

Chapter One

Introduction: Coverage, Concepts, Design and Definitions

1.0 Introduction

1.0.1 The National Sample Survey (NSS), set up by the Government of India in 1950 to collect socio-economic data employing scientific sampling methods, will start its seventy fifth round from 1st July 2017. The survey will continue up to 30th June 2018.

1.0.2 **Subject Coverage:** NSS 75th round will cover the subjects 'Household Consumer Expenditure', 'Household Social Consumption: Health' and 'Household Social Consumption: Education'. The last surveys on Household Consumer Expenditure was conducted in 68th round of NSS (July 2011 - June 2012) and Health and Education were conducted in 71st round of NSS (January – June 2014).

1.1 Objective of the Survey

All three subjects to be covered in this round are the prime source of statistical indicators on social consumption and wellbeing, level of living and inequality thereof.

1.1.1 **Objective of the Household Consumer Expenditure Survey (CES):** Household Consumer Expenditure Survey (CES) has remained important since the origin of NSS, being the prime source of statistical indicators on social consumption and wellbeing, level of living and inequality thereof and for estimating various other parameters.

Every household is distinctly identified economic unit of consumption of goods and services used for the direct satisfaction of individual needs and wants or the collective needs of members of the community and not for further transformation in production. Firstly, as an indicator of level of living, monthly per capita consumption expenditure (MPCE) of the household is both simple and universally applicable. Average MPCE of any sub-population of the country (any region or population group) is a single number that summarises the level of living of that population. It is supplemented by the distribution of MPCE, which highlights the differences in level of living of the different parts of the population. More detailed analysis of the distribution of MPCE reveals the proportion and absolute numbers of the poor with respect to a given poverty line. The distribution of MPCE can be used to measure the level of inequality, or the degree to which consumer expenditure is concentrated in a small proportion of households or persons, and this can be done without any predetermined poverty line or welfare norms. Alternatively, MPCE can also be looked upon as an indicator of Purchasing Power of the household. These two interpretations are having completely different implications and uses in the course of planning of action of the Government.

Since the data are collected not only on consumption level but also on the pattern of consumption, the CES has several other important uses. For example, to work out consumer price indices (CPIs) which measure the general rise in consumer prices, one needs to know not only the price rise for each commodity group but also the budget shares of different commodity groups (used as weights). The budget shares as revealed by the NSS CES are being used for a

long time to prepare what is called the weighting diagram for official compilation of CPIs. Apart from these major uses of the CES data, the food (quantity) consumption data are used to study the level of nutrition of different regions, and disparities therein. This is considered as one of the most important component of the official measure of Poverty.

1.1.2 Objective of Survey on ‘Household Social Consumption: Health’ (Schedule 25.0): The survey on health aims to generate basic quantitative information on the health sector. A vital component is the information relevant to the determination of the prevalence rate of morbidity among various age-sex groups in different regions of the country. Further, measurement of the extent of use of health services provided by the government is an indispensable part of the exercise. Special attention is given to hospitalisation, or medical care received as in-patient of medical institutions. The ailments for which such medical care is sought, the extent of use of government hospitals, and the expenditure incurred on treatment received from public and private sectors, are all to be investigated by the survey. Break-up of expenditure by various heads is to be estimated for expenses on medical care received both as in-patient and otherwise.

For the first time in NSS health survey, the data collected will enable assessment of population who are affected by some widespread communicable diseases. Like previous round, data will be collected on alternative schools of medicine as well, which enable to derive the role of these types of medicines in respect of prevalence of use, cost of treatment and type of ailments covered. Besides, the survey will ascertain the extent of use of private and public hospitals for childbirth, the cost incurred, and the extent of receipt of pre-natal and post-natal care by women who undergo childbirth. Moreover, status of immunisation of children age 0-5 years will be estimated as on date of survey. Finally, information on certain aspects of the condition of the 60-plus population will be obtained which have a bearing on their state of health, economic independence, and degree of isolation. Primarily, indicators on morbidity (proportion of ailing persons during last 15 days), hospitalization rates, the utilization of both public and private health care institutions, proportion of institutional childbirth etc will be attempted to be derived from this survey data with special emphasis on ‘out of pocket expenses’ as well as on access to government financed health insurance programmes.

1.1.3 Objective of Survey on ‘Household Social Consumption: Education’ (Schedule 25.2): The main objective of the survey on “Household Social Consumption: Education” conducted by NSSO is to build indicators on participation of the persons in the education system, expenditure incurred on education of the household members and on various aspects of those currently not attending education (i.e., for the persons who never enrolled or who ever enrolled but currently not attending education).

The surveys on ‘Household Social Consumption: Education’ conducted by NSSO covers both qualitative and quantitative aspects related to educational attainment of the household members and educational services used by them. Qualitative aspects include literacy, educational level attained, type of institution, nature of institution, current attendance/enrolment, whether received free education, reason for never enrolled/ever enrolled but currently not attending, etc. On quantitative aspects, information is collected on expenditure incurred/to be incurred on education

of the household member by the household itself, by other households or by any institutions/organizations other than Government.

1.2 Outline of Survey Programme

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

1.2.2 Period of survey and work programme: 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 2017
- sub-round 2 : October - December 2017
- sub-round 3 : January - March 2018
- sub-round 4 : April - June 2018

In each of these four sub-rounds equal number of sample villages/ blocks (FSUs) will be allotted for survey with a view to ensure uniform spread of sample FSUs over the entire survey period. Attempt should 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, Ladakh region (Leh and Kargil districts) of Jammu & Kashmir and rural areas of Arunachal Pradesh and Nagaland.*

1.2.3 Schedules of enquiry: During this round, the following schedules of enquiry will be canvassed:

- Schedule 0.0 : List of Households
- Schedule 1.0 : Household Consumer Expenditure
- Schedule 25.0 : Household Social Consumption: Health
- Schedule 25.2 : Household Social Consumption: Education

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

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

1.3 Contents of Volume I

1.3.1 The present volume contains five 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 survey. It also describes in details the sample design and the procedure for selection of households adopted in this round. Instructions for filling in different Schedules are given in chapters two to five.

1.3.2 Along with the instructions, a list of Frequently Asked Questions (FAQ) is also appended with each of the chapters two to five.

1.4 Sample Design

1.4.1 **Outline of sample design:** A stratified multi-stage design will be adopted for the 75th round survey. The first stage units (FSU) will be the Census villages (Panchayat wards for Kerala) in the rural sector and Urban Frame Survey (UFS) blocks in the urban sector. The ultimate stage units (USU) will be households in both the sectors. In the case of large FSUs, one intermediate stage of sampling will be the selection of two hamlet-groups (hgs)/ sub-blocks (sbs) from each rural/ urban FSU.

1.4.2 **Sampling Frame for First Stage Units:** For the rural sector, the list of 2011 Population Census villages will constitute the sampling frame. However, for Kerala, the latest available updated list of Panchayat wards will constitute the sampling frame. For the urban sector, the latest available list of UFS blocks will be considered as the sampling frame.

1.4.3 Stratification:

- (a) Each district will be a stratum. Within each district of a State/UT, generally speaking, two basic strata will be formed: (i) rural stratum comprising of all rural areas of the district and (ii) urban stratum comprising of all the urban areas of the district. However, within the urban areas of a district, if there are one or more towns with population one million or more as per Census 2011, each of them will form a separate basic stratum and the remaining urban areas of the district will be considered as another basic stratum.
- (b) In the case of rural sectors of Nagaland another special stratum will be formed within the State consisting of all the villages which are difficult to access.

1.4.4 Sub-stratification:

1.4.4.1 **Rural sector:** If 'r' be the sample size allocated for a rural stratum, 'r/4' sub-strata will be formed in that stratum. The villages within a stratum (district) as per frame will be first arranged in ascending order of population. Then sub-strata 1 to 'r/4' will be demarcated in such a way that each sub-stratum will comprise a group of villages of the arranged frame and have more or less equal population.

1.4.4.2 **Urban sector:** Each urban stratum will be divided into two parts – 'Affluent part' consisting of UFS blocks identified as 'Affluent Area' and 'Non-Affluent part' consisting of the remaining UFS blocks within the stratum. Sample allocation of a stratum will then be allocated

to Affluent and Non-Affluent parts in proportion to total number of households in the UFS blocks with double weightage to Affluent part subject to a maximum of 8 FSUs in 'Affluent part' of any stratum. Let 'u' be the sample size allocated for an urban stratum consisting of both affluent area UFS Blocks and non affluent area UFS Blocks. 'u/4' sub-strata will be formed within each stratum. Out of these 'u/4' sub-strata, the first two sub-strata '01' and '02' will be earmarked for those UFS blocks which are identified as 'Affluent Area' and the remaining sub-strata, '03', '04',..... and so on, will be assigned to the non-affluent UFS blocks. If any stratum does not have any Affluent Area UFS block then also the sub-stratum number will start from '03' for that 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 the latest UFS phase. Then sub-strata 1 to 'u/4' will be demarcated in such a way that each sub-stratum will have more or less equal number of households. This procedure will be done separately for Affluent-part and Non-Affluent part of the stratum (if two sub-strata are required to be formed in the Affluent part).

The following three cases may arise while doing the sub-stratification:

- i) If there is no 'Affluent Area' UFS block in the stratum, all the UFS blocks will be divided into 'u/4' sub-strata and will be numbered as '03', '04',, '(u/4)+2'.
- ii) If only one sub-stratum is formed with the 'Affluent Area' UFS blocks, then all the remaining non-affluent blocks will be divided into '(u-4)/4' sub-strata and will be numbered as '03', '04',, '(u/4)+1'.
- iii) If two sub-strata are formed with the 'Affluent Area' blocks, then all the remaining non-affluent UFS blocks will be divided into '(u-8)/4' sub-strata and will be numbered as '03', '04',, 'u/4'.

1.4.5 Total sample size (FSUs): About 14300 FSUs will be surveyed for the central sample at all-India level. State wise allocation of sample FSUs is given in Table 1 of page A-30.

1.4.6 Allocation of total sample to States and UTs: The total number of sample FSUs will be allocated to the States and UTs in proportion to population as per Census 2011 subject to a minimum sample allocation to each State/UT.

1.4.7 Allocation of State/ UT level sample to rural and urban sectors: State/ UT level sample size will be allocated between two sectors in proportion to population as per Census 2011 with 1.5 weightage to urban sector depending on population share. A minimum of 16 FSUs (minimum 8 each for rural and urban sector separately) will be allocated to each State/ UT.

1.4.8 Allocation to strata: Within each sector of a State/ UT, the respective sample size will be allocated to the different strata in proportion to the population as per Census 2011. Stratum level allocation will be adjusted to multiples of 4 with a minimum sample size of 4.

For special stratum formed in rural areas of Nagaland as discussed in para 1.4.3 (b), 12 FSUs will be allocated.

1.4.9 Allocation to sub-strata: Allocation for each sub-stratum will be 4 in both rural and urban sectors.

1.4.10 Selection of FSUs:

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

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

Both rural and urban samples are to be drawn in the form of two independent sub-samples.

1.4.11 Selection of hamlet-groups/ sub-blocks - important steps

1.4.11.1 Proper identification of the FSU boundaries: The first task of the field investigators is to ascertain the exact boundaries of the sample FSU as per its identification particulars given in the sample list. For urban samples, the boundaries of each FSU may be identified by referring to the map for the UFS Phase used for selection of FSUs.

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

approximate present population of the sample FSU	no. of hgs/sbs to be formed
less than 1200 (no hamlet-group/sub-block)	1
1200 to 1799	3
1800 to 2399	4
2400 to 2999	5
3000 to 3599	6
.....and so on	-

For rural areas of Himachal Pradesh, Sikkim, Andaman & Nicobar Islands, Uttarakhand (except four districts Dehradun, Nainital, Hardwar and Udham Singh Nagar), Punch, Rajouri, Udhampur, Reasi, Doda, Kishtwar, Ramban, Ladakh region (Leh and Kargil districts) of Jammu and Kashmir and Idukki district of Kerala, the number of hamlet-groups will be formed as follows:

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

1.4.11.3 Formation and selection of hamlet-groups/ sub-blocks: In case hamlet-groups/ sub-blocks are to be formed in the sample FSU, the same should be done by more or less equalising population. Note that while doing so, it is to be ensured that the hamlet-groups/ sub-blocks formed are clearly identifiable in terms of physical landmarks.

Two hamlet-groups (hg)/ sub-blocks (sb) will be selected from a large FSU wherever hamlet-groups/ sub-blocks have been formed in the following manner – one hg/ sb with maximum percentage share of population will always be selected and termed as hg/ sb 1; one more hg/ sb will be selected from the remaining hgs/ sbs by simple random sampling (SRS) and termed as hg/ sb 2. Listing and selection of the households will be done independently in the two selected hamlet-groups/ sub-blocks. The FSUs without hg/ sb formation will be treated as sample hg/ sb number 1. It is to be noted that if more than one hg/ sb have same maximum percentage share of population, the one among them which is listed first in block 4.2 of Schedule 0.0 will be treated as hg/ sb ‘1’.

1.5 Listing of households: Having determined the hamlet-groups/ sub-blocks, i.e. area(s) to be considered for listing, the next step is to list all the households (including those found to be temporarily locked after ascertaining the temporariness of locking of households through local enquiry). The hamlet-group/ sub-block with hg/sb number 1 will be considered for listing first, to be followed by the listing of households of the hg/sb number 2.

1.6 Formation of second stage strata (SSS) and allocation of households in different SSS:

1.6.1 Schedule 1.0: Two cut-off points ‘A’ and ‘B’ (in Rs.) will be determined from household’s usual monthly consumer expenditure collected in Schedule 21.1: Domestic Tourism Expenditure of NSS 72nd round (July 2014 – June 2015) data (with proper adjustments using price indices) for each NSS region for both rural and urban areas separately, in such a way that top 10% of the population have MPCE more than ‘B’ and bottom 30% of the population have MPCE less than A. Composition of the SSS and number of households to be surveyed from different SSS, for both rural and urban sectors, will be as follows:

SSS	composition of SSS	number of households to be surveyed	
		FSU without hg/sb formation	FSU with hg/sb formation (for each hg/sb)
Schedule 1.0			
SSS 1	households having MPCE of top 10% of population (MPCE > B)	2	1
SSS 2	households having MPCE of middle 60% of population ($A \leq MPCE \leq B$)	4	2
SSS 3	households having MPCE of bottom 30% of population (MPCE < A)	2	1

1.6.2 **Schedules 25.0 & 25.2:** Composition of the SSS and number of households to be surveyed for different SSS for Schedules 25.0 and 25.2 will be as follows:

SSS	composition of SSS	number of households to be surveyed	
		FSU without hg/sb formation	FSU with hg/sb formation (for each hg/sb)
Schedule 25.0			
SSS 1	households having at least one child of age less than 1 year	2	1
SSS 2	from the remaining, households with at least one member (including deceased former member) hospitalised during last 365 days	4	2
SSS 3	other households	2	1
Schedule 25.2			
SSS 1	households with at least one student* having disability (possessing a certificate of disability)	2	1
SSS 2	from the remaining, households with at least one student* receiving technical/professional education	2	1
SSS 3	from the remaining, households having at least one student* receiving general education	2	1
SSS 4	other households	2	1

*persons aged 3 – 35 years and currently attending education will be considered as students

1.6.3 The above tables provide the plan of allocation of the sample households in the respective SSS. However, there can be situations in the selected FSUs, both in rural and urban sectors, where adequate number of household is not available for survey in different SSS. In such situation, the shortfall of household for one SSS is compensated from the other SSS. This is done by adopting specified procedure. To meet the shortfall of households in one SSS, compensation can be made from other SSSs. The details of the compensation rules are given in the chapter two dealing with Schedule 0.0.

1.6.4 **Selection of households:** From each SSS the sample households for each of the schedules will be selected by SRSWOR. Usual procedure for replacing an already selected household for a particular schedule by the next non-selected household in the same SSS will be followed. If a household is selected for more than one schedule and there is sufficient number of households in the sampling frame of that SSS, only one schedule will be canvassed in the selected household. For the other schedules the already selected household will be replaced by the *next non-selected household*. However, if the number of households in the frame of an SSS is inadequate, one or

more sample households may be common for different schedules. *In such cases more than one schedule will be canvassed in the same household.*

1.7 Concepts and Definitions:

1.7.0 Important concepts and definitions used in different schedules of this survey are explained below.

1.7.1 **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, persons staying in old age homes, *ashrams/hostels* and the residential staff (other than monks/ nuns) of these ashrams may be listed. For orphanages, although orphans are not to be listed, the persons looking after them and staying there may be considered for listing.

1.7.2 **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.

1.7.3 **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) but exclude temporary visitors and guests (expected total period of stay less than 6 months). 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 one 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.

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

1.7.5 Household's usual monthly consumer expenditure (Rs.): This may be ascertained as follows.

1.7.5.1 The question "What is your usual expenditure for household purposes in a month?" will be put to the informant. Suppose the answer is Rs. A.

1.7.5.2 Next, the purchase value of any household durables (mobile phones, TV sets, fridge, fans, cooler, AC, vehicles, computers, furniture, kitchen equipment, etc.) purchased during the *last one year* will be ascertained and the expenditure *per month* obtained by dividing by 12. Let this be Rs. B.

1.7.5.3 Further, it should be quickly ascertained whether there is (usually) any consumption from (a) wages in kind (b) home-grown stock (c) free collection. If so, the approximate monthly value of the amount usually consumed in a month will be imputed. Let this be Rs. C.

1.7.5.4 Then the sum of A+B+C is to be entered as usual monthly consumer expenditure of the household in whole number of rupees.

1.7.5.5 **Note:** (I) Cash remittances sent should not be reported in 'A'.

(II) Unusual expenditures, such as expenditure on social ceremonies, capitation fee, hospitalization, tours etc. are to be excluded from 'A'. The general criterion for inclusion of some expenditure in 'A' is whether it is incurred with a monthly regularity.

(III) **Special procedure for tuition fees, hostel room charges and hostel mess charges.** For hostel students, such expenses are often paid semester-wise, or quarterly or annually. Therefore the following procedure is adopted for such expenses.

(a) 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 ‘B’.***

(b) ***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 for a member of another household (usually a hostel student) are covered by the Use Approach.

(c) 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 ‘B’.

1.7.6 Household type: The household type, based on the means of livelihood of a household, is decided on the basis of the sources of the household's income during the 365 days preceding the date of survey. For this purpose, only the household's income (net income and not gross income) from economic activities is to be considered; but the incomes of servants and paying guests are not to be taken into account.

In ***rural areas*** a household will belong to any one of the following seven household types –

*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 types are:

*self-employed-1,
regular wage/salary earning-2,
casual labour-3,
others-9*

1.7.6.1 Procedure for determining household type in rural sector: The broad household types in rural areas to be used in this round are *self-employed, regular wage/salary earning, casual labour* and *others*.

- Firstly, the households, which do not have any income from economic activities, shall be classified under “*others*”.
- Out of the remaining households, the household’s income from economic activities will be considered. A household will be first categorized as ‘*self-employed*’, ‘*regular wage/salary earning*’ or ‘*casual labour*’ depending on the single major source of its

income during last 365 days from self-employment, regular wage/ salaried employment or casual labour employment, respectively.

- For a household, which has major income from self-employment (i.e., income from self-employment is more than the earning of each of regular wage/salary and casual labour), the broad household type will be *self-employed*.
 - For a household, which has major income from regular wage/salary, the broad household type will be *regular wage/salary earning*.
 - For a household, which has major income from casual labour, the broad household type will be *casual labour*.
- Within each of the broad category of *self-employed*, *regular wage/salary earning* and *casual labour* households, two specific household types, viz., ‘in agriculture’ and ‘in non-agriculture’ will be distinguished, depending on their major income from agricultural activities (sections A of NIC-2008) and non-agricultural activities (rest of the NIC-2008 sections, excluding section A) during last 365 days. However, **working in fisheries is excluded** from the purview of agricultural activities.
 - The specific household types for the households whose major source of income during last 365 days is from self-employment are “*self-employed in agriculture*” and “*self-employed in non-agriculture*”.
 - Similarly, the specific household types for the households whose major source of income during last 365 days is from *regular wage/salary earning* are “*regular wage/salary earning in agriculture*” and “*regular wage/salary earning in non-agriculture*”.
 - Also, the specific household types for the households whose major source of income during last 365 days is from employment as casual labour are “*casual labour in agriculture*” and “*casual labour in non-agriculture*”.

1.7.6.2 For urban areas: The different household types correspond to four sources of household income, unlike the rural sector where seven sources are considered. An urban household will be assigned the type self-employed, regular wage/salary earning, casual labour or others corresponding to the major source of its income from economic activities during the last 365 days. A household which does not have any income from economic activities will be classified under others.

1.7.6.3 Manual work: A job essentially involving physical labour is considered as manual work. However, jobs essentially involving physical labour but also requiring a certain level of general, professional, scientific or technical education are not to be termed as 'manual work'. On the other hand, jobs not involving much of physical labour and at the same time not requiring much educational (general, scientific, technical or otherwise) background are to be treated as 'manual work'. Thus, engineers, doctors, dentists, midwives, etc., are not considered manual workers even though their jobs involve some amount of physical labour. But, peons, chowkidars, watchman, etc. are considered manual workers even though their work might not involve much physical

labour. A few examples of manual workers are cooks, waiters, building caretakers, sweepers, cleaners and related workers, launderers, dry cleaners and pressers, hair dressers, barbers, beauticians, watchmen, gate keepers, agricultural labourers, plantation labourers and related workers.

The household type along with the nature of work as manual or non-manual will identify 'agricultural labour' households and 'other labour' households in rural areas. 'Agricultural labour' households and 'other labour' households together constitute 'rural labour' households.

1.7.7 Industry and occupation of the economic activity: The sector of the economic activity in which a person is found engaged is his/her industry of work and the corresponding occupation is the occupation of the person. Industry of work is identified using National Industrial Classification-2008 (NIC-2008) and occupation of the work is identified using National Classification of Occupation-2004 (NCO-2004).

1.7.8 Procedure for determining household principal industry and occupation: To determine the household principal industry and occupation, the general procedure to be followed is to list all the occupations pertaining to economic activities pursued by the members of the household excluding those employed by the household and paying guests (who in view of their staying and taking food in the household are considered as its normal members) during the one year period preceding the date of survey, no matter whether such occupations are pursued by the members in their principal or subsidiary (on the basis of earnings) capacity. Out of the occupations listed that one which fetched the maximum earnings to the household during the last 365 days preceding the date of survey would be considered as the principal household occupation. It is quite possible that one or more members of the household may pursue the household occupation in different industries. In such cases, the particular industry out of all the different industries corresponding to the principal occupation, which fetched the maximum earnings, should be considered as the principal industry of the household. In extreme cases, the earnings may be equal in two different occupations or industry-occupation combinations. By convention, in such cases, priority will be given to the occupation or industry-occupation combination of the senior-most member. For collection of information on household principal industry, National Industrial Classification-2008 (NIC-2008) will be used and for collection of information on household principal occupation, National Classification of Occupation-2004 (NCO-2004) will be used.

1.7.9 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 include those involving the production of primary commodities for own consumption and own account production of fixed assets.

1.7.9.1 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 this survey. 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 by NSSO. 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 of NSSO.

1.7.9.2 The term 'economic activity' 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.

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

1.7.10 **Broad 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. The three broad activity statuses during a reference period are identified as:

(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' (or worker) and activity status (ii) with 'unemployment'

1.7.10.1 The constituents of employed, unemployed, labour force and 'out of labour force' are 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).

(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' during the reference period are considered to be 'out of labour force'.

1.7.11 Usual activity status: The usual activity status relates to the activity status of a person during the reference period of 365 days preceding the date of survey. The activity status on which a person spent relatively long time (major time criterion) during the 365 days preceding the date of survey is considered the usual principal activity status of the person. To decide the usual principal activity of a person, he/ she is first categorised as belonging to the labour force or not, during the reference period on the basis of major time criterion. Persons, thus adjudged as not belonging to the labour force are assigned the broad activity status 'neither working nor available for work'. For the persons belonging to the labour force, the broad activity status of either 'working' or 'not working but seeking and/ or available for work' is then ascertained again on the basis of the relatively long time spent in the labour force during the 365 days preceding the date of survey. Within the broad activity status so determined, the detailed activity status category of a person pursuing more than one such activity will be determined again on the basis of the 'relatively long time spent' criterion.

1.7.12 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. All the workers are assigned one of the detailed activity statuses under the broad activity category 'working or being engaged in economic activity'.

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.

1.7.13 Broad statuses in employment: Three broad statuses in employment are *self-employed*, *regular salaried/wage employee* and *casual wage labour*. Definitions of these statuses in employment are given below:

1.7.13.1 Self-employed: 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 self-employed persons are further 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.

(iii) *helpers in household enterprise:* The helpers are a category of self-employed persons 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.

1.7.13.2 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 on the buildings 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.

1.7.13.3 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 employers’ 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. The fee or remuneration received consists of two parts - the share of their labour and profit of the enterprise. 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* on order from some particular unit/ contractor/ trader at her home will be treated as ‘home worker’. On the other hand, if she does the work in the employers’ premises, she will be treated as *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.

1.7.13.4 **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.*

1.7.13.5 **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.

1.7.14 **Hospitalisation:** Hospitalisation means admission as in-patient – for treatment of ailment or injury, or for childbirth –to any medical institution. Medical institution here refers to any institution having provision for admission of sick persons as in-patients for treatment – 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.). Further, childbirths sometimes take place in Health Sub-Centres; such cases of delivery will also be considered as hospitalisation. Surgeries undergone in temporary camps set up for treatment of ailments, such as eye camps, will also be treated as cases of hospitalisation.

1.7.15 Medical Institution/Level of Care: Explanations of Associated Terms

1.7.15.1 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.

1.7.15.2 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.

1.7.15.3 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 (ANM¹)** (female health worker) and may have a male health worker. 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.

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

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

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

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

1.7.15.6 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.

1.7.15.7 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’ for the purposes of this survey.

1.7.15.8 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.

1.7.15.9 Private Hospital, private clinic: Any other hospital/ nursing home/ day care centre 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.

1.7.15.10 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, un-documented 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.

Nature of Treatment

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

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

Indian System of Medicines (ISM): This includes Ayurveda, Siddha, Unani and Sowa-Rig-Pa medicines. These medicines are also called *Desi Dawaiyan* in India. Herbal medicines are also included in this category of medicines. The practitioners of these systems may be called Vaidji, Vaidya, Siddha Vaidya, Hakim, etc. (Sometimes people also say *Jadi-Booti wale* Vaidji, Hakimji, etc.) This category also includes Home-made medicines and Gharelu Nuskhe, Herbal Medicines (*Jadi-Bootiyan or Desi Dawa*), and the medicines given by local Vaidya/Hakim. e.g. Neem leaves for skin diseases, Tulsi leaves for common cold, Haldi (turmeric) for injuries and fracture, Adarak (ginger) for cough, cold, throat problem etc., Lahasun (Garlic) for gathiya/ joint pain, Kali Mirch (pepper) and honey for dry and productive cough, Ashwagandha, Chyawanprash as tonic /Rasayana for energy, Gulab Jal for eye diseases and face wash, Saunf for indigestion, Ajowain and Hing for stomach pain, *Methi seeds, Ajawain, Pudina* (mint), *Jeera, Sunthi* (dry ginger), *Laung* (clove), *Triphala* powder for problems like indigestion, loss of appetite, constipation, *Laung* (clove) oil for toothache, *Bilva* (Bel) powder for diarrhoea, etc.

1.7.18 AYURVEDA: *Desi* Medicines prescribed by Vaidji/Vaidya are called Ayurvedic medicines. Ayurveda is a classical system of medicine originating from the *Vedas*, founded around 5000 years ago in India, and currently recognized and practiced in India and many subcontinent countries. The system gives emphasis to preventive, curative and promotive aspects. For therapeutic uses, plants are abundantly used along with some metals and minerals in specially processed forms.

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

1.7.20 UNANI: *Desi* medicines prescribed by Hakims are called Unani medicines. The Unani System of Medicines originated in Greece and is based on the teachings of Hippocrates and Gallen, developed into an elaborate Medical System by Arabs. The Unani system became enriched by imbibing what was best in the contemporary systems of traditional medicines in Egypt, Syria, Iraq, Persia, India, China and other Middle East countries. The literature of the Unani system is mostly found in Arabic, Persian and Urdu languages. In Unani system the plants, metals and minerals are used in specialized forms for therapeutic uses.

1.7.21 SIDDHA is an ancient system of medicine prevalent in South India. The word Siddha comes from the Tamil word for perfection. Those who attained an intellectual level of perfection were called Siddhas. Siddha literature is in Tamil and the system is practised largely in the Tamil-speaking part of India and abroad. The Siddha System is largely therapeutic in nature and like Ayurveda, it also advocates the use of plants abundantly along with some metals and minerals with specialized processes of preparation of therapeutic formulations.

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

1.7.23 Communicable diseases: Communicable diseases are diseases that as a result of the causative organism which are spreading from one person to another or from animals/insects/birds etc. to people. These diseases affect people of all ages but more children due to their exposure to environmental conditions that support the spread. Communicable diseases are preventable based on interventions placed on various levels of transmission of the disease. India is also facing new and emerging diseases which are challenging public health as never before. Unfortunately, many of these diseases affect the poor and marginalized sections of society, and contribute not only to ill health and poverty at micro-level but also have serious socio-economic implications at the macro-level. Health workers have an important role to play in the control of these diseases by applying effective and efficient management, prevention and control measures. Health workers need to be equipped with capacity to target communicable diseases for eradication.

1.7.23.1 Communicable diseases common characteristics of importance

- very common
- may cause death and disability
- may cause epidemics
- most are preventable by fairly simple interventions
- mainly affect infants and children

1.7.23.2 Classification of communicable disease

There are various ways of classifying communicable diseases; the classification below is the one that is considered to be best for ease of understanding.

- Vector borne diseases – Malaria, Dengue, Chikungunya
- Diseases caused by Faecal – Bacillary dysentery, Amoebiasis, Cholera, Enteric Fevers, Viral Hepatitis.
- Helminthic diseases – Hookworm
- Airborne diseases – Tuberculosis and Leprosy.
- Zoonotic diseases (diseases of contact with animals or animal products) – Anthrax, Rabies, Japanese Encephalitis.

1.7.23.3 Common Communicable Diseases Found in India: Common communicable diseases found in India are as follows: Malaria; Viral Hepatitis/Jaundice; Acute Diarrhoeal Diseases/Dysentery; Dengue fever; Chikungunya; Measles; Acute Encephalitis Syndrome.

1.7.23.4 Communicable disease outbreaks

A disease outbreak is the occurrence of disease in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media. Water, sanitation, food and air quality are vital elements in the transmission of communicable diseases and in the spread of diseases prone to cause epidemics. A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.

1.7.23.4.1 Outbreaks, Epidemics and Pandemics

- **An outbreak** is the sudden occurrence of a disease in a community, which has never experienced the disease before or when cases of that disease occur in numbers greater than expected in a defined area.
- **An epidemic** is an occurrence of a group of illnesses of similar nature and derived from a common source, in excess of what would be normally expected in a community or region. A classic example of an epidemic would be Severe Acute Respiratory Syndrome (SARS). The epidemic killed about 774 people out of 8,098 that were infected. It started as an outbreak in Asia and then spread more countries and took the form of an epidemic.

- A **pandemic** on the other hand refers to a worldwide epidemic, which could have started off as outbreak, escalated to the level of an epidemic and eventually spread to a number of countries across continents.
- **Endemic Diseases** – Some diseases can remain active in a given area for years. A disease is described as endemic when it is habitually present within a given geographic area. For example, Dengue, which is spread by mosquitoes, is endemic in more than 100 countries. But it is not considered a pandemic yet. The point to consider here is that the dengue cases are not from a common source. Mosquitoes do not fly beyond a few hundred meters, so the cases in each country are from a different source. Rotavirus-induced infant diarrhoea is another example of an endemic disease, which is rampant in developing countries.

1.7.24 **Education:** The term ‘education’ for the purpose of collection of information on various aspects in this survey will mean the following:

- i) School education:
 - a. Pre-primary level (i.e., at nursery/Kindergartens/preparatory levels), irrespective of the recognition status of the school. Education at pre-primary level is an early childhood education for young children before commencing primary education.
 - b. Primary level refers to Classes I-V, irrespective of the recognition status of the school. For this survey, the primary level has been defined as Class I-V for all the States/UTs uniformly.
 - c. Upper primary/middle refers to Classes VI-VIII, irrespective of the recognition status of the school.
 - d. Secondary refers to Classes IX-X and follows the syllabus and pattern of the education as in ‘recognised schools’.
 - e. Higher secondary/Pre-university education refers to Classes XI-XII and follows the syllabus and pattern of the education as in ‘recognised schools’. It may be noted that sometimes these are also taught in colleges/open schools.
- ii) General education at colleges and Universities (including Open University) that are recognised by University Grant Commission leading to degree/diploma/certificates, etc.
- iii) Distance education conducted by Universities, Deemed Universities or Institutions authorised by competent authorities for awarding regular degrees or diplomas or certificates,
- iv) Technical or Professional courses, leading to degree/diploma/certificates, conducted by Universities, Deemed Universities, open universities and other institutes authorised by competent authorities like All India Council of Technical Education (AICTE), Medical Council of India (MCI), etc.,

Some of these institutes are like, National Institute of Fashion Technology, National School of Drama, Satyajit Ray Film and Television Institute, Film and Television Institute of India, Lok Nayak Jayaprakash Narayan National Institute of Criminology and Forensic Science, etc. or

Institutions, The Institute of Chartered Accountants of India, The Institute of Cost and Works Accountants of India, The Institute of Company Secretaries of India, Actuarial Society of India, etc.

- v) All types of vocational/technical training courses of duration 4 weeks or more, conducted by institutions recognised by central/state/UTs/local bodies.

The following will not be included in the coverage of education:

- Art, music and similar type of courses conducted by individuals in their houses or unrecognised/ unaffiliated institutions,
- Classes taken by Private tutors,

The non-formal system of education (like NFEC/TLC/AEC, etc.) being implemented through various programs by government or other agencies will be considered within the coverage of 'education' only for collecting information on (i) status of enrolment, (ii) level of current enrolment if currently attending and (iii) details if currently not attending education.

1.7.25 Student: For the purpose of this survey, a household member is considered as student if he/she is of age 3 to 35 years and is currently attending education.

1.7.26 Students' Hostel: A hostel is meant for providing accommodation to students, irrespective of whether run by any educational institution or not. A hostel, as distinct from a mess, is not managed by the students on a cooperative basis.

1.7.27 Persons with disability: For the purpose of this survey, to identify persons with disability, information will be collected on whether they have a certificate of disability. Only the certificate issued by any government authorities (e.g., *central/state/local bodies*) for the persons with disabilities will be considered.

1.7.28 Educational level: It is the highest level of education considering all general/technical/vocational educational level successfully completed by the members of the household. A person who can both read and write a simple message with understanding in at least one language is considered literate. Those who are not able to do so, are considered not literate. It may be noted that for the purpose of this survey, the primary level has been defined as Class I-V for all the States/UTs uniformly. In this survey, information on general educational level will be collected on the following 15 categories (i to xv):

educational level	educational level
(i) not literate	<i>literate with formal schooling:</i>
	(vi) below primary
(ii) literate without any schooling	(vii) primary
	(viii) upper primary/middle
<i>literate without formal schooling:</i>	(ix) secondary
(iii) through NFEC	(x) higher secondary
(iv) through TLC/AEC	(xi) diploma /certificate course (upto secondary)
(v) others	(xii) diploma /certificate course (higher secondary)
	(xiii) diploma /certificate course (graduation and above)
	(xiv) graduate
	(xv) post graduate and above

1.7.29 Technical education level: As per the All India Council for Technical Education Act, 1987, technical education means programmes of education, research and training in fields of Engineering and Technology, Architecture, Town Planning, Management, Pharmacy and Applied Arts & Crafts. In this survey, technical education level will be collected in terms of the following 16 categories (i to xvi):

(i) no technical education

technical degree in:

- (ii) agriculture
- (iii) engineering/technology
- (iv) medicine
- (v) crafts
- (vi) other subjects

diploma or certificate (below graduate level) in:

- (vii) agriculture
- (viii) engineering/technology
- (ix) medicine
- (x) crafts
- (xi) other subjects

diploma or certificate (graduate and above level) in:

- (xii) agriculture
- (xiii) engineering/technology
- (xiv) medicine
- (xv) crafts
- (xvi) other subjects

1.7.30 Vocational/technical training:

1.7.30.1 Vocational/ Technical Training: A vocational/ technical training may broadly be defined as training through which knowledge and skills for the world of work is acquired. The main objective of vocational/ technical education and training is to make individuals employable

for a broad range of occupations in various industries and other economic sectors. There are three methods of acquiring Vocational/ Technical training, namely, (i) Formal Training, (ii) Non-formal Training and (iii) Informal Training.

1.7.30.2 Formal Training: It is the training that is acquired through institutions/ organisations and is recognised by national certifying bodies, leading to diplomas/ certificates and qualifications. Formal training is structured according to educational arrangements such as curricula, qualifications, teaching/ learning requirements and assessment. Formal training is intentional from the learner's perspective.

1.7.30.3 Non-formal Training: It is the training that is in addition or alternative to formal learning and is also structured but is more flexible. It is provided through community-based settings, the workplace, or through the activities of civil society organizations or any organisation imparting training. This training mode does not have the level of curriculum, syllabus or accreditation and certification associated with formal learning but it is more structured as compared to informal learning.

1.7.30.4 Informal Training: The training that occurs in daily life, in the family, in the workplace, in communities, and through the interests and activities of individuals. It is not structured (in terms of learning objectives, learning time or learning support) and typically does not lead to certification.

1.7.30.5 Vocational/technical training other than formal vocational/technical training

(a) **Hereditary:** The expertise in a vocation or trade is sometimes acquired by the succeeding generations from the other members of the households, generally the ancestors. The expertise gained through significant 'hands-on' experience enables the individual to take up activities in self-employment capacity or makes them employable. Acquiring such marketable expertise by one, which enables him/her to carry out the trade or occupation of their ancestors over generations, may be considered to be training through 'hereditary' sources.

(b) **Self-learning:** The expertise in a vocation or trade when acquired by a person through his/her own effort, without any training under any person or organisation, may be considered 'self-learning'. For example, a person who has learnt photography on his own effort will be considered to have acquired the vocational training through 'self-learning'.

(c) **Learning on the job:** The expertise acquired by a person while in employment (current and/or past), either through informal training by the employer or organisation or through the exposure to the type of job that he/she is/was performing, may be considered as the training through 'learning on the job'. Note that if a person is provided with formal training in a vocation or trade even by the employer or organisation, while in employment, he will be considered to have received 'formal' vocational/technical training.

(d) **Other:** The 'other' sources include the cases where the expertise for a vocation or trade has been developed from the household members or ancestors, provided that the said

vocation or trade is different from the one relating to their ancestors. Similarly, a person may learn tailoring work from a master tailor or a person may learn book-binding work from a printing press. All such expertise acquired will be considered as vocational/technical training through 'other' sources.

1.7.31 Course: A course is i) a structured educational programme having a specified syllabus, duration, level, etc. and it ii) necessarily involve appearing in some kind of examination/ performance appraisal for getting the degree/diploma/certificate or advancing to the next class/level. Courses are broadly categorised as (i) general and (ii) technical/professional. For the purpose of this survey, only those courses covered under the definition of 'education' will be considered.

1.7.32 Academic year: The academic year is defined in relation to the duration of the course in the following manner:

- a. If duration of the course is less than one year, the academic year will cover full duration of the course.
- b. If duration of the course is equal to or more than one year, then, academic year will cover a period of 12 months.
- c. For the educational institutions pursuing semester system (e.g., three to six months semester system), academic year will be taken as 12 months if the duration of the course is equal to or more than one year.

1.7.33 Recognised school/ institution: A recognised school/ institution is one in which the course(s) of study followed is/are prescribed or recognised by the Government or a University or a Board constituted by law or by any other agency authorised in this behalf by the Central or State government. With regard to its standard of efficiency, it also satisfies criteria of one or more of the authorities, e.g., Directorate of education, Municipal Board, Secondary Board, etc. It runs regular classes and sends candidates for public examination, if any.

1.7.34 Type of institution: This refers to the type of management by which the institution is run. It may be run by Government (Central/State/Local) or a private body irrespective of whether receiving government aid. Thus, the types are: (a) Government, (b) Private aided and (c) Private unaided.

Government institutions: All schools/ institutions run by central and state governments, public sector undertakings, autonomous organisations, municipal corporations, municipal committees, notified area committees, zilla parishads, panchayat samitis, cantonment boards, etc., completely financed by the government are treated as government institutions. 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.

Private aided institution: A private aided institution is one, which is run by an individual or a private organisation and receives maintenance grant from Government.

Private unaided institution: A private unaided institution is one, which is managed by an individual or a private organisation and is not receiving maintenance grant from Government.

1.7.35 Medium of instruction: Medium of instruction is the language through which subjects other than languages are taught in the school. In case, more than one language are used while teaching different subjects then the language used for teaching maximum number of subjects is to be treated as medium of instruction.

1.7.36 Full time and Part time course: Each course has a prescribed time duration for completion. If an institution offers a course which is to be completed within the prescribed time duration, then it is a full time course whereas an institution offering the same course in a longer duration will be treated as a part time course. For example, prescribed time period for a regular MBA course is of 2 years. A working person can enrol in a part-time MBA course for three years, in place of regular MBA of 2 years. The ‘part-time’ relates to the course, and not in reference to the person.

1.7.37 Distance Learning: It is the education from the distance and not face-to-face but indirect/remote or inanimate and involving a wide variety of channels and media. Distance Education has the following types:

- (a) Correspondence Courses
- (b) Home Study
- (c) Open Education
- (d) E-Learning

1.7.38 Computer: For this survey, a computer will include devices like, desktop computer, laptop computer, notebook, netbook, palmtop, tablet (or similar handheld devices). The description of these are given below:

- I. **Desktop:** A desktop computer (or desktop PC) is a computer that is designed to put in a single location without portability. Generally, the monitor, keyboard and mouse in a desktop computer are separate units.
- II. **Laptop:** A laptop is small, portable personal computer. A laptop computer can be powered by battery or plugged into the unit. Laptop is suitable for use while travelling.
- III. **Notebook:** A notebook is an extremely lightweight portable personal computer, smaller than a laptop model.
- IV. **Netbook:** A netbook is a portable computer that is about half the size of a traditional laptop. These are for the use of those who want a basic computer for Internet and for basic applications such as a word processing. The main difference between netbook and notebook is its functionality. Netbook is used for content consumption such as listening to music or watching movies while Notebook is used for content making.
- V. **Palmtop:** A small computer that literally fits in the palm of one’s hand is called a Palmtop. Other names for Palmtops are ‘hand-held computers’ or ‘Personal Digital Assistants (PDAs)’.

VI. **Tablet:** A tablet computer, or simply tablet, is a one-piece mobile computer. Devices typically have a touch screen, with finger or stylus gestures replacing the conventional computer mouse. An on-screen concealable virtual keyboard is usually used for typing.

1.7.39 **Public works:** ‘Public works’ are those activities which are sponsored by Government or Local Bodies, and which cover local area development works like construction of roads, dams, bunds, digging of ponds, etc., as relief measures, or as an outcome of employment generation schemes under the poverty alleviation programmes such as Mahatma Gandhi National Rural Employment Guarantee (MGNREG) works, Sampoorna Grameen Rozgar Yojana (SGRY), National Food for Work Programme (NFFWP), etc. There may be some schemes sponsored by the Government and in operation, which are conceived as self-employment generation schemes. Some such schemes of the Government are Swarnjayanti Gram Swarozgar Yojana (schemes under erstwhile IRDP merged with this), Rural Employment Generation Programme (REGP), Prime Minister’s Rozgar Yojana (PMRY), Valmiki Ambedkar Awas Yojana (VAMBAY), etc. Employment generated through these schemes will not to be considered within the purview of ‘public works’.

1.7.40 **Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA):** The Mahatma Gandhi National Rural Employment Guarantee Act, 2005 (MGNREGA) is an important step towards the realization of the right to work and to enhance the livelihood security of the households in the rural areas of the country. According to this Act, Rural Employment Guarantee Schemes (REGS) are formed by the State Governments. The Scheme provides at least 100 days of guaranteed wage employment in every financial year to every household whose adult members volunteer to do unskilled manual work. Adult means a person who has completed eighteen years of age. Unskilled manual work means any physical work which any adult person is capable of doing without any special skill/ training. The implementing agency of the scheme may be any Department of the Central Government or a State Government, a Zila Parishad, Panchayat/ Gram Panchayat or any local authority or Government undertaking or non-governmental organization authorized by the Central Government or the State Government.

Table 1: allocation of sample villages and blocks for NSS 75th round

State/UT	number of sample villages/blocks					
	central sample			state sample		
	total	rural	urban	total	rural	urban
(1)	(2)	(3)	(4)	(5)	(6)	(7)
ANDHRA PRADESH	528	320	208	1056	640	416
ARUNACHAL PRADESH	240	164	76	240	164	76
ASSAM	468	336	132	468	336	132
BIHAR	660	440	220	660	440	220
CHHATTISGARH	368	228	140	736	456	280
GOA	56	20	36	56	20	36
GUJARAT	528	236	292	796	356	440
HARYANA	372	196	176	372	196	176
HIMACHAL PRADESH	272	216	56	272	216	56
JAMMU & KASHMIR	428	256	172	428	256	172
JHARKHAND	388	244	144	388	244	144
KARNATAKA	596	304	292	596	304	292
KERALA	560	300	260	560	300	260
MADHYA PRADESH	700	392	308	700	392	308
MAHARASHTRA	1120	508	612	1428	508	920
MANIPUR	324	176	148	648	352	296
MEGHALAYA	164	112	52	164	112	52
MIZORAM	192	88	104	192	88	104
NAGALAND	156	104	52	260	104	156
ODISHA	536	392	144	536	392	144
PUNJAB	436	220	216	436	220	216
RAJASTHAN	636	392	244	636	392	244
SIKKIM	104	80	24	104	80	24
TAMIL NADU	852	444	408	852	444	408
TELANGANA	456	240	216	912	480	432
TRIPURA	248	168	80	248	168	80
UTTAR PRADESH	1376	796	580	1376	796	580
UTTARAKHAND	220	128	92	220	128	92
WEST BENGAL	884	512	372	884	512	372
A & N ISLANDS	72	36	36	0	0	0
CHANDIGARH	44	8	36	0	0	0
D & N HAVELI	24	12	12	0	0	0
DAMAN & DIU	16	8	8	16	8	8
DELHI	180	8	172	180	8	172
LAKSHADWEEP	24	8	16	0	0	0
PUDUCHERRY	72	16	56	72	16	56
ALL- INDIA	14300	8108	6192	16492	9128	7364

Note: (i) Minor changes in allocations may be necessary at the time of actual sample selection work.