed first followed by course(s) in which currently enrolled but not attending. Thereafter, all the other course(s) previously attended and completed and course(s) previously attended but not completed is to be recorded following a chronological order.

3.9.2.3 For enrolment in school education, the course code of the highest class/grade attended is to be recorded.

3.9.2.4 In the following table, a possible (indicative) course code mapping has been provided between the selection in Q 1.5 and appropriate course code in Col 2.

<b>Selection in Q1.5</b>	<b>Indicative 3 digit course code in Col. 2</b>
1. Pre-primary (ECCE Centre of Aanganwadi/ Nursery/ KG)	913
2. School/ Junior College: Primary to Higher Secondary	Any of 901 to 912
3. Vocational courses after completing class 8 or above (ITI/ others)	Any of (601 to 611, 699) or (701 to 719, 799) or (801 to 819, 899)
4. Open and Distance Education Courses upto Higher secondary level including open school	Any of 901 to 912
5. Open and Distance Education Courses post Higher secondary level including those conducted in open college/ open university	Any of (101 to 111,199) or (201 to 211,299) or (301 to 311,399) or (401 to 411,499) or (501 to 511,599) or (601 to 611,699)
6. College (Degree/ Diploma)	Any of (301 to 311, 399) or (501 to 511, 599)
7. College/ University (Post Graduate/ PhD/ Post Doctoral)	Any of (101 to 111, 199) or (201 to 211, 299) or (401 to 411, 499)
8. Technical/Professional degree education after Higher Secondary/ Graduate/ Post graduate (Engineering/ Medical/ Law/ CA/ ICWA/ CFA/ MBA, MCA, Nursing / Education etc.)	Engineering & Technology: Any of 105, 205, 305 Medical including Nursing :Any of 107, 207, 307 Law: Any of 111,211,311

Selection in Q1.5	Indicative 3 digit course code in Col. 2
	Commerce: Any of 103, 203, 303 Management: Any of 108, 208, 308 Education: Any of 104, 204, 304 or 199, 299, 399 IT & Computer Science: Any of 106,206,306 Veterinary and Animal sciences: Any of 110, 210, 310
9. Technical/professional diploma education after Higher Secondary / graduate/ post graduate (Engineering/ Medical/ Law/ computer/ mobile technology/ nursing/ education/ etc.)	Engineering & Technology: Any of 405, 505, 605 Medical including Nursing: Any of 407, 507, 607 Law: Any of 411, 511, 611 IT and Computer Science: Any of 406, 506, 606 Education: Any of 404, 504, 604 or 499, 599, 699 Management: Any of 408, 508, 608 Veterinary and Animal Sciences: Any of 410, 510, 610

**Col 3: Level of attendance/completion in formal education:**

Codes to be used:

currently enrolled and attending-1

currently enrolled but not attending-2

previously enrolled and attended and completed the entire course-3

previously enrolled and attended but not completed the entire course -4

3.9.3.1 Against each of the 3-digit course code reported in Col.2, the level of attendance or completion in currently enrolled courses along with that of the previously enrolled courses will be reported for each of the eligible household member in terms of the codes given above. In this column, at least one entry of any one of 1 or 2 is obvious as Section A is canvassed for currently enrolled household members of age greater than equal to 3 years.

**Col.4: Number of years completed/attended excluding repeated years (in whole number):**

3.9.4.1 In this column number of years completed against each of the reported 3-digit course codes (in Col. 2) is to be recorded.

### 3.9.4.2.1 Points to remember along with some real life examples:

- Number of years completed or attended should not include repeated years in the particular class/course.
- For school education, number of years completed/attended (excluding repeated years) to be recorded in whole number in Col.4 will exclude years attended/completed in pre-primary level.
- Number of years completed/attended (excluding repeated years) for pre-primary, if any, has to be recorded separately (against 3-digit course code 913).
- For courses (apart from school education) in which the eligible household member has attended or completed for less than 9 months, 0 is to be reported.
- For courses (apart from school education) in which the eligible household member has attended or completed for more than 9 months but less than or equal to 12 months, 1 is to be reported.
- For courses (apart from school education) in which the eligible household member has attended or completed for more than 12 months but less than or equal to 24 months, 2 is to be reported.
- For courses (apart from school education) in which the eligible household member has attended or completed for more than 24 months but less than or equal to 36 months, 3 is to be reported and so on.
- If there is/was any delay in receiving final degree/diploma/certificate or delay due to late commencement of completion of session for a course enrolled, the number of years spent in the course till receipt of final degree/diploma/certificate is to be considered while calculating number of years completed/ attended excluding repeated years.

### 3.9.4.2.2 Tables depicting some real life example along with appropriate code in col. 2, 3 and 4:

Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
1.	A person of age 3 years is currently enrolled in either ECCE centre of Aanganwadi or nursery or in kindergarden (KG)	913	Code 1 (currently enrolled and attending) or code 2 (currently enrolled but not attending) depending on whether the person is attending or not.	Number of years attended in ECCE centre of Aanganwadi or nursery or in kindergarden (KG) is to be reported in whole number excluding repeated years.
2.	A person of age 11 years is currently enrolled in class V who did not attend pre-primary education	905	code 1 or code 2	The number of years completed is to be reported in whole number excluding repeated years as 4 in PAPI.

Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
				In CAPI entry 4 will be auto-filled.
3.	A person of age 11 years is currently enrolled in class V who attended pre-primary education	905	code 1 or code 2	Entry 4 will be auto-filled in CAPI. In PAPI entry 4 is to be recorded.
		913	code 3 (previously enrolled and attended and completed the entire course) or code 4 (previously enrolled and attended but not completed the entire course) depending on whether the person has completed pre-primary level or not.	The number of years completed/attended is to be reported in whole number excluding repeated years.
4.	A person of age 14 years has completed class VIII and is currently enrolled in a certificate course in Agriculture and Fisheries	602	code 1 or code 2	The number of years attended/completed is to be reported in whole number excluding repeated years.
		908	code 3	Entry 8 will be auto-filled in CAPI. In PAPI entry 8 is to be recorded.
5.	A person of age 16 years has completed class IX and is currently enrolled in a vocational course in plumbing	813	code 1 or code 2	The number of years attended/completed is to be reported in whole number excluding repeated years.
		909	code 3	Entry 9 will be auto-filled in CAPI. In PAPI entry 9 is to be recorded.
6.	A person of age 17 years has completed class X and is currently enrolled in a vocational course in Beauty and Wellness	705	code 1 or code 2	The number of years attended/completed is to be reported in whole number excluding repeated years.
		910	code 3	Entry 10 will be auto-filled in CAPI. In PAPI entry 10 is to be recorded.



Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
7.	A person of age 19 years has completed class XII and is currently enrolled in Diploma course in IT and Computer Science at Graduate level	506	code 1 or code 2	The number of years attended/completed is to be reported in whole number excluding repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.
8.	A person of age 24 years has completed class XII and graduation and post graduation degree course in Economics and is currently enrolled in Doctorate degree in Economics	209	code 3	The number of years attended/completed is to be reported in whole number excluding repeated years.
		309	code 3	The number of years attended/completed is to be reported in whole number excluding repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.
9.	A person of age 22 years has completed class XII and graduation degree course in Commerce and is currently enrolled in Diploma course in Commerce at Post Graduate level	403	code 1 or code 2	The number of years attended/completed is to be reported in whole number excluding repeated years.
		303	code 3	The number of years attended/completed is to be reported in whole number excluding repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.

**Col.5: Whether the school/institute where currently enrolled is recognised by Central/State Government?**

Codes to be used:

yes -1,

no -2,

not known -3

***Only for the courses reported to be currently attending and those in which currently enrolled but not attending i.e., with code 1 and 2 in Col.3.***

3.9.5 In this column, against all the reported courses, the status of recognition of his/her school in which he/she is currently enrolled is to be collected. If the school is reported to be recognised by State or Central Government, code 1 is to be reported. If it is reported to be recognised neither by the State nor by the Central Government, code 2 is to be recorded. If however, the information is unknown to the informant or if the informant is not able to report, code 3 is to be recorded.

***Column 6 - 8: Applicable only for the reported 3 digit course codes 901-913 in Col.2 of Section A (i.e., the courses corresponding to Pre Primary to Higher Secondary) either currently attending or currently enrolled but not attending (i.e., with code 1 and 2 in Col.3).***

**Col.6 : Medium of instruction in school**

Assamese-01,	Bengali-02,	Gujrati-03,	Hindi-04
Kannada-05,	Kashmiri-06,	Konkani-07,	Malayalam-08
Manipuri-09,	Marathi-10,	Nepali-11,	Odia-12
Punjabi-13,	Sanskrit-14,	Sindhi-15,	Tamil-16
Telugu-17,	Urdu-18,	English-19,	Bodo-20
Dogri-22,	Khasi-23,	Garo-24,	Mizo-25
Bhutia-26,	Lepcha-27,	Limboo-28,	French-29
Hmar -30,	Bishnupriya Manipuri -31,	Karbi -32,	Santhali -39,
Bhodi (Ladakhi) -49,	Maithali -51,	Balti -71,	Purgi -72,
Other Medium -99			

3.9.6 The language in which the person mainly receives instruction in school in which currently enrolled (either attending or not attending) is to be recorded in this question as reported by the household members using the codes mentioned above. If the medium of instruction as reported by

the household member is different from the languages provided against codes 01 to 20, 22 to 29, 39 or 51; code 99 (i.e., other languages) is to be reported.

**Information in Col.5 and Col.6 is required by D/o School Education, M/o Education**

**Col. 7: Type of school in which currently enrolled**

Codes to be used:

Government-1,                      private aided by Government-2,                      private un-aided(recognised)-3  
unrecognised-4,                      others -5,                      not known -6

3.9.7 The following concepts of Government school, Private school aided by Government, Private un-aided (recognised) school, unrecognised will be followed in this survey:

(i) *Government school*: A Government school is a school which is run by Central or State Governments or public sector undertakings or autonomous organisations or municipal corporations or municipal committees or notified area committees or zilla parishads or panchayat samitis or cantonment boards etc. which are completely financed by the Government. It may be noted that a Government institution may be run by either the Government directly or through a governing body/managing committee, etc., set-up by the Government.

(ii) *Private school aided by Government*: Private school which is run by an individual or a private organisation but receives maintenance grant from Government.

(iii) *Private un-aided (recognised) school*: Private school recognised by State or Central Government, which is managed by an individual or a private organisation and not receiving maintenance grant from Government.

(iv) *Unrecognised School*: Unrecognized school is the one that is run by an individual or a trust or a society or other private organization and is not approved by any competent authority (i.e., Central or State Governments or public sector undertakings or autonomous organisations or municipal corporations or municipal committees or notified area committees or zilla parishads or panchayat samitis or cantonment boards etc.) but running classes on the pattern of recognized school. This does not include coaching centers.

**Col.8: Whether the class of enrolment is same as that of the previous academic year**

Codes to be used:

yes - 1,                      no - 2

3.9.8 If current class of enrolment is similar to the class enrolled in the previous academic year, code 1 is to be reported otherwise code 2.

**B. Other particulars [Only for those persons with code 2, 3 or 4 in Col.3 (i.e., currently not attending any course in formal education/formal training) in Section A above and age 15 years or more]**

*Q 1 to Q 2.1 of Section B is applicable for each of the members of 15 years and above in the selected household who is currently enrolled in formal education/ formal training but who is currently not attending any course in formal education or formal training (i.e., with code other than 1 (i.e., 2,3,4) in Col.3 of Section A with code 2 in at least one row)*

**Q1: Whether attended any course in formal education (including formal training) during last 12 months?**

Codes to be used:

yes-1,                      no-2

**Points to remember:**

- If a household member of age 19 who is not currently attending any course in formal education/ training, has attended formal vocational training in music sometime during last 12 months, code 1 is to be reported in Q1.
- If a household member of age 20 who is not currently attending any course in formal education/ training, has attended formal technical training (e.g., Diploma in Polytechnic) sometime during last 12 months, code 1 is to be reported in Q1.

**Q2: Whether currently attending any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) /non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc.)**

Codes to be used:

yes-1,                      no -2

3.9.9.1 Non-formal educational courses are courses that does not have the level of curriculum, syllabus, accreditation and certification associated with formal education but has more structure than that associated with informal education.

3.9.9.2 The information on whether the household member is currently attending any one of the non-formal education courses like courses from government programmes like Non-Formal Education Centres, Total Literacy Campaign, similar programme run by NGOs or any one of the non-formal

trainings like driving training, beautician training, hereditary training, training under USTTAD scheme etc. will be collected in terms of the codes given above.

**3.9.9.3 USTTAD (Upgrading the Skills and Training in Traditional Arts/Crafts for Development) scheme** launched in May, 2015 by the Ministry of Minority Affairs aims to preserve heritage of traditional arts and crafts of minority communities and build capacity of traditional crafts persons and artisans and establish linkages of traditional skills with the global market.

3.9.9.4 The scheme has following programmes:

- (a) Up-gradation of Skills and Training in Traditional Arts/Crafts through Institutions.
- (b) USTTAD Fellowship for Research and Development.
- (c) Support to Craft museum for curating traditional arts/ crafts.
- (d) Support to minority craftsmen/artisans for marketing their products.

**Q2.1: Whether attended any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) /non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc.) [For code 2 in Q.2]**

Codes to be used:

yes: currently not attending but attended during last 12 months - 1

attended any time before last 12 months-2, no - 3

*Information on this item will be collected only for those persons of the sample household who reports code 2 in Q 2 i.e., only for those persons currently neither attending any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) nor currently attending non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc).*

**Information in Section A and that in Q1, Q2 and Q2.1 of Section B and Col. 7 f Block 3.1 are required to generate estimates of SDG indicators:**

- (i) G 4.3.1/ N 4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
- (ii) G 8.6.1/ N 8.6.1: Proportion of youth (aged 15-24 years) not in education, employment or training

### **3.10 Block 5.2 For ever enrolled but currently not enrolled persons in formal education (including formal training) [i.e. with entry 2 in Col.7 of Block 3.1 ]**

#### **Objectives and Scope**

To record person level information on education of ever enrolled but currently not enrolled persons with age  $\geq 3$  years.

In this Block, information on the courses previously attended and/or completed will be collected along with the number of years completed (excluding repeated years) in each such courses. Further information regarding recognition of school/institute where last enrolled, type of school in which last enrolled and whether successfully completed the class in which last enrolled will also be collected.

#### **Implementation Notes**

- All the information is to be canvassed for the households in which there is/are ever enrolled but currently not enrolled person(s) with age  $\geq 3$  years
- For PAPI mode of data collection, additional sheets containing Block 5.2 need to be appended if there are more than one household member of age  $\geq 3$  years and ever enrolled in formal education and/or formal training.

**Q1.1: Serial number of the household member (as in Col.1 of Block 3.1):** To be copied or auto-populated from Col.1 of Block 3.1 with entry 2 in Col. 7 of Block 3.1 i.e., for ever enrolled but currently not enrolled persons.

**Q1.2: Name of the household member (as in Col.2 of Block 3.1):** To be copied or auto-populated from Col.2 of Block 3.1 with entry 2 in Col. 7 of Block 3.1 i.e., for ever enrolled but currently not enrolled persons.

**Q1.3: Age of the household member (as in Col.5 of Block 3.1):** To be copied or auto-populated from Col.5 of Block 3.1 with entry 2 in Col. 7 of Block 3.1 i.e., for ever enrolled but currently not enrolled persons.

**Q1.4: Gender of the household member (as in Col.4 of Block 3.1):** To be copied or auto-populated from Col.4 of Block 3.1 with entry 2 in Col. 7 of Block 3.1 i.e., for ever enrolled but currently not enrolled persons.

**Q1.5 Different type of courses enrolled ever [Please select the reported course(s), multiple selection is admissible]**

The item description and related instruction are same as that written under Section 3.9 (Block 5.1)

#### **Section A & B:**

Section A and B are described below for one person. The Section A is designed to collect details of **only those courses which were attended or completed** by a household member, ever enrolled but

currently not enrolled in formal education. Section B will include some other particulars of person with age 15 years and above who were ever enrolled but currently not enrolled in formal education.

### Section A:

***Columns 1 - 7: Applicable for the members of the selected household in which there is/are ever enrolled but currently not enrolled member(s) with age  $\geq 3$  years***

### Col.1 (Section A):Course Serial number:

3.10.1 For Section A provision has been kept for entering maximum 15 courses including last enrolled courses in formal education (including formal training), along with all other remaining courses previously enrolled in formal education (including formal training) ***which were either completed or attended***. The latest enrolled course which was attended and/or completed is to be reported first in the first row followed by the other courses previously attended and/or completed following a chronological order to the extent possible.

**Col.2: Course code (3 digit):** For the section A, the 3-digit course codes are to be reported from Annexure I.

3.10.2.1 For each person ever enrolled but currently not enrolled in formal education (including formal training), all courses attended or completed are to be reported using course code structure given in Annexure I. While listing all the courses, a particular sequencing has to be maintained to the extent possible.

3.10.2.2 For enrolment in school education, the course code of the highest class/grade completed or attended is sufficient to record.

3.10.2.3 The indicative mapping between the selection in Q 1.5 and course code in Col 2 is same as that given in paragraph 3.9.2.4 under Section 3.9 (Block 5.1).

**The course profiling of each of the person as in Block 5.1 and 5.2 is required to develop the following indicators or sub-indicators of Global indices;**

- (i) Estimated number of graduates in Science and engineering - Global Innovation Index**
- (ii) Proportion of adult females and males aged 25 years and older with at least some secondary education - Gender Inequality Index**
- (iii) Estimated number of population enrolled in tertiary education - Readiness for the future of Production Assessment Index**

**Col 3: Level of completion/attendance in formal education:**

Codes to be used:

previously enrolled and attended and completed the entire course-3

previously enrolled and attended but not completed the entire course -4

3.10.3 Against each of the 3-digit course codes reported in Col.2, the level of completion or attendance in latest attended courses along with that of the previously attended courses is to be reported for each of the eligible household member in terms of the codes given above.

**Col.4: Number of years completed/ attended excluding repeated years (in whole number):**

3.10.4.1 In the Section A, number of years completed against each of the reported 3-digit course codes (in Col. 2) is to be recorded.

3.10.4.2 Tables depicting some real life example along with appropriate code in col. 2, 3 and 4:

Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
1.	A person of age 10 years was ever enrolled in either ECCE centre of Aanganwadi or nursery or in kindergarden (KG) but currently not enrolled	913	code 3 (previously enrolled and attended and completed the entire course) or code 4 (previously enrolled and attended but not completed the entire course) depending on whether the person has completed pre-primary level or not.	The number of years attended/completed in ECCE centre of Aanganwadi or nursery or in kindergarden (KG) is to be reported in whole number excluding repeated years.
2.	A person of age 13 years was last enrolled in class IV who did not attend pre-primary education	904	code 3 or code 4	Entry is 4 if completed Class IV otherwise 3.
3.	A person of age 13 years who was last enrolled in class VII and attended pre-primary education previously	907	code 3 or code 4	Entry is 7 if completed Class VII otherwise 6.
		913	code 3 or code 4	The number of years completed/attended is to be reported in whole number excluding repeated years.



Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
4.	A person of age 16 years has completed class VIII and was last enrolled in a certificate course in Education	604	code 3 or code 4	The number of years attended/completed is to be reported in whole number excluding repeated years.
		908	code 3	Entry 8 will be auto-filled in CAPI. In PAPI entry 8 is to be recorded.
5.	A person of age 17 years has completed class IX and was last enrolled in a vocational course in Healthcare	808	code 3 or code 4	The number of years attended/completed is to be reported in whole number excluding repeated years.
		909	code 3	Entry 9 will be auto-filled in CAPI. In PAPI entry 9 is to be recorded.
6.	A person of age 18 years has completed class X and was last enrolled in a vocational course in Electronic and Hardware	707	code 3 or code 4	The number of years attended/completed is to be reported in whole number excluding repeated years.
		910	code 3	Entry 10 will be auto-filled in CAPI. In PAPI entry 10 is to be recorded.
7.	A person of age 20 years has completed class XII and was last enrolled in Diploma course in IT and Veterinary and Animal Science at Graduate level	510	code 3 or code 4	The no. of years attended/completed is to be reported in whole number excluding repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.

Sl. No.	Real life Situation	Col. 2	Col. 3	Col. 4
8.	A person of age 24 years has completed class XII and graduation degree course in History and was last enrolled in Diploma course in Arts, Language and Literature at Post Graduate level	401	code 3 or code 4	The number of years attended/completed is to be reported in whole number repeated years.
		301	code 3	The number of years attended/completed is to be reported in whole number repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.
9.	A person of age 26 years has completed class XII and graduation and post graduation degree course in Management and was last enrolled in Doctorate degree in Management	108	code 3 or code 4	The number of years attended/completed is to be reported in whole number repeated years.
		208	code 3	The number of years attended/completed is to be reported in whole number repeated years.
		308	code 3	The number of years attended/completed is to be reported in whole number repeated years.
		912	code 3	Entry 12 will be auto-filled in CAPI. In PAPI entry 12 is to be recorded.

**Information in Col.4 is required to generate estimates of Mean Years of Schooling (MYS), an important input to derive Global indices like Human Development index (HDI), Global Competitiveness Index (GCI), Readiness for the Future of Production Assessment Index (RFP AI), E-Government Index, ICT Development Index**

***Column 5 -7: Applicable only for the latest course (last attended/completed) reported in Section A against course serial number 1***

**Col.5: Whether the school/institute where last enrolled is recognised by Central/State Government?**

Codes to be used:

yes -1,

no -2,

not known-3

3.10.5 In Section A the status of recognition of his/her school or institution in which he/she last enrolled is to be collected. If the school or institute where last enrolled is reported to be recognised by State or Central Government, code 1 is to be reported. If it is reported to be recognised neither by the State nor by the Central Government, code 2 is to be recorded. If however, the information on recognition is unknown to the informant or the informant is not able to report, code 3 is to be recorded.

***Column 6 and 7: Applicable for those persons who reports that his/her latest enrolment was in school education (i.e., entry any of 901-913 in col. 2 in the first row)***

**Col.6: Whether successfully completed the class in which last enrolled?**

Codes to be used:

yes - 1,

no - 2

**Col. 7: Type of school in which last enrolled**

Codes to be used:

Government-1,

private aided by Government-2

private un-aided(recognised)-3,

unrecognised-4

others -5,

not known -6

3.10.6 The concept of each of the above codes is same as described in paragraph 3.9.7 of Block 5.1.

**B. Other particulars [Only for those persons with age 15 years or more]**

***Q1 to Q2.1 of Section B is applicable for each of the members of 15 years and above in the selected household of Block 5.2***

**Q1: Whether attended any course in formal education (including formal training) during last 12 months?**

Codes to be used:

yes - 1,                      no - 2

**Q2: Whether currently attending any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) /non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc.)**

Codes to be used:

yes - 1,                      no -2

**Q2.1: Whether attended any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) /non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc.) [For code 2 in Q2]**

Codes to be used:

yes: currently not attending but attended during last 12 months -1

attended any time before last 12 months-2, no - 3

3.10.7.1 Item description and related concepts are same as given in paragraphs 3.9.9.1-3.9.9.3 in Section B of Block 5.1

*Information on Q2.1 will be collected only for those persons of the sample household who reports code 2 in Q 2 i.e., only for those persons currently neither attending any course in non-formal education (courses from government programmes like Non-Formal Education Centres/Total Literacy Campaign or similar programme run by NGOs) nor currently attending any non-formal training (like, driving training, beautician training, hereditary training, training under USTTAD scheme etc).*

**Information in Section A and that in Q1, Q2 and Q2.1 of Section B and Col. 7 f Block 3.1 are required to generate estimates of SDG indicators:**

- (i) G 4.3.1/ N 4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex**
- (ii) G 8.6.1/ N 8.6.1: Proportion of youth (aged 15-24 years) not in education, employment or training**

**3.11 Block 5.3: For never enrolled persons in formal education (including formal training) with age  $\geq 3$  years [i.e. with entry 3 in Col.7 of Block 3.1 and entry in Col. 5 of Block 3.1  $\geq 3$ ]**

### **Objectives and Scope**

To record person level information on education of never enrolled persons with age  $\geq 3$  years

### **Implementation Notes**

- All the information are to be canvassed for the households in which there is/are never enrolled person(s) with age  $\geq 3$  years

*Applicable for household members of age 3 years and above [i.e., with entry  $\geq 3$  in col.5 of Block 3.1] and reporting never enrolled in formal education [i.e., with code 3 in col.7 of Block 3.1]*

**Col.1: Person Serial number (as in Col.1 of Block 3.1):** To be copied or auto-populated from Col.1 of Block 3.1

**Col.2: Age of the household member (as in Col.5 of Block 3.1):** To be copied or auto-populated from Col.5 of Block 3.1

**Col. 3: Major reason for never being enrolled in formal education (school)**

Codes to be used:

currently attending play school-1,	school far off-2
financial problem (like to supplement to household income)-3,	not interested in study -4
parents not interested to send to school -5,	
social problem (like to help in domestic work, to take care of siblings)-6	
due to poor health or disability-7,	others-9

3.11.3.1 The major reason for each of the never enrolled household member(s) as reported, are to be recorded in this question using the above code structure.

### 3.11.3.2 Points to remember:

- Out of the codes mentioned above, if more than one code is applicable for a particular household member, the main reason is to be ascertained by deep probing and the same is to be reported against that household member.

**Column 4 - 8: Applicable for household members of age 15 years and above [i.e., with entry  $\geq 15$  in col.2 of Block 5.3]**

**Col.4: Whether able to both read and write a short simple statement in their everyday life with understanding?**

Codes to be used:

yes -1,                      no - 2

#### 3.11.4.1 Point to remember:

- The code will be recorded based on the reporting of the informant. No skill testing is required.

*Column 5: Applicable for household members of age 15 years and above with code 1 in Col.4*

**Col.5: Whether able to make simple arithmetic calculations?**

Codes to be used:

yes - 1,                      no - 2

**3.11.5.1 Simple arithmetic:** Simple arithmetic includes simple operations of arithmetic such as addition, subtraction, multiplication and division.

### 3.11.5.2 Point to remember:

- The code will be recorded based on the reporting of the informant. No skill testing is required.

**Information in Col.4 and Col.5 are collected to generate sub-indicators of Global indices;**

- (i) **Adult Literary rate for E-Government Index (E-GI), Network Readiness Index (NRI) and**
- (ii) **Literacy rate for Global Gender Gap Index (GGGI).**

*Column 6: Applicable for household members of age 15 years and above with code 2 in Col.4*

**Col.6: Whether participated in any youth/adult literacy programme (e.g. Total Literacy Campaign/Padna Likhna Abhiyan or similar adult literacy programmes run by Government/NGOs etc.)?**

Codes to be used:

yes: currently participating -1, participated and completed -2,

no (including not participated ever as well as participated but not completed) - 3

**3.11.6.1 Total Literacy Campaign:** The Total Literacy Campaign (TLC) is a dominant strategy for eradication of adult illiteracy in India. This approach is a potent and viable model which helps to achieve a significant breakthrough in the literacy scene in India. It constitutes the principal strategy of National Literacy Mission (NLM). This TLC is area-specific, time bound, volunteer-based, cost effective and outcome-oriented. The thrust is on attainment of functional literacy through prescribed norms of literacy and numeracy. The learner is the focal point in the entire process. The measurement of learning outcome is continuous, informal and participative.

**3.11.6.2 Padna Likhna Abhiyan:** The primary objective of Padhna Likhna Abhiyan is to impart functional literacy to adult illiterates aged 15 and above under a Basic Literacy Programme, generally of one year duration. Adult Education in the Indian context, extends educational option to those adults, who have lost the opportunity of getting an education and transcended the age for formal education, and now feel a need for pursuing basic education, vocational education (skill development), equivalency, physical and emotional development, practical arts, applied science, or recreation.

In order to ensure complete focus on eradication of illiteracy, the scheme of Adult Education (Padhna Likhna Abhiyan) focused on the Basic Literacy component. The Abhiyan focuses on women, Scheduled Castes (SCs), Scheduled Tribes (STs), Minorities, other disadvantaged groups and aspirational districts. It focusses on the Basic Literacy component in four months cycle amongst the adults of the nation.

**Col.7: Whether attending/attended any non-formal education courses (like from Non-Formal Education Centres etc.,)?**

Codes to be used:

yes: currently attending -1,                      currently not attending but attended during last 12 months -2  
 attended any time before last 12 months -3,                      no -9

3.11.7 For household member(s) of age 15 years and above and never enrolled, the information on whether he/she is currently attending or has attended any other non-formal education courses like courses in Non-Formal Education Centres etc., will be collected in terms of the codes given above.

**Col.8: Whether attending/attended any vocational/technical training like driving training, beautician training, hereditary training, training under USTTAD scheme etc.?**

Codes to be used:

yes: currently attending -1,                      currently not attending but attended during last 12 months -2  
 attended any time before last 12 months -3,                      no -9

3.11.8 For household member(s) of age 15 years and above and never enrolled, information on whether he/she has received or currently attending any non formal vocational/technical training like driving training, beautician training, hereditary training, cobbler training, barber training, training under USTTAD scheme etc. is to be collected and recorded in terms of the different codes stated above. The concepts of USTTAD scheme is same as that given in Section B of Block 5.1 and 5.2.

**Information in Col.6 to Col. 8 is required to generate following SDG indicators:-**

**(i) Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (G 4.3.1/ N 4.3.1)**

**(ii) Proportion of youth (aged 15–24 years) not in education, employment or training (G 8.6.1/ N 8.6.1)**



3.11.9 The table below provides an overview of the requisite questions of Block 5.1 - 5.3 against each of SDG indicators and some sub-indicators of Global indices;

Serial no.	Indicator	Block 5.1 reference	Block 5.2 reference	Block 5.3 reference
1.	Mean Years of Schooling (MYS) an important input to drive some Global indices like Human Development index (HDI), Global Competitiveness Index (GCI), Readiness for the future of Production Assessment Index (RFP AI), E-Government Index, ICT Development Index	Col.2, Col.4	Col.2, Col.4	-
2.	Estimated number of graduates in Science and engineering for Global Innovation Index (GII)	Col.2, Col.3	Col.2, Col.3	-
3.	Proportion of adult females and males aged 25 years and older with at least some secondary education as a part of Global Innovation Index (GII)	Col.2, Col.3	Col.2, Col.3	-
4.	Estimated number of population enrolled in tertiary education as a part of Readiness for the future of Production Assessment Index	Col.2, Col.3	Col.2, Col.3	-
5.	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (G 4.3.1/ N 4.3.1)	Col.3 of sub-block A and Q1, Q2, Q2.1 of sub-block B	Q1, Q2, Q2.1 of sub-block B	Col.7, Col.8
6.	Proportion of youth (aged 15-24 years) not in education, employment or training (G 8.6.1/ N 8.6.1)	Col.3 of sub-block A and Q1, Q2, Q2.1 of sub-block B and Col. 7 of Block 3.1	Q1, Q2, Q2.1 of sub-block B and Col. 7 of Block 3.1	Col.7, Col.8 and Col. 7 of Block 3.1
7.	Ratio of girls to boys enrolled in primary education level in public and private schools' as part of Globalization Index	Col.7	Col.7 (1 <sup>st</sup> row)	-

### 3.12 Block 5.4: Person level information on formal education of erstwhile member of household studying outside India at present, if any, with age greater than or equal to 18 years.

#### Objectives and Scope

To record person level information on formal education (except school education) of erstwhile member of household studying outside India at present, if any, with age  $\geq$  (greater than or equal to) 18 years

#### Implementation Notes

- All the information are to be canvassed currently from those households where any of its erstwhile member (of age 18 years and above) is staying abroad and studying (enrolled) there in formal education apart from school education (i.e., those erstwhile members who are studying (enrolled) in educational institution abroad).

#### Q1: Is any erstwhile member of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education?

Codes to be used:

yes-1,

no-2

*Applicable for all selected households*

3.12.1.1 For this survey, an 'erstwhile member' (age 18 years and above) of a sample household currently pursuing formal education (apart from school education) (formal education after completing higher secondary/ Class 12 or equivalent level ) outside India, is defined as:

*A person whose country of origin is India and have crossed the border for the purpose of pursuing tertiary education (i.e. formal education after completing higher secondary/ Class 12 or equivalent level) and will be the member of that Indian household whenever he/she returns back to India either temporarily or permanently.*

3.12.1.2.1 All the selected households will be enquired whether any erstwhile member of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education and the response is to be recorded in terms of *yes-1* and *no-2*.

#### 3.12.1.2.2 Points to remember illustrated through some real life examples:

- A student was belonging to joint household at the time of departure for undertaking tertiary study outside India. The household was jointly formed by his/her father and uncle. At the time of survey, that household has been split up and the father and uncle of the students formed two separate households. If the household of the parents of the student is selected, code 1 is to be reported. If the other household (i.e., household of the uncle) is selected, code 2 is to be recorded.

- If son of a household based in India is shifted to a foreign country for undertaking new job and his wife is studying tertiary education in that foreign country. In such case, code 1 is to be reported against the in-laws household of the wife and code 2 is to be recorded against the parents' household of the wife, if selected.
- If son of a household based in India is shifted to a foreign country for undertaking tertiary education and has married to an NRI studying at that country. In such case, code 1 is to be reported against the son and code 2 is to be reported against the daughter in-law of the parents' household of the son in India.
- In the last one year due to Covid 19 situation, many students have enrolled and attended in tertiary education outside India virtually (i.e. not physically crossing the border of India). Such student will be treated as a household member at the time of the survey and not as an erstwhile household member studying tertiary education outside India for this survey and code 2 is to be reported in all such situations.

***Q 1.1 and Q2: Applicable for households which reports at least one erstwhile member of household of age 18 years and above is currently studying (pursuing formal education) outside India apart from school education [ i.e., with code 1 in Q1]***

**Q1.1 How many erstwhile members of household are currently studying (pursuing) formal education outside India apart from school education? (in whole number)**

**3.12.1.1.1 Formal education will cover** general, technical, professional, vocational courses offered by colleges, universities, open schools, open education universities, CA/ CFA/ ICWA/ CS or similar professional bodies or other institutions.

**3.12.1.1.2** For the households with code 1 in Q1 (i.e., with erstwhile member of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education), it will be enquired how many such erstwhile members of household are currently studying (pursuing) formal tertiary education outside India and the response is to be recorded in whole number in Q1.1.

**Q2: Based on input (entry in PAPI) in Q 1.1, create (prepare) the following roster (list) of erstwhile household members who are currently pursuing formal education (apart from school education) outside India.**

**Col. 1: Sl. Number:**

**3.12.2** The serial no. of the erstwhile member of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education to be recorded in Col. 1. The column 1 will start from 1 and continue till the number recorded in Q1.1 i.e., the total no.

of erstwhile member of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education.

**Col. 2: Name:** The name(s) of the erstwhile member(s) of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education to be recorded in Column 2.

**Col. 3: Gender**

Codes to be used:

male-1,

female-2,

transgender-3

3.12.3 The gender of the erstwhile member(s) of household of age 18 years and above currently studying (pursuing formal education) outside India (apart from school education) to be recorded in Column 3 using the above codes.

**Col. 4: Age [completed number of years of age]**

3.12.4 Age, in completed years, of the erstwhile member(s) of household of age 18 years and above currently studying (pursuing formal education) outside India apart from school education will be ascertained and will be recorded in whole number of years.

**Col. 5: Country where currently pursuing education:**

Codes to be used:

Australia - 01,

Canada - 02,

China - 03,

France - 04

Germany - 05,

Italy - 06,

Malaysia - 07,

New Zealand - 08

Russia - 10,

Singapore - 11,

South Africa - 12,

Thailand - 13

USA- 14,

United Kingdom (UK)- 15

Gulf Countries (Saudi Arabia, Iran, Iraq, Kuwait, UAE and other countries of the region)- 16,

Other Asian Countries- 17, Other Countries of North and South America- 18

Other Countries of Europe- 19, Other Countries of Africa- 20, Rest of the World- 99

3.12.5 The country in which erstwhile member(s) of household of age 18 years and above is currently studying (pursuing formal education) outside India (apart from school education) will be enquired in Col. 5 and to be recorded in terms of the codes given above.

**Col. 6: Level of enrolment in formal education currently pursuing abroad:**

Codes to be used:

doctoral degree (including post doc) -1,

post graduate (degree)-2

post graduate (diploma) -3,

graduate (degree) -4

graduate (diploma) -5,

certificate courses (post higher secondary) -6

other tertiary education-7

3.12.6 The level of enrolment in formal education of the erstwhile member(s) of household of age 18 years and above currently studying (pursuing formal education) outside India (apart from school education) will be enquired and is to be recorded in Col. 6 in terms of the codes given above.

**Col. 7: Type of course pursuing in the currently enrolled level:** For codes 1 - 6 in Col 6 of the erstwhile member(s) of household of age 18 years and above currently studying (pursuing formal education) outside India (apart from school education), 3-digit Course codes as given in Annexure-I is to be used for recording type of course in which the erstwhile member is pursuing in the currently enrolled level. For code 7 in col. 6 (i.e., other tertiary education), code '999' is to be recorded in col. 7.

Code in Col.6	Code in Col.7
1	any of 101- 111, 199
2	any of 201- 211, 299
3	any of 301- 311, 399
4	any of 401- 411, 499
5	any of 501- 511, 599
6	any of 601- 611, 699
7	999

**Information in Block 5.4 is required to generate estimates of 'Outbound mobility of Indian students'. The main user of this indicator is D/o Higher Education, M/o Education.**

### 3.13 BLOCK 6: Household consumer expenditure

#### Objectives and Scope

To record household consumption expenditure from each of the selected household.

#### Implementation Notes

- All the information are to be canvassed for all the selected households

**Q1 - Q6: Household's usual monthly consumer expenditure (Rs.):** This information is collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumer expenditure (HCE) is the sum total of monetary values of all goods and services consumed (out of purchase or procured otherwise) by the household on domestic account (i.e., all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in usual Consumer Expenditure Survey (Schedule 1.0) of NSS. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, will not be covered under consumer expenditure. However, expenditure on household durable goods is to be included. This to be noted that in Q1 - Q5, entries to be made in whole number. Q6 will be generated automatically.

**Q1 Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)**

3.13.1 Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes will be included here *whereas expenses on items like clothing, footwear and purchase of durable goods will be excluded from the coverage of this item*. Further, cash remittances should not be reported under this item.

**Q2 Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc., (B)**

3.13.2 There are some households, especially in rural areas, who use (i.e., consume) items of household consumer goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who use items of household consumer goods from home grown stock on *regular basis*, the imputed value of such usual consumption in a month at ex farm/ex factory price will be recorded here.

#### Points to remember:

- For households who use items of household consumer goods from home grown stock on regular basis, the imputed value of such usual consumption in a month at ex farm/ex factory price is to be recorded.

**Q3 Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)**

3.13.3 There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals, etc., as payment for wages in kind. In some cases, it may also happen that household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly **consume goods and services received** as (i) wages in kind (ii) in exchange of goods provided by them (iii) as gifts or (iv) obtained through free collection, etc., the imputed values of all such usual consumption in a month at local retail prices will be recorded here. Mid-day meals received free by household members also will be considered for making entries against this item.

**Points to remember:**

- For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.
- Goods and services received as gifts or obtained through free collection or allotted by Government (e.g., fund allotted for students in Government sponsored school) which are regular in nature are only to be considered for reporting.
- If goods and services received at subsidised rates, local retail price is to be imputed.
- Rent of leased out land received in kind, and consumed by the household, is to be considered and imputed value of good received is to be recorded.

**Q4 Expenditure on purchase (including online purchase) of items like clothing, footwear, etc., during last 365 days (D):**

3.13.4 Expenditure on purchase (including online purchase) of items like clothing footwear, etc., which generally are not purchased on a regular basis during the last 365 days will be recorded here.

**Q5 Expenditure on purchase (including online purchase) of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment etc., during last 365 days (E)**

3.13.5 Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like, bedstead, furniture, vehicles, TV sets, fridge, fans, cooler, AC, mobile phones, computers, kitchen equipment, etc., will be recorded here. Expenditure for construction of household durable goods will be considered for reporting in this item which may include cost of raw materials, labour.

**Points to remember:**

- If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments, during the

reference period is to be recorded irrespective of whether the such durable goods was purchased during the reference period.

- If a car or any other durable goods is purchased during last 365 days by taking loan from bank and instalments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods is to be considered and reported instead of the amount of instalments paid during the last 365 days.
- Cost of repair/ servicing of vehicle will be considered for reporting in this item.
- Major repair/construction of durable goods which intends to increase the life of the durable goods will be considered for reporting in this item.
- Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat which will be considered for reporting in this item.

#### **Q6 Usual monthly household consumer expenditure = $[A + B + C + (D+E)/12]$**

3.13.6 Q1 to Q5 are for collecting information on different components of household's usual monthly consumer expenditure and from the entries in Q1 to Q5, households usual monthly consumer expenditure will be generated automatically in Q6 in whole number of rupees rounded to the nearest rupee.

##### **3.13.6.1 Special procedure for expense on tuition fees, hostel room charges and hostel mess charges:**

- If these expenses are incurred with a monthly periodicity, they will naturally come under 'A'. But if they are incurred semester-wise, or quarterly or annually, the average expenditure per month is to be calculated and included in 'A'.
- Note, however, that in case of hostel students, these expenditures should be accounted in the student's household and not in the 'parent' household. This is because rent and tuition fees regularly paid by a household (parent household) for a member of another household (usually a hostel student) are covered by the Use Approach.
- For simplicity, the above procedure will be followed for tuition fees paid for non-hostel students as well. That is, if tuition fees are not paid monthly and therefore not reported in 'A', the monthly average over a year will be included in 'A'.

##### **3.13.6.2 Points to remember:**

- In **Q1, Q4 and Q5**, online expenditure is also to be considered.
- Amount spent for purchase of flats/houses will not be considered for calculating UMPCE excluded as it is treated as an investment/capital expenditure.
- Expenditure incurred for regular medical treatment or diagnosis (e.g., dialysis for kidney impairment, chemotherapy/radiology for cancer) will be considered for calculating UMPCE. However, any expenditure on hospitalisation, which is not of regular nature, will be excluded.
- Expenditure incurred for payment of insurance premium, will be excluded as it is essentially a transfer payment and all types of transfer payments are outside the purview of consumer expenditure.



**3.14 Block 7: General Remarks by Survey Enumerator (SE)/ Junior Statistical Officer (JSO)**

Block 7 has been kept for incorporating general remarks by Survey Enumerator (SE) or Junior Statistical Officer (JSO) after canvassing the whole schedule.

**3.15 Block 8: General Comments by Survey Supervisor (SS)/ Senior Statistical Officer (SSO)**

Block 8 has been kept for incorporating general comments by Survey Supervisor (SS) or Senior Statistical Officer (SSO) after supervision/scrutiny of the whole schedule.

**FREQUENTLY ASKED QUESTIONS (FAQs) of BLOCK 4.3**

<b>Sl. no.</b>	<b>Block</b>	<b>Q. no.</b>	<b>Query</b>	<b>Reply</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
1.	4.3	2.1	A patient has received treatment as out-patient for an ailment for 45 days, of which 30 days are within the reference period and 15 days are outside the reference period. If entire expenses are paid in the reference period how will expenditure be reported in this block?	Paid approach is to be followed here. The amount paid for treatment during the reference period may be entered.
2.	4.3	2.1, 4.1	A patient took treatment in the out-patient section for some days. Later, due to seriousness of condition, he got admitted in the hospital as an in-patient. How will the expenses on the treatment of ailment be demarcated?	(i) Expenses of in-patient treatment will be recorded against Q4.1. (ii) Expenses of any out-patient treatment incurred during the last 30 days are to be recorded against Q2.1.
3.	4.3	2.1, 4.1	Will treatment received under cashless Mediclaim scheme be reported as received free?	No. In the said case, treatment is received as on payment and the amount utilise for treatment is to be recorded here.
4.	4.3	3.1	Can a person discharged one or two hours after surgery be considered for a case of hospitalisation?	Yes. All minor surgeries such as cataract/laser within a day will be considered as hospitalization.
5.	4.3	3.1	A baby is born in hospital. Can this be regarded as a case of hospitalisation?	It is a hospitalisation case of the mother and not for the baby.
6.	4.3	3.1	Can in-patient treatment rendered by unqualified persons (quacks) be taken as cases of hospitalisation? This is prevalent in interior rural	As places run by quacks cannot be considered as medical institutions, these cases cannot be treated as a case of

SL. no.	Block	Q. no.	Query	Reply
(1)	(2)	(3)	(4)	(5)
			areas for treatment of emergencies for a few days before hospitalisation in a medical institution.	hospitalisation.
7.	4.3	3.1	If a baby who has never left the hospital contracts an illness for which it has to stay in hospital, is it to be regarded as a case of treatment received as in-patient, to be considered for the case of hospitalization?	Yes.
8.	4.3	3.1	For treatment of drug addicts and HIV- positive persons in some Drug Addiction Rehabilitation Centres, the persons are formally admitted and discharged. Are these to be treated as hospitalization cases?	If these institutes provide medical treatment, they are to be considered.
9.	4.3	3.1, 4.1	Where should we record the expenses incurred for the new-born (who are usually given some medication/ immunisation vaccine during that time) for institutional childbirth?	As long as the baby does not have any neo-natal problem, it is not a hospitalisation case for the baby. All medical expenses for childbirth (including the cost of immunisation and medication of the new born child) during hospitalisation of mother should be recorded under the cost of childbirth.
10.	4.3	4.1	A person was hospitalized in one hospital. During the stay in the said hospital, the condition of the person further worsened and he/she was referred to another hospital. He was hospitalized in that referral hospital. How to record the expenses?	The total expenditure incurred for treatment in both the medical institutions is to be recorded against the respective components of medical and non-medical expenditure.

SL. no.	Block	Q. no.	Query	Reply
(1)	(2)	(3)	(4)	(5)
11.	4.3	2, 2.1, 3.1	It is found these days that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalization?	No, it is not to be treated as hospitalization and the expenses on routine tests are to be recorded against Q2. & Q2.1. However, if the person feels sick and gets admitted to the hospital for tests etc., it will be treated as hospitalization.
12.	4.3	-	The head of the household has borne the entire hospitalization expenses of his father, who is not a household member. Will the expenses be entered here?	No. But if the household of the patient had been selected, entries would have been made in this block.
13.	4.3	-	A family is covered by Arogyasri health scheme, under which in-patient treatment is provided free up to certain specified amount. The expenditure over and above the specified limit is to be borne by the patient. Is this to be treated as free or not?	It is considered to be partly free and total expenditure incurred (including the ceiling amount) is to be recorded against the respective components of Q2.1 or Q4.1, and the ceiling amount (up to which treatment was provided free) is to be recorded against Q3.1 or Q5.1 as per the case of treatment.
14.	4.3	4.1	In some State, if you are taking treatment in a government hospital, especially in case of delivery, all kinds of tests and treatment are free under some scheme. In such cases what will be the entry in Q4.1?	‘0’ may be entered for the tests and treatment received free with appropriate remarks.
15.	4.3	2.1, 4.1	A woman took diagnostic tests in Tamil Nadu and later got admitted to a private hospital in Kerala for uterus removal operation. Can the expenses on diagnostic tests	No, as the tests were not conducted while admitted in hospital, therefore the expenses on the same, if occurred during the reference period of 30 days is to be recorded against Q2.1. Expenses incurred for uterus

SI. no.	Block	Q. no.	Query	Reply
(1)	(2)	(3)	(4)	(5)
			be recorded against Q4.1?	removal surgery is to be recorded against Q4.1.
16.	4.3	2.1, 4.1	In transport for patient can we include the expenses incurred while using one's own vehicle like expenses for petrol, charges paid for hired driver etc.?	Charges paid for transportation, if any, are to be included but cost of fuel will not be imputed.
17.	4.3	2.1, 4.1	Will tips paid to ward boys, nurses in hospitals be considered for this item?	No, it will not be considered.
18.	4.3	3.1, 5.1	What amount will come under reimbursement if bill claimed by the informant is under process?	As claimed by the informant.
19.	4.3	2, 4	If a person gets treatment/hospitalization in a foreign country, will it be reported here?	Treatment outside India is not to be considered.
20.	4.3	2, 2.1	A household making the expense on medicine at a single lot, out of pension received on the first day of month (outside reference period), goes on consuming medicine during the reference period. If, no expense was incurred during the reference period of 30 days, how the expenses on medicine are to be recorded here?	If no medical expenses were incurred during the reference period, it is not to be recorded here or 0 may be entered against Q2.1. However, the treatment taken as out-patient during the reference period of last 30 days by a member is to be recorded against Q2.
21.	4.3	2.1, 4.1	Will expenditure incurred on paramedical staff be incorporated here?	Yes, the same is to be recorded against other medical expenses.
22.	4.3	4.1	Whether COVID-19 treatment at home will be considered as the case of hospitalization?	No, treatment taken at home for COVID-19 will not be considered as the case of

SI. no.	Block	Q. no.	Query	Reply
(1)	(2)	(3)	(4)	(5)
				hospitalization. However, if the medical set-up was installed at home under the direction of a medical institution and treatment of COVID-19 was taken under the supervision of medical practitioner, then it will be considered as case of hospitalization.
23.	4.3	5	A female received money under Janani Suraksha Yojana after institutional delivery. Will it be considered as reimbursement?	No, it will not be considered as reimbursement.

**Annexure-I**

Description of 3 digit course code			
Level		Level of current / last enrolment	
Code	Description	Description of broad discipline/ category/ grade/ class	Course code
(1)	(2)	(3)	(4)
1	<b>Doctoral/ Post Doctoral Degree</b>	Arts, Language, Literature	101
		Agriculture & Fisheries	102
		Commerce	103
		Education	104
		Engineering & Technology	105
		IT & Computer Science	106
		Medical Science (including Nursing)	107
		Management	108
		Science	109
		Veterinary & Animal Sciences	110
		Law	111
		Others	199
2	<b>Post Graduate Degree</b>	Arts, Language, Literature	201
		Agriculture & Fisheries	202
		Commerce	203
		Education	204
		Engineering & Technology	205
		IT & Computer Science	206
		Medical Science(including Nursing)	207
		Management	208
		Science	209
		Veterinary & Animal Sciences	210
		Law	211
		Others	299
3	<b>Graduate Degree</b>	Arts, Language, Literature	301
		Agriculture & Fisheries	302
		Commerce	303
		Education	304
		Engineering & Technology	305
		IT & Computer Science	306
		Medical Science (including Nursing)	307
		Management	308
		Science	309
		Veterinary & Animal Sciences	310
		Law	311
		Others	399

Description of 3 digit course code			
Level		Level of current / last enrolment	
Code	Description	Description of broad discipline/ category/ grade/ class	Course code
(1)	(2)	(3)	(4)
<b>4</b>	<b>Diploma (Post graduate level)</b>	Arts, Language, Literature	401
		Agriculture & Fisheries	402
		Commerce	403
		Education	404
		Engineering & Technology	405
		IT & Computer Science	406
		Medical Science (including Nursing)	407
		Management	408
		Science	409
		Veterinary & Animal Sciences	410
		Law	411
		Others	499
<b>5</b>	<b>Diploma (Graduate level and below)</b>	Arts, Language, Literature	501
		Agriculture & Fisheries	502
		Commerce	503
		Education	504
		Engineering & Technology	505
		IT & Computer Science	506
		Medical Science(including Nursing)	507
		Management	508
		Science	509
		Veterinary & Animal Sciences	510
		Law	511
		Others	599
<b>6</b>	<b>Certificate</b>	Arts, Language & Literature	601
		Agriculture & Fisheries	602
		Commerce	603
		Education	604
		Engineering & Technology	605
		IT & Computer Science	606
		Medical Science(including Nursing)	607
		Management	608
		Science	609
		Veterinary & Animal Sciences	610
		Law	611
		Others	699



Description of 3 digit course code			
Level		Level of current / last enrolment	
Code	Description	Description of broad discipline/ category/ grade/ class	Course code
(1)	(2)	(3)	(4)
7	<b>Vocational Courses (ITI or similar after completing class 10)</b>	Agriculture & Fisheries	701
		Apparels, Made ups & Home Furnishing	702
		Automotive	703
		Banking, Financial Services and Insurance (BFSI)	704
		Beauty and Wellness	705
		Construction	706
		Electronics and Hardware	707
		Healthcare	708
		Information Technology/ IT Enabled Services (IT/ ITES)	709
		Media and Entertainment	710
		Multi Skilling	711
		Physical Education and Sports	712
		Plumbing	713
		Power	714
		Retail	715
		Security	716
		Telecom	717
		Tourism and Hospitality	718
		Transportation, Logistics and Warehousing	719
		Others	799
8	<b>Vocational Courses (ITI or similar after completing class 8)</b>	Agriculture & Fisheries	801
		Apparels, Made ups & Home Furnishing	802
		Automotive	803
		Banking, Financial Services and Insurance (BFSI)	804
		Beauty and Wellness	805
		Construction	806
		Electronics and Hardware	807
		Healthcare	808
		Information Technology/ IT Enabled Services (IT/ ITES)	809
		Media and Entertainment	810
		Multi Skilling	811
		Physical Education and Sports	812
		Plumbing	813
		Power	814
		Retail	815
		Security	816
		Telecom	817
		Tourism and Hospitality	818

Description of 3 digit course code			
Level		Level of current / last enrolment	
Code	Description	Description of broad discipline/ category/ grade/ class	Course code
(1)	(2)	(3)	(4)
		Transportation, Logistics and Warehousing	819
		Others	899
9	School education	Class I	901
		Class II	902
		Class III	903
		Class IV	904
		Class V	905
		Class VI	906
		Class VII	907
		Class VIII	908
		Class IX	909
		Class X	910
		Class XI	911
		Class XII	912
		pre- primary (Early Childhood Care and Education (ECCE) of Aanganwadi, nursery, lower kinder garden, upper kinder garden, etc.)	913

# *Chapter Four*

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## Survey on AYUSH

### 4.0 Introduction

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4.0.0 AYUSH is the acronym of the medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of diseases and promotion of health.

4.0.1 Several requests have been received from Ministry of AYUSH in the past to conduct a full-fledged survey on AYUSH sector to create a baseline database on various aspects of AYUSH system of medicines in India and to understand the knowledge and practice of AYUSH system of medicines (Ayurveda, Homoeopathy, Yoga & Naturopathy, Siddha and Unani) by the household for the treatment of non-communicable diseases (NCDs), lifestyle disorders, long term diseases, multi drug resistant diseases, etc.

4.0.2 An attempt was made earlier in the survey of Household Consumer Expenditure of NSS 68<sup>th</sup> round (2011-12) to collect some information on awareness and uses of AYUSH system of medicines by the households. In addition, information on AYUSH medicines used by the patients for in-patient and out-patient treatments and by pregnant women for pre-natal & post-natal care was collected in the survey of Household Social Consumption: Health of NSS 75<sup>th</sup> round (2017-18).

4.0.3 However, no separate survey on AYUSH has been conducted so far. In the recent past, Ministry of AYUSH has taken a number of initiatives to popularize AYUSH as a well-defined system of alternative medicine and this necessitated the need for having a baseline database covering various aspects of AYUSH.

4.0.4 Accordingly, it has been planned to conduct a full-fledge survey on AYUSH in the NSS 79<sup>th</sup> round. This survey is the first survey of its kind. The main objective of this survey is to get an idea about the awareness and penetration of AYUSH systems of medicine in Indian population.

## 4.1 Defining AYUSH system

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4.1.0 **AYUSH** systems of medicine include Indian systems of medicine (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Yoga & Naturopathy and Homoeopathy). These systems are being practiced in the country with diverse preferences of people and infrastructural facilities. The various systems of AYUSH are defined below:

4.1.1 **AYURVEDA**: ‘Ayurveda’ literally means “Science of Life”. Ayurveda is evolved from the various Vedic hymns rooted in the fundamental philosophies about life, disease and health. Ayurveda treatment is based more on the prevention process. Ayurvedic treatment focuses more on bringing a balance in the health of an individual rather than treating the disease. By promoting the overall health, Ayurveda indirectly prevents the disease and cures the sickness. An Ayurvedic health system is a holistic approach which involves a variety of measures that can be taken by an individual prior to the onset of any disease. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance. Moreover, this process helps in strengthening the mechanism of the human body to prevent the recurrence of the disease.

Some popular Ayurvedic medicines used in India to cure the illness or for prevention are as follows:

- For cough and cold: Kadha – Kwatha/kasayam e.g., Kadha (decoction) of Tulsi Patra, Adarakh (Ginger), Mulethi (Licorice), Kali Mirch (black pepper), Lavanga (cloves), pippali (long pepper), and honey etc., and Herbal Tea.
- For fever: Herbal juices, e.g. juice of Aloe Vera (Gvarpatha/ Gheekumari) leaves, Neem leaves and bark, Tulsi Patra, Kvatha of Giloy (Guduch) stem, Chirayata.
- For Stomach and digestion related problems: Trifala churna, Hingwashtak churna, Lavanbhaskar Churna, Drakshasava, Hing (Asafoetida), Jeera (Cumin), Pudina (Mint), Saindha Namaka (Pink salt), Ajwain (Carom seeds), Shuthi (dry ginger).
- As a tonic (for energy): Chyavanprash and Ashwagandha.
- For Stri rog: Supari pak, Ashokarishta, Dashmoolarishta.
- For Indigestion: Hing (Asafoetida) ki goli, Ajwain (Carom seeds), Saunf (fennel seeds).
- For Constipation: Isabgol, Harde, Gulkand and Trifala Churna.
- For Body Pain: Guggule Goli, Narayan Tail, Balm.
- For joint pain and swelling/Gathiya: Guggula ki goli like Yogaraja Guggula, Haldi (Turmeric) powder, Methi beej (fenugreek seeds), Sahajan (Moringa) ke phool and patra, Lahasun (garlic).

- ➡ For Children: Bal Ghutti/ Mugli Ghutti/ Janam Ghutti.
- ➡ For Hair Oil: Bhringraj Oil, Brahmi Amla Oil.
- ➡ For the purpose of soothing the body, tiredness, general weakness, body ache, joint pain, stiffness: massage with various oils like Til ka Oil, Mahanarayan Oil.
- ➡ For minor injuries: Haldi powder with milk and local application with oil /ghee, leaves of Erand (erandi).
- ➡ For minor eye problems: Gulab Jala.
- ➡ Toothache: Oil of Cloves (Laung oil)
- ➡ Earache: luke warm Sarason ka Tail processed with Lahasuna.
- ➡ For diabetes: juice of Karela (bitter gourd), powder of Jamun (black plum) seeds, Methi (fenugreek) seeds, Haldi (Turmeric), Amala (Indian gooseberry) fruit, Neem leaves.
- ➡ For skin diseases: oil of neem seeds, Karpur (Camphor) or/and Gandhaka powder mixed with oil of coconut or sarson (mustard).

Panchakarma massage and body massage with oils are very popular practices of Ayurveda for joint pains and promotional health.

***Ayurvedic medicines now-a-days are often available in the form of capsules, tablets, syrups, powders and many new forms.***

**4.1.2 YOGA:** Yoga is a discipline that dates back to thousands of years and is regarded as one of the best practices known to calm the inner self. It refers to traditional physical and mental disciplines originating in India. It is about the union of a person's own consciousness and the universal consciousness. It is a healing system of theory and practice. It is a combination of breathing exercises, physical postures, and meditation that has been practiced for more than 5,000 years as part of healthy lifestyle and has become part of our spiritual heritage. The practice aims to attain self-realization, by improving the inherent power of an individual in a balanced way. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development etc. The components of Yoga are Yama, Niyama, Pratyahara, Dharana, Asana, Pranayama, Dhyana and Samadhi. These components bring about physical discipline, help in the regulation of breath, restraining the sense organs, and promote contemplation and meditation. These techniques play an important role in the prevention of diseases such as psychosomatic disorders and promote overall health.

Some popular Yoga Aasans used by common people are as follows:

- ➡ For diabetes, stress management: Pranayam, shavasan, ardhamatsyendra aasana
- ➡ For pain, to regulate blood circulation: Different body postures of Yoga
- ➡ For Psychosomatic Disorders: Yogic Relaxation techniques, kriyas like trataka

- ➡ For Digestive Disorders: Pavanamuktasana, Vajrasana and Kriyas like Dhauti, Kunjal, Agnisara
- ➡ **Shatkarma** (Six cleansing procedures): Kapalabhati, Neti, Dhouti
- ➡ **Asana** (psycho-physical postures): Padmasana, Shavasana
- ➡ **Pranayama** (controlled and regulated breathing): Nadishodhana pranayama, Sitali Pranayama, Bhramari pranayama
- ➡ **Bandha & Mudra** (Neuromuscular locks and gestures): Jalandhara bandha and Uddiyana bandha
- ➡ **Dhyana** (Meditation)
- ➡ **Mitahara** (Yogic Diet)

**4.1.3 NATUROPATHY:** Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself. Naturopathic philosophy favours a holistic approach without the use of surgery and drugs and emphasizes the use of natural elements (air, water, heat, sunshine) and physical means (massage, water treatment etc.) to treat illness. It refers to methods of treating diseases using natural therapeutics viz. Water therapy (Hydrotherapy), Colour therapy (chromotherapy), Fasting therapy, Mud therapy, Magnet therapy and food therapy to assist the natural healing process. It is the science of disease diagnosis, treatment, and cure using natural therapies including dietetics, botanical medicine, fasting, exercise, lifestyle counseling, detoxification, and chelation, clinical nutrition, hydrotherapy, naturopathic manipulation, spiritual healing, environmental assessment, health promotion, and disease prevention.

Some popular Naturopathy treatments used by common people for illness or prevention are as follows:

- ➡ For skin diseases: Mud bath, Sun bath.
- ➡ For pain and tension: Massage therapy.
- ➡ For chronic ailments like Diabetes, Hypertension: Hydrotherapy like Hip bath, Spinal bath, Diet Therapy.
- ➡ For acute diseases like Fever: Fasting, Enema, Cold Packs, Cold Compress.

**4.1.4 UNANI:** Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare. The diagnosis and treatment of this system of medicine are based on various holistic concepts and scientific principles of health and healing. In the Unani system of medicine, the temperament

of an individual plays an important role. In the diagnosis and treatment of the Unani system, temperament acts as the base. The classification and evaluation of various temperaments are based on the amalgamation of four humors in the blood in different quantities that are: phlegm, blood, black bile, and yellow bile. Humors are the fluids in the human body that produce energy, and trigger growth, nutrition, and repair. The humors also perform the function of maintaining moisture in different organs of the human body. Any imbalance in the equilibrium of humor causes disease, which can be treated with medication and consuming a balanced diet. In this system, a lot of importance is given to the diet and state of digestion of an individual for both health and disease.

Some popular Unani medicines to cure the illness or for prevention care/self-medication are as follows:

- For cough and cold: Joshanda (Kaadha) made of Adrak (Ginger), Kali mirch (black pepper), Mulethi (Licoric), Unnab (Jujube berries/Indian plum).
- For stomach-ache: Arak Saunf (fennel seeds), Arak Ajawin (fenugreek seeds).
- For cough: Sharbat zuffa, Sualin tablet, Lauq-e-Sapistan (Lasode ki chatni).
- For skin problem (blood purification): Safi, Khoonsafa, Arq-e-Shatra & Chiraita.
- General tonic: Halwa-e-gheekawar, Cinkara, Roghan-e-Badam.
- Brain tonic: Khamira-e-Gaozaban, Dimagheen.
- Liver diseases (Jaundice): Arq-e-Mako, Arq-e-Kasni.
- Digestive problems: Habb-e-Kabid, Jawarish-e-Jalinos.
- Constipation: Qurs-e-Mulliyan, Itrifal Zamani.
- Fever: Sharbat Khaksi (Khub Kalan), Giloy, Tabasheer.

**4.1.5 SIDDHA:** Siddha is one of the ancient systems of medicine in India which has a close association with Dravidian culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine. The fundamental and applied principles and doctrines of the Siddha System have a close resemblance to Ayurveda, with a specialty in latro-chemistry. Siddha system emphasizes on the patient's age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, physiological constitution of the diseases for its treatment, environment which is individualistic in nature. Diagnosis of the diseases is done through examination of pulse, urine, eyes, study of voice, colour of body, tongue and status of the digestion of individual patients. This system is very effective for women during pre-natal and post-natal care and also for menstrual issues. The Siddha System is also effective in treating the chronic cases of liver, anemia, rheumatic issues, bleeding piles, prostate enlargement, peptic ulcer, and skin disorders specifically Psoriasis. The Siddha Medicines containing mercury, lead, silver, sulfur, and arsenic are found to be very effective in curing a number of infectious disorders as well as venereal disorders. This system has unique treasure for conversion of metals and minerals as

drugs without any side effects.

Some popular Siddha medicines to cure the illness or for prevention care/self-medication are as follows:

- ➡ Kudiner
- ➡ For Fever: Nilavembu Kudiner, Thirikadugu Churnam
- ➡ For Headache & sinusitis: Neer koavai mathirai (External use)
- ➡ For Stomach and digestion-related problems: Elathi Churnam, Ashtathi churnam, Thiripala Churnam
- ➡ As a Tonic (for energy): Thetrunkottai legium, Amukkara legium
- ➡ For Women (menstrual problem): venpoosani legium, venpoosani nei, katrazhai ilagam
- ➡ For Body pain: Amukkara chooranam, karpoorathy thylam (external use), vatha kesari thylam (external use).
- ➡ For Joint pain: Pinda thylam, Vizha mutty thylam.
- ➡ For Constipation: Thiri pala Churanam, Nilavagai Churanam.
- ➡ For Diarrhea: Thayirchunti Churnam.
- ➡ For Children: Urai Mathirai, Omathener, vallari nei.
- ➡ For Hair Oil: Neeli Bringathy thylam, Karisalai thylam.
- ➡ For Body massage: Asai thailam, vathakesari thylam.
- ➡ For Head massage Chukku thylam & Arakku thylam.

**4.1.6 SOWA-RIGPA/AMCHI:** Sowa-Rigpa is a system of medicine that is one of the oldest medical traditions across the world. The term Sowa-Rigpa means Knowledge of Healing and derives its meaning from the Bhoti Language. This system was reinforced in the Trans-Himalayan region and is popular in the Himalayan societies such as Ladakh, Himachal Pradesh (Spiti and Lahoul), Jammu and Kashmir, West Bengal (Darjeeling), Arunachal Pradesh, and Sikkim. Sowa-Rigpa has been recognized and promoted by the Government of India as a traditional medical system. Sowa- Rigpa is perceived to be similar to Ayurvedic Philosophy. Many medicines of the Indian-origin such as Ashwagandha, Guggulu, Triphala, Ashok, Haridra, etc. are used in the Sowa-Rigpa system for treatment purposes. The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

**4.1.7 HOMOEOPATHY:** Homeopathy was invented over 200 years ago by a German physician, Dr. Samuel Hahnemann, who, after observing many natural phenomena, became convinced that a substance which could cause a disease-like state could also cure a similar



condition. The word 'Homoeopathy' means 'similar sufferings' and the system of Homoeopathy is based on 'let likes be treated by likes'. The common man understands that the sweet white pills which are dispensed in small globule form contain homoeopathic medicines. 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 homoeopathic medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture. Homoeopathic medicines do not have any toxic or poisonous side effects. It is a very economic system of medicine.

4.1.8 Therapies which are **not considered** in AYUSH System for the purpose of this survey are:

- Acupuncture, Aromatherapy, Astrology, Atlas Orthogonal, Auricular Therapy, Alexander Technique, Autogenic Training, Anthroposophical Medicine, Auto - Urine Therapy
- Biofeedback, Bach Flower Remedies
- Cellular Therapy, Chelation Therapy, Chemotherapy, Chinese (Oriental) Medicine, Colonics, Counseling/Psychotherapy, Craniosacral Therapy
- Dance/Movement Therapies, Dentistry, Dowsing
- Ear Candling, Electropathy
- Feng Shui, Feldenkrais Method, Flower Essences
- Gem Therapy
- Holotropic, Heliotherapy (use of positive effects of the sun in boosting the immune system), Hypnotherapy
- Kinesiology
- Lymph Drainage Therapy
- Native American Herbology, Network Chiropractic
- Ohashiatsu, Oriental Diagnosis, Osteopathic Medicine
- Pyramid Healing
- Radiesthesia, Radionics, Reconstructive Therapy/Prolo therapy, Reiki, Rolfing, Reflexology
- Shiatsu, Sound Therapy

It may be noted that treatments or use of materials for beauty care or routine personal care and use of substances for flavouring of food or as mouth fresheners may be considered if it is used with specific intention and knowledge about effects otherwise, will be excluded from the coverage of this survey.

## 4.2 Summary Description of the Schedule

4.2.0 The schedule on Survey on AYUSH (Schedule AYUSH-2022) for the 79<sup>th</sup> Round consists of ten blocks.

The structure of the schedule is given below:

Block Number	Description
1	Identification of sample household
2	Particulars of field operations
3	Demographic and other particulars of household members
4	Household characteristics
5	Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy as an inpatient of an institution during last 365 days
6	Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy as out-patient of an institution during last 365 days
7	Household level information on assessment of availing Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy and information on knowledge of medicinal plants
8	Particulars of pre-natal and post-natal care using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy for women of age 15-49 years who were pregnant during the last 365 days
9	Remarks by Survey Enumerator (SE)/ Junior Statistical Officer (JSO)
10	Remarks by Survey Supervisor (SS)/ Senior Statistical Officer (SSO)

## 4.3 Block 1: Identification of sample household

4.3.0 This block contains identification particulars of the sample household. Information related to items 1 to 8 and 11 will be available from the sample list. Information on items 12 to 14 will be available from the listing schedule (Schedule 00CM).

### 4.3.1 Item 15: survey code:

4.3.1.0 The survey codes are as follows:

household, surveyed: original	1
household, surveyed: substitute	2
household, casualty	3

If the originally selected sample household has been surveyed, code '1' will be selected. However, if the originally selected household could not be surveyed for whatever might be the reason, a substituted household will be surveyed and in such cases, code '2' will be selected. If neither the originally selected household nor the substituted household could be surveyed, i.e., if the sample household is a casualty, code '3' will be selected. In such cases, only the Blocks 1, 2, 9 & 10 will be filled in.

***Item 16 is applicable, if code 2 or 3 is reported in item 15***

### 4.3.2 Item 16: reason for substitution/casualty of original household

4.3.2.0 This item is applicable if, entry in item 15 is either code 2 or 3. Otherwise, this item is to be left blank. In case, the originally selected sample household could not be surveyed, the reason for not surveying the original household will be selected, irrespective of whether or not a substituted household could be surveyed.

The codes are as follows:

Informant busy	1
members away from home	2
informant non-cooperative	3
others	9

***After filling up Block 1, fill up Block 3***

## 4.4 Block 3: Details of the household members

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### Objectives and Scope

To record basic demographics on gender, age, relationship to head of household, marital status, highest educational level attained, pregnancy status of female member of age 15-49 years, awareness about AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system (age 15 years and above), uses of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system, information on hospitalization, etc. for each member of the household.

### Implementation Notes

- ◆ All the household members of the selected household will be listed and their related information will be recorded.
- ◆ Total number of members listed in Block 3 will be same as household size in Block 4.

#### 4.4.1 Columns (1) & (2): serial number & name of the household member

4.4.1.0 In these columns, the serial number and name of the household members will be listed. Serial number of the members will be generated automatically in Column 1.

4.4.1.1 While listing the members of the household the following may be considered:

- All the members of the sample household will be listed and a continuous serial number starting with 01 will be automatically generated.
- The head of the household will appear first followed by head's spouse, the first son, first son's wife and their children, second son, second son's wife and their children and so on.
- After the sons are enumerated, the daughters will be listed followed by other relations, dependents, servants, etc.
- Paying guests, domestic servants, other relations and non-relations who are normally living together for six months or more or are expected to stay for six months or more and taking food from a common kitchen will be included in members of the selected household.
- Temporary stay-aways (i.e., persons whose total period of absence from the household is expected to be less than 6 months) will be included in members of the selected household.
- Temporary visitors and guests (expected total period of stay in the household less than 6 months) will not be included in members of the selected household.

#### 4.4.2 Column (3): relation to head

4.4.2.0 This is for recording the relationship of the household member with the head of the household. For the head of the household, code 1 will be automatically generated. The list of codes for relation to the head of the household is as follows:

self (i.e., head of the household)	1
spouse of head	2
married child	3
spouse of married child	4
unmarried child	5
grandchild	6
father/ mother/ father-in-law/ mother-in-law	7
brother/ sister/ brother-in-law/sister-in-law/ other relatives	8
servant/employee/other non-relatives	9

#### 4.4.4 Column (4): gender

4.4.4.0 The gender of each member of the household is to be recorded in code as mentioned below:

male- 1, female-2, transgender (hijras, eunuchs)- 3

#### 4.4.5 Column (5): age (years)

4.4.5.0 The age in completed years of all the members listed will be ascertained and recorded in this column in whole number of years. For infants below one year of age, '0' will be entered.

#### 4.4.6 Column (6): marital status

4.4.6.0 The marital status of each member will be recorded in code in this column. Couples living together will be treated as *currently married*. The codes are:

never married	1
currently married	2
widowed	3
divorced/separated	4

#### 4.4.7 Column (7): highest educational level attained

4.4.7.0 Highest level of education successfully completed by the household member (and not the education level of currently attending, if the household member is currently attending education) will be ascertained and to be recorded in terms of the following codes:

Highest level of education	Code
not literate (i.e. not able to read or write a simple message with understanding in any language)	01
literate with non-formal education (like, NFEC, AEC, TLC, Anganwadi centres, literate without any schooling, etc.)	02
<b><i>literate with formal education</i></b>	
below primary	03
primary	04
upper primary/middle	05
secondary	06
higher secondary	07
diploma /certificate course (upto secondary)	08
diploma/certificate course(higher secondary)	10
diploma/certificate course(graduation & above)	11
graduate	12
post graduate and above	13

4.4.7.1 A person is considered as literate if he/she can read and write a simple message in any language with understanding. Persons who are not able to read and write a simple message with understanding in at least one language is to be considered as not literate and would be assigned code 01. The following table describes how to assign the codes of highest education level:

Code	Highest level of education	Description
01	Illiterate	Persons who are not able to read and write a simple message with understanding in at least one language is to be considered as not literate
02	Literate with non-formal education or without any schooling, etc.	Persons who are literate with non-formal education or without any schooling. Non-formal education includes education with Non-formal Education Courses (NFEC), Total Literacy Campaign (TLC), Adult Education Centres (AEC), etc.
03	Below primary	Persons who are literate through formal education but who are yet to pass primary standard examination.
03 - 08, 10 - 13	Literate with formal education	Persons, who are literate with formal education or attained proficiency in Oriental languages (e.g., Sanskrit, Persian, etc.) through formal but not through the general type of education will be classified appropriately at the equivalent level of general education standard.
12	Graduation	Persons who have obtained degree, which is equivalent to graduation level.
13	Post-graduation & above	Persons who have obtained degree, which is equivalent to post graduation level and above

It may be noted that for the purpose of this survey, the primary level is defined as Class I-V for all the States/UTs uniformly.

**Column 8 is applicable only if, entry in column 4 is 2 and entry in column 5 is in between 15-49 years.**

#### 4.4.8 Column (8): whether pregnant during last 365 days (yes-1, no-2)

4.4.8.0 This will be asked to the female members of the household within the child bearing age of 15-49 years- whether they were pregnant any time during last 365 days. All the women in age group 15-49 years who are identified as having been pregnant at any time during the last 365 days will get code 1 in this column. Thus, in case the household reports a

member (child) of age 0, code 1 should be put in column 8 against the mother if she is a member of the household.

**Note:**

*If reported age (column 5) in Block 3 of any such member is outside the range 15-49 years, deep probing may please be made to verify the reported age.*

**Column 9 is applicable only if, entry in column 5  $\geq$  15.**

**4.4.9 Column (9): Whether aware of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy (AYUSH) system (yes-1, no-2)**

4.4.9.0 This will be asked to only those members of the household who have attained the age of 15 years, (i.e., entry in column 5  $\geq$  15 years). If he/she is aware about AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system as on the date of the survey or aware of things/terms such as medicinal plants or plants having medicinal value or home remedies or traditional practices as treatment or prevention, then code 1 will be recorded in column 9, otherwise code 2 will be recorded. The various system of AYUSH is defined above in paras 4.1.0 to 4.1.7.

**To be noted:**

*A person may be considered as 'Aware of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy (AYUSH)'*

- ➡ *If he/she is/was engaged by profession to AYUSH healthcare centres/service providers in any one of the category: Registered Medical Practitioner, Unregistered Medical Practitioner, Midwife, Masseurs, Pharmacists, Yoga instructor, Panchakarma Therapists, Cupping Therapists etc. or involved in production/manufacturing of AYUSH medicines.*
- ➡ *If he/she has taken treatment using the AYUSH system of medicines anytime.*
- ➡ *If he/she is/was aware about medicinal plants or plants having medicinal value, home remedies or traditional practices/folk practices for treatment or prevention.*
- ➡ *If he/she has heard about any of the AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) from family, friends, medical practitioner, Media (TV, radio, hoardings, newspapers & magazines, internet- Facebook/WhatsApp/Twitter/IEC material through outreach camps, surveys of organizations, etc.), Research Articles/ Medical news-letter/ text books etc.*

**4.4.10 Column (10): Whether used AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine in last 365 days (yes-1, no-2)**

4.4.10.0 This will be asked to the each and every member of the household, if they have used the AYUSH system of medicine during the period of last 365 days. If, a particular member of the household has used AYUSH system of medicine during the period of last 365 days, code 1 is to be recorded against that member; otherwise code 2 is to be reported.

***To be noted:***

*'Use of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines refers to the use/adoption of one or more of the system(s) of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi and Homoeopathy for treatment/cure of diseases/ailments or for prevention of diseases/ailments on the advice of a medical practitioner/instructor.*

*This will also include home based remedies/traditional recipes/self-medication/self-treatment used by a member of the household knowing the preventive/ therapeutic effects or beneficial effects of the treatment/medication.*

***Examples:***

- ➡ *Use of home remedies on need basis at home e.g., AYUSH kadha for cough cold fever, mulethi for cough, ajwain for indigestion problem etc.*
- ➡ *Use of medicinal plants for prophylaxis like Giloy, Ashwagandha, Chyavanprash for immunity*
- ➡ *Use of traditional practices/folk practices for certain ailments — bone setting, poisoning, burns etc.*
- ➡ *Use of AYUSH interventions from certified practitioners, authentic advisories, guidelines, experts, beneficiaries, etc.*

**4.4.10.1 Profiles of various medical practitioner/instructor:**

**4.4.10.1.1 Registered Medical Practitioner (AYUSH):** Registered Medical Practitioner (RMP) in AYUSH is defined as a person who is permitted to practice medicine after registration in State Medical Register of Indian Medicine or Homoeopathy or the Central Register Indian Medicine or Homoeopathy.

**4.4.10.1.2 Unregistered Medical Practitioner (AYUSH):** Unregistered Medical Practitioner is defined as a person who practices AYUSH systems of medicine without any registration from any medical council. A practitioner may be a Doctor/ Vaidya/ Hakim/ Siddha Vaidya/ Homoeopath and they do not necessarily refer to those holding recognized degrees/diplomas.



They may be having traditional knowledge through family members/ancestors such practitioners are called unregistered practitioner.

**4.4.10.1.3 Midwife:** Midwife is a qualified person in AYUSH System who professionally deals with Pregnancy, Delivery and the Post-partum period of women, as well as the Neonatal Care.

**4.4.10.1.4 Pharmacists:** Pharmacists are qualified health care professionals in AYUSH System who dispense prescribed drugs, ensure drug doses and monitor drug interactions; counsel patients regarding the drug efficacy and safe & appropriate usage.

**4.4.10.1.5 Masseurs:** Masseurs are trained and licensed health care professional in AYUSH System who practices manual hands-on massage on the Soft body tissues which includes muscle, connective tissue, tendons, and ligaments, administer the Panchakarma/Thokkanam/Ilj-bid-Tadbir procedures for preventive, curative, promotive, rehabilitative and palliative care and for the general wellness of the subject.

**4.4.10.1.6 Yoga Instructor:** A Yoga Instructor is a trained and certified yoga teacher who demonstrates and imparts training on Yoga.

**4.4.10.1.7 Panchakarma Therapist:** Panchakarma is a unique therapeutic procedure for the radical elimination of disease-causing-factors and to maintain the equilibrium of doshas. The panchakarma therapy minimizes the chances of recurrence of the diseases and promotes positive health by rejuvenating the vital body systems. A Panchakarma Therapist is a trained health care professional who practices Panchakarma Therapy.

**4.4.10.1.8 Cupping Therapist:** Hijama (cupping therapy) is an important method of treatment in the non-drug regimental therapies of Unani medicine. Hijama is a mode of treatment, which is carried out by creating partial vacuum in the cupping glasses, placed on the body surface by mean of fire or suction, in order to evacuate morbid material. A skilled person performing the same is a cupping therapist.

**Note on uses of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine:**

➡ *Some traditional Indian medicinal food form part of the ordinary diet of many families. For example, ginger, turmeric, cinnamon, pepper etc. (ingredients of ayurvedic remedies for cough and cold) are used as spices in many households and neem leaves are fried and eaten with rice by many people. Such cases will not be considered as use of AYUSH. However, if the same has been used as preventive/therapeutic care then it will be considered as use of AYUSH.*

- ➡ *Further, Rejuvenative massage, pizhichil are done in certain seasons as part of prevention measures and that should be considered as 'use' of AYUSH. However, use of traditional medicinal plants and practices (such as massage with body oils) for enjoyment will not to be considered as 'use' of AYUSH.*
- ➡ *If some medicines/jadi-booti is provided or advised by saint/baba then it will be considered as use of AYUSH, however, if a person is practising jadu-mantar and provided the treatment to the patient using jadu-mantar, then it will not be considered as use of AYUSH.*
- ➡ *Herbal products which are used by the household for medical purpose (preventive as well as curative) after knowing the benefits of the product will be considered as use of AYUSH.*
- ➡ *Yoga practiced deliberately and voluntarily under the supervision of yoga instructor/trainer or advised by the medical practitioner is to be considered for the purpose of recording. If a person is practicing yoga at home after knowing the yogic postures and its effects then he/she will be considered as practicing yoga.*
- ➡ *Also, in case of Yoga and Naturopathy, a person may report having practiced yogic postures or naturopathic procedures for only a few days; this should not be considered as 'use' of Yoga or Naturopathy.*

***Columns 11-13 are applicable only if, entry in column 10 =1.***

#### **4.4.11 Column (11): Duration of using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine**

4.4.11.0 This will be asked to only those members of the household who have used the AYUSH system of medicines during the last 365 days (i.e., code 1 is reported in column 10 for that particular member of the household). The total duration of using the AYUSH system of medicines for hospitalized and/or non-hospitalized treatment as well as for preventive care or self-medication purpose will be recorded here in the following codes:

less than 15 days	1
15 days to 1 month	2
1 – 2 months	3
2 – 3 months	4
3 – 6 months	5
6 – 12 months	6
more than 1 year	7
don't know	9

**To be noted:**

- ➡ *The total duration of using AYUSH system of medicines will be recorded after considering all the period for which a person has used AYUSH system of medicines for hospitalized and/or non-hospitalized treatment as well as used for preventive care or self-medication purpose during the period of last 365 days. For example, a person may use the medicines irregularly and have it in a gap of few days/months, when suffers from any ailment. In such cases, the period is to be recorded after combining all those period in which a member has taken the AYUSH medicines during the last 365 days.*
- ➡ *If a particular member of the household has used AYUSH medicine any time during the last 365 days, even if a part of the duration falls outside the reference period, total duration will be recorded here in codes. Therefore, the total duration of using AYUSH system of medicines by a particular member of the household may go beyond a year.*

#### 4.4.12 Columns (12): AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment taken (excluding pre/post natal care) during last 365 days

4.4.12.0 This will be asked to only those members of the household who have used the AYUSH system of medicines during the last 365 days (i.e., code 1 is reported in column 10 for that particular member of the household). The purpose for which a member of the household has taken AYUSH treatment (**excluding pre/post natal care**) during the last 365 days will be recorded in the following codes:

For hospitalization only	1
For non-hospitalization only	2
For both (hospitalization & non-hospitalization)	3

**To be noted:**

- ➡ *Hospitalization refers to taking treatment as an in-patient in a **medical institution** (for definition of medical institution see Chapter One). A person who underwent surgery in a temporary camp or day care centre will also be considered to have been 'hospitalized' for the purposes of this survey, if the treatment was taken using AYUSH system.*
- ➡ *Code 1 in column 12 will be reported, if a member has taken treatment as in-patient of medical institution only during the period of last 365 days.*
- ➡ *Treatment taken before hospitalization & after discharge from hospital will not be considered as hospitalized treatment and thus to be reported against non-hospitalized treatment.*

- ➡ Code 2 is to be reported, if a member has taken treatment only for non-hospitalization /preventive care/self-care during the period of last 365 days.
- ➡ If any member of the household has taken treatment for both hospitalization as well as for non-hospitalization /preventive care/self-care, then code 3 is to be recorded in column 12.
- ➡ In case the household reports a member (child) of age 0, it will be ascertained, while filling up column 12, whether the birth of the baby took place in a medical institution of AYUSH. If so, code 1 should be put in column 12 against the mother if she is a household member. However, the baby will not be considered to have been hospitalized unless the discharge from hospital was delayed because of illness in the newborn child.

#### 4.4.13 Columns (13): Type of treatment taken

4.4.13.0 This information will be asked to only those members of the household who have used the AYUSH system of medicines during the last 365 days (i.e., code 1 is reported in column 10 for that particular member of the household). The type of treatment taken by the member of the household who have used the AYUSH system of medicine during the period of last 365 days will be ascertained here in the following codes:

Rejuvenation (Wellness/Preventive)	1
Therapeutic (Curative)	2
Complimentary or integrative (as add on to conventional allopathic treatment)	3
both Rejuvenation & Therapeutic	4
both Rejuvenation & Complimentary (as add on allopathic treatment)	5
both Therapeutic & Complimentary (as add on allopathic treatment)	6
all of the type mentioned in codes (1-3)	9

#### **Note:**

**Rejuvenation (Wellness/Preventive):** The measures and modalities aimed at health promotion and specific disease prevention which includes advocacy of healthy lifestyle viz., Dinacharya (daily regimen), Ritucharya (seasonal regimen) such as panchakarnia procedures which are done season-wise in healthy individuals as preventive measure", use of Rasayana medicines (Chyavanaprasha, Giloy, Ashwagandha, Amla, Triphla, Brahmi etc.).

**Therapeutic (Curative):** The measures/ modalities undertaken by the AYUSH physician with an intention to cure the diseases. This may include diet, lifestyle modification, herbal, herbo metalo-mineral drugs, procedures like panchakarma, regimental therapy etc.

**Complimentary or integrative (as add on to conventional allopathic treatment):** The measures/ modalities undertaken by the AYUSH physician in the disease management as co-administration along with other system of medicine (Allopathy) with a complementary, curative and palliative intent. For example, in case of certain diseases like diabetes, blood pressure, heart disease, arthritis, thyroid, cancer etc. AYUSH medicines are taken alongside modern (allopathic) medicines"

**Column 14 is applicable only if, entry in column 10 =2.**

#### 4.4.14 Columns (14): Reason for not using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine

4.4.14.0 This will be asked to only those members of the household who have not used the AYUSH system of medicines during the last 365 days (i.e., code 2 is reported in column 10 for that particular member of the household). The most prominent reason for not using the AYUSH system of medicines by a particular member of the household will be recorded here in following codes:

Need did not arise	1
Not aware about effectiveness of AYUSH system of medicine	2
Hospital/dispensary/PHCs/CHCs are not available/ not aware of such facilities for AYUSH	3
Doctors/Vaidya/Hakim/Siddha Maruthuvar/Homoeopaths are not available	4
Medicines are not available/accessible	5
Medicines/treatments are expensive	6
Not reimbursed by insurance company	7
Medicines have side effects/ very slow effect	8
Needs to follow strict diet and lifestyle restrictions	9
Faith in allopathy	10
Not aware about any system under AYUSH	11
Any other reason	12

The following points may be considered for recording the entry in column 14:

- ➡ If it is reported by a member that the state of health was such that medicines or treatments of any kind were not considered necessarily, then only code 1 is to be recorded.
- ➡ Code 2 will be entered, if the member of the household is unaware of effectiveness of AYUSH medicines/treatments. **‘Effectiveness’** of a medicine/treatment means the degree to which the medicine/treatment helps a patient in relieving the most troubling symptom for which the medicine/treatment has been taken.
- ➡ Code 3 will be entered, if the most important reason for not adopting AYUSH is that hospitals/dispensaries/PHCs/CHCs providing the system of AYUSH are not available or the household is not aware about the availability of such facilities which provide AYUSH treatment. Availability of hospital/dispensary/PHC/CHC will mean availability of any hospital/dispensary/PHC/CHC providing the AYUSH treatment (Ayurveda/Unani/Siddha/Sowa-Rigpa/Homoeopathy/Yoga/Naturopathy) in any discipline. An allopathic centre (hospital/dispensary/PHC/CHC) visited by an AYUSH doctor once or twice in a week will also be considered as a facility under AYUSH.
- ➡ Code 4 will be entered, if the reason is that Doctors/Vaidya/Hakim/Siddha Maruthuvar/Homoeopaths for AYUSH treatment sought by the member of the household (for definitions of Doctors/Vaidya/Hakim/Siddha Maruthuvar/Homoeopaths, see Chapter One) are not available.
- ➡ Code 5 will be entered, if the AYUSH medicines are not available or accessible easily.
- ➡ Code 6 will be reported against that member, if he/she reports that the AYUSH medicines or treatment is expensive or not affordable.
- ➡ If a member of the household reports that the most important reason for not using AYUSH system of medicines is that expenditure incurred for treatment using the AYUSH medicine is not reimbursed by the insurance company, then code 7 will be reported against that member.
- ➡ Code 8 will be recorded, if a member believes that AYUSH medicines have side effects or very slow effect.
- ➡ If a member reports that he/she is not using AYUSH system of medicine because it needs to follow strict diet and lifestyle restrictions while adopting AYUSH system of medicines, then code 9 will be reported against that member of the household.

- ➡ Code 10 will be reported, if a member of the household reports that he/she has faith/belief in allopathy, Here, it may be noted that faith in allopathy does not mean that a person thinks that the AYUSH system of medicines are not effective.
- ➡ Code 11 will be entered, if the member of the household is unaware of AYUSH medicines or if reports that he/she is not using AYUSH because he/she does not know the existence of any of the systems coming under AYUSH.
- ➡ If a member of the household reports any other reason (quality of doctors or hospitals, etc.), code 12 (any other reason) may be recorded against that member.

## 4.5 Section 4: Household Characteristics

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### Objectives and Scope

To record household characteristics of the selected household

### Implementation Notes

To be canvassed for all the selected households.

#### 4.5.1 Question 1: Household size

4.5.1.0 The size of the sample household i.e., the total number of persons normally residing together and taking food from the same kitchen (including temporary stay-aways and excluding temporary visitors) will be recorded against this item. This number will be the same as the last serial number recorded in column 1 of Block 3.

#### 4.5.2 Question 2: Religion

4.5.2.0 Religion of the head of the household will be recorded against this question.

The codes are:

Hinduism	1
Islam	2
Christianity	3
Sikhism	4
Jainism	5
Buddhism	6
Zoroastrianism	7
Others	9

### 4.5.3 Question 3: Social group

4.5.3.0 Social group of the head of the household will be recorded against this question.

The codes are:

Schedule Tribe (ST)	1
Schedule Caste (SC)	2
Other Backward Class (OBC)	3
Others	9

Those who do not come under any one of the first three social groups will be assigned code 9.

### 4.5.4 Question 4: Household type

4.5.4.0 The household type code is based on the means of livelihood of a household and will be decided on the basis of the sources of the household's major income from an economic activity during the 365 days preceding the date of survey (For the definition and procedure of determination of household type, see Chapter One). Note that the codes are not the same for rural and urban areas.

For rural households, the household type codes are:

Self-employed in agriculture	1
Self-employed in non-agriculture	2
Regular wage/salary earning in agriculture	3
Regular wage/salary earning in non-agriculture	4
Casual labour in agriculture	5
Casual labour in non-agriculture	6
Others	9

For urban areas, the household type codes are:

Self-employed	1
Regular wage/salary earning	2
Casual labour	3
Others	9

### 4.5.5 Usual monthly consumer expenditure of the household (Rs.)

4.5.5.0 This information is collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumer expenditure (HCE) is the sum total of monetary values of all goods and services consumed (out of



purchase or procured otherwise) by the household on domestic account (i.e., all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in usual Consumer Expenditure Survey of NSS. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, will not be covered under consumer expenditure. However, expenditure on household durable goods is to be included. This to be noted that in Q5-Q9, entries to be made in whole number. Q10 will be generated automatically. The composition of household's usual monthly consumer expenditure is as follows:

**Q5 Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)**

4.5.5.1 Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes will be included here *whereas expenses on items like clothing, footwear and purchase of durable goods will be excluded from the coverage of this item*. Further, cash remittances should not be reported under this item.

**Q6 Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc (B)**

4.5.5.2 There are some households, especially in rural areas, who use (i.e., consume) items of household consumer goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who use items of household consumer goods from home grown stock on *regular basis*, the imputed value of such usual consumption in a month at ex farm/ex factory price will be recorded here.

**Q7 Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)**

4.5.5.3 There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals, etc., as payment for wages in kind. In some cases, it may also happen that household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly **consume goods and services received** as (i) wages in kind (ii) in exchange of goods provided by them (iii) as gifts or (iv) obtained through free collection, etc., the imputed values of all such usual consumption in a month at local retail prices will be recorded here. Mid-day meals received free by household members also will be considered for making entries against this item.

**To be noted:**

- ➡ For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.
- ➡ Goods and services received as gifts or obtained through free collection or allotted by Government (e.g., fund allotted for students in Government sponsored school) which are regular in nature are only to be considered for reporting.
- ➡ If goods and services received at subsidized rates, local retail price is to be imputed.
- ➡ Rent of leased out land received in kind, and consumed by the household, is to be considered and imputed value of good received is to be recorded.

**Q8 Expenditure on purchase (including online purchase) of items like clothing, footwear, etc., during last 365 days (D)**

4.5.5.4 Expenditure on purchase (including online purchase) of items like clothing footwear, etc., which generally are not purchased on a regular basis during the last 365 days will be recorded here.

**Q9 Expenditure on purchase (including online purchase) of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment etc., during last 365 days (E)**

4.5.5.5 Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like, bedstead, furniture, vehicles, TV sets, fridge, fans, cooler, AC, mobile phones, computers, kitchen equipment, etc., will be recorded here. Expenditure for construction/repair of household durable goods will be considered for reporting in this item which may include cost of raw materials, labour.

**To be noted:**

- ➡ If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments, during the reference period is to be recorded irrespective of whether the such durable goods was purchased during the reference period.
- ➡ If a car or any other durable goods is purchased during last 365 days by taking loan from bank and installments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods is to be considered and reported instead of the amount of installments paid during the last 365 days.
- ➡ Cost of repair/ servicing of vehicle will be considered for reporting in this item.
- ➡ Major repair/construction of durable goods which intends to increase the life of the durable goods will be considered for reporting in this item.

- ➡ Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat which will be considered for reporting in this item.

**Q10 Usual monthly household consumer expenditure =  $[A + B + C + (D+E)/12]$**

4.5.5.6 Q5 to Q9 are for collecting information on different components of household's usual monthly consumer expenditure and from the entries in Q5 to Q9, households usual monthly consumer expenditure will be generated automatically in Q10 in whole number of rupees rounded to the nearest rupee.

4.5.5.7 Special procedure for expense on tuition fees, hostel room charges and hostel mess charges:

- ➡ If these expenses are incurred with a monthly periodicity, they will naturally come under 'A'. But if they are incurred semester-wise, or quarterly or annually, the average expenditure per month is to be calculated and included in 'A'.
- ➡ Note, however, that in case of hostel students, these expenditures should be accounted in the student's household and not in the 'parent' household. This is because rent and tuition fees regularly paid by a household (parent household) for a member of another household (usually a hostel student) are covered by the Use Approach.
- ➡ For simplicity, the above procedure will be followed for tuition fees paid for non-hostel students as well. That is, if tuition fees are not paid monthly, the monthly average over a year will be included in 'A'.

***To be noted:***

- ➡ In Q5, Q8 and Q9, online expenditure is also to be considered.
- ➡ Amount spent for purchase of flats/houses will not be considered for calculating UMPCE excluded as it is treated as an investment/capital expenditure.
- ➡ Expenditure incurred for regular medical treatment or diagnosis (e.g., dialysis for kidney impairment, chemotherapy/radiology for cancer) will be considered for calculating UMPCE. However, any expenditure on hospitalization, which is not of regular nature, will be excluded.
- ➡ Expenditure incurred for payment of insurance premium, will be excluded as it is essentially a transfer payment and all types of transfer payments are outside the purview of consumer expenditure.

## 4.6 Block 5: Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy as an inpatient of a medical institution during last 365 days

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### Objectives and Scope

To record the type of ailment from which a person was suffered during the last 365 days, system of medicines/health care system used for treatment, duration of stay in hospital, medical institution in which admitted as in-patient, source of receiving the medicines, expenditure incurred on hospitalization, etc.

### Implementation Notes

- ◆ To be applicable for only those members of the household who were hospitalized during last 365 days and took treatment using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines (i.e., entry in column 12 =1 or 3 of Block 3).
- ◆ The particulars of household member(s) availed treatment using AYUSH system as in-patient of a medical institution during the period of last 365 days will only be considered here for recording. The particulars of treatment taken before hospitalization and after discharge from the hospital/medical institution will not be considered here and the same is to be reported in Block 6 (as out-patient treatment).
- ◆ Particulars of pre-natal & post-natal care taken by a pregnant woman during the period of last 365 days will be excluded from this block. Apart from childbirth, only the details of ailments/purposes from which a pregnant woman of the household was suffered or took treatment as in-patient of a medical institution will be considered here for recording.

### 4.6.1 Questions 1 & 2: Serial number & Age of the member

4.6.1.0 Serial number of the member of the household is to be copied or auto-populated from column 1 and Age of the member is to be copied or auto-populated from column 5 of Block 3.

### 4.6.2 Question 3: Ailment/purpose/procedure for which AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment was taken

4.6.2.0 The ailment(s)/purpose(s)/procedure(s) for which a member of the household was undergone for a treatment as in-patient of a medical institution during the period of last 365 days will be ascertained here. The ailments/purpose/procedure descriptions are given in Q3

and ailment/purpose for which he/she has taken treatment as in-patient during the reference period is to be recorded there.

**To be noted:**

- ➡ *The particulars of ailment(s)/purpose(s) to be recorded here will refer only to those ailment(s)/purpose(s) for which a member of the household was hospitalized at medical institution during the reference period for treatment using the AYUSH system of medicine/health care system.*
- ➡ *A member of the household may suffer from more than one disease and therefore may be hospitalized several times during the reference period of last 365 days. Thus, provision has been provided to record more than one ailment/purpose for which he/she was hospitalized during the reference period.*
- ➡ *Hospitalization for childbirth during the reference period is to be recorded against code 'Others'.*

4.6.2.1 A list of symptoms associated with various types of diseases is given in Table 4.1 for better understanding and reference. However, this list is not exhaustive.

**TABLE 4.1: LIST OF SOME AILMENTS AND THEIR SYMPTOMS**

Disease of	Symptoms
Musculoskeletal system	<ul style="list-style-type: none"> <li>- Swelling and pain in the joint/muscles (arthritis)</li> <li>- Spine disc problem</li> </ul>
Nervous system	<ul style="list-style-type: none"> <li>- Migraine, Persistent severe headache with or without vomiting</li> <li>- Persistent convulsions</li> <li>- Paralysis of one or more limbs</li> <li>- Parkinson's</li> <li>- Addictions</li> </ul>
Integumentary system	<ul style="list-style-type: none"> <li>- Eczema</li> <li>- Psoriasis (skin infection)</li> <li>- Ring worm (dermatophyte)</li> <li>- Cold sores</li> <li>- Impetigo</li> </ul>
Geriatric problems	<ul style="list-style-type: none"> <li>- Osteoporosis</li> <li>- Prostate</li> </ul>

Disease of	Symptoms
	<ul style="list-style-type: none"> <li>- Dementia</li> <li>- Bladder control problem</li> <li>- Delirium</li> </ul>
Respiratory system	<ul style="list-style-type: none"> <li>- Frequent cough &amp; cold or Cough with sputum/ with blood</li> <li>- Asthma</li> <li>- Allergies</li> </ul>
ENT & ophthalmic	<ul style="list-style-type: none"> <li>- Sinusitis (Sinus infection)</li> <li>- Dry eye</li> <li>- Glaucoma</li> <li>- Refractive error, Cataract</li> <li>- Amblyopia</li> <li>- Sore throat, hoarseness of voice, discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness)</li> <li>- Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision</li> </ul>
Dental problems	<ul style="list-style-type: none"> <li>- Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue</li> <li>- Caries/Cavities</li> <li>- Gingivitis (gum disease)</li> </ul>
Gastrointestinal system	<ul style="list-style-type: none"> <li>- Colitis</li> <li>- Constipation</li> <li>- Hyperacidity</li> <li>- Irritable bowel syndrome</li> <li>- Worms</li> <li>- Passing blood in motion</li> <li>- Vomiting/blood in vomit</li> <li>- Persistent abdominal pain</li> <li>- Incontinence in motion</li> <li>- Diarrhea/Dysentery</li> </ul>
Anorectal	<ul style="list-style-type: none"> <li>- Piles</li> <li>- Fistula</li> <li>- Fissure in ano</li> </ul>

Disease of	Symptoms
Female reproductive system	<ul style="list-style-type: none"> <li>- Infertility</li> <li>- Menstruation problems</li> <li>- leucorrhoea</li> <li>- Endometriosis</li> <li>- Uterine fibroids</li> <li>- Interstitial Cystitis</li> </ul>
Paediatrics	<ul style="list-style-type: none"> <li>- Immunity &amp; memory boosting</li> </ul>
Genito-urinary system	<ul style="list-style-type: none"> <li>- Male infertility</li> <li>- Urinary tract infections</li> <li>- Renal stones</li> <li>- Difficulty in passing urine</li> <li>- Blood stained urine</li> <li>- Colicky pain with difficulty in urination</li> <li>- Incontinence of urine</li> </ul>
Hepato-biliary system	<ul style="list-style-type: none"> <li>- Jaundice</li> <li>- Gall stones</li> <li>- Nausea &amp; vomiting</li> <li>- Abdominal pain</li> </ul>
Cardiovascular system	<ul style="list-style-type: none"> <li>- Anaemia</li> <li>- Hypertension</li> <li>- Heart disease</li> <li>- Breathlessness on exertion and even at rest</li> <li>- Recurrent chest pain</li> </ul>
Psychiatric	<ul style="list-style-type: none"> <li>- Stress</li> <li>- Anxiety</li> <li>- Depression</li> <li>- Mental disorder</li> </ul>
Cosmetics	<ul style="list-style-type: none"> <li>- Recurrent rashes</li> <li>- Skin problems</li> <li>- Hair care/problem</li> </ul>
Acute conditions	<ul style="list-style-type: none"> <li>- Pain</li> <li>- Fever, vomiting</li> </ul>

Disease of	Symptoms
	- Loose motions
Others	- Childbirth
	- Bone setting
	- Bites, Burn
	- Wounds
	- Poisoning
	- Injuries

4.6.2.2 The Working definition of the some of the diseases/ailments mentioned above in Table 4.1 along with the codes of the same is provided in Table 4.2 below for ease of data collection.

**TABLE 4.2: WORKING DEFINITION OF AILMENTS**

Code	Reported diagnosis and/or main symptom	Working Definition
01	<b>Musculoskeletal system</b>	
	Swelling and pain in the joint/muscles (arthritis)	<b>Disorders of joints and bones:</b> Reported diagnosis of any arthritis or bone disease <b>OR</b> Pain/swelling/stiffness of any joint, or pain, deformities, or pus from any bone – excluding due to injury.
	Spine disc problem	back pain, increased back pain when repetitively bending or with prolonged sitting, increased back pain with coughing, sneezing, laughing or straining pain, numbness or pins-and-needles radiating into an arm or leg if a disc has caused irritation of a nearby nerve
02	<b>Nervous system</b>	
	Migraine, Persistent severe headache with or without vomiting	Migraine is a headache that can cause severe throbbing pain or a pulsing sensation, usually on one side of the head. It's often accompanied by nausea, vomiting, and extreme sensitivity to light and sound.
	Persistent convulsions	Convulsion is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in uncontrolled shaking. Convulsions can happen to a specific part of a person's body or may affect their whole body.
	Paralysis of one or more limbs	Reported diagnosis <b>OR</b> loss of strength and control over a muscle or group of muscles in a part of the



Code	Reported diagnosis and/or main symptom	Working Definition
		body.
	Parkinson's	Reported diagnosis <b>OR</b> having brain disorder which leads to shaking, stiffness, and difficulty with walking, balance, and coordination. Its symptoms occur because of low dopamine levels in the brain.
	Addictions	Addiction is “a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
03	<b>Integumentary system</b>	
	Eczema	Reported diagnosis <b>OR</b> having an allergic reaction which manifests as dry, itchy patches of skin that resemble rashes. It may be accompanied by swelling of the skin, flaking, and in severe cases, bleeding. It is broadly applied to a range of persistent skin problems.
	Psoriasis (skin infection)	Reported diagnosis <b>OR</b> Psoriasis is a skin disease that causes red, itchy scaly patches, most commonly on the knees, elbows, trunk and scalp. Psoriasis is a common, long-term (chronic) disease. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission.
	Ringworm (dermatophyte)	Ringworm, also known as dermatophytosis, dermatophyte infection, or tinea, is a fungal infection of the skin.
	Cold sores	Cold sores are red, fluid-filled blisters that form near the mouth or on other areas of the face. In rare cases, cold sores may appear on the fingers, nose, or inside the mouth. They're usually clumped together in patches.
	Impetigo	Impetigo is a mild infection that can occur anywhere on the body. It most often affects exposed skin, such as around the nose and mouth or on the arms or legs. Its symptoms include red, itchy sores that break open and leak a clear fluid or pus for a few days.

Code	Reported diagnosis and/or main symptom	Working Definition
04	<b>Geriatric problems</b>	
	Osteoporosis	<b>Osteoporosis:</b> Reported diagnosis <b>OR</b> having condition characterized by a decrease in the density of bone, decreasing its strength and resulting in fragile bones and increases risk of fractures.
	Prostate	Reported diagnosis <b>OR</b> having symptoms of a prostate problem may include problems with urinating and bladder control. Frequent pain or stiffness in lower back, hips, pelvic or rectal area, or upper thighs are also its signs.
	Dementia	Reported diagnosis <b>OR</b> having symptom– usually of a chronic or progressive nature – in which there is deterioration in cognitive function. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.
	Bladder control problem	Bladder control problems affect the way a person holds or releases urine. A person has urinary incontinence (UI) when urine leaks accidentally.
	Delirium	Reported diagnosis <b>OR</b> having an abrupt change in the mental state that causes mental confusion and emotional disruption. It makes it difficult to think, remember, sleep, pay attention, and more.
05	<b>Respiratory system</b>	
	Frequent cough & cold or Cough with sputum/ with blood	<b>Lower respiratory infections/ Chronic obstructive pulmonary diseases: acute or chronic</b> – Reported diagnosis <b>OR</b> cough as the main symptom, with or without fever, with or without sputum and blood in it, with or without marked breathlessness. <i>Exclude those where there is reported diagnosis of TB.</i>
	Bronchial Asthma	<b>Bronchial Asthma:</b> Reported diagnosis <b>OR</b> chronic, recurrent episodes of difficulty in breathing as main symptom usually with wheezing with or without cough and usually normal or minimal problems between episodes.

Code	Reported diagnosis and/or main symptom	Working Definition
	Allergies	Allergies, also known as allergic diseases, are a number of conditions caused by hypersensitivity of the immune system to typically harmless substances in the environment. These diseases include hay fever, food allergies, atopic dermatitis, allergic asthma, and anaphylaxis.
06	<b>ENT &amp; ophthalmic</b>	
	Sinusitis (Sinus infection)	The symptoms of sinusitis are runny nose or blocked nose, severe headaches / facial pain, high fever, constant and persistent cough, decreased sense of smell
	Glaucoma	Reported diagnosis only. (Symptom: Often with pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes and where decreased vision could not be corrected with glasses – needs confirmation by an ophthalmologist's diagnosis. Sometimes glaucoma is slow-onset and painless. Include this too if there is a reported diagnosis.)
	Refractive error, Cataract	<b>Refractive error:</b> These include common vision problems like nearsightedness (having trouble seeing far away), farsightedness (having trouble seeing things up close), and astigmatism (which can cause blurry vision). Normally, these problems are easy to fix with glasses or contacts.  <b>Cataract:</b> Reported diagnosis <b>OR</b> self-reported with blurring/loss of vision over a period of time most commonly related to ageing with presence of opacity in either or both eyes
	Amblyopia	Amblyopia (also called lazy eye) is a type of poor vision that happens in just one eye. It is a disorder of sight in which the brain fails to process inputs from one eye and over time favors the other eye. Amblyopia results in reduced visual acuity, binocularity, depth perception, and contrast sensitivity. Fusion and stereopsis, the central formation of three dimensional images, are dependent upon receiving clear images from each eye simultaneously.

Code	Reported diagnosis and/or main symptom	Working Definition
	Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision	<b>Conjunctivitis/Corneal Ulcer/Iritis/Infection of eyelids or lacrimal glands/Foreign body in eye/trauma:</b> Reported diagnosis of any of these OR Redness of eyes with watering and foreign body sensation with/without discharge.
	Discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness)	<b>Infections of the ear/ Other ear ailments:</b> Reported diagnosis of infection to external or internal ear/ discharge from the ear, with/without fever OR pain or bleeding from ear of any cause without decreased hearing.  <b>Deafness:</b> Loss of hearing – partial or full – one ear or both – subsequent to any cause and for any duration.
07	<b>Dental problems</b>	
	Toothache, bleeding/ swelling/ discharge from the gums, ulcers in the mouth / tongue	<b>Ulcer:</b> One or more painful sores on inner lips, gums, tongue, roof of the mouth or throat that may interfere with eating.
	Caries/Cavities	Reported diagnosis OR having symptoms tender, painful teeth. Dental caries or cavities, more commonly known as tooth decay, are caused by a breakdown of outer protective layer of the tooth i.e., enamel.
	Gingivitis/ Periodontitis (gum disease)	Gingivitis is a common and mild form of gum disease (periodontal disease) that causes irritation, redness and swelling (inflammation) of your gingiva, the part of your gum around the base of your teeth. Periodontitis is an advanced stage of gum disease.
08	<b>Gastrointestinal system</b>	
	Colitis	Discomfort and pain in abdomen that may be mild and reoccurring over a long period of time, or severe and appearing suddenly.
	Constipation	Symptoms: bowel movements become less frequent and stools become difficult to pass.
	Hyperacidity	It is a medical condition, wherein acid levels of the

Code	Reported diagnosis and/or main symptom	Working Definition
		stomach are much more than normal.
	Worms	<b>Worm infestation:</b> Either a reported diagnosis <b>OR</b> clear history of passing worms with stools or vomitus is required.
	Persistent abdominal pain	Pain in abdomen, indigestion, acid reflux and burning sensation in the stomach.  Acute abdomen: severe abdomen pain usually requiring surgery and/or hospitalization (Appendicitis/Pancreatitis)
	Diarrhea/Dysentery	<b>Amoebiasis/diarrhea/dysentery/cholera/giardiasis:</b> Reported diagnosis <b>OR</b> passage of 3 or more semisolid or liquid stools a day with/without fever/abdominal pain. If blood and mucus could be found in stool it is dysentery. A reported specific diagnosis like cholera or gastro-enteritis is also entered here.
09	<b>Anorectal</b>	
	Piles	Swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding.
	Fistula	Hemorrhoids, fistula or any bleeding from the anus, blood mixed in stools due to any cause, or vomiting of blood.
	Fissure in ano	Reported diagnosis <b>OR</b> An anal fissure is a tear or open sore (ulcer) that develops in the lining of the large intestine, near the anus. Symptom of an anal fissure is pain during or after a bowel movement.
10	<b>Female reproductive system</b>	
	Infertility	Reported diagnosis only
	leucorrhoea	Reported diagnosis <b>OR</b> Flow of abnormal discharge from the vagina due to infection (not diagnosed as sexually transmitted diseases) <b>OR</b> genital ulcer.
	Menstrual disorder	As reported or irregular menstruation, abnormal lack of menstruation, or excessive bleeding during menstruation

Code	Reported diagnosis and/or main symptom	Working Definition
	Endometriosis	Symptoms: Pain in abdomen, infertility, and very heavy periods. The pain is usually in the abdomen, lower back, or pelvic areas.
	Uterine fibroids	Reported diagnosis <b>OR</b> Uterine fibroids are the most common noncancerous tumors in women of childbearing age. Its symptoms are heavy or painful periods or bleeding between periods, feeling “full” in the lower abdomen, Urinating often, reproductive problems, such as infertility, multiple miscarriages, or early labor.
	Interstitial Cystitis	Reported diagnosis <b>OR</b> Interstitial cystitis (IC) is a chronic bladder condition resulting in recurring discomfort or pain in the bladder or surrounding pelvic region. Feeling of abdominal or pelvic pressure, tenderness, frequent urination, • Intense pain in the bladder or pelvic region are some symptoms.
12	<b>Genito-urinary system</b>	
	Male infertility	Reported diagnosis only
	Urinary tract infections	Reported diagnosis <b>OR</b> having infection in any part of the urinary system, the kidneys, bladder or urethra. A bladder infection may cause pelvic pain, increased urge to urinate, pain with urination and blood in the urine. A kidney infection may cause back pain, nausea, vomiting and fever.
	Renal stones	Reported diagnosis only
13	<b>Hepato-biliary system</b>	
	Jaundice	<b>Hepatitis/jaundice:</b> Reported diagnosis <b>OR</b> presence of yellowish discoloration of eyes, passing high-coloured urine, nausea, and itching. Confirmation by a laboratory test/ physician desirable but not essential. Fever may or may not be present.
	Gall stones	Reported diagnosis only

Code	Reported diagnosis and/or main symptom	Working Definition
14	<b>Cardiovascular system</b>	
	Anaemia	Reported diagnosis <b>OR</b> pallor associated with fatigue, general weakness, and palpitation with a confirmatory diagnosis from a laboratory test/physician. It is a condition of having a lower-than-normal number of red blood cells or quantity of hemoglobin.  Sickle cell disease – reported diagnosis. Any other cause of anemia with a reported diagnosis – e.g., iron deficiency anaemia, thalassemia.
	Hypertension	Reported diagnosis only. Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure.
	Heart disease	Heart Disease: Rheumatic, Ischemic, Congenital etc.  Reported diagnosis <b>OR</b> has unexplained recurrent or severe chest pain, breathlessness with/without palpitation even on normal activity with/without swelling of legs and feet.
17	<b>Psychiatric</b>	
	Mental disorder	Diseases of longer duration of irregular nature affecting behaviour/ abnormal behaviour including excessive fears, anger and violence; depression; detached from reality.
	Anxiety	Anxiety is an unpleasant emotional state of uneasiness and distress. It is generally characterized by apprehension and worry. An anxiety disorder can have a devastating effect on the person.
19	<b>Acute conditions</b>	
	Fever	Any fever which was followed by or accompanied with or without loss of consciousness or altered consciousness <b>AND/OR</b> reported diagnosis of meningitis, encephalitis, high fever with delirium, cerebral malaria, typhoid encephalopathy, fever due to diphtheria, or due to any other reason.

Code	Reported diagnosis and/or main symptom	Working Definition
20	<b>Cancer</b>	
	CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body	Cancer and other tumours: Reported diagnosis only. (Symptoms are usually non-healing growing ulcer/sores, unusual bleeding and discharge, change in bowel and bladder habits, thickening or lump in breast or any other part of the body, difficulty in swallowing, any obvious change in wart or mole, with documentary evidence of diagnosis.)
99	<b>Others</b>	
	Bites	Snake-bites, scorpion stings any other insect bite, any other animal bite – dogs, wild animals.  Accidental poisoning or contact with plants – excludes that done with suicidal intent.
	Burn & corrosions	Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.
	Wounds	An injury to living tissue caused by a cut, blow, or other impact, typically one in which the skin is cut or broken.
	Poisoning	Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.
	Injuries	Injury which was not deliberate but accidental leading to lacerations, fractures, crushing injuries, injuries to internal organs or multiple body parts.  Intentional self-harm – suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.



**Guidelines to identify ailment/purpose:**

- ➡ Description of the ailment including the symptoms or the purpose for which a member(s) of the household has taken treatment may be listened carefully from the member who has suffered or from a knowledgeable household member.
- ➡ Based on the informant's response, identify the broad category of ailment/purpose (e.g. Musculoskeletal system, Respiratory system, ENT or Dental problem, Cardio-vascular, etc.) from the list provided in Q3.
- ➡ Ailment(s) is/are to be reported on the basis of diagnosis made by the medical practitioners. Some ailments cannot be recorded unless reported diagnosis is available (provided by qualified medical practitioner) for e.g., Cancer, Diabetes, Thyroid, Hypertension, Glaucoma, Infertility, Cataract, Renal stones, Gall stone etc.
- ➡ Deep probing should be made to record such ailments. If the respondent informs that the ailment(s) is/are reported only on the basis of diagnosis made by the qualified medical practitioners, then only it should be recorded.
- ➡ If it is not available, then go by the main symptom for which treatment was sought and record the ailment accordingly.
- ➡ Definition provided above may be referred for more details of symptoms associated with the specific ailments as well as for the purpose of treatment.
- ➡ Select the ailment whose symptoms are nearest to the reported symptoms.
- ➡ Care is to be taken to avoid medical diagnosis provided by unqualified/informal health care providers, or opinions formed by relatives, friends, etc. - always go by main symptom.
- ➡ If the symptoms reported do not fit into any of the given categories, record it in the category 'Others'.

**TABLE 4.3: DESCRIPTION OF VARIOUS PROCEDURES**

Code	Procedure	Description
92	<b>Poorvakarma (snehana, svedana), thokkanam, etc.</b>	
	Poorvakarma	<b>Poorvakarma:</b> This is the first step of panchakarma which include snehana (bahya/external snehana- massage with oils, and abhyantara snehana- internal oleation) and svedana (procedure used to induce sweating with or without use of heat) is done.

Code	Procedure	Description
	Thokkanam	<b>Thokkanam:</b> Thokkanam is the Siddha way of touch therapy. It is the physical manipulation of the body usually done with or without oil application. It is very effective for neurological and musculoskeletal problems. It also promotes mental and physical fitness. Other procedures like abhyangam, pindaseka, and pizhichil etc. are the part of this.
93	<b>Panchakarma, regimental therapy, yogic shatkriya</b>	
	Panchakarma	<p>Panchakarma is a unique therapeutic procedure for the radical elimination of disease-causing-factors and to maintain the equilibrium of doshas. The panchakarma therapy minimizes the chances of recurrence of the diseases and promotes positive health by rejuvenating the vital body systems.</p> <p>There are three steps of each panchakarma procedure i.e. Poorvakarma (preparatory stage), pradhanakarma (main procedure) and paschatkarma (post procedure stage).</p> <p><b>Pradhanakarma:</b> This is the main step of performing the panchakarma- In this step the emesis, purgation, nasya (nasal administration of drug), raktamokshana (blood letting) and basti (Enema) are done.</p> <p><b>Paschatkarma:</b> This is the final step of recovery / rehabilitation of the patient includes diet and lifestyle care is done.</p>
	Regimental therapy	<p>Regimental therapy is one of the most popular methods of treatment, practiced by ancient Unani scholars since antiquity. It is basically application of certain special techniques or physical methods of treatment to improve the constitution of body by removing waste materials and improving the defense mechanism of the body.</p> <p>In other words, regimental therapies are mostly non medicinal techniques or procedures by which Unani physicians modulate the patient's habitat, life style and dietary habits of the patient. They practice some other therapeutic regimens for the treatment of various diseases.</p>
	Yogic Shatkriya	<p>Yogic Shatkriya are the six yogic, internal body cleansing procedures which are as under:</p> <p><b>1. Dhauti</b> (cleanses the mouth, throat and stomach.):</p>

Code	Procedure	Description
		<p>Swallowing and regurgitation a fine piece of muslin cloth or drinking warm saline water and vomiting it out.</p> <p><b>2. Basti</b> (cleanses the lower part of the colon upto the sphincter): Involves drawing water in to the lower intestine via the anus and then expelling it.</p> <p><b>3. Neti</b> (Cleanses nasal cavity and throat)</p> <ul style="list-style-type: none"> <li>• Jala Neti: Water is poured into one nostril and it automatically comes out through the other</li> <li>• Sutra Neti: A fine thread is taken inside one nostril and then pulled out of the mouth through the throat</li> <li>• Ghrita Neti: Using ghee</li> <li>• Dugdha Neti: Using milk</li> </ul> <p><b>4. Tratak</b> (cleanses and strengthen eyes): The eyes are focused usually on a small object or the flame of the lamp in a dark room, without blinking, until they water.</p> <p><b>5. Nauli</b>: Lean forward, protrude the abdomen and rotate (the muscles) from right to left with speed.</p> <p><b>6. Kapalbhathi</b> (Cleanses Respiratory system, especially lungs): Forceful breathing in and out repeatedly</p>
18	<b>Cosmetics - Skin, hair beauty care</b>	
	<b>Cosmetics</b>	<p>Cosmetics are used for two purposes:</p> <ol style="list-style-type: none"> <li>1. The preservation, restoration or bestowing the bodily beauty.</li> <li>2. The surgical correction of disfigured physical defect.</li> </ol> <p>It is believed that the presence of toxic materials inside the body make a person ugly and diseased. In such condition blood purification is the best therapeutic intervention to eliminate them. The cosmetics are mainly based on medicinal herbs and partially on minerals or animal sources. These cosmeceuticals were meant for complete decoration/ beautification of personality. They are used not only for face, eyes, hairs, nails but also for upper abdomen, lower abdomen, uterus, axilla, to mask the scar, halitosis, excessive sweating etc. Several procedures are also there to cure skin disorders like leukoderma, acne vulgaris, blemishes and blackening of skin, moles and warts etc.</p>

### 4.6.3 Question 4: System of medicine/health care system used for taking treatment

4.6.3.0 The System of medicine/health care system used by a household member for taking treatment as in-patient of a medical institution during the last 365 days will be recorded here. Appropriate system of medicine/health care system availed for taking treatment will be selected against Q4. The definition of different system of medicine is provided in paragraph 4.1 (4.1.0 to 4.1.7) above.

***To be noted:***

- ➡ *The particulars of system of medicine/health care system to be recorded here will refer only to those cases for which a member of the household was hospitalized at medical institution during the reference period for taking treatment.*
- ➡ *A member of the household may have used more than one system of medicine/health care system for one or more hospitalization cases during the reference period of last 365 days. Thus, provision has been provided to record more than one system of medicine/health care system that he/she has used for hospitalized treatment during the reference period.*
- ➡ *It may also be noted that a person may not be hospitalized only for taking treatment using 'Yoga'. Thus, this system should not be reported solely for hospitalized treatment. However, Yoga may be used as complimentary or as add-on to the other system of medicines (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Naturopathy and Homoeopathy).*

### 4.6.4 Question 5: Duration of stay in hospital

4.6.4.0 The total duration of stay (in days) for which a member of the household was hospitalized during the last 365 days will be recorded here. Here, the total duration of stay implies the total span (sum of all the days) for which the member of the household was hospitalized once or more during the reference period. Only the time within the reference period (last 365 days) will be considered for recording duration of stay.

For example, if the patient was admitted 425 days ago and discharged 315 days ago, the duration of stay will be 50 days. Similarly, if the patient was hospitalized twice during the reference period of 365 days for the durations 30 & 15 days respectively, then total duration of stay reported in Q5 will be 45 days for the said period.

### 4.6.5 Question 6: Type of medical institution where hospitalized

4.6.5.0 The medical institution(s) where a member of the household was hospitalized once or more for taking treatment using the AYUSH system of medicine/health care system during the reference period of last 365 days will be ascertained here in codes as given below:

Government / public: Ayurveda/ Siddha/ Unani/ Homoeopath hospital/ Yoga centre/ Naturopathy centre	1
Charitable/ trust/ NGO run: Ayurveda/ Siddha/ Unani/ Homoeopath hospital /Yoga centre/ Naturopathy centre	2
Private: Ayurveda/ Siddha/ Unani hospital/ Homoeopath Yoga centre/ Naturopathy centre	3

**To be noted:**

➡ *A member of the household may be admitted as in-patient in more than one medical institution for treatment of one or more ailments using the AYUSH system during the reference period of last 365 days. Thus, provision has been made to record more than one medical institution where he/she has was hospitalized for treatment during the reference period.*

The definition of the medical institution (Government/Private/Charitable) is provided in Chapter One.

#### 4.6.6 Question 7: Where from did you usually get the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) medicines?

4.6.6.0 The source from where a member of the household usually gets the AYUSH medicines for treatment during the period of hospitalization will be recorded here in codes.

Government Hospital/ Dispensary/ PHCs/ CHCs/ AYUSH wellness clinics/ AYUSH dispensary	1
Private hospital/Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopath)	2
Local shops/ Medical stores/ Other sellers	3
Others	9

**To be noted:**

*A member of the household may get the medicines from more than one source during the period of hospitalization. However, the source from which most frequently AYUSH medicines are obtained will be regarded as the major source and considered for recording.*

The description of the various sources used to get the medicines has been provided in Chapter One.

#### 4.6.7 Question 8: Medicines received for taking treatment during last 365 days

4.6.7.0 Whether medicines for hospitalized AYUSH treatment were received free or on payment during the last 365 days will be ascertained here. This information will be collected from each household member who was hospitalized for AYUSH treatment during the last 365 days. The code structure for recording the entry is as follows:

Free	1
Partially free	2
On payment	3

4.6.7.1 If the medicines were received free for all the cases of hospitalization during the reference period, whether a member was hospitalized once or more, then it will be considered as fully free and accordingly code 1 will be recorded. However, if the medicines were received free of cost for one hospitalization case and the charges were paid by the patient for the other case of hospitalization, then the expenses may be considered as partially free and accordingly code 2 will be recorded. Code 3 will be recorded, if the expenses for all the cases of hospitalization during the reference period were born by the patient solely.

#### 4.6.8 Question 9: Expenditure incurred for treatment taken using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the last 365 days

4.6.8.0 The total amount of expenditure incurred considering all the hospitalization cases (once or more) for treatment using the different system of AYUSH/health care system during the last 365 days for a particular member of the household will be recorded here in nearest whole number of rupees.

##### ***To be noted:***

- ➡ *Expenditure incurred only for the cases of hospitalization during the period of last 365 days will be considered here for recording. The expenses incurred before hospitalization and after discharge from the hospital/medical institution will not be considered here for recording and the same is to be reported in Block 6 (as out-patient treatment).*
- ➡ *The expenditure on hospitalization includes expenditure on doctor's/surgeon's fee, medicines, diagnostic tests, bed charges, other medical expenses such as physiotherapy, blood, oxygen, etc.).*
- ➡ *The expenditure on hospitalization includes parasurgical procedures like ksharasutra, panchakarma procedures, etc.*
- ➡ *Expenditure incurred for transportation including ambulance charges etc. will not be considered here for recording.*

- ➡ *Expenditure incurred and reimbursed by insurance company is not to be regarded as “provided free”.*
- ➡ *Total expenditure incurred by a patient will be recorded even if direct payment to the medical institution was made by an insurance company (cashless treatment). Deep probing should be made to record such expenditure. In this case, the entire amount should also be shown as reimbursement amount as well.*
- ➡ *If a patient makes a payment to the medical institution which is later partly or wholly reimbursed by an insurance company, the payment made to the medical institution will be recorded (against Q9) and the amount reimbursed will be entered against Q11.*
- ➡ *In case some or all of the expenditure was incurred by some other household, efforts have to be made to record the approximate expenditure if the exact amount is not known.*
- ➡ *For institutional childbirth, record expenditure excluding pre-natal and post-natal care.*
- ➡ *It may also be noted that expenditure reported in Q9 will not be 0 (zero), if code 2 or 3 is reported in Q8.*

**4.6.9 Question 10: Whether expenditure incurred for AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment was reimbursed by insurance company? (yes-1, no-2)**

4.6.9.0 The information on reimbursement of medical expenses incurred during the course of hospitalization (once or more) for treatment using AYUSH system during the last 365 days will be recorded here. Of the out-of-pocket expenditure recorded in Q9, if any amount was reimbursed by any insurance company during the last 365 days for one or more hospitalized cases, then code 1 will be recorded here, otherwise code 2 will be reported.

***To be noted:***

- ➡ *In case, the reimbursement has not been provided by an insurance company till date for expenses incurred on hospitalized treatment during the last 365 days, however, the same is supposed to be reimbursed by the insurance company in near future, then code 1 is to be reported in Q10 and the amount claimed by the person from the insurance company is to be recorded in Q11.*
- ➡ *Reimbursement provided by Government institutions/employers on the expenses incurred will not be considered for recording for the purpose of this survey.*

***Q11 is applicable only if, entry in Q10 =1***

#### 4.6.10 Question 11: Amount of expenditure reimbursed by the insurance company (in whole number of Rs.)

4.6.10.0 Of the expenditure recorded in Q9, the total amount reimbursed by insurance company will be recorded here in whole number of Rupees.

**To be noted:**

*Normally, reimbursement made by an insurance company cannot exceed the cost of treatment incurred during the course of hospitalization (one or more) during the last 365 days, so the entry in Q11 cannot exceed the entry recorded against Q9 (sum of all the expenses incurred for hospitalized treatments using different system of AYUSH during the last 365 days).*

#### 4.6.11 Question 12: What is the source from which you got the information for taking treatment using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines?

4.6.11.0 The most prominent source from where a member of the household got information/advice to take the treatment using the AYUSH system of medicine for hospitalized treatment will be ascertained and recorded here in terms of the following codes:

On your own	1
Family members & relatives	2
Friends & neighbors	3
Private practitioners (Doctor/ Vaidya/ Siddha Maruthuvar/ Hakim/ Homoeopath)	4
Doctors/ practitioners of Government hospital/ dispensary	5
Media [TV, radio, hoardings, newspapers & magazines, internet-facebook/WhatsApp/Twitter/IEC (Information, Education & Communication) material through outreach camps, surveys of organizations, etc.]	6
Research Articles/ Medical news-letter/ text books	7

**To be noted:**

*It may be possible that a person has got the information/advice from more than one source, say, from family as well as from media, however, the most prominent source is to be ascertained from the member from where he/she got the information/advice first.*



## 4.7 Block 6: Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy system as an out-patient during last 365 days

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### Objectives and Scope

To record the type of ailment from which a person was suffered during the last 365 days, system of medicines/health care system used for treatment, source of receiving the medicines, expenditure incurred for treatment, reimbursement on the expenses incurred, etc.

### Implementation Notes

- ◆ To be applicable for only those members of the household who took treatment using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines for non-hospitalized treatment during the last 365 days (i.e., entry in column 12 = 2 or 3 of Block 3).
- ◆ The particulars of household member(s) availed treatment using AYUSH system as out-patient during the period of last 365 days will only be considered here for recording. The particulars of treatment taken before hospitalization and after discharge from the hospital/medical institution will be reported in this block and not to be recorded in Block 5 (for treatment as in-patient during last 365 days).
- ◆ Particulars of pre-natal & post-natal care taken by a pregnant woman during the period of last 365 days as out-patient will be excluded from this block. Only the details of ailments/purposes from which a pregnant woman of the household was suffered or took treatment as out-patient will be considered here for recording.

### 4.7.1 Questions 1 & 2: Serial number & Age of the member

4.7.1.0 Serial number of the member of the household is to be copied or auto-populated from column 1 and Age of the member is to copied or auto-populated from column 5 of Block 3.

### 4.7.2 Question 3: Ailment/purpose/procedure for which AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment was taken

4.7.2.0 The ailment(s)/purpose(s)/procedure(s) for which a member of the household has undergone non-hospitalized treatment during the period of last 365 days will be ascertained here. The ailments/purpose descriptions are given in Q3 and ailment/purpose/procedure for which he/she has taken treatment as out-patient during the reference period is to be recorded there.

**To be noted:**

- ➡ *The particulars of ailment(s)/purpose(s) to be recorded here will refer only to those ailment(s)/purpose(s) for which a member of the household took treatment as **out-patient** during the reference period using the AYUSH system of medicine/health care system.*
- ➡ *A member of the household may suffer from more than one disease and therefore, may take treatment several times during the reference period of last 365 days. Thus, provision has been made to record more than one ailment/purpose for which he/she took treatment as out-patient during the reference period.*

4.7.2.1 A list of all the ailments/purposes and the Working definition of those ailments/purposes are provided in Tables 4.1 & 4.2 above.

#### 4.7.3 Question 4: System of medicine/health care system used for taking treatment

4.7.3.0 The System of medicine/health care system used for a treatment as out-patient (for non-hospitalized treatment) during the last 365 days will be recorded here. Appropriate system of medicine/health care system for which he/she took treatment as out-patient during the reference period will be reported against Q4. The definition of different system of medicine is provided in paragraph 4.1 (4.1.0 to 4.1.7) above.

**To be noted:**

- ➡ *The particulars of system of medicine/health care system to be recorded here will refer only to those cases for which a member of the household took treatment as out-patient (non-hospitalized treatment) during the reference period.*
- ➡ *A member of the household may have used more than one system of medicine/health care system for one or more non-hospitalization cases during the reference period of last 365 days. Thus, provision has been made to record more than one system of medicine/health care system that he/she has used for non-hospitalized treatment during the reference period.*

#### 4.7.4 Question 5: Where from did you usually get the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) medicines?

4.7.4.0 The source from where the member of the household usually gets the medicines for treatment using AYUSH system as out-patient (non-hospitalized treatment) will be recorded here in codes.

Home-made: from home produce, free collection, etc.	1
Home-made: from purchased ingredients	2
Government Hospital/ Dispensary/ PHCs/ CHCs/ AYUSH wellness clinics/ AYUSH dispensary	3
Private hospital/Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopath)	4
Local shops/ Medical stores/ Other sellers	5
Others	9

**To be noted:**

- *A member of the household may get medicines from more than one source for the non-hospitalized treatment; however, the source from which most frequently AYUSH medicines are obtained will be regarded as the major source and considered for recording.*
- *Medicines of the Indian system (Ayurveda, Unani, Siddha & Sowa-Rigpa/Amchi) are often prepared at home (home-made) from plants or plant parts which are sold not specifically as medicines because they may be used as non-medicinal food as well. Examples include haldi (turmeric) – used as medicine for injury and fracture, and adrak (ginger) – used for cough, cold, throat problems, etc. The plants may be cultivated by a household, or obtained from other households, or obtained by free collection from forests, etc. In all these cases, code 1 (home-made: from home produce, free collection, etc.) will be given.*
- *The plants or plant parts (seeds, etc.) used to prepare medicine may also be purchased by a person from vegetable markets, grocery shops, etc., and then medicine was prepared at home. In such cases (when the major or key ingredients are purchased), code 2 will be applicable.*
- *Apart from these, the medicines may be obtained in a medicinal form rather than in the natural (plant/ seed) form. Such medicines may come from the following sources: Government hospital/ dispensary/PHCs/CHCs, Private hospital/ dispensary, Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthvar), and Local shops/ medical stores/ other sellers. Accordingly, depending on the major source from where the medicines were obtained will be recorded.*
- *If a member reports that he/she usually used homemade medicines (code 1 or 2), then it does not necessarily mean that he/she has used homemade medicines in every occasion and thus, entry in further question Q6 may not be debarred.*

The description of the various sources used to get the medicines has been provided in Chapter One.

#### 4.7.5 Question 6: How often, during your visits to Govt./Private/Charitable AYUSH hospital/clinic, did you find Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopaths/ Yoga Trainers available in the Hospital/ Dispensary/ Centres?

4.7.5.0 The availability of the AYUSH medical practitioner (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopaths/ Yoga Trainers) during the visit to Govt./Private/Charitable AYUSH hospital/clinic or AYUSH health centres is to be ascertained here in following codes:

On every occasion	1
On the majority of occasions	2
On a few occasions (not the majority)	3
Never	4
Not visited	5

#### ***To be noted:***

*The response to this question may be recorded after taking into consideration all the visits to the medical institutions (Govt./Private/Charitable) which were visited for availing treatment.*

*Majority here means “at least 50%”. Thus, if the member reports that out of the 3 visits of Govt. AYUSH hospital/clinic and 2 visits to Private AYUSH clinic, the practitioner was available 2 times and 1 time respectively, then out of 5 visits to both medical institutions, the practitioner was available 3 times (more than 50%) and accordingly code 2 is to be entered.*

*If any household member uses home remedies only, then he/she may not visit any AYUSH hospital or clinic for healthcare. In this case, code ‘not visited-5’ may be recorded here.*

#### 4.7.6 Question 7: Medicines received for taking treatment during last 365 days

4.7.6.0 Whether medicines for non-hospitalized treatment during the last 365 days were received free or on payment will be ascertained here in codes. The code structure for recording the entry is as follows:

Free	1
Partially free	2
On payment	3

4.7.6.1 The procedure to record this information will be the same as mentioned in paragraph 4.6.7.1 of Block 5.

**To be noted:**

*If a member of the household reports that he/she has used only homemade medicines or used medicines from free collection (i.e., code-1 in Q5, block 6), then entry against Q7 will be 'free-1' for that person.*

#### **4.7.7 Question 8: Expenditure incurred for treatment taken using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the last 365 days**

4.7.7.0 The total amount of expenditure incurred considering all the non-hospitalization cases (one or more) for treatment using the different system of AYUSH/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the last 365 days for a particular member of the household will be recorded here in nearest whole number of rupees.

**To be noted:**

- ➡ *The expenditure incurred only for the cases of non-hospitalization during the period of last 365 days will be considered here for recording. The expenses incurred before hospitalization and after discharge from the hospital/medical institution will also be considered here for recording and the same is not to be reported in Block 5 (as in-patient treatment).*
- ➡ *The expenditure on non-hospitalization includes expenditure on doctor's/surgeon's fee, medicines, diagnostic tests, other medical expenses such as physiotherapy, blood, oxygen, etc.).*
- ➡ *The expenditure on non-hospitalization includes parasurgical procedures like ksharasutra, panchakarma procedures, etc.*
- ➡ *Expenditure incurred for transportation including ambulance charges, etc. will not be considered here for recording.*
- ➡ *The procedure to record the expenses incurred for non-hospitalized treatment during the last 365 days will be the same as provided in the case of hospitalization (points mentioned in paragraph 4.6.8).*
- ➡ *The expenditure reported in Q8 will not be 0 (zero), if code 2 or 3 is reported in Q7.*
- ➡ *In case a member has used only home remedies for all the cases of treatment, then system of AYUSH medicines used generally will be any one of Ayurveda, Unani, Siddha or Sowa-Rigpa/Amchi. In this situation, if the respondent fails to mention the name of the System of AYUSH medicines used for the treatment, then the entry for System of AYUSH medicines (Q4, block 6) and expenditure (Q8, block 6) may be recorded against 'Ayurveda'.*

**4.7.8 Question 9: Whether expenditure incurred for AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment (Rejuvenation/ Panchakarma procedures as OPD) is reimbursed by insurance company? (yes-1, no-2)**

4.7.8.0 The information on reimbursement of medical expenses incurred for non-hospitalized treatments (one or more) using AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the last 365 days will be recorded here. Of the out-of-pocket expenditure recorded in Q8, if any amount was reimbursed by any insurance companies during the last 365 days for one or more non-hospitalized cases, then code 1 will be recorded here, otherwise code 2 will be reported.

***To be noted:***

- ➡ *In case, the reimbursement has not been provided by an insurance company till date for expenses incurred on non-hospitalized treatment during the last 365 days, however, the same is supposed to be reimbursed by an insurance company in a near future, then code 1 is to be reported in Q9 and the amount claimed by the person from the insurance company is to be recorded in Q10.*
- ➡ *Reimbursement provided by Government institutions/employers on the expenses incurred will not be considered for recording for the purpose of this survey.*

***Q10 is applicable only if, entry in Q9 =1.***

**4.7.9 Question 10: Amount of expenditure reimbursed by the insurance company (in whole number of Rs.)**

4.7.9.0 Of the out-of-pocket expenditure recorded in Q8, the total amount reimbursed by insurance company during the last 365 days will be recorded here in whole number of Rupees.

***To be noted:***

*Normally, total reimbursement made by an insurance company cannot exceed the cost of treatment, so the entry in Q10 cannot exceed the entry recorded against Q8 (sum of all the expenses incurred for non-hospitalized treatments using different system of AYUSH during the last 365 days).*

#### 4.7.10 Question 11: What is the source from which you got the information for taking treatment using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines?

4.7.10.0 The most prominent source from where a member of the household got information/ advice to take the treatment using the AYUSH system of medicine will be ascertained here in the following codes:

On your own	1
Family members & relatives	2
Friends & neighbors	3
Private practitioners (Doctor/ Vaidya/ Siddha Maruthuvar/ Hakim/ Homoeopath)	4
Doctors/ practitioners of Government hospital/ dispensary	5
Media [TV, radio, hoardings, newspapers & magazines, internet-Facebook/WhatsApp/Twitter/IEC (Information, Education & Communication) material through outreach camps, surveys of organizations, etc.]	6
Research Articles/ Medical news-letter/ text books	7

#### ***To be noted:***

*It may be possible that a person has got the information/advice from more than one source, say, from friends as well as from research articles, however, the most prominent source is to be ascertained from the member from where he/she got the information/advice first.*

The description of the various sources from where a member of the household took the advice is provided in Chapter One.

### 4.8 Block 7: Household level information on assessment of availing Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy and information on knowledge of medicinal plants

#### **Objectives and Scope**

To record the information on reason for using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system, distance of nearest AYUSH facility from household, assessment on effectiveness of AYUSH medicines, information on yoga practice, knowledge about the medicinal plants, home remedies, folk/traditional medicines at the level of household.

## Implementation Notes

- ◆ Section A of this block is to be applicable for only those households in which any member of the household has taken treatment using the AYUSH (**Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy**) system of medicines for hospitalized or non-hospitalized treatment or for preventive care/self-care during the last 365 days (i.e., entry in column 10 = 1, Block 3 for atleast one member of the household).
- ◆ Sections B, C & D of this block are applicable to all the selected households.

### SECTION A: INFORMATION ON ASSESSMENT OF AVAILING AYUSH (AYURVEDA, YOGA, NATUROPATHY, UNANI, SIDDHA, SOWA-RIGPA/AMCHI, HOMOEOPATHY) SERVICES, EFFECTIVENESS OF AYUSH MEDICINES AND YOGA PRACTICE

#### 4.8.1 Question 1: Reasons for using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system

4.8.1.0 This information will be asked to only those households in which one or more member of the household used any of the AYUSH system of medicines (**Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy**) for hospitalized or non-hospitalized treatment or for preventive care/self-care during the last 365 days (i.e., code 1 is reported in column 10 for atleast one member of the household). The reason for using the AYUSH system of medicines by any member of the household will be ascertained here using the one or more of the suitable reasons mentioned below.

Sl. No.	Reason
1	AYUSH medicines are effective
2	Individualized personal care in AYUSH
3	Ensures overall well-being/ complete cure
4	Strengthen and revitalizes
5	Faith/ belief in AYUSH
6	Tradition / culture of using AYUSH
7	Previous experience of self/ others
8	Well-known to local people, family members and friends etc.
9	Side effects are negligible /less
10	AYUSH medicines are inexpensive / cost effective
11	Easily available raw materials
12	Non-availability/accessibility of allopathic medicines
13	Expensive allopathic medicines
14	Permanent cure may not be available in allopathy
15	To reduce side effects of allopathy medicine
19	Others



**To be noted:**

*A household may have different reasons for using the AYUSH system of medicines for hospitalized or non-hospitalized treatment as well as for preventive care/self-care. In such cases, provision has been made to record more than one reason for using the AYUSH system of medicines during the period of last 365 days and accordingly, all such reasons for using AYUSH system of medicines may be selected.*

**4.8.2 Question 2: Distance of nearest AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) facility (Govt./ NGO/ Private) from the place of living of the household?**

4.8.2.0 The distance of the nearest AYUSH facility (Govt./Private/Charitable AYUSH hospital/clinic or AYUSH health centres) from the place of living of the household is to be ascertained here in following codes:

Within 1 km	1
Within 1-2 km	2
Within 2 -5 km	3
More than 5km	4
Not known	5

**4.8.3 Question 3: Whether AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) medicines are available in the hospital/Dispensary/PHC/ CHC usually visited?**

4.8.3.0 The availability of the AYUSH medicines (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the visit to the AYUSH Govt. medical institution/clinics or health centres (Govt. AYUSH hospital/dispensary/Primary Health Centres (PHC)/Community Health Centres (CHC) or AYUSH health centres) is to be recorded here in following codes:

Yes: On every occasion	1
Yes: On the majority of occasions	2
Yes: On a few occasions (not the majority)	3
Not available	4
Not known	5

**To be noted:**

*The response to this question may be recorded after taking into consideration all the visits to the Govt. medical institutions /clinics or health centres (Govt. AYUSH hospital/dispensary/Primary Health Centres (PHC)/Community Health Centres (CHC) or AYUSH health centres.*

*Majority here means “at least 50%”. Thus, if the household reports that out of the 10 visits of Govt. AYUSH hospital/clinic, the medicines were available 4 times, then the code to be entered against this item is 3.*

#### **4.8.4 Question 4: Assessment of the household about the effectiveness of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) medicines**

4.8.4.0 “**Effectiveness**” of a medicine means the degree to which the medicine has helped the patient in relieving the most troubling symptom for which the medicine was taken. In this question, the assessment of the household regarding effectiveness of AYUSH medicines used for hospitalized or non-hospitalized treatment as well as used as preventive measures or self-care is to be recorded using the following codes:

Excellent	1
Good	2
Satisfactory	3
Not satisfactory	4
Don't know	5

**To be noted:**

➡ *It may be noted that a household may have different opinions regarding efficacy of different system of medicines. However, the assessment of the household regarding effectiveness of AYUSH medicines may be made after taking into consideration of all the system of medicines (Ayurveda, Unani, Siddha, Sowa-Riga/Amchi & Homoeopathy). Also, if the household has used more than one system of medicines and the assessment on the same is different for various systems of medicines, then the code appearing first in the code list may be considered for recording.*

#### 4.8.5 Question 5: Whether any member of the household is practicing Yoga? (yes-1, no-2)

4.8.5.0 The information on yoga practiced by one or more member of the household as on the date of survey will be ascertained here. If any member of the household is practicing yoga as on the date of survey, code 1 is to be recorded against Q5, else code 2 is to be reported.

***To be noted:***

*Yoga practiced deliberately and voluntarily under the supervision of yoga instructor/trainer and/or advised by the medical practitioner is to be considered for the purpose of recording. If a person practiced yoga at home after knowing the yogic postures and its effects, then he/she will be considered as practicing yoga.*

*Further, in case of yoga, a person may report having practiced yogic postures for only a few days; this should not be considered as “practicing yoga”. If any member of the household practiced yoga regularly for at least 7 days, then that member is considered to be practicing yoga and accordingly, code 1 is to be recorded in Q5. Also, if a member has practiced yoga prior to the date of the survey, but stopped practicing the same at present and not intended to do the practice again in near future, then he/she will not be considered as practicing Yoga.*

***Questions 6-8 are applicable only if, entry in Q5 =1***

#### 4.8.6 Question 6: Which of the following Yoga form one or more member of the household is practicing?

4.8.6.0 Information on the form of yoga which one or more member of the household is practicing as on the date of survey will be ascertained here. The list of yogic form is as follows:

SI. No.	Yoga form
1	Pranayama
2	Aasana
3	Meditation
4	Others (shatkriya, like neti, etc.)

**To be noted:**

*It may be noted that more than one yoga form can be practiced by any member of the household or two or more members of the household may be practicing different form of yoga. Thus, provision has been made to record more than one yoga form which one or more member of the household is practicing as on the date of survey.*

The description of various yoga forms are as follows:

**4.8.6.1 Pranayama:** It consists in developing awareness of one's breathing followed by willful regulation of respiration as the functional or vital basis of one's existence. It helps in developing awareness of one's mind and helps to establish control over the mind. In the initial stages, this is done by developing awareness of the 'flow of in-breath and out-breath' through nostrils, mouth and other body openings, its internal and external pathways and destinations.

**4.8.6.2 Asanas:** It is capable of bringing about stability of body and mind consists in adopting various psycho-physical body patterns, giving ability to maintain a stable awareness of one's structural existence for a considerable length and period of time as well.

**4.8.6.3 Meditation:** Meditation (Dhyana) can be defined as a set of techniques that are intended to encourage a heightened state of awareness and focused attention. Meditation is also a consciousness-changing technique that has been shown to have a wide number of benefits on psychological well-being. It is a practice where an individual uses a technique – such as mindfulness, or focusing the mind on a particular object, thought, or activity – to train attention and awareness, and achieve a mentally clear and emotionally calm and stable state and helps in self-realization.

**4.8.6.4 Others (shatkriya, neti, etc.): Bandhas and Mudras** are practices associated with pranayama. They are viewed as the higher Yogic practices mainly consisting on adopting certain psycho-physical body patterns along with control over respiration. This further facilitates control over mind and paves way for higher yogic attainment.

**Shat-karmas (shatkriya)** are detoxification procedures, help to remove the toxins accumulated in the body and are clinical in nature. **Yuktahara** (Right Food and other inputs) advocates appropriate food and food habits for healthy living. **Neti** is a Sanskrit term derived from the roots na and ti, which together translate as "not so." It is a nasal cleansing technique that is one of the six purification techniques recommended by the "Hatha Yoga Pradipika," an authentic text on Hatha yoga. These six purification techniques are called the Shat-karmas. They are practiced in order to cleanse and strengthen the body, in addition to keeping it illness-free. Performing Neti involves using salt water or thread to clear the nasal passages. It is believed that this not only has a number of mental and physical benefits, but that it can also aid in clairvoyance. There are two types of Neti: jala ("water") and sutra ("thread"). **Dharana** is fixing up of the mind on a particular object.

**4.8.7 Question 7: Frequency of doing Yoga**

4.8.7.0 The information on the frequency of practicing yoga by one or more member of the household as on the date of survey will be recorded here in the following codes:

Daily	1
Twice in a week	2
3-6 times in a week	3
Once in a week	4

***To be noted:***

*The frequency of practicing yoga may differ from member to member. The maximum number of days in a week spent by one or more members of the household for practicing yoga will be considered for recording.*

**4.8.8 Question 8: Duration of Yoga Practice on each occasion**

4.8.8.0 The information on the duration of practicing yoga by one or more member of the household as on the date of survey will be ascertained here in the following codes:

less than 15 minutes	1
15-30 minutes	2
30-45 minutes	3
45-60 minutes	4
more than 60 minutes	5

***To be noted:***

*The duration of practicing yoga may differ from member to member. The maximum time in a day spent by one or more member of the household for practicing yoga will be considered here for recording.*

**SECTION B: INFORMATION ON KNOWLEDGE OF MEDICINAL PLANTS****4.8.9 Question 9: Whether any member of the household is aware about one or more medicinal plants as on the date of survey? (yes -1, no-2)**

4.8.9.0 If any member of household is aware about the medicinal plants on the date of survey, code 1 is to be recorded here; otherwise code 2 will be recorded.

4.8.9.1 **Medicinal plants:** The term “medicinal plant” includes various types of plants used in herbalism ("herbology" or "herbal medicine"); plants that possess therapeutic properties or

exert beneficial pharmacological effect on the human or animal body. Medicinal plants are not only a major resource base for the traditional medicine & herbal industry but also provide livelihood and health security to a large segment of Indian population. Now-a-days, herb refers to any part of the plant like fruit, seed, stem, bark, flower, leaf, stigma or a root, as well as a non-woody plant. Earlier, the term “herb” was only applied to non-woody plants, including those that come from trees and shrubs. These medicinal plants are also used as food, flavonoid, medicine or perfume and also in certain spiritual activities. Medicinal plants such as Aloe, Tulsi, Neem, Turmeric and Ginger cure several common ailments. These are considered as home remedies in many parts of the country. It is known fact that lots of consumers are using Basil (Tulsi) for making medicines, black tea, and other activities in their day to day life.

4.8.9.2 A list of medicinal plants has been provided below in Table 4.4. However, this list is not exhaustive but suggestive.

**Table 4.4: List of medicinal plants**

SI. No.	Name of medicinal plant	Local name
1	Amalaki	Amla/Indian gooseberry
2	Aswagandha	Asgandh/Indian Ginseng/Winter cherry
3	Bala	Khareeti
4	Brahmi	Brahmi
5	Guduchi	Giloy
6	Haridra	Haldi/Turmeric
7	Kumari	Ghrithkumari /Aloe vera
8	Madukparni	Brahmi/Manduki
9	Nimba	Neem
10	Nirgundi	Samhalu
11	Punarnava	Gadarpunna
12	Shatavari	Shatavar
13	Shigru	Sahijan
14	Shunthi	Adrak/Ginger
15	Tulasi	Tulsi/basil
16	Vasa	Adusa
17	Babbula	babul
18	Ativisha	Atis/Atis root
19	Ashoka	Ashoka/Asok tree
20	Ajamoda	Ajmuda/parsley
21	Chandrasura	Chansur/Common cress
22	Bel	Indian bael/Shull/stone apple
23	Daarchini	Dalchini/Cinnamon
24	Podina	Pudina/Mint

Sl. No.	Name of medicinal plant	Local name
25	Amrood leaves	Guava
26	Kali Makoy	Black nightshade
27	Karela	Bitter gourd
28	Andawwa	Castor oil plant
29	shehtoot	Mulberry
30	Papita	Papaya
31	Kalonji/ Shooneez	Kalonji/Black caraway
32	Patta Gobhi/ Karam kalla (leaf/whole plant)	Cabbage
33	Tejpatra	Tejpatta/Indian bay leaves
34	Dhattura	Dhatura
35	Nimbu	Lemon
36	Parijata	Parijata
37	Bhringraja	Bhringraja/false daisy
38	Manjistha	Manjistha/Rubia cordifolia/ Common madder
39	Rudraksa	Rudraksha/dried seed
40	Lavanga	Cloves/laung
41	Aprajita	Aprajita/butterfly pea
42	Kharjura	Khajura/dates
43	Tila	Sesame
44	Narikela	Coconut
45	Methi	Fenugreek
46	Pippali	Long pepper
47	Sarson	Mastard
48	Ragi	Finger millets
49	Hingu	Hing/ asafoetida

**Questions 10-11 are applicable only if, entry in Q9 =1.**

**4.8.10 Question 10: Whether any member of the household has knowledge about the uses of the medicinal plants? (yes -1, no-2)**

4.8.10.0 If the household reported that one or more member of the household is aware about the medicinal plants, then it will be enquired that if any member of the household has knowledge about the uses of medicinal plants. If one or more member of the household has the knowledge about the uses of the medicinal plants, then code 1 is to be recorded here, else code 2 is to be reported. Few examples are: Tulasi for cough cold, Giloy for fever, Hingu for pain in abdomen, Adulasa for cough, Nima for skin diseases, Arjuna for Blood pressure etc.

**To be noted:**

*The 'knowledge' about the uses of medicinal plants refers to knowing the preventive/therapeutic effects or beneficial effects of the use of medicinal plants.*

**4.8.11 Question 11: Whether there is interest in cultivation/ conservation of medicinal plants for income generation? (yes -1, no-2)**

4.8.11.0 If the household reported that one or more member of the household is aware about the medicinal plants, then it will be enquired that whether the household has any interest in cultivation or conservation of medicinal plants for the purpose of income generation. Code 1 is to be recorded, if the household's response is 'yes', otherwise code 2 is to be recorded.

**SECTION C: KNOWLEDGE ABOUT HOME REMEDIES**
**4.8.12 Question 12: Whether any member of the household is aware about one or more home remedies as on the date of survey? (yes -1, no-2)**

4.8.12.0 This will be asked to enquire about the awareness about home remedies by any member of the household as on the date of survey. If any member of household is aware about the home remedies as on the date of survey, code 1 is to be recorded here; otherwise code 2 will be recorded.

4.8.12.1 **Home remedies:** Home remedies are simple medication prepared at home by using herbs available in the region or other ingredients available in the house like spices. These are meant for prevention of diseases and management of simple and minor illness like common cold, cough, loss of appetite, indigestion and to aid recovery from illness, etc. Sometimes, these are useful in chronic problems such as osteoarthritis. These are simple prepared medication or tonic of unproven effectiveness administered without prescription or professional supervision. It is traditional therapy generally information passed from one generation to next, often utilizing natural products, nutritional supplements or physical measures. These are simple measures of symptom management for minor health complaints. However, home remedies cannot replace a standard treatment and can be used as add on only. It should not be used in major diseases such as cancer, serious or life threatening conditions as a main course of treatment.

***Q13 is applicable only if, entry in Q12 =1.***



#### 4.8.13 Question 13: Whether any member of the household has knowledge about the uses of the home remedies? (yes -1, no-2)

4.8.13.0 If the household reported that one or more member of the household is aware about the one or more home remedies, then it will be enquired that if any member of the household has knowledge about the uses of home remedies. If one or more member of the household has the knowledge about the uses of the one or more home remedies, then code 1 is to be recorded here, else code 2 is to be recorded.

***To be noted:***

*The 'knowledge' about the uses of one or more home remedies refers to knowing the preventive/therapeutic effects or beneficial effects of the use of those home remedies.*

#### 4.8.14 Question 14: What is the first step usually taken by the household whenever any health problem arises to a member?

4.8.14.0 The first step usually taken up by the household whenever any health problem arises (major/minor) to one or more member of the household is to be ascertained here in the following codes:

Tried home remedies at home	1
Tried folk/ traditional healer medicines	2
Seek help from AYUSH practitioners- Ayurveda/ Siddha/ Unani/ Yoga/ Naturopathy/ Sowa-Rigpa/Amchi	3
Others (seek help from Allopath doctor, tried allopath medicines, etc.)	4

### SECTION D: KNOWLEDGE OF FOLK MEDICINES/LOCAL HEALTH TRADITIONS

#### 4.8.15 Question 15: Whether any member of the household is aware about one or more folk medicines or local health traditions as on the date of survey? (yes -1, no-2)

4.8.15.0 This will be asked to enquire about the awareness about one or more folk medicines or local health traditions by any member of the household as on the date of survey. If any member of household is aware about the one or more folk medicines or local health traditions as on the date of survey, code 1 is to be recorded here; otherwise code 2 will be recorded.

4.8.15.1 **Folk medicines/ Local health traditions:** Local health traditions (LHT) are the non-codified knowledge and traditional health care practices of common people and folk practitioners which are orally transmitted through generations. They are specific to the

ecosystem and ethnic community and use household food items, locally available plants, animal and mineral/ metal derivatives for prevention and healing of various ailments.

The folklore traditions are household level health practices and diverse viz. home remedies, food recipes, rituals and certain specialized practices like Marma chikitsa, bone setting, poison healers etc. These are also known as ethno medicines, indigenous medicines, folk knowledge, etc.

***Q16 is applicable only if, entry in Q15 =1.***

#### **4.8.16 Question 16: Whether any member of the household has knowledge about the uses of the folk medicines or local health traditions (traditional healer)? (yes -1, no-2)**

4.8.16.0 If the household reported that one or more member of the household is aware about the one or more folk medicines or local health traditions, then it will be enquired that if any member of the household has knowledge about the uses of those folk medicines or local health traditions. If one or more member of the household has the knowledge about the uses of the one or more folk medicines or local health traditions, then code 1 is to be recorded here, else code 2 is to be recorded.

***To be noted:***

*The 'knowledge' about the uses of one or more folk medicines or local health traditions refers to knowing the preventive/therapeutic effects or beneficial effects of the use of those folk medicines or local health traditions.*

### **4.9 Block 8: Particulars of pre-natal and post-natal care using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy for women of age 15-49 years who were pregnant during the last 365 days**

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#### **Objectives and Scope**

To record the details of pre-natal and post-natal care taken by the female member of the household using the AYUSH (**Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy**) system and expenditure on pre-natal & post-natal care.

#### **Implementation Notes**

To be applicable for only those female member of the household of age 15-49 years who were pregnant any time during the period of last 365 days (i.e., entry in col. 5 is in between 15 & 49 years and column 8 = 1 of Block 3 for that female member of the household).

#### **4.9.1 Questions 1 & 2: Serial number & Age of the member**

4.9.1.0 Serial number of the member of the household is to be copied or auto-populated from column 1 and Age of the member is to be copied or auto-populated from column 5 of Block 3 with code 1 in column 8 for that particular member.

**4.9.2 Question 3: Whether received pre-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system during the last 365 days (yes-1, no -2)**

4.9.2.0 The information on pre-natal care taken by the female member of the household using the AYUSH system of medicines/health care system during the period of last 365 days will be ascertained here and code 1 is to be recorded, if pre-natal care was taken by the female member during the period of last 365 days using the AYUSH system of medicines/health care system, else code 2 is to be reported.

4.9.2.1 **Pre-natal care:** Pre-natal care, also known as antenatal care is a type of preventive healthcare with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. Pre-natal care starts with history taking and is followed by examination of the women, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination etc. She is also provided with Tetanus Toxoid (TT) immunization and IFA tablets / syrup along with other treatment in case of complication.

Pre-natal care may involve giving medicines, taking weight, examining blood pressure, examining the abdomen, doing diagnostic tests, etc. Occasional consultation with a doctor or in a hospital during pregnancy for some sudden complication or ailment will NOT be treated as pre-natal care.

***Questions 4-7 are applicable only if, entry in Q3 =1.***

**4.9.3 Question 4: System of AYUSH/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) used for pre-natal care**

4.9.3.0 The System of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi & Homoeopathy) used for taking pre-natal care during the period of last 365 days will be recorded here. The definition of different system of medicine is provided in paragraph 4.1 (4.1.0 to 4.1.8) above.

**To be noted:**

*A female member of the household may have used more than one system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for pre-natal care during the reference period of last 365 days. Thus, provision has been made to record more than one system of medicine/health care system that she has used for pre-natal care during the reference period.*

**4.9.4 Question 5: Major source of receiving pre-natal care**

4.9.4.0 The source from where a female member of the household usually receives the pre-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the period of last 365 days will be recorded here in following codes:

HSC/ANM/ASHA/AWW/Midwife	1
Dispensary/ PHCs/CHCs	2
Government hospital	3
Charitable/Trust/NGO run hospital	4
Private hospital	5
Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/Homoeopaths)	6
Informal health care provider	7
Others	9

**To be noted:**

*A female member of the household may receive the pre-natal care from more than one sources during the period of last 365 days, however, the source most frequently used to get the care will be regarded as the major source and will be considered for recording.*

The description of the various sources used to get the pre-natal care has been provided in Chapter One.

**4.9.5 Question 6: Whether any traditional recipes/ medicines used during pregnancy and for safe delivery? (yes -1, no -2)**

4.9.5.0 The information on use of any traditional recipes/medicines during the pregnancy and for safe delivery will be ascertained here. If any female member of the household who were pregnant during the last 365 days used any traditional recipes/medicines during the pregnancy and for safe delivery, then code 1 is to be entered against Q6, else code 2 is to be reported.

**4.9.5.1 Traditional recipes/medicines used during pre-natal and post-natal care:**

Information on Homemade/locally available Traditional recipes/medicines is transferred from generation to generation (inter-generational transfer). There is a chance that the household member might be using such traditional recipes/medicines for any specific purpose like during pre-natal and post-natal period. Traditional recipes/Medicines for pre-natal period and post-natal are those recipes/ medicine which are given for the overall wellbeing of Mother and Baby. It helps in minimizing the complications of delivery, rejuvenate the post-partum body, regain strength, to increase lactation. The recipes depend on a number of factors including the woman's health status, region wise alterations, complications associated with pregnancy and many other factors.

**4.9.5.2 Examples of Traditional recipes/ behavioural practices:****➡ For safe home deliveries**

- drinking ghee + tea or ghee+ milk for smooth delivery
- massage of abdomen by dai
- squatting position for delivery

**➡ Post-delivery for mother and lactation**

- dried ginger +jaggery + haldi solution with bath with ajwain + neem leaves
- roasted jeera with milk
- makhana + gond + ghee laddo
- sootika laddoo

**➡ For healthy baby**

- ghutti of ajwain + sauf
- massage with oil + sunbath
- honey water
- breast feeding
- Haldi doodh
- Khajura laddoo

**4.9.6 Question 7: Expenditure incurred on pre-natal care during the last 365 days**

4.9.6.0 Expenditure incurred for pre-natal care (goods and/or services) using the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system including expenditure on traditional recipes/home remedies during the period of last 365 days will be recorded here in whole number of rupees. If no expenditure was incurred during the said period on pre-natal care, '0' may be entered here.

#### 4.9.7 Question 8: Whether received post-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system during the last 365 days? (yes-1, no -2)

4.9.7.0 This question will be asked to the women who underwent delivery (live birth or stillbirth) or abortion. The information on post-natal care taken by the female member of the household after delivery/abortion using the AYUSH system of medicines/health care system during the period of last 365 days will be recorded and code 1 is to be recorded, if post-natal care was taken by the female member during the period of last 365 days using the AYUSH system of medicines/health care system, else code 2 is to be reported.

4.9.7.1 **Post-natal care:** The post-natal period is defined as the first six weeks after birth (42 days) and it is critical to the health and survival of a mother and her new-born which is the most vulnerable time for both. Lack of care in this time period may result in death or disability as well as missed opportunities to promote healthy behaviour, affecting women, new-borns, and children. Post-natal care includes questions and counseling provided to a woman in the 6-week period after delivery by a nurse, doctor or midwife. Care taken by a woman after abortion will also be included here.

*Questions 9-15 are applicable only if, entry in Q8 =1*

#### 4.9.8 Question 9: System of AYUSH/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) used for post-natal care

4.9.8.0 The System of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi & Homoeopathy) used for taking post-natal care during the period of last 365 days after delivery/abortion will be recorded here. The definition of different system of medicine is provided in paragraph 4.1 (4.1.0 to 4.1.8) above.

##### ***To be noted:***

*A female member of the household may have used more than one system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for post-natal care during the reference period of last 365 days. Thus, provision has been made to record more than one system of medicine/health care system that she has used for post-natal care during the reference period.*

#### 4.9.9 Question 10: Major source of receiving post-natal care

4.9.9.0 The most prominent source from where a female member of the household usually receives the post-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha,

Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the period of last 365 days will be recorded here in following codes:

HSC/ANM/ASHA/AWW/Midwife	1
Dispensary/ PHCs/CHCs	2
Government hospital	3
Charitable/Trust/NGO run hospital	4
Private hospital	5
Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/Homoeopaths)	6
Informal health care provider	7
Others	9

***To be noted:***

*A female member of the household may receive the post-natal care from more than one sources during the period of last 365 days, however, the source most frequently used to get the care will be regarded as the major source and will be considered for recording.*

The description of the various sources used to get the post-natal care has been provided in Chapter One.

**4.9.10 Question 11: Whether any traditional recipes/ medicines/behavioural practices used during post-natal period? (yes -1, no -2)**

4.9.10.0 The information on use of any traditional recipes/medicines/behavioural practices during the post-natal care will be ascertained here. If any female member of the household who were pregnant during the last 365 days used any traditional recipes/medicines/behavioural practices during the post-natal care, then code 1 is to be entered against Q10, else code 2 is to be reported. The term ‘traditional recipes/medicines’ is defined in paragraph 4.9.5.1 above.

**4.9.11 Question 12: Whether any traditional recipes/medicines/behavioural practices used for healthy Lactation? (yes -1, no -2)**

4.9.11.0 The information on use of any traditional recipes/medicines/behavioural practices for healthy lactation will be recorded here. If any female member of the household used any traditional recipes/medicines/behavioural practices for healthy lactation during the period of last 365 days, then code 1 is to be entered here, else code 2 is to be reported.

#### 4.9.12 Question 13: Whether any traditional recipes/medicines/behavioural practices used for prevention and treatment of infantile illness? (yes -1, no -2)

4.9.12.0 The information on use of any traditional recipes/medicines/behavioural practices for prevention & treatment of infantile illness will be recorded here. If any female member of the household used any traditional recipes/medicines/behavioural practices for prevention & treatment of infantile illness during the period of last 365 days, then code 1 is to be entered here, else code 2 is to be reported.

***To be noted:***

*If any traditional recipes or medicines or behavioural practices is used by a mother of an infant (0-1 years of age) for prevention & treatment of illness after completely knowing the benefits and knowledge of those traditional recipes or medicines or behavioural practices **without any consultation with a medical practitioner, code 1 will be recorded.***

#### 4.9.13 Question 14: Whether any medicines / behavioural practices from AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system is used for prevention and treatment of infantile illness? (yes -1, no -2)

4.9.13.0 The information on use of any medicines/behavioural practices from AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi & Homoeopathy) for prevention & treatment of infantile illness will be recorded here. If any female member of the household used any medicines/behavioural practices from AYUSH system for prevention & treatment of infantile illness during the period of last 365 days, then code 1 is to be entered here, else code 2 is to be reported.

***To be noted:***

*If any medicine or behavioural practices from AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system were used by a mother of an infant (0-1 years of age) for prevention & treatment of illness **with proper consultation with a medical practitioner, code 1 will be recorded.***

#### 4.9.14 Question 15: Expenditure incurred on post-natal care during the last 365 days

4.9.14.0 Expenditure incurred for post-natal care (in the form of goods or services) using the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system including expenditure on traditional recipes/home remedies/behavioural practices during the period of last 365 days will be recorded here in whole number of rupees. If no expenditure was incurred during the said period on post-natal care, '0' may be entered here.



## 4.10 Block 2: Particulars of field operations

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### Objectives and Scope

To record the contact details viz. mobile number and landline number of the household and time taken to canvass the schedule.

### Implementation Notes

To be canvassed in each of the selected household.

#### 4.10.1 Item 1(a) and Item 1(b): Details of field Official

4.10.1.0 In column 3 details (name, code, etc.) of Survey Enumerator (SE)/ Junior Statistical Officer (JSO) and in column 4 details (name, code, etc.) of Survey Supervisor (SS)/ Senior Statistical Officer (SSO) will be recorded.

#### 4.10.2 Item 2: Dates of survey operation

4.10.2.0 In column 3/column 4, dates of survey/ inspection, receipt, scrutiny, despatch, as applicable will be recorded.

#### 4.10.3 Item 3: Total time taken to canvass the Schedule by the team of enumerators

4.10.3.0 Entry in item 3 will be made in whole number and in minutes. The time required to canvass the Schedule should be the actual time taken by the enumerator(s) to canvass the Schedule and will not include the time needed by the enumerator(s) to finalize the Schedule.

#### 4.10.4 Item 4: Number of enumerators (SE/JSO) in the team who canvassed the Schedule

4.10.4.0 Number of enumerators (SE/JSO) in the team who canvassed the Schedule will be recorded in Item 4.

#### 4.10.5 Item 5: Whether any remark has been entered by SE/JSO/SS/SSO

4.10.5.0 In this item, information will be recorded on whether remarks are recorded in Block 9/10 i.e. comments boxes provided in the paper schedule or text box provided in Computer assisted Personal Interview (CAPI) etc., by selecting the appropriate codes in column 3/4 of Item 5.

#### 4.10.6 Item 6: Name of the informant

4.10.6.0 Informant is the person from whom the bulk of the information on the Schedule is collected. It is always desirable to collect information from one of the household members. In extreme cases, where this cannot be done, information may be collected from a non-household member who is supposed to know the requisite information. In Computer assisted Personal Interview (CAPI) mode, serial number and name of the household member as listed in Cols.1 and 2 of Block 3 will appear along with an option 'not a household member' against 'srl. no. of the household member' '99' for selecting the informant. The enumerator should select the 'informant' from that list as given below.

Srl no. of the household member	Name	Select the informant
		<input type="radio"/>
		<input type="radio"/>
99	not a household member	<input type="radio"/>

**In Paper Assisted Personal Interview (PAPI) mode:** Serial number of the household member as listed in Col.1 of Block 3 is to be copied. In some rare cases, if it is not possible to collect information from the household member(s), information may be collected from the person(s) who is not a member of the household and in such a case, entry '99' is to be recorded against this item.

#### 4.10.7 Item 7: Mobile number of informant/any other household member who can be contacted

4.10.7.0 The 10 digit mobile number of the informant or any other household member who can be contacted is to be recorded in this item. If the household does not possess a mobile number or deny to provide the same, then '999' is to be recorded here.

#### 4.10.8 Item 8: Landline number of household, if any (Start with STD code)

4.10.8.0 The 11 digit landline number starting the STD code as applicable, of the household, if exists in the household is to be recorded in this item. If the household does not possess a landline or deny to provide the same, then '999' is to be recorded here.

#### 4.10.9 Item 9: Response code

4.10.9.0 This item 9 is meant to categorize the informant according to the degree of his/her co-operation as well as his/her capability to provide the required information in the Schedule. Information on the type of informant will be collected in terms of the following codes:

informant co-operative and capable	1	informant reluctant	4
informant co-operative but not capable	2	others	9
informant busy	3		

## FREQUENTLY ASKED QUESTIONS (FAQs)

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
1.	General			If an allopath doctor recommended treatment using AYUSH system, whether it will be considered in this survey?	Yes.
2.	3	-	9	If a member is unaware about the term AYUSH but knows the uses of system of medicines (home remedies / traditional recipes), then whether he/she is to be considered as aware of AYUSH system?	If the member of the household reports that he/she does not know of the existence of any of the systems coming under AYUSH, then it may be considered that he/she is not aware about AYUSH system and according code 2 will be reported against that member in column 9.
3.	3	-	10	Can use of any AYUSH system purely as a measure of prevention of ailments or as a preventive be considered as use of AYUSH system?	Yes, provided the use of AYUSH system is with knowledge and awareness of its beneficial effects.
4.	3	-	10	Whether Herbal medicines are included in AYUSH system or not.	Herbal medicines are included in AYUSH, unless used for routine beauty care.
5.	3	-	10	If a member has only used 'Vicks' Vaporub during the reference period without actually knowing that 'Vicks' is an Ayurvedic medicine. Can this use be considered as use of AYUSH?	Any medicine comes under AYUSH system used by a member as a treatment for any particular ailment without having knowledge of AYUSH system should not be considered as use of AYUSH.
6.	3	-	10	Will use of 'Multani Mitti' be considered as use of AYUSH or not?	If the Multani Mitti was used for preventive care/ self-medication with the knowledge or awareness about its beneficial effects it should be considered as use of AYUSH.
7.	3	-	10	Will home-made medicine used by the household with the advice taken from the <i>vaidya</i> or by the media be considered as AYUSH or not?	It will be considered as use of AYUSH.

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
8.	3	-	10	Is <i>haldi</i> (turmeric) used in routine with milk as precautionary measure to be treated as use of AYUSH?	It will be considered as use of 'AYUSH' if the person is consuming <i>haldi</i> with knowledge and awareness of the beneficial effect of <i>haldi</i> .
9.	3	-	10	If <i>ajowain</i> , <i>pan</i> , are regularly consumed after meal for digestive purposes consciously, should this be treated as AYUSH treatment?	Yes, Such practices may be treated as AYUSH treatment if the substances are consumed consciously for digestive or preventive purposes and not as a habit.
10.	3	-	10	Honey/ <i>chawanprash</i> is consumed regularly during winter season to prevent cough & cold and also for improvement of health. Will such consumption be considered as AYUSH treatment?	Yes, if consumed with knowledge and awareness of the beneficial effect of the same.
11.	3	-	10	Will daily use of <i>saunf</i> , <i>kala-namak</i> and <i>harr</i> be considered for AYUSH?	No, it is excluded, if taken as habit.
12.	3	-	10	Will the consumption of garlic with milk daily, to control blood pressure be considered as use of AYUSH?	Yes, if used with the knowledge and with specific intention to cure the ailment or for prevention of ailment.
13.	3	-	10	Bus vendors are selling some <i>chooran golis</i> for indigestion or gas. Are such <i>golis</i> to be taken under AYUSH?	If a member has taken those tablets after knowing its beneficial and side effects, then it will be considered as use of AYUSH.
14.	3	-	10	A member of the household consumes tea in the form of ginger/green tea only, as the household is aware of its medicinal value. Does he/she qualify as a user of AYUSH?	It should be ascertained whether a member of the household would not have consumed the ginger/green tea if it had no medicinal effect. If so, he/she would qualify as an AYUSH user.
15.	3	-	10	Will acupressure treatment be considered as AYUSH System of Medicine?	No.
16.	3	-	10	Should branded AYUSH medicines like AMWAY be taken into account while reporting on the use of AYUSH system by the household?	In deciding whether the household has used AYUSH, the question of whether the products/ treatments are branded or not is not relevant.

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
17.	3	-	10	Is doing yoga to keep oneself fit to be treated as use of AYUSH?	Yes, it is to be treated as AYUSH use, if done regularly for atleast 7 days.
18.	3	-	10	Doing exercise in gym is to be treated as use of AYUSH?	No.
19.	3	-	10	Will participation in Laughing Club be considered as AYUSH?	No.
20.	3	-	10	Is hot sponge or hot therapy in the part of the body having inflammation, pain or carbuncle to be considered as AYUSH?	Hot Sponge or hot therapy will be considered as AYUSH.
21.	3	-	9,10	If the informant is unable to tell about the awareness/use of AYUSH system by some other member of the household, what will be the code?	Efforts may be made to get in touch with the other member.
22.	3	-	10	An allopathic doctor has advised his patient a regular morning walk for keeping fit, besides physiotherapy (a sort of yoga), and warm saline water therapy, all of which are part of AYUSH treatment. Will this be considered as AYUSH treatment?	No, however, an allopathic doctor advising yoga will be considered as AYUSH treatment.
23.	3	-	10	In villages, households are using the system of treatment using plants/leaves, roots, seeds, etc. for curing diseases. Whether this will qualify for AYUSH?	Use of these plants, leaves etc. for medicine purpose knowingly and with full awareness of their medicinal value will qualify them as AYUSH users.
24.	3	-	10	Will the consumption of crushed neem leaves & its bark (as preventive measures) be considered?	Yes, if the consumer is aware about the effectiveness of the practice.
25.	3	-	12	If a person gets treatment/hospitalization in a foreign country, which code is to be reported?	Treatment outside India is not to be recorded.
26.	3	-	12	It is found these days that persons get admitted to hospital for carrying out normal or routine tests. Will this be treated as hospitalization?	No, it is not to be treated as hospitalization. However, if the person feels sick and gets admitted to the hospital for tests, etc., it will be treated as hospitalization.

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
27.	3	-	12	Can in-patient treatment by unqualified persons (quacks) be taken as cases of hospitalisation? This is prevalent in interior rural areas for treatment of emergencies for a few days before hospitalisation in a medical institution.	As places run by quacks cannot be taken as medical institutions, these cases cannot be considered as a case of hospitalisation.
28.	3	-	12	For treatment of drug addicts and HIV-plus persons in some Drug Addiction Rehabilitation Centres, the persons are formally admitted and discharged. Are these to be treated as hospitalization cases?	If these institutes provide medical treatment, they are to be considered.
29.	3	-	12	Many cases observed in which informants undertaken treatments/therapies of duration 3 days to 3 months at faraway places. Such treatments are set for certain duration. But in most cases the patients were staying in a private accommodation arranged by their own. Whether it is to be considered as hospitalization?	No, it should not be considered as hospitalization, however the details of non-hospitalization may be recorded.
30.	3	12	-	Whether treatment taken using Naturopathy in the camp will be considered for hospitalization?	Yes, if the treatment was taken as in-patient of that camp.
31.	3	12	-	During the second peak most of the states provide the guidelines to take the treatment at home even some are serious. Whether treatment will be considered as in-patient or out-patient?	It will be considered as out-patient treatment, however, if medical facilities were installed at home under supervision of a medical institution and proper supervision on the patient were made by medical practitioner, then it will be treated as in-patient treatment.
32.	5	-	-	A person was hospitalized in one hospital. During the stay in the said hospital, the condition of the person further worsened and he/she was referred to another hospital. He was	Yes, if the person is admitted afresh in the second hospital, it will be taken as another case of hospitalization.

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				hospitalized in that referral hospital. Will it considered as hospitalized more than once?	
33.	5	-	-	Can a person be discharged one or two hours after hospitalisation?	Yes. All minor surgeries such as cataract/laser within a day will be considered as hospitalization.
34.	5	-	-	A member of the household was hospitalized on the date of the survey, whether his/her details will be recorded under this block?	No, the details will not be considered for recording in this Block.
35.	5,6	-	-	A person has been hospitalized for a day during the reference period, but has been under treatment for the last two years. What should be the duration of treatment?	Only the time within the reference period will be considered for recording duration of stay. However, the particulars of treatment taken before hospitalization during the period of last 365 days and after discharge from hospital will be recorded in Block 6.
36.	5	-	-	The head of the household has borne the entire hospitalization expenses of his father, who is not a household member. Will the expenses be entered in Block 5?	No. Also, details of treatment will not be recorded in Block 5. But if the household of the patient had been selected, entries would have been made in Block 5.
37.	5,6	-	-	A patient took treatment in the out-patient section for some days. Later, due to seriousness of condition, he got admitted in the hospital as an in-patient. How will the treatment of ailment be demarcated?	(i) Particulars of in-patient treatment is to be recorded in Block 5. (ii) Particulars of the out-patient treatment will be entered against Block 6.
38.	5	5	-	How to calculate duration of stay in hospital for a patient who is yet to be discharged from hospital?	It is the number of days he has been hospitalised from the day of admission till the date of canvassing of the schedule.
39.	5	6	-	Where to include Co-operative Ayurvedic/Unani/Siddha/Homoeopath Hospital?	It will be considered as Private Ayurvedic/Unani/Siddha/Homoeopath Hospital - code 3

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
40.	5	6	-	What will the type of medical institution be for an eye camp organized by a private institution?	It will code 2 or code 3 depending on the nature of the camp.
41.	5	6	-	An AYUSH doctor visits an allopathic health care facility and provides AYUSH treatment, whether such facility will come under AYUSH medical institution?	Yes, it will be considered as AYUSH health care facility.
42.	5, 6	8, 7	-	Medicines purchased on prescription of AMA (under CSMA rules) and got reimbursed from office, whether it will be considered as 'free'?	No.
43.	5, 6	8, 7	-	If the medicines received free from one system (say Ayurvedic) and on payment from another system (say Homeopathy) then whether it will be considered as 'free'?	No. it will be considered as partially free.
44.	5, 6	9, 8	-	Will treatment received under cashless Mediclaim scheme be reported as received free?	No. Here service received will be considered from the hospital's point of view, whether they are providing services free or otherwise. In the said case, person received treatment on payment and the amount of treatment is to be recorded here.
45.	5, 6	9, 8	-	A family is covered by Arogyasri health scheme, under which in-patient treatment is provided free up to certain specified amount. The expenditure over and above the specified limit is to be borne by the patient. Is this to be treated as free or not?	Yes, it is partly free. However, total expenditure incurred (including the ceiling amount) is to be recorded in against the respective item, and the ceiling amount (up to which treatment was provided free) is to be recorded against the amount reimbursed.
46.	5, 6	9, 8	-	A patient has received treatment of an ailment for 385 days, of which 20 days are within the reference period and the rest days are outside the reference period. If entire expenses are paid in the reference period how	This is paid approach. The amount paid for treatment during the reference period may be entered.



Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				will expenditure be reported in this block?	
47.	5,6	9,8	-	Will tips paid to ward boys, nurses in hospitals be considered for this item?	No, they will not be considered.
48.	5,6	9,8	-	Will expenditure incurred on paramedical staff be incorporated here?	Yes.
49.	5,6	9,8	-	For CGHS pensioners and employers like NTPC who pay directly to the hospital, the expenditure details is not disclosed to the household. How can we make entries here?	All efforts should be made to get this figure. If it is not possible to get the details of expenditure, approximate total amount may be recorded against the respective items.
50.	5,6	9,8	-	How to account for ongoing continuous treatment?	It is a paid approach. Only the expenditure paid during the reference period is to be considered.
51.	5,6	9,8	-	If the expenditure for AYUSH treatment was born by any other household, then whether the expenditure is to be recorded here?	In case some or all of the expenditure was incurred by some other household, then the same is to be recorded under the relevant item. All efforts have to be made to record the approximate expenditure if the exact amount is not known.
52.	5,6	-	-	One person got hospitalized during last 365 days and discharged during last 15 Days with prescribed medicines to be consumed after discharge. Whether expenses on medicine will be recorded in block 5 or block 6.	Expenses on medicines after discharged which fall during last 15 days will be recorded in block 6. For particulars of such treatment, Block 6 will also be canvassed. Particulars of treatment taken as in-patient will be recorded in Block 5.
53.	5,6	11,10	-	What amount will come under reimbursement if bill claimed by the informant is under process?	As claimed by the informant.
54.	5,6	12, 11	-	If the informant suggests both codes 4 & 6 what entry should be given?	If the informant reports both to be equally important then the code appearing first may be given.
46	6	5	-	If AYUSH medicine is purchased through ads provided in TV, what	Code 5 (other sellers) should be entered.

Sl. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
				code for source from which the medicine was obtained should be noted?	
47	6	8	-	If some medicines (Ayurvedic or homoeopathic) in terms of kadha or immunity booster were taken by a member of the household, whether expenditure on this will be considered?	Yes, if ingredients were purchased specifically for the treatment or preventive care using home based remedies or medicines, then the amount incurred is to be considered for recording.
48	7	4	-	A person has visited an AYUSH unit only a couple of days before the visit for detail enquiry at his household and he reports that his treatment is still in progress and he is not in a position to confirm its effectiveness as on the date of survey as he is still left with medicines for another couple of days and only then he can confirm its effectiveness. What code is to be given in this case?	Code 5 is to be provided.
49	7	4	-	A patient has undergone prolonged treatment but has not been cured. A few months ago he has adopted AYUSH simultaneously and finally he has been cured. What will be the appropriate code in item 4, as he does not know which system of medicine cured him?	"In this situation Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Yoga & Naturopathy and Homeopathy (AYUSH) should be considered to have been effective and accordingly code 3 may be provided as per the response of the informant"
50	8	3	-	A mother has delivered a child eight months ago. She has taken pre-natal care for the five months before child birth. Should entire period of pre-natal care be considered?	Pre-natal care received during last 365 days, if taken using the AYUSH system of medicines is to be considered here.
51	8	5, 10	-	If pre-natal and/or post-natal care by a woman is received from both PHC and Private doctor/clinic, what will be the appropriate code?	Entry will be made depending on the source from where maximum number of pre/post-natal care received.

SI. no.	Block	Item	Col.	Query	Reply
(1)	(2)	(3)	(4)	(5)	(6)
52	8	5, 10	-	If most of the pre-natal and/or post-natal care were taken using the traditional recipes/home remedies/behavioural practices, then what code is to be recorded?	Code 'others' may be recorded.
53	8	7,15	-	Whether transport expenses towards prenatal and postnatal check-up will be reported?	Only the expenditure incurred for pre/post natal care in form of goods and services are to be taken. Here transport expenses are not to be considered.

## APPENDIX - I

### LIST OF NSS REGIONS AND THEIR COMPOSITION

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Andaman & Nicobar Islands (35)	351	Andaman & Nicobar Islands	1.	Nicobars	(01)
				2.	North & Middle Andaman	(02)
				3.	South Andaman	(03)
2.	Andhra Pradesh (28)	281	Coastal Northern	4.	Srikakulam	(01)
				5.	Vizianagaram	(02)
				6.	Visakhapatnam	(03)
				7.	East Godavari	(04)
				8.	West Godavari	(05)
3.		282	Coastal Southern	9.	Krishna	(06)
				10.	Guntur	(07)
				11.	Prakasam	(08)
				12.	Sri Potti Sriramulu Nellore	(09)
4.		283	Inland Southern	13.	Y.S.R. (Cuddapah)	(10)
				14.	Kurnool	(11)
				15.	Anantapur	(12)
				16.	Chittoor	(13)
5.	Arunachal Pradesh (12)	121	Arunachal Pradesh	17.	Tawang	(01)
				18.	West Kameng	(02)
				19.	East Kameng	(03)
				20.	Papum Pare	(04)
				21.	Upper Subansiri	(05)
				22.	West Siang	(06)
				23.	East Siang	(07)
				24.	Upper Siang	(08)
				25.	Changlang	(09)
				26.	Tirap	(10)
				27.	Lower Subansiri	(11)
				28.	Kurung Kumey	(12)
				29.	Dibang Valley	(13)
				30.	Lower Dibang Valley	(14)
				31.	Lohit	(15)
				32.	Anjaw	(16)
6.	Assam (18)	181	Plains Eastern	33.	Lakhimpur	(08)
				34.	Dhemaji	(09)
				35.	Tinsukia	(10)
				36.	Dibrugarh	(11)
				37.	Sivasagar	(12)
				38.	Jorhat	(13)
				39.	Golaghat	(14)
				40.	Charaideo	(30)
				41.	Majuli	(33)
7.		182	Plains Western	42.	Kokrajhar	(01)
				43.	Dhubri	(02)
				44.	Goalpara	(03)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				45.	Barpeta	(04)
				46.	Bongaigaon	(20)
				47.	Chirang	(21)
				48.	Kamrup	(22)
				49.	Kamrup Metropolitan	(23)
				50.	Nalbari	(24)
				51.	Baksa	(25)
				52.	South Salmara Mankachar	(31)
8.		183	Cachar Plain	53.	Karbi Anglong	(15)
				54.	Dima Hasao	(16)
				55.	Cachar	(17)
				56.	Karimganj	(18)
				57.	Hailakandi	(19)
				58.	West karbi Anglong	(29)
9.		184	Central Brahmaputra Plains	59.	Morigaon	(05)
				60.	Nagaon	(06)
				61.	Sonitpur	(07)
				62.	Darrang	(26)
				63.	Udalguri	(27)
				64.	Hojai	(28)
				65.	Biswanath	(32)
10.	Bihar (10)	101	Northern	66.	Pashchim Champaran	(01)
				67.	Purba Champaran	(02)
				68.	Sheohar	(03)
				69.	Sitamarhi	(04)
				70.	Madhubani	(05)
				71.	Supaul	(06)
				72.	Araria	(07)
				73.	Kishanganj	(08)
				74.	Purnia	(09)
				75.	Katihar	(10)
				76.	Madhepura	(11)
				77.	Saharsa	(12)
				78.	Darbhanga	(13)
				79.	Muzaffarpur	(14)
				80.	Gopalganj	(15)
				81.	Siwan	(16)
				82.	Saran	(17)
				83.	Vaishali	(18)
				84.	Samastipur	(19)
				85.	Begusarai	(20)
				86.	Khagaria	(21)
11.		102	Central	87.	Bhagalpur	(22)
				88.	Banka	(23)
				89.	Munger	(24)
				90.	Lakhisarai	(25)
				91.	Sheikhpura	(26)
				92.	Nalanda	(27)
				93.	Patna	(28)
				94.	Bhojpur	(29)
				95.	Buxar	(30)
				96.	Kaimur (Bhabua)	(31)
				97.	Rohtas	(32)
				98.	Aurangabad	(33)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				99.	Gaya	(34)
				100.	Nawada	(35)
				101.	Jamui	(36)
				102.	Jehanabad	(37)
				103.	Arwal	(38)
12.	Chandigarh (04)	041	Chandigarh	104.	Chandigarh	(01)
13.	Chhattisgarh (22)	221	Northern Chhattisgarh	105.	Koriya	(01)
				106.	Surguja	(02)
				107.	Surajpur	(26)
				108.	Balrampur	(27)
14.		222	Mahanadi Basin	109.	Jashpur	(03)
				110.	Raigarh	(04)
				111.	Korba	(05)
				112.	Janjgir-Champa	(06)
				113.	Bilaspur	(07)
				114.	Kabeerdham	(08)
				115.	Rajnandgaon	(09)
				116.	Durg	(10)
				117.	Raipur	(11)
				118.	Mahasamund	(12)
				119.	Dhamtari	(13)
				120.	Balodabazar	(19)
				121.	Gariyaband	(20)
				122.	Bemetara	(23)
				123.	Balod	(24)
				124.	Mungeli	(25)
15.		223	Southern Chhattisgarh	125.	Uttar Bastar Kanker	(14)
				126.	Bastar	(15)
				127.	Narayanpur	(16)
				128.	Dakshin Bastar Dantewada	(17)
				129.	Bijapur	(18)
				130.	Kondagaon	(21)
				131.	Sukama	(22)
16.	Dadra & Nagar Haveli and Daman and Diu (25)	251	Dadra & Nagar Haveli and Daman and Diu	132.	Diu	(01)
				133.	Daman	(02)
				134.	Dadra & Nagar Haveli	(03)
17.	Delhi (07)	071	Delhi	135.	North West	(01)
				136.	North	(02)
				137.	North East	(03)
				138.	East	(04)
				139.	New Delhi	(05)
				140.	Central	(06)
				141.	West	(07)
				142.	South West	(08)
				143.	South	(09)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
18.	Goa (30)	301	Goa	144.	North Goa	(01)
				145.	South Goa	(02)
19.	Gujarat (24)	241	South Eastern	146.	Panch Mahals	(17)
				147.	Dohad	(18)
				148.	Vadodara	(19)
				149.	Narmada	(20)
				150.	Bharuch	(21)
				151.	The Dangs	(22)
				152.	Navsari	(23)
				153.	Valsad	(24)
				154.	Surat	(25)
				155.	Tapi	(26)
				156.	Chhota Udepur	(29)
				157.	Mahisagar	(32)
20.		242	Plains Northern	158.	Mahesana	(04)
				159.	Sabar Kantha	(05)
				160.	Gandhinagar	(06)
				161.	Ahmadabad	(07)
				162.	Anand	(15)
				163.	Kheda	(16)
				164.	Arvalli	(27)
21.		243	Dry areas	165.	Banas Kantha	(02)
				166.	Patan	(03)
22.		244	Kachchh	167.	Kachchh	(01)
23.		245	Saurashtra	168.	Surendranagar	(08)
				169.	Rajkot	(09)
				170.	Jamnagar	(10)
				171.	Porbandar	(11)
				172.	Junagadh	(12)
				173.	Amreli	(13)
				174.	Bhavnagar	(14)
				175.	Botad	(28)
				176.	Dev Bhumi-Dwarka	(30)
				177.	Gir Somnath	(31)
				178.	Morbi	(33)
24.	Haryana (06)	061	Eastern	179.	Panchkula	(01)
				180.	Ambala	(02)
				181.	Yamunanagar	(03)
				182.	Kurukshetra	(04)
				183.	Kaithal	(05)
				184.	Karnal	(06)
				185.	Panipat	(07)
				186.	Sonipat	(08)
				187.	Rohtak	(14)
				188.	Jhajjar	(15)
				189.	Gurgaon	(18)
				190.	Mewat	(19)
				191.	Faridabad	(20)
				192.	Palwal	(21)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
25.		062	Western	193.	Jind	(09)
				194.	Fatehabad	(10)
				195.	Sirsa	(11)
				196.	Hisar	(12)
				197.	Bhiwani	(13)
				198.	Mahendragarh	(16)
				199.	Rewari	(17)
26.	Himachal Pradesh (02)	021	Central	200.	Kangra	(02)
				201.	Kullu	(04)
				202.	Mandi	(05)
				203.	Hamirpur	(06)
				204.	Una	(07)
27.		022	Trans Himalayan & Southern	205.	Chamba	(01)
				206.	Lahul & Spiti	(03)
				207.	Bilaspur	(08)
				208.	Solan	(09)
				209.	Sirmaur	(10)
				210.	Shimla	(11)
				211.	Kinnaur	(12)
28.	Jammu & Kashmir (01)	011	Mountainous	212.	Kathua	(07)
				213.	Jammu	(21)
				214.	Samba	(22)
29.		012	Outer Hills	215.	Punch	(05)
				216.	Rajouri	(06)
				217.	Doda	(16)
				218.	Ramban	(17)
				219.	Kishtwar	(18)
				220.	Udhampur	(19)
				221.	Reasi	(20)
30.		013	Jhelam Valley	222.	Kupwara	(01)
				223.	Badgam	(02)
				224.	Baramula	(08)
				225.	Bandipore	(09)
				226.	Srinagar	(10)
				227.	Ganderbal	(11)
				228.	Pulwama	(12)
				229.	Shupiyan	(13)
				230.	Anantnag	(14)
				231.	Kulgam	(15)
31.	Jharkhand (20)	201	Ranchi Plateau	232.	Garhwa	(01)
				233.	Lohardaga	(11)
				234.	Purbi Singhbhum	(12)
				235.	Palamu	(13)
				236.	Latehar	(14)
				237.	Ranchi	(19)
				238.	Khunti	(20)
				239.	Gumla	(21)
				240.	Simdega	(22)
				241.	Pashchimi Singhbhum	(23)
				242.	Saraikela-Kharsawan	(24)



sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
32.		202	Hazaribagh Plateau	243.	Chatra	(02)
				244.	Kodarma	(03)
				245.	Giridih	(04)
				246.	Deoghar	(05)
				247.	Godda	(06)
				248.	Sahibganj	(07)
				249.	Pakur	(08)
				250.	Dhanbad	(09)
				251.	Bokaro	(10)
				252.	Hazaribagh	(15)
				253.	Ramgarh	(16)
				254.	Dumka	(17)
				255.	Jamtara	(18)
33.	Karnataka (29)	291	Coastal & Ghats	256.	Uttara Kannada	(09)
				257.	Udupi	(15)
				258.	Dakshina Kannada	(21)
34.		292	Inland Eastern	259.	Shimoga	(14)
				260.	Chikmagalur	(16)
				261.	Hassan	(20)
				262.	Kodagu	(22)
35.		293	Inland Southern	263.	Tumkur	(17)
				264.	Bangalore	(18)
				265.	Mandya	(19)
				266.	Mysore	(23)
				267.	Chamarajanagar	(24)
				268.	Kolar	(27)
				269.	Chikkaballapura	(28)
				270.	Bangalore Rural	(29)
				271.	Ramanagara	(30)
36.		294	Inland Northern	272.	Belgaum	(01)
				273.	Bagalkot	(02)
				274.	Bijapur	(03)
				275.	Bidar	(04)
				276.	Raichur	(05)
				277.	Koppal	(06)
				278.	Gadag	(07)
				279.	Dharwad	(08)
				280.	Haveri	(10)
				281.	Bellary	(11)
				282.	Chitradurga	(12)
				283.	Davanagere	(13)
				284.	Gulbarga	(25)
				285.	Yadgir	(26)
37.	Kerala (32)	321	Northern	286.	Kasaragod	(01)
				287.	Kannur	(02)
				288.	Wayanad	(03)
				289.	Kozhikode	(04)
				290.	Malappuram	(05)
				291.	Palakkad	(06)
38.		322	Southern	292.	Thrissur	(07)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				293.	Ernakulam	(08)
				294.	Idukki	(09)
				295.	Kottayam	(10)
				296.	Alappuzha	(11)
				297.	Pathanamthitta	(12)
				298.	Kollam	(13)
				299.	Thiruvananthapuram	(14)
39.	Ladakh (37)	371	Ladakh	300.	Leh	(01)
				301.	Kargil	(02)
40.	Lakshadweep (31)	311	Lakshadweep	302.	Lakshadweep	(01)
41.	Madhya Pradesh (23)	231	Vindhya	303.	Tikamgarh	(07)
				304.	Chhatarpur	(08)
				305.	Panna	(09)
				306.	Satna	(12)
				307.	Rewa	(13)
				308.	Umaria	(14)
				309.	Shahdol	(43)
				310.	Anuppur	(44)
				311.	Sidhi	(45)
				312.	Singrauli	(46)
42.		232	Central	313.	Sagar	(10)
				314.	Damoh	(11)
				315.	Vidisha	(26)
				316.	Bhopal	(27)
				317.	Sehore	(28)
				318.	Raisen	(29)
43.		233	Malwa	319.	Neemuch	(15)
				320.	Mandsaur	(16)
				321.	Ratlam	(17)
				322.	Ujjain	(18)
				323.	Shajapur	(19)
				324.	Dewas	(20)
				325.	Dhar	(21)
				326.	Indore	(22)
				327.	Rajgarh	(25)
				328.	Jhabua	(47)
				329.	Alirajpur	(48)
44.		234	South	330.	Katni	(33)
				331.	Jabalpur	(34)
				332.	Narsimhapur	(35)
				333.	Dindori	(36)
				334.	Mandla	(37)
				335.	Chhindwara	(38)
				336.	Seoni	(39)
				337.	Balaghat	(40)
45.		235	South Western	338.	Khargone (West Nimar)	(23)
				339.	Barwani	(24)
				340.	Betul	(30)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				341.	Harda	(31)
				342.	Hoshangabad	(32)
				343.	Khandwa (East Nimar)	(49)
				344.	Burhanpur	(50)
46.		236	Northern	345.	Sheopur	(01)
				346.	Morena	(02)
				347.	Bhind	(03)
				348.	Gwalior	(04)
				349.	Datia	(05)
				350.	Shivpuri	(06)
				351.	Guna	(41)
				352.	Ashoknagar	(42)
47.	Maharashtra (27)	271	Coastal	353.	Thane	(21)
				354.	Mumbai Suburban	(22)
				355.	Mumbai	(23)
				356.	Raigarh	(24)
				357.	Ratnagiri	(32)
				358.	Sindhudurg	(33)
48.		272	Inland Western	359.	Pune	(25)
				360.	Ahmadnagar	(26)
				361.	Solapur	(30)
				362.	Satara	(31)
				363.	Kolhapur	(34)
				364.	Sangli	(35)
49.		273	Inland Northern	365.	Nandurbar	(01)
				366.	Dhule	(02)
				367.	Jalgaon	(03)
				368.	Nashik	(20)
50.		274	Inland Central	369.	Nanded	(15)
				370.	Hingoli	(16)
				371.	Parbhani	(17)
				372.	Jalna	(18)
				373.	Aurangabad	(19)
				374.	Bid	(27)
				375.	Latur	(28)
				376.	Osmanabad	(29)
51.		275	Inland Eastern	377.	Buldana	(04)
				378.	Akola	(05)
				379.	Washim	(06)
				380.	Amravati	(07)
				381.	Wardha	(08)
				382.	Nagpur	(09)
				383.	Yavatmal	(14)
52.		276	Eastern	384.	Bhandara	(10)
				385.	Gondiya	(11)
				386.	Gadchiroli	(12)
				387.	Chandrapur	(13)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
53.	Manipur (14)	141	Plains	388.	Bishnupur	(04)
				389.	Thoubal	(05)
				390.	Imphal West	(06)
				391.	Imphal East	(07)
54.		142	Hills	392.	Senapati	(01)
				393.	Tamenglong	(02)
				394.	Churachandpur	(03)
				395.	Ukhrul	(08)
				396.	Chandel	(09)
55.	Meghalaya (17)	171	Meghalaya	397.	West Garo Hills	(01)
				398.	East Garo Hills	(02)
				399.	South Garo Hills	(03)
				400.	West Khasi Hills	(04)
				401.	Ribhoi	(05)
				402.	East Khasi Hills	(06)
				403.	Jaintia Hills	(07)
56.	Mizoram (15)	151	Mizoram	404.	Mamit	(01)
				405.	Kolasib	(02)
				406.	Aizwal	(03)
				407.	Champhai	(04)
				408.	Serchhip	(05)
				409.	Lunglei	(06)
				410.	Lawngtlai	(07)
				411.	Saiha	(08)
57.	Nagaland (13)	131	Nagaland	412.	Mon	(01)
				413.	Mokokchung	(02)
				414.	Zunheboto	(03)
				415.	Wokha	(04)
				416.	Dimapur	(05)
				417.	Phek	(06)
				418.	Tuensang	(07)
				419.	Longleng	(08)
				420.	Kiphire	(09)
				421.	Kohima	(10)
				422.	Peren	(11)
58.	Odisha (21)	211	Coastal	423.	Baleshwar	(08)
				424.	Bhadrak	(09)
				425.	Kendrapara	(10)
				426.	Jagatsinghapur	(11)
				427.	Cuttack	(12)
				428.	Jajapur	(13)
				429.	Nayagarh	(16)
				430.	Khordha	(17)
				431.	Puri	(18)
59.		212	Southern	432.	Ganjam	(19)
				433.	Gajapati	(20)
				434.	Kandhamal	(21)
				435.	Baudh	(22)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				436.	Subarnapur	(23)
				437.	Balangir	(24)
				438.	Nuapada	(25)
				439.	Kalahandi	(26)
				440.	Rayagada	(27)
				441.	Nabarangapur	(28)
				442.	Koraput	(29)
				443.	Malkangiri	(30)
60.		213	Northern	444.	Bargarh	(01)
				445.	Jharsuguda	(02)
				446.	Sambalpur	(03)
				447.	Debagarh	(04)
				448.	Sundargarh	(05)
				449.	Kendujhar	(06)
				450.	Mayurbhanj	(07)
				451.	Dhenkanal	(14)
				452.	Anugul	(15)
61.	Puducherry (34)	341	Puducherry	453.	Yanam	(01)
				454.	Puducherry	(02)
				455.	Mahe	(03)
				456.	Karaikal	(04)
62.	Punjab (03)	031	Northern	457.	Gurdaspur	(01)
				458.	Kapurthala	(02)
				459.	Jalandhar	(03)
				460.	Hoshiarpur	(04)
				461.	Shahid Bhagat Singh Nagar	(05)
				462.	Amritsar	(15)
				463.	Tarn Taran	(16)
				464.	Rupnagar	(17)
				465.	Sahibzada Ajit Singh Nagar	(18)
				466.	Pathankot	(21)
63.		032	Southern	467.	Fatehgarh Sahib	(06)
				468.	Ludhiana	(07)
				469.	Moga	(08)
				470.	Firozpur	(09)
				471.	Muktsar	(10)
				472.	Faridkot	(11)
				473.	Bhatinda	(12)
				474.	Mansa	(13)
				475.	Patiala	(14)
				476.	Sangrur	(19)
				477.	Barnala	(20)
				478.	Fazilka	(22)
64.	Rajasthan (08)	081	Western	479.	Bikaner	(03)
				480.	Jodhpur	(15)
				481.	Jaisalmer	(16)
				482.	Barmer	(17)
				483.	Jalor	(18)
				484.	Sirohi	(19)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				485.	Pali	(20)
65.		082	North- Eastern	486.	Alwar	(06)
				487.	Bharatpur	(07)
				488.	Dhaulpur	(08)
				489.	Karauli	(09)
				490.	Sawai Madhopur	(10)
				491.	Dausa	(11)
				492.	Jaipur	(12)
				493.	Ajmer	(21)
				494.	Tonk	(22)
				495.	Bhilwara	(24)
66.		083	Southern	496.	Rajsamand	(25)
				497.	Dungarpur	(26)
				498.	Banswara	(27)
				499.	Udaipur	(32)
67.		084	South- Eastern	500.	Bundi	(23)
				501.	Chittaurgarh	(28)
				502.	Kota	(29)
				503.	Baran	(30)
				504.	Jhalawar	(31)
				505.	Pratapgarh	(33)
68.		085	Northern	506.	Sri Ganganagar	(01)
				507.	Hanumangarh	(02)
				508.	Churu	(04)
				509.	Jhunjhunun	(05)
				510.	Sikar	(13)
				511.	Nagaur	(14)
69.	Sikkim (11)	111	Sikkim	512.	North District	(01)
				513.	West District	(02)
				514.	South District	(03)
				515.	East District	(04)
70.	Tamil Nadu (33)	331	Coastal Northern	516.	Thiruvallur	(01)
				517.	Chennai	(02)
				518.	Kancheepuram	(03)
				519.	Vellore	(04)
				520.	Tiruvannamalai	(05)
				521.	Viluppuram	(06)
				522.	Cuddalore	(16)
71.		332	Coastal	523.	Karur	(12)
				524.	Tiruchirappalli	(13)
				525.	Perambalur	(14)
				526.	Ariyalur	(15)
				527.	Nagapattinam	(17)
				528.	Thiruvarur	(18)
				529.	Thanjavur	(19)
				530.	Pudukkottai	(20)
72.		333	Southern	531.	Dindigul	(11)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				532.	Sivaganga	(21)
				533.	Madurai	(22)
				534.	Theni	(23)
				535.	Virudhunagar	(24)
				536.	Ramanathapuram	(25)
				537.	Thoothukkudi	(26)
				538.	Tirunelveli	(27)
				539.	Kanniyakumari	(28)
73.		334	Inland	540.	Salem	(07)
				541.	Namakkal	(08)
				542.	Erode	(09)
				543.	The Nilgiris	(10)
				544.	Dharmapuri	(29)
				545.	Krishnagiri	(30)
				546.	Coimbatore	(31)
				547.	Tiruppur	(32)
74.	Telangana (36)	361	Inland North Western	548.	Adilabad	(01)
				549.	Komaram Bheem	(02)
				550.	Mancherial	(03)
				551.	Nirmal	(04)
				552.	Nizamabad	(05)
				553.	Kamareddy	(15)
				554.	Sangareddy	(16)
				555.	Medak	(17)
				556.	Siddipet	(18)
				557.	Medchal-Malkajgiri	(21)
				558.	Hyderabad	(22)
				559.	Rangareddy	(23)
				560.	Vikarabad	(24)
				561.	Mahbubnagar	(25)
				562.	Jogulamba	(26)
				563.	Wanaparthy	(27)
				564.	Nagarkurnool	(28)
				565.	Narayanpet	(33)
75.		362	Inland North Eastern	566.	Jagtial	(06)
				567.	Peddapalli	(07)
				568.	Jayashankar	(08)
				569.	Bhadradi	(09)
				570.	Mahabubabad	(10)
				571.	Warangal Rural	(11)
				572.	Warangal Urban	(12)
				573.	Karimnagar	(13)
				574.	Rajanna	(14)
				575.	Jangaon	(19)
				576.	Yadadri	(20)
				577.	Nalgonda	(29)
				578.	Suryapet	(30)
				579.	Khammam	(31)
				580.	Mulugu	(32)
76.	Tripura (16)	161	Tripura	581.	West Tripura	(01)
				582.	South Tripura	(02)
				583.	Dhalai	(03)
				584.	North Tripura	(04)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				585.	Unakoti	(05)
				586.	Khowai	(06)
				587.	Sepahijala	(07)
				588.	Gomati	(08)
77.	Uttarakhand (05)	051	Uttarakhand	589.	Uttarkashi	(01)
				590.	Chamoli	(02)
				591.	Rudraprayag	(03)
				592.	Tehri Garhwal	(04)
				593.	Dehradun	(05)
				594.	Garhwal	(06)
				595.	Pithoragarh	(07)
				596.	Bageshwar	(08)
				597.	Almora	(09)
				598.	Champawat	(10)
				599.	Nainital	(11)
				600.	Udham Singh Nagar	(12)
				601.	Hardwar	(13)
78.	Uttar Pradesh (09)	091	Northern Upper Ganga Plains	602.	Saharanpur	(01)
				603.	Muzaffarnagar	(02)
				604.	Bijnor	(03)
				605.	Moradabad	(04)
				606.	Rampur	(05)
79.		092	Central	607.	Jyotiba Phule Nagar	(06)
				608.	Meerut	(07)
				609.	Baghpat	(08)
				610.	Ghaziabad	(09)
				611.	Gautam Buddha Nagar	(10)
				612.	Sitapur	(23)
				613.	Hardoi	(24)
				614.	Unnao	(25)
				615.	Lucknow	(26)
				616.	Rae Bareli	(27)
				617.	Kanpur Dehat	(32)
				618.	Kanpur Nagar	(33)
				619.	Fatehpur	(41)
				620.	Bara Banki	(45)
80.		093	Eastern	621.	Pratapgarh	(42)
				622.	Kaushambi	(43)
				623.	Allahabad	(44)
				624.	Faizabad	(46)
				625.	Ambedkar Nagar	(47)
				626.	Sultanpur	(48)
				627.	Bahraich	(49)
				628.	Shrawasti	(50)
				629.	Balrampur	(51)
				630.	Gonda	(52)
				631.	Siddharthnagar	(53)
				632.	Basti	(54)
				633.	Sant Kabir Nagar	(55)
				634.	Maharajganj	(56)
				635.	Gorakhpur	(57)



sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
				636.	Kushinagar	(58)
				637.	Deoria	(59)
				638.	Azamgarh	(60)
				639.	Mau	(61)
				640.	Ballia	(62)
				641.	Jaunpur	(63)
				642.	Ghazipur	(64)
				643.	Chandauli	(65)
				644.	Varanasi	(66)
				645.	Sant Ravidas Nagar(Bhadohi)	(67)
				646.	Mirzapur	(68)
				647.	Sonbhadra	(69)
81.		094	Southern	648.	Jalaun	(34)
				649.	Jhansi	(35)
				650.	Lalitpur	(36)
				651.	Hamirpur	(37)
				652.	Mahoba	(38)
				653.	Banda	(39)
				654.	Chitrakoot	(40)
82.		095	Southern Upper Ganga Plains	655.	Bulandshahr	(11)
				656.	Aligarh	(12)
				657.	Mahamaya Nagar	(13)
				658.	Mathura	(14)
				659.	Agra	(15)
				660.	Firozabad	(16)
				661.	Mainpuri	(17)
				662.	Budaun	(18)
				663.	Bareilly	(19)
				664.	Pilibhit	(20)
				665.	Shahjahanpur	(21)
				666.	Kheri	(22)
				667.	Farrukhabad	(28)
				668.	Kannauj	(29)
				669.	Etawah	(30)
				670.	Auraiya	(31)
				671.	Etah	(70)
				672.	Kanshiram Nagar	(71)
83.	West Bengal (19)	191	Himalayan	673.	Darjiling	(01)
				674.	Jalpaiguri	(02)
				675.	Koch Bihar	(03)
				676.	Alipurduar	(20)
				677.	Kalimpong	(21)
84.		192	Eastern Plains	678.	Uttar Dinajpur	(04)
				679.	Dakshin Dinajpur	(05)
				680.	Maldah	(06)
				681.	Murshidabad	(07)
				682.	Birbhum	(08)
				683.	Nadia	(10)
85.		193	Southern Plains	684.	North Twenty Four Parganas	(11)
				685.	Kolkata	(16)
				686.	South Twenty Four Parganas	(17)

sl. no	state/u.t. (code)	NSS region		detailed composition of region		
		code	description	sl. no.	name of district	code
(1)	(2)	(3)	(4)	(5)	(6)	(7)
86.		194	Central Plains	687.	Purba Bardhaman	(09)
				688.	Hugli	(12)
				689.	Haora	(15)
				690.	Paschim Bardhaman	(23)
87.		195	Western Plains	691.	Bankura	(13)
				692.	Puruliya	(14)
				693.	Paschim Medinipur	(18)
				694.	Purba Medinipur	(19)
				695.	Jhargram	(22)

**APPENDIX - II****LIST OF FOD SUB-REGIONS**

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.	Cuddapah (281)	1.	Cuddapah	2810	1.	Y.S.R. (Cuddapah)	10	Andhra Pradesh
					2.	Chittoor	13	(28)
		2.	Anantapur	2811	3.	Anantapur	12	
		3.	Guntur	2812	4.	Guntur	07	
		4.	Kurnool	2813	5.	Kurnool	11	
		5.	Nellore	2814	6.	Prakasam	08	
					7.	Sri Potti Sriramulu Nellore	09	
2.	Vijayawada (282)	6.	Vijayawada	2820	8.	West Godavari	05	Andhra Pradesh
					9.	Krishna	06	(28)
		7.	Kakinada	2821	10.	East Godavari	04	
					11.	Yanam	01	Puducherry (34)
		8.	Visakhapatnam	2822	12.	Srikakulam	01	Andhra Pradesh
					13.	Vizianagaram	02	(28)
					14.	Visakhapatnam	03	
3.	Guwahati (181)	9.	Guwahati	1810	15.	Kokrajhar	01	Assam
					16.	Dhubri	02	(18)
					17.	Goalpara	03	
					18.	Barpeta	04	
					19.	Bongaigaon	20	
					20.	Chirang	21	
					21.	Kamrup	22	
					22.	Kamrup Metropolitan	23	
					23.	Nalbari	24	
					24.	Baksa	25	
					25.	South Salma Mankachar	31	
		10.	Silchar	1811	26.	Karbi Anglong	15	
					27.	Dima Hasao	16	
					28.	Cachar	17	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					29.	Karimganj	18	
					30.	Hailakandi	19	
					31.	West Karbi anglong	29	
4.	Dibrugarh (182)	11.	Dibrugarh	1820	32.	Tinsukia	10	Assam
					33.	Dibrugarh	11	(18)
		12.	Jorhat	1821	34.	Morigaon	05	
					35.	Nagaon	06	
					36.	Sivasagar	12	
					37.	Jorhat	13	
					38.	Golaghat	14	
					39.	Hojai	28	
					40.	Charaideo	30	
					41.	Majuli	33	
		13.	Tezpur	1822	42.	Sonitpur	07	
					43.	Lakhimpur	08	
					44.	Dhemaji	09	
					45.	Darrang	26	
					46.	Udalguri	27	
					47.	Biswanath	32	
5.	Muzaffarpur (101)	14.	Muzaffarpur	1010	48.	Sheohar	03	Bihar
					49.	Sitamarhi	04	(10)
					50.	Muzaffarpur	14	
					51.	Saran	17	
					52.	Vaishali	18	
		15.	Darbhanga	1011	53.	Madhubani	05	
					54.	Darbhanga	13	
					55.	Samastipur	19	
					56.	Begusarai	20	
		16.	Motihari	1012	57.	Pashchim Champaran	01	
					58.	Purba Champaran	02	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					59.	Gopalganj	15	
					60.	Siwan	16	
		17.	Purnia	1013	61.	Supaul	06	
					62.	Araria	07	
					63.	Kishanganj	08	
					64.	Purnia	09	
					65.	Katihar	10	
					66.	Madhepura	11	
					67.	Saharsa	12	
					68.	Khagaria	21	
6.	Patna (102)	18.	Patna	1020	69.	Nalanda	27	Bihar
					70.	Patna	28	(10)
					71.	Bhojpur	29	
					72.	Buxar	30	
					73.	Kaimur (Bhabua)	31	
					74.	Rohtas	32	
		19.	Bhagalpur	1021	75.	Bhagalpur	22	
					76.	Banka	23	
					77.	Munger	24	
					78.	Lakhisarai	25	
					79.	Sheikhpura	26	
					80.	Jamui	36	
		20.	Gaya	1022	81.	Aurangabad	33	
					82.	Gaya	34	
					83.	Nawada	35	
					84.	Jehanabad	37	
					85.	Arwal	38	
7.	Raipur (221)	21.	Raipur	2210	86.	Raipur	11	Chhattisgarh
					87.	Mahasamund	12	(22)
					88.	Dhamtari	13	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					89.	Uttar Bastar Kanker	14	
					90.	Bastar	15	
					91.	Narayanpur	16	
					92.	Dakshin Bastar Dantewada	17	
					93.	Bijapur	18	
					94.	Balodabazar	19	
					95.	Gariyaband	20	Chhattisgarh
					96.	Kondagaon	21	(22)
					97.	Sukama	22	
		22.	Ambikapur	2211	98.	Koriya	01	
					99.	Surguja	02	
					100.	Jashpur	03	
					101.	Surajpur	26	
					102.	Balrampur	27	
		23.	Bilaspur	2212	103.	Raigarh	04	
					104.	Korba	05	
					105.	Janjgir-Champa	06	
					106.	Bilaspur	07	
					107.	Mungeli	25	
		24.	Durg	2213	108.	Kabeerdham	08	
					109.	Rajnandgaon	09	
					110.	Durg	10	
					111.	Bemetara	23	
					112.	Balod	24	
8.	Ahmedabad (241)	25.	Ahmedabad	2410	113.	Gandhinagar	06	Gujarat
					114.	Ahmadabad	07	(24)
		26.	Bhavnagar	2411	115.	Amreli	13	
					116.	Bhavnagar	14	
					117.	Botad	28	
					118.	Diu	01	DNH&DND (25)
		27.	Jamnagar	2412	119.	Jamnagar	10	Gujarat

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					120.	Porbandar	11	(24)
					121.	Dev Bhumi-Dwarka	30	
		28.	Rajkot	2413	122.	Rajkot	09	
					123.	Junagadh	12	
					124.	Gir Somnath	31	
					125.	Morbi	33	
		29.	Surendranagar	2414	126.	Kachchh	01	
					127.	Surendranagar	08	
9.	Vadodara (242)	30.	Vadodara	2420	128.	Panch Mahals	17	Gujarat
					129.	Dohad	18	(24)
					130.	Vadodara	19	
					131.	Narmada	20	
					132.	Bharuch	21	
					133.	Chhota Udepur	29	
					134.	Mahisagar	32	
		31.	Mahesana	2421	135.	Banas Kantha	02	
					136.	Patan	03	
					137.	Mahesana	04	
		32.	Nadiad	2422	138.	Sabar Kantha	05	
					139.	Anand	15	
					140.	Kheda	16	Gujarat (24)
					141.	Arvalli	27	
		33.	Surat	2423	142.	The Dangs	22	
					143.	Surat	25	
					144.	Tapi	26	
		34.	Valsad	2424	145.	Navsari	23	
					146.	Valsad	24	
					147.	Daman	02	D & N Haveli and
					148.	Dadra & Nagar Haveli	03	Daman & Diu (25)
10.	Panaji (301)	35.	Panaji	3010	149.	North Goa	01	Goa

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					150.	South Goa	02	(30)
11.	Chandigarh (061)	36.	Chandigarh	0610	151.	Chandigarh	01	Chandigarh (04)
					152.	Panchkula	01	Haryana
		37.	Ambala	0611	153.	Ambala	02	(06)
					154.	Yamunanagar	03	
					155.	Kurukshetra	04	
					156.	Kaithal	05	
		38.	Hisar	0612	157.	Fatehabad	10	
					158.	Sirsa	11	
					159.	Hisar	12	
					160.	Bhiwani	13	
		39.	Karnal	0613	161.	Karnal	06	
					162.	Panipat	07	
					163.	Sonipat	08	
					164.	Jind	09	
		40.	Rohtak	0614	165.	Rohtak	14	
					166.	Jhajjar	15	
					167.	Mahendragarh	16	
					168.	Rewari	17	
		41.	Faridabad	0615	169.	Gurgaon	18	
					170.	Mewat	19	
					171.	Faridabad	20	
					172.	Palwal	21	
12.	Shimla (021)	42.	Shimla	0210	173.	Solan	09	Himachal Pradesh
					174.	Sirmaur	10	(02)
					175.	Shimla	11	
					176.	Kinnaur	12	
		43.	Hamirpur	0211	177.	Hamirpur	06	
					178.	Una	07	
					179.	Bilaspur	08	



regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
13.	Jammu (011)	44.	Dharamshala	0212	180.	Chamba	01	Jammu & Kashmir (01)
					181.	Kangra	02	
		45.	Mandi	0213	182.	Lahul & Spiti	03	
					183.	Kullu	04	
					184.	Mandi	05	
14.	Srinagar (012)	46.	Jammu	0110	185.	Punch	05	Jammu & Kashmir (01)
					186.	Rajouri	06	
					187.	Kathua	07	
					188.	Jammu	21	
					189.	Samba	22	
		47.	Udhampur	0111	190.	Doda	16	Jammu & Kashmir (01)
					191.	Ramban	17	
					192.	Kishtwar	18	
					193.	Udhampur	19	
					194.	Reasi	20	
								Jammu & Kashmir (01)
		48.	Srinagar	0120	195.	Badgam	02	
					196.	Srinagar	10	
					197.	Ganderbal	11	
					198.	Leh	01	
					199.	Kargil	02	
		49.	Anantnag	0121	200.	Pulwama	12	Jammu & Kashmir (01)
					201.	Shupiyan	13	
					202.	Anantnag	14	
					203.	Kulgam	15	
		50.	Baramula	0122	204.	Kupwara	01	
					205.	Baramula	08	
					206.	Bandipore	09	
15.	Ranchi (201)	51.	Ranchi	2010	207.	Lohardaga	11	Jharkhand

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					208.	Ranchi	19	(20)
					209.	Khunti	20	
					210.	Gumla	21	
					211.	Simdega	22	
		52.	Dumka	2011	212.	Deoghar	05	
					213.	Godda	06	
					214.	Sahibganj	07	
					215.	Pakur	08	
					216.	Dumka	17	
		53.	Hazaribagh	2012	217.	Chatra	02	
					218.	Kodarma	03	
					219.	Hazaribagh	15	
					220.	Ramgarh	16	
		54.	Jamshedpur	2013	221.	Purbi Singhbhum	12	
					222.	Pashchimi Singhbhum	23	
					223.	Saraikela-Kharsawan	24	
		55.	Daltonganj	2014	224.	Garhwa	01	
					225.	Palamu	13	
					226.	Latehar	14	
		56.	Dhanbad	2015	227.	Giridih	04	
					228.	Dhanbad	09	
					229.	Bokaro	10	
					230.	Jamtara	18	
16.	Bangalore (291)	57.	Bangalore	2910	231.	Tumkur	17	Karnataka
					232.	Bangalore	18	(29)
					233.	Kolar	27	
					234.	Chikkaballapura	28	
					235.	Bangalore Rural	29	
					236.	Ramanagara	30	
		58.	Mangalore	2911	237.	Udupi	15	
					238.	Hassan	20	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					239.	Dakshina Kannada	21	
					240.	Kodagu	22	
		59.	Mysore	2912	241.	Mandya	19	
					242.	Mysore	23	
					243.	Chamarajanagar	24	
		60.	Shimoga	2913	244.	Shimoga	14	
					245.	Chikmagalur	16	
17.	Hubli (292)	61.	Hubli	2920	246.	Gadag	07	Karnataka
					247.	Dharwad	08	(29)
					248.	Uttara Kannada	09	
					249.	Haveri	10	
					250.	Davanagere	13	
		62.	Belgaum	2921	251.	Belgaum	01	
					252.	Bagalkot	02	
					253.	Bijapur	03	
		63.	Bellary	2922	254.	Raichur	05	
					255.	Koppal	06	
					256.	Bellary	11	
					257.	Chitradurga	12	
		64.	Gulbarga	2923	258.	Bidar	04	
					259.	Gulbarga	25	
					260.	Yadgir	26	
18.	Kozhikode(321)	65.	Kozhikode	3210	261.	Wayanad	03	Kerala
					262.	Kozhikode	04	(32)
					263.	Malappuram	05	
					264.	Mahe	03	Puducherry (34)
		66.	Kannur	3211	265.	Kasaragod	01	Kerala
					266.	Kannur	02	(32)
		67.	Palakkad	3212	267.	Palakkad	06	
		68.	Thrissur	3213	268.	Thrissur	07	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
19.	Thiruvananthapuram (322)	69.	Thiruvananthapuram	3220	269.	Thiruvananthapuram	14	Kerala (32)
		70.	Kochi	3221	270.	Ernakulam	08	
					271.	Lakshadweep	01	Lakshadweep (31)
		71.	Kollam	3222	272.	Alappuzha	11	Kerala (32)
					273.	Pathanamthitta	12	
					274.	Kollam	13	Kerala (32)
		72.	Kottayam	3223	275.	Idukki	09	
					276.	Kottayam	10	
20.	Bhopal (231)	73.	Bhopal	2310	277.	Vidisha	26	Madhya Pradesh (23)
					278.	Bhopal	27	
					279.	Sehore	28	
					280.	Raisen	29	
					281.	Hoshangabad	32	
		74.	Chhindwara	2311	282.	Betul	30	
					283.	Harda	31	
					284.	Chhindwara	38	
					285.	Balaghat	40	
		75.	Indore	2312	286.	Dhar	21	
					287.	Indore	22	
		76.	Khandwa	2313	288.	Khargone (West Nimar)	23	
					289.	Barwani	24	
					290.	Khandwa (East Nimar)	49	
					291.	Burhanpur	50	
21.	Gwalior (232)	77.	Gwalior	2320	292.	Sheopur	01	Madhya Pradesh (23)
					293.	Morena	02	
					294.	Bhind	03	
					295.	Gwalior	04	
					296.	Datia	05	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
22.	Jabalpur (233)	78.	Ratlam	2321	297.	Neemuch	15	Madhya Pradesh (23)
					298.	Mandsaur	16	
					299.	Ratlam	17	
					300.	Jhabua	47	
					301.	Alirajpur	48	
		79.	Shivpuri	2322	302.	Shivpuri	06	
					303.	Tikamgarh	07	
					304.	Chhatarpur	08	
					305.	Guna	41	
					306.	Ashoknagar	42	
		80.	Ujjain	2323	307.	Ujjain	18	
					308.	Shajapur	19	
					309.	Dewas	20	
					310.	Rajgarh	25	
		81.	Jabalpur	2330	311.	Katni	33	
					312.	Jabalpur	34	
					313.	Dindori	36	
					314.	Mandla	37	
					315.	Panna	09	
					316.	Satna	12	
					317.	Rewa	13	
					318.	Umariya	14	
					319.	Shahdol	43	
					320.	Anuppur	44	
		82.	Rewa	2331	321.	Sidhi	45	Madhya Pradesh (23)
					322.	Singrauli	46	
					323.	Sagar	10	
					324.	Damoh	11	
					325.	Narsimhapur	35	
					326.	Seoni	39	
		83.	Sagar	2332				

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
23.	Aurangabad (271)	84.	Aurangabad	2710	327.	Jalna	18	Maharashtra
					328.	Aurangabad	19	(27)
					329.	Bid	27	
		85.	Jalgaon	2711	330.	Nandurbar	01	
					331.	Dhule	02	
					332.	Jalgaon	03	
		86.	Nanded	2712	333.	Nanded	15	
					334.	Hingoli	16	
					335.	Parbhani	17	
					336.	Latur	28	
		87.	Nashik	2713	337.	Nashik	20	
24.	Mumbai (272)	88.	Mumbai	2720	338.	Mumbai Suburban	22	Maharashtra
					339.	Mumbai	23	(27)
		89.	Thane	2721	340.	Thane	21	
					341.	Raigarh	24	
25.	Nagpur (273)	90.	Nagpur	2730	342.	Wardha	08	Maharashtra
					343.	Nagpur	09	(27)
					344.	Bhandara	10	
					345.	Gondiya	11	
					346.	Gadchiroli	12	
					347.	Chandrapur	13	
		91.	Akola	2731	348.	Buldana	04	
					349.	Akola	05	
					350.	Washim	06	
		92.	Amravati	2732	351.	Amravati	07	
					352.	Yavatmal	14	
26.	Pune (274)	93.	Pune	2740	353.	Pune	25	Maharashtra
					354.	Ahmadnagar	26	(27)
					355.	Satara	31	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					356.	Ratnagiri	32	
		94.	Kolhapur	2741	357.	Sindhudurg	33	
					358.	Kolhapur	34	
					359.	Sangli	35	
		95.	Solapur	2742	360.	Osmanabad	29	
					361.	Solapur	30	
27.	Shillong (171)	96.	Shillong	1710	362.	West Khasi Hills	04	Meghalaya
					363.	Ribhoi	05	(17)
					364.	East Khasi Hills	06	
					365.	Jaintia Hills	07	
		97.	Tura	1711	366.	West Garo Hills	01	
					367.	East Garo Hills	02	
					368.	South Garo Hills	03	
28.	Agartala (161)	98.	Agartala	1712	369.	West Tripura	01	Tripura
					370.	South Tripura	02	(16)
					371.	Dhalai	03	
					372.	North Tripura	04	
					373.	Unakoti	05	
					374.	Khowai	06	
					375.	Sephijala	07	
					376.	Gomati	08	
29.	Kohima (131)	99.	Kohima	1310	377.	Mon	01	Nagaland
					378.	Mokokchung	02	(13)
					379.	Zunheboto	03	
					380.	Wokha	04	
					381.	Dimapur	05	
					382.	Phek	06	
					383.	Tuensang	07	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					384.	Longleng	08	
					385.	Kiphire	09	
					386.	Kohima	10	
					387.	Peren	11	
		100. Imphal		1311	388.	Senapati	01	Manipur (14)
					389.	Tamenglong	02	
					390.	Churachandpur	03	
					391.	Bishnupur	04	
					392.	Thoubal	05	
					393.	Imphal West	06	
					394.	Imphal East	07	
					395.	Ukhrul	08	
					396.	Chandel	09	
30.	Bhubaneswar (211)	101. Bhubaneswar		2110	397.	Nayagarh	16	Odisha (21)
					398.	Khordha	17	
					399.	Puri	18	
		102. Baripada		2111	400.	Kendujhar	06	
					401.	Mayurbhanj	07	
					402.	Baleshwar	08	
		103. Berhampur		2112	403.	Ganjam	19	
					404.	Gajapati	20	
					405.	Kandhamal	21	
					406.	Baudh	22	
		104. Cuttack		2113	407.	Bhadrak	09	
					408.	Kendrapara	10	
					409.	Jagatsinghapur	11	
					410.	Cuttack	12	
					411.	Jajapur	13	
					412.	Dhenkanal	14	Odisha (21)
					413.	Anugul	15	



regional office		sub-regional office			name of district & code			state/u.t. name & code				
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)				
31.	Sambalpur (212)	105. Sambalpur	2120	414.	Bargarh	01	Odisha (21)					
				415.	Jharsuguda	02						
				416.	Sambalpur	03						
				417.	Debagarh	04						
				418.	Sundargarh	05						
				419.	Subarnapur	23						
		106. Bhawanipatna	2121	420.	Balangir	24						
				421.	Nuapada	25						
				422.	Kalahandi	26						
				423.	Rayagada	27						
				424.	Nabarangapur	28						
				425.	Koraput	29						
				426.	Malkangiri	30						
				32.	Jalandhar (031)	107. Jalandhar		0310	427.	Kapurthala	02	Punjab (03)
428.	Jalandhar	03										
429.	Shahid Bhagat Singh Nagar	05										
430.	Pathankot	21										
108. Amritsar	0311	431.	Gurdaspur			01						
		432.	Amritsar			15						
109. Hoshiarpur	0312	433.	Hoshiarpur			04						
		434.	Tarn Taran			16						
		33.	Mohali (032)			110. Mohali	0320	435.	Fatehgarh Sahib	06	Punjab (03)	
								436.	Patiala	14		
437.	Rupnagar			17								
438.	Sahibzada Ajit Singh Nagar			18								
111. Ludhiana	0321			439.	Ludhiana	07						
				440.	Sangrur	19						
				441.	Barnala	20						
112. Bhatinda	0322			442.	Muktsar	10						

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					443.	Bhatinda	12	
					444.	Mansa	13	
		113. Faridkot		0323	445.	Moga	08	
					446.	Firozpur	09	
					447.	Faridkot	11	
					448.	Fazilka	22	
34.	Ajmer (081)	114. Ajmer		0810	449.	Nagaur	14	Rajasthan
					450.	Ajmer	21	(08)
					451.	Bhilwara	24	
		115. Jodhpur		0811	452.	Jodhpur	15	
					453.	Jaisalmer	16	
					454.	Barmer	17	Rajasthan
					455.	Jalor	18	(08)
					456.	Pali	20	
		116. Udaipur		0812	457.	Sirohi	19	
					458.	Rajsamand	25	
					459.	Dungarpur	26	
					460.	Banswara	27	
					461.	Chittaurgarh	28	
					462.	Udaipur	32	
					463.	Pratapgarh	33	
35.	Jaipur (082)	117. Jaipur		0820	464.	Churu	04	Rajasthan
					465.	Jhunjhunun	05	(08)
					466.	Dausa	11	
					467.	Jaipur	12	
					468.	Sikar	13	
					469.	Tonk	22	
		118. Alwar		0821	470.	Alwar	06	
					471.	Bharatpur	07	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					472.	Dhaulpur	08	
		119. Sri Ganganagar		0822	473.	Sri Ganganagar	01	
					474.	Hanumangarh	02	
					475.	Bikaner	03	
		120. Kota		0823	476.	Karauli	09	
					477.	Sawai Madhopur	10	
					478.	Bundi	23	
					479.	Kota	29	
					480.	Baran	30	
					481.	Jhalawar	31	
36.	Gangtok (111)	121. Gangtok		1110	482.	North District	01	Sikkim
					483.	West District	02	(11)
					484.	South District	03	
					485.	East District	04	
37.	Coimbatore (331)	122. Coimbatore		3310	486.	Erode	09	Tamil Nadu
					487.	The Nilgiris	10	(33)
					488.	Coimbatore	31	
					489.	Tiruppur	32	
		123. Dharmapuri		3311	490.	Dharmapuri	29	
					491.	Krishnagiri	30	
		124. Salem		3312	492.	Salem	07	
					493.	Namakkal	08	
		125. Tiruchirappalli		3313	494.	Karur	12	
					495.	Tiruchirappalli	13	
					496.	Perambalur	14	
					497.	Ariyalur	15	
					498.	Pudukkottai	20	
38.	Chennai (332)	126. Chennai		3320	499.	Thiruvallur	01	Tamil Nadu
					500.	Chennai	02	(33)

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					501.	Kancheepuram	03	Tamil Nadu
		127. Cuddalore		3321	502.	Viluppuram	06	(33)
					503.	Cuddalore	16	
		128. Vellore		3322	504.	Vellore	04	
					505.	Tiruvannamalai	05	
		129. Puducherry		3323	506.	Puducherry	02	Puducherry
					507.	Karaikal	04	(34)
39.	Madurai (333)	130. Madurai		3330	508.	Dindigul	11	Tamil Nadu
					509.	Madurai	22	(33)
					510.	Theni	23	
		131. Thanjavur		3331	511.	Nagapattinam	17	
					512.	Thiruvavarur	18	
					513.	Thanjavur	19	
		132. Tirunelveli		3332	514.	Thoothukkudi	26	
					515.	Tirunelveli	27	
					516.	Kanniyakumari	28	
		133. Virudhunagar		3333	517.	Sivaganga	21	
					518.	Virudhunagar	24	
					519.	Ramanathapuram	25	
40.	Hyderabad (361)	134. Hyderabad		3610	520.	Yadadri	20	Telangana
					521.	Medchal-Malkajgiri	21	(36)
					522.	Hyderabad	22	
					523.	Rangareddy	23	
					524.	Vikarabad	24	
					525.	Mahbubnagar	25	
					526.	Jogulamba	26	
					527.	Wanaparthy	27	
					528.	Nagarkurnool	28	
					529.	Nalgonda	29	
					530.	Suryapet	30	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					531.	Narayanpet	33	
		135. Karimnagar		3611	532.	Jagtial	06	
					533.	Peddapalli	07	
					534.	Karimnagar	13	
					535.	Rajanna	14	
					536.	Sangareddy	16	
					537.	Medak	17	
					538.	Siddipet	18	
		136. Nizamabad		3612	539.	Adilabad	01	
					540.	Komaram Bheem	02	
					541.	Mancherial	03	
					542.	Nirmal	04	
					543.	Nizamabad	05	
					544.	Kamareddy	15	
		137. Warangal		3613	545.	Jayashankar	08	
					546.	Bhadradi	09	
					547.	Mahabubabad	10	
					548.	Warangal Rural	11	Telangana
					549.	Warangal Urban	12	(36)
					550.	Jangaon	19	
					551.	Khammam	31	
					552.	Mulugu	32	
41.	Dehradun (051)	138. Dehradun		0510	553.	Uttarkashi	01	Uttarakhand
					554.	Chamoli	02	(05)
					555.	Rudraprayag	03	
					556.	Tehri Garhwal	04	
					557.	Dehradun	05	
					558.	Garhwal	06	
					559.	Hardwar	13	
		139. Almora		0511	560.	Pithoragarh	07	
					561.	Bageshwar	08	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					562.	Almora	09	
					563.	Champawat	10	
					564.	Nainital	11	
					565.	Udham Singh Nagar	12	
42.	Agra (091)	140. Agra		0910	566.	Mathura	14	Uttar Pradesh (09)
					567.	Agra	15	
					568.	Firozabad	16	
					569.	Mainpuri	17	
					570.	Farrukhabad	28	
					571.	Kannauj	29	
					572.	Etawah	30	
					573.	Auraiya	31	
		141. Aligarh		0911	574.	Bulandshahr	11	
					575.	Aligarh	12	
					576.	Mahamaya Nagar	13	
					577.	Etah	70	
					578.	Kanshiram Nagar	71	
		142. Meerut		0912	579.	Meerut	07	
					580.	Baghpat	08	
					581.	Ghaziabad	09	
					582.	Gautam Buddha Nagar	10	
43.	Allahabad (092)	143. Allahabad		0920	583.	Pratapgarh	42	Uttar Pradesh (09)
					584.	Kaushambi	43	
					585.	Allahabad	44	
		144. Azamgarh		0921	586.	Azamgarh	60	
					587.	Mau	61	
					588.	Ballia	62	
					589.	Jaunpur	63	
		145. Faizabad		0922	590.	Faizabad	46	
					591.	Ambedkar Nagar	47	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					592.	Sultanpur	48	
					593.	Siddharthnagar	53	
					594.	Basti	54	
		146. Gorakhpur		0923	595.	Sant Kabir Nagar	55	Uttar Pradesh
					596.	Mahrajganj	56	(09)
					597.	Gorakhpur	57	
					598.	Kushinagar	58	
					599.	Deoria	59	
		147. Varanasi		0924	600.	Ghazipur	64	
					601.	Chandauli	65	
					602.	Varanasi	66	
					603.	Sant Ravidas Nagar (Bhadohi)	67	
					604.	Mirzapur	68	
					605.	Sonbhadra	69	
44.	Bareilly (093)	148. Bareilly		0930	606.	Budaun	18	Uttar Pradesh
					607.	Bareilly	19	(09)
					608.	Pilibhit	20	
					609.	Shahjahanpur	21	
		149. Moradabad		0931	610.	Bijnor	03	
					611.	Moradabad	04	
					612.	Rampur	05	
					613.	Jyotiba Phule Nagar	06	
		150. Saharanpur		0932	614.	Saharanpur	01	
					615.	Muzaffarnagar	02	
		151. Sitapur		0933	616.	Kheri	22	
					617.	Sitapur	23	
					618.	Hardoi	24	
45.	Lucknow (094)	152. Lucknow		0940	619.	Unnao	25	Uttar Pradesh
					620.	Lucknow	26	(09)
					621.	Bara Banki	45	

regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
46.	Barddhaman (191)	153. Fatehpur	0941	622.	Rae Bareli	27	West Bengal (19)	
				623.	Banda	39		
				624.	Chitrakoot	40		
				625.	Fatehpur	41		
		154. Gonda	0942	626.	Bahraich	49		
				627.	Shrawasti	50		
				628.	Balrampur	51		
				629.	Gonda	52		
		155. Jhansi	0943	630.	Jalaun	34		
				631.	Jhansi	35		
				632.	Lalitpur	36		
				633.	Hamirpur	37		
		156. Kanpur	0944	634.	Mahoba	38		
				635.	Kanpur Dehat	32		
				636.	Kanpur Nagar	33		
47.	Kolkata (192)	157. Barddhaman	1910	637.	Purba Barddhaman	09	West Bengal (19)	
				638.	Paschim Barddhaman	23		
		158. Bankura	1911	639.	Bankura	13		
				640.	Puruliya	14		
		159. Chinsura	1912	641.	Nadia	10		
				642.	Hugli	12		
		160. Medinipur	1913	643.	Paschim Medinipur	18		
				644.	Purba Medinipur	19		
645.	Jhargram			22				
48.	Maldah (193)	161. Kolkata	1920	646.	North Twenty Four Parganas Kolkata	11	West Bengal (19)	
				647.	Kolkata	16		
				648.	South Twenty Four Parganas Haora	17		
		162. Howrah	1921	649.		15		
48.	Maldah (193)	163. Maldah	1930	650.	Uttar Dinajpur	04	West Bengal	



regional office		sub-regional office			name of district & code			state/u.t. name & code
sl. no	name (code)	sl. no.	name	code	sl. no.	name	code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
					651.	Dakshin Dinajpur	05	(19)
					652.	Maldah	06	
		164.	Barhampur	1931	653.	Murshidabad	07	
					654.	Birbhum	08	
		165.	Siliguri	1932	655.	Darjiling	01	
					656.	Jalpaiguri	02	
					657.	Koch Bihar	03	
					658.	Alipurduar	20	
					659.	Kalimpong	21	
49.	Port Blair (351)	166.	Port Blair	3510	660.	Nicobars	01	A & N Islands
					661.	North & Middle Andaman	02	(35)
					662.	South Andaman	03	
50.	Delhi (071)	167.	Delhi	0710	663.	North West	01	Delhi
					664.	North	02	(07)
					665.	North East	03	
					666.	East	04	
					667.	New Delhi	05	
					668.	Central	06	
					669.	West	07	
					670.	South West	08	
					671.	South	09	