



Field Training Manual

**HOUSEHOLD SURVEY TO ASSESS HEALTH AND
HEALTHCARE SERVICES IN MAHARASHTRA**



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ABOUT THE STUDY

OBJECTIVES OF THE STUDY

The objective of the study is to conduct household survey to understand the impact of the Aarogyasri Health Insurance Scheme that is currently being implemented across all the districts of Andhra Pradesh. This is a midterm impact evaluation study in the absence of any preceding baseline information.

Study objectives for the household survey are-

- 1) To evaluate whether the Aarogyasri scheme has achieved its aims to:
 - a. Mitigate catastrophic healthcare expenditure for enrolled families
 - b. Ensure the target population has access to 'quality' health services for serious illnesses
- 2) To assess how the sustainability and impact of the Aarogyasri scheme can be improved

ABOUT THE CLIENT:

Access Health International

- Access health International is a non-profit organization dedicated to quality and affordable health care.
- It works on health financing, health service delivery and healthcare technology.

Administrative Staff College of India

- Premier Research Organization
- Management education institution for corporate managers, administrators, entrepreneurs and academicians.

GEOGRAPHICAL COVERAGE & SAMPLING:

Geographic Coverage of the study:

- The state of Andhra Pradesh has been included as 'Treatment' group, while Maharashtra is being covered as 'Control' group.
- A total of 21,568 households will be surveyed in the two states.

Sampling method

- A multistage random cluster sampling method will be used identical to that of the NSSO sampling
- The sample will be randomized at the sub-district, village/urban area and household level
- The household survey will be carried out in both treatment as well as control group

INTERVIEWER'S ROLE

The interviewer occupies the central position in this study because she/he collects information from respondents. Therefore, the success of the study depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Interviewing eligible persons in the households: *Respondent must be an adult between 18 - 50 years old.*
- Checking completed interviews to be sure that all questions were asked and the responses are neatly and legibly recorded.
- Returning to those households that could not be interviewed during the initial visit.

These tasks will be described in detail throughout this manual.

CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. BUILDING RAPPORT WITH THE RESPONDENT

The supervisor will assign an interviewer to make the first contact with each of the households selected for the interview. Any capable adult member of the household is a suitable respondent for the interview (this person may be a woman or a man age 18-50 years).

As an interviewer, your first responsibility is to establish good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence his/her willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. You will also be given a letter that clearly states who you are working for.

1. Make a good first impression.

Do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "Namaste" and then proceed with your introduction which is the informed consent statement at the start of each questionnaire.

2. Always have a positive approach.

Never adopt an apologetic manner, and do not say things like “Are you too busy?” Such questions invite refusal before you start.

3. Stress confidentiality of responses when necessary.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report about the health and welfare of the nation’s population. Also, you should never mention other interviews or show completed questionnaires to the supervisor or field editor in front of a respondent or any other person.

4. Answer any questions from the respondent frankly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how the household she/he was selected to be interviewed. Be direct and pleasant when you answer. Politely inform that we are conducting a survey about Health and Economic Condition in randomly selected Households. Also mention that this exercise is being conducted in the two states - Andhra Pradesh and Maharashtra.

The respondent may also be concerned about the length of the interview. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

During the interview, the respondent may ask questions or want to talk further about the topics you bring up, e.g., about specific questions asked. It is important not to interrupt the flow of the interview so explain that you will be happy to answer questions or talk further after the interview.

5. Interview the respondent alone:

For the individual interviews, the presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

Extra effort should be made to gain privacy if the other person is of the opposite sex or if respondent is not comfortable while responding to your questions.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. TIPS FOR CONDUCTING THE INTERVIEW.**1. Be neutral throughout the interview:**

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she/he has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

A respondent may ask you questions during the interview, or he/she may ask you about your opinion on the same. Explain that we are interested in their opinions and that they are willing to talk to her after the interview.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?” “There is no hurry. Take a moment to think about it.” “If you are unclear, I can read the question again.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt her by saying something like “I suppose you mean that. . . Is that right?” In many cases, they will agree with your interpretation of the answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent themselves comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if they have trouble answering. Until you have instructions to read out options in the questionnaire.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If the respondent still does not understand, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondents simply say, “I don’t know”, give an irrelevant answer, act very bored or detached, or contradict something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the woman or man is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent's confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, try to overcome the reluctance, explaining once again that the same question is being asked of women or men all over study states and that the answers will all be merged together. If they still refuse, simply write REFUSED next to the question and proceed as if nothing had happened. If you have successfully completed the interview, you may try to obtain the missing information at the end, but do not push too hard for an answer. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume that women and men from rural areas or those who are less educated or illiterate do not know about various overseas opportunities.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondents understand what they are being asked. After you have asked a question, pause and give them time to think. If the respondents feel hurried or are not allowed to formulate their own opinion, they may respond with "I don't know" or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, "There is no hurry. Your opinion is very important, so consider your answers carefully."

7. Use diversionary tactics if necessary

If someone walks in when you are asking some sensitive question that requires that complete privacy be maintained, gently change the topic till the respondent is alone.

8. Making callbacks

Within a First Stage Unit (FSU), an exhaustive listing will be done to capture details of around 200 households. Then, the interviews would be done randomly, ensuring the coverage for each SSS.

Sometimes a household member will not be available at the time you first visit. You need to make *at least 2* visits at three different times of the day or days when trying to obtain a household interview to maximize the possibility of successfully completing the household interview.

C. COMPLETING THE QUESTIONNAIRE

Complete the information on the cover page before starting the interview. Enter the unique household ID corresponding with the address of the household in the list given to you. Enter the name of the head of household after completing question 8 i.e. Name of the applicant from reference list.

To complete the questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the principal respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later. The respondent can be any adult member (age 18 - 50) of the household.

Generally you will ask a single individual in the household for the information you will need to complete the questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

The informed consent statement at the beginning of the questionnaire has to be read exactly as it is written and all instructions followed. The household interview cannot be started until you have obtained the consent of a household respondent.

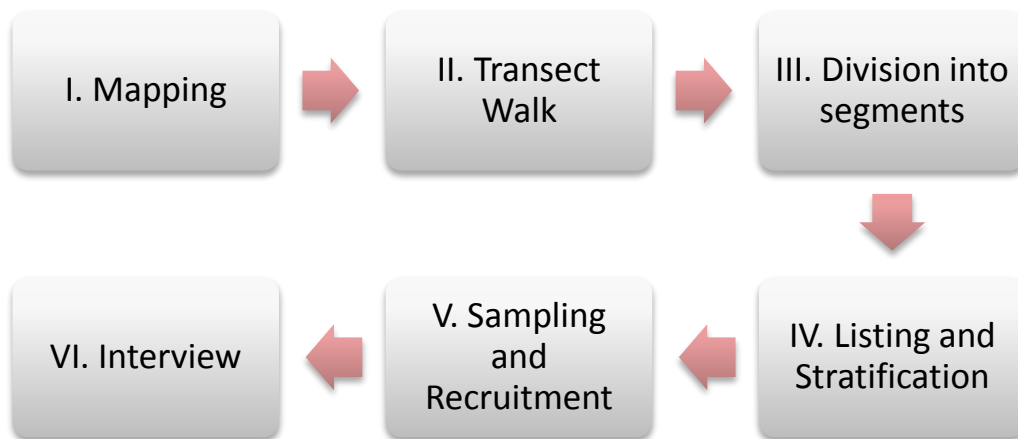
Start by reading the introductory sentence at the top of the schedule to inform the respondent that you are interested in getting information about all usual household members and any other persons who might be staying with the household.

SUPERVISOR'S / TEAM LEADERS ROLE

The supervisor/team leader is the first line of quality control in the data collection exercise. She/he maintains the follow of protocol in the field also ensuring that the data collection assignment is completed in the exact manner as it has been decided and explained in the training. Each team of investigators will be led by a supervisor/team leader who will monitor and supervise the fieldwork for his/her team.

The general responsibilities of supervisor/team leader include the following:

- Ensuring that the entire data collection exercise is performed in the manner as per the prescribed form i.e.



- Ensuring that the interviews are conducted only with the eligible persons in the households: *Respondent must be an adult between 18 - 50 years old.*
- Ensuring that the investigators are able to explain the terminologies used in the questionnaire.
- Ensuring that the queries posed by the respondents are resolved by the investigators. In case of any difficulty, a note would be made and the term / matter would be discussed and explained to the investigator once again, post completion of the interview.
- Ensuring the completeness of the interviews and checking to be sure that all questions were asked and the responses are neatly and legibly recorded.
- Ensuring the completion of the number of interviews assigned to a particular team working in a PSU except for the fact that the type of target respondents are not available as identified through the listing exercise.

In addition as per the IMRB field protocols, the following routine tasks are to be performed by the supervisor/team leader in order to ensure data quality.

- **Spot checks**, in this context, refer to making sure that the investigators are conducting the interviews in identified locations/households.
- **Accompaniment**: In an **accompaniment** the supervisor will attend to interviews along with the investigator, to see if the investigator is comfortable with the flow of

the questionnaire, is explaining the questions as they should be and is recording the responses correctly. These would be mostly carried out in the early phases of the fieldwork.

- **Back checks** will be done after an interview has been completed and the questionnaire reviewed by the investigator has been handed over to the supervisor. The supervisor would go the same household and after ensuring that the household has indeed been covered, would ask key questions from the questionnaire to ensure correct responses.
- **Scrutiny** of the filled-in questionnaires will be conducted by the Supervisor at the end of the day's work. This will be done to further ensure the data quality and consistency. In addition to checking the consistency in information recorded, following of the general instructions, routing / skipping instructions etc. the specific points that will be taken up during the scrutiny are as follows:

Section I:

- i. To check whether the identification details are filled-in properly and clearly or not.

Section II:

- i. To check whether the land-ownership, source of energy for lighting and cooking, monthly household income, asset ownership, dwelling unit ownership and type, and the broad household expenditure details are recorded properly in all the questionnaires.
- ii. To check whether the monthly income and expenditure are comparable and have some degree of association.

Section III:

- i. To check whether the household roster is filled up properly for all the resident household members.
- ii. To check whether the benefit/treatment coverage under RAS is recorded for respondents/households who have a BPL/Antyodaya/Annapurna card.
- iii. To check that the details regarding hospitalization and hospitalized treatment are recorded appropriately in *Col. (10) & Col. (11)*.
- iv. To check for UID enrollment status for the household is recorded appropriately. The status of enrollment should be more or less uniform across a particular village.

Section IV:

- i. To verify that the visit to a particular type of health facility and the time of visit to health facility are in consonance with the treatment seeking incidence reported in HH Roster.
- ii. To check whether the response to Q 411, 412 have been appropriately recorded for all the respondents
- iii. To check that the type of card and the BPL card number are properly recorded at the designated places.

Section VI:

- i. To check that the response in Q 601 is recorded and verified as per the response in *Col. 12* of the HH Roster (Section III).
- ii. To check that additional sheets are properly attached in case the incidences of ailments or the number of HH members who have been reportedly ill during the last 15 days.
- iii. To check whether the responses for Q 616A have been properly checked and matched after recording the responses under heads 1 to 13 of the question.
- iv. To check that the expenditure related to services reportedly received / prescribed in Q 615 have been recorded in Q 616A.
- v. Q 616 B needs to be checked against the services received. E.g. in case the mode of commuting has been reported as ambulance in Q 607 then the expenditure should not be mentioned under **Q 616B 1**.
- vi. To check that the amount arranged through the various sources in Q 617 is roughly adding up to the amount of expenditure under various heads. In case the treatment was supported under Government of Maharashtra scheme then the amount reimbursed should reflect under **Q 617 G**. In case the treatment was not supported by any such scheme then nothing should be mentioned under this head. **The supervisor / team leader should, in the initial days of field work keep a keen eye on the responses coming under this head and ask the investigators to record the name of any such scheme that has benefitted the respondent / HH member of the selected household.**
- vii. To check that the response in Q 619 is recorded and verified as per the response in Col. 10 & Col. 11 of the HH Roster (Section III).
- viii. To check that additional sheets are properly attached in case the incidences of ailments or the number of HH members who have been reportedly ill during the last 12 months.
- ix. To follow all the checks those have been followed in the OPD section for the respective questions.

- x. Q 641 to Q 656 should be left blank in case the ailing member is still hospitalized (in Q 640)
- xi. To verify that the ailment codes recorded are correct as per the attached list of ailment codes.

Section VII:

- i. To check the response in A5 with responses recorded in Q 616A 10 & Q 653J. If some amount has been reported under these two questions then the response here should logically be “2”.
- ii. Q A6 to A 24; To check for the respondents who are still hospitalized and not discharged yet, the responses should be recorded for HH members who have been discharged (refer Q 640).
- iii. B3 & B6; The responses should be recorded for all the aspects for the eligible respondents
- iv. Responses in Q C1 to C4 should be recorded for all the respondents
- v. To check that responses related to satisfaction related to the various aspects in case of Health Camps are recorded appropriately for the eligible respondents.

Section VIII:

- i. The supervisor also needs to ensure that there is parity in the data being reported for a particular class of households in a particular FSU. The supervisor would need to speak with 2-3 key informants in each of the covered FSUs to understand the range of amount of the various articles in question. This finding will help in triangulation of the data that is being captured through the various interviews. In case of any ambiguity, the supervisor / team leader would verify the data in such cases during back-check.
- ii. To check that the details for the articles of usual consumption are filled in all the questionnaires.
- iii. To check questionnaires with large disparity between the figures reported and to verify the same during back-checks.

Any issues identified in the questionnaire will be brought to the knowledge of the concerned investigator on the same day post conduct of the interview and the person will be asked to visit the household again in order to verify and correct the same.

CONCEPTS & DEFINITIONS

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

Household: A group of persons normally living together and taking food from a common kitchen will constitute a household. The members of a household may or may not be related by blood or marriage to one another. The following cases are to be noted while determining the group of persons to be considered as households for the current survey:

(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 together will be treated as forming a single household. For example, a family living in a hotel will be treated as a separate single household by itself.

(ii) 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 normal members of their parent households and will be counted there. Convicted prisoners undergoing sentence will be outside the coverage of the survey.

(iii) 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.

(iv) Foreign nationals will not be listed, nor do their domestic servants, 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/she will be covered.

(v) Persons residing in barracks of military and paramilitary forces (like police, BSF etc.) will be kept outside the survey coverage for difficulty in conduct of survey therein. However, civilian population residing in their neighborhood, including the family quarters of service personnel are to be covered, for which, of course, permission may have to be obtained from appropriate authorities.

(vi) Orphanages, rescue homes, ashrams and vagrant houses are outside the survey coverage. However, the persons staying in old age homes, the students staying in ashram/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.

Household size: The number of normally resident members of a household is its size. It will include temporary stay-away but exclude temporary visitors and guests. 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) 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.

(ii) 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.

(iii) 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.

(iv) If a member of a household (say, a son or a daughter of the head of the household) 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.

Head of Household: The person in formal charge of the management of the household is the head of the household. He or she need not necessarily be the principal earning member of the household, but the customary head of the household decided on the basis of tradition. This means that when there is an aged father who does nothing but has an adult son who actually runs the management of the house, the old father might still be deemed to be the formal head. However, it should be left to the members of a household to decide upon whom they consider to be the head of the household.

Chief Wage Earner (CWE): The CWE in a household is the person who contributes the maximum from income earned by him / her in meeting the expenditures of the household. This does not necessarily means the CWE is the highest earning member of a household but the biggest contributor to the household. It is also to be noted that the CWE may or may not be the head of the household or the prime decision maker of the household.

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.

Dwelling unit: It is the accommodation availed of by a household for its residential purpose. It may be an entire structure or a part thereof or consisting of more than one structure. There may be cases of more than one household occupying a single structure such as those living in independent flats or sharing a single housing unit, in which case, there will be as many dwelling units as the number of households sharing the structure. There may also be cases of one household occupying more than one structure (i.e. detached structures for sitting, sleeping, cooking, bathing etc.) for its housing accommodation. In this case, all the structures together constitute a single dwelling unit. In general, a dwelling unit consists of living room, kitchen, store, bath, latrine, garage, open and closed veranda etc. A structure or a portion thereof used exclusively for non-residential purposes or let out to other households does not form part of the dwelling unit of the household under consideration.

However, a portion of a structure used for both residential and non-residential purposes is treated as part of the dwelling unit except when the use of such portion for residential

purpose is very nominal. The dwelling unit covers all pucca, semi-pucca and kutcha structures used by a household. Households living more or less regularly under bridges, in pipes, under staircase, in purely temporary flimsy improvisations built by the road side (which are liable to be removed at any moment) etc., are considered to have no dwelling.

Public Distribution System (PDS): means the distribution of some essential commodities by the government at subsidized rate through ration shops, fair price shops and control shops. These shops may be owned by the government, local self-government, a government undertaking, the proprietor of a firm, co-operatives or private persons (individually or jointly) or other bodies like club, trust, etc. For kerosene, 'public distribution system' will also include kerosene depots selling kerosene at controlled prices. 'Super bazaars' and co-operative stores will not generally be included under public distribution system. However, when they sell rationed commodities also at controlled prices against ration cards, they will be taken as ration shops for particular commodities. (Presentation of ration card may not, however, be obligatory for some controlled price commodities like kerosene, coal, etc.).

Reference period: This is the period of time to which the information collected relates. It may vary from item to item.

Metalled road: This will include roads made of pucca materials like asphalt, cement, concrete, bricks, stones, etc.

All weather roads: This is the road usable for all seasons of a year, irrespective of the material used for the road.

Primary school: Generally, up to the standard of class IV is considered as primary education. However, the practices differ in some states where education of class V is also included under 'primary' level. For the purpose of this survey, education up to class IV or V, as the local practice may be, will be considered as primary education. This item will cover institutions providing such educational facilities.

Secondary school: Secondary school provides education up to class X.

Higher secondary school / junior college: Higher secondary school provides education up to 10+2 standard. In some places it is also known as junior college. Institutions providing education up to 10+2 standard will be covered under this item.

College: Colleges providing degree courses with a minimum of bachelor degree recognized by a university or equivalent will be covered under this item. Colleges providing diploma courses which are equivalent to degree courses are also to be covered under this item.

UID/AADHAAR CARD: Aadhaar is a 12 digit individual identification number issued by the Unique Identification Authority of India on behalf of the Government of India. This number will serve as a proof of identity and address, anywhere in India. Any individual, irrespective of age and gender, who is a resident in India and satisfies the verification process laid down by the UIDAI, can enrol for Aadhaar. Each individual needs to enrol only once which is free of cost.

Each Aadhaar number will be unique to an individual and will remain valid for life. Aadhaar number will help you provide access to services like banking, mobile phone connections and other Govt and Non-Govt services in due course.

Unique identification project was initially conceived by the Planning Commission as an initiative that would provide identification for each resident across the country and would be used primarily as the basis for efficient delivery of welfare services. It would also act as a tool for effective monitoring of various programs and schemes of the Government. The concept of a unique identification was first discussed and worked upon since 2006 when administrative approval for the project –"Unique ID for Below Poverty Line (BPL) families" was given on 03 March 2006 by the Department of Information Technology, Ministry of Communications and Information Technology.

Casualty: When a selected unit cannot be surveyed due to one reason or another, it is termed as casualty. For example, it may not be possible to survey a sample village because, (i) it cannot be located in the field due to wrong identification particulars in the frame, (ii) it is situated in an inaccessible or unsafe area like dense forest, snowbound area, etc. Similarly, a sample household may be a casualty because it is away from home for several days, or it is unwilling to furnish information. Shortage of investigators due to delay in recruitment and training may also be a reason for casualty.

Substitution: Whenever a sample village or block or household or enterprise becomes a casualty, attempt is generally made to select and survey a substitute sample in place of the original sample. Care is taken to make the substitute similar to the original sample. Casualty results in decrease of sample size and substitution aims to correct this negative effect to some extent.

Zero case: This term is used for a sample village or block which makes a zero contribution to the survey characteristics. Examples of zero cases are: whole villages / blocks comprising barracks of military and para-military forces, rural areas declared urban and forming part of UFS frame used for selection of sample blocks, villages / blocks wholly sub-merged under water in a dam or villages / blocks with the whole population evicted because of acquisition of land to construct a new factory or other project work with no chance of habitation in future.

Un-inhabited Villages: Uninhabited villages / blocks include cases where the entire population of the village / block has shifted elsewhere due to some natural calamities but the chance of habitation in future is there. Uninhabited villages / blocks and zero cases are treated as surveyed and valid samples and not substituted.

HOUSEHOLD LISTING SCHEDULE

INTRODUCTION:

Listing Schedule is meant for listing all the houses and households residing in the sample first stage unit (FSU) / hamlet-groups/sub-blocks in case of large FSUs. Some household particulars like household size, hospitalization cases, information related to members more than 60 years of age etc. will also be collected in this schedule. This auxiliary information will be used for grouping the households into different second-stage-strata (SSS). 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 hamlet-groups / sub-blocks (hg's/sb's) are required to be formed, particulars relating to the formation and selection of hg's/sb's are also to be recorded in this schedule.

SELECTION OF HAMLET-GROUPS/SUB-BLOCKS/HOUSEHOLDS - IMPORTANT STEPS

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 Urban Frame Survey (UFS) block may be identified by referring to the map corresponding to the frame code specified in the sample list (even though map of the block for a latter period of the UFS might be available).
2. **CRITERION FOR HAMLET-GROUP/SUB-BLOCK FORMATION:**

After identification of the FSU, it is to be determined whether listing will be done in the whole sample FSU or not. In case the population of the selected village or block 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 as stated below.

- **Less than 1200 - No hamlet-groups/sub-blocks will be formed**
- **1200 to 1799 - 3 hamlet-groups/sub-blocks will be formed**
- **1800 to 2399 - 4 hamlet-groups/sub-blocks will be formed**
- **2400 to 2999 - 5 hamlet-groups/sub-blocks will be formed**
- **3000 to 3599 - 6 hamlet-groups/sub-blocks will be formed**

& So on.....

3. FORMATION OF HAMLET-GROUPS/SUB-BLOCKS

In case hamlet-groups/sub-blocks is to be formed in the sample FSU, the same should be done by more or less equalizing population (details are in Chapter Two). Note that while doing so, it is to be ensured that the hamlet-groups/sub-blocks formed is clearly identifiable in terms of physical landmarks.

- A. Formation of Hamlet-Groups (Hg's) And Selection of Hamlet-Groups 1 & 2:** With a view to controlling the workload mainly at the stage of listing of households, hamlet-group formation will be resorted to in the large rural villages. A large village will be divided into a certain number (D) of subdivisions called hamlet-groups (hg's). The number of hg's to be formed (i.e. the value of D) will depend on the approximate present population of the sample village.

The procedure for listing hamlets and forming hamlet-groups is outlined below.

In a large village, there exist usually 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 recognized 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 hamlet-group formation. The procedure for formation of hamlet-groups is best described, perhaps, by listing sequentially the steps involved:

- Step 1: Identify the hamlets as described above.
- Step 2: Ascertain approximate present population of each hamlet.
- Step 3: Draw a notional map in block 3 of schedule 0.0 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 hamlet-groups to be formed in the village.
- Step 4: List the hamlets in block 4.1 of listing schedule in the order of their numbering. Indicate the present population of each of the hamlet groups / sub-blocks
- Step 5: Group the hamlets into D hamlet-groups. *The criteria to be adopted for hamlet-group 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.* Indicate the grouping in the map.

- Step 6: Number the hamlet-groups serially in column (1) of block 4.2 of the listing schedule. The hamlet-group containing hamlet no. 1 will be numbered as 1, the hamlet-group with next higher hamlet number not included in hg 1 will be numbered as 2 and so on. Indicate the numbers also in the notional map. It is quite possible that a hamlet-group may not be constituted of hamlets with consecutive serial numbers.

B. Formation of sub-blocks (sb's): In case sample UFS blocks are found to be large (in most cases they are not) in terms of population, they are subjected to sub-block formation. Procedure for formation of sub-blocks is, however, the same as that for the formation of hamlet-groups in the case of large villages. Here the sub-blocks are to be formed artificially by dividing the block into a certain number (say, D) of divisions by more or less equalizing the population giving priority to geographical compactness within each sub-block as per the criterion specified below. The number of sb's to be formed (i.e. the value of D) will be determined according to the same criteria as adopted in the case of rural FSUs. Sub-blocks will be numbered serially in column (1) of block 4.2.

As in the case of rural villages, for the sample blocks without sub-block formation entire block will be treated as sub-block 1. For large sample blocks two sub-blocks will be selected by Simple Random Sampling Without Replacement (SRSWOR) scheme. Listing and selection of households will be done separately and independently for each selected sub-block.

TWO HAMLET-GROUPS / SUB-BLOCKS WILL BE SELECTED FROM A LARGE VILLAGE / UFS BLOCK WHEREVER HAMLET-GROUPS/SUB-BLOCKS HAS BEEN FORMED, BY SRSWOR USING THE RANDOM NUMBER TABLE GIVE BELOW. LISTING AND SELECTION OF THE HOUSEHOLDS WILL BE DONE INDEPENDENTLY IN THE TWO SELECTED HAMLET-GROUPS/SUB-BLOCKS.

Random Number Table: Random numbers (or random deviates) are numbers chosen totally by chance, but also conform to a certain distribution. The most common distribution is the uniform distribution. If it is said that a number is chosen totally by chance and there is equal chance that every number can be chosen, then this is a uniformly distributed random number. A table that has all these numbers listed is a random number table.

Steps for using the Random Number Table:

1. First, decide how large a number you need. Next, count if it is a one, two or larger digit number. For example, if your sampling frame consists of 10 units, you must choose from numbers 1-10 (inclusive). You must use two digits to ensure that 10 has an equal chance of being included.

You also use two digits for a sampling frame consisting of 0-99 units.

2. Decide beforehand whether you are going to go across the page to the right, down the page, across the page to the left, or up the page.

3. Without looking at the table, pinpoint a number using a pencil, pen, stick, or even your finger.

4. If this number is within the range you need, take it. If not, continue to the next number in the direction you chose beforehand (across, up or down the page) until you find a number that is within the range you need.

For example, if you need a number between 0 and 50 and you began at columns 21 and 22, row 21, you get 74, which is obviously too big. So you could go down (having decided beforehand to go down) to 97, also too big, and then to 42, which is acceptable, and select it.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1	8	0	9	4	2	5	2	5	8	2	4	7	1	3	4	7	7	4	3	3	3	6	2	0	1	8	9	7	2	1	3	4
2	3	5	6	9	2	1	9	8	8	2	1	1	9	0	4	5	2	6	1	8	2	7	5	1	2	6	2	7	1	0	9	5
3	1	3	3	0	6	3	3	1	3	7	5	3	9	6	9	3	8	7	3	8	6	8	1	5	1	5	3	8	8	5	4	3
4	3	5	6	5	0	0	1	6	2	2	4	9	6	4	3	2	4	7	9	6	6	0	9	5	5	2	8	3	1	6	2	0
5	7	8	5	0	5	9	2	5	5	5	8	8	7	3	1	1	2	1	9	2	4	5	4	5	3	5	3	0	5	5	8	9
6	4	4	9	0	5	4	1	7	9	7	2	7	6	1	5	3	5	9	0	1	4	8	7	8	9	9	8	0	9	8	7	7
7	6	5	4	6	9	1	0	4	9	3	1	8	8	8	1	9	7	5	3	7	2	7	8	5	9	3	7	3	2	4	4	5
8	3	6	2	6	5	9	9	5	1	2	1	5	9	7	5	3	9	2	2	3	5	6	5	8	2	9	4	4	2	8	9	9
9	4	8	6	5	4	8	2	0	7	5	5	4	0	6	1	2	9	6	8	3	4	2	5	1	9	1	3	8	1	7	0	9
10	6	4	9	8	7	5	1	9	0	4	7	4	7	8	1	8	6	8	3	2	9	6	8	3	9	8	7	2	4	0	9	0
11	6	7	2	2	9	8	6	9	9	3	6	1	7	8	7	5	4	8	8	3	1	3	1	5	9	6	7	9	8	8	3	4
12	9	7	4	8	5	9	3	2	5	1	1	5	2	7	2	1	0	0	3	3	9	3	0	3	9	7	1	3	4	0	1	2
13	5	6	4	1	1	4	1	7	1	4	1	9	7	4	3	4	8	1	6	5	7	3	6	8	1	2	1	8	5	0	3	9
14	7	4	4	4	9	2	0	7	8	8	4	0	5	8	8	2	4	3	9	8	3	9	0	4	9	1	9	9	9	3	3	6
15	8	2	7	9	3	0	1	9	4	6	7	2	3	7	4	3	3	9	7	9	4	6	6	9	9	0	2	1	6	9	9	0
16	0	1	6	1	7	6	1	7	1	0	2	4	2	3	6	7	2	8	9	1	6	6	7	7	1	5	8	5	2	4	8	2
17	7	3	8	8	9	7	5	9	7	5	5	5	6	6	2	4	9	9	7	7	2	0	0	8	5	5	9	6	9	7	4	0
18	7	8	3	0	4	7	1	4	3	6	9	5	2	9	1	9	1	8	0	4	4	0	4	4	1	0	3	4	2	5	9	7
19	9	8	8	7	4	2	1	6	6	5	2	6	4	5	3	5	8	4	3	0	5	2	7	0	9	6	0	5	0	7	8	8
20	1	2	6	1	2	5	1	6	8	5	6	9	2	3	1	0	3	9	3	9	8	7	0	3	9	8	4	1	0	3	5	3
21	3	9	4	7	4	9	3	7	7	6	3	4	2	5	4	3	6	2	3	9	7	4	5	5	2	0	5	5	7	7	9	5
22	4	5	5	0	8	1	0	3	1	2	5	0	2	3	0	4	1	1	3	8	9	7	8	8	9	1	4	4	4	5	2	6
23	1	3	4	4	9	6	9	7	2	3	8	3	6	9	7	6	6	2	5	1	4	2	0	1	2	0	3	8	6	5	2	2
24	8	9	7	6	5	8	2	3	8	4	8	7	0	4	5	0	3	1	0	8	9	1	6	8	2	7	1	7	7	8	0	1
25	7	7	1	0	9	9	4	3	6	9	7	8	8	2	7	3	9	7	1	4	9	7	0	0	1	5	6	6	2	8	8	9
26	6	9	5	9	6	0	0	8	8	4	4	2	2	2	8	2	1	5	2	4	2	5	1	7	5	8	1	8	0	0	8	1
27	7	9	4	1	2	3	1	2	2	4	3	1	6	7	0	2	9	9	8	4	3	4	6	9	3	0	8	5	4	7	6	2
28	2	2	8	4	0	8	9	6	9	1	0	7	5	5	4	2	7	3	1	9	3	7	8	2	1	0	6	8	9	5	7	4
29	9	5	9	4	7	4	1	6	9	3	6	5	6	0	4	5	1	1	8	3	5	9	1	6	9	5	9	9	1	1	4	3
30	4	6	1	3	8	5	4	9	6	3	6	9	3	2	0	8	5	1	0	9	9	6	8	0	1	1	6	8	6	1	3	3

4. **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 sample hg/sb number 1 will be listed first and that with sample hg/sb number 2 will be listed next.

Starting point for listing: Having determined the areal unit to be surveyed, the investigator 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 2001 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 village and proceeding southwards in serpentine order. While listing the households, some essential minimum particulars about the households will be collected for the purpose of classification (i.e. second stage stratification).

5. STRUCTURE OF THE SCHEDULE:

The Listing schedule contains the following blocks:

Block 1A: descriptive identification of sample village/ block

Block 1B: identification of sample village/ block

Block 2: Quality Control

Block 3: Distance of the village from nearest facility

Block 4.1: List of hamlets (only for rural samples with hg formation)

Block 4.2: List and selection of hg's/sb's

Block 5: Sketch map of hamlet-group (hg)/sub-block (sb) formation

Block 6 A & B: Particulars of sampling of households

Block 7 A & B: List of households and record of selection for households (hg/sb 1 / 2)

Block 8: Remarks by investigator

Block 9: Remarks by supervisory officer(s)

Use of additional sheets of blocks 4.1, 4.2, 5: Whenever one schedule booklet is not adequate to list all the hamlets and hamlet-groups/sub-blocks (blocks 4.1, 4.2) or all the households (block 5) of the sample FSU or hg/sb, additional sheets containing the relevant block(s) shall be used and tagged firmly to the main schedule.

The procedures to be followed for filling up the various blocks of the listing schedule 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.

(A). Block 0: Descriptive identification of sample village/block (i.e. FSU)

This block is meant for recording descriptive identification particulars of the sample FSU. State/UT, district, tehsil / town name (tick-marking appropriately), village name, ward no. block no. are to be copied properly from the sample list in the appropriate places.

(B). Block 1: Identification of sample village/block

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). Each cell (box space) is meant for recording only one digit of the entry. 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. If the number of digits of the entry to be recorded against an item is less than the number of box spaces provided, '0' shall be entered

in the left most box space(s). For example, if the total number of hg's/sb's formed in the sample FSU is 5, the entry against item 15 should be recorded as 005.

Items 1, 2, 3 and 4 shall be copied from the sample list.

Item 4: frame population: The population of the sample FSU as given in the sample list will be copied here. This will be filled in for rural samples only. For urban samples, it is to be kept blank

Item 6: approximate present population: The investigator will first ascertain the approximate present population of the entire sample FSU taking into consideration the normal growth of population along with any abnormal influx of population into or exodus of population from the sample FSU. This may be ascertained mainly from the knowledgeable persons by putting certain probing questions. The starting point can be 1991 census population (2001 census population if available). 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 FSU after the census. If so, the approximate increase or decrease of population due to such events or any new settlements that have come up in the FSU after the census is to be ascertained.

Item 7: total number of hg's/sb's formed (D): The total number of hg's/sb's formed in the sample FSU will be the value of 'D' as recorded in block 4.2. If the sample FSU does not require any hg/sb formation, the entry against this item will be '001'.

Item 8: Survey code: The different survey codes are:

Selected village/block has been surveyed:

Inhabited 1

Uninhabited2

Zero case3

Selected village/block is casualty but a substitute village/block has been surveyed:

Inhabited 4

Uninhabited5

Zero case6

Selected village/block is casualty and no substitute has been surveyed7.

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. Such cases will be treated as zero case and will be given code 3.

Uninhabited cases are:

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.

If the substitute FSU cannot be surveyed, survey code will be 7.

Item 9: Reason for substitution of original sample: 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 16), the reason for its becoming a casualty will be recorded in terms of code against item 17.

The codes are:

Original sample FSU:

Not identifiable/traceable.....1

Not accessible.....2

Restricted area, survey of which is not permitted 3

Others (specify).....9

A '-' may be put against this item if the entry against item 16 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 17. As stated earlier, such cases will be considered as surveyed and will be treated as zero cases.*

(C). Block 2:Quality Control:

The details of field operations will be recorded in this block. All other items are self-explanatory.

(D). Block 3: Distance of the village from the nearest facility

For large FSUs requiring hg/sb formation, the space provided for in the block shall be used to draw a free hand sketch-map of the village (panchayat wards for Kerala)/ block showing the boundaries of the hamlets and hg's/sb's formed so that they may be identifiable in the field afterwards with the help of this map. It need not be drawn to scale. 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 hamlet-group 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. Similarly, sub-blocks will also be numbered in the map. The areas for the selected hg's / sb's shall be shaded in the map.

(E). Block 4.1: List of hamlets (only for rural samples with hg formation)

This block is to be filled in only for the rural samples requiring formation of hamlet-groups (i.e. for $D > 1$). All the hamlets located in the village will be listed in the specified order.

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 this 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.

(F). Block 4.2: List and selection of hamlet-groups (hg's)/sub-blocks (sb's)

This block is meant for recording the details of the hg/sb formation and their selection for FSUs requiring hg/sb formation (i.e. with $D > 1$).

Column (1): serial no. of hg/sb: The hg's/sb's formed will be given a running serial number (starting from 1) in column (1). The last serial number in this column will be the value of 'D' which is to be recorded against 'D' below the block heading.

Column (2): serial no. of hamlets in the hg (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 hamlet-group are to be recorded in column (2) separated by commas.

Column (3): percentage (%) population in the hg/sb: Approximate present population of the hg/sb in terms of percentage to total FSU population will be recorded in column (3) in whole number. Entries in this column should always add up to 100.

Column (4): sample hg/sb number: Two hg's/sb's will be selected from the large FSU for the purpose of survey by the method of SRSWOR.

The procedure is as follows:

First draw a random number, say R_1 , between 1 and D using random number table.

Enter 1 in column (4) against the serial number in column (1) which is equal to R_1 .

Next draw another random number between 1 and D . If it is equal to R_1 , reject it and draw another random number.

Continue until a random number, say R_2 , different from R_1 , is drawn.

Enter 2 in column (4) against the serial number in column (1) which is equal to R_2 . These are the two selected hg/sb.

The selected serial numbers may be encircled in column (1).

For all other hg's/sb's (except the two selected), column (4) may be left blank.

(G). Block 5: Sketch map of the FSU with Hg/Sb formation identified in the same

In this block, information is to be recorded for both selected hg/sb. When there is no hg/sb formation in the FSU, the hg/sb number will be '1'.

This is the main block of the schedule. Listing of all houses and households along with collection of a few particulars for identification, preparation of sampling frame, formation of second stage strata and selection of sample households for the schedule are to be carried out in this block.

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 temporarily absent at the time of listing are also to be listed and included in the frame of households before sample selection.* After obtaining from the neighbors 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 investigators) and if need be by revisiting the households during the survey period in the sample FSU. While listing a house the investigator shall find out how many households (including temporarily absent i.e. locked households) reside there and list all of them. After this, the investigator 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 2001 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 name 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.

If there is hg/sb formation in the FSU, listing of houses and households will be done for sample hg/sb no. 1 first. The serial number of sample hg/sb and the names of hamlets will be written before the listing of households starts. After completing the listing of houses/households of each hamlet of the sample hg, one line will be left blank. On completion of the job for sample hg/sb 1, listing for sample hg/sb 2, if formed in the FSU, will be taken up in a separate page of block 5.

Various columns of block 5 are described below:

Column (1): house number: All houses including vacant ones shall be listed by giving a house number. The 2001 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, the house numbers are available, even if not for all the houses, the actual house numbers shall be recorded without any brackets. 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.

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, say, in 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 each of the sample hgs /sbs 1 & 2 separately. This column will be left blank for the lines meant for vacant houses, non-residential buildings, etc.

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

Column (4): household size: The size of each household as defined will be recorded in this column. A small box space is provided against this column at the end of each page to record the total for this column.

Sampling serial number: SSS: These columns are meant for preparation of frames for the four SSS of schedule. All the households with a serial number in col. (2) will be tick-marked (√) in one and only one of the four columns following the procedure given below.

First, it will be enquired from the household whether any member had been hospitalized during the last 365 days preceding the date of survey. If the answer is affirmative then a tick-mark (√) will be given.

If the answer is negative, then it will be asked whether there is any child member with age less than 5 years. If there is such a member then tick-mark (√) will be given.

If not, it will be ascertained whether there is any member of age 60 years or more. A tick-mark, (√), is to be put if such a member is present. If there is no member satisfying the above three criteria, tick-mark (√) will be given.

Sample household number: SSS: Sample households to be selected (h) for each combination of hg/sb × SSS has been given in the table below. The values of 'h' are to be recorded in the space under the column headings. The sample households will be selected with SRSWOR in each hg/sb × SSS.

Common household(s) will be replaced by the next household in the frame as many times as required to avoid the situation of a sample household being selected for SSS 2/SSS 3/SSS 4. *However, it is to be noted that such restriction do not apply for SSS 1.* The restriction is not enforced here since number of households in SSS 1 is not likely to be high.

Block 6 A & B: particulars of sampling of households: Particulars of sampling of households, separately for each of the hg/sb 1 & 2 will be recorded in this block. If there is no hg/sb formation, entry will be made against hg/sb 1.

Column (3): population: Population as obtained by summing up the page totals of household sizes in column (4) of block 5 over all the listed households may be recorded in this column separately for hg/sb 1 & 2 against the rows for schedule 1.0. The total of populations of hg/sb 1 & 2 will be recorded in the cell against 'all'.

Columns (6) to (11): number of households: Total number of households in the frame of all the SSS will be recorded in the corresponding cells of column (6) for each hg/sb. Number of selected households will be copied in column (7). These are to be copied from the relevant columns of block 5. References are as below:

Column (6) entries for SSS will be equal to the value of 'H' recorded in heading spaces of columns (17) - (20) of block 5 for each hg/sb while column (7) entries will be the value of 'h' recorded in heading spaces of columns (21) - (24) of block 5.

Columns (8), (9) and (11) of block 6 may be filled up on the basis of survey codes given in item 17/item 18, block 1 of the respective schedules. The entries in columns (8), (9) & (11) will be the number of filled in schedules with the survey codes 1, 2 & 3 in the corresponding schedules respectively. Total number households surveyed will be entered in column (10). It may be seen that (i) column (10) = column (8) + column (9) and (ii) column (11) = column (7) - column (10).

Block 7 A & B: List of households and record of selection of households (hg/sb 1/2): In this block, it is aimed to collect information on the availability of some specific facilities like communication, markets, institutional agencies providing aid, assistance and credit to the villagers. *In case of hamlet group formation information are to be collected in respect of the entire sample village.*

If a facility is available in general to the villagers, it will be considered as a facility. The required information has to be obtained by contacting the village officials and / or other knowledgeable person(s).

This block may be filled in after completion of listing of households. The block has to be filled in for all surveyed villages including uninhabited/depopulated/zero cases also.

Column (3): distance code: Distance in terms of code will be entered in this column against items 1 to 32. Distance from the nearest facility available to the villagers will be considered. The

Distance will be measured from the geographical centre of the village. However, if a particular facility is available within the village, the distance code will always be 1 irrespective of its distance from the centre of the village. One of the codes 2 to 6 will be applicable when the facility is available at a place outside the village. If a facility is available at two different places, the distances of the nearest place will be considered for recording the distance code. In this connection, it may be noted that if at a particular location, more than one facility is available in a combined form and if that location is the nearest one to the village in respect of all the facilities under consideration, then the distance code of that location is to be recorded against all the facilities. For example if the nearest secondary school also provides primary as well as middle level education and the nearest primary school or the middle school is farther away than the secondary school then the distance code of the secondary school is to be recorded for both the primary school and middle school also.

The codes for distances are:

within village.....1

outside village:

less than 2 kms.....2

2 kms. or more but less than 5 kms.....3

5 kms. or more but less than 10 kms.....4

10 kms. or more but less than 20 kms.....5

20 kms. or more.....6

Block 8: remarks by investigator: The investigator may give his remarks here on any abnormal situation or entry in the schedule.

Block 9: remarks by supervisory officer(s): The Supervisor / Team Leader, Field Executive or any other officer inspecting the work, may give his comments here.

6. SUBSTITUTIONS

A. Substitution of sample households:

If a sample household of a particular schedule type cannot be surveyed due to some reason or the other, it will be substituted by the next one having higher sampling serial number (provided not already selected) of the same SSS. The substitute for the one having last sampling serial number of an SSS in a column will be the one having first sampling serial number within the same column. 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. However, it must be ensured that a minimum of one sample household is always surveyed for each SSS if $H > 0$ and for each hg/sb.*

Substitution may be attempted more than twice in a few cases to adhere to this restriction. In such cases, the fact has to be recorded in the remarks block (block 8 & 9). 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.

B. 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 efforts must be made to ensure that at least one FSU is always surveyed from each stratum for each sub-sample 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, 8 and 9 filled in will be submitted in such cases. The word/words 'UNINHABITED' or

'ZERO CASE', as appropriate will be written on the top of the front page of the schedule in such cases.

(c) If a sample village 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 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 covered in the urban frame of FSUs, it is to be surveyed as per the rural programme. In such cases, however, 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.

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

7. FORMATION OF SECOND STAGE STRATA AND ALLOCATION OF HOUSEHOLDS

In each selected village/block/hamlet-group/sub-block, four second stage strata (SSS) will be formed. The selection of the households will be done on the basis of Systematic Random Sampling. In each selected unit the selection will be done as per the following Second Stage strata: -

COMPOSITION OF SUB STRATA	WITHOUT HAMLET-GROUP /SUB BLOCK FORMATION	WITH HAMLET-GROUP /SUB BLOCK FORMATION (FOR EACH)
SSS 1: households with at least one member hospitalized during last 12 months	4	2
SSS 2: from the remaining households, households having at least one child of age below 5 years	2	1
SSS 3: from the remaining households, households with at least one member of age 60 years or above	2	1
SSS 4: other households	2	1
SUM TOTAL	10	5

Selection of households: From each SSS the sample households for all the schedules will be selected by SRSWOR using the random number table as explained below.

Random Number Table: Random numbers (or random deviates) are numbers chosen totally by chance, but also conform to a certain distribution. The most common distribution is the uniform distribution. If it is said that a number is chosen totally by chance and there is equal chance that every number can be chosen, then this is a uniformly distributed random number. A table that has all these numbers listed is a random number table.

Steps for using the Random Number Table:

1. First, decide how large a number you need. Next, count if it is a one, two or larger digit number. For example, if your sampling frame consists of 10 units, you must choose from numbers 1-10 (inclusive). You must use two digits to ensure that 10 has an equal chance of being included. You also use two digits for a sampling frame consisting of 0-99 units.

If, however, your sampling frame has 0-999 units, then you obviously need to choose from three digits. In this case, you take an extra digit from the table to make up the required three digits. For example, the number in columns 10 and 11, row 27, i.e. 91, would become 912; going down, the next numbers would be 963 and the next number 766 etc.

You would do the same if you needed a four digit number for a sampling frame of 0-9999 units. In our example of the number in columns 10 and 11, row 27, i.e. 91, this would now become 9124, the next down 963 which can't be taken hence next 7661, and so on.

2. Decide beforehand whether you are going to go across the page to the right, down the page, across the page to the left, or up the page.

3. Without looking at the table, pinpoint a number using a pencil, pen, stick, or even your finger.

4. If this number is within the range you need, take it. If not, continue to the next number in the direction you chose beforehand (across, up or down the page) until you find a number that is within the range you need.

For example, if you need a number between 0 and 50 and you began at column 21, row 12, you get 76, which is obviously too big. So you could go down (having decided beforehand to go down) to 59, also big, and then to 43, which is acceptable, and select it.

Field Training Manual

RANDOM NUMBER TABLE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
2	84	72	93	47	97	89	18	37	14	59	60	90	79	27	99	33	97	13	98	45	41	12	42	6	51	27	72	95	26	65	64
3	25	27	87	79	26	43	3	95	41	15	28	3	69	4	54	32	74	62	13	31	1	90	24	7	77	6	77	56	87	50	88
4	44	21	91	98	71	52	97	62	39	20	19	8	59	67	39	95	29	91	69	83	51	42	54	47	10	16	78	87	5	90	74
5	6	84	95	66	48	26	4	97	67	7	85	9	15	61	14	75	76	51	92	85	5	11	37	82	94	38	34	95	16	57	61
6	40	33	95	73	13	51	55	26	4	27	25	94	21	82	36	8	29	8	58	51	12	95	27	34	38	61	1	86	71	59	99
7	82	50	16	76	26	60	17	16	13	6	43	16	84	39	25	45	31	57	64	77	18	33	28	69	56	59	62	47	85	59	81
8	34	49	13	27	50	5	90	94	60	17	71	28	76	86	18	52	48	48	87	43	23	25	72	4	1	33	66	45	98	22	52
9	7	75	67	61	48	73	39	91	8	9	80	25	89	33	57	90	6	40	99	62	40	22	77	27	7	30	93	99	23	16	15
10	61	18	88	48	33	45	73	7	88	1	38	34	1	76	38	47	2	51	91	18	13	30	55	12	32	72	72	61	35	26	53
11	45	70	71	56	26	39	19	46	80	45	37	81	63	79	68	30	76	74	53	45	30	2	22	11	71	12	87	85	14	29	83
12	90	4	83	30	12	5	99	7	10	8	60	13	7	98	8	76	77	30	69	76	13	73	46	50	82	51	89	44	68	61	42
13	28	42	38	22	13	58	19	79	2	81	69	82	69	49	56	58	84	86	76	59	29	91	47	90	48	29	89	50	77	14	59
14	15	19	80	98	83	31	52	41	62	53	85	37	70	20	7	86	85	91	47	43	61	92	46	81	27	4	25	16	48	7	6
15	97	36	86	75	3	93	98	93	54	69	94	39	66	50	24	93	71	32	42	73	44	98	72	92	73	99	11	64	30	42	91
16	45	84	93	98	32	48	97	6	74	47	25	18	86	57	56	78	92	36	51	14	93	87	8	3	92	67	90	86	53	62	58
17	38	54	19	92	58	66	41	5	2	80	90	89	72	93	46	35	15	2	42	3	28	34	81	47	72	21	25	99	29	79	94
18	81	79	50	65	26	40	24	2	69	3	40	88	65	76	7	33	2	81	5	8	59	81	12	65	65	81	18	35	43	22	84
19	92	2	67	58	68	42	58	46	5	26	49	57	73	15	50	44	89	28	14	23	37	40	11	5	35	50	51	49	65	13	99
20	11	75	28	69	27	2	4	48	31	23	81	81	15	70	7	69	7	51	19	91	41	84	92	56	10	14	27	74	34	97	56
21	95	91	34	52	23	4	49	13	35	21	66	79	92	76	65	66	64	82	97	77	46	28	20	10	71	40	5	36	14	16	13
22	16	66	30	63	70	16	6	77	23	71	40	65	93	11	3	20	25	91	35	53	86	98	85	46	49	90	51	19	29	11	10
23	1	13	48	52	32	56	65	91	86	34	48	33	35	48	15	75	53	21	21	66	41	81	34	42	94	26	28	53	56	66	57
24	7	33	45	72	99	29	16	65	5	18	76	53	41	67	66	43	23	98	99	51	14	38	82	36	38	14	21	21	97	26	34
25	67	78	87	50	62	91	27	81	46	8	2	63	59	61	56	16	20	89	8	43	65	36	17	44	29	55	39	18	73	52	18
26	96	27	42	1	53	87	32	30	92	32	58	30	1	24	11	30	14	47	25	81	42	68	49	62	54	37	64	80	24	66	85
27	14	15	72	62	55	65	78	98	91	24	17	5	2	93	41	73	27	72	53	11	74	10	95	49	61	71	82	22	78	49	73
28	36	25	64	91	18	60	32	51	9	63	90	94	21	80	24	97	34	69	49	75	91	85	34	8	17	26	36	96	96	7	63
29	39	6	48	29	10	61	87	84	76	61	8	58	47	25	9	65	74	31	1	30	44	40	70	56	1	54	64	17	52	64	33
30	21	75	3	48	74	97	85	89	89	63	82	85	46	42	36	89	75	6	1	37	79	15	47	33	75	66	83	54	63	12	13

BENEFICIARY SURVEY QUESTIONNAIRE

SECTION I: IDENTIFICATION DETAILS

- A** Record the date and month of the interview. The year is mentioned in the questionnaire as 2012. *Date when the interview was completed is to be recorded.*
- B** State code has been mentioned as “2” for Maharashtra.
- C** Record the district, sub-division / tehsil, FSU & Hamlet Name & Code from the listing questionnaire.
- D** Record the name of the respondent in *ENGLISH - CAPITAL LETTERS*.
- E** Record the name of the head of the household in *ENGLISH - CAPITAL LETTERS*. *The name is to be copied from the Listing questionnaire for the FSU being surveyed.*
- F** Record the complete postal address of the household in *ENGLISH - CAPITAL LETTERS*.
Mention house number, name of the building, name / number of the street followed by name of the area / mohalla.
- G** Record the landmark near the household in *ENGLISH - CAPITAL LETTERS*.
Structures like Temples, large shops or establishments, hospitals / health facilities etc. can be used as landmarks. Also any locally identifiable natural or man-made structure that is not present anywhere else in the selected area can be mentioned as a landmark.
- H** Record the contact number of the respondent. In case not available then record any other number through which the household can be contacted.
In case of recording the fixed line number also mention the STD code applicable in the area.
- I & J** Record the start and end time of the interview. While recording the total time taken to canvass the schedule, it may be noted that the time taken to reach the sample village and journey back should not be considered for filling in this item. In other words, total time spent in canvassing the various sections of this schedule may be recorded in hours. The time is to be recorded in railway time format (24 hour format).
- K, L & M.** Name of the investigator and ID code and name of the team leader / supervisor and ID code is to be mentioned here. Field check and quality control details will also be recorded

SECTION II: CLASSIFICATION DATA

Q201: The Chief wage earner of the household is one who contributes the most to the household expenditure. *At the time of interview the investigator has to record the name of the Chief Wage earner and move to the next question. The supervisor at the time of scrutiny will need to ensure that the serial number of the CWE, as mentioned in the household roster is recorded here. In case the CWE is not a member of the household then "99" will be coded in the boxes provided.*

Chief Wage Earner (CWE): The CWE in a household is the person who contributes the maximum from income earned by him / her in meeting the expenditures of the household. This does not necessarily means the CWE is the highest earning member of a household but the biggest contributor to the household. *It is also to be noted that the CWE may or may not be the head of the household or the prime decision maker of the household.*

Q 202: The highest level of education of the Chief wage earner is to be recorded here. Please ensure that the response being recorded explains the highest completed level.

Primary school: Generally, up to the standard of class IV is considered as primary education. However, the practices differ in some states where education of class V is also included under 'primary' level. For the purpose of this survey, education up to class IV or V, as the local practice may be, will be considered as primary education. This item will cover institutions providing such educational facilities.

Secondary school: Secondary school provides education up to class X.

Higher secondary school / junior college: Higher secondary school provides education up to 10+2 standard. In some places it is also known as junior college. Institutions providing education up to 10+2 standard will be covered under this item.

College: Colleges providing degree courses with a minimum of bachelor degree recognized by a university or equivalent will be covered under this item. Colleges providing diploma courses which are equivalent to degree courses are also to be covered under this item.

Q203: The main occupation of the Chief Wage Earner is to be recorded. In case of more than one occupation, the 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.

Unskilled workers: *This includes workers like Peons, messengers, porters, unarmed security guards, loaders, cooks, waiters, stewards, domestic servants, helpers in shops, ward boys.*

Skilled workers: Workers who handle machinery or require special training / diplomas, e.g., drivers, mechanics, repairmen, electricians, firemen, carpenters, tailors, fitters, drillers, etc. Occupations considered equivalent are 'jawans' and constables (the lowest designation) in the police and security forces.

Petty Traders : Traders and persons engaged in providing personal services (e.g. , 'dhobi') who have no establishment with permanent structure, i.e., hawkers, street vendors, owners of some pan / bidi / cigarette shops, urban owners of livestock.

Shop owners: Those engaged in providing retail, restaurant, personal services and operating from an establishment with permanent structure. The category encompasses most shop owners, grocers, general merchants, as well as miscellaneous categories like money lenders, real estate agents, petty landlords who have no other occupation.

Businessmen : Wholesalers, hoteliers, Industrialists, builders and contractors, i.e., self employed persons not classified as petty traders, shop owners or professionals. These have been further classified into three sub-categories viz. With no employees, With 1 - 10 employees and With more than 10 employees.

Self employed : Independent professionals such as professional lawyers, architects, cinematographers, actors, authors, doctors.

Clerical / Salesmen: The category includes white collar workers such as clerks, salesmen, shop assistants, field workers.

Supervisory level: Those in supervisory / regulatory positions who are not senior enough to be called 'officers / executives' e.g., head constables, head clerks, station masters, civil overseers. Occupations considered equivalent to a school teacher's teaching at 9th standard level or below.

Executives: In case of government, junior level and servants, officers / executives middle / senior level are those who are 'gazetted officers' or of equivalent level. In case of public / private sector companies these are people who are in the management cadre of the company.

Q204: The religion of the household will be recorded against this item in code. 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.

Q205: Those who do not come under any one of the first three social groups will be assigned code 4, meant to cover all other categories. In case different members belong to different social groups, the group to which the head of the household belongs will be considered as the 'social group' of the household.

Q206: The total land area possessed by the household as on the date of survey will be worked out and recorded against this item in code.

A piece of land is considered to be owned by the household if permanent heritable possession with or without the right to transfer the title vests in a member or members of the household. Land held in owner-like possession say, under perpetual lease, hereditary tenure, long-term lease for 30 years or more, etc., will also be considered as land owned. For a piece of land under the possession of the household, if the household lacks title of ownership and also does not have lease agreement for the use of land transacted, either verbally or in writing, such land will be considered as 'neither owned nor leased in'. In collecting information regarding land possessed, the actual position as obtained on the date of survey will be considered. It may be noted that the 'area of land possessed' to be recorded should not include the area of land owned, leased-in, etc. by the servants/paying guests who are considered as normal members of the household.

If there is no land possessed by the household, "00000" will be coded in all the boxes. The local unit needs to be mentioned in verbatim. "Units" must be mentioned for all respondents. Record Verbatim & convert into acres.

Q207: The total land area taken on lease by the household as on the date of survey will be worked out and recorded against this item in code. *If there is no land taken on lease by the household, "00000" is to be coded in all the boxes. The local unit needs to be mentioned in verbatim. "Units" must be mentioned for all respondents. Record Verbatim & convert into acres.*

Q208: The total land area given out on lease by the household as on the date of survey will be worked out and recorded against this item in code. *If there is no land given out lease by the household, "00000" is to be coded in all the boxes. The local unit needs to be mentioned in verbatim. "Units" must be mentioned for all respondents. Record Verbatim & convert into acres*

Q209 & Q210: Against these two items, the code corresponding to the primary source of energy that is used by the household for cooking and the primary source of energy used for lighting during **last 30 days preceding the date of survey** will be recorded. If more than one type of energy is utilized, the primary or principal one on the basis of its extent of use will have to be identified and the corresponding code will be noted in the appropriate box.

Q211: The monthly household income of the household. All sources of income including rent, remittances etc. are to be considered while recording the income. The respondent needs to be guided for inclusion of all the sources while soliciting the response.

Q212: The types of instruments used for investment purpose are to be recorded in this question. The investigator needs to help the respondent by reading out all the response options and circle the ones that are reported by the respondent.

Q213: All the various reasons for which the respondent household is investing are to be recorded here. Please note that the response options *will not be* read out by the respondent.

Q214: The various articles mentioned in the list and possessed by the household are to be recorded. Care is to be taken to probe and record only those articles that are in working condition.

Q215A: The ownership status of the present place of residence / dwelling unit is to be recorded here.

Dwelling unit: It is the accommodation availed of by a household for its residential purpose. It may be an entire structure or a part thereof or consisting of more than one structure. In general, a dwelling unit consists of living room, kitchen, store, bath, latrine, garage, open and closed veranda etc. A structure or a portion thereof used exclusively for non-residential purposes or let out to other households does not form part of the dwelling unit of the household under consideration. However, a portion of a structure used for both residential and non-residential purposes is treated as part of the dwelling unit except when the use of such portion for residential purpose is very nominal.

The dwelling unit may be the entire structure for one household or may be only a part of it. Accordingly, the investigator will ask the informant if it is owned, hired or otherwise occupied.

If the occupant owns the dwelling unit, code 1 will be recorded against item 8. If it is taken on rent, code 2 will be entered and if it is occupied otherwise, code 9 will apply.

However, if any household is found living under trees, bridges, in pipes, etc. it will not be treated as living in dwelling unit. For such households code 3 will be recorded. It may be noted that a dwelling unit constructed on a plot of land which is taken under long-term lease, usually 30 years or more, will be considered as being held under owner-like possession. Similarly, a dwelling unit itself possessed by a household under a long-term lease may be treated as under owner-like possession and code 1 will be applicable in such cases also.

Q215B: The structures have been classified into four categories, namely, pucca, semi-pucca, serviceable kutchha, unserviceable kutchha on the basis of materials used for construction.

Pucca structure: A pucca structure is one whose walls and roofs are made of pucca materials such as cement, concrete, oven burnt bricks, hollow cement / ash bricks, stone, stone blocks, jack boards (cement plastered reeds), iron, zinc or other metal sheets, timber, tiles, slate, corrugated iron, asbestos cement sheet, veneer, plywood, artificial wood of synthetic material and poly vinyl chloride (PVC) material.

Semi-pucca structure: A structure which cannot be classified as a pucca or a kutchha structure as per definition is a semi-pucca structure. Such a structure will have either the walls or the roof but not both, made of pucca materials.

Kutchha structure: A structure which has walls and roof made of non-pucca materials is regarded as a kutchha structure. Non-pucca materials include unburnt bricks,

bamboo, mud, grass, leaves, reeds, thatch, etc. Katcha structures can be of the following two types:

- a) **Unserviceable katcha structure** includes all structures with thatch walls and thatch roof i.e. walls made of grass, leaves, reeds, etc. and roof of a similar material and
- b) **Serviceable katcha structure** includes all katcha structures other than unserviceable katcha structures.

Q216: Type of Toilet/Latrine: The information about the type of latrine used by the household will be recorded in codes.

If the household does not have any latrine facility, i.e., its members use open area as latrine code 5 will be recorded. In a few areas, one may still come across latrines that are serviced by scavengers. These are called service latrines. A latrine connected to underground sewerage system is called flush system latrine. A latrine connected to underground septic chambers will be considered as a septic tank latrine. A latrine connected to a pit dug in earth is called a pit latrine. If the household uses a latrine of any other type, code 4 will be recorded.

Q217: Type of Drainage: Drainage arrangement means arrangement for carrying off the wastewater and liquid waste of the house. Information on the type of drainage available to the household members will be recorded against this item in codes.

Q218: Major source of drinking water: The information in respect of the household's major source of drinking water will be collected and entered against this item in codes.

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 for household uses and if the sample household is availing such facility, then code 2 will be appropriate. Drinking water carried through pipe from sources like well, tank, river etc. by the owner / occupants only for convenience of the household, however, will not be treated as tap water. Instead, such a source will get the code appropriate to the actual source from which water is carried through pipe. Code 4 will be appropriate if drinking water is supplied through tankers engaged by Municipality or other organizations. The other codes are self-explanatory.

If the household gets drinking water from more than one source, the source, which is in major use, should be its source. In this connection, it may be mentioned that particularly in rural areas, the source of drinking water may be different in different seasons. In such cases, the investigator is to ascertain the household's major source of drinking water and record it considering all the seasons during the last 365 days against this item.

Q219: Water treated before drinking: It is to be ascertained whether any treatment of water is done before drinking. Some involve the precipitation of soluble impurities and others, the separating out of insoluble impurities through various kinds of "filters" including cloth screens. Bacteria in the water are killed by boiling the water or by ultraviolet rays in the

“Aqua-guard”-type water treatment appliances. All these cases are to be considered as “treatment” of water. If any such treatment of water is done before drinking then code 1 is to be recorded. Otherwise, code 2 will be recorded.

Q220: Type of water treatment: The entries are to be recorded here in codes. Treatment of water with “Zeo-line”-type tablets or with alum or with bleaching powder may be classified under ‘any disinfectant’ (code 5). “Filter” (code 3) refers to commercially produced filters (usually of the “candle” type). “Aqua-guard”-type appliances, although they contain a filtering device in addition to the ultraviolet radiation chamber, will not be classified under “filter” but will get code 1.

IN Q 221 THE DETAILS FOR ONLY THOSE ARTICLES THAT HAVE BEEN CONSUMED BY THE HOUSEHOLD ARE TO BE RECORDED UNDER THE RESPECTIVE HEADS

Q 221a: Purchases: Here ‘purchase’ includes not only purchases of goods but also cash payments for ‘purchase’ of services such as all kinds of transport expenses, educational expenses including school fees and tutors’ fees, medical expenses including expenses of diagnostic tests, doctors’ fees and hospital/ nursing home charges, rent, and electricity and telephone bill payments.

Installment payments for household durables are to be included, as well as repairs and construction expenditure of household durables, and expenditure on repair and maintenance of **dwelling unit**. For households having an enterprise, any amount spent for enterprise purposes; for households owning livestock, any amount spent on food consumed by livestock; for cultivator households, any farm expenditure will be excluded. Further, any expenditure incurred towards purchase of immovable properties like land, building, etc. will also be excluded.

Dwelling unit: It is the accommodation availed of by a household for its residential purpose. It may be an entire structure or a part thereof or consisting of more than one structure. There may be cases of more than one household occupying a single structure such as those living in independent flats or sharing a single housing unit, in which case, there will be as many dwelling units as the number of households sharing the structure. There may also be cases of one household occupying more than one structure (i.e. detached structures for sitting, sleeping, cooking, bathing etc.) for its housing accommodation. In this case, all the structures together constitute a single dwelling unit. In general, a dwelling unit consists of living room, kitchen, store, bath, latrine, garage, open and closed veranda etc. A structure or a portion thereof used exclusively for non-residential purposes or let out to other households does not form part of the dwelling unit of the household under consideration.

However, a portion of a structure used for both residential and non-residential purposes is treated as part of the dwelling unit except when the use of such portion for residential purpose is very nominal. The dwelling unit covers all pucca, semi-pucca and kutcha structures used by a household. Households living more or less regularly under bridges, in

pipes, under staircase, in purely temporary flimsy improvisations built by the road side (which are liable to be removed at any moment) etc., are considered to have no dwelling.

Q221b: Home-produced stock: Did the household members use any goods grown/produced by the household for their own consumption during the last 30 days? If so, how much? What was the estimated value of such goods consumed at ex farm/factory price? Goods may be cereals, pulses, vegetables, milk, firewood & chips, cow dung, footwear, clothes, etc.

Q 221c: Receipts in exchange of goods and services: Whether the household consumed any goods and services which have been procured or received against some goods or services of the household during the last 30 days? What is the estimated value of these goods and services at local retail prices? For wage/salaried households such items may be perquisites like free electricity, free telephone services, free medical services, etc.

Agricultural laborer may receive payments in kind such as in the form of crops/goods produced by the cultivator. A cultivator may make any payment for goods and services in terms of food grains, vegetables, etc. A barber may receive his payment in food grains, vegetables, etc. These are to be considered while recording information against this item.

Q 221d: Gifts and loans: Whether any goods and services were procured by way of gift or loan for household consumption during the last 30 days? What is the estimated value of these items at local retail prices? These items may be items of food, pan, tobacco and intoxicants, fuel and light, clothing and footwear.

Q 221e: Free collection: Whether any item was procured by the household through free collection during the last 30 days for its consumption? What is the estimated value of these items at local retail prices? Normally, such items are firewood, cow dung, vegetables, honey or other forest products.

Q 221f: This will be the sum of all the expenses mentioned under "a to e" Make the reference period of 30 days very clear and ask their expenditure pattern from "a to e".

SECTION III: HOUSEHOLD DETAILS

Household: A group of persons normally living together and taking food from a common kitchen will constitute a household. The members of a household may or may not be related by blood or marriage to one another. The following cases are to be noted while determining the group of persons to be considered as households for the current survey:

(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 together will be treated as forming a single household. For example, a family living in a hotel will be treated as a separate single household by itself.

(ii) 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 normal members of their parent households and will be counted there. Convicted prisoners undergoing sentence will be outside the coverage of the survey.

(iii) 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.

(iv) Foreign nationals will not be listed, nor do their domestic servants, 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/she will be covered.

(v) Persons residing in barracks of military and paramilitary forces (like police, BSF etc.) will be kept outside the survey coverage for difficulty in conduct of survey therein. However, civilian population residing in their neighborhood, including the family quarters of service personnel are to be covered, for which, of course, permission may have to be obtained from appropriate authorities.

(vi) Orphanages, rescue homes, ashrams and vagrant houses are outside the survey coverage. However, the persons staying in old age homes, the students staying in ashram/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.

Household size: The number of normally resident members of a household is its size. It will include temporary stay-aways but exclude temporary visitors and guests. 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) 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.

(ii) 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.

(iii) 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.

(iv) If a member of a household (say, a son or a daughter of the head of the household) 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.

Col (1): All the members of the sample household will be listed using a continuous serial number in column (1). In the list, 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 & so on. Then, after sons' list, it is the daughters' list that will continue.

Col. (2): The names of the members corresponding to the serial numbers entered in column (1) will be recorded in column (2).

Col. (3): The family relationship of each member of the household with the head of the household (for the head, the relationship is 'self') expressed in terms of specified codes will be recorded in this column.

Col. (4): For each and every member of the household, gender in terms of the code (male-1, female-2) will be recorded in this column

Col. (5): The age in completed years of all the members listed will be ascertained and recorded in this. For infants below one year of age at the time of listing, '0' will be entered here. Ages above 99 will be recorded in three digits.

Col. (6): The marital status of each member will be recorded in this column in codes. Please note that the marital status of members below the age of 18 is to be recorded with caution.

Col. (7): Information on the highest education completed by the members of the household will be recorded in terms of codes in column (7). For the purpose of making entries in this column, only the course successfully completed will be considered.

For instance, for a person who has studied up to say, first year B.A. or has failed in the final B.A. examination, his educational attainment will be considered only as 'higher secondary', for the purpose of column (7).

Col. (10): Whether or not the members of household were hospitalized during last 365 days for treatment of ailments will be enquired upon. Code 1 will be recorded for those who were hospitalized and 2 otherwise. *The reference period for this is the "last 12 months". Make sure the respondent sticks to this time period while answering col (10) and col (11) for each member.*

Reference period: This is the period of time to which the information collected relates. It may vary from item to item.

Col. (11): The 'number of times hospitalized' means the number of cases of hospitalization. Those who were hospitalized for treatment of any ailment during last 365 days (12 months) i.e., those with code 1 in column 9, for each of them the number of cases of hospitalization will be entered here. The following points may be noted for deciding the number of cases of hospitalization:

- Even when it is reported that a particular member had been hospitalized more than once - whether in the same or different hospitals, for the same or different spells of

an ailments, or for the same or different ailments - each admission to hospital should be counted as a separate hospitalization case.

- For convenience, however, more than one hospitalization case for the same spell of ailment of a person may be recorded as a single case, if no separate account of expenditure is kept, provided that the concerned hospitals are of the same type.
- Thus, different hospitalization cases involving different types of hospitals should always be recorded as separate cases of hospitalization.
- The admission in and discharge from the hospital, irrespective of the duration, may be considered as a case of hospitalization.

Col. (12): For each member of the household, it will be enquired whether he/she suffered from any ailment anytime during last 15 days. Those who suffered from any ailment, code 1 will be recorded for them. Otherwise, code 2 will be recorded. It may be noted that some ailments may be treated (either as an inpatient of a hospital or otherwise) and some untreated - both the cases should be considered here.

This refers to "ailing member". The reference period for this is the "last 15 days". Make sure the respondent sticks to this time period while answering col (12) and col (13) for each member.

It is possible that a member of the household reported as hospitalized in Col (10) may be ailing presently. In such cases care is to be taken while recording the responses related to health expenditure in SECTION VI as the person, whose case is being referred to, may not be receiving treatment through OPD.

Col. (13): Here the reference period is one day - the day before the date of survey. If any member was ailing on the day before the date of survey, for him/her code 1 will be entered here, otherwise code 2 will be entered.

Col. (14): This refers to the Unique Identification Data or the Aadhaar Card and like in other questions, needs to be asked for every member

SECTION IV: HEALTH SEEKING BEHAVIOR

Q 401: Explain any health problems to the respondent and the reference place as the place visited last time. *In case there have been multiple visits then the facility / person visited last in the chain is to be recorded. Inquire the person which facility did he/she visit for the last health related episode*

The various health service facilities / providers are as follows:

Government / Municipal Hospital: A public or government or municipal hospital is a hospital which is owned and managed by a government and receives government funding. This type of hospital also provides medical care free of charge to some selected groups and ailments, the cost of which is covered by the funding the hospital receives.

Government Dispensary: Dispensary is the consulting place / chamber which do not generally have facilities for treatment of in-patients. A government dispensary is thus, a smaller health service provision facility as compared to a government hospital and is owned and managed by a government. This type of institution majorly provides out-patient care services to the general population and some specific medicines are provided free of cost here.

UFWC/UHP: The Urban Family Welfare Centers and Urban Health Posts provide comprehensive integrated services of RCH and outreach services in urban areas. In general, the referral support for these centres comes from the nearest hospital. The main functions of the urban health posts are to provide outreach, primary health care, and family welfare and MCH services. The Urban Family Welfare Centers and Urban Health Posts are envisaged to function in close coordination with ICDS (Anganwadis) and urban basic services centers in their respective areas. These health facilities have been functioning since long and there have not been any evaluation of facilities since 1982. These facilities are divided into types based on the population coverage being catered to by a particular facility.

Primary health centre: Primary health centre (PHC) is the first contact point between a village community and the medical officer. It has a medical officer and other paramedical staff. It is run by the Government and usually has in-patient and out-patient facilities. A PHC has jurisdiction over 6 Sub-centers and serves about 30,000 populations in plain area and 20,000 populations in hilly / tribal area.

Community health centre / government hospital: Community Health Centers (CHC) serves about 1.2 lakh populations in plain area and 80,000 in the hilly / tribal area. The CHC functions as referral centre for the PHC. It is manned by medical specialists and paramedical staff and has in-patient and out-patient facilities. Medical institutions having provision of admission of sick persons as in-door patients (in-

patients) for treatment are called hospitals. Hospital run by the central / state government or local bodies like municipalities will be covered under this item.

Health sub-centre: A health sub-centre is the most peripheral contact point in the primary health care system. It covers around 5,000 populations in plain area and 3,000 populations in hilly / tribal area. It is run by government and located in the rural area. It is manned by two multi-purpose health workers - one male and one female. A sub-centre usually does not have facilities for treatment as in-patients.

Anganwadi/ ICDS Centre: Anganwadi Centre is the focal point of delivery of services under the ICDS Scheme. Therefore, all the services to the beneficiaries is provided at this level. These services are provided by the anganwadi worker through support from the Anganwadi helper. The Anganwadi, literally a courtyard play centre, is a childcare centre, located within the village itself. A package of following six services is provided under the ICDS Scheme:

- Supplementary nutrition to children up to 6 years of age, pregnant women and lactating mothers
- Non-formal pre-school education to children between 3 to 6 years of age
- Immunization to children below 6 years, pregnant women and lactating mothers through support from ANM and Medical Officer of the PHC
- Health Check-up to children below 6 years, pregnant women and lactating mothers through support from ANM and Medical Officer of the PHC
- Referral services through support from ANM and Medical Officer of the PHC
- Nutrition and Health Education to women aged 15 to 45 years

Government Mobile Clinic: Mobile Medical Units have been envisaged to provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or un-served areas under usual circumstances.

Private Hospital: A private hospital is one which is privately owned and managed by a person or group. This type of hospital may or may not provide any free medical care and most of the services received through such health service provision institutions is chargeable unless otherwise specified.

Private clinic / doctor: Private clinic is the consulting place / chamber of private doctors. Doctors are those having degrees/diploma in medicine and also registration from recognized universities / institutions deemed to be universities. In case of the present study, doctors who have MBBS, MS, FRCS etc. or any other allopathic medicine or surgery degree would be recorded.

Vaidya /Hakim/ Homeopath: These are also recognized systems of medicine but are other than the allopathic system of medicine and surgery. In case the doctor who has been consulted possesses degrees such as BAMS (Ayurveda), BUMS (Unani) or BHMS (Homeopath) then they would be recorded under the present category.

RMP / Village Doctor / Traditional healer: WHO defines Traditional medicine as *“the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being”*. These are people who practice or provide medical advice or medicines without having any proper medical degree or certificate. RMPs/Village Doctor/Traditional healers may be providing any type of medication and are usually people who are either usual residents in a particular area or are known to people in the area in which they operate.

Pharmacy / Drug Store / Medicine shop: A shop which sells drugs and medicines of any system of medicine viz. allopathic, homeopathic, ayurvedic or unani medicines, will be considered as a pharmacy / drug store or a medicine shop.

Dai: A **Dai / Traditional birth attendant (TBA)**, also known as a **traditional midwife**, is a pregnancy and childbirth care provider. Traditional birth attendants provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. Traditional midwives provide basic health care, support and advice during and after pregnancy and childbirth, based primarily on experience and knowledge acquired informally through the traditions and practices of the communities where they originated. They usually work in rural, remote and other medically underserved areas. TBAs do not receive formal education and training in health care provision, and there are no specific professional requisites such as certification or licensure. They often learn their trade through apprenticeship or are self-taught; in many communities one of the criteria for being accepted as a TBA by clients is experience as a mother.

Home-treatment: Home treatment should not be mistaken with home-based treatment (medical treatment received by the patient while being at home) of the ailment. This is a case where-in the treatment was taken without seeking any advice from a registered medical practitioner or a designated health institution. Some examples could be, the ailing person took the medicines himself/herself that was there at home, the ailing person took some medicine that was prescribed by some doctor to some other member of the household or some friend or relative who suffered from a similar or associated illness in the past.

Q 402: This refers to the time when the respondent went to a facility / provider seeking health treatment “the last time”. *In case of multiple providers in the last incidence, the time when visited the ultimate service provider / facility will be recorded.*

Q 403: Reasons for choosing the mentioned facility / provider is / are to be recorded here.

Q 404: The advice(s) / prescription(s) provided by the doctor after hearing to the health problem being faced by the respondent are to be recorded here.

Response in Q 401 is to be checked before recording the response in this question.

Q 405: Diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing etc... *To be asked If coded '01' in Q.404*

Q 406: Reason(s) if any for choice of a different health facility for diagnostic tests is to be recorded here. Reasons are not to be prompted to the respondent. *To be asked if coded '02' or '03' in Q 405*

Q 407: This refers to the location from where the medicine was obtained. *To be asked If coded '03' in Q 404.*

Q 408: "Complete" refers to consuming the full course of treatment. Ask if the respondent has completed the treatment/advice given by doctor.

Q 409: For those who did not follow the advice/treatment Probe for the reasons as to why they have not followed the advice given.

Q 410: Present the hypothetical scenario that if the services were provided free, whether the respondent would have continued the treatment.

Q 411: This is a hypothetical scenario that is being placed to the respondent in order to understand the thoughts of the respondent in general and the community on the whole as to what options they could possibly think of in case such a situation arises.

As defined by NABARD, microfinance services can be defined as "providing financial assistance to an individual or an eligible client, either directly or through a group mechanism" for:

I. an amount, not exceeding rupees fifty thousand in aggregate per individual, for small and tiny enterprise, agriculture, allied activities (including for consumption purposes of such individual)

II. an amount not exceeding rupees one lakh fifty thousand in aggregate per individual for housing purposes, or

III. such other amounts, for any of the purposes mentioned at items (i) and (ii) above or other purposes, as may be prescribed."

In simple terms, Micro- finance institutions are financial groups giving loans to people without collateral. This could include investments like agriculture, livestock (cattle, chickens, pigs, goats etc.), small enterprises (like repair shops etc.).

NGO - Non-governmental Organization - Legal organizations independent from the government, generally working for the benefit of the general public.

CBO - Community-based organizations are non-profit organizations working for the local community.

SHG - Self-help groups a village financial group usually composed of few local women making contributions to a common fund which meet their urgent needs by

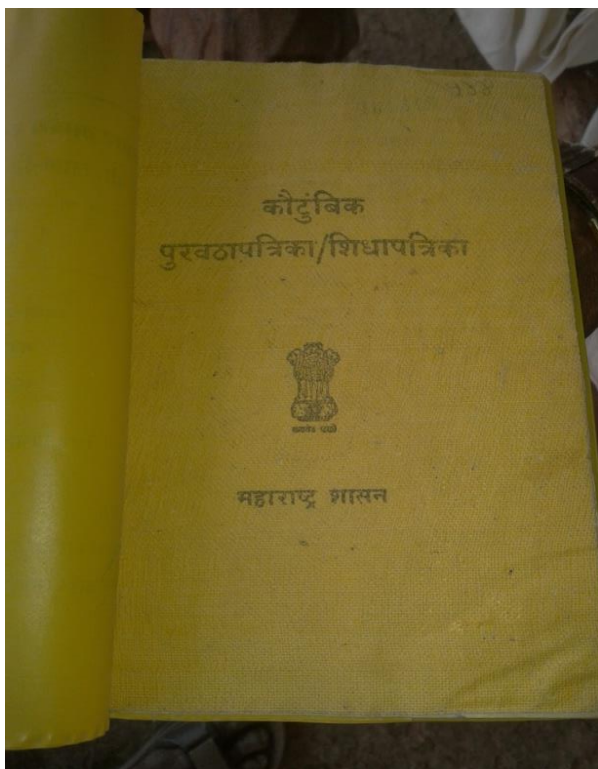
mutual help. Such groups may have an association with NABARD (National Bank for Agriculture and Rural Development).

Q 412: These are two statements on knowledge of rights and about ongoing government health programmes. The statements are to be read-out and respondent is to be asked whether he/she agrees or disagrees to the statement. *In case of non-decisiveness "3" (Don't know / can't Say) is to be recorded. Read the instruction carefully. Do not force responses from the respondent. Just ask if they agree or they don't. Read out all the statements and record the response*

Q 413: Read out the names of all the cards mentioned in the list and record the type of card as responded by the respondent. Also ask for any other type of card and record the name. *Please ensure that any other card like UID / Aadhaar Card is not be recorded here.*

BPL RATION CARD:

Maharashtra



पुनिद्यांची संख्या		निरीक्षक / शिधावाटप अधिकाऱ्याची सही
प्रीड	मुले	
५	९	९९

Q 414: Refer to the photo of the BPL card above and record the number mentioned under "Card Number". *Ask the respondent to show the BPL card and record its number in the given boxes. In case the card is not shown or is not available then "999" is to be mentioned in the first 3 boxes.*

SECTION VI: HEALTH EXPENDITURE

INSTRUCTION FOR THE INVESTIGATOR: Additional Sheets are to be attached in case the number of ailment cases reported under OPD and / or IPD are for more than 3 household members or the cases of incidence of ailment is more than 2 per person where treatment was taken through OPD or 3 per person where treatment was taken through Hospitalization / IPD.

Reference period: This is the period of time to which the information collected relates. It may vary from item to item.

Q 601: The particulars of medical treatment undergone (but not as inpatient of a hospital) during the reference period of last 15 days for recovery from a spell of ailment will be collected in this block. This is a transfer entry from Col. 12 & 13 Section V as the case may be. The serial number recorded for the ailing member will be entered here.

Please verify from Col. 12 Section V. Record both living members and any member who has died in this period.

Medical treatment: A person will be considered to have received medical treatment if he/she has consulted a doctor anywhere (in OPD of a hospital, community health centre, primary health centre/sub-centre, dispensary, doctor's chamber, private residence, etc.) and obtained medical advice on his ailment. The doctor consulted may follow any system of medicine, viz. allopathic, homeopathic, ayurvedic, unani, hakimi or some other recognized system. Treatment taken on the basis of medical advice/prescription of a doctor obtained earlier for similar ailment(s) will also be considered as medical treatment. Self-doctoring or acting on the advice of non-medical persons such as friends, relatives, pharmacists, etc., will not be considered as treatment.

Q 602: Serial numbers of the household members, who have received treatment without being hospitalized, are to be recorded here.

Record the exact serial number of the corresponding person from the roster.

Hospitalization: One will be considered hospitalized if one has availed of medical services as an indoor patient in any hospital. Hospital refers to any medical institution having provision for admission of sick persons as indoor patients (inpatients) for treatment. Hospital covers public hospitals, community health centers and primary health centers (if provided with beds), ESI hospitals, private hospitals, nursing homes, etc. In this context it may be noted that admission for treatment of ailment and discharge thereof from the hospital will be considered as case of hospitalization irrespective of the duration of stay in the hospital. It may also be noted that hospitalization in the cases of normal pregnancy and childbirth will not be treated as hospitalization cases.

Q603: The nature of ailment for which the member was given treatment will be recorded in names and codes against this item. The code list which is given in the body of the schedule is also given.

Q 604: The type of facility code appropriate to the hospital which the ailing member has visited as an out-patient will be recorded here.

Health sub-centre / dispensary: A health sub-centre is the most peripheral contact point in the primary health care system. It covers around 5,000 populations in plain area and 3,000 populations in hilly / tribal area. It is run by government and located in the rural area. It is manned by two multi-purpose health workers – one male and one female. A sub-centre usually does not have facilities for treatment as in-patients. Dispensary is the consulting place / chamber which does not generally have facilities for treatment of in-patients.

Primary health centre: Primary health centre (PHC) is the first contact point between a village community and the medical officer. It has a medical officer and other paramedical staff. It is run by the Government and usually has in-patient and out - patient facilities. A PHC has jurisdiction over 6 Sub-centers and serves about 30,000 populations in plain area and 20,000 populations in hilly / tribal area.

Community health centre / government hospital: Community Health Centers (CHC) serves about 1.2 lakh populations in plain area and 80,000 in the hilly / tribal area. The CHC functions as referral centre for the PHC. It is manned by medical specialists and paramedical staff and has in-patient and out-patient facilities. Medical institutions having provision of admission of sick persons as in-door patients (in-patients) for treatment are called hospitals. Hospital run by the central / state government or local bodies like municipalities will be covered under this item.

Private clinic / doctor: Private clinic is the consulting place / chamber of private doctors. Doctors are those having degrees/diploma in medicine and also registration from recognized universities / institutions deemed to be universities. These doctors may follow any of the systems - allopathic, homeopathy, ayurvedic, unani.

Medicine shop: A shop which sells drugs and medicines of any system of medicine viz. allopathic, homeopathic, ayurvedic or unani medicines, will be considered as a medicine shop.

Q605: Name of the facility along with the name of the area and other identification detail are to be recorded here. *Block name in rural and ward name in urban*

Q606: This refers to the approximate distance of the facility from the house of the respondent.

Q607: Mode of transportation used for going / taking the patient to the facility or provider is to be recorded here

Q608 & 609: The response to whether the facility was recommended by any person and the particular of the person who recommended the facility is to be recorded here in this question

Government Medical Officer: The Medical Officer of Primary Health Centre (PHC) is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. He/she is responsible in his individual capacity, as well as overall in charge. It is not possible to enumerate all his tasks. However, by virtue of the designation, it is implied that he/she will be solely responsible for the proper functioning of the PHC, and activities in relation to RCH, NRHM and other national programs.

Auxiliary Nurse & Mid-wife (ANM): ANM is the prime health service provider at the Sub-Centre level. There is a provision of 2 ANMs at each sub-centre as per the Indian Public Health Standards norms. It is to be ensured that one ANM out of the two is available at the Sub -centre. Other ANM will perform the field duties. The time schedule for their turn visits be prepared with the approval of the Panchayats involved. ANM is also trained to conduct home-based deliveries if required

Anganwadi Worker (AWW): AWW is the grass-root level worker for the Anganwadis that function under the ICDS program of the Ministry of Women and Child Development. The responsibilities of Anganwadi Worker (AWW) will guide ASHA in performing on health and integrated with the role of ASHA. Anganwadi worker is the depot holder for drug kits and will be issuing it to ASHA. The replacement of the consumed drugs can also be done through AWW. AWW mobilizes pregnant and lactating women and infants for nutrition supplement. She would also take initiative for bringing the beneficiaries from the village on specific days of immunization, health check-ups/health days etc. to Anganwadi Centers. AWW also works towards guiding ASHA in performing activities such as organizing Health Day once/twice a month at Anganwadi Centre and orientating women on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of immunization etc.

Accredited Social Health Activist (ASHA): ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. There is a provision of 1 ASHA worker for every 1000 population in plain areas and every 800 population in hilly regions and remote or topographically difficult areas.

Private clinic / doctor: Private clinic is the consulting place / chamber of private doctors. Doctors are those having degrees/diploma in medicine and also registration from recognized universities / institutions deemed to be universities. These doctors may follow any of the systems - allopathic, homeopathy, ayurvedic, unani.

Q610: Waiting time refers to the time period from the entry to the hospital and start of treatment.

Q611: This is not about the “real waiting time”. This is about the perception of the respondent as to whether it was long or not and the reason for the same in case the perceived waiting time was longer than expected.

Q612: The reasons for perceiving the waiting time to be long.

Q 615: Whether the following services were prescribed or provided to the respondent during the treatment is to be recorded here.

Surgery: Treatment requiring an operation to cut into or to remove or to manipulate tissue or organs or parts of the body is considered as surgery. All surgical operations done within the reference period will be considered for this item.

X-ray / ECG / EEG / Scan: ECG stands for electro-cardiogram, EEG for electro-encephalogram and scan includes CAT scan, all computer aided X-ray, scanning of body or brain and ultra-sonography.

Other Diagnostic Tests: Other diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing etc. *Probe for each of the services.*

Q616A: Ask for each one of the following expense details and record in their respective space.

1. Doctors' / surgeon's fee: The expenses made for consultation to the doctors/surgeons (both who are from among the hospital staff and from outside the hospital), by the household during the stay at hospital will be recorded against this.

2 & 3. Medicines: Drugs or preparations used for treating an ailment are considered as medicine. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc...

The expenses for **medicines** (including drips) made available **from the hospital** will be recorded against (by hospital) (item 3) and the amount payable for medicines (including drips) purchased by the household from '**outside**' but during the stay at hospital will be recorded against the next item 4.

4. Diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing etc...

The charges for diagnostic tests done **at the hospital** will be recorded against this item.

5. The charges for diagnostic tests done from **outside** during the stay at hospital will be recorded against this item

6. OT charges: Here the charges for operation theatre paid by/for the patient will be recorded against this item

7. Attendant charges: Here the charges for the services of the attendant, if kept for the patient, will be written. If any household member attends to the patient, no imputation for his/her services, is to be made.

8. Physiotherapy: If the patient has undergone any physiotherapy during the stay at hospital, the amount payable for that will be recorded here.

9. Personal medical appliances: The amount payable for acquisition of personal medical appliances of durable nature like spectacles / contact lens, intro-ocular lens, hearing aid, trusses, crutches, artificial limb, pacemaker etc. for the purpose of treatment of the patient at the hospital will be recorded here. Note that appliances like thermometer, infrared lamp, blood-pressure measuring equipment, blood-sugar measuring kit, bed-pan / urinal etc. will not be treated as personal medical appliances.

10. Food and other material: Expenses incurred on food and other refreshment materials supplied by the hospital or purchased from outside for the patient will be recorded here. The expenditure for meals supplied from home for the patient would be excluded.

11. Blood, oxygen cylinder: For acquiring blood, oxygen cylinder and goods like bandage, plaster, etc. supplied by the hospital or made available from outside will be recorded here.

12. Ambulance: Amount payable for getting the services of ambulance will be recorded against this item.

13. Other Expenditure: Although efforts are to be made to collect information about the medical expenditure incurred by the household under each of the heads above, in some cases the household may not be able to provide item wise expenditure as it might have made a lump sum payment for a number of goods and services taken together. As already mentioned, in such cases information available for the specific items may be recorded against them and that for the remaining items taken together will be recorded against this "Others". All the medical expenditure that is not recorded against any of the above items will be recorded against this item.

Q 616B: Other expenditures incurred by the respondent / patient are to be recorded here.

Transport (other than ambulance): Here the amount payable for transport charges for other household members for the purpose of hospitalization of the ailing person will be recorded. The transport charges paid for travelling to and from the hospital by the attendants (excluding ambulance charges), transport costs incurred by the household for procuring medicines, blood, oxygen, etc. for the treatment, etc. will be included.

Lodging charges of attendant: If the escort(s) is (are) required to stay in a hotel or a lodge for attending the patient while he/she is hospitalized, the charges for lodging will be recorded against this item.

Others: This will include all other incidental charges payable and expenses incurred due to hospitalization like that of telephone charges made from PCO, on items like soap, towel, toothpaste, etc. for the patient and attendants.

Total: This will be total of entries made in items 1 to 3 for each case of hospitalization.

Q 617: These items are meant for recording the particulars of how the total expenditure incurred by the household on account of hospitalization of its members (including those deceased) during the last 15 days was met. The financing of the total expenditure of the household recorded against item 4 of Q.616 B is to be recorded. The major sources of finance are listed against these items.

The part of the expenditure that was not met by any of the sources listed in items A to G will be recorded against item H, i.e. 'other sources'. Please note that reimbursement from Government of Maharashtra is to be recorded after due verification / probing only. These items are self-explanatory.

Q 618: Any amount of money reimbursed or reimbursable for treatment, such amount by individual sources of reimbursement will be recorded against this box.

Q 618A: The amount reimbursable from the employer will be recorded against them, depending upon whether the employer is the Government or a Private company.

Q 618B: Reimbursement receivable from medical insurance companies will be recorded against this item.

Q 618C: The amount of reimbursements receivable from other agencies or any other scheme or NGO will be recorded here.

Q 619: The particulars of medical treatment undergone as an inpatient of a hospital during the reference period of last 12 months for recovery from a spell of ailment will be collected in this block.

This is a transfer entry from Col. 10 & 11 Section III as the case may be. The serial number recorded in col.1 of block 4 for the hospitalized member will be entered here. Record both living members and any member who has died in this period.

Hospitalization: One will be considered hospitalized if one has availed of medical services as an indoor patient in any hospital. Hospital refers to any medical institution having provision for admission of sick persons as indoor patients (inpatients) for treatment. Hospital covers public hospitals, community health centers and primary health centers (if provided with beds), ESI hospitals, private hospitals, nursing homes, etc. In this context it may be noted that admission for treatment of ailment and discharge thereof from the hospital will be considered as case of hospitalization irrespective of the duration of stay in the hospital. It may also be noted that hospitalization in the cases of normal pregnancy and childbirth will not be treated as hospitalization cases.

Q 620: Record the exact serial number of the corresponding person from the roster.

Q 621A: The name of ailment for which the member was hospitalized will be recorded. The code list is given in the body of the schedule is to be referred while recording the ailment codes.

Q 621B: Discharge sheet format is attached in this brief note. *The investigator needs to verify the discharge sheet and code the corresponding responses.*

Q 622: “Re-admission” refers if the patient has been asked to get admitted again for the same ailment within 7 days of previous discharge.

Q 623: The type code appropriate to the hospital where the ailing member was admitted as an inpatient will be recorded here.

Health sub-centre / dispensary: A health sub-centre is the most peripheral contact point in the primary health care system. It covers around 5,000 populations in plain area and 3,000 populations in hilly / tribal area. It is run by government and located in the rural area. It is manned by two multi-purpose health workers - one male and one female. A sub-centre usually does not have facilities for treatment as in-patients. Dispensary is the consulting place / chamber which does not generally have facilities for treatment of in-patients.

Primary health centre: Primary health centre (PHC) is the first contact point between a village community and the medical officer. It has a medical officer and other paramedical staff. It is run by the Government and usually has in-patient and out-patient facilities. A PHC has jurisdiction over 6 Sub-centers and serves about 30,000 populations in plain area and 20,000 populations in hilly / tribal area.

Community health centre / government hospital: Community Health Centers (CHC) serves about 1.2 lakh populations in plain area and 80,000 in the hilly / tribal area. The CHC functions as referral centre for the PHC. It is manned by medical specialists and paramedical staff and has in-patient and out-patient facilities. Medical institutions having provision of admission of sick persons as in-door patients (in-patients) for treatment are called hospitals. Hospital run by the central / state government or local bodies like municipalities will be covered under this item.

Private clinic / doctor: Private clinic is the consulting place / chamber of private doctors. Doctors are those having degrees/diploma in medicine and also registration from recognized universities / institutions deemed to be universities. These doctors may follow any of the systems - allopathic, homeopathy, ayurvedic, unani.

Medicine shop: A shop which sells drugs and medicines of any system of medicine viz. allopathic, homeopathic, ayurvedic or unani medicines, will be considered as a medicine shop.

Q 624: Name of the facility along with the name of the area and other identification detail are to be recorded here. *Write the block name in rural and ward name in urban*

Q 625: This refers to the approximate distance of the facility from the house of respondent.

Q 626: Recommend means suggesting and counseling the individual to attend the particular facility

Q 627: This refers to the people referring the facility to the individual.

Q 628 & Q 629: This refers to the waiting time from reaching the hospital and the treatment to begin.

Q 630: This is not about the “real waiting time”. This is about the perception of the respondent as to whether it was long or not.

Q 631: The perceived reasons for saying that the waiting time to be long needs to be recorded here.

Q 632: Whether any surgery was performed or not is to be recorded here. Treatment requiring an operation to cut into or to remove or to manipulate tissue or organs or parts of the body is considered as surgery. All surgical operations done within the reference period will be considered for this item.

Q 635: If the mentioned services were prescribed or treated to the respondent.

Medicine: Drugs or preparations used for treating an ailment are considered as medicine. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc.

X-ray / ECG / EEG / Scan: ECG stands for electro-cardiogram, EEG for electro-encephalogram and scan includes CAT scan, all computer aided X-ray, scanning of body or brain and ultra-sonography.

Other Diagnostic Tests: Other diagnostic tests include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audio-gram for testing loss of hearing etc.

Q 636: This refers to the mode of transport utilized for household members for the purpose of hospitalization of the ailing person while going to the hospital.

Q 637: This refers to the mode of transport utilized for household members for the purpose of hospitalization of the ailing person while returning from the hospital.

Q 638: Any “cash transaction” or payments made for availing services for the purpose of transport are to be recorded here. *To be asked only if coded 1,2,3,6 or 7 in Q 636 or Q637*

Q 639: Whether food was provided free-of any charges to the patient or not is to be recorded here.

Q 640: The fact that whether the person has been discharged or is still hospitalized is to be recorded here. *Go to Sec VII if coded 1.*

Q 641 TO Q656 NOT TO ASKED IF THE PATIENT IS STILL HOSPITALIZED (I.E. NOT TO BE ASKED IF CODED “1” IN Q.640)

Q 641: The duration of stay of the patient in the hospital within the reference period will be recorded here in number of days. Thus, the duration of stay will be ascertained as the number of days:

- i. From the commencement of the reference period to the date of discharge, if admitted more than 365 days ago, and discharged within the reference period;
- ii. From the date of admission to the date of discharge, if admitted and discharged within the reference period;

In the most unlikely cases of continuous stay of more than 365 days, as on the date of survey, in a hospital, the entry against this item will be 365.

Q 642: The time period for which the treatment was prescribed to be continued is to be recorded here. *The number of days prescribed, for the treatment to be continued, by the health service provider are to be recorded here. In case the discharge summary is available then it can be referred to while recording these details.*

Q 643 & 644: Whether the respondent / patient continued the treatment for the prescribed period or not is to be recorded here. If the respondent / patient have not continued treatment, then ask the reason(s) for the same.

Q 645: This refers to the employment status of the respondent. Often ailment of a working member of the household causes loss of household income. Ailment of a non-working member too causes disruption of usual activity of the working member of the household, which in turn results in loss of household income. If it is reported that there was a loss of household income owing to the hospitalization case, the amount of loss incurred during the reference period will be recorded against this item in whole number of rupees.

Q 646: The number of days for which the patient could not go for work is to be recorded here. This question will not be applicable in case the patient was a retired or non-working member of the household.

Q 647: Often ailment of a working member of the household causes loss of household income. Ailment of a nonworking member too causes disruption of usual activity of the working member of the household, which in turn results in loss of household income. If it is reported that there was a loss of household income owing to the hospitalization case, the amount of loss incurred during the reference period will be recorded against this item in whole number of rupees.

Q 648: Particulars of the person who was helping the patient / attending to the patient is to be recorded here.

Q 649, Q 650 & Q 651: details of the employment status and if employed then details regarding the number of days for which the attendant could not go to work and the approximate amount of money that was lost as income are to be recorded here.

Q 652: Often employers have their own arrangements for medical treatment of their employees and their dependents. If any part of the expenditure on medical treatment during the hospitalization period is borne by the employer (of the patient or the one on whom the patient is dependent) code 1 or 2, depending upon the employer is a Govt. agency or a private agency, will be entered against this item. If such a provision is not there for the ailing member or his/her dependents even if employed, entry 3 will be recorded. In all other cases, entry will be 4, that is, this item is not applicable.

Q 653: The total expenditure for medical treatment during the stay in the hospital within the reference period will be accounted for against these items. It will, however, not include the expenses for the treatment in the hospital for the period that is not within the reference period.

A. Doctors' / surgeon's/ specialists' fee: The expenses made for consultation to the doctors/surgeons (both who are from among the hospital staff and from outside the hospital), by the household during the stay at hospital will be recorded against this.

B & C. Medicines & Injections: Drugs or preparations used for treating an ailment are considered as medicine. For the survey, medicine will include such liquids, syrups, pills, tablets, capsules, injections, ointment, drips etc...

The expenses for **medicines** (including drips) made available **from the hospital** will be recorded against (by hospital) and the amount payable for medicines (including drips) purchased by the household from '**outside**' but during the stay at hospital will be recorded against the next item.

D & E. Diagnostic tests: include all pathological tests, such as testing urine, stool, blood, sputum, tears, biopsy, all tests of eyes, audiogram for testing loss of hearing etc...

The charges for diagnostic tests done **at the hospital** and the charges for diagnostic tests done from **outside** during the stay at hospital will be recorded against this item

F. OT charges: charges for operation theatre for the patient will be recorded against this item.

G. Attendant charges: Here the charges for the services of the attendant, if kept for the patient, will be written. If any household member attends to the patient, no imputation for his/her services, is to be made.

H. Physiotherapy: If the patient has undergone any physiotherapy during the stay at hospital, the amount payable for that will be recorded here.

I. Personal medical appliances: The amount payable for acquisition of personal medical appliances of durable nature like spectacles / contact lens, intro-ocular lens, hearing aid, trusses, crutches, artificial limb, pacemaker etc. for the purpose of treatment of the patient at the hospital will be recorded here. Note that appliances like thermometer, infrared lamp, blood-pressure measuring equipment, blood-sugar measuring kit, bed-pan / urinal etc. will not be treated as personal medical appliances.

J. Food and other material: Expenses incurred on food and other refreshment materials supplied by the hospital or purchased from outside for the patient will be recorded here. *The expenditure for meals supplied from home for the patient would not be included here.*

K. Blood, oxygen cylinder: For acquiring blood, oxygen cylinder and goods like bandage, plaster, etc. supplied by the hospital or made available from outside will be recorded here.

L. Ambulance: Amount payable for getting the services of ambulance

M. Other Expenditure: Although efforts are to made to collect information about the medical expenditure incurred by the household under each of the heads above, in some cases the household may not be able to provide item wise expenditure as it might have made a lump sum payment for a number of goods and services taken together. As already mentioned, in such cases information available for the specific items may be recorded against them and that for the remaining items taken together will be recorded against this "Others". All the medical expenditure that is not recorded against any of the above items will be recorded against this item.

After noting down the details of all expenses above, check whether the details are adding up to the total expenditure mentioned in the first row. If not, verify with the respondent once again.

Q 654: Other expenditures incurred by the household are to be recorded under the following heads.

A. Transport (other than ambulance): Here the amount payable for transport charges for other household members for the purpose of hospitalization of the ailing person will be recorded. The transport charges paid for travelling to and from the hospital by the attendants (excluding ambulance charges), transport costs incurred by the household for procuring medicines, blood, oxygen, etc. for the treatment, etc. will be included.

B. Lodging charges of attendant: If the escort(s) is (are) required to stay in a hotel or a lodge for attending the patient while he/she is hospitalized, the charges for lodging will be recorded against this item.

C. Others: This will include all other incidental charges payable and expenses incurred due to hospitalization like that of telephone charges made from PCO, on items like soap, towel, toothpaste, etc. for the patient and attendants.

D. Total (A + B + C): This will be total of entries made in items 1 to 3 for each case of hospitalization.

Q 655: These items are meant for recording the particulars of how the total expenditure incurred by the household on account of hospitalization of its members (including those deceased) during the last 12 months was met. The major sources of finance are listed against these items. The part of the expenditure that was not met by any of the sources listed in items A to G will be recorded against item H, i.e. 'other sources'. These items are self-explanatory.

Q.656A, B, C: Any amount of money reimbursed or reimbursable for treatment, such amount by individual sources of reimbursement will be recorded against this box. The amount reimbursable from the employer will be recorded against them, depending upon whether the employer is the Government or a Private organization.

SECTION VII: KNOWLEDGE, INTERACTION AND OPINION ON SERVICE QUALITY

A. HOSPITAL & STAFF & HEALTH FUNCTIONARIES HOSPITAL & STAFF

INSTRUCTION FOR THE INVESTIGATOR: Additional Sheets are to be attached in case the number of number of members reported receiving / received treatment under OPD and / or IPD are more than 3 household members, for Q A1 to A 14.

Treatment - the plan the doctor/physician is going to take to cure the disease/ailment/illness

A1: Let the respondent think about the initial discussion that they/ patient had and come up with an answer for the same. Do not hurry him/ her.

A2: This refers to the clarity of the information that the respondent received during the treatment.

He/she should also provide information on the possible side-effects (harmful effects) of the treatment

A3: "Form for permission for surgery" needs to be thoroughly explained to the respondent as the form that needs his/her approval before performing the same.

A4: The result of the treatment - whether it was explained by the doctor to the patient/ household member.

A5 to A21 TO BE ASKED IF CODED 1 IN Q601 A OR B (OPD) OR Q.619 A or B (IPD)

A5: If food was provided free of cost and no money was taken from the respondent

A6: Details of medicines refer to the information on medicines shared by the doctor to the patient

A7: At the time of discharge if the patient was suggested by the doctor to take some medicines. At the time of discharge, the doctor should provide prescription for medicines to be taken at home during next few days. The doctor should explain which medicines to be taken at what time of the day and also provide information on possible harmful effects of the medicine and what to do in case if the patient suffers from possible harmful effects of medicine.

Discharge - When the patient completes the treatment/surgery in the hospital and is fit to go home and slowly get into daily routine. The doctor will send the patient

home with proper instructions for medicines, food and activities to be done. This process is called discharge.

A8: Was any feedback-form provided/ taken from the patient before discharge.

A9: Satisfaction related to the discharge related formalities is to be recorded here. The various aspects that are related to the discharge formality are to be kept in mind while helping the respondent answer this question.

A10: Need to know if the respondent/ patient were provided with cash for transportation back home after the completion of treatment.

A11: The respondent's / patient's perception regarding the fact that whether the money given was sufficient to go back home or not is to be recorded. *Whether the respondent / patient had to incur any additional expenditure in coming back will provide a response to the present question.*

A12: Whether the advice given by the doctor regarding continuation of the treatment was followed by the patient or not is to be recorded here.

A13: Re-admitted/treated again within a week after discharge/treatment for the same illness and whether the patient or the respondent had to pay to get treated is to be recorded here.

A14: Whether any payment was made in order to get the treatment is to be recorded here. *Complications here refer to any infection or problems arising after the treatment. These complications would therefore have arisen due to some issues with the treatment that was provided or due to any problem area that could have been left un-attended at the time of provision of treatment by the facility/ provider.*

A15: Opinion regarding the hospital staff during the period when the treatment was continuing in the health facility is to be recorded here.

A16: Refers to the services provided by the hospital staff.

A17: Refers to the "overall cleanliness of the hospital area" where the patients are kept

A18 to A20: Whether the respondent or the patient was asked to come for the follow-up visit, whether the person go for the follow-up visit and if not then the reasons for not going for the follow-up visit are to be recorded here.

Follow-up treatment - After discharge, the patient is given instructions when to come back to see the doctor again. During these visits, which are called as follow-up visits, the doctor will check for progress of the patient and will also prescribe the medicines to the patient if required.

A21: Was the consultation – consulting the doctor, free of cost for the patient, needs to be enquired here.

A22 to A24: Whether the medicines were provided free of cost at the follow-up visit, number of follow-up visits for which the patient went and satisfaction related to the services provided at the time of follow-up are to be recorded here. *Record the number of follow-up visits*

HEALTH FUNCTIONARIES

A29: Awareness and interaction with any of the mentioned health functionaries is to be recorded here. *If the response is "No" for any of the options then further probe if the respondent has ever heard about the functionary or not and then code the response.*

Government Medical Officer: The Medical Officer of Primary Health Centre (PHC) is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area. He/she is responsible in his individual capacity, as well as over all in charge. It is not possible to enumerate all his tasks. However, by virtue of the designation, it is implied that he/she will be solely responsible for the proper functioning of the PHC, and activities in relation to RCH, NRHM and other national programs.

Auxiliary Nurse & Mid-wife (ANM): ANM is the prime health service provider at the Sub-Centre level. There is a provision of 2 ANMs at each sub-centre as per the Indian Public Health Standards norms. It is to be ensured that one ANM out of the two is available at the Sub -centre. Other ANM will perform the field duties. The time schedule for their turn visits be prepared with the approval of the Panchayats involved. ANM is also trained to conduct home-based deliveries if required

Anganwadi Worker (AWW): AWW is the grass-root level worker for the Anganwadis that function under the ICDS program of the Ministry of Women and Child Development. The responsibilities of Anganwadi Worker (AWW) will guide ASHA in performing on health and integrated with the role of ASHA. Anganwadi worker is the depot holder for drug kits and will be issuing it to ASHA. The replacement of the consumed drugs can also be done through AWW. AWW mobilizes pregnant and lactating women and infants for nutrition supplement. She would also take initiative for bringing the beneficiaries from the village on specific days of immunization, health check-ups/health days etc. to Anganwadi Centers. AWW also works towards guiding ASHA in performing activities such as organizing Health Day once/twice a month at Anganwadi Centre and orientating women on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of immunization etc.

Accredited Social Health Activist (ASHA): ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. There is a provision of 1 ASHA worker for every 1000 population in plain areas and every 800 population in hilly regions and remote or topographically difficult areas.

A30: Access of any of the health service provision institutions is to be recorded here in this question for all the mentioned facilities.

A31 to A33: Knowledge, awareness and benefits received from the Janani Suraksha Yojana are to be recorded in these questions.

B. OPINION ON IMPROVEMENT REQUIRED IN THE HEALTH FACILITIES

C1 & C2: Opinion regarding the changes that have been observed in the government health facility are to be recorded. Also to be recorded are the changes or additions that the respondent would like to see in case of government health facility in the area. Please mention the reference period of 5 years and about “Government Health facilities” rightly to evoke correct responses.

C3 & C4: Opinion regarding the changes that have been observed in the private health facility is to be recorded. Also the changes or additions that the respondent would like to see in case of private health facility in the area are also to be recorded. Please mention the reference period of 5 years and about “Private Health facilities” rightly to evoke correct responses.

D. HEALTH CAMPS

D1: This is about general health camps that are held for various reasons and services are provided free of cost in Maharashtra.

D2: Whether the respondent has ever attended any such camps ever is to be recorded in this question.

D3: Reasons for not attending the health camps are to be recorded.

D4: For those that have attended the health camps, ask them about the source through which they got to know about the camps.

D5: The distance that the respondent had to travel to attend the camp, from the residence, is to be recorded here. The range within which the distance travelled falls will be recorded in the present question.

D6: Reason/ rationale for visiting the camp is / are to be recorded here.

D7: The information provided is strictly pertaining to the “Health Camp” they have visited. First ask respondent and note the responses. Then read out the remaining responses

D8: When attending the camp, whether there happened any consultation with any doctor, is to be recorded here in this question.

D9: Ask the respondent to compare the consultation received in the camp and compare it with the consultation that he received from the usually visited healthcare provider and comment.

D10: Whether any medicine was provided or prescribed at the camp in question is to be recorded here.

D11: Whether any advice on seeking further care by the attending doctor was provided or not, is to be recorded here. Further care means any more treatment provided other than that received at the camp.

D12: The type of advice that was given is to be recorded in this question

D13: Read out each of the aspects and let the respondent inform her/ his satisfaction level with these aspects related to the service provided at the health camp.

D14: Irrespective of whether the respondent will go or not, this is about her/his future intent if they'd go to the camp in case it is conducted again.

D15: Again, this is about the perception of the respondent with regards to recommending the health camp to other people.

SECTION VIII - CONSUMER EXPENDITURE

Q 801: Here value of actual consumption during the past 30 days is to be recorded. Household consumer expenditure 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 during a specific reference period (past 30 days).

Explanation of the information to be solicited for each of the expenditure heads / articles consumed in the last 30 days preceding the date of survey is as follows:

A. (Quantity): The respondent needs to mention the quantity of rice, wheat, sugar, kerosene and other cereals consumed.

B. (Source): Whether the article was home grown, purchased or both home grown and purchased is to be recorded here.

C. (Average market price per unit): The average market price per unit of the article reportedly consumed is to be recorded here. The prevailing market prices for a single commodity may be reported to be different for different households. This would actually be related to the purchasing power of a particular household.

D. (Purchase from Public Distribution System (PDS)): This question will be applicable to those commodities that are available through PDS system. This means the distribution of some essential commodities by the government at subsidized rate through ration shops, fair price shops and control shops. These shops may be owned by the government, local self-government, a government undertaking, the proprietor of a firm, co-operatives or private persons (individually or jointly) or other bodies like club, trust, etc.

E. (Purchase from Public Distribution System (PDS)): price per unit): The PDS shop price per unit of the article reportedly consumed is to be recorded here. *It is to be noted that there should be little variation in the price of a particular article among the BPL & APL*

households. The PDS price is to be recorded only for articles that are available through these shops viz. Rice, Wheat / Atta, Sugar, Kerosene, Other Cereals etc.

Public Distribution System (PDS): means the distribution of some essential commodities by the government at subsidized rate through ration shops, fair price shops and control shops. These shops may be owned by the government, local self-government, a government undertaking, the proprietor of a firm, co-operatives or private persons (individually or jointly) or other bodies like club, trust, etc. For kerosene, 'public distribution system' will also include kerosene depots selling kerosene at controlled prices. 'Super bazaars' and co-operative stores will not generally be included under public distribution system. However, when they sell rationed commodities also at controlled prices against ration cards, they will be taken as ration shops for particular commodities. (Presentation of ration card may not, however, be obligatory for some controlled price commodities like kerosene, coal, etc.).

Rice: Rice will mean the grain obtained after husking and cleaning paddy.

Wheat: This will mean wheat in its whole grain form, broken wheat (not powdered) and also atta used for food preparation.

Sugar: Sugar in the real form will be included under this. Other sugar products like gur etc. are to be recorded separately.

Kerosene: Kerosene oil purchased from different sources is to be included here.

Other Cereals: This will mean consumption of jowar, bajra, maize, barley, small millets, ragi etc.

Cereal products like muri, chira, maida, noodles etc.: This will include items like rice, wheat/atta, jowar, bajra, maize, barley, small millets and their products like chira, khoi, lawa, muri, maida, suji, rawa, sewai, noodles, bread (bakery), cornflakes, pop-corn etc...and sattu prepared from barley/other cereals. Besides these, tapioca, jackfruit seed, mahua etc, those that are consumed as substitutes for cereals will also be included here.

Pulses & pulse products (includes soybean, grams): This includes pulses such as arhar, gram, moong, masur, urd, peas, soyabean, khesari etc and pulse products such as besan, sattu, papad, badi etc...

Gur & other sweeteners (includes candy, misri, honey) : Refers to sweeteners such as gur, candy, misri and honey

Edible oil & Vanaspati : Oil used in food preparation will be considered as 'edible oil' such as vanaspati, margarine, mustard oil, groundnut oil, etc. If oil is extracted by crushing purchased or grown oilseeds and the oil is consumed then the entry will be shown against this item.

Eggs: All types of eggs that may be consumed by the household are to be included under this head.

Milk: This will mean milk as directly obtained from cow, buffalo, goat or any other livestock, milk sold in bottle or polypack. If the household purchases milk and prepares sweetmeats or transforms milk into curd, casein, ghee, etc at home these will be included here.

Milk Products: This will include condensed/powder milk, curd, ghee, butter and also baby food, ice-creams etc., the principal constituent of which is milk

Vegetables: This item will include potato, onion, radish, carrot, turnip, beet, sweet potato, arum, leafy vegetables, tomato, peas etc. It will also include green fruits like mango, watermelon, etc. consumed after preparing processed food.

Q 802: Other expenditures on household consumption are to be recorded here. The reference period is 30 days

Salt & Spices: It will include all edible salt irrespective of whether it is iodized or not. This item will also include spices such as turmeric, black pepper, dry chillies, garlic, oilseeds which are generally used in food preparations.

Other food items: This will include prepared tea, coffee, tea leaf, coffee powder, ice, cold beverages, fruit juice, green coconut, biscuits, salted refreshments, prepared sweets, cake, pastry, pickles, sauce, jam, jelly, cooked meals, prepared rice, snacks, tiffin, food packets etc. Food items for babies like Farex, Cerelac etc. whose principal constituent is not milk will also be included here.

Paan, tobacco, intoxicants: This will include pan leaf, finished pan, supari, lime, katha, bidi, cigarettes, snuff, cheroot, zarda, ganja, toddy, country liquor, beer, foreign liquor etc.

Fruits & nuts: This includes fresh fruits such as mango, banana, jackfruit, watermelon, pineapple, sugarcane coconut, guava, orange etc. and also dry fruits and nuts.

Food at restaurants, eating out: This will include 'Cooked meals' which may be (i) purchased from market, i.e., from hotel, restaurant, canteen, etc. (ii) obtained by paying a lump sum to an agency providing catering services for serving meals to guests attending a ceremony performed by the household, (iii) received as perquisites from employer's household, or (iv) received as gift or charity.

Fuel & light: This will include coke, firewood and chips, electricity, dung cake, match-box, coal, LPG, gobar gas, candle etc. and petrol, diesel, etc. used for generating electricity. *Care is to be taken not to include any expenditure on purchase of kerosene under this head.*

Entertainment: This stands for entertainment and sports. Here consumption is represented by purchase of entertainment services or articles catering to entertainment. *It is possible that on the occasion of attending sports or cinema/video show some expenditure is incurred on travelling and conveyance and/or on refreshment. Such expenditure will be excluded from this item group and will come under appropriate items reserved elsewhere in the schedule.* Expenditure incurred on processing, developing, etc., of photographic film,

Expenses incurred for hiring of video cassette/VCR/VCP etc. will be recorded.

For recording items like club fees (which are usually annual) the last payment made divided by the number of months for which the amount was paid will be noted. But, entire amount of club fees paid for lifetime during the reference period of 30 days will be recorded against this item. Expenses incurred on subscription to dish antenna, cable TV facilities, etc. will also be included in this head.

Personal care: This will include articles like spectacles, umbrella, torch, lighter etc.

Toilet Articles: This will include articles like toothpaste, hair oil, shaving blades etc.

Household Items: This includes expenditure on articles like bulb, tube light, glassware, soaps, buckets etc.

Conveyance: This includes expenditure on modes of conveyance like railway, bus, taxi, rickshaw, school vans, airfares etc. This will also include expenditure on articles like purchase of diesel, petrol etc.

Rent: This item consists of rent for residential building and garage rent for private vehicle of the household. Amount last paid divided by the number of months for which the payment was made will be recorded here.

The rent for government quarters will be the amount of house rent allowance (HRA) per month not paid to the employee plus the licence fee deducted per month from the salary for the quarters. Salami/pugree will not be considered anywhere in the schedule.

Consumer Taxes, Cess & fees: This will include road cess, chowkidari tax, municipal rates, water charges etc... Sometimes, while purchasing a new vehicle, life tax is paid. In such case, monthly average of tax & cess will be recorded against this item.

Services: Wages paid to domestic servant/cook may be recorded against this item. Wages paid in cash to domestic servant or cook who is also a member of the household by definition during the reference period will be taken into account. *However, wages paid in kind to such domestic servant or cook will not be included in this item. Any expenditure incurred by a domestic servant who is also a member of the household should be treated as consumption expenditure of the household and recorded as such against the appropriate items of different blocks.*

Q 803: Household expenditure in the past 12 months is to be recorded here

School/Private Tuitions: It includes fees paid to educational institutions (e.g., schools, colleges, universities, etc.) on account of tuition (inclusive of minor items like game fees, fan fees, etc.) and payment to private tutor. Occasional payments to the school fund made on account of charities provided for indigent students and 'donations' generally will not be included here as these are regarded as transfer payments.

School books and other educational articles: Expenditure on all kinds of books, magazines, journals, etc. including novels and other fiction will be covered under this item. Expenditure on Internet other than telephone charges will also be covered here. Besides

these, expenses on library charges, stationery etc. will also be covered here.

Clothing & Bedding: In this item, information on value of consumption of all items of clothing and bedding during the last 365 days will be collected.

When any garment is sewn at home by a household member, its value will be equal to the value of cloth only. No labor charges for sewing of the garment need be included unless the sample household itself is running a tailoring shop. Similarly, for a quilt made at home of which the materials (viz., cloth, stuffing, cotton, thread, etc.) were purchased the value of the materials used will be shown against this item. All second-hand clothing items, like dhoti, saree, ready-made garments, etc., purchased and brought into first-use will be recorded against this item.

Footwear: While filling in this block on purchase and consumption of footwear, the general instructions given for filling in the block on clothing will be followed. The quantity (number of pairs) and value (Rs) to be recorded are to be entered in whole number only. The reference period is 365 days.

Note:

1. If materials are purchased and footwear is made by taking service of a cobbler then cost of footwear will be imputed as the cost of raw materials plus service charges paid to the cobbler.
2. A handicapped not having a limb purchased or got made only one shoe. In such case, quantity will be taken as one pair.
3. Plastic footwear will be included
4. Straps for slippers will not be included in this block.

Furniture & fixtures Waist-high (usually wooden) almirahs should be considered under this item. Kitchen cup-boards (free-standing), complete sofa-set also will be included.

Crockery & Utensils: This includes articles like stainless steel utensils, casseroles etc.

Cooking & HH Appliances It will include ice-cream maker, mixer-grinder, juicer, micro-oven, vacuum cleaner, electric appliance for filtering water, etc.

Goods for recreation: This includes TV, radio, tape recorder, music system etc. *Sports goods and toys are not to be included here. It will also include dish antenna, video games, etc. under the head "Entertainment"*

Jewellery-s & Ornaments: If gold ornaments purchased in exchange of gold and some amount of cash, only the cash payment made will be taken into account. But, if it is purchased in lieu of cash or cash and kind (other than gold) total value of cash/cash and kind will be accounted.

Personal Transport Equipment: This will include expenditure related to purchase or repair of articles like bicycle, scooter, cars etc. It will include all those tyres and tubes which are

purchased for replacement in vehicles. Livestock animals like horses, bullocks, etc., and conveyance such as horse cab, bullock cart, etc., when used exclusively for nonproductive domestic purposes, will be included against this item. Maintenance for these livestock animals will also be accounted for. If these animals and conveyances are used both for household enterprise and for domestic use, only the part ascribable to the latter purpose will be considered for recording the value of purchase, or the cost of raw materials required for repair, etc.

Therapeutic Appliances (includes eye-glass, hearing aids, orthopedic equip. etc)

Other personal goods (includes clock, watch, PC, telephone, mobile etc.)

Repair & maintenance (of residential buildings, houses etc.) It should be noted that the purchase of residential building and land, whether first-hand or second-hand, should not be entered in this block. The total expenditure incurred by the household towards repairs and maintenance of dwelling unit (only) during the reference period would be entered against this item.

Insurance Premium: This will include amount of money paid as premium of health and life insurance purchased from either government or private institution. *In case the premium is being paid on a time period less than annual (monthly or quarterly basis) then the amount paid within last 12 months will be summed and recorded.*

Vacations: This will include expenditures on holidays. This will account for all expenditures made on booking of hotels, resorts etc. *The amount of money spent on travel etc. will not be included here and shall be recorded in Q 802 under "Conveyance"*

Social Functions: All expenditures on occasions like marriage, funerals etc. will be recorded here. It is also to be noted that expenditure on purchase of gifts etc. shall also be a part of the current expenditure head. In case of multiple instances, the total amount, summing up the entire expenditure in last 12 months will be recorded.