



**Implementation Report
of
the Facilities
and
the Post Transaction Survey
Rashtriya Swasthya Bima Yojana**

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A. Abstract

The Government of India has rolled out an ambitious project known as the Rashtriya Swasthya Bima Yojana (RSBY) from April 1, 2008 to offer medical insurance to all the households below the poverty line (BPL). The objective of the scheme is to improve “access to quality medical care” for treatment of diseases involving hospitalisation and surgery through identified health care facilities, both public and private. Each BPL household will receive a smart card, which will be like a debit card with an initial value of IUSD 600. At each hospital visit, if that ailment is covered in the list of illnesses to be covered, a pre-determined amount will be withdrawn from the card in favour of the hospital and a similar amount will be deducted from the account of the card-holder. Till 20th November 2009, 71, 78,695 households in 110 districts have been covered under this scheme. The scheme is being rolled out in 266 more districts.

In order to develop a measure of the quality of health care provided to the beneficiaries of the RSBY, India Development Foundation (IDF) conducted a survey of 81 facilities in Delhi of which 41 were empanelled under the scheme and 40 were non-empanelled. The empanelled facilities are referred through out the report as empanelled inpatient facilities (EIPFs) whereas the non-empanelled facilities are referred to as non-empanelled inpatient facilities (non-EIPFs). IDF also gathered information on 388 hospitalisations under the scheme to evaluate the issues and experience that individuals enrolled under the scheme are going through while accessing EIPFs. The objective is to develop a measure of the quality of care received by the beneficiaries.

This report has been written with a view to document the process of implementation of the two surveys; summarize the challenges faced and lessons learnt during the course of the surveys, so that the exercise could be replicated in other states. Furthermore, the two surveys are being used as pilots to learn how to refine the questionnaires to get sharper results when they are being replicated.

The report has two main sections. One section deals with the facilities survey and the other with the post transaction survey. Each section is further subdivided according to the processes that were followed during the survey, issues during each process, recommendations on how the problems can be solved and conclusions derived. The report finally mentions the policy implications based on the evidence from these surveys.

B. The Idea behind the surveys

The objective of the RSBY is to provide “access to quality health care to all the enrolled beneficiaries”. Here is a scheme that places control over significant amount of resources in the hands of the beneficiaries. This makes them visible as potential sources of revenue, worth pursuing by the health care providers. The health insurance scheme hopes to be a way of negotiating with the providers for better quality health care.

A focus on quality of health care services is supposed to be cost effective, as timely and efficient treatment of health problems with appropriate treatment leads to rapid recovery and reduces chances of relapse.

Low quality, on the other hand, means excessive errors and omissions, less effective preventive care and treatment of existing conditions, resulting in increased cost to the patient (and society), not to mention increased risk of harm from multiple unnecessary procedures, adverse effects of

medication changes, infections from longer hospital stays, progression of diseases caused by delay in receiving the right care, and so on.

Despite the obvious advantages, in the past the quality of medical care has not been given the importance it deserves. Paucity of resources, reluctance on part of the health professionals to subject themselves to any scrutiny or external controls, lack of any norms or the system of quality assessment and, the lack of awareness among the masses about quality in health care are some of the reasons why hospitals are not committed to quality. Of late, because of competition, increasing public awareness, criticism of the services being delivered and the demand for high quality services, the health care providers are being goaded to respond to the demand for quality in health care service delivery

RSBY provides the participating BPL household with freedom of choice between public and private hospitals and makes the patient, a potential client, worth attracting on account of the significant revenues that hospitals stand to earn through the scheme. A hospital has the incentive to provide treatment to a large number of beneficiaries as it is paid per beneficiary treated. Even the public hospitals have the incentive to treat beneficiaries under RSBY as the money from the insurer will flow directly to the concerned public hospital which they can use for their own purposes.

Thus RSBY will provide a quality enhancing environment through financial incentive and market regulation.

Improvement in quality is a long drawn relentless process and can be achieved by implementing a carefully planned program involving participation of all members of the hospital. Improvement can be brought about by complying with standards and protocols. There are many guidelines, for example, by the Bureau of Indian Standards, Indian Public Health Standards, and National Accreditation Board for Hospitals and Health Care Providers, Standard Operating Procedures of the armed forces etc. that can be used as reference documents by the hospitals to improve quality.

Compliance to the standards given in these guidelines would involve investment of considerable amount of resources. This may serve as a deterrent for many hospitals from getting empanelled. The preferred approach would then be that instead of requiring the hospitals to comply with a certain set of standards and protocols, to identify what is the existing situation in the hospitals, and then gradually improve quality.

Our first move towards achieving quality is, therefore, to gather data to develop a measure of quality of care provided by the hospitals. This has been done through two surveys: (i) The "Facilities Survey" -- a survey of hospitals in Delhi, and (ii) "Post-Transaction Survey" -- a survey of individuals who have transacted with hospitals using the RSBY smart-card system.

These surveys helped us develop an overall measure of the quality of health care provided by the hospitals. These surveys will also be carried out in different states in India. It is, therefore, important to know the issues while conducting the all India surveys. For example, for the facilities survey, we would like to know the willingness of the hospitals, particularly the non-empanelled hospitals to participate in the survey; their degree of cooperation or reluctance in providing information and to fine-tune the questionnaire depending on the information received. Likewise, for the post transaction survey we would like to know the difficulties encountered in tracing the patients.

This report has been written with a view to document the implementation process of the two surveys and summarizes the challenges faced and lessons learnt during the period of data

collection. The data collected was analyzed to ascertain the efficiency of the questionnaires in extracting relevant information. We have dealt with both the surveys separately, mentioning the challenges that were faced and possible solutions to solve them for the future surveys.

C. The Facilities Survey

The facilities survey is a survey of EIPFs and non-EIPFs in Delhi with a view to assessing evidence of hospital infrastructure, staff and other indicators that will provide useful information on the quality of these facilities.

The facilities survey is designed to provide inputs on two fronts. First, we wanted information on the characteristics of facilities which are currently empanelled in the RSBY scheme, relative to the facilities available in the district. This will allow the Government of India to understand the characteristics of EIPFs compared to non-EIPFs. Second, the survey could be used to move towards formulating guidelines for empanelling EIPFs in the RSBY scheme.

C1. The survey instruments

Two questionnaires were designed to collect data from the facilities. One questionnaire was for the investigator (Annexure I) to fill up and the other was to be filled up by the health personnel (Annexure II) in the hospital. The investigator collected data based on her observations in the hospital and by asking the appropriate questions listed in the questionnaire. For the one to be filled up by the hospital staff, the investigator left the questionnaire behind with the hospital personnel and then collected it after a week. This questionnaire included information drawn from hospital records.

The questionnaire for the investigator was designed to collect information on the following:

I1. Basic information about the hospital

- Name
- State
- District
- Tehsil/Taluk
- Block/Circle (street name/ land mark)
- Name of gram panchayat
- Village/Slum

I2. Facility characteristics

- Access to physically handicap
- Building Status
- Privacy
- Water supply
- Electricity
- Telephone
- Toilets
- Waste care management

13. Availability of services

- Blood Bank
- Delivery Room
- Intensive care unit (ICU)
- Operation theatre (OT)
- Inpatients department (IPD)
- Diagnostic services
 - Radiology
 - Laboratory
- Pharmacy & Drugs

14. Equipment

- Out patients department (OPD)
- IPD
- OT
- ICU
- Delivery Room
- Radiology
- Laboratory
- Other specialized Equipment

15. Statistical data

- Out patients
- In patients
- Surgery
- Labour Room
- Radiology
- Laboratory
- Others
- Medical Records

The questionnaire for the health personnel aimed at collecting information on the following:

H1. Staff

- Doctors and nurses
- Paramedical staff
- Non-medical staff

H2. Physical infrastructure

- Area of the hospital
- Beds
- Toilets
- Wards

H3. Availability of services

- Specialist services

Support services
Financing
Ambulance services
Dietary services
Laundry services
Security services
Housekeeping and sanitation
Counseling services

H4. Hospital processes

Financial audit
Doctor rounds
Compliance to rules and acts
Patient feedback mechanisms

H5. Outpatient/inpatient statistics

Number of patients last year and previous month

H6. Information related to RSBY empanelment

Reasons for getting empanelled
Reasons for not getting empanelled

Issues and challenges encountered and possible solutions

The process flow for the survey was as follows:

1. Selection of investigators
2. Selection of facilities
3. Training of investigators
4. Data collection and analysis

C2. Selection of investigators

The questionnaires for the survey required a lot of technical inputs and knowledge about various procedures, which is why medical doctors were chosen as investigators. Twenty five interns were interviewed from the Ayurvedic and Unani Tibbia College, Delhi, from which a team of fourteen was selected.

C2.a. Issues with investigators

It was a challenge to find doctors to do the survey in Delhi. This problem is likely to be encountered in other states too, where the availability of such student interns may be less. We also realised that selecting doctors as investigators though had advantages in terms of quality of data collected, but

given their availability for a limited period of time and professional emergencies, a considerable amount of coordination was required.

The surveyors were given the responsibility for coordinating with the hospital in-charge for scheduling the date for the survey. The scheduled appointments had to be cancelled many times either because the hospital in-charge could not spare time due to an emergency or because the surveyor was assigned an unexpected emergency duty in his/her parent institution. The former reason cannot be controlled but the latter can be modified by taking social scientists as investigators. Of course, this will imply a more detailed training program for the investigators.

C2.b. Recommendations

It would be a good idea to take the help of social scientists. Unlike doctors, or interns, they are less likely to face work-related emergencies. If they are also interested in health research, they will have a greater interest in carrying out the surveys. However, they will require more training compared to medical interns. Their training period should be, for six days. The schedule of the training should be as follows:

Day 1: (First half): Orientation training about the working of a hospital, information about RSBY and the relevance of the surveys.

Day 1: (Second half) and Day 2: Detailed discussion on the two questionnaires.

Day 3 :(First half): Hospital visit.

Day 3 :(Second half): Case study and discussion.

Day 4: Mock interviews with hospital personnel.

The trainers will act as hospital personnel and the investigators will ask questions. For this the trainers will prepare 3 or 4 modules for role play.

Day 5: Each investigator will be assigned a facility. The investigator will go independently to the facility to fill up the questionnaire for the investigator and leave the questionnaire for hospital personnel behind. They should collect the forms within 6 days,

Day 12: After seven days all the investigators will meet with the trainers for a detailed discussion on problems encountered during the filling up of questionnaires.

C3. Selection of facilities

Eighty one facilities, 41 empanelled and 40 non-empanelled were selected for the pilot survey. The EIPFs were selected from the list of hospitals provided by the insurer and the non-EIPFs were selected from a list of hospitals registered under the Delhi Nursing Home Act. Two important criteria for the selection of the EIPFs were that first, they were all from different districts of Delhi, and second, that the hospital had already had some RSBY transactions. The non-EIPFs were selected from the neighbourhood of the selected empanelled hospitals. Both the empanelled and the non-empanelled hospitals are registered under the Delhi Nursing Home Act. In Delhi only private hospitals have been empanelled under the RSBY. Therefore, our sample consists of

empanelled private hospitals, non-empanelled private hospitals and non- empanelled public hospitals.

We took a letter of permission from the Ministry of Labour and Employment to allow the investigator to do the survey in selected hospitals. We contacted the hospitals on phone to obtain their consent for participation in the survey. For surveying the public hospitals we had to take permission from the Government of Delhi. We sent formal letters seeking permission for the survey as well as had formal meetings with the respective medical superintendents of these facilities.

C3.a. Issues with selection of facilities

Ideally, both the EIPFs and non-EIPFs should have the same number of beds for the purpose of comparison. However, since the participation in the survey was voluntary, we could not adhere to this strategy. We could include only those facilities that were willing to participate.

Taking appointments from the hospital authorities was the most challenging of all activities. The telephone numbers were not updated in some cases and we had to visit the hospital sometimes twice or thrice just to get an appointment to do the survey. After getting an appointment we ensured that the surveyors contacted the right person. Despite this, the investigators were made to wait, sometimes for as long as 3 to 4 hours, before they could start the survey.

Sometimes, even after having agreed to participate in the survey, the hospitals refused to provide information related to certain questions. These pertained mostly to those questions which required looking up records.

C3.b. Recommendation

It is possible to adhere to formal sampling strategy only if we can get permission from the proper authorities in different states. This will allow us to survey all the hospitals that are there in our sampling frame.

As far as EIPFs are concerned the Ministry of Labour and Employment should make it mandatory for all the empanelled facilities to participate fully in such surveys.

C.4. Training

The investigators underwent a training session of two days at the Academy of Hospital Administration, Noida, which is a professional body of qualified hospital administrators. One of its many activities includes training of investigators for assessing hospitals desiring accreditation.

C4.a.Recommendation

As mentioned before, the training period should be for 6 days.

Refining the Survey Instruments on the Basis of Data analysis

The questionnaire should be such that all the questions are clear and well articulated. For example, in the question related to the number of toilets, the responses received were not satisfactory. The question was not understood by many. The confusion among the hospital personnel was regarding the following:

1. Did the question mean toilets for the general ward only?
2. Or did it also include toilets for the twin sharing and single room facilities?

Where the personnel thought that the question meant the latter they said they could not give the exact number of toilets but said that all their twin sharing and single rooms had attached toilets.

We analysed the data keeping in view the need to fine tune the questionnaires.

C5.Issues with the questionnaires

Relationship between objective and subjective evaluation

Ideally the questionnaires should have been designed in such a manner that the objective evaluation by the investigator should rank the hospitals in the same way as the subjective evaluation by the health personnel. In order to check this, on the basis of the responses, we gave scores to all the hospitals. Only those questions which had yes and no as responses were included. A score of one was given to the better option (has a ramp for access by differently-abled people) and zero to the worse option (has no ramp). This was done separately for both the questionnaires. The scores for the subjective evaluation were out of a total of 39 and that of the objective evaluation were out of 111. Ranks were then given to the hospitals on the basis of the scores. Rank 1 was considered the best. The worst rank was 43 for objective evaluation and 23 for subjective evaluation. The analysis of the ranks revealed that there is a difference in the ranks between the subjective and the objective evaluation. Scores for both the types of evaluation were then plotted.

In Figure 1 on the vertical axis ranks were plotted from 1 to 45 for objective evaluation (some hospitals were given the same rank) and 1 to 23 for subjective evaluation. Rank 1 was the best. On the horizontal axis hospitals were plotted.

Figure 1 shows that the subjective evaluation placed the hospital at a higher rank (a rank of 1 is higher than a rank of 2) than the objective evaluation. This difference is more evident in the private facilities as compared to both public and private not for profit facilities together. This means that the hospital personnel rate their hospitals better than they actually are. These results have to be however interpreted taking into consideration that the questions in both types of evaluation were not the same. Thus in order to get better results, both questionnaires should have a number of common questions so the answer given by the hospital personnel is verified by the investigator. This would also ensure proper checks and balances in the questionnaires.

The difference in subjective and objective evaluation is shown in the following figures

Figure 1:

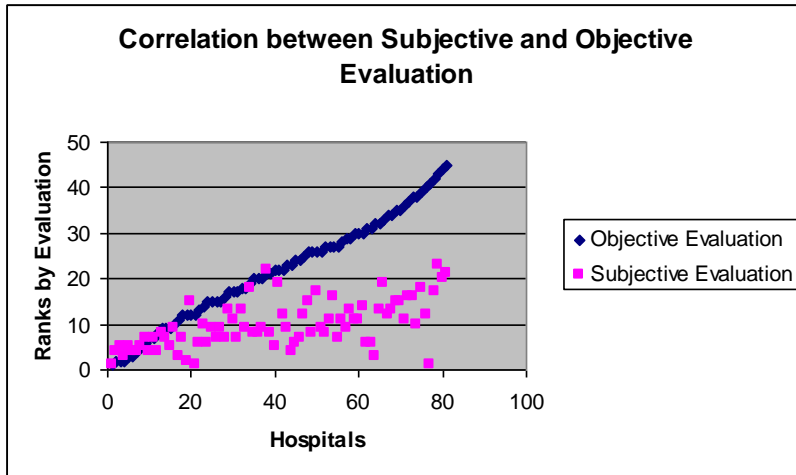


Figure 2:

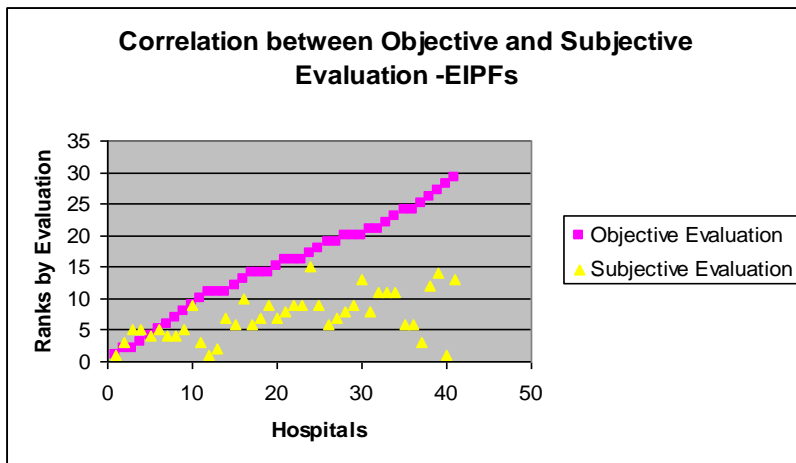
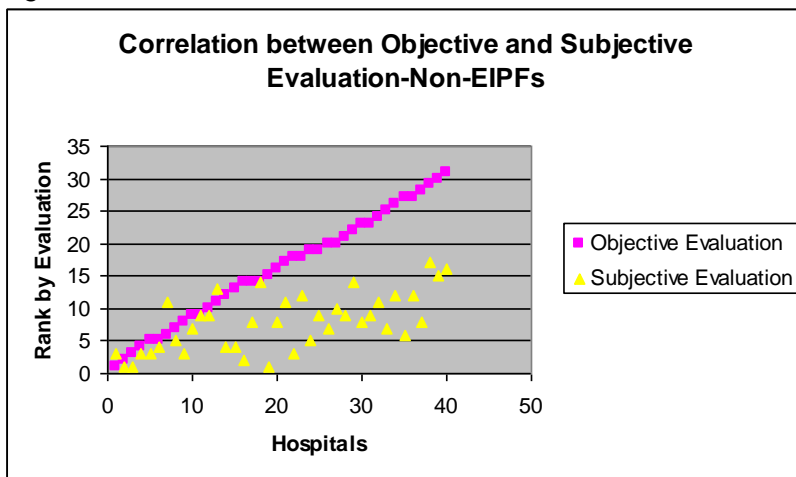


Figure.3



C5.a. Recommendation:

The questionnaires have to be designed in such a manner that there are group of questions which are common to both the investigator and hospital personnel, so that they can be compared in a better way.

The questions need to be well articulated so that all the respondents interpret it in the same manner. For example the responses to the questions related to electricity supply in the hospital were not satisfactory. It would have been better had the questions been framed in the following manner and in this sequence.

- Does the hospital ensure a continuous electricity supply in OT?
- Does the hospital ensure continuous electricity supply in the wards?
- Does the hospital ensure continuous electricity supply in all parts of the hospital?
- How does it ensure a continuous electricity supply -- through a generator or an inverter?
- What is the capacity of the generator or inverter?

All hospitals should follow some minimal criteria irrespective of the number of beds they have. The questionnaires have to be designed so that they can be assessed for minimal criteria. The facilities can be further assessed for availability of additional services.

With the questionnaires used for the survey this was not possible because the questions were not ordered properly. For example the questions could be ordered in the following manner with each positive response getting a score of one.

- Are there toilets with running water for patients?
- Are there separate toilets for males and females?
- Are there separate toilets for differently-abled?

These questions are ordered in such a way that the first question reflects the minimal criteria and third question reflects the most desirable criteria.

If we give a score of one to the answer “yes” to each of the three questions then the highest score is 3. Clearly a hospital with score of 3 is better than that with a score of one or two.

This type of analysis will help us understand how the hospitals fare in terms of services provided and how their scores could improve over the years. Taking into consideration the minimal criteria that the hospitals must fulfill, we could remove the need for having hospitals with same bed size.

C6. Data analysis

C6.1. Issues during analysis of data

During analysis of data we took into account the no responses because we were interested in knowing the type of questions that elicit a non-response, so that we either modify our questions accordingly or try to find out reasons for no response. The reasons for no response could be many. First, it could be reluctance to provide information; second, information was not available; third, it is too time consuming to look up records and fourth, there are no incentives to provide information.

C6.2. Recommendation

The no response rate was the most in questions relating to staff, number of beds (in wards, intensive care units and labour room) and OPD and IPD statistics.

The questions related to the staff can be arranged in the following way:

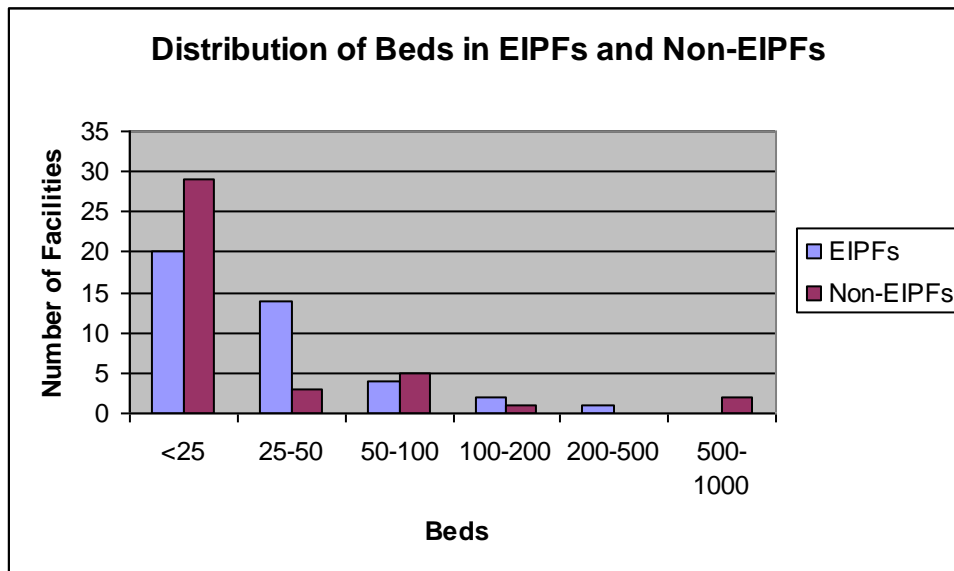
- Number of staff
- Type of staff
 - Are there doctors on hospital pay roll..... .yes/no
 - On contract.....yes/no
 -Both types.....yes/no

C6.3 Characteristics of EIPFs and Non-EIPFs

The type of services available in a hospital is dependent on the number of beds that the hospital has. Clearly, it would not be fair to compare a 5 bedded hospital with a 50 bedded one.

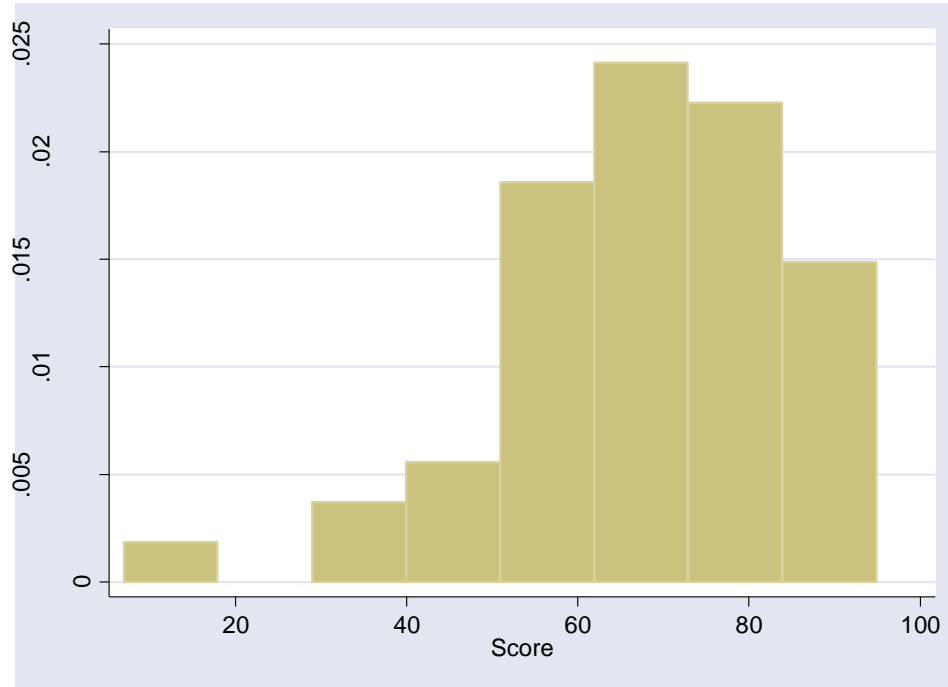
Ideally, we would have liked to compare the characteristics of both the EIPFs and non-EIPFs but this could not be done because the hospitals are not comparable in terms of their number of beds.

The Figure below shows the distribution of the facilities by the number of beds
Figure 4:



In order to compare hospitals with similar number of beds we compared both EIPFs and non-EIPFs having less than 25 beds. In this group there were 20 EIPFs and 29 Non-EIPFs. We took their consolidated scores (calculated in the same way as given before) and calculated their percentage scores taking a total score of 39 for the questionnaire filled up by the hospital personnel and 111 for the questionnaire used by the investigator. Histograms were plotted first for all these hospitals (Figure 5) followed by separate histograms for both EIPFs (Figure 6) and Non-EIPFs (Figure 7)

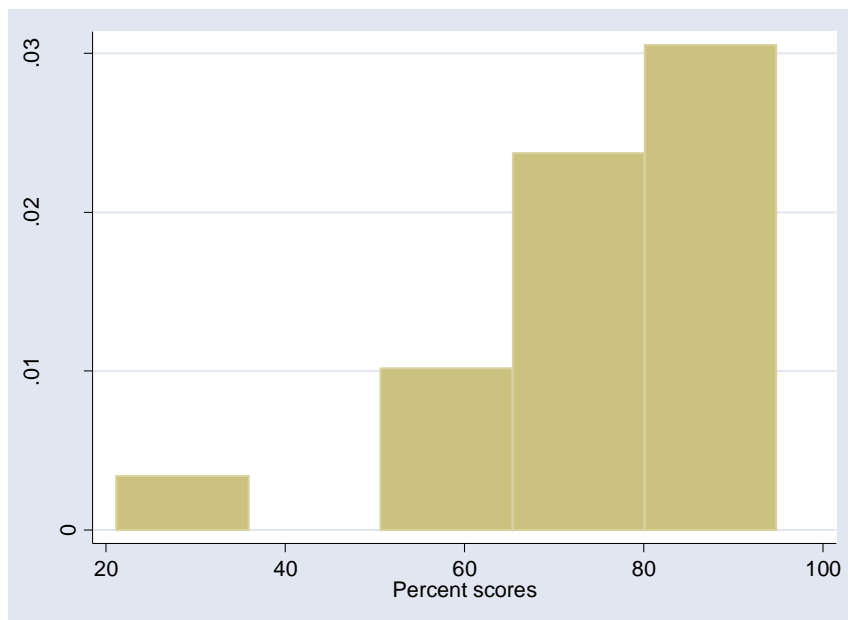
Figure 5: Histogram of Percentage Scores by Subjective Evaluation for facilities having bed size



less than 25

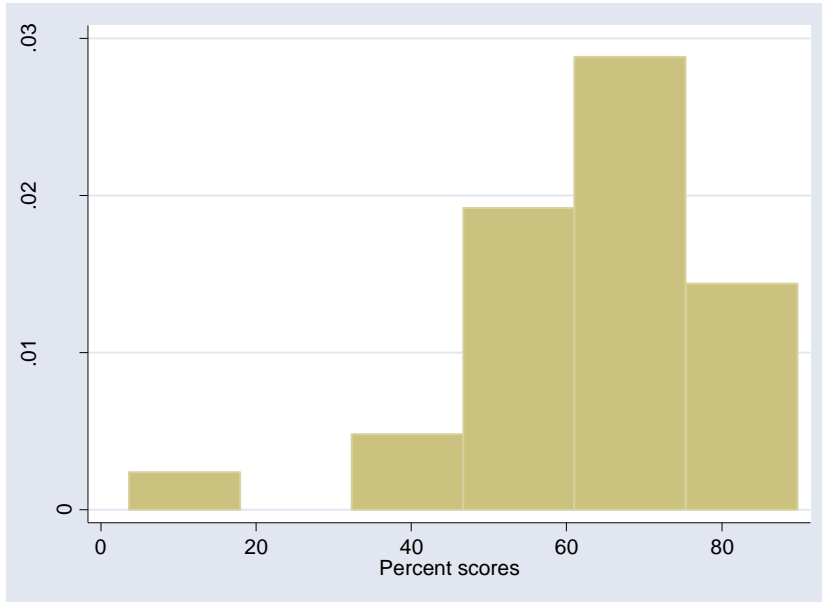
The mean score of all hospitals was 67.97 per cent with a standard deviation of 16.47.

Figure 6: Histogram of Percentage Scores by Subjective Evaluation for EIPFs having bed size less than 25.



The mean score of EIPFs was 75.38 per cent with a standard deviation of 15.68.

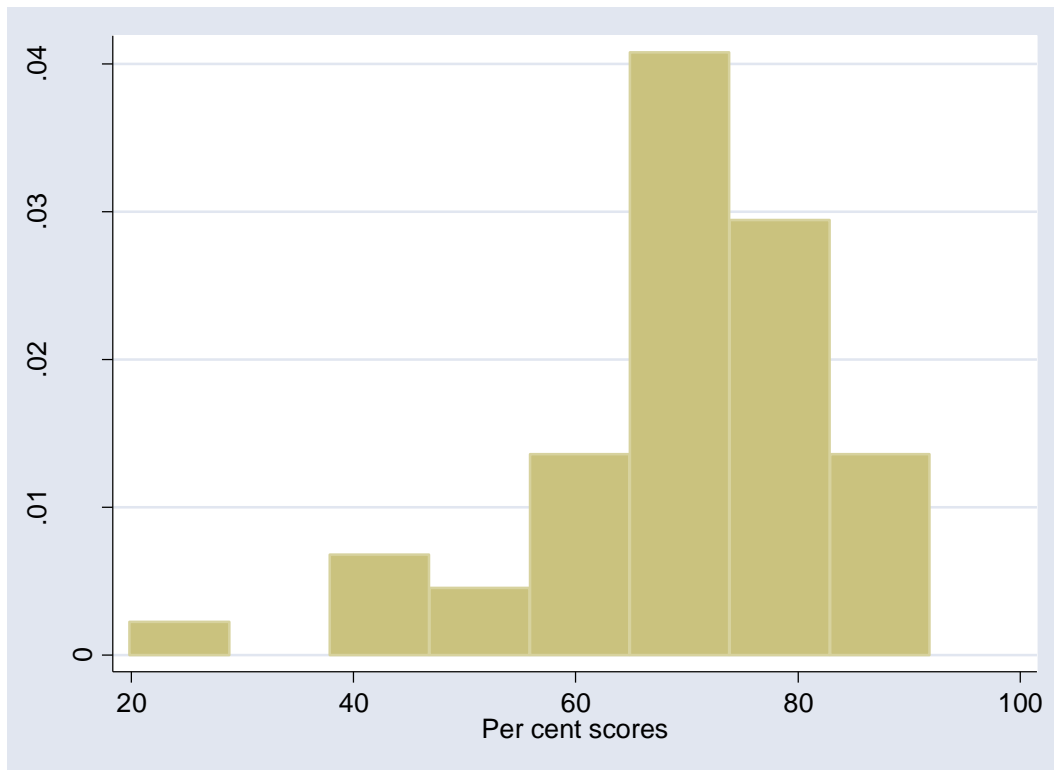
Figure 8: Histogram of Percentage Scores by Subjective Evaluation for non- EIPFs having bed size less than 25.



The mean score of non- EIPFs was 62.86 per cent with a standard deviation of 15.23.

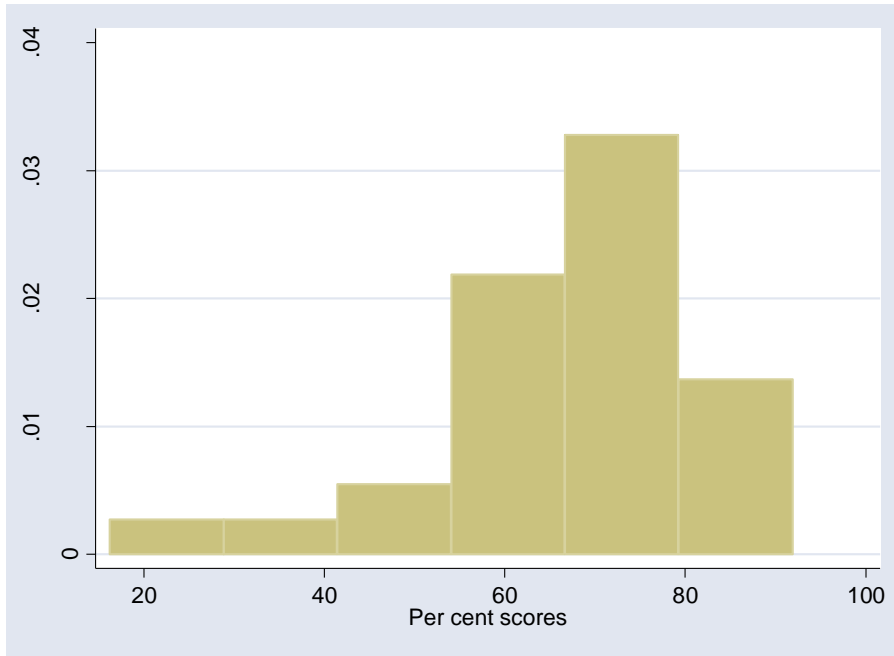
A comparison of the mean scores of the subjective evaluation shows that the EIPFs are better than the non-EIPFs.

Figure 9: Histogram of Percentage Scores by Objective Evaluation for all facilities having bed size less than 25.



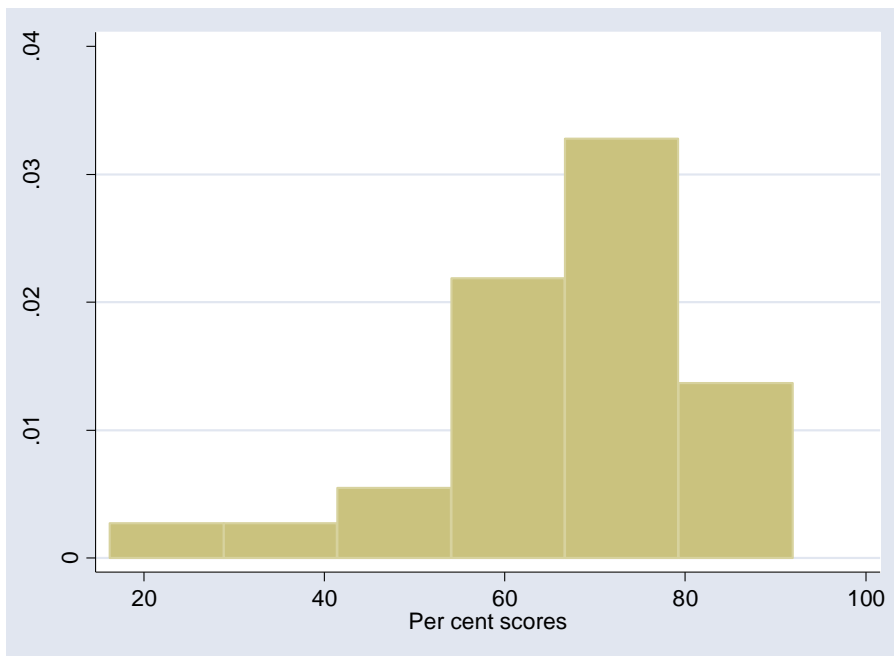
The mean score of non- EIPFs was 69.81 per cent with a standard deviation of 13.24.

Figure 10: Histogram of Percentage Scores by Objective Evaluation for EIPFs having bed size less than 25.



The mean score of EIPFs was 73.11 per cent with a standard deviation of 11.80.

Figure 11: Histogram of Percentage Scores by Objective Evaluation for Non-EIPFs having bed size less than 25.



The mean score of EIPFs was 67.53 per cent with a standard deviation of 13.89.

The comparison between scores of EIPFs and Non-EIPFs by objective evaluation also suggests that the EIPFs with number of beds less than 25 are better than non-EIPFs.

C6.4 Compliance Status of EIPFs

We analysed the data to see if the EIPFs comply with the minimal guidelines prescribed by the Government.

The following table shows the criteria that the empanelled hospitals should fulfill. These are in accordance with guidelines given by the GOI. The figures in the table give the percentages of the hospital who comply with the criteria.

Table 1: Hospitals Compliance to Empanelment Criteria

Criteria	Number	Per cent
Separate help desk for RSBY	14	34.15
Staff for managing the RSBY help desk	22	53.66
Status of the staff (full time)	28	68.29
Fax facilities	36	87.80
Computers	37	90.24
Internet facilities	36	87.80
Smart Card Readers	32	78.05
Finger Print scanner	32	78.05
Printer	35	85.37
Modem	32	78.05
Any signage indicating how to reach RSBY help desk	14	34.15
Any signage indicating RSBY help desk	13	31.71

As can be seen from Table 1, the IT infrastructure at most of the EIPFs is in good shape and this is irrespective of the size of the hospitals. However, there is a need to improve patient and hospital interface as most of the hospitals do not have a special help desk and related signage for patients to be treated under RSBY. This is very important as a majority of the patients are less educated. Also it would greatly help patients and their relatives if there are visual clues and dedicated staff to help them the moment they enter the hospital to facilitate prompt treatment.

The RSBY is a scheme that will route finance to the hospital but it should not be a portal of discrimination between the RSBY and non RSBY patients. It is to be discussed whether a separate help desk for the patients (though convenient for the beneficiaries) will help facilitate any sort of discrimination.

C6.5 Descriptive statistics of the processes in the EIPFs:

The following table shows the processes that the hospitals should follow and the number of EIPFs following those processes.

Table 2: Hospital processes

Hospital process	EIPFs	
	Number	Per cent
Financial auditing	37	90.24
Doctor for emergency situation	39	95.12
GNM* in charge	33	80.49
Regular doctor rounds	34	82.93
Maintenance of equipment	35	85.37
Radiology and ultrasound machine registration	37	90.24
Female attendant	41	100.00
Cleaning	41	100.00
OT carbolized	39	95.12
Labour room carbolized	33	80.49
Registration under biomedical waste management	40	97.56
Patient feedback mechanism	34	82.93
Medical records	34	82.93

*GNM –General nursing midwifery

In 90.24 per cent of the EIPFs the financial reports for the last 2 years have been audited by professional chartered accountants. There is a dedicated doctor for handling emergency situations 24X7 in all the hospitals. Amongst the EIPFs who responded to the question there was one hospital where a science graduate was handling emergency situation, 31.71 per cent were MBBS doctors and 36.59 per cent were post graduates. In 80.24 per cent of the hospitals a B.Sc. nursing was in charge of each ward.

84 per cent of the EIPFs have regular doctor rounds twice a day. There is a mechanism for planned maintenance of equipment in 85.37 per cent of the hospitals. In 90.24 per cent of the EIPFs, both the radiologist and the ultrasound machine are registered under the PNDT Act. It was encouraging to see that in all the hospitals the female patients are examined in presence of a female attendant .The attendant could either be from the hospital or from the patient's family.

For the question related to the type of feedback mechanism the non response rate is high and almost close to 50 per cent. However, from the responses received, we feel that the preferred mechanism of feedback was through patient feedback form by empanelled hospitals.

Medical records of patients have been maintained for at least 5 years in 82.93 per cent of the EIPFs.

C7 Conclusions

Both the EIPFs and non-EIPFs have services which are satisfactory from the point of view of service delivery. This clearly indicates that with little motivation (either by the government or by providing incentives) these facilities can be upgraded.

As mentioned before, for reasons of varying bed size between both EIPFs and non-EIPFs we cannot use statistical tests to prove which of the two has better characteristics. However, for the hospitals having less than 25 beds, we feel that the EIPFs are better than the non-EIPFs.

It is encouraging to see that 70 per cent of the EIPFs would like to renew their empanelment next year. Of the 8 hospitals not wishing to renew their empanelment next year, two hospitals gave no response and the rest said the prices were too low and that the scheme was not beneficial. There is scope for tapping the non-EIPFs as it was revealed during the survey that almost all of the non-EIPFs were not aware of the scheme but were interested in getting empanelled.

D. The Post Transaction Survey

The post-transaction survey is a survey of individuals who have used the RSBY scheme to access an EIPF. The post-transaction survey is designed to provide input for the RSBY on two fronts. First, the survey will provide information on the characteristics of households who are currently using the RSBY card to access hospitals, relative to the population currently enrolled. This will allow GOI to understand the characteristics of hospital clients. Second, the survey will be used to evaluate the issues and experiences that individuals enrolled under the scheme are going through when accessing EIPFs. Third, the survey will also help provide a measure of the quality of care received by the beneficiary.

D1. The Survey Instrument

The questionnaire for the post transaction survey collected information on the following

PT1. Descriptive Identification of Sample Household

PT2. Household Characteristics

- Household Size
- Household Type
- Religion
- Social Group
- Type of Structure
- Type of Latrine
- Type of Drainage
- Source of Drinking Water

PT3. Demographic particulars of household members

PT4. Particulars of medical treatment received as inpatient of a hospital during the last one year

PT5. Details about non-RSBY hospitalisation

Details of medical services received during the last one year
Medical expenditure for treatment during stay in the hospital
Source of finance for treatment

PT6. Details about RSBY hospitalisation

Details of last hospitalisation case treated in the last one year under RSBY
Transportation
Inpatient experience
Medical expenditure for treatment during stay in the hospital
Discharge
Details of patient who died after receiving treatment
Patient satisfaction

D2. Selection of Investigators

A team of eight investigators was selected for the survey. Since the survey involved tracking down households, in areas where most of the houses were not numbered sequentially it was best to select the investigators from the survey area itself.

The investigators went through two training sessions. In the first training session the investigators were given a detailed description of the questionnaire. This was followed immediately by field testing of the questionnaire. The investigators went to about 15 households first with the trainers, and then independently to see if they encountered any problems in filling up the questionnaires.

The second training session was held a week later with the objective of fine tuning the questionnaire as well as find solutions to problems encountered during the survey.

D2.a. Issues with investigators

The investigators found it difficult to track down households. The consequence of this was that they got pretty demotivated. There were sometimes as many as three days when they could not locate a single household. However we were fortunate that investigators felt motivated after we spoke with them.

D2.b Recommendations

For the future surveys three or four volunteers should recruited from within the community whose sole job is to find households. After they have traced the families they should inform the investigators so that the investigators can directly to go the household without wasting time and energy to locate them.

D3 Sampling methodology

Our unit of observation is the hospital visit.

Ideally we would have liked to select an equal probability random sample from the list of hospitals visits. However, due to problems encountered in tracing of households of those who used RSBY, we adopted the following strategy:

1. From the list of hospital visits provided by the insurance agency, we selected areas that have a high number of hospitalisations.

2. We then sampled a large number of households from each of these areas. Four such lists were drawn. The investigators were divided into two groups of four investigators each. Two lists were given to each group. The list of households that the investigators started with were the "primary" households and the second list served as a replacement list for primary households that could not be traced. The process of tracing the households were as follows:

First, the households in the primary list were traced.

If the household was not found then another household was selected from the second list in the same area. For example, if a primary household in Seelampur area could not be traced then the investigator selected another household residing in Seelampur from the second list to replace the primary household. If the replacement household too could not be traced then any household from Seelampur who had undergone hospitalisation using the RSBY card was selected.

3. A separate "contact sheet" was maintained by each surveyor which mentioned clearly the reason for non-completion: the household refused, the house was locked, the household/person has moved, the household/person could not be located, address was right but the name of the head of household was wrong. This information was necessary to figure out how the survey can be done in urban areas in the future with least wastage of energy and money.
4. In case of families where there were more than one hospitalisation or where the same member was hospitalized more than once separate questionnaires were filled for each hospital visit.

D3.a.Issues with selection of sample

It was encouraging to see that the households were cooperative in answering the questions. There was not a single instance where a particular household refused participation in the survey. However, tracing households was the biggest challenge during the course of the survey. Out of 980 households in the sampling list, only 257 households could be interviewed.

Following problems were encountered:

1. Some houses could not be traced.
2. Addresses were right but the name of the head of household was wrong.
3. In some cases we found the head of the household but the address was different.
4. In one particular instance the entire colony had been relocated and as a result 15 people could not be traced.
5. There were a few instances where the houses were locked.

There were about 2500 hospitalisations under RSBY till June and we wanted to survey at least 10 per cent of the people hospitalised .Since we had difficulty in locating households, we therefore decided to take adequate number of households without worrying about sampling issues.

We did not take non-RSBY hospitalized cases in this particular survey .It was decided that we will take only a sample of the beneficiaries who have taken treatment under RSBY so that we can see what is the ground level situation regarding the services that should be provided by the hospital.

D3.b. Recommendation

D3.b1. For tracking of households

Delhi is an urban area with a porous border and influx of quite a huge number of migrant population. The problem of tracing the households in the unauthorized colonies and slums was expected.

The problem of tracing households can be solved by recording addresses accurately at the time of enrollment. It is a possibility that the addresses of the people might change as there may be a considerable lag between the enrollment and actual hospitalization.

The best way then is to take the addressees from the hospital as these will be more recent and then look for patients. In order to trace a patient or an address, a contact number, either mobile of a person known to the patient or ration card number/BPL card number could be taken down at the hospital level. This information should be voluntary.

The following sampling strategy is suggested.

1. From the list of transactions provided by the insurance provider sort the EIPFs on the basis of the number of RSBY hospitalizations.
2. Select all the facilities which are within 95 per cent confidence limits of hospitalizations from the mean number of hospitalizations.
3. Create class intervals for the number of hospitalizations and then select hospitals randomly from each class interval.
4. Select also randomly from among the EIPFs which have hospitalisations beyond the 95 per cent confidence limits.
5. From the EIPFs thus selected we should then select patients randomly, their number being proportionate to the number of hospitalizations in that particular facility. The addresses of the patients should be taken from the hospital records. (It should be made mandatory for all hospitals to record postal addresses of all patients.)
6. For the facilities survey the facilities for the post transaction survey should be selected. The reason for this is that a set of common questions for both the type of surveys can help corroborate the findings of each other

D3.b2. For sampling methodology

There are two ways of selecting the post hospitalisation cases.

In one case where we consider the hospital visit a unit of survey we take into account the number of times a particular smart card was swiped. In the second case where we use the smart card as the unit of the survey we consider the total number of unique smart cards that were swiped

There are specific situations for choosing either the hospitalisation or the smart card as the unit of survey.

If the survey's objective is to determine the quality of care provided by the hospital then it becomes important to take the hospitalisation as the unit of the survey. The quality of care provided by the hospital to the patient may not be the same if he/she visits the hospital repeatedly and vital information may be lost. For instance, if the person went to hospital A and received very poor treatment, the second time he/she needs hospitalisation she will perhaps go hospital B. This is a critical process to capture in this survey. Indeed, it becomes the basis for a hospital-quality index. Therefore, our questions should relate to all the transactions that took place irrespective of the fact that there were multiple hospitalisations within the same family. In this case, covering more hospitalisations will increase the efficiency, and for the average hospitalisation some weighting can be done. On the other hand, if there are no other RSBY hospitals in the neighbourhood, frequent visits to the same hospitals may imply lingering complications which the hospital is using to mop up the remaining money in the patient's card.

If the objective of the survey is to evaluate the benefits provided by the hospital, then we can use the smart cards as the unit of survey, Here, we can decide on taking the most recent case of hospitalisation in a family. In this way we will be able to avoid taking more than one case from one family and also the issue with recall of older cases will be avoided. In both the above cases we need to decide on what to do with the other hospitalisation cases in the same family.

D4.Refining the Survey Instrument on the Basis of Data Analysis

D4.a. Issues with the questionnaire

There was considerable duplication of information when separate questionnaires were used for multiple hospitalizations with in the family and multiple hospitalizations of the individual.

In the section on the questions related to medical expenditure on both RSBY and non-RSBY hospitalisation there was a considerable recall bias. People who spent on treatment could not remember the details of money spent. In most cases the respondents could only remember the money spent on consultant fees, medicines and diagnostic tests and money borrowed if any for treatment.

D4.b. Recommendation

The questionnaire has to be designed in a manner so that details of all hospitalizations of an individuals or members of the family are recorded on one questionnaire per household.

The questions related to medical expenditure should be modified so that only those details with minimal recall bias are collected.

D5. Data analysis

Since this was a pilot survey the data analysis focused on

Whether collecting information on hospitalisations of different members within the same household or same member with multiple hospitalisations provides useful information as there is considerable overlap of household information.

Whether the beneficiary is getting all the required benefits under RSBY at the hospital or something is missing. Therefore, the focus was less on quality of treatment provided at present and more on the availability of the scheme benefits. Main benefits/ services which needed to be provided at the hospitals and we are trying to assess through this survey are:

1. Truly Cashless treatment without any type of cash payment by the beneficiaries.
2. One day pre hospitalisation and five day post hospitalisation coverage which covers all the drugs and tests in this period.
3. Transport allowance of USD 2 at the time of discharge.
4. Availability of the help desk at the empanelled hospitals and guiding the patient within the hospital.
5. Authentication of beneficiary smart card with finger print verification.

D5a. Observations

We gathered information on 388 hospital visits. Among these 257 hospital visits were by patients who visited the facilities once. In addition, there were 46 visits in which the same patient visited the facilities two or more times.

There were 98 visits where not only did the patients visit the facilities more than once but this number also included the visits by different members of a family.

Our analysis is based on 388 hospitalizations. While calculating percentages we took into account the non-response rate. Of these, 186 visits were by male patients and 199 visits were by female patients. Our analysis revealed that in the households surveyed 51.80 per cent were males and 48.14 per cent were females. It is encouraging to see that there is no gender disparity in terms of access to health care. At this point in time we cannot draw statistical conclusions given the fact that that our sample is not statistically sound.

As mentioned before the objective of our analysis is focused on whether the beneficiary is getting all the required benefits under RSBY at the hospital or something is missing. The following observations were made.

D5a.1. Transportation

As per the coverage benefits under RSBY USD 2 have to be reimbursed by the hospital as transport cost per visit to the hospital up to a maximum of USD 20 in a year. It is discouraging to see that only 11 per cent of the hospital visits were reimbursed for transportation. All these were given a sum of USD 2.

The reasons for non-reimbursement are as follows;

In 65.72 per cent visits the family did not know there was such a provision. In 2.84 per cent visits the hospital refused to pay the money and in 5.67 per cent cases the families said that they never asked for it.

D5a.2. Inpatient experience

In 88.4 per cent hospital visits the respondents said that there was a RSBY help desk at the hospital. About 51.55 per cent of the patients were attended by the staff within 5 minutes, 31.96 per cent were attended between 5 to 15 minutes.

Once the patient goes to the hospital his/her finger print is verified for authentication of the beneficiary. In 98.2 per cent cases fingerprint verification was done through a fingerprint scanner. In 87.11 per cases it was the patient's finger print that was used for verification and registration.

The hospitals should provide details about the costs involved during the treatment process. In 78.09 per cent cases the families were not told about the cost involved for treating the patient in advance. In 77.32 per cent cases the families were not told about the money left in the smart card after deduction from the insurance cover of USD 600.

With emergency department admissions accounting for about 40 per cent of all hospital admissions in most countries ¹ it was seen that 59.02 per cent of admission cases were advised through emergency and 33.51 cases were through the OPD.

It was encouraging to know that in 94.85 cases the staff at the RSBY help-desk was polite and helpful.

In 52.84 cases the bed was made available as soon as the patient was advised admission. In about 40.21 cases the patient was asked to wait for a few hours. There were instances where the patients were given the bed first and then the hospital doctors came to visit. Therefore, these figures need to be interpreted correctly.

RSBY provides coverage for all diagnostic tests and medicines done one day prior to hospitalisation and five days post hospitalisation. Ideally, a patient should not be

¹ A. Chatteraj, S. Satpathy; "A Study Of Sickness & Admission Pattern Of Patients Attending An Emergency Department In A Tertiary Care Hospital", Journal of the Academy of Hospital Administration Vol. 18, No. 1 (2006-01 - 2006-12)

spending on either of these and the entire hospitalisation should be cashless for the beneficiary.

Analysis revealed that in 16.67 per cent of the visits the patients were asked to get diagnostic tests done from outside. In 53 visits (13.66) the families were asked to pay by themselves if the tests were done outside. From the 39 responses that we got, the amount paid by the families for tests varied between USD 2 to 130. Among these visits in 51.28 per cent cases the families had to pay USD 14 or less.

In 29.9 per cent cases, the families were asked to get medicines from outside for the patient. When the respondent was asked about the amount paid for those medicines we got 100 responses. Of these in 15 visits USD 10 were paid. In 61 per cent of the visits USD 14 or less were paid. In 34 visits between USD 20 and USD 60 were paid. These results have to be interpreted with caution because it is likely that the respondent misunderstood the question and responded to it as the total amount deducted from the smart card. However if the figures are for actual expenditure on medicines then it is a point worth noting.

In 58.51 per cent cases the patients were not provided with food during their stay at the hospital as in most cases the facilities for food were not available in the hospital premises.

At the time of discharge in only 48.20 per cent cases a discharge summary was provided. In 93.8 per cent cases fingerprint verification was done at the time of discharge and the patient's fingerprint was taken in 90.46 per cent of cases.

In 59.54 cases the patients got the card back on the day of discharge. When asked about the number of days after which the patient got the card of the 138 responses we got 72 cases got the card back within a week. The details can be seen in the following Table.

Table 3: Return of the RSBY Smart Card after discharge

With in (Number of days)	Number of visits	Percent
1	4	2.90
2	23	16.67
3	30	21.74
4	17	12.32
5	17	12.32
6	2	1.45
7	7	5.07
8	3	2.17
10	4	2.90
12	1	0.72
15	12	8.70
20	3	2.17
30	4	2.90

45	1	0.72
60	1	0.72
90	1	0.72
No response	8	5.80
Total	138	100.00

The following table gives reasons for withholding the card.

Table 4: Reason for withholding the card

Reasons for holding back the card	Freq.	Percent
Staff wanted money for returning the card	15	13.51
Staff wanted to keep the card till insurance claims were settled	54	48.65
Staff said the card will stay deposited at the hospital	31	27.93
Non response	11	9.91
Total	111	100.00

In only 10.82 per cent cases the families were told about the amount of money left in the card at the time of discharge. 65.72 cases were not aware of 5 day post hospitalization expense coverage in RSBY.

There were 3 reported cases of deaths. One of these was within a fortnight and the other within a month of discharge. The cause of death of these patients could not be ascertained as there were no available documents.

Analysis revealed that in 83.76 per cent cases the patients considered the treatment received at the hospitals good.

Table 5: Patient satisfaction with the treatment at the hospital

Patient satisfaction with treatment	Freq.	Percent
Excellent	66	17.01
Very good	121	31.19
Good	138	35.57
Average	49	12.63
Poor	9	2.32
No response	5	1.29
Total	388	100.00

When the respondents were asked about the hospitals they would have gone to had RSBY not been operational the following responses were observed.

Table 6: Alternative hospitals in absence of RSBY

Alternative hospital	Freq.	Percent
To any other private hospital.	15	3.87
To government hospital	364	93.81
Doctors private clinic	5	1.29
Don't know	4	1.03
Total	388	100.00

D6. Conclusions

It is encouraging to see that the RSBY patients are being treated well by the facilities. In 83.76 per cent of cases the patients thought that the treatment received was good. We feel that RSBY will be able to reduce to a great extent the problem of social and gender inequity in terms of access to health care. People who could not go to private hospitals for lack of money can now access private health care.

RSBY is supposed to provide cashless treatment at the facilities. However in 13.60 per cent visits the patients had to pay for diagnostic tests and 29.90 per visits on medicines. It was found out during discussions with doctors that in case the patient requires certain drugs which are not available in the hospital they ask the patient to buy those drugs. This is only done if the patient agrees to pay .If the patient does not agree to this then they have no alternative but to substitute with less efficient drugs.

The facilities need to spruce up their efforts in terms of providing a discharge summary to the patients. In around 49 per cent of the patients the discharge summary was provided.

About 40 per cent of the people did not get the smart card at the time of discharge This is worrisome because in case there is need for another hospitalization the family will not be able to access the facilities of their choice.

The facilities are lacking in their effort to provide information to the patient on expenditure on treatment and the money left in the card once the patient is discharged. This problem is further aggravated by the fact that the patients are also not aware of the benefits provided to them under RSBY.

E. Policy Implications

The surveys in Delhi have given us some encouraging results about RSBY. The facilities survey reveals that both the EIPFs and non-EIPFs have services which are satisfactory from the point of view of service delivery.

This clearly indicates that with little motivation (either by the government or by providing incentives) these facilities can be upgraded.

We feel that RSBY will be able to reduce to a great extent the problem of social and gender inequity in terms of access to health care. People who could not go to private hospitals for lack of money can now access private health care.

Though the results from the survey may not be statistically valid but with proper government intervention the scheme can be fine tuned to achieve better results.

We suggest the following policy guidelines to finetune the RSBY.

Identifying households

During the course of data analysis it was found that there were instances where the BPL numbers and or the URN numbers were shared by more than one household. Though the smart cards have a biometric authentication that makes them unique, it is also important to have unique identification numbers.

Improving Quality of care

Almost all the EIPFs suggested a revision of the prices fixed by the government for the different procedures. They said USD 10 per day for hospitalization was, often, not enough to cover the doctor's fee, let alone the medicines and hospital stay. For this reason they had to sometimes ask the patients to buy the non-available medicines from outside. Some doctors even suggested that the Ministry should look at the cost per hospitalized patient in a public facility as this would give a fair idea of how low the current prices are. One possible way to prevent patients from buying medicines from outside of the facilities ability to pay is to encourage the use of generic medicines by all EIPFs.

It also because of the low cost of the package that the hospitals find it difficult to reimburse the cost of transportation. The government needs to revise the package rates so the patients get the benefits they are entitled to.

During discussions with doctors it was found that the doctors find themselves helpless in their inability to prescribe diagnostic tests which are necessary for the patient but are very expensive. A possible solution to this could be the provision of topping up over and above the insurance cover. This should be allowed in special cases only perhaps after consultation with panel of doctors appointed by the government.

All, EIPFs should be mandated to give a proper discharge summary .This should also contain information on the amount of money left in the smart card of the beneficiary. The hospital authorities should ensure that the smart card is returned to them on the day of discharge.

Educating the beneficiary

The government should allocate funds for educating the beneficiaries. Most beneficiaries did not know the type of benefits that could be availed under the RSBY and are therefore, needed to be made aware of the exact benefits. A toll free helpline number of the government could help solve the problem to some extent both for the hospital and the patients.

Facilitation of surveys

In order to get statistically valid results the government should help researchers get permission from appropriate authorities to do the surveys.

There is scope for tapping the non-EIPFs as it was revealed during the survey that almost all of the non-EIPFs were not aware of RSBY but were interested in getting empanelled. The government should ask the insurance providers to contact these facilities.

F. Annexures

Annexure 1

Facility Survey Questionnaire for RSBY-2009 Respondent- Hospital Personnel

	Name	Code
Interviewer		Schedule no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of the hospital		Address:
State		<input type="text"/> <input type="text"/>
District		<input type="text"/> <input type="text"/>
Sub-district		<input type="text"/> <input type="text"/> <input type="text"/>
Name of Gram Panchayat		<input type="text"/> <input type="text"/>
Village/Slum		<input type="text"/> <input type="text"/>

Informed consent

Namaskar. My name is (please say your name here). I have been asked by India Development Foundation, Gurgaon to conduct a health facility survey. This survey will help understand the existing levels of health services present in the community. The information in turn will help formulate guidelines for minimal quality standards in health care. We would appreciate your participation in this survey. We will leave this questionnaire at your facility for one week, and then we will come back and complete with you the rest of the questionnaire. The information collected would be kept confidential. This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time.

Date of visit: Day Month Year

A. Basic Information about the respondent

	Details of the person filling in the questionnaire	Status Code	Skip/Remarks
A.1a	Name		
A.1b	Age		
A.1c	Are you in charge of this facility	Yes-1 No-2	
A.1d	Designation		
A.1e	Qualification		

B. Characteristics of the hospital

	Type of Facility	Status Code	Skip/Remarks
B.1	Type	Public facility-1 Private for profit-2 Private not for profit-3	

C. Empanelment/Accreditation

	Item	Status Code	Skip/Remarks
C.1a	Has the hospital been empanelled by a health insurance agency/scheme other than the RSBY?	Yes-1 No-2 →→ →→	Skip C.1b
C.1b	If yes, by how many?	Public agency- Private agency-	
C.1c	Has the hospital been accredited/ certified by any agency?	Yes-1 No-2 →→ →→	Skip C.1d
C.1d	If yes, by whom?		

D. Information on staff

How many workers work at this facility in total (paid employees)? -----

(Here workers refer to doctors, nurses, paramedical staff, laboratory technicians and pharmacist and other non-medical persons).

	List workers by name Category of Staff	Total Number	On hospital rolls	Contractual /Other arrangements	Not Applicable / Service not available
D.1 Doctors and nurses					
D.1a	Doctors with Post Graduate qualification (MD, MS, MCh. DNB)				
D.1b	MBBS Doctors				
D.1c	AYUSH Doctors				
D.1d	Total No. of Nurses				

	(senior and junior)				
D.1e	OT / Labour room Nurses				
D.2 Paramedical staff					
D.2a	OT				
D.2b	Pathology Lab				
D.2c	Radiology Lab				
D.2d	Others				
D.2e	Pharmacists				
D.2f	Other medical personnel				
D.3 Other non medical person					
D.3a	Peons / Ward Boys				
D.3b	Sweepers				
D.3c	Security personnel				
D.3d	Any other categories				

E. Physical Infrastructure-Current size of the hospital/ WARDS and PRIVATE ROOMS

	Item	Code			Skip/Remarks
E.1a	Size (Area) of the Hospital (Plot size in Sq. Meters)				
E.1b	Number of indoor beds	Available	functioning	temporary/in corridors	
E.1c	Total No. of Patient toilets				
E.1c.1	Male				
E.1c.2	Female				
E.2	Total No. of Toilets for staff				
E.3a	How many wards do you have? (Number to be given)				
E.3b	List the wards by NAME general , specialist by gender				
E.4	How many private rooms do you have?				

F. Availability of services

	Services	Status Code	Skip/Remarks
	Specialist services		
F.1a	General Medicine	Yes-1 No-2	
F.1b	General Surgery	Yes-1 No-2	
F.1c	Obstetric & Gynaecology	Yes-1 No-2	
F.1d	Paediatrics	Yes-1 No-2	
F.1e	Emergency services(24hours)	Yes-1 No-2	
F.1f	Neonatology	Yes-1 No-2	
F.1g	Anesthesia	Yes-1 No-2	
F.1h	Orthopedics	Yes-1 No-2	
F.1i	ENT	Yes-1 No-2	
F.1j	Radiologist and Ultrasonologist	Yes-1 No-2	
F.1k	Ophthalmology	Yes-1 No-2	
F.1l	Dermatology and Venereal diseases (Skin & VD) RTI / STI	Yes-1 No-2	
F.1m	Dental Care	Yes-1 No-2	
F.1n	AYUSH	Yes-1 No-2	

F.1o Others, specify-77

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G. SUPPORT SERVICES

Support Services	Availability?	Outsourced?	
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	Available			
G.1	Finance (Financial accounting)	G.1a Yes-1 No-2 → skip G.1b and G.1c	G.1b Outsourced-1 Inhouse-2 → skip G.1c	G.1c If outsourced Written contract-1 No written contract-2
G.2	Ambulance Services	G.2a Yes-1 No-2 → skip G.2b and G.2c	G.2b Outsourced-1 Inhouse-2 → skip G.2c	G.2c If outsourced Written contract-1 No written contract-2
G.3	Dietary Services	G.3a Yes-1 No-2 → skip G.3b and G.3c	G.3b Outsourced-1 Inhouse-2 → skip G.3c	G.3c If outsourced Written contract-1 No written contract-2
G.4	Laundry Services	G.4a Yes-1 No-2 → skip G.4b and G.4c	G.4b Outsourced-1 Inhouse-2 → skip G.4c	G.4c If outsourced Written contract-1 No written contract-2
G.5	Security Services	G.5a Yes-1 No-2 → skip G.5b and G.5c	G.5b Outsourced-1 Inhouse-2 → skip G.5c	G.5c If outsourced Written contract-1 No written contract-2
G.6	Housekeeping and Sanitation	G.6a Yes-1 No-2 → skip G.6b and G.6c	G.6b Outsourced-1 Inhouse-2 → skip G.6c	G.6c If outsourced Written contract-1 No written contract-2
G.7	Counseling Services for Domestic Violence, Gender Violence, Adolescents, etc.	G.9a Yes-1 No-2 → skip G.9b and G.9c	G.9b Outsourced-1 Inhouse-2 → skip G.9c	G.9c If outsourced Written contract-1 No written contract-2

H. Hospital Processes

No	Process	Status	Skip
H.1a	Were the financial reports for the last 2 years audited by professional Chartered Accountants	Yes-1 No-2	
H.1b	Is there a dedicated doctor for handling emergency situations 24X7	Yes -1 No-2 → →	Skip H.1c

		→→	
H.1c	If yes, what are the qualifications of that doctor?	Yes -1 No-2	
H.1d	A B.Sc (Nursing? / GNM is incharge of each ward	Yes -1 No-2	
H.1e	Are regular doctors rounds for all wards performed?	Not performed-1 Once a day-2 Twice a day,3	
H.1f	Is there a mechanism for planned maintenance of equipment (including AMCs) ?	Yes -1 No-2	
H.1g	Are the radiologist and Ultrasound machine registered under the PNDT Act?	Yes -1 No-2	
H.1h	Does a female attendant accompany all female patients during investigations and consultations?	Yes -1 No-2	
H.1i	Are all areas of hospital swept at least twice a day?	Yes -1 No-2	
H.1j	Is the OT is carbolised after each surgery?	Yes -1 No-2	
H.1k	Is the Labour Room carbolised after each surgery?	Yes -1 No-2	
H.1l	Is the hospital registered under the Bio-Medical Waste Management Rules 1998?	Yes -1 No-2	
H.1m	Are Mortuary services available / made available whenever required?	Yes -1 No-2	
H.1n	Is the Blood Bank providing blood registered with Drugs and Cosmetics Act?	Yes -1 No-2 Don't know-3	
H.1o	Is there a mechanism to obtain patient feedback regularly?	Yes-1 No-2 →→	Skip H.1p
H.1p	If yes, what is the type of mechanism available?	Patient feedback form-1 Complaint register-2 Verbal-3 Suggestion box-4	
H.1q	Are medical records maintained for all in-patients for a period of at least 5 years	Yes -1 No-2	

I. Outpatient /Inpatient Statistics

I.1 Outpatient

	Specialty name	Number of outpatient cases during May 08
A		

J.RSBY Information on empanelment

Item	Status Code	Skip/Remarks
J.1a Are you empanelled under the RSBY?	Yes-1 →→ →→ No-2 →→ →→	Skip I.4 Skip to I.4, Skip block J
J.1b How did you come to know about RSBY?	By the Insurer - 1 By the TPA - 2 By Advertisement - 3 Word of Mouth - 4 In a workshop - 5 Any other (Please specify) - 77 —	
J.1c Why did you join RSBY? (Multiple responses)	Means to increase revenue-1 Means to increase capacity utilization-2 Increase goodwill- 3 Increase visibility-4 Had no choice- 5 Already Empanelled with TPA/ Insurer - 6 Government's decision- 6 Any other, specify-77	
J.1d What were the reasons for not getting empanelled?	Did not know about the scheme-1 The prices of packages was too low-2 Initial costs for installation of software/ hardware are too high- 3 Already working to maximum capacity-4 Not allowed by Government- 5 Nobody Approached - 6 Any other reason ,please specify- 77	

J.1e	Would you consider getting empanelled next year?	Yes-1 No-2	
J.1f	What are the reasons for not wanting to get empanelled next year?	Not beneficial -1 It has resulted in losing business- 2 The package rates are too low- 3 Process is too cumbersome- 4 Cannot handle the increased workload- 5 Bad experience in claims settlements- 6 Others,specify- 77	
J1g	Please indicate approx. what percentage of your patients have insurance coverage (under any scheme) ?	-----%	
J.1h	Please indicate approx. what percentage of your patients have insurance coverage (under RSBY scheme)?	-----%	
J.1i	Is the hospital registered with the income tax department ?	Yes-1 No-2	
J.1j	Since when is the hospital empanelled under RSBY?	__ Months	
J.1k	Till now, how many cases have been treated under RSBY scheme	Number-----	
J.1l	Are the insurance companies requesting for hard copy documents for claim settlements?	Yes-1 No-2	
J.1m	Average time taken for claims settlements	Days: __	
J.1n	Has any of your RSBY Claim been rejected by the Insurer?	Yes-1 No-2	
J.1o	What was the reason cited by the Insurer for rejection of claim?	_____	
J.1p	Is there any manual process in place just in case the smart card is not working?	Yes-1 No-2	

J.1q	Has the hospital organized any health camps to for patients under RSBY scheme?	Yes-1 No-2	
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K. Tracers of quality and continuity of care(copies of protocols may be attached)

	Item	Status Code	Skip/Remarks
K.1a	Is there any protocol/mechanism to identify and report infections contracted by patients during their hospital stay?	Yes-1 No-2 →→ →→	Skip K.1b
K.1b	Is there any protocol/mechanism to report fall of patients (or other incidents) which caused injury during their hospital stay?	Yes-1 No-2 →→ →→	Skip K.1c
K.1c	How many such incidents occurred during last year?	Number-----	
K.1d	Is there any formal mechanism to report accidental insertion of foreign body in patients' body during surgery?	Yes-1 No-2	
K.1e	How many injuries to patients because of faulty electrical equipment /short circuit did happen in this hospital during last three years?	Number-----	

	Item	Status Code	Skip/Remarks
K.2a	Does your facility receive referrals from other facilities?	Yes-1 No-2 →→ →→	Skip K.2b,K.2c
K.2b	What percentage of your patients during last month were referred from other hospitals?(see records)		
K.2c	Which facilities do you receive referrals from?	Government hospitals /facilities-1 Other private hospitals/clinics-2 NGO clinics-3 Pharmacy/drug vendor/shop-4	
K.2d	Do you refer patients to other hospitals	Yes-1 No-2 →→	Skip K.2e

		→→	
K.2e	If yes, how many cases in a month?	Number-----	
K.2f	If a RSBY patient is diagnosed with a condition other than that covered by the scheme what will the hospital do?	Ask the patient to leave-1 Treat the patient charging the usual fee-2 Treat the patient charging a subsidized fee-3 Others,specify-77	

Annexure 2

Facility Survey Questionnaire for RSBY-2009 Respondent- Investigator

A.0 Identification of the hospital

	Name	Code
Interviewer		Schedule no. □□ □□
Name of the hospital		Address:
State		□□
District		□□
Sub-district		□□□
Name of Gram Panchayat		□□
Village/Slum		□□

Informed consent

Namaskar. My name is (please say your name here). Ministry of Labour and Employment, Government of India through India Development Foundation, Gurgaon is conducting a health facility survey. This survey will help understand the existing levels of health services present in the community. The information in turn will help formulate guidelines for minimal quality standards in health care. We would appreciate your participation in this survey. The information collected would be kept confidential. This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time.

Date of visit: Day □□ Month □□ Year □□□□

Interview starting time: Hours □□ Minutes □□ AM/PM □□

3. Interview stopping time: Hours □□ Minutes □□ AM/PM □□

A. Basic Information about the person accompanying the interviewer in the hospital:

	Respondent Details	Status/Status Code	Skip/Remarks
A.1a	Name		
A.1b	Age		
A.1c	Are you incharge of this facility	Yes-1 No-2	
A.1d	Designation		
A.1e	Qualification		

Instruction to Interviewer: OBSERVE AND RECORD

B. Characteristics of the health facility:

	Characteristics	Status/Status Code	Skip/Remarks
B.1	Facilities for physically challenged patients		
B.1a	Are all clinical and patient areas of the facility accessible by wheelchair?	Yes-1 No-2	
B.1b	Are there railings for support on the ramp?	Yes-1 No-2	
B.1c	Are there separate toilets for the physically challenged patients?	Yes-1 No-2	
B.2	Building Status		
B.2a	What is the present stage of construction of the building?	Complete-1 Incomplete-2	
B.2b	Compound Wall / Fencing	All around-1 Partial-2 None-3	
B.2c	Condition of plaster on walls	Well plastered with plaster intact everywhere-1 Plaster coming off in some places-2 Plaster coming off in most places or no plaster-3	
B.2d	Condition of floor	Floor in good condition-1 Floor coming off in some places-2 Floor coming off in most places or no proper flooring-3	
B.3	Privacy		
B.3a	Do OPD consultation rooms have facilities to provide adequate privacy during medical examination?	Yes-1 No-2	
B.3b	Is there a female attendant/female relative present during the examination of a female patient?	Yes-1 No-2	
B.4	Water		
B.4a	Is there round-the-clock water supply?	Yes-1 No-2	
B.4b	Is there a water storage tank?	Yes-1 No-2	
B.4c	Does a water pump exist?	Yes-1 No-2 →→ →→	Skip B.4d

	Characteristics	Status/Status Code	Skip/Remarks
B.4d	If yes, is it in working condition?	Yes-1 No-2	
B.4e	Is there running water supply in operating theatre?	Yes-1 No-2	
B.4f	Is there running water supply in labor room?	Yes-1 No-2	
B.5	Electricity		
B.5a	What is the state of electricity supply in all parts of the hospital?	Continuous power supply -1 Occasional power failure-2 Power cuts in Summer only-3 Regular power cuts-4 No power supply-5	
B.5b	Is there a standby generator/ inverter installed in this facility?	Yes, functional-1 Yes, but not functional-2 No-3 →→ →→	Skip B.5c
B.5c	What is the capacity of the generator and / or inverter?	Generator - ____KW Inverter - _____ KW	
B.5d	Whether the generator / inverter supply is connected to the following areas:		
B..5d.1	Operation Theatre. If yes, whether the electricity backup is assured at all times?	Yes, at all times-1 Yes, but not at all times-2 No-3 NA-4	
B.5d.2	Blood storage or bank. If yes, whether the electricity backup is assured at all times?	Yes, at all times-1 Yes, but not at all times-2 No-3 NA-4	
B.5d.3	Labor room. If yes, whether the electricity backup is assured at all times?	Yes, at all times-1 Yes, but not at all times-2 No-3 NA-4	
B.5d.4	Wards	Yes, at all times-1 Yes, but not at all times-2 No-3 NA-4	
B.6	Telephone		

	Characteristics	Status/Status Code	Skip/Remarks
B.6a	Does this facility have an official telephone(s)?	Yes-1 No-2 →→ →→	Skip B.6b
B.6b	Is/ are the telephone (s) working today?	Yes,All-1 Yes, but not all-2 None-3	
B.6c	Is there a telephone available for use of the patients or attendants?	Yes,functional-1 Yes, but not functional-2 No-3	
B.6d	Where is the telephone placed? (Could have multiple answers)	At the reception-1 In the office of the hospital incharge-2 In patient waiting area-3 In the duty doctor's room-4 In the nurse's room-5 Other,specify-77	
B.7	Toilets		
B.7a	How many toilets does this facility have (including staff and patients toilets)?	Number-----	
B.7b	How many of these are toilets only for the staff?	Number-----	
B.7c	How many of the total toilets are in working condition?	Number-----	
B.7d	Do you have separate toilets for women and men?	Yes-1 No-2	
B.7e	Do the toilets have running water?	All-1 Some-2 None-3	
B.8	Waste care management		
B.8a	Is the staff aware of various categories of waste?	Mostly-1 Some-2 None-3	
B.8b	Is the staff aware of waste segregation?	Mostly-1 Some-2 None-3	
B.8c	Are needle destroyers available in all wards and ICUs?	Yes-1 No-2	
B.8d	Are color coded waste bags available for segregated waste?	Yes-1 No-2 →→ →→	Skip B.8e

	Characteristics	Status/Status Code	Skip/Remarks									
B.8e	What is the color of the waste bags that are used?	<table border="1"> <tr> <td colspan="3">Please fill in the color</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Please fill in the color									
Please fill in the color												
B.8f	What is the mode of disposal of infectious/ biological waste?	Bury in a pit-1 Thrown in common/public disposal pit-2 Thrown outside hospital compound-3 Thrown inside hospital compound-4 Use incinerator-5 Out sourced-6 Others,specify-77										
B.8g	What is the mode of disposal of non-infectious waste?	Bury in a pit-1 Thrown in common/public disposal pit-2 Thrown outside hospital compound-3 Thrown inside hospital compound-4 Use incinerator-5 Out sourced-6 Others, (specify)-77										
B.8h	Are any discarded/used sharps visible in the facility?	Yes-1 No-2										

C. Availability of services

C.1	Blood Bank	Staus Code	Remarks
C.1a	Is there a blood bank available in this facility?	Yes-1 →→ →→ No-2	Skip C.1b
C.1b	Is there a blood storage facility available in this facility?	Yes-1 Not available-2	
C.1c	When is the blood bank/blood storage facility functional?	24X7-1 Only day time-2	
C.1d	Is there a Intensive Care Unit	Yes-1	

	(ICU)?	No-2 →→	→→	Skip D.1btoD.6b,Skip E6
C.1e	Is there a separate neonatal ICU?	Yes-1 No-2		
C.1f	Is there a birthing/delivery room?	Yes-1 No-2 →→	→→	Skip D.1a toD.8b,Skip E5
C.1g	How many OTs are there?	Number-----		
C.1h	How many OTs are functional?	24X7, number----- Only day time, number----- -----		
C.1i	Is there a post-op area to stabilize patients after surgery?	Yes-1 No-2		

D. Quality of the Delivery Room/ICU and OT

		a. Delivery/ Birthing Room	b. Intensive Care Unit (ICU) & High Dependency Wards	c. Operating Theatre
D.1	Number of beds available	Pre labor- Post labor- Total-	Total-	Pre- op- Post-op- Total-
D.2	Number of beds functioning	Pre labor- Post labor- Total-	Total-	Pre- op- Post-op- Total-
D.3	Piped Suction	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3
D.4	Medical Gases	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3
D.5	Heating	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3
D.6	Air Conditioning	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3	Yes-1 No-2 Available, but not functional-3

E. Available and Functional Equipment

Item	Status Code	Skip/Remarks
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E.1 Equipment in IPD			
E.1a	Suction Machine	Yes-1 No-2	
E.1b	One mattress and pillow per bed	Yes-1 No-2	
E.1c	2 sets of linen (bed sheet, pillow cover and blanket) per bed (JUST ASK, THE WARD NURSE)	Yes-1 No-2 More than two-3	
E.1d	Seating arrangement for attendants within 2 meters of patient bed	Yes-1 No-2	
E.1e	Availability of Lockers to patients	Yes-1 No-2	
E.1f	Clothes and utensil washing facility is available	Yes-1 No-2	

	Item	Status Code	Skip/Remarks
E.2 Signages in OPD			
E.2a	Is there a reception area for the hospital?	Yes-1 No-2	
E.2b	Are the following signage available:		
E.2b.1	Timings	Yes-1 No-2	
E.2b.2	Implied consent	Yes-1 No-2	
E.2b.3	User charges	Yes-1 No-2	
E.2b.4	Patient's rights & responsibilities	Yes-1 No-2	
E.2b.5	RSBY	Yes-1 No-2	
E.2b.6	Emergency telephone numbers	Yes-1 No-2	
E.2b.7	Fire exit	Yes-1 No-2	
E.3 Equipment in OPD			
E.3a	Blood pressure apparatus	Yes-1 No-2	

		Available, but not functional/not used-3	
E.3b	Examination table	Yes-1 No-2 Available, but not functional/not used-3	
E.3c	Adult weighing machine	Yes-1 No-2 Available, but not functional/not used-3	
E.3d	Pediatric weighing machine	Yes-1 No-2 Available, but not functional/not used-3	
E.3e	Torchlight	Yes-1 No-2 Available, but not functional/not used-3	
E.3f	Thermometer	Yes-1 No-2 Available, but not functional/not used-3	
E.3g	Ophthalmoscope	Yes-1 No-2 Available, but not functional/not used-3	

	Item	Status code	Skip/Remarks
E.4 Equipment in O.T.			
E.4a	Blood pressure manometer	Yes-1 No-2 Available, but not functional/not used-3	
E.4b	Boyles Apparatus	Yes-1 No-2 Available, but not functional/not used-3	
E.4c	Cardiac monitor	Yes-1 No-2 Available, but not functional/not used-3	
E.4d	Defibrillator	Yes-1 No-2 Available, but not functional/not used-3	
E.4e	Ventilator	Yes-1 No-2 Available, but not functional/not used-3	
E.4f	Autoclave (for OT)	Yes-1 No-2 Available, but not functional/not used-3	
E.4g	Laryngoscope	Yes-1 No-2 Available, but not functional/not used-3	
E.4h	Ambu bags	Yes-1 No-2 Available, but not functional/not used-3	
E.4i	Oxygen supply	Yes-1 No-2 Available, but not functional/not used-3	
E.4j	Nitrous oxide supply	Yes-1 No-2	

		Available, but not functional/not used-3	
E.4k	Shadowless, cold operating light	Yes-1 No-2 Available, but not functional/not used-3	
E.4l	Height adjustable OT Table	Yes-1 No-2 Available, but not functional/not used-3	
E.4m	Suction Machines	Yes-1 No-2 Available, but not functional/not used-3	
E.4n	Cauteries	Yes-1 No-2 Available, but not functional/not used-3	
E.4o	Air conditioner	Yes-1 No-2 Available, but not functional/not used-3	
E.5	Equipment in labor and birthing rooms		
E.5a	Is there a labor and birthing room in the hospital?	Yes-1 No-2 →→	Skip 5bto5n
E.5b	Blood pressure manometer	Yes-1 No-2 Available, but not functional/not used-3	
E.5c	Delivery table with trendelberg position	Yes-1 No-2 Available, but not functional/not used-3	
E.5d	Gloves	Yes-1 No-2	
E.5e	Ultrasound	Yes-1 No-2 Available, but not functional/not	

		used-3	
E.5f	Partograph	Yes-1 No-2 Available, but not functional/not used-3	
E.5g	Fetoscope	Yes-1 No-2 Available, but not functional/not used-3	
E.5h	Vaginal Speculum	Yes-1 No-2 Available, but not functional/not used-3	
E.5i	Pediatric resuscitation kit	Yes-1 No-2 Available, but not functional/not used-3	
E.5j	Emergency tray with emergency drugs	Yes-1 No-2 Available, but not functional/not used-3	
E.5k	Emergency oxygen supply	Yes-1 No-2 Available, but not functional/not used-3	
E.5l	Suction Machines	Yes-1 No-2 Available, but not functional/not used-3	
E.5m	Cauteries	Yes-1 No-2 Available, but not functional/not used-3	
E.5n	Air conditioner	Yes-1 No-2 Available, but not functional/not used-3	
E.6 Equipment in ICU			

E.6a	Is there an ICU in the hospital?	Yes, ICU exists-1 No, ICU -2 →→ →→	Skip E.6b to E.6g
E.6b	ICU beds with trendelberg and reverse trendelberg positions	All-1 Some -2 None-3	
E.6c	Blood pressure manometer	Yes-1 No-2 Available, but not functional/not used-3	
E.6d	Cardiac monitor	Yes-1 No-2 Available, but not functional/not used-3	
E.6e	Defibrillator	Yes-1 No-2 Available, but not functional/not used-3	
E.6f	Ventilator	Yes-1 No-2 Available, but not functional/not used-3	
E.6g	Oxygen supply	Yes-1 No-2 Available, but not functional/not used-3	

F. Diagnostic services available in the facility

	Item	Status Code	Skip/Remarks
F.1	Diagnostic and other equipment		

F.1a	Radiology(X-ray)	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1b	Ultrasound scanning	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1c	CT scan/MRI	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1d	ECG	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1e	Clinical Chemistry laboratory	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1f	Microbiology laboratory	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1g	Pathology laboratory	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1h	ECHO cardiography	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1i	Gastroscopy/endoscopy	Yes-1 No-2	

		Available, but not functional/not used-3 Outsourced--4	
F.1j	Haemodialysis	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1k	Pap smear	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1l	Bronchoscopy	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1m	Mammography	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	
F.1n	EEG	Yes-1 No-2 Available, but not functional/not used-3 Outsourced--4	

F.1o Other, specify-77

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G. Pharmacy and drugs

Item	Status Code	Skip/Remarks
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	Item	Status Code	Skip/Remarks
GG G.1a	Does the hospital have a pharmacy?	Yes, 24X7-1 Yes, only day time-2 Not available-3	
G.2 G.1b	Do you often experience shortage of drugs?	Often(More than five days in the month)-1 Sometimes(0-5 days)-2 Never-3	
G G.1c	If yes, what were the three most important drugs for which you experienced shortages of supply during the last one month?		
H	List of drugs		

G.1d Please describe the two most important reasons for shortage of drugs?

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H. Outputs/Patients data

	Item	Status Code	Skip/remarks
H.1a	Are medical records maintained by your facility?	Yes-1 No-2	
H.1b	How are they kept?	Paper records-1 Computer records-2 No records kept-4 Others,specify-77	
H.1c	Are monthly statistics kept?	Yes-1 No-2	
	Please specify the statistics regularly kept in this facility		
H.1d	Inpatients	Yes-1 No-2	
H.1e	Outpatients	Yes-1 No-2	
H.1f	Length of stay	Yes-1	

		No-2	
H.1g	Bed average turn-over	Yes-1 No-2	
H.1h	Bed occupancy rates	Yes-1 No-2	
H.1i	Number of X rays	Yes-1 No-2	
H.1j	Number of lab tests	Yes-1 No-2	
H.1k	Minor surgeries (define)	Yes-1 No-2	
H.1l	Major surgeries	Yes-1 No-2	
H.1m	Deliveries	Yes-1 No-2	
H.1n	Other (please specify)		
H.1o	For how long are the patient's records kept at the facility	__ Years	
H.1p	Do you use written medical protocols/therapeutic guidelines for managing common diseases?	Yes-1 No-2	
H.1q	If yes, for which conditions do you have such guidelines?	All-1 Childhood illnesses-2 STDs-3 HIV/AIDS-4 Tuberculosis-5 Maternity care-6 Other(specify)-77	
H.1r	By whom or which organization were these guidelines developed?		
H.1s	When they were last updated?	Year	

I.Empanelment criteria checklist for facilities under RSBY

	Item	Status Code	Skip/Remarks
I.1a	Is there separate help desk for RSBY?	Yes-1 No-2	
I.1b	Is there any staff for managing the RSBY help desk?	Yes- 1 No- 2	
I.1c	Status of the staff	Full time-1 Part time-2	
I.1d	Fax facilities	Yes-1 No-2	
I.1e	Fax number		
I.1f	Computers	Yes-1 No-2	
I.1g	Internet facilities	Yes-1 No-2	

I.1h	Smart Card Readers	Yes-1 No-2	
I.1i	Finger Print scanner	Yes-1 No-2	
I.1j	Printer	Yes-1 No-2	
I.1k	Modem	Yes-1 No-2	
I.1l	Any signage indicating how to reach RSBY help desk	Yes-1 No-2	
I.1m	Any signage indicating RSBY help desk	Yes-1 No-2	

