

THE KARNATAKA CASE STUDY REPORT

Health Inc Project

Institute of Public Health, Bangalore



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LIST OF ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
BPL	Below poverty line
FGD	Focus group discussion
GDP	Gross domestic product
GP	<i>Gram panchayat</i>
IDI	In-depth interview
IMR	Infant mortality rate
HDI	Human development index
HIV	Human immunodeficiency virus
HLEG	High level expert group
IPH	Institute of Public Health, Bangalore, Karnataka, India
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MMR	Maternal mortality ratio
NGO	Non-governmental organisation
NRHM	National rural health Mission
NSSO	National Sample Survey Organisation
OBC	Other backward caste
OOP	Out-of-pocket
PHC	Primary health centre
RCH	Reproductive & child health
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled caste
SHP	Social health protection
SPEC	Social, political, economic & cultural
SRS	Sample Registration Survey
ST	Scheduled tribe
TPA	Third party administrator
U5MR	Under-five mortality rate
UHC	Urban health centre
VHSC	Village health and sanitation committee
WHO	World Health Organisation

Recent health financing reforms in low- and middle-income countries aim to introduce affordable prepayment and subsidies for low socio-economic groups. However, while such reforms have led to increased utilization of care, often the poor and informal sectors continue to be excluded from coverage.¹

Health Inc. put forward the hypothesis that social exclusion is an important cause of the limited success of recent health financing reforms. First, social exclusion can explain barriers to accessing health care due to disrespectful, discriminatory or culturally inappropriate practices at the health services, within the context of poor accessibility and quality of care. Second, social exclusion can explain barriers to accessing the health financing mechanism itself. Differential access to information, bureaucratic processes, complex eligibility rules, etc prevent socially excluded groups from enrolling in financing schemes, even if fully subsidised. Social inclusion, by contrast, may explain why more powerful, wealthy and vocal groups disproportionately 'capture' benefits of publicly funded health care.

In India, there are certain known groups that have historically faced exclusion: the *dalits* and *adivasis* (recognized as Scheduled Castes (SC) and Scheduled Tribes (ST) respectively), religious minorities and women.² The proportion of below the poverty line (BPL) families between SC and ST reflect the inequalities entrenched in the Indian society: 37.9% of SC and 43.8% of ST are BPL, whereas in the remaining population only 22.7% are BPL.³ These differences are further exaggerated when comparing the urban and the rural poor. While the outcomes of these inequalities are often studied, little work has been done to study the processes that lead to them. The larger aim of Health Inc project is to analyse whether different types of financing arrangements overcome social exclusion.

The Institute of Public Health Bangalore is studying the role of social exclusion in India via implementation of the Rashtriya Swasthya Bima Yojana (RSBY) in Karnataka. RSBY is a national health insurance scheme that was launched in India in August 2007. The aim of the scheme is to improve access of BPL families to quality medical care for treatment of diseases involving hospitalisation and surgery through an identified network of healthcare providers.⁴ In Karnataka, RSBY was implemented since February 2010 initially in five districts, and then expanded to cover all thirty districts in 2011-12.^{4,5} In the first phase of implementation of RSBY, only 46.5% of BPL households were enrolled across the five districts with a decline in its next phase in 2011-12.^{4,6,7} Further details are provided in this document to give a clear picture of the challenges faced in implementation of RSBY.

Many theories have been speculated to explain the slow and partial implementation in Karnataka. These hypotheses (detailed in this document) are commonly discussed but most have not been explored to confirm/refute them, to understand how they influence implementation of the scheme, and how they can be remedied if they do. RSBY by design seeks to eliminate the possible economic barriers to accessing health services. However the BPL population is not a homogenous population as mentioned earlier with different religions, castes, political affiliations, etc. Hence the assumption that these barriers will be the same for everyone cannot be held. Health Inc in Karnataka aims to identify and understand these other barriers also and finally help improve access to health services for this population.

The project outputs will include state/country specific and comparative research reports, academic publications and other relevant dissemination materials for all stakeholders. Health Inc. will also disseminate those lessons learnt among local, national, and international public health authorities, researchers, etc. The ultimate outputs expected from the overall project are to develop a conceptual framework for social exclusion that can be adapted to different contexts, and a mechanism to apply it to any social health protection (SHP) programme with the ultimate aim to make these programmes more inclusive in nature.

2.1. COUNTRY PROFILE

The Republic of India is a federation of 28 states and seven union territories, and became independent from British rule on 15th August 1947. It covers an area of 32,87,263 sq. km, and is the seventh largest country in the world. The south of the country is a peninsula with the Indian Ocean (south), Bay of Bengal (east) and the Arabian Sea (west); in the north, it is separated from the Asian mainland by the Himalayas.⁸ On 26th January 1950, India adopted a written Constitution which guarantees six fundamental rights to every citizen including the right to life and personal liberty, equality, and freedom⁹. The Constitution defines the legislative powers of the central and the state Governments through three subject-lists namely, the Union list (on which the centre alone has authority), State list (on which the state government is the sole authority) and the Concurrent list (on which authority is shared by both the centre and the state). The Union List defines and lists subjects such as defence of the country, foreign affairs, citizenship, most taxes and duties on goods and services, population census, insurance and others. The state government has the authority to define laws on police, public health (health services), and agriculture to name a few. Labour welfare, population control, medical education, and regulation of medical professionals are in the Concurrent list as the responsibilities of both the centre and the state.¹⁰

India has the second largest population in the world with 1.2 billion people as per the recent census, second only to China (1.35 billion in 2011).^{11,12} The demographic profile is summarized in the table below:

Table 1. Key demographic indicators of India

Population in 2011	1,210,193,422			
Rural-urban distribution	69% rural and 31% urban			
	Total	Rural	Urban	
Sex ratio (adult) (females per 1000 males)	940	947	926	
Sex ratio (0-6 yrs.) (females per 1000 males)	914	919	902	
Literacy rate 7+ (Per cent)	Female	69%	59%	80%
	Male	85%	79%	90%
Religions (2001)	81% Hindus 13% Muslim 2% Christian 1.7% Sikhs 2.3% Others			
Social categories (2004-05)	ST 8.6% SC 19.6% OBC 40.9% General 30.8%			

Source: All data from Census 2011¹¹ except data on religions from Census 2001¹³ and social categories' data from National Sample Survey Organisation (NSSO) 60th round⁵

The constitution recognizes 22 official Indian languages, of which Hindi is the most widely spoken official language in addition to English (also an official language) and the other major regional languages used in all

official state government correspondence. Agriculture and allied sectors employ 52% of the total workforce, and 64% of the rural population is dependent on agriculture for their livelihood.⁸

2.2. STATE PROFILE: KARNATAKA

Karnataka is the eight largest state in India in terms of size, and ninth largest in terms of population. It is considered to be one of the better-developed states in India with respect to human development indicators. More than half of the working population (56%) is employed in the services sector, 27% in industries and the remaining 17% in agriculture. Bangalore, Belgaum, Shimoga and Mysore are among the largest cities in Karnataka. The state also has around fifty indigenous tribes mainly in the southern districts. Kannada is the official language for the state as per the Karnataka Official Language Act 1963. However, many communities also speak other languages like Urdu, Tulu, Konkani, Marathi and others in certain areas.^{15,16} The demographic profile of Karnataka is presented in the table below:

Table 2. Key demographic indicators of Karnataka

Population in 2011	61,130,704 (61% rural)		
Districts (Sub-divisions/ <i>talukas</i> **)	30 176 <i>talukas</i> (29,340 villages)		
	Total	Rural	Urban
Sex ratio (adult) (females per 1000 males)	968	975	957
Sex ratio (0-6 yrs.) (females per 1000 males)	943	945	941
Literacy rate 7+ (per cent)	60% (rural female 60, urban male 90)		
Religions (2001)	83% Hindus 12% Muslims 3% Christian 2% Others		
Social categories (2004-05)	16.2% SC 6.6% ST		

Source: All data from Census 2011¹⁶ except religions and social categories from Census 2001¹⁷

***Taluka* or *Tehasil* is an administrative sub-division below the district level and typically each district has two to three *talukas* depending on their population and geography. Generally, a *taluka* consists of a city or town that serves as its headquarters, possibly additional towns, and a number of villages. As an entity of local government, it exercises certain fiscal and administrative power over the villages and municipalities within its jurisdiction

2.3. THE INDIAN HEALTH SYSTEM OVERVIEW

The Indian health system has evolved significantly post-independence in India. Today the government health sector is organized in a three-tier structure providing promotive, preventive and curative health services at different levels, along with National Health Programmes that focus on priority diseases/conditions like Tuberculosis, HIV, and others. India also has a widespread and heterogeneous private health sector that provides mainly curative services at all levels.¹⁸ Key milestones in health are summarized in the box below:¹⁹

Figure 1. Key milestones that shaped the Indian health system

1947	Acceptance of the Bore Committee Report
1978	Acceptance of the Alma Ata declaration of 'Health for all'
1983	The first National Health Policy

2002	The new National Health Policy and the National Population Policy
2005	Launch of the National Rural Health Mission (NRHM)
2008	Launch of the Rashtriya Swasthya Bima Yojana (RSBY)
2011	Presentation of the HLEG report to the Planning Commission on Universal Health Coverage (UHC)

Although not explicitly recognised as a right, health and healthcare are subsumed under the right to life and liberty as interpreted several times by India’s judiciary.⁹ The healthcare provision is also mixed; the private sector is the more dominant provider of several out-patient and inpatient care services, while immunisation and several preventive health services are still largely provided by the government services leading to a lack of integrated care with several quality issues both in the private and public sectors.

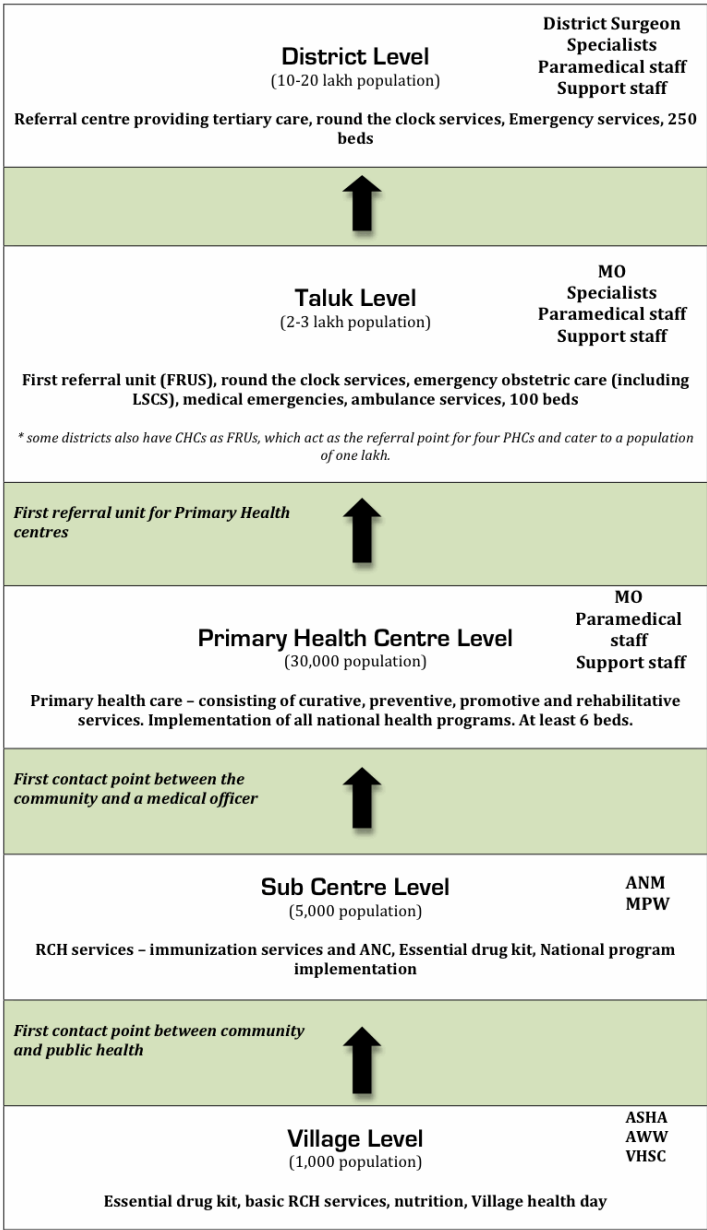
PUBLIC HEALTH SERVICES

The public rural health services have a three-tier structure comprising of primary, secondary and tertiary health care facilities. The primary tier consists of a sub-centre (the most peripheral institution with a nurse-midwife), a primary health centre (the first line of health services headed by a medical officer, a doctor) and a Community health centre (First Referral Unit). The second tier refers mainly to the some *taluka* (sub-district) and district hospitals that provide secondary level of services while the third tier consists of tertiary level of services with super-specialisations and sophisticated diagnostic facilities. In Karnataka, *taluka* hospitals replace the community health centres as the first referral units, and cater to the population of one sub-district (150,000 to 300,000). This structure has been illustrated in the diagram.

At the district level, a district health office led by a district health officer and supported by a team of programme offices for the disease control programmes for tuberculosis, reproductive and child health, and others. They mainly oversee the public health programmes implemented in the district along with performance of the sub-centres and PHCs. Apart from the health department, departments of medical education (for tertiary medical college hospitals) and the department of women and children welfare also play crucial roles in supporting the services provided.¹⁸

In 2005, the Indian government implemented the National Rural Health Mission (NRHM) seeking to increase government’s expenditure on health, trying to bring about a greater community participation, decentralization

Figure 2. Structure of rural public health services



ANC: Ante Natal Care
 ANM: Auxillary Nurse Midwife
 ASHA: Accredited Social Health Activist
 AWW: Anganwadi Worker
 CHC: Community Health Centre
 FRU: First Referral Unit
 LSCS: Lower Segment Cesarian Section
 MO: Medical Officer
 MPW: Multi Purpose Worker
 RCH: Reproductive and Child Health
 VHSC: Village Health and Sanitation Committee

Source: Institute of Public Health, Bangalore

and several financing changes, human resource inputs and other arrangements. The NRHM aimed at improving community participation through new and innovative mechanisms like provision of a female Accredited Social Health Activist (ASHA), creation of a Village Health and Sanitation Committee (VHSC), introduction of Indian public health standards, introduction of health programme managers, and decentralization of district health management. It also sought to integrate the vertical health programmes by covering maternal health for pregnant women, as well as immunization for children against diphtheria, pertussis, tetanus, polio, measles, tuberculosis and Hepatitis B, etc. Early evaluations of this nationwide programme are reporting mixed results including improved utilization of services in some places. However, the quality issues remain.²⁰

In the urban areas, the government health services are not as well organized. They are primarily the responsibility of local municipalities and corporations. They usually have a two-tiered system with urban health centres (UHC) and a referral maternity centre. Bangalore urban is one of few corporations to offer its own referral hospitals, and the only city in Karnataka to do so. In Bangalore urban, there are a total of 48 UHCs, 23 maternity centres and six referral hospitals. The infrastructure ratio, therefore, is 1 UHC for 140,000 individuals and a bed-population ratio of 1 bed for 9,500 populations. Unlike the rural services, these facilities are intended to only cater to the poorer sections, do not have a uniform distribution or population coverage.²¹

PRIVATE SERVICES

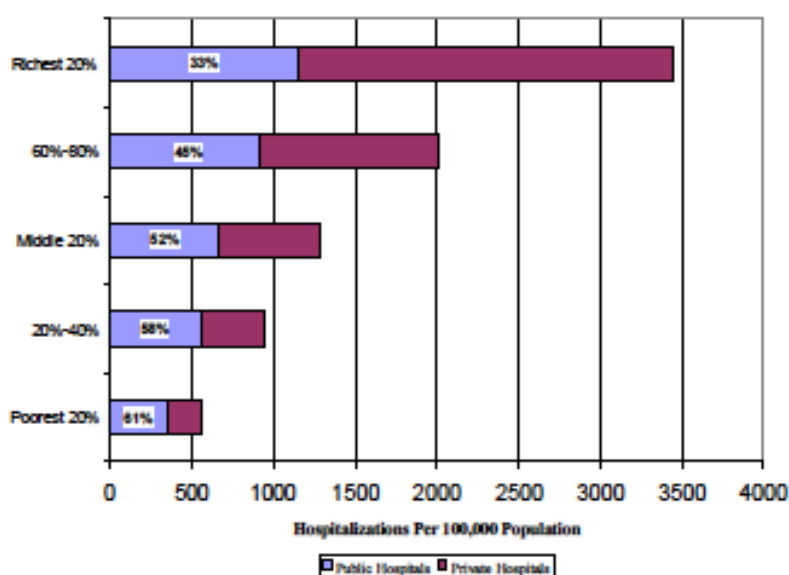
The private health sector in India is the most dominant sector in terms of financing and utilization of health services (explained below). The private sector in turn, consists of the 'not-for-profit' and the 'for-profit' health sectors. Health services provided by various non-government organisations (NGO), charitable institutions, missions and trusts constitute the not-for-profit sector. The private sector mainly provides curative services and dominates in fields of medical education, high-end medical technology and diagnostics, pharmaceutical industry, and providing quality health care. The private health care provides 79% of outpatient care for those below poverty line much of which is of low quality and the payment is primarily out of pocket.²² The private providers are a heterogeneous group ranging from informal local practitioners to corporate tertiary hospitals. Regulation of private providers is also poor.¹⁸

UTILISATION OF SERVICES

Conceived to be universal in nature, the public health services today mainly cater to the relatively poorer sections of the society; the poorest of the poor and several socio-economic groups such as tribal people, dalits and religious minorities continue to be excluded from many of the services either due to physical, financial or other reasons. The dependence and dominance of either sector varies across the different type of services.

Outpatient curative care is dominated by the private sector with more than 80 per cent of all visits taking place in the private sector. Hospitalizations and institutional deliveries are shared almost equally between the public and private sectors. The role of the public sector, however, is stronger for preventive services with 60 per cent of antenatal visits and 90 per cent of immunization doses delivered by the public sector. These findings are similar by income group, for urban and

Figure 3. Public and private sector hospitalisation rates by income quintile



Source: Mahal 2001²³

rural populations, by gender, by caste and tribe affiliation, and above and below the poverty line. The utilization pattern also varies by income quintiles. There is a strong reliance of the poor on public hospitals as measured by the share of the public sector for hospitalizations. Sixty one per cent of hospitalizations in the poorest quintiles take place in public hospitals while the richest quintile used public hospitals only 33 per cent of the time.²³

HEALTH OUTCOMES

Despite all the efforts in reforming policies and improving the health services, India has not fared very well in terms of key health indicators and universal health coverage when compared to China, Thailand and other lower middle-income countries.

Figure 4. Comparison of key health indicators of India with China, Chile, Brazil & Thailand

Indicators	China		Chile		Brazil		Thailand		India	
	UHC expected in 2011		UHC since 1981		UHC introduced 1988		UHC since 2001		2001	2009
Population	2001	2009	2001	2009	2001	2009	2001	2009	2001	2009
	1.27 billion	1.33 billion	15.6 million	16.8 million	176 million	193 million	62.9 million	66.7 million	1.03 billion	1.17 billion
Birth rate	13	14	16	15	20	16	16	12.95	25	22
Death rate	6	7	5	5	6	6	8	9	8	7
Infant mortality rate per 1,000	22 (2005)	17	8 (2005)	7	22 (2005)	17	14 (2005)	12	57 (2005)	50
Under-5 mortality rate per 1,000	25 (2005)	19	9 (2005)	9	26 (2005)	21	16 (2005)	14	77 (2005)	66
Maternal mortality ratio (adjusted) per 100,000 live births	44 (2005)	38	26 (2005)	26	64 (2005)	58	51 (2005)	48	280 (2005)	230

Source: High Level Expert Group (HLEG) Report 2011²⁴

In India, the key health indicators have improved significantly over the time reflecting improvement in health status of its citizens. However as seen in the figure below the progress has been slow and not at par with expectations. For instance, serial surveys showed that the Maternal Mortality Ratio (MMR) has reduced from 254 per 100,000 live births in 2004-06 to 212 per 100,000 live births in 2007-09 a reduction of 42 points over a three-year period or 14 points per year on an average but still this remains the highest number of maternal deaths in the world. A trend of increasing burden of non-communicable diseases, persisting burden of communicable diseases, high childhood malnutrition rates, and a high child and maternal mortality highlight the need for further reforms in the health system.¹⁸

Similar to other southern states, Karnataka's performance has been noted to be better than average when compared to the rest of India, and serial national surveys showed significant improvements in key health indicators as well.^{25,26} However its performance when compared to other southern states leaves room for much improvement still. A few key health indicators have been presented in the table below:

Table 3. Key health indicators of Karnataka compared to the national averages (2005-06)

Health indicators	Karnataka	India
Proportion of institutional deliveries in last five years	65%	39%
Proportion of full immunisation coverage in last five years	55%	44%
Proportion of children under five with anaemia	70%	
Proportion of women with anaemia	52%	
Infant mortality rate (deaths per 1000 live births)	43	57
Maternal mortality ratio (deaths per 100,000 live births) 2009	178	212
Prevalence of Tuberculosis among men (per 100,000 population)	168	

Source: National family health survey (NFHS) 3 in Karnataka²⁵ & India²⁷
except MMR data from Sample registration survey (SRS) 2009²⁸

2.4. SOCIAL EXCLUSION AND HEALTH

Social exclusion, being a multi-dimensional phenomenon, can be viewed from various 'lens'. In this document, we adopt the elements from a social, political, economic & cultural (SPEC) analysis of international literature on social exclusion. We used the themes that emerged from this analysis to present and discuss the specific SPEC context of India and Karnataka. These four dimensions are not isolated compartments and more often than not, vulnerable individuals/communities face multiple levels of SPEC exclusion. For instance, a tribal woman in North Karnataka may be excluded from utilizing health services due to her gender, her tribal status, geographical isolation (as most tribes reside in hills and forests), her geographical location (rural area, northern part of the state), and/or their implications on her education, occupation and health. Hence, in this section, social exclusion is viewed through the SPEC lens but still discussed comprehensively. These elements will further guide the analysis of the data and eventually help frame the recommendations made.

Excerpt from Annual report to the people on health by the government of India 2011¹⁸

Social determinants of health are the economic and social conditions under which people live which determine their health. They are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk for a disease. For example, marginalisation and discrimination on account of gender and caste are social determinants themselves. It is, therefore, not surprising that the poor performing states are those with the highest levels of poverty and the highest levels of malnutrition, among children and adult women. Female literacy rates, School enrolment rates, and rates of households with safe drinking water and sanitation are all distinctly lower.

India society is stratified into various caste groups. The caste system results in a systematic discrimination of the several so-called "lower castes". The Indian constitution has made provision for affirmative action which has led to statutory lists of so-called scheduled castes (SC; accounting for about 16% of India's population in 2001 and similar proportion in Karnataka as well) and scheduled tribes (ST; accounting for 8.2% of the Indian population in 2001; 6.6% in Karnataka), which are caste groups identified by the State for reservation in jobs and educational opportunities. Together, these scheduled castes and tribes account for one-fourth of India's population. In spite of these efforts, evidence shows that these groups do not yet enjoy equal opportunities or access to various schemes, resources and public services. Even within these groups, the higher socio-economic categories among them tend to benefit more than the poor.^{15,29} The main problems faced by both these vulnerable groups are landlessness, indebtedness, illiteracy, unemployment, lack of proper housing, and discrimination despite six decades of affirmative action, targeted programs and strong laws.^{15, 29}

Table 4. Comparisons of SC, ST & general population profiles 2001\$

Indicators		General		SC		ST	
Population proportion		75.6%		16.2%		8.2%	
Effective literacy rate by gender		Female	Male	Female	Male	Female	Male
		58.1%	78.7%	41.9%	66.6%	34.8%	59.1%
Type of economic activity	Agricultural labourers	20.7%		45.6%		36.9%	
	Cultivators	32.5%		20.0%		44.7%	
	Other workers	46.8%		34.4%		18.4%	
Access to electricity		61.4%		44.3%		36.5%	

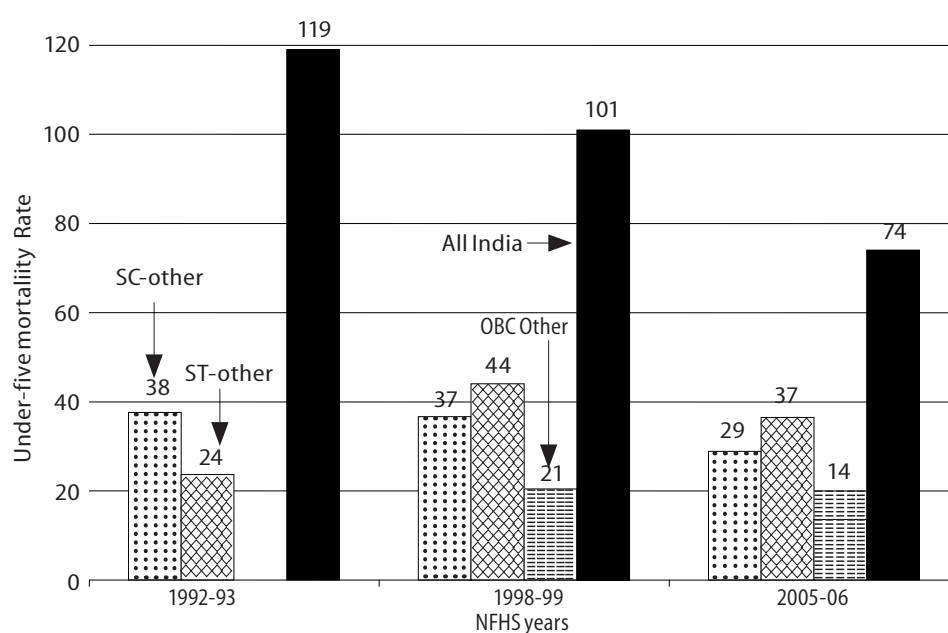
\$ The figures exclude Mao-Maram, Paomata and Purul sub-divisions of Senapati district of Manipur

Source: The first two rows are informed by Census 2001¹³ & the remaining rows by the Planning Commission report 2005²⁹

In the case of ST, the additional problem of geographical isolation plays a significant part in their exclusion. Most ST communities in Karnataka are indigenous forest-dwelling tribes. They live in small settlements ranging from just a few families to about 50-100 households in a given area, in and around forests and often in hilly areas. Their interaction with the “others” from the plains is limited to occasional commerce. They often do not have good road access and hence are relatively isolated from health services, education and other public services. These issues are compounded by lack of stable livelihood opportunities. There are fifty forest-dwelling tribal groups in Karnataka such as Soligas, Kurubas, Siddis and several others. ^{15,29}

In healthcare, these inequities mean that these socially disadvantaged groups could suffer from poor access and utilization. In view of their disadvantaged position within society, even in areas/villages where physical access to health services exists, other cultural barriers may prevent them from accessing these services. ^{15,29,30} An article looked at the mortality among children younger than five years i.e. the under-five mortality rate (U5MR) as an indicator to explain these inequities. While the average Indian U5MR decreased significantly by more than 25 per cent between 1998-2006 a period of economic growth, the underlying societal inequities did not allow a similar outcome in the U5MR for the socially disadvantaged groups as reflected in the figure below. ³¹

Figure 5. Social gap in Under-five mortality for three periods 1992-3*, 1998-99 and 2005-06

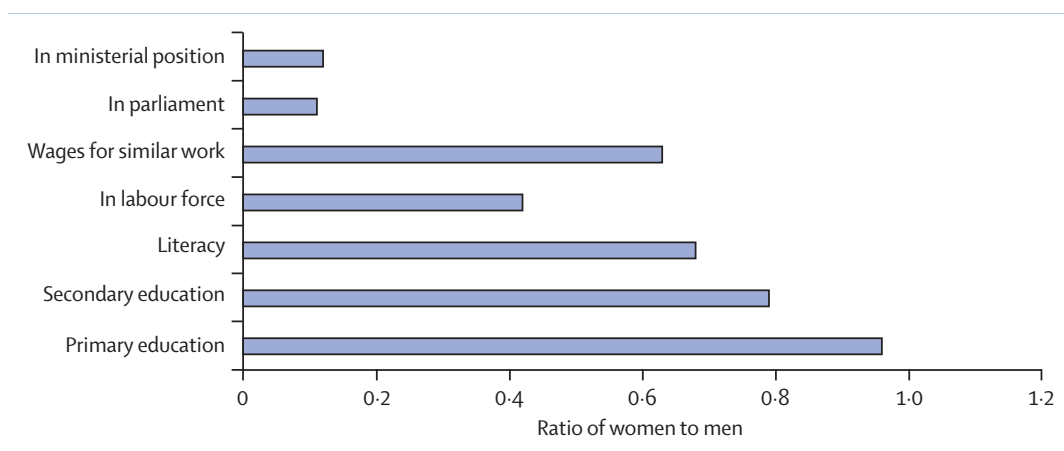


* 1992-93 NFHS round did not collect data separately for OBCs, and those who were not SC, ST or OBC. Source: Baru 2010³¹

Although Hinduism is the dominant religion followed in India, it has significant populations of four major religions of the world. India has the third largest population of Muslims in the world and is also the land of origin of three other major religions namely, Buddhism, Jainism and Sikhism. When disaggregated into socio-religious categories, variations are seen across these groups. For instance Muslims were noted to have the second highest child survival rate, second only to other minority religious groups. On the other hand, access to basic amenities like electricity, toilet facilities, safe water, etc is found to be lower among Muslims over the years but still higher than that of both SCs/STs and OBCs. ³²

In 2010, India was ranked 112 out of 134 countries in terms of gender inequity making it one of the lowest ranked nations among lower middle-income countries. It was found to lag significantly behind in health (132/134), education (120/134) and economic participation (128/134) of women but did well in terms of political empowerment of women (23/134). This has been further simplified in the figure shown below. ³⁴

Figure 6. Female to male ratios in education and literacy, labour participation and wages for similar work, and political positioning in India (2006-10)



Source: Raj A 2011³³ based on the global gender-gap report 2010³⁴

The position of women in Indian society in turn acts as a barrier to accessing health and other basic services, and results in poorer health outcomes when compared to Indian males as seen in the different figures presented in this section. While Karnataka ranks sixth among the major states in India in gender development, the picture is similar with adverse sex ratio, wage differentials, lower literacy rates, and worse health outcomes. ^{15,14} A few studies in Karnataka show that the gender disparities cut across socioeconomic class, caste, economic participation and health seeking behaviour. The public health services in Karnataka are impaired by not being gender responsive, and health workers including health professionals often also reflect the systematic gender bias that exists in society. This implies that mere physical and financial access to quality health services would still not lead to gender sensitive services. ³⁵⁻³⁷

Inequalities related to urban-rural are also quite prominent in all sectors including health only compounding to the disparities created by other factors mentioned above. While the rural public health services is undergoing significant reforms as explained earlier and covers the entire rural population, the urban public health services are found to be wanting in terms of their infrastructure and functioning, and target the poor sections only. A significant proportion of the available resources are more often than not directed towards urban-based and curative services that reflect an urban bias in access to health services. The globalization has led to rapidly expanding cities and private sector that have resulted in poorly planned and unequal geographical distribution of health services.³⁸ The decadal growth of most health indicators reflect an overall better state of health in urban areas when compared to rural areas as shown in the table below, however a lower sex ratio, increasing migrant population, and widening gap in wealth indices have also been note.

Table 5. Rural-urban divide for Karnataka and India 2011

Indicator	Karnataka (Percentage)		India (Percentage)	
	Rural	Urban	Rural	Urban
Proportion of population	61.4	38.6	68.8	31.1
Decadal growth rate (2001-11)	7.6	31.2	12.2	31.8
Literacy rate	Male	77.9	90.5	89.7
	Female	59.6	81.7	65.5
Sex ratio (females per 1000 males)	975	957	947	926
Infant mortality rate (2010)	43	28	51	31
Proportion of safe deliveries (2007-08)	66.7	84.7	43.6	75.9
Highest wealth quintile (2007-08)	7.2	44	9.9	55.3

Source: All data from Census 2011 for Karnataka¹⁶ and India¹¹ except IMR from SRS report 2010³⁹ and last two rows from District level household surveys (DLHS) 3 for Karnataka⁴⁰ and India⁴¹

Regional inequalities in India are also well known. Several regions in the country significantly lag behind other areas in health and development indicators. For example SRS 2007-09 shows the Maternal Mortality Ratio (MMR) in Kerala is 81 deaths per 100,000 live births compared to that of Assam of 390 per 100,000 live births, five times higher.²⁸ Earlier, some of these states were designated by the short-form BIMAROU (BIMAR means “ill” in Hindi. It stands for the states of Bihar, Madhya Pradesh, Rajasthan, Orissa, and Uttar Pradesh) based on their negative effect on the country’s national gross domestic product (GDP). This term has now been rightly abandoned with a new term, Empowered Action Group (EAG) group of states identified for the purposes of prioritization of health and development projects. For example, the NRHM programme implemented the full complement of NRHM on priority in these states, while leaving several features optional for the other states.²⁰ In spite of these efforts however, the EAG states lag behind significantly. For example, there are inter-state, male-female and rural-urban differences in life expectancy at birth due to low literacy, differential income levels and socio-economic

conditions and beliefs. In Kerala, a person at birth is expected to live for 74 years while in states like Bihar, Assam, Madhya Pradesh, Uttar Pradesh, etc the expectancy is in the range of 58-61 years.^{18,31}

Within Karnataka also these inequalities manifest in the form of a gross disparity in development indicators. Most of the economic development, roads, infrastructure and public services have concentrated on southern Karnataka resulting in a neglect of northern regions. Raichur in the north has the lowest human development index (HDI) of 0.547 while Bangalore Urban in the south stands the highest at 0.753.^{15,30} Similarly, several health related input and outcome indicators vary within the state. Within Karnataka for instance in 2007, the proportion of women who received full antenatal check-up is 92 per cent in Bangalore, while 16.7 per cent in Koppal.⁴⁰ In 2011, the population per PHC in Tumkur (southern Karnataka) is 1 PHC per 19,027 population

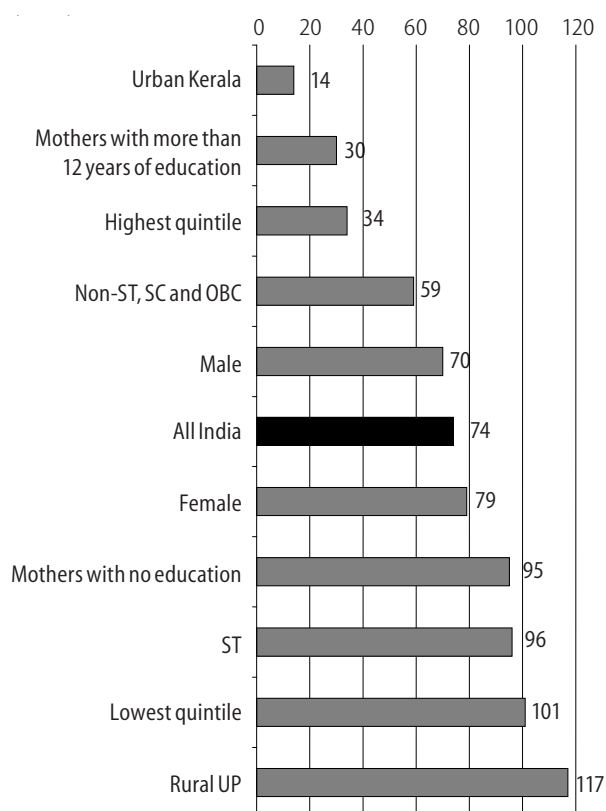


Figure 7. Inequities in U5MR in India in 2006

Source: Baru R 2010³¹ based on NFHS 3 data²⁷

while it is 1 PHC per 41,842 population in Raichur.⁴² In spite of a few chief ministers from north Karnataka leading the state, the political neglect of north Karnataka continued. Recently, a high-power committee established by the government of Karnataka made a comprehensive assessment of the regional inequality and emphasized on the need to go down to the *taluka* level while identifying priority (backward) *talukas*. They identified 35 indicators encompassing agriculture, industry, social and economic infrastructure and population characteristics to measure and prepare an index of development. The committee went beyond the district as an administrative unit, to focus on intra-district disparities. The report highlighted the disparities within districts across the various sectors and recommended focus to be shifted from districts to blocks or *talukas*.³⁰ Other political measures to prioritise development of north Karnataka include the establishment of an alternate legislature in Belgaum in north Karnataka.

2.5. HEALTH FINANCING IN INDIA

Despite the growth in health related infrastructure and increase in resource utilisation to improve health services, health remains a low priority for the Government with allocation for health being around 1% GDP.

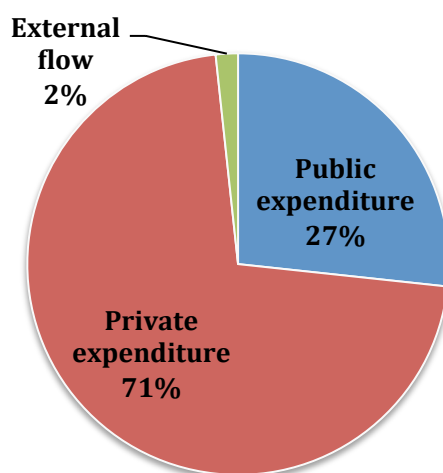
Table 6. Low priority in public spending on health - India and comparator countries 2009

	Total public spending as % GDP (fiscal capacity)	Public spending on health as % of total public spending	Public spending on health as % of GDP
India	33.6	4.1	1.4
Sri Lanka	24.5	7.3	1.8
China	22.3	10.3	2.3
Thailand	23.3	14.0	3.3

Source: HLEG 2011²⁴

In India, the central, state and local governments together contribute only 27% of the total health expenditure while individual households contribute 72% through out-of-pocket (OOP) expenditure at the time of illness.²² This high level of OOP expenditure by individual households is one of the highest amongst low and middle-income countries.

Figure 8. Distribution of health expenditure based on source 2008-09



Source: National health profile of India 2011⁴³

It is the rural households that account for 62 per cent of the total OOP expenditure borne by households.^{18,22} A study has shown that 2-3% of the population is impoverished every year due to the health related expenditure,

termed as 'iatrogenic poverty' by some. ^{44,45} With the launch of the NRHM in 2005, the government aimed to increase the share of GDP spent on health from 0.9% to 3%. ²⁰ Apart from increasing resource allocation, the central and different state governments have initiated health insurance programmes to provide social protection like the Universal Health Insurance Scheme by the Ministry of Finance, Rashtriya Swasthya Bima Yojana by the Ministry of Labour & Employment (explained later), Rajiv Arogyashri Yojana by the state government in Andhra Pradesh, etc.

In Karnataka, the picture is quite similar with the government spending 28% of the total health expenditure based on the State Health Accounts 2004-05.²⁶ The budgetary allocation on health stood at 3.4% in 2008-09, a decrease from 5.1% in 2000-01. ^{46,47} With high OOP expenditure and the risk of impoverishment, financial protection was a priority and the government introduced various demand side financing schemes listed below for vulnerable sections of society.

Table 7 .Important government health protection/insurance schemes in Karnataka

Scheme	Organizer/ownership	Government	Year launched	Target population
Vajpayee Arogyashri Yojana	Department of Health & Family Welfare	State	2009	All BPL households (state)
Health Insurance for Women in Sericulture	Central Silk Board, Ministry of Textiles	Central	2009	Women Sericulture workers
Rashtriya Swatha Bima Yojana	Ministry of Labour & Employment	Central	2008	All BPL (central) and MGNREGS households
Yeshasvini health insurance scheme	Department of Cooperatives	State	2005	Farmers attached to cooperative societies
Universal Health Insurance Scheme	Ministry of Finance	Central	2005	Members of some cooperative & their dependents
Health insurance scheme for handloom weavers	Department of Handlooms, Ministry of Textiles	Central	2005	Weavers with Handloom Cooperatives
Mahatma Gandhi Bunkar Bima Yojna	Department of Handlooms, Ministry of Textiles	Central	2005	Weavers with Handloom Cooperatives
Central Government Health Scheme	Ministry of Health & Family Welfare	Central	1976	All employees of central government pensioners
Employee State Insurance Scheme	Ministry of Labour & Employment	Central	1948 - 1957	All employees of the government earning up to Rs. 7,500 per months

Source: CBPS 2011⁴⁷

All the schemes target a section of the population determined by the department or ministry that launched the scheme, and offer different packages of benefits. While some groups may overlap like farmers and BPL households, there are sections that are still not covered. Apart from these, a few not-for profit and for profit institutions have also launched small-scale schemes or community based health insurances. Despite launch of these schemes and reforms introduced by NRHM, a gap in coverage of the population for both outpatient and inpatient care remains in the state with lower rates of hospitalisation in the poorer sections. The need for systemic reforms like improvement in access to medicines, increase in financial incentives to health workers, and better infrastructure have been noted by the state and are current areas of focus for the government. ²⁶

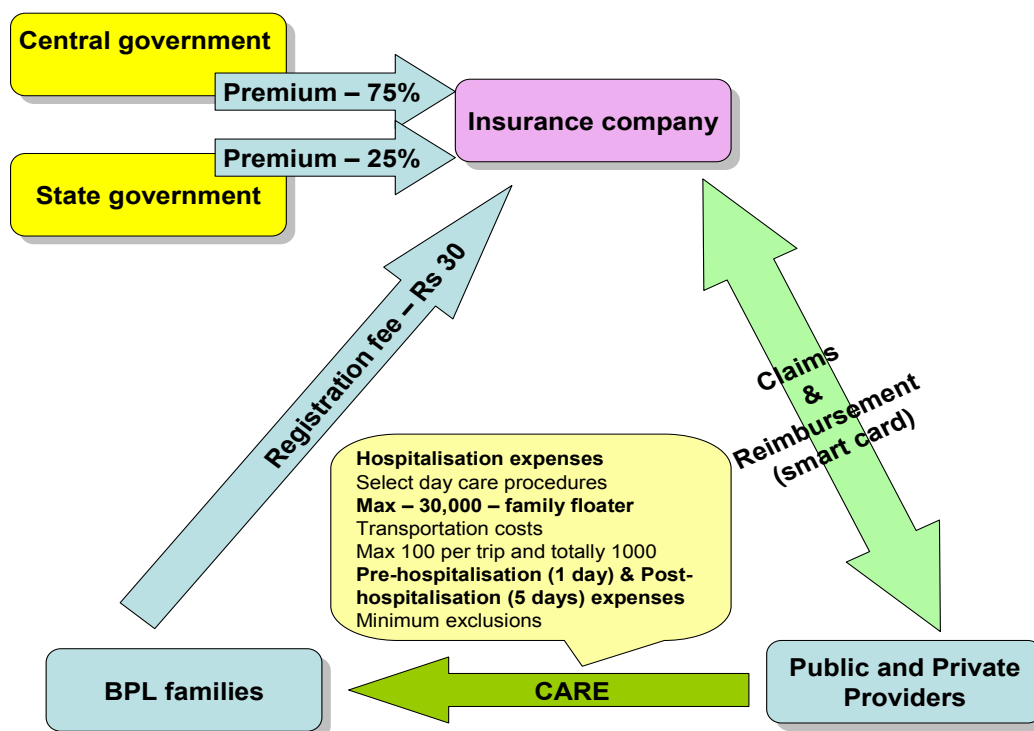
2.6. RASHTRIYA SWASTHYA BIMA YOJANA

The Ministry of Labour and Employment, Government of India launched Rashtriya Swasthya Bima Yojana (RSBY), a national health insurance for Below Poverty Line (BPL) families in 2007. RSBY started rolling from 1st

April 2008. The aim of the scheme is to improve access of BPL families to quality medical care for treatment of diseases involving hospitalisation and surgery through an identified network of healthcare providers. ⁴⁸

Design: This scheme is strongly subsidised with public funds shared between Central and State governments (75% of the premium is paid by the Central government and 25% by the State government). A nominal yearly adherence fee of Rs.30 per five-membered family is paid. A summary of the design of RSBY is provided in the figure below.

Figure 9. Diagrammatic representation of the RSBY scheme



Source: Devadasan N 2008⁴⁹

Actors and their role in the scheme:^{48,50}

- **Beneficiaries:** The scheme from central government was targeted for BPL population alone. But each state government expanded its coverage to other occupational groups in phased manner like: construction workers, domestic workers, auto-rickshaw drivers, etc. This expansion or inclusion of other groups has not been uniform across the country. Beneficiaries are expected to enrol in the scheme for a year, receive a smart card, and then use the benefits when hospitalized in empaneled hospitals. Only five members in the family are eligible to enrol for the scheme.
- **Non-governmental organizations (NGO):** NGOs are expected to create awareness among the community especially; the eligible groups about RSBY and mobilize them for enrolment.
- **Insurance Companies** (both private and public sector companies): The companies compete with each other for covering the eligible families in each state. The company with the lowest bid gets the contract for implementing the scheme in that specific State. Once selected, the company has to appoint smart card agencies, work closely with the State government's Nodal Agency to identify the eligible households, empanel hospitals and contract NGOs to create awareness in the community.
- **Third Party administrators (TPA):** These are private agencies that help the Insurance Company in implementing the scheme in the field level.
- **Smart Card Providers.** They provide the technology for this scheme.
- **Empaneled hospitals (both public and private):** Once empaneled by the Insurance Company, they provide the necessary services to the RSBY beneficiaries. Their services are reimbursed by the Insurance Company via TPAs or directly.

- **State Nodal Agency:** It is an independent body formed by the government that acts as the focal point for governing the programme. In most States, it is led by the Department of Labour and Employment while in some it is the Department of Health & Family Welfare. It initiates the process of introducing the scheme in the State, negotiates with the insurance company and monitors the enrolment and the utilization. The State contributes 25% of the premium through this agency.
- **Central government:** The Ministry of Labour and Employment launched the scheme and its main responsibility is to develop technical and administrative guidelines and market the scheme to the State governments. The Central government contributes 75% of the premium to the Insurance Company.

Implementation status in India

As of December 2012, in India the scheme is functioning in twenty-six states and union territories covering 439 districts. Around 33.2 million households have been enrolled across the country with more than 12,500 hospitals have been empaneled in the scheme while 4.3 million hospitalisations have been recorded.^{6,51} The enrolment rate for 2011-12 based on the official figures stood at 51.4% average varying greatly across states. Many studies have been conducted looking at the implementation of the scheme in a specific region/state. Issues have been identified mainly with two main steps namely, enrolment and utilisation.

Lack of awareness was most cited as an important reason for poor enrolment. The rates were also found in most studies to vary greatly across villages, districts, regions and demographic groups.^{5,52-54} It was seen that often only few members enrol in small sized households (five or less) despite the scheme allowing cover for all.⁵² As per the scheme guidelines, the smartcard should be issued at the time of enrolment and households can use them immediately. However studies show that this often does not happen and the card is issued later or not at all excluding an enrolled household from using benefits. In a study in Chhattisgarh, only 4% households received the cards at the time of registration.⁵⁶

Coming to utilisation of the scheme, the hospitalisation rate was found to average 2.6%, ranging from 0.08% to 5.2%.⁵⁵ This hospitalisation rate is well above the estimated national rates and suggests that the RSBY may have improved access to hospital care in some regions or states of India.^{14,55} A study found that the strategy of information, education and communication campaign did not impact the enrolment significantly but did influence the utilisation rates among those already enrolled.⁵⁴ Utilisation patterns are shown to be significantly higher among women and the pattern varies mainly across villages and not across households.^{57,58} Utilisation rate has also been found in some cases to depend on the insurer, provision of information regarding empaneled hospitals during enrolment, access to transport, etc. According to a study in Delhi, OOP expenditure was found to accompany utilisation in a third of patients, while two-thirds were prescribed medicines for purchase in spite of the RSBY. Similar findings are starting to emerge in other studies as well.^{58,59}

RSBY IN KARNATAKA

In Karnataka, RSBY was implemented from early 2010 and is administrated by the Department of Labour, while at the district level it is the responsibility of a committee under the Deputy Commissioner. RSBY has taken off in many states over the years, and in Karnataka the scheme is at the end of its second year. In 2010 RSBY was rolled out in the rural area of 5 districts in Karnataka namely, Mysore, Bangalore Rural, Shimoga, Belgaum, and Dakshina Kannada. In 2011-2012, the scheme was expanded to include the urban sections and to cover all thirty districts.^{4,51}

The Karnataka RSBY list for 2011-12

In India, the centre and the states set the BPL line at different levels. The central RDPR (Rural Development and Panchayat Raj) list of BPL in Karnataka is based on the survey conducted in 2002. This list was based on the definition set by the Planning Commission of India. Many states including Karnataka have a different list of BPL households identified by the Department of Food and Civil Supplies who provide the households with ration cards that also act as BPL cards. The state list includes a higher proportion of the population when compared to the RDPR list. However only those on the central RDPR BPL list have been deemed eligible for RSBY in Karnataka. Initially the scheme targeted the BPL families alone, but in 2011-12, the Karnataka government

expanded the coverage to include families registered under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGS) along with BPL families. MGNREGS is an Indian job guarantee scheme, enacted by the legislation on August 25, 2005. The scheme provides a legal guarantee for one hundred days of employment in a financial year to adult members of any rural household willing to do public work related unskilled manual work.⁶⁰ Families enrolled under MGNREGS include both above poverty line (APL) and BPL families in rural areas. This created an overlap of families who were both BPL and enrolled for MGNREGS. To avoid duplication, the Department of Labour compared both lists and the names of families that appeared in both lists were removed from BPL list and then the final RSBY beneficiary list was created.^{5,51,61}

Table 8. RSBY implementation in Karnataka since 2010

Policy year	Year 1	Year 2
No. of districts	5	30
Geographical area covered	Rural only	Both rural and urban
Eligible households	BPL households	BPL and MGNREGS beneficiaries
No. of eligible households	338,931	4,076,642
Enrolment rate	46.4%	41.2%
No. of hospitals empaneled	Public	318
	Private	478

Source: Karnataka status on RSBY website⁴

RSBY is currently in its second year of policy but a few studies have already explored its implementation till date. A survey done in the first year showed that 85% of the eligible population was aware of the scheme while 17% of those who were aware of the scheme had not enrolled. The main reasons stipulated were no prior information of the registration camp, being away on work or in the fields, problematic BPL list, etc.⁵ Similar to findings from other regions, the study in Karnataka also showed that the cards were often not issued on the spot for many reasons like failure of computer, or electricity, other technical issues, etc. This meant that not all enrolled households received smart cards and they were excluded from the benefit at this level. The survey revealed that 38% of the households did not receive their smart cards even after six months. Regarding utilisation, one study noted that 23 per cent of empaneled hospitals did not treat any patient under the scheme while 80 per cent of the hospitals were empaneled only after enrolment of the households.⁵

A few studies showed interesting patterns of enrolment within the household as well. RSBY allows five members from each household to be covered by the scheme. It was seen that when the enrolment among females was low overall, and when the limit on coverage was binding, sons were more likely to get enrolled than daughters.^{52,57} This has raised the question on possible exclusion of vulnerable individuals within households that no study has yet looked at.

2.7. RESEARCH OBJECTIVES & QUESTIONS

The goal of this research is to support development of more inclusive health financing reforms by the government. The objective of the research is to study social exclusion in Karnataka State, India with the following principles as presented in the box below.

Major principles of Health Inc research

1. The main research focus is on understanding how social exclusion impedes access to health services despite health financing reforms, and how social health protection (SHP) can become more inclusive;
2. To develop a conceptual framework on the social, political, economic and cultural dimensions of social exclusion in each context;
3. Both quantitative and qualitative methods of research will be adopted to study the process of social exclusion and understand how it impedes health financing reforms;

4. The research methodology will have a common skeleton to allow comparability but will be flexible and will be adapted by each partner for their context;
5. An optimal balance will be explored between study results being context-specific but also comparable across all four study sites;
6. The ultimate goals of research is to develop a conceptual framework for social exclusion that can be adapted to different contexts and a mechanism to apply it to any SHP programme; and to inform policy to make the SHP programmes more inclusive in nature and thereby, strengthen the social health protection in the country.

HEALTH INC RESEARCH QUESTIONS

The overall research will be based on a set of research questions that is bounded by a shared understanding of concepts of social exclusion and inclusion. The common research questions for the consortium are presented in the box below.

Overall research questions

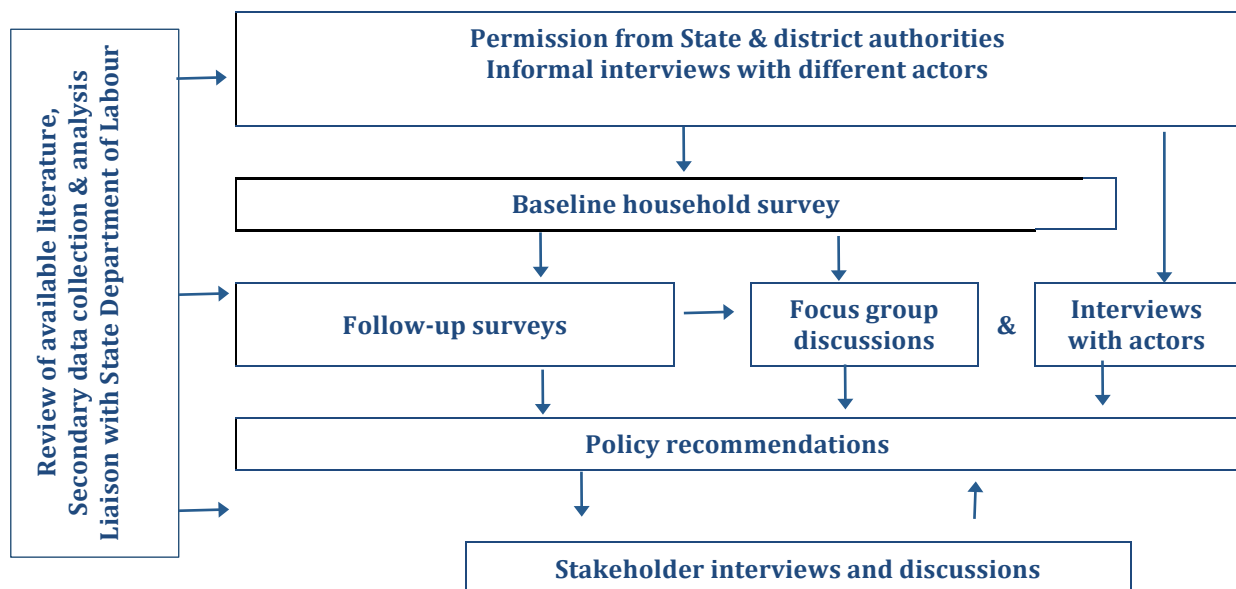
1. What are the reasons for the limited success of Rashtriya Swasthya Bima Yojana (RSBY) that aim to provide free or “affordable” access to care among the targeted population in Karnataka, India?
2. Does social exclusion prevent the development of sustainable and equitable health care financing in Karnataka and if so, by what means does this occur and for whom?
3. Does the health financing arrangement being studied already influence social exclusion and if so, how? What is its potential for increasing social inclusion?
4. What can be learnt about the influence of social exclusion on health financing arrangements from cross-country comparisons of such schemes?

Additional sub-questions for Karnataka

5. Intra-household manifestation of social exclusion
 - a. Does the design of RSBY promote social exclusion *within* households?
 - b. If so, then *who* is more likely to be excluded and *why*?
 - c. How can this be addressed?
6. Known socially excluded groups like migrants and *devadasis* in Karnataka
 - a. Is RSBY able to address the exclusion of such groups from accessing health services?
 - b. If not, then what are the challenges to the scheme in promoting inclusion?
 - c. How can this be addressed?

The Health Inc SPEC framework explained earlier was developed to explore the possible variables of social exclusion within the social, political, cultural and economic dimensions, and the relationships between them. This framework helped provide variables that were considered ‘risk-factors’ of social exclusion. The purpose of overall data collection was to collect information about these variables, their presence and influence in society, identify links between the different variables and finally to determine how they interact to influence social exclusion. To support the practical application of the SPEC framework, a tool called the SPEC-by-step was developed. This tool combined the SPEC lens provided by the framework for capturing social exclusion with the step-by-step logic hence, called the SPEC-by-step (Enclosed in the Annex). This tool provides a simple structured checklist, which guides the social exclusion analysis in this research. This tool along with the framework, have guided the planning and design for data collection and analysis and, the development of tools for the different methods chosen. The overall design is a mix of both quantitative and qualitative methods to answer the various research questions, and has been shown in the diagram below. The overall timeline for the data collection has been provided in the Annex.

Figure 10. Flowchart of data collection process



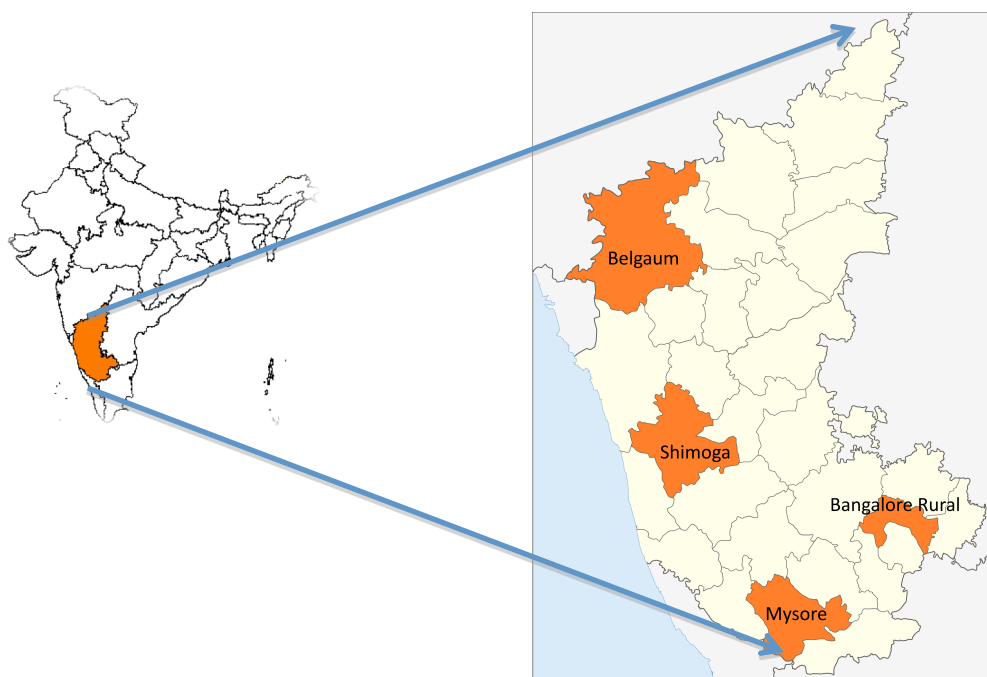
The choice for methods has also been guided by the various research objectives (refer Sec 2.7):

- To answer Q.1, a literature review, and secondary data collection have been conducted and will be supplemented with a multi-level stakeholder analysis.
- To answer Q.2 and Q.3, a longitudinal study of 6000 selected RSBY eligible households is being conducted along with focus group discussions and interviews in the four districts along with the planned stakeholder analysis will help answer the research questions for Karnataka.
- To answer Q.4, the Karnataka case study will be compared with that of Maharashtra and, finally the Indian studies with the African ones.

3.1. SELECTION OF STUDY SITES

The population being studied in this study consists of all households in Karnataka who were eligible for RSBY in the year 2011-12. As explained earlier, RSBY was launched in five districts in Karnataka in early 2010¹⁴. In 2011-12, the initial districts were in their second year of implementation; four of the five districts namely, Bangalore Rural, Belgaum, Mysore and Shimoga were chosen for the study.

Figure 11. Four districts in Karnataka selected for the study



Source: generated from baseman from Wikimedia Commons/User:Planemad

The fifth district, Dakshina Kannada with a high literacy rate of 89%, is the most industrialised district in Karnataka and is forefront in education. This coastal district has a distinct culture and language (Tulu) unlike the rest of Karnataka, with a high sex ratio of 1018 females per 1000 males. ¹⁵Due to its atypical context, it was not selected for the study. To provide a clearer picture of the chosen districts, the Human Development Indices (HDI) and related indicators from 2001 are provided in the table below.

Table 9. Human development index for the selected districts with ranking out of thirty districts

Districts	Health		Education		Income		HDI	
	Index	Rank	Index	Rank	Index	Rank	Index	Rank
Bangalore rural	0.692	6	0.662	20	0.605	4	0.653	6
Belgaum	0.712	2	0.699	15	0.532	13	0.648	8
Mysore	0.663	11	0.669	19	0.561	7	0.631	14
Shimoga	0.707	4	0.766	6	0.547	10	0.673	5

Source: Karnataka human development report 2005^k

3.2. HOUSEHOLD SURVEYS

A longitudinal approach of collecting quantitative information from selected households was conducted due to the delay in implementation of RSBY in Karnataka in 2011 (explained later). The overall quantitative methods comprised of a baseline survey succeeded by monthly follow-up surveys. The baseline survey was conducted across 6,000 households in the four districts. The purpose of the baseline household survey was to collect details regarding various socio-cultural, economic, and political details of the household and its members, their health status and health seeking behaviour, and their RSBY enrolment details. Following this, each household was visited once a month to collect details of demographic and health related events in the past month like births, deaths, accidents, illness, etc. All hospitalisation episodes were flagged and resurveyed to collect in-depth information about the experience and RSBY utilization.

SAMPLING STRATEGY

The sampling frame used was the list of eligible households used by the State Nodal Agency, Government of Karnataka for the 2011-12 enrolment details of which has been provided earlier. A soft copy of this list was procured from each District Labour Office for the corresponding District. This list consisted of both rural (BPL & MGNREGS beneficiaries) and urban (BPL) households. The rural and urban lists were separated, and within each sampling frame, a multistage sampling strategy was used. Due to the large population to be covered in the four districts, keeping the feasibility and representativeness in mind, this strategy was adopted.

- **The rural sample was selected in three stages:** As mentioned earlier, *talukas* vary significantly in the same district with respect to development indices, geography, etc. To ensure selection of *talukas* from across the spectrum, the *talukas* were chosen systematically after ranking them based on the female literacy rate. A sampling interval of 2 was used, and the starting point was selected following a coin toss. Next in each selected *taluka*, the *Gram panchayats*** (GP) were listed alphabetically and a quarter of them were selected randomly using the random number table. The GP was the sampling unit in the rural frame. In the third and final stage, households were also randomly selected from the eligible households based on probability-proportional to size. The measure of size used in the first two stages was determined to obtain an average number of twenty households per GP.
- **The urban sample was selected in two stages:** The proportion of urban eligible households varied from 10-31% across the districts and was concentrated in the district headquarters. Hence, the urban households were selected from the district headquarters only. In the first stage, 25% of the areas/slums were selected randomly. The urban area/slum was the sampling unit. In the next stage, households were randomly selected from the eligible households based on probability-proportional to size.

** *Gram Panchayats* are local self-governments at the village level, and *gram panchayat* is the first level of the local self-government in India.

SAMPLE SIZE

The total number of households needed for the baseline survey was 4,000 households. However due to the longitudinal nature of the study, an additional 50% were taken for possible non-response, thus bringing the total number of sampled households to 6,000 across the four districts. With a mean household size of 5 and an average hospitalization rate of 24 per 1000, a total of at least 720 hospitalisation episodes in a year would be captured.^{14,40} The number of sample households per district was determined by the proportion of the size of the eligible population of the district as shown in the table below.

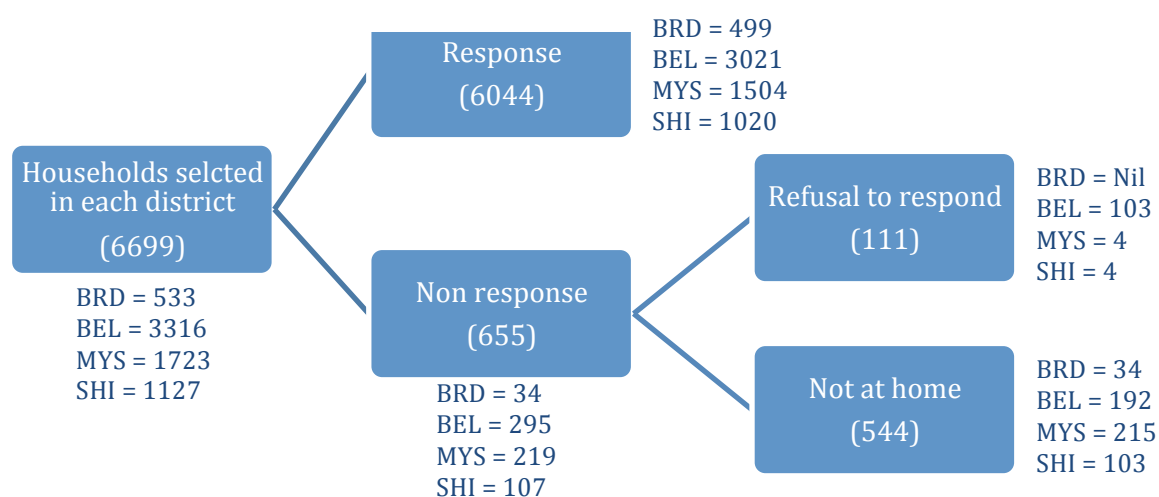
Table 10. Details of sample size estimated and actually covered

District	No. of RSBY eligible households ⁴			Sample size	No. of households covered		
	Rural	Urban	Total		Rural	Urban	Total
Bangalore Rural	43,251	6,353	49,604	500	424	75	499
Belgaum	341,688	39,078	380,766	3000	2718	303	3021
Mysore	152,953	27,327	180,280	1500	1269	235	1504
Shimoga	85,610	37,885	123,495	1000	720	300	1020
Total	623,502	1,10,643	734,145	6000	5131	913	6044

The actual number of households covered across the four districts as seen in the table above was 6044. A sampled household that could not be contacted or interviewed following at least three attempts was categorized as ‘not at home’ while those that refused to provide consent were categorized as ‘refusal to respond’. These two groups together formed the ‘non-response’ category. Basic demographic information about these households is available from the RSBY list and is also being explored for any possible patterns of exclusion.

The inclusion criteria for this study were households eligible for RSBY based on the 2011-12 list (provided by the State Nodal Agency) that were present in the selected GPs. The households that were listed but no longer resided in the GP or who were informed to not exist in the GP according to the GP members were excluded. The local health workers and residents of the villages verified this information following which these households were excluded. As shown in the figure below, the overall response rate was 90%.

Figure 12. Flowchart showing response of selected households



DATA COLLECTION TOOLS

A structured questionnaire (**Form 1**) was used to collect data in the baseline survey. This tool was used to collect routine demographic information, along with details for socio-cultural, economic and political variables. This part of the questionnaire was developed considering the SPEC framework developed earlier. Since the baseline survey was conducted a few months following the RSBY enrolment, details regarding the awareness, enrolment card holding status for RSBY were also collected in the baseline survey itself. This part of the questionnaire was developed around the SPEC-by-step tool. Form 1 was a

pre-tested standardised questionnaire that was translated and administered in the local languages. Once the questionnaire and related tools were developed, they were shared with peers for comments on the content. All tools including the participant information sheet and consent sheet were translated, reviewed and administered in two local languages i.e. Kannada (for all districts) and Marathi (for Belgaum District only). To refine the language and grammar of the tools, persons local to the districts of survey reviewed the tools and appropriate changes were made. Each team pretested the form in their own district for ten days in villages not included in the survey. Everyday feedback about each question’s structure, and ease of administering the form were discussed in each team in the field. This feedback was recorded and shared across the four teams. Modifications were made to a question or format based on this feedback. For further details, both rural and urban versions of the Form 1 are available in the Annex.

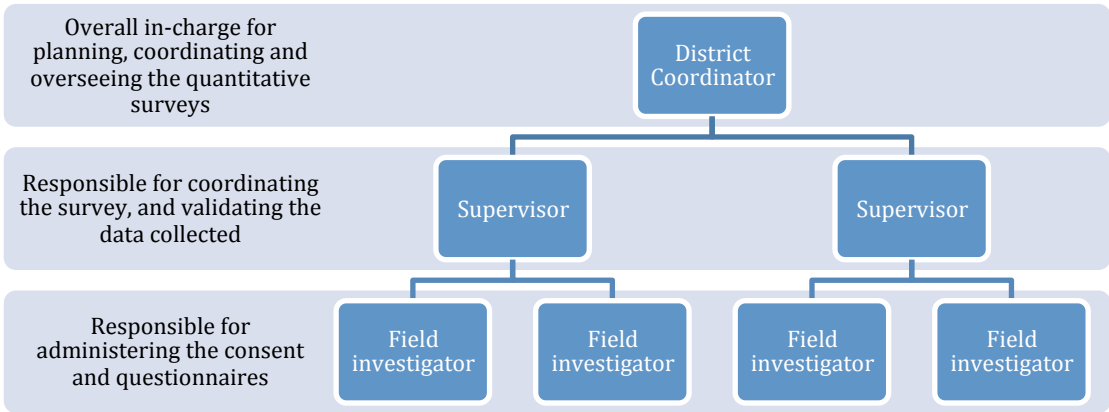
In the follow-up visits, a short structured questionnaire (**Form 2**) was used to collect information from the households about any sickness or hospitalization in the past month. This form also collected details of events in the preceding month(s) like births, deaths or additions to the household through marriage if any. Form 2 was also pre-tested, standardized and translated in the local languages similar to Form 1. Form 2 is available in the Annex as well.

In post-hospitalisation visits, a structured questionnaire (**Form 3**) was used to collect detailed information about the hospitalisation episode including details of the disease/condition, treatment details, related expenditure, overall experience and RSBY utilization if done. A few open-ended questions were included in this form to capture experiences of the person/family beyond the structured questions, and will be analysed qualitatively. Form 3 was also pre-tested, standardized and translated in the local languages similar to Form 1. Form 3 is available in the Annex.

DATA COLLECTION PROCESS

Data collection team: While the tools were being developed, a data collection team was recruited and oriented in all four districts. This team comprised of Field investigators, Supervisors and a District Coordinator in each district. The structure and role of the team for Bangalore Rural District has been described in the figure below.

Figure 13. Structure of the data collection team

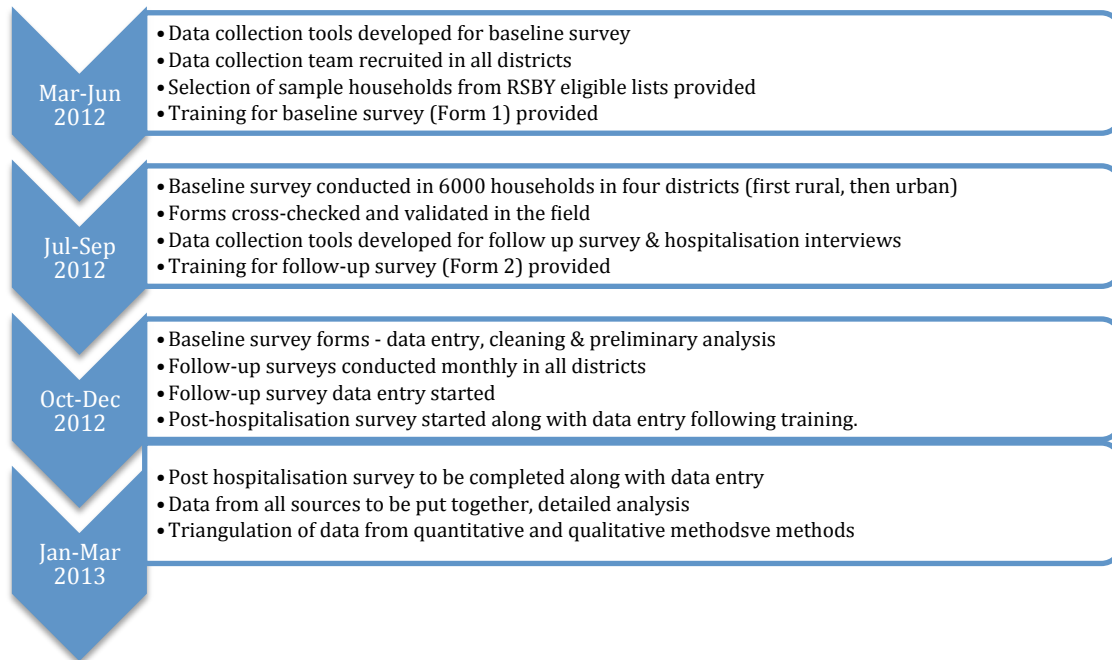


Data collection teams were formed in all four districts and thus, a total of four District Coordinators, twelve Supervisors and fifty Field Investigators came together for the baseline survey. The number of Field Investigators halved during the follow-up survey due to the short questionnaire and familiarity with households. The Supervisors conducted the post-hospitalisation survey as and when they were reported. The data collection in all four districts was coordinated and supervised by the team of Scientific Officers at the office headquarters at Bangalore. Prior to both the baseline and follow-up surveys, training was provided in batches for the entire data collection team. This included three-day classroom trainings

followed by two-day practical orientations in the field in areas not selected for the study. The forms were then pre-tested in the field for two weeks as explained above with regular discussions and supervision. Training for Form 3 was provided in a similar format to Supervisors alone.

Duration: The surveys were conducted over six months between July and December 2012.

Figure 14. Timeline of the household surveys



Baseline household survey: Prior to the survey, the study was discussed with the key actors in the State and District level for the Labour department and district administration, and their permission and cooperation was sought to undertake the surveys.

Following this, teams prepared micro-plans by collecting information about the area to be visited and arranged the logistics for travel and accommodation if needed. All teams moved as a single group and completed one *taluka* before proceeding to the next. This allowed for discussion with *taluka* level actors, better management of logistics, close supervision and validation of data in the field.

Since this survey was the first point of entry into the selected villages, the teams sought permission and cooperation from the local GP, and local health volunteers if available. Thus, teams were assisted by local actors to identify the selected households. A team of Field Investigators visited the GPs a day ahead of the survey and identified the selected households, created micro-plans for the next day and look for missing houses if any.

The baseline household survey was also the first point of contact with the selected household, hence detailed participant information sheets and contact information of the research team were shared with each interviewee household. Informed consent for the entire duration of the study was then taken, and then only the survey questionnaire was administered. The head of the household was the main informant for the both baseline and follow-up surveys. In his/her absence, the spouse or available senior member was interviewed. Form 1 took an average of forty-five minutes to administer, and an average of five questionnaires were administered per Field Investigator per day. The households were also provided with folders to collect all relevant documents in the event of sickness/ hospitalization in the remaining study duration along with instructions for maintaining this. The Supervisors checked all forms in the field itself. In case of incomplete or incorrect entries, the concerned Field Investigator revisited the household to

complete/correct it. The team met once a week to discuss the preceding week's survey, difficulties faced and observations about the local environment. Once a *taluka* was completed, then the entire team proceeded to the next *taluka*. An exception to this was the team in Belgaum. Unlike other districts, the team was divided into two units based on the language of survey. All four teams completed the rural survey first and then proceeded to the urban areas.

Follow-up surveys: Once the baseline survey was completed, each household was followed up once a month to collect information about any significant events, hospitalization and RSBY utilization if they occurred. In each district, the team was divided into smaller units – one for each *taluka* comprising of one Supervisor and two to three Field Investigators (except in Shimoga where one Supervisor took charge of two *talukas*). Each Field Investigator was then assigned specific households that he/she followed up once a month for three months administering the Form 2. The Field Investigator administered Form 2 and flagged any hospitalization episode identified during the survey to the Supervisor. Once a week, the local team met and checked forms, discussed the week's survey and difficulties faced if any. The third and final round ended in December 2012 (except Raibag *taluka* where only two rounds were conducted due to shortage of field investigators).

Post-hospitalisation survey: The Supervisor, once informed about a hospitalization episode among his/her assigned households, contacted the concerned household with the help of the Field Investigator. He/she visited the household following discharge from the hospital and administered the Form 3 capturing the hospitalization experience in detail. Each case is informed to the respective District Coordinator.

Quality of data collected: The Field Investigators and then the Supervisors checked all forms at the end of every day of data collection for missing or incorrect data. Any errors identified were corrected/completed by re-contacting the concerned household. To validate the data collected by the Field Investigators, the Supervisors randomly picked 10% of the forms, revisited the households and checked the validity of the data collected by the Field Investigator. Supervisors were provided with a structured checklist to enable this efficiently. The team again reviewed all forms during the weekly meetings. District Coordinators checked 10% of the total forms selected randomly for possible errors again. Any form that was identified to be incomplete or inaccurate was kept aside and reviewed by the District Coordinator. They also reviewed every post-hospitalisation form administered.

DATA ENTRY AND ANALYSIS

The software used for data entry for the survey forms is Epi Data version 3.1. The data entry operators were trained and supervised by the research team itself. The data entered was validated by randomly crosschecking entry of forms for each district by the research team. The data was then cleaned and analysed using Statistical Package for Social Sciences software version 20.0. Form 2 & 3 were linked to the respective households to ensure completeness of information.

Confidentiality was ensured during the process via agreement with the data entry agency, orientation to the data entry operators, and by masking the personal information through the design of the forms themselves. Only the core research team (scientific officers and District Coordinators) has access to the full data for analysis and verification.

METHODOLOGICAL CHALLENGES FACED

During planning, conducting and supervising the surveys, a few difficulties arose that are discussed in detail in this section.

- **Longitudinal approach:**

Initially the quantitative data collection was planned as a cross-sectional survey that would collect data for the last one year. RSBY was first rolled out in 2010-11. However expanding the scheme to cover MGNREGS beneficiaries, the urban areas, and the remaining 25 districts delayed the second round in 2011. This led to a gap in the scheme of more than six months. The scheme was re-launched for the second time in early 2012. Collecting information for the past experience with RSBY in 2012, hence, would have high recall bias and less reliability. Hence, the approach was changed to a longitudinal one where households would be followed up to collect at least six months' information about scheme utilization in 2012-13 given the time constraints.

- This led to a significant increase in time and effort into re-planning, developing multiple tools and utilization of resources. This led to a delay in initiating the data collection, and due to the increase in duration of data collection, the data entry and analysis have been considerably delayed as well.
- Coordination of data collection of four teams for six months became a challenge by itself, and required a large team to be trained and involved to ensure close supervision and quality data.
- Collating the data for thorough analysis will also be a challenge.

- **Issues with the RSBY eligible households list 2011-12:**

This list was procured from the respective District Labour Offices after receiving permission from the State Department of Labour. Identification of households on this list was often difficult due to various reasons. In some areas, only the name of the head of household was available to identify the household while there were multiple households with the same name. In some areas, only the first name was provided that made identification of households difficult and time-consuming. In some GPs, local actors informed the research team that a large section of the list was incorrect or not resident in the indicated GP. The research team discovered these issues early on and soon assigned a few Field Investigators to visit GPs a day ahead to identify houses and look for missing houses if any. Teams also sought assistance from local health volunteers and GP members to identify the households speedily. Households not present in the selected GP were excluded from the study. In most areas these numbers were small and not significant, however, in few areas in Belgaum, a large part of this list was found to be inaccurate. This was documented and reasons for this will be explored with stakeholders during their interviews, and through a nested study

- **Reaching the selected households:**

In hilly areas in Shimoga, houses were fewer but often isolated, scattered with a considerable distance between them, making it difficult for the teams to cover them. The rains during the survey and poor roads made it difficult in certain sections of the different districts for teams to conduct the survey. In one *taluka* in Shimoga, the rains caused the river to flood and submerged sections of villages and roads due to which some households could not be reached. It is possible that for similar reasons, these households or villages may be excluded from various services as well. These areas have been noted, and will be visited during the qualitative phase to explore these possibilities.

- **Interaction with the community:**

In some GPs, a few community representatives/members were not cooperative with the research team due to various reasons like past poor experience with surveyors, suspicion of outsiders, etc. This was usually settled by discussions of District Coordinator and Supervisors with the GP members, and due to the permission letter from higher authorities. In rare instances, this also did not work and the GP or section of households was excluded from the survey. Such instances have been documented and will be analysed along with other non-responders.

3.3. QUALITATIVE METHODS

The Karnataka Health Inc team used four qualitative methodological tools. These were a) content analysis of RSBY and other relevant documents, b) analysis of relevant published and grey literature on social exclusion and RSBY, c) in-depth interviews with different actors, and d) focus group discussions (FGD) among the community.

Content analysis of official documents on RSBY was the first step and preceded the primary data collection. This provided insights into the design of the RSBY scheme, the process of implementation at different levels and the expected role of each actor involved in the scheme. This has been detailed in earlier sections based on . These documents also served as a guide in preparation of the tools for the quantitative survey and the planned in-depth interviews with the different actors. The literature review focused on social exclusion and its reflections on all these dimensions of the SPEC framework. Along with social exclusion, the literature review also covered the existing studies on RSBY and its implementation in the field. The gaps in the existing literature have been identified and provided in detail earlier.

PRIMARY DATA COLLECTION

The primary data collection methods will include interviews and FGDs. Semi-structured/in-depth interviews will be conducted among implementers, designers, and other actors who directly or indirectly influence the implementation of the scheme. The purpose of these interviews will be to explore their role and its challenges, and understand how and why exclusion occurs during implementation of the scheme as identified by the survey. Interviews will also be conducted with community representatives, representatives of excluded groups/sections, and the individuals/households/groups identified to be excluded through the survey. FGDs will also be conducted among the community. The purpose of these interviews and FGDs will be to explore the process of exclusion and gain insight into how and why these exclusionary processes occur in society.

The chronology of interviews will follow a bottom-up approach, i.e. they will start with beneficiaries, then the implementers at different levels and finally the designers of the scheme. This will provide an opportunity to identify the issues at each level, and to modify the tools accordingly.

DATA CODING AND ANALYSIS

All interviews/discussions will be transcribed verbatim. Professional transcribers will develop transcriptions of the audio-recorded interviews. Each transcription will be then crosschecked and edited by the researcher who conducted that particular interview/discussion. After editing, each transcript will be coded and analysed manually and using NVivo software based on the main and sub-research questions and the themes emerging from the interviews. Key findings from each interview will be summarized and would form the preliminary analysis. Such preliminary analysis of individual transcripts will be discussed with other team members weekly to validate these findings. The analysis then will focus on various levels within and across the districts (e.g. Beneficiaries as a group, beneficiaries across districts, etc). At each level, data will be triangulated with other interviews, quantitative findings and the existing literature.

3.4. ETHICAL CONSIDERATIONS

The study proposal had received ethical approval from the Institutional Ethics Committee of IPH in their meeting held on 24th March 2012. The suggestions of the committee were followed during the course of the study.

CONSENT FORMS AND PERMISSIONS

Before initiating the data collection, permission was obtained from the State Department of Labour, Government of Karnataka. Permission was also obtained in each district from the district administrators on behalf of the community i.e. District Collector and/or the Chief Executive Officer, Zilla Panchayat. In each GP before starting the data collection, the local Supervisor or District Coordinator verbally obtained permission from a GP representative.

The baseline survey was also the first point of contact with the selected households. Hence, informed consent for the entire duration of the study was taken prior to administering the survey questionnaire. Participant information sheets with key details of the project were prepared in the local language along with contact information of the investigating team, and were given to each interviewee household. This was explained to them verbally especially for those who could not read. Informed consent was then taken in written format from the interviewees for participating in the study. For participants who could not sign their name, the left thumbprint was taken in the presence of a witness. In case the interviewee was willing to participate but refused to sign or put their thumbprint, consent was verbally taken. Information and consent were not limited to the survey alone but for the entire study duration. Even though the consent for participation was taken in the start itself, at each step of contact, verbal consent was retaken to confirm their willingness to participate.

Contact information of the local research team Supervisors and District Coordinator was provided to each household for further clarifications. Some of these participants often called up the team members and clarified their queries, and at times even sought further information about the study or scheme. The participant information sheets and consent sheets are available in the Annex.

CONFIDENTIALITY AND ANONYMITY

To avoid any chance of disclosure of personal information or information that could be traced to identifiable individuals through the primary data, the following steps were undertaken:

- Each household was provided a unique identification number, which was then used to identify and follow it during data entry and analysis. Member identification codes were generated in Form 1 that was used to collect individual information. For interviews and FGDs also, the names of respondents will not be recorded; they will be linked to the household number if needed. Access to the entire dataset was limited to the core research team only.
- Any requests to exclude interview data or parts of interview from the dataset later (after completion of interview), by the interviewee were respected and followed. Anonymity was ensured while reporting and sharing findings. For participants who want to talk “off the record”, their requests were respected and confidentiality was maintained.
- Respecting the confidentiality and anonymity of respondents, only data/findings free of any identifiable information will be shared with the different stakeholders.

DUTY TOWARDS PARTICIPANT HOUSEHOLDS

Unlike cross-sectional studies, the team interacted with the community and different actors for more than six months due to which it developed a relationship with them especially the participant households. The team members were sometimes asked for assistance. Often the assistance was about more detailed information about RSBY, empaneled hospitals and other government schemes. However at times, the investigators were asked for more active assistance like taking complaints on behalf of the individual/community to Government representatives, interacting with medical personnel in case of hospitalisations, financial assistance, etc. The team discussed this in detail and decided to provide assistance in the form of providing requested information to community members and providing regular

reports to the concerned State Department. Conducting a household survey and providing information about RSBY have shown in earlier studies to increase the importance of the programme among surveyed households leading to a Hawthorne effect.⁵⁴ However keeping in mind that the participant households are in reality vulnerable households from the poorest section of the community, it was decided to be unethical to not do so irrespective of its possible effects on the results. This will be kept in mind during analysis and interpretation of the results.

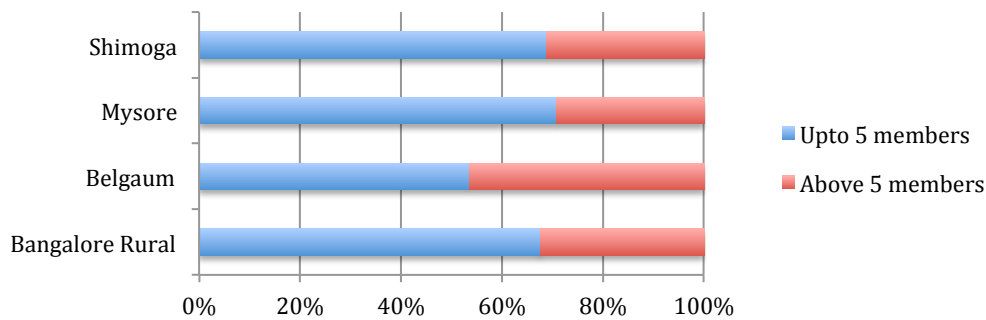
4.1 STUDY POPULATION PROFILE

A total of 6,044 households were surveyed across four districts. Of these, 5,131 rural households were selected across fifteen *talukas* while 913 urban households were selected across four *talukas* in the four districts. Preliminary findings for the 5131 rural households have been presented in the following section.

DEMOGRAPHIC PROFILE

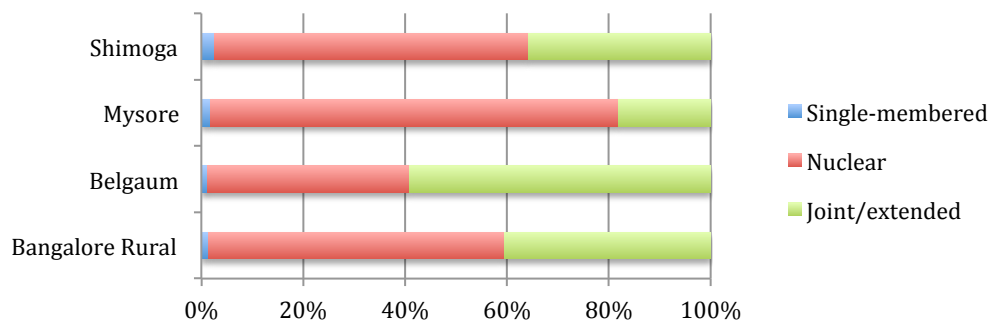
The 5131 rural households comprised of 28,500 members selected from 147 local self-governments known as *Gram Panchayats* (GPs) from 15 Sub-districts across the four study districts. The average household size was 5.6 and 61 % of the study population had 5 or fewer members while 39% of households had more than 5 members in their household.

Figure 15. Distribution of the rural household size across the four districts (n=5131)



Among the study population, 54.3% of households were nuclear families, 44.1% were joint/extended families and single-membered households were around 1.6%.

Figure 16. Distribution of the type of rural families across the four districts (n=5131)



SOCIO-CULTURAL DETAILS

The study population consisted of 92% Hindu households, 5% Muslim, 2% Jain (esp. in Belgaum) and the others were less than 1%. While all were aware of their religious affiliation, 28% of the households were unaware of the social group/category to which their caste/tribe belonged. Of the remaining, the

Scheduled Caste (SC) households were 28%, Scheduled Tribe (ST) households 13% while the Other Backward Castes (OBC) was 26%.

When a history of participation in local social gatherings was elicited, 63% responded that they only observed such gatherings and did not participate in them. When their perception of exclusion from religious activities was elicited, 3% (159 households) responded in the affirmative with the main reason being denial to their caste (76%). Further details of these households are being traced.

Kannada (the official language of Karnataka) was the dominant language spoken in most households except in Belgaum where 22% households belonging to two particular *talukas* spoke Marathi (the official language of the neighbouring State of Maharashtra). Television was found to be the main source of information (55%) followed by word of mouth (35%). Newspaper or Radio was relied upon by less than ten per cent.

ECONOMIC PROFILE

Housing details: 95% households own their houses, of which 33% received some form of financial assistance from the Government. Distribution of basic amenities in the study households is summarized in the table below

Table 11. Availability of basic amenities in the household (n=5131)

Basic amenities	Type	Count	Per cent	Type	Count	Per cent
Type of house	Pucca*/mixed	4416	80%	Kuchha*	1007	20%
Availability of drinking water	At home	340	7%	Outside home	4783	93%
Availability of Latrine at home	Available	1987	39%	Not available	3135	61%
Cooking fuel used	LPG/Gas/Kerosene	755	17%	Wood	4243	83%
Electricity connection at home	Regular/Government subsidised	4645	91%	Absent	475	9%

* Pucca refers to houses made of concrete while Kuchha refers to houses made of temporary materials like mud, thatch, etc.

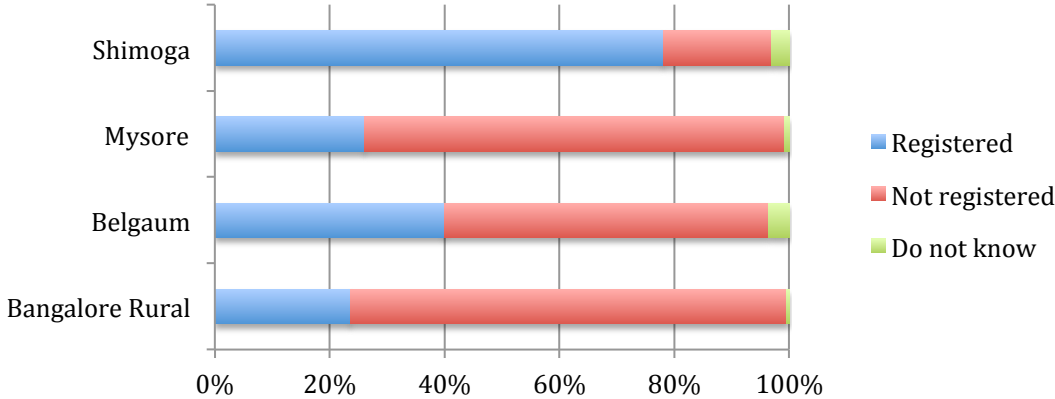
Table 12. Profile of common domestic assets

Asset	Count	Per cent
Mobile phone	4522	88%
Landline phone	273	5%
Television	3467	68%
Radio	1065	21%
Electric fan	1465	29%
Bicycle	2574	50%
Livestock for domestic consumption	2826	55%

Access to social welfare services/schemes: 96% households have a ration card** of which 84% have BPL cards. 41% responded that they were also part of the MGNREGS scheme and 75% of these households had received employment under the scheme.

(**Ration card is an identification card provided by the public distribution system in India. Depending on the socioeconomic condition of the family, they are eligible to purchase goods like food grains, kerosene, etc at subsidised rates with the aid of these ration cards. The ration card in Karnataka is also used as a BPL identification card. This identification card is needed by the family to avail various government subsidies/welfare schemes.)

Figure 17. Distribution of households based on MGNREGS registered (n=5131)

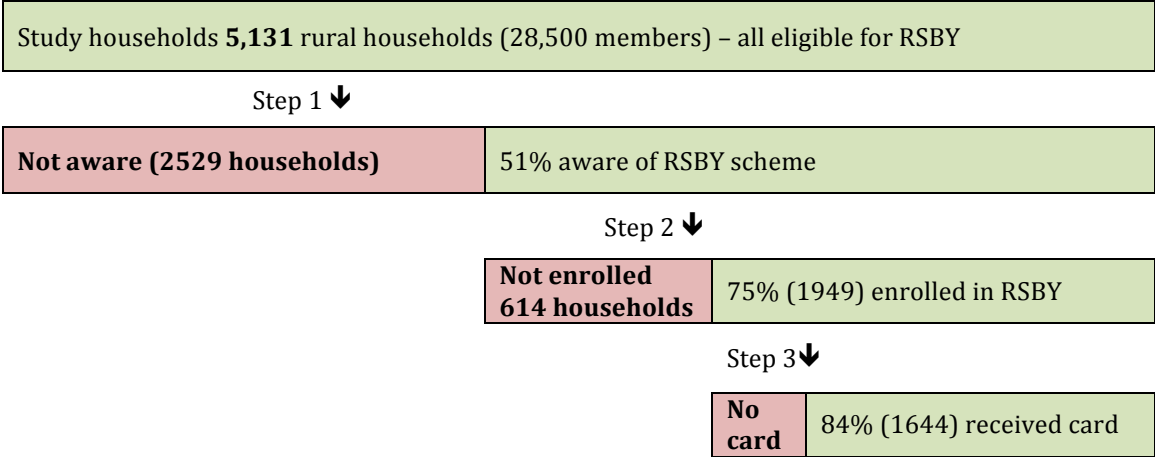


POLITICAL PARTICIPATION

At least one member from 99% households had a voter’s identification card; however the participation in local politics was seen in 15% households only. Half of the remaining (55%) expressed lack of interest as the main reason for non-participation. 99% households had had at least one member that had voted in the last election; of this, 6% reported that they had been coerced to vote for a particular candidate.

4.1. SPEC-BY-STEP FINDINGS

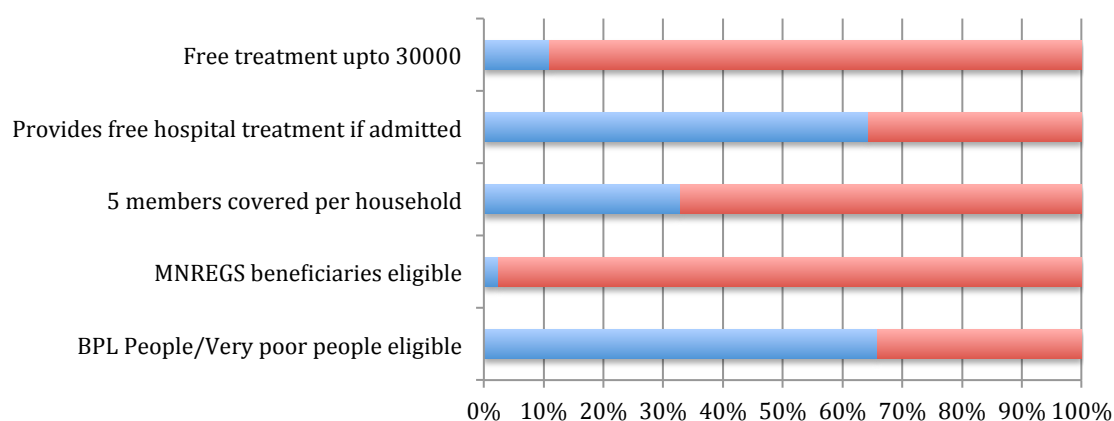
Figure 18. SPEC-by-step tool applied to the rural households



STEP 1: AWARENESS OF RSBY

The 5,131 rural households comprised of MGNREGS beneficiaries (41% including both BPL (Below Poverty Line & APL (Above Poverty Line) and other non-MGNREGS BPL households. In 2011-12, all these households were considered to be eligible for RSBY in Karnataka. As per the baseline survey, only 51% of the households had some level of awareness of RSBY i.e. the card was familiar or they had heard of RSBY. Of the 51% households, nearly half i.e. 48% had heard about the scheme from a Panchayat member or Government functionary, 20% from ASHA, or health volunteer, and 18% by word of mouth. The other modes of media accounted for less than 1%.

Figure 19. Depth of awareness about RSBY among the aware households (n=2602)



STEP 2: ENROLMENT IN RSBY

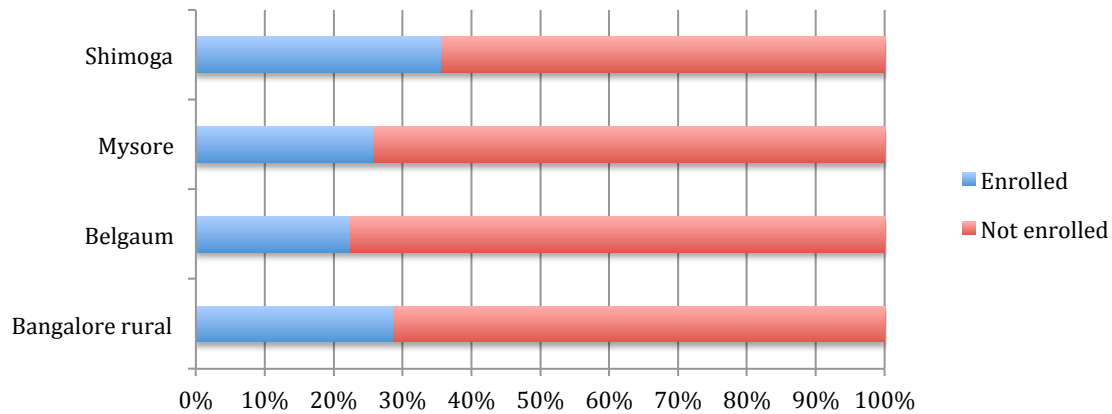
Of the 2602 households that were aware of RSBY, 75% (1952) enrolled in RSBY. The two most common reasons for not enrolling in RSBY were not being aware of the enrolment camp (48%) and not being aware of details of the scheme (15%). For the rest, they heard about the camp mainly from a GP member/ Government functionary (50%), ASHA or health volunteer (21%) and by word of mouth (16%). Further details of their experience at the enrolment camp have been provided below.

Table 13. Details of the enrolment camp provided by the enrolled households (n=1952)

Details of the enrolment camp	Count	Per cent
Conducted in the <i>Gram Panchayat</i> headquarters	909	47%
Hospital information booklet provided at camp	223	11%
Payment of Rs.30 only for enrolment of whole family	1507	77%
Both thumbprints & photographs taken at camp	1903	98%

The overall enrolment rate for the rural study households was only 38% of the total study households (enrolment rate). The district wise enrolment rates for the rural households are shown in the figure below with Shimoga at 56% and Belgaum at 29%. This is similar to the district enrolment rate figures of the government.

Figure 20. District wise enrolment rates for rural households (n=5131)



STEP 3: RSBY CARDHOLDERS

As per the RSBY design, each household that enrolls in the scheme must receive a card immediately at the camp itself. In this survey, 16% never received their card; of these 71% had been informed that they would receive it later but never did. Of the 84% (1640) who got their card, only 18% got it at the camp itself, while another 57% received it within a month after the camp.

Table 14. Reported time taken to receive card after enrolment (n=1640)

When was the card received	Count	Per cent
At the enrolment camp	297	18%
Within one week	439	27%
More than one week but within a month	488	30%
Between 1-3 months	230	14%
More than 3 months	107	7%
Do not know	71	4%

Despite having a RSBY card, 61% households reported that they were only partly covered with at least one member not being insured by the card. The reasons for this are still being explored in the analysis.

Detailed analysis of the rural and urban households is on going and the complete analysis will be shared in the subsequent edition of this report. These findings will also be triangulated with the qualitative data to provide the complete picture.

LONGITUDINAL DESIGN

As explained in section 3, the Karnataka team adopted a longitudinal design for the household survey. Though this approach was used as a means to overcome the challenge posed by the delays in RSBY, this in turn could pose challenges when making cross-case study comparisons. Since the other case studies use a retrospective design for the study, comparison of our findings with them will be difficult. This design may also result in some amount of subject attrition.

RSBY ELIGIBLE LIST

The selection of households for the study was through the RSBY eligible list of households which in turn as explained earlier is a composite of a ten-year-old list i.e. the central RDPR list and a more recent list used for MGNREGS, which is updated regularly. It is possible that a significant proportion of the households identified and included belonged to the latter list and not the former one. This will be known only following analysis. The possible impact on the study findings needs to be explored, understood and documented. These lists are also not mutually exclusive groups and were merged. Now, it is only possible to segregate MGNREGS beneficiaries from the others, and not BPL households from those above the poverty line.

SAMPLING

The design and rolling out of RSBY scheme in Karnataka was the main deciding factor for selecting the study districts, with little choice for selection based on the state demographics. This raises a question on the representativeness and generalizability of results to the entire state. Similarly the multistage sampling limits decreases the power for comparison between the *talukas* and the GPs. Furthermore since this is a pioneering study in identifying the excluded in the society, the choice of random selection for such a study needs to be looked at further once the findings are ready. Will vulnerable and excluded groups find sufficient representation in a study based on representation of the general population? For instance, since the number of migrants found in the survey was low, an additional nested study will be designed and conducted to further explore this issue.

SURVEY INFLUENCING RSBY UTILIZATION

During the baseline survey and follow up visits, the selected households were given basic information about the RSBY scheme and its benefits. It is possible and quite probable that these visits resulted in better awareness about the scheme that in turn influenced the utilization of the scheme to some extent. This may bias the results to show more favourable response to the scheme, something to be borne in mind when interpreting and exploring the findings post analysis.

Social exclusion is a complex phenomenon. In this study, we started with developing a conceptual framework to guide the methods and analysis. In this report, we describe the Indian context focussing on social exclusion in health specifically in Karnataka. Further we have described in detail the evolution of the methods of the study and the subsequent data collection. Early descriptive findings from the survey have also been included. Complete analysis of the survey results and their analysis jointly with the qualitative data are in progress.

Reviewing the literature for social exclusion in health in India, there was a general lack of primary research exploring social exclusion in this sector. Most findings were based on secondary analysis from routine government surveys that merely led to description of the status of known socially excluded groups in India. Studies exploring the performance of health financing schemes tended to focus on the design and implementation of the schemes alone. The other type of literature found significantly were editorials, commentaries and essays that dealt with the concept of social exclusion and usually with a historical approach. Hence, this study fills a void to understand the intersection of social exclusionary processes in society with access to health services enabled by health financing reforms.

The rural study households included MGNREGS beneficiaries & non-MGNREGS households that were BPL. Three-fourth of this group belonged to a backward caste or tribe, hence, eligible to various social and development reforms provided by the government. Markets seem to have enabled penetration of mobile phones and televisions in most of these households though safe water and sanitation are still largely not available despite existing social programmes. The RSBY coverage in these districts have changed in its second year of implementation and based on these preliminary findings, there has not been significant changes in its performance. Lack of awareness was found to be the main reason for nearly half (49%) of the households being excluded from utilising the scheme. This step will be explored further through detailed quantitative analysis, and through FGDs and interviews with the different actors to try and identify emerging patterns at the regional, village or household level. Once aware, three out of four households enrolled in the scheme. This helps understand that the poorer enrolment rates for the total households are largely influenced by the first step of exclusion. The study created an artificial step i.e. a step that is not present in the design of the scheme, where the survey looked for exclusion. This step divided households that enrolled in the scheme from those that received cards. The findings similar to other studies showed that 16 per cent of households never received cards and hence, were excluded despite enrolment.

Though the findings are just emerging and need to be further explored and understood, a few key observations have already emerged. First the possession of government identity cards in almost all the households is an interesting finding and needs to be explored to understand how this occurs despite the geographical, socioeconomic and other differences between districts, villages and households. Second the main step of exclusion was lack of awareness. The next step should involve understanding what is meant by lack of awareness and how this plays out within a region, and even within a village, across different groups. Third and last, the local actors like panchayat members, health workers, etc were found to be key informants for these households regarding welfare schemes. The scheme invests less by design in involving these actors and focuses on information campaigns via mass media. This suggests the importance of understanding local processes, a key aim of this study as well.

While the discussion above is based on early survey results, this study seeks to not only describe and quantify who is excluded and at what level, but also understand the underlying exclusionary processes of how this occurs at the different levels. These findings have to be further examined with the qualitative data to understand how social exclusion influences within these local contexts.

1. Preker A, Langenbrunner J, Jakab M. Rich-poor differences in health care financing. In: Dror D, Preker A, editors. *Social reinsurance: a new approach to sustainable community health care financing*. Washington DC: The World Bank; 2002.
2. The World Bank. *Poverty and social exclusion in India*. Washington DC: The World Bank; 2011. p.8-30.
3. Planning Commission of India. *Poverty estimates for 2004-05*. Press information bureau (English press release) 2007 Mar 21 (cited 2011 Mar 24). Available from: <http://pib.nic.in/newsite/erelease.aspx?relid=26316>.
4. Ministry of Labour & Employment. *Scheme status state wise: Karnataka*. Rashtriya Swasthya Bima Yojana; 2011 [cited 2011 Apr 13]. Available from: <http://www.rsby.gov.in/Statewise.aspx?state=29>.
5. Rajasekhar D, Berg E, Ghatak M, Manjula R, Roy S. *Implementing health insurance: the rollout of Rashtriya Swasthya Bima Yojana in Karnataka*. *Econ Polit Wkly*. 2011 May 14;XLVI(20):56-63.
6. Ministry of Labour & Employment. *Scheme status overview: National summary*. Rashtriya Swasthya Bima Yojana; 2012 (cited 2012 Jan 5). Available from: <http://www.rsby.gov.in/overview.aspx>.
7. Narayana D. *Review of the Rashtriya Swasthya Bima Yojana*. *Econ Polit Wkly*. 2010 July 17; XLV(29):13-18.
8. National Information Commission. *India at a glance*. Know India; 2012 (Cited 2012 Dec 28). Available from: <http://knowindia.gov.in/knowindia/profile.php?id=2>.
9. Government of India. Part III. *The Constitution of India (updated up to (ninety-seventh amendment) Act 2011)*. Ministry of Law and Justice. p.7-17.
10. Government of India. *Seventh schedule. The Constitution of India (updated up to (ninety-seventh amendment) Act 2011)*. Ministry of Law and Justice. p.265-76.
11. Office of the Registrar General & Census Commissioner. *Census of India 2011: Provisional population totals paper 1 of 2011*. (cited 2012 Sep 13) Available from: http://www.censusindia.gov.in/2011-prov-results/data_files/india/paper_contentsetc.pdf
12. National Bureau of statistics of China. *China's total population and structural changes in 2011*. (updated 2012 Jan 20, cited 2012 Dec 28). Available from: http://www.stats.gov.cn/english/newsandcomingevents/t20120120_402780233.htm
13. Office of the Registrar General & Census Commissioner. *Census of India 2001: India at a glance* (cited 2012 Dec 13) Available from: http://www.censusindia.gov.in/Census_Data_2001/India_at_glance/glance.aspx.
14. National Sample Survey Organisation. *Morbidity, health care and the condition of the aged: NSS 60th round, 2004*. Ministry of Statistics and Programme Implementation. 2006. p.9-43.
15. Government of Karnataka. *Investing in human development: Karnataka human development report 2005*. Karnataka: Planning and Statistics department; 2006.
16. Office of the Registrar General & Census Commissioner. *Census of India 2011: Provisional population totals paper 2 of 2011: Karnataka*. (cited 2012 Sep 13) Available from: http://www.censusindia.gov.in/2011-prov-results/paper2/prov_results_paper2_kar.html

17. Office of the Registrar General & Census Commissioner. Census of India 2001: States at a glance: Karnataka (cited 2012 Dec 13) Available from:
http://www.censusindia.gov.in/Census_Data_2001/States_at_glance/State_Links/29_krn.pdf
18. Ministry of Health and Family Welfare. Annual report to the people on health. New Delhi; 2011.
19. Institute of Public Health. Towards universal health coverage: An operational manual for states in India. Bangalore; 2012. p.6-22.
20. Ministry of Health and Family Welfare. National rural health mission: Framework for implementation 2005-12. New Delhi; 2005. p.4-10.
21. Institute of Public Health. Health system stewardship and regulation in Vietnam, India and China Project: India Country Report. Bangalore; 2012. p.26-32.
22. Ministry of Health & Family Welfare. National Health Accounts, India, 2004-05. New Delhi: Government of India; 2009 Sep.
23. Mahal A, Yazbeck AS, Peters DH, Ramana GNV. The poor and health service use in India: Health, Nutrition and Population Discussion Paper. Washington DC: The World Bank; 2001.p.3-17.
24. High level expert group committee. High level expert group report in universal health coverage for India. 2011 Nov.p.86-196.
25. International Institute for Population Sciences (IIPS) and Macro International. Karnataka: National family health survey (NFHS 3) India, 2005-06. Mumbai: IIPS; 2008 Sep.
26. Karnataka Knowledge Commission. Status report by study group on delivery of health services. Bangalore: Karnataka Knowledge Commission; 2010.
27. International Institute for Population Sciences (IIPS) and Macro International. India: National family health survey (NFHS 3), 2005-06. Mumbai: IIPS; 2007 Sep.
28. Office of the Register General of India. Special bulletin on maternal mortality in India, 2007-09. SRS bulletins. 2011 Jun. (cited on 15th April 2012). Available from:
http://censusindia.gov.in/vital_statistics/SRS_Bulletins/Final-MMR%20Bulletin-2007-09_070711.pdf.
29. Planning Commission of India. Report of the task group on development of scheduled castes and scheduled tribes on selected agenda items of the National Common Minimum Programme. 2005 Mar.p.3-97.
30. Karnataka state planning board. Karnataka: a vision for development. 2008 Dec. (cited 2011 Dec 30). Available from: <http://www.karunadu.gov.in/spb/Reports/KVD15th%20Jan%20English.pdf>.
31. Baru R, Acharya A, Acharya S, Shiva Kumar AK, Nagaraj K. Inequities in access to health services in India: caste, class and region. Econ Polit Wkly. 2010; 45(38): 49-58.
32. Prime Minister's High Level Committee. Social, economic and educational status of the Muslim community of India: a report. New Delhi; 2006 Nov.p.27-84.
33. Raj A. Gender equity and universal health coverage in India. The Lancet. 2011; 377:618-619.
34. Hausmann R, Tyson LD, Zahidi S. The global gender-gap report 2010. World economic forum; 2010.p.16-20.
35. Iyer A, Sen G, George A. The dynamics of gender and class in access to health care: evidence from rural Karnataka, India. Int J Health Serv. 2007; 37(3):537-54.

36. Lakshmana CM. Demographic change and gender inequality: a comparative study of Madhya Pradesh and Karnataka. Institute for Social and Economic Change; 2007. Working paper series, No. 183.
37. Sen G, Iyer A, George A. Systematic hierarchies and systemic failures. In: Kadekodi GK, Kanbur R, Rao V, editors. Development in Karnataka: challenges of governance, equity and empowerment. New Delhi; 2008.p.351-76.PP
38. Balarajan Y, Selvaraj S, Subramanian SV. India: towards universal health coverage 4: health care and equity in India. *Lancet*. 2011; 377:505-15.
39. Office of the Registrar General of India. Sample registration system: statistical report 2010. (cited 2012 Dec 28) Available from: http://www.censusindia.gov.in/vital_statistics/srs/Contents_2010.pdf.
40. International Institute for Population Sciences. District level household and facility survey, 2007-08: Karnataka, India. Mumbai: IIPS; 2010.
41. International Institute for Population Sciences. District level household and facility survey, 2007-08: India. Mumbai: IIPS; 2010 Apr.
42. Department of Health & Family Welfare, Karnataka. Karnataka state report: National health rural mission. (cited 2012 Dec) Available from: <http://stg2.kar.nic.in/healthnew/NRHM/PDF/KARNATAKA%20RoP%2011-12.pdf>
43. Central Bureau of Health Intelligence. Chapter 9: Health finance indicators. National health profile of India, 2011.p.143.
44. Van Doorslaer E, O'Donnell O, Rannan-Eliya RP, Samanathan A, Adhikari SR, Garg CC, et al. Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data. *The Lancet*. 2006; 368:1357-64.
45. Meessen B, Zhenzhong Z, Van Damme W, Devadasan N, Criel B, Bloom G. Iatrogenic poverty. *Trop Med Int Health*. 2003 Jul; 8(7):581-84.
46. Yareseeme AS, Aiyer A. Analyses of expenditure on health by the government of Karnataka. Bangalore: Centre for budget and policy studies; 2010 (cited 2012 Dec 28). Available from: <http://www.cbps.in/wp-content/themes/cbps/pdf/karnataka-health-financing.pdf>.
47. Anaka Aiyer. Insurance schemes in Karnataka: a comparison. Presentation by Centre for budget and policy studies. 2011.
48. Ministry of Labour & Employment. FAQs. Rashtriya Swasthya Bima Yojana; 2011 [cited 2011 Apr 13]. Available from: http://www.rsby.gov.in/faq_scheme.aspx.
49. Devadasan N, Swarup A. Rashtriya Swasthya Bima Yojana: an overview. *IRDA journal*. 2008;6(4):33-36.
50. Ministry of Labour & Employment. General documents:. Rashtriya Swasthya Bima Yojana; 2011 (cited 2012 Dec 28). Available from: <http://www.rsby.gov.in/Documents.aspx?ID=1>.
51. Ministry of Labour & Employment. Policy & guidelines: miscellaneous: RSBY connect issue 9: October 2012. Rashtriya Swasthya Bima Yojana. (updated on 2012 Oct 09, cited 2012 Dec 13). Available from: <http://www.rsby.gov.in/Documents.aspx?ID=16>.
52. Sun C. Chapter 4: An analysis of RSBY enrolment patterns: Preliminary evidence and lessons from the early experience. In: Palacios R, Das J, Sun C, editors. India's health insurance scheme for the poor: evidence from the early experience of the Rashtriya Swasthya Bima Yojana. New Delhi: Centre for Policy Research; 2011.

53. Jain N. A descriptive analysis of the RSBY data for the first phase. In: Palacios R, Das J, Sun C, editors. India's health insurance scheme for the poor. New Delhi: Centre for Policy Research; 2011.p.38–64.
54. Leino J, Das J. Evaluating the RSBY: lessons from an experimental information campaign. *Econ Polit Wkly.* 2011; XLVI (32).
55. Nandi S, Nundy M, Prasad V, Kanungo K, Khan H, Haripriya S, et al. The implementation of RSBY in Chhattisgarh, India: A study of the Durg district. *Health, culture and society* [Internet]. 2012 May 15 (cited 2012 December 18);2(1):1–32. Available from: <http://hcs.pitt.edu/ojs/index.php/hcs/article/view/61>.
56. Nandi S, Kanungo K, Khan H, Soibam H, Mishra T, Garg S. A study of Rashtriya Swasthya Bima Yojana in Chhattisgarh, India. *BMC Proc.* 2012; 6(Suppl 1):5.
57. Ministry of Labour & Employment. Policy & documents: Research: RSBY working Paper 6: RSBY Gender Analysis 2011. Rashtriya Swasthya Bima Yojana. (updated 2010 Nov 10, cited 2011 Apr 29). Available from: <http://www.rsby.gov.in/Documents.aspx?ID=14>.
58. Hou X & Palacios R. Hospitalization pattern in RSBY: preliminary evidence from the MIS. In: Palacios R, Das J, Sun C, editors. India's health insurance scheme for the poor. New Delhi: Centre for Policy Research; 2011. p.117–52.
59. Garg C, Karan AK. Reducing out-of-pocket expenditures to reduce poverty: a disaggregated analysis at rural-urban and state level in India. *Health Policy Plan.* 2008; 24(2):1-13.
60. Ministry of Rural Development. Mahatma Gandhi National Rural Employment Guarantee Act 2005. (cited on 2012 Dec 11). Available from: <http://nrega.nic.in/rajaswa.pdf>.
61. State Nodal Agency Karnataka. Experience sharing by Karnataka on RSBY benefits to NREGS beneficiaries. 4th RSBY national workshop; 2012 Apr 9-11; Ranchi, Jharkhand. 2012.

Annexe 1 **SPEC framework for Karnataka**

Annexe 2 **SPEC-by-step tool for Karnataka**

Annexe 3 **Data Collection tools**

Annexe 3(a) Health Inc Karnataka information sheet

Annexe 3(b) Informed consent sheet

Annexe 3(c) Form 1 rural (Baseline household survey questionnaire)

Annexe 3(d) Form 1 urban (Baseline household survey questionnaire)

Annexe 3(e) Form 2 (Follow-up household survey questionnaire)

Annexe 3(f) Form 3 (Post-hospitalisation survey questionnaire)

Annex 1 SPEC framework for Karnataka

Domains	Variables	Indicators	Remarks
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1. Social Dimension

"The social dimension is constituted by proximal relationships of support and solidarity (e.g. friendship, kinship, family, clan, neighbourhood, community, social movements) that generate a sense of belonging within social systems. Along this dimension social bonds are strengthened or weakened."

1. Social discrimination	1: Territorial discrimination and deprivation	<ol style="list-style-type: none"> 1. Urban / Rural split 2. Informal settlement / formal settlement 3. Geographical exclusion 4. Territorial segregation 5. <i>Differential of exposure to environmental hazards:</i> History of environmental hazards Estimates of incapacitation (loss of income, loss of production, loss of house, no of days of incapacitation...) related to latest environmental hazards (floods, droughts) 6. <i>Environmental insecurity:</i> Self assessed feeling of insecurity related to environmental causes 	<p><i>i. Levels of crime and violence:</i></p> <p><i>ii. Fear of crime:</i></p> <p>We will not consider above two (i, ii) indicators. Difficult to consider these indicators in Indian/Karnataka context, as this is not a major problem in the study areas.</p> <p>5. We will considered in one of the area - Belgaum in Karnataka which has effect from natural disaster like flood but measuring environmental hazards other than this is not appropriate in Karnataka context</p> <p>6. Would be important to study the feeling of insecurity among the Muslims and Christians esp. with a BJP state government (right wing Hindu) in place</p>
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Domains	Variables	Indicators	Remarks
	2: Social markers / drivers of social exclusion	7. Gender 8. Aging 9. Family structure and history: 10. Prevalence of specific health conditions: 11. Prevalence rate for "shameful" diseases (HIV/AIDS) 12. Stigmas related to specific health conditions: 13. Physical impairs 14. Mental health 15. Statelessness:	9. Family size will have impact on individuals in the house however may not get good representative samples for other issues. However including disability, religion, caste, education, occupation will be appropriate to consider for RSBY. In-depth investigation of different exclusion patterns for different identified groups will be relevant in India context. 11. To avoid asking impractical sensitive issues that had to be faced when asking "general population, we will consider potential risk groups for FGD or Interview –like Devadasis (sex workers) in Belgaum District in Karnataka, India. 15. This is not relevant indicator for RSBY. These are the section of people excluded at the beginning of the RSBY scheme. They are not the target group. S However we will consider FGD with migrant population with in Karnataka and migrants migrated from other states to Karnataka, India.
2. Social resources	3: Social capital	16. Social network analysis: 17. Suicide:	17. Firstly it is challenging to collect this information and not possible to get correct rates and profile due to poor reporting & stigma. Suicide rates can be obtained from the National bureau of crime there is an element of under-reporting, but it is the best we can get.

Domains	Variables	Indicators	Remarks
3. Social participation	4: Social and Community participation	18. Participation in common social activities 19. Social roles 20. Social support 21. Multiculturalism: 22. Social trust	20. Family support/community support, net working with SHGs, social and religious ceremonies can be considered however it would not make sense to measure % of household expenditure on social transfer, gifts as RSBY targets below poverty line households. 21. We will consider internally migrated communities instead of foreigners. Another limitation is RSBY only implemented in Rural areas. Limited scope for studying works migrated from rural areas to cities.

2. Political dimension

"The political dimension is constituted by power dynamics in relationships which generate unequal patterns for both formal rights embedded in legislation, constitution, policies and practices and the conditions in which rights are exercised - including access to safe water, sanitation, shelter, transport, power and services such as health care, education and social protection. Along this dimension, there is an unequal distribution of opportunities to participate in public life, to express desires and interests, to have interests taken into account and to have access to services."

Domains	Variables	Indicators	Remarks
4. Political resources	5: Access to education opportunities	23. Access to formal education 25. Educational environment and conditions Presence of qualified sibling in the environment (%) Distance in time to the closest school for each person in schooling age Lighting opportunity for homework 24. Access to other capacity and lifelong learning opportunities	25. We will consider distance from each area/village to the closet school than each person.

	6: Access to health	<p>25. <u>Objective indicators : Outcomes</u> Life expectancy, ventilated by gender, income quintiles Maternal mortality rate Infant mortality rate Under 5 mortality rate BMI measurement</p> <p><u>Access</u> Share of children under 1 year of age immunized against the three most relevant diseases in each site Institutional delivery rate Distance to primary health care (essential package) Distance to complementary package of care</p> <p>26. <u>Subjective indicators</u> % in poorest quintile who self reported bad health (/ good health) / % in the richest fifth that reported bad health (/ good health) Perception of the health services Underlying values of health staff professionals</p>	
5. Political and civic participation	7: Access to decent housing - dwelling precariousness	<p>27. Entitlement to property 28. Dwelling precariousness 29. Sustainable access to safe water supply 30. Access to decent standards of sanitation</p>	
	8: Access to transport infrastructures and services	<p>31. Distance to the closest tarmac road 32. Availability of transport means and opportunity 33. Traffic accident incidence/mortality rates</p>	
	9: Access to administrative services	<p>34. Distance to the local headquarters - to federal headquarters 35. Index of corruption (subjective and objective levels) 36. Perception of availability and accessibility of public servants (including corruption)</p>	
	10: Numerical fracture	<p>37. Phone and internet network coverage</p>	
	11: Access to social assistance / social protection	<p>38. Policy analysis - framing process and identification of the underlying SPEC during the policy design process 39. Enrolment rates among eligible (registration)</p>	<p>42. We will break down access, benefit and utilization by gender and age group. Also look at pattern of enrolment for</p>

		<p>40. Leakage in enrolment (false positive)</p> <p>41. Administrative effectiveness</p> <p>42. Actual access to services / Access to benefits: utilization of health services via RSBY</p> <p>43. Identification of other social assistance programs that can influence enrolment and outcomes of social protection in health</p> <p>44. Social representation attached to enrolment in social assistance programs</p>	<p>RSBY- as the scheme is limited for 5 members in the family. Not all the individuals from the households are enrolled for the scheme if the family size is more than 5. We will look for difference pattern in excluding the individual from enrolment by gender and age. Decision making process/reason for the household level exclusion of individual.</p>
	12: Civic participation and efficacy	<p>45. Empowerment - knowledge of democratic rights and duties</p> <p>46. People' perception of their fellow citizens' awareness of their obligations and duties</p> <p>47. Administrative registration rate: birth certificate</p> <p>48. Enrollment in Trade unions, associations, NGOs, etc</p> <p>49. Role of groups into the political framing process (lobbying, advocacy)</p>	
	13: Democratic participation	<p>50. Empowerment - knowledge of democratic rights and duties</p> <p>51. Participation in the elective process- voter enrolment & turnout</p> <p>52. Participation in the community governance bodies</p> <p>53. Gastill democracy index based on political rights and civil liberties</p> <p>54. Preference of democracy over other political systems</p> <p>55. Trust in democratic rules and political structures</p> <p>56. Degree of decentralization</p>	<p>50. Will add some other indicators like - % of villages that had Gram Sabha meetings</p> <p>- % of PRI members who are women/SC/ST</p>
	14: Civil liberties and social justice	<p>57. Social justice</p> <p>58. Civil liberties</p>	

3. Economic Dimension

"The economic dimension is constituted by access to and distribution of material resources necessary to sustain life (e.g. income, employment, housing, land, working conditions, livelihoods, etc)."

6. Material and economic resources	15: Income poverty	59. Income (consumption) (\$) 60. Poverty headcount ratio at \$1.25 a day (PPP), national, rural and urban poverty lines (% of population) 61. Poverty gap at \$1.25 a day (PPP), national, rural, and urban poverty lines (%) 62. Persistent at risk of poverty rate	
	16: Physical and financial assets	63. Ownership of property/Housing 64. If HH owns at least one of radio, TV, telephone, 2 wheeler 65. Landholdings per acre per household 66. Savings; ownership of other liquid assets 67. If individual/HH has a bank account 68. Access to other credit (formal and informal) 69. Level of debt	
	17: Income inequality	70. Poverty gap squared 71. Proportion of income/consumption in poorest quintile 72. Gender inequality gap 73. Gini coefficient	
	18: Hunger	74. Prevalence of underweight children under-five years of age 75. Proportion of population below minimum level of dietary energy consumption	

7. Economic participation	19: Social Welfare	76. % labour force claiming unemployment benefits 77. % of labour force claiming disability benefits	76. No unemployment benefits schemes in Karnataka except for people insured under ESI act-if there is closure of the factory / establishment or permanent invalidity arising out of non-employment injury. But we can use membership to MNREGA (Job guarantee scheme- for people in rural areas) as a proxy for unemployment.
	20: Employment	78. Long term unemployment rate 79. % unemployed 80. % of people employed in informal sector 81. Proportion of people employed in informal sector living below \$1.25 (PPP) per day 82. Share of school children and working age adults living in a jobless household 83. Subjective measurement of satisfaction of carers/stay-at-home parents 84. Employment gap of immigrants 85. % of people employed earning below minimum wage	

4. Cultural dimension

"The cultural dimension is constituted by the extent to which diverse values, norms and ways of living are accepted and respected. At one extreme along this dimension diversity is accepted in all its richness and at the other there are extreme situations of stigma and discrimination"

Domains	Variables	Indicators	Remarks
8. Human behaviour	21: Values	86. Disapproval/approval of single mothers 87. Rating of priority government should give to reducing poverty 88. Rating on if governments should provide benefits for unemployed, disabled 89. Rating of how important family, friends, religion, work, politics are in life. 90. Ranking of importance of attributes (e.g. hard work, etc.)	86. With reference to widow or divorce or broken families will be considered but not single parent outside marriage. As this is not common in Indian culture.

	22: Beliefs	<p>91. Rating of whether violence against women is acceptable</p> <p>92. Rating of agreement with statement: when jobs are scarce, men should have more right to a job than women?</p> <p>93. Rating of agreement with statement: when jobs are scarce, employees should hire (local) before immigrants?</p> <p>94. Rating of beliefs on why people are poor</p> <p>95. Rating of whether people should be able to practice religion freely.</p>	
	23: Traditional Practices	<p>96. Freedom to practice non-harmful cultural practices</p> <p>97. Number of honour killings</p> <p>98. Educational attainment of lower castes</p> <p>99. Labour participation of lowest castes</p> <p>100. Age of marriage</p>	97. This is not a major issue in the study areas we are planning to consider. However FGD's may give some insight into this problem.

	24: Norms	101. Rating of whether homosexual relationships should be legal	<p>101 Though we understand the importance of this variable, for Indian context and cultural beliefs it will be difficult to collect the information from general population. There are some surveys done that may give us an idea about this. And also rulings by the supreme court on this matter</p> <p><i>i) Rating of whether premarital sex is acceptable for women;</i></p> <p><i>ii) Rating of whether premarital sex is acceptable for men</i></p> <p><i>iii) Rating of whether women should dress conservatively</i></p> <p>We will not consider above three (i, ii, iii) indicators. Though we understand the importance of this variable, for Indian context and cultural beliefs it will be difficult to collect the information form general population.</p>
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Domains	Variables	Indicators	Remarks
9. Cultural participation	25: Language	102. Education in minority language 103. The number of newspapers in minority languages	
	26: Cultural Activities	104. The percentage of the population within 20 min travelling time (urban - walking, rural - car) of a sports facility, cinema or art gallery. 105. Number of hours spent in cultural groups 106. Value placed on relationship between arts and culture and personal and community development 107. Number of cultural heritage sites	104. Data related to cinema will be collected but information about sports and art gallery/museum are difficult to collect more so in the rural areas, as the RSBY is implemented only in rural areas.
	27: Media Visibility	108. The number of hours of mainstream TV or radio programmes that are dedicated to minority group programming	

Annex 2 SPEC-by-step tool for Karnataka

Rashtriya Swasthya Bima Yojana (RSBY) was launched in India in August 2007. The aim of the scheme is to improve access of below the poverty line (BPL) families to quality medical care for treatment of diseases involving hospitalisation and surgery through an identified network of healthcare providers¹.

In Karnataka, as in most of the states, RSBY is administrated by the Department of Labour at the State level and by a committee headed by the Deputy Commissioner at the District level. In Karnataka, RSBY has been implemented since February-March 2010 in 5 out of 30 districts². Many factors have been mentioned to explain this slow and partial implementation: rivalry between the governing political parties in the Centre and the State, friction between the Department of Health & Family Welfare and the Department of Labour, the launch of Vajpayee Arogyashri Yojana (a Karnataka state government health insurance scheme for tertiary care targeted at the same BPL population), and so on. All these hypotheses may have part of the truth in them, but have not been studied in detail and confirmed. Besides, they only consider the political side of the policy. When looking at the technical side of the policy, other issues emerge. RSBY by design seeks to eliminate the possible economic barriers to accessing health services. However, are these barriers the same for everyone? Despite removal of these, why did only 46.5% of the BPL households in these five districts enrol in the scheme^{1,3}? What are the other important barriers and how can RSBY seek to overcome them to improve access?

There are certain groups in Indian society that have historically faced exclusion: dalits and adivasis (recognized as Scheduled Castes [SC] and Scheduled Tribes [ST] respectively), religious minorities and women⁴. If, for example, we look at the proportion of BPL among SC and ST, entrenched inequalities become obvious: 37.9% of SC and 43.8% of ST are BPL, whereas in the remaining population only 22.7% are BPL.^{5,6} These differences are further exaggerated when comparing the urban and the rural poor. While the outcomes of these inequalities are often studied, little work has been done to study the processes that lead to them.

The SPEC-by-step tool is a generic tool that when adapted to the local context and the RSBY programme, provides a simple structured step-by-step checklist. This tool as demonstrated in the next few pages not only helps identify the population groups excluded at every step (who) but also helps raise pertinent questions (why & how) regarding the process behind exclusion. In this document, the levels have been clearly explained with brief thoughts on the possible reasons.

¹ <http://www.rsby.gov.in/>

² D Rajasekhar, E Berg, M Ghatak, R Manjula & S Roy (2011) Implementing health insurance: the rollout of Rashtriya Swasthya Bima Yojana in Karnataka. *Economic & Political Weekly*, XLVI(20), 56-63

³ This all-Indian average hides part of the picture. According to a recent independent analysis (D Narayana (2010) Review of the Rashtriya Swasthya Bima Yojana. *Economic & Political Weekly*, XLV (29), 13-18), BPL enrolment varies from state to state from 39% till 81%, in states where ESBY made significant progress (Karnataka not included).

⁴ Poverty and social exclusion in India (2011) Washington: The World Bank.

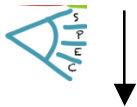
⁵ According to the currently used BPL criteria, which date from a scoring method applied in a 2002 BPL census – involving a score on a scale of 52, based on 13 criteria, and with a cut-off point (see J Drèze & R Khera (2010) The BPL census and a possible alternative. *Economic & Political Weekly*, XLV (9), 54-63). Several alternative criteria are in the public debate (see MR Sharan (2011) Identifying BPL households: a comparison of competing approaches. *Economic & Political Weekly* XLVI (26-27), 256-262), among them one proposed by the Saxena Committee in 2009 and another proposed by Drèze and Khera in 2010 (see the article mentioned above). A new BPL census is expected in 2011.

⁶ Planning Commission of India. Poverty estimates for 2004-05 using National Sample Survey Organisation (NSS 61st round) 2004-05 data, Ministry of Statistics and Programme Implementation.

SPEC-by-step tool adapted to RSBY in Karnataka

Level 1 – The population below the poverty line comprise the poor in the population. In India, the BPL line is set at different levels by the federal and the state governments. The federal RDPR (Rural Development and Panchayat Raj) BPL list, as in use since 2003 in Karnataka, is based on a 2002 Government of India survey in 2003. Many states including Karnataka have a different list of BPL households, identified by the Department of Food, Civil Supplies, and Consumer Affairs, who have been provided with BPL ration cards. This Karnataka BPL list includes a higher proportion of the population when compared to the RDPR BPL list. The homeless and those living in social welfare institutions do not come under either list. The RSBY was launched with the aim to improve access of below-poverty-line (BPL) families to quality medical care for treatment of diseases involving hospitalisation and surgery through an identified network of healthcare providers. Only BPL families on the RDPR list are eligible for RSBY and can have their premiums subsidised.² In 2010, Phase 1 of RSBY roll-out was confined to the rural part of five out of 30 districts: Mysore, Bangalore Rural, Shimoga, Belgaum and Dakshina Kannada. The total population eligible was 338,931.¹

BPL population targeted by RSBY in Karnataka = BPL in rural areas in 5 selected districts



Level 2 - As per a household survey done for evaluation of RSBY implementation in Karnataka, around 85% of population has heard of RSBY.²

Not reached

BPL population reached by RSBY scheme (in HH)

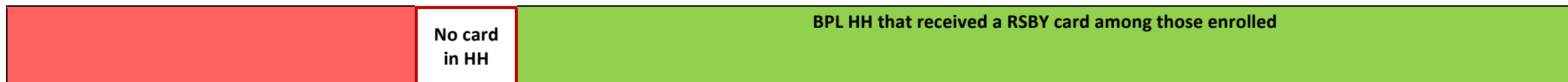


Level 3 - Total 157,405 enrolled in 2010 (46.5%) as per the RSBY data.¹ In the survey, 68% of the population had enrolled in the scheme while 17% of those who were aware of the scheme had still not enrolled. Reasons stipulated behind this were no prior information of the registration camp, being away on work or in the fields, problematic BPL list, failure of computer or electricity, etc.²

Not enrolled

BPL HH enrolled in RSBY scheme amongst those reached

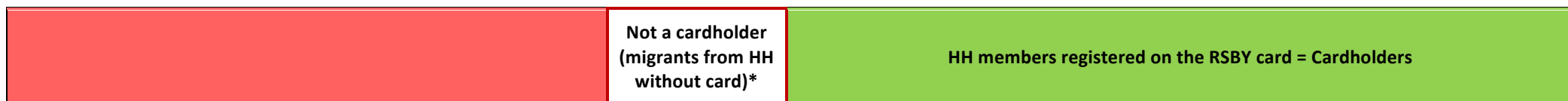
Level 4 – Not all enrolled HH received smart cards. A primary reason for this is delay in issue of cards. This has been explained further in the next level. As per the household survey, 42% of the population received a card.²



Level 5 – Ideally, the smart card must be issued immediately at the time of enrolment but the survey revealed that 38% of the HH did not receive their smart cards even after 6 months.² Since the policy is valid only for 1 year, this implies that these HH are actually excluded i.e. unable to utilise the benefits for the half of the year.



Level 6 – The RSBY scheme has been designed with the HH as the unit. As mentioned earlier, each HH receives a card but only 5 members of the HH can be registered on to a single card.¹ This is a problem if the family size is large or it is an extended family. Absence of members during the registration has also led to their names not being included on the card even in a small family. Hence at this level, we study the individual cardholders and will be able to look at variations across gender, age, presence of disability, economic contribution to family, etc.

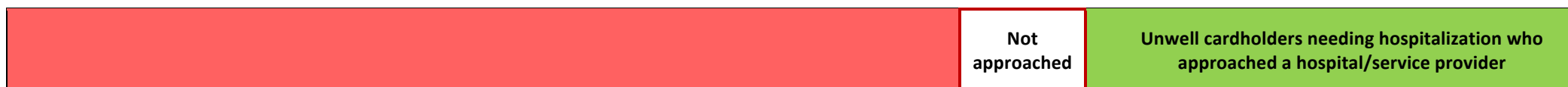


*Family members who migrate out for work are provided the opportunity of ‘splitting’ their card and hence, coverage. They can with a duplicate card avail services across India. However, if the HH is not aware of this provision, it is possible that these migrant members may be excluded from the card.

Before jumping into utilisation of the card, it is important to define the population that needed to use the card and were eligible to. This step only helps define the population that were unwell to an extent or with a condition needing hospitalisation. Those that were not unwell to this extent or not all cannot be seen as being excluded within the scheme.



Level 7 – Many factors especially economic and cultural prevent people from even approaching health services.





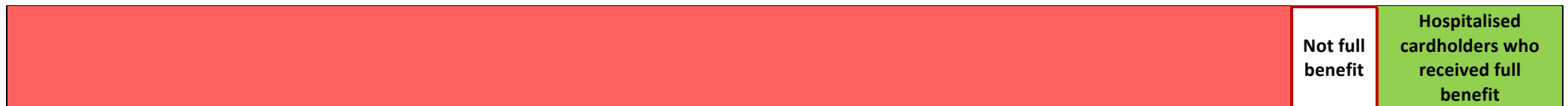
Level 8 – Next it is important to understand that there would have been patients who presented with conditions that warranted hospitalisation but were not hospitalised. The reasons for this would vary from patient side to provider side from economic constraints to limited resources.



Level 9 – Not all hospitalised cardholders receive some benefit from RSBY. Within 6 months of enrolment as per the survey, only 0.4% of HH had utilised the card.² Ideally implementation of a scheme like RSBY should show higher rates esp. since pre-existing conditions are included. Poor utilisation could include problems from the demand and supply side. Some factors stated are problems with the smart card technology, problems with reimbursement, etc.



Level 10 – Receiving some benefit must be clearly differentiated from full benefit. Our experience in Kerala and Gujarat along with discussions from those involved in RSBY implementation have noted that cardholders are at times provided partial subsidy instead of full subsidy as promised by the scheme. Whether it is corruption on the part of the service providers or third party administrators, or whether it is the vulnerability and ignorance of the BPL population, the beneficiaries are often deprived of their entire benefit. This makes studying these processes a vital one.



Renewal of cards this year can also be taken into consideration, hence, creating a loop between level 3 and the levels below it.

Annex 3(a) Health inc Karnataka participants' information sheet

Date:

Thank you for considering taking part in this research study. Before you make a decision, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and please do not hesitate to ask any team member if there is anything that is not clear, or if you would like more information. Please take time to decide whether or not you wish to participate. Thank you for reading this information.

Study Title: Socially Inclusive Health Care Financing in West Africa and India.

Short title: Health Inc

What is this study?

Health Inc is an international research project investigating social exclusion in three countries namely, Ghana, India (Karnataka and Maharashtra), and Senegal. Health Inc puts forward the hypothesis that social exclusion is an important cause of the limited success of recent health financing reforms.

What is the Purpose of the Study?

In most low- and middle- income countries (LMIC), out-of-pocket payments make up a large proportion of total health expenditure (on average 75% in Asia and 50% in Africa). At the international level, there is now a consensus that out-of-pocket payments for health care increase inequity and as a result, increased risk pooling is necessary. There has been a recent proliferation of health financing reforms in LMIC addressing such issues and while they have led to increased utilization of health care, it is often the poor and informal sector that continue to be excluded from coverage.

Firstly, social exclusion can explain barriers to accessing health care - may be due to disrespectful, discriminatory or culturally inappropriate practices of medical professionals and their organisations, within the context of poor accessibility and quality of care.

Secondly, social exclusion can explain barriers to accessing the health financing mechanism itself - underlying social, political and cultural reasons for lack of financial coverage. Differential access to information, bureaucratic processes, complex eligibility rules and/or crude and stigmatizing criteria for means testing prevent socially excluded groups from enrolling in financing schemes which provide access to health care at an affordable price or even free of charge. Leakage, on the other hand, may explain why more powerful and vocal groups are able to capture the benefits of targeted schemes that aim to cover the poor. The overall aim of the project is: to understand how social exclusion prevents the development of sustainable and equitable health financing.

Why have You Been Chosen?

We are selecting 6100 families from the BPL list used for enrolling for Rastriya Swasthya Bima Yojana (RSBY) scheme for this year 2012-13, from four districts - Bangalore rural, Belgaum, Mysore and Shimoga. These districts have been chosen as this is the second year that the scheme is being implemented here. Your family has hence been selected from this list randomly.

Participation is entirely voluntary. If you decide to take part, you will be given this information sheet to keep, and will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at anytime without giving a reason.

What Does Participation Involve?

If you agree to take part, please sign and give back the consent form to one of the team member. Then you will be part the survey we are conducting in four districts. The data collector will ask some structured questions, for which you have to answer. Most of the questions are related to awareness about RSBY, its enrolment and utilization, etc. The discussion will last no longer than 30-45 minutes. All the information collected will remain confidential and your name will not appear on any documentation.

One of the team members will follow up with you at least once a month to get information about illness or hospitalisation of any of your family member in that month. If there was illness or hospitalisation reported then one of the team members may visit you again to conduct interview regarding illness/hospitalisation episode. This interview will be recorded and will last no longer than one hour. We will take your consent again at that time.

What are the Possible Benefits of Taking Part?

There is no direct benefit to you from participation in this research. However the team believes that the results of the study will contribute to the improvement with regard to awareness, enrolment and utilization of RSBY scheme in the area. If your family has not enrolled for RSBY, your family will get the opportunity to get enrolled and get the benefit, also get more information about the scheme from us.

You will be provided with a file to keep all medical reports in, this will help you keep all the medical records in one place, which will be of use when you visit doctor again.

Contact for Further Information

The Research team: Dr N Devadasan,

Address: No: 250, Masters Cottage, 2 'C' Cross, 2 'C' Main, Girinagar 1st Phase, Bangalore - 560 085.

Telephone: 080 26421929

Email:@iphindia.org

Thank you again for considering participating in this project.

N Devadasan

Date:

Annex 3(b) Informed consent sheet

Title of Project: Health Inc

Subtitle: Socially Inclusive Health Care Financing in West Africa and India.

Names of Research team: Dr N Devadasan,.....

**Please Tick
Boxes**

1. I confirm that I have read and understood the information sheet dated
for the above study, and have had the any related questions answered satisfactorily.
2. I understand that my participation is voluntary, and that I am free to withdraw at anytime,
without giving any reason.
3. I agree to take part in the above study.

Name.....

Date.....

Signature.....

Researcher.....

Date.....

Signature.....

Participants Details

Name:

Address:

Contact Telephone Number:

Date:

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

To be entered by DEO only

UID - -

DEO supervisor's signature

Section A: Identification

A1 to A4.2 to be entered before approaching the household

A1	Household number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Leave it blank
A2.1	Date of survey (DD/MM/2012)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 12	
A2.2	Time of starting survey	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm	
A2.3	Time of ending survey	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm	
A2.4	Supervisor code	S <input type="text"/>	1-5
A2.5	Field investigator code	F <input type="text"/> <input type="text"/>	1-25
A2.6	Language of interview	<input type="text"/>	1 Kannada 2 Marathi
A3.1	District	<input type="text"/>	1 Bangalore rural 3 Mysore 2 Belgaum 4 Shimoga
A3.2	Taluka	<input type="text"/>	Refer code at bottom of this page
BR	1Doddabellapur 2 Nelamangala	BE 1 Athani 2 Belgaum 3 Khanapur 4 Raibag 5 Saudatti	MY 1 HD Kote 2 Hunsur 3KR Nagar 4 Mysore
SH	1 Hosanagara 2 Sagar 3 Shikaripura 4 Shimoga		
A3.3	Name of gram panchayat	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A3.4	Name of village	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A4.1	Distance from Taluka headquarters	<input type="text"/> <input type="text"/> <input type="text"/> km	
A4.2	Distance from District headquarters	<input type="text"/> <input type="text"/> <input type="text"/> km	

Name of informant <i>DEO to not enter</i>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First name
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Last name/initials
A5.1	Member id	<input type="text"/>	Refer page 3
A5.2	Contact number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Landline
A5.3	House number/street name/ nearby landmark		

Section B: Household details

B1.1	No. of members in household	Enter only information of permanent members of the household	<input type="text"/> <input type="text"/>
B1.2	Type of household	1 Single 2 Nuclear 3 Joint / extended	<input type="text"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

B2.2	B2.5	B2.6	B2.7	B2.81	B2.82	B2.91	B2.92	G3.7
Relation to head	Marital status	Highest education attained	Literacy	Known health status	Difficulties in performing daily activities	Occupation	How are wages earned?	Why is this member's name not registered on the RSBY card?
1 Head of household	1 Never married	1 Not applicable (less than six yrs)	1 Not applicable (less than seven years)	1 Not ill	1 No difficulties	1 Not applicable (less than six or more than sixty years)	1 Daily	1 Did not know that all members needed to be present for enrolment
2 Spouse	2 Married			2 Minor illness	2 Difficulty in seeing		2 Weekly	2 Not present in station at time of enrolment
3 Father	3 Separated	Six years & above:	Seven years and above:	Known chronic disease (must ask if age >40 years)	3 Difficulty in hearing	Six – sixty years:	3 Monthly	3 Sick at time of enrolment
4 Mother	4 Divorced	2 Never went to school	2 Literate (can read and write in any language)	3a Diabetes/ High BP/ heart problem	4 Difficulty in speaking	2 Student	4 Irregularly	4 Had other engagements at the time
5 Son	5 Widowed	3 Primary (1-5 th std)	3 Illiterate	3b TB/HIV	5 Difficulty in movement	3 Works in the house, shop or field but not earning	5 Not wage earner (including less than six years, above sixty years)	5 Had to work on that day
6 Daughter		4 Middle (6-8 std)		3c Other	6 Mental retardation	4 House wife		6 Physically/mentally ill so not done
7 Brother		5 Secondary(9-10 std)		4 Major illness but not hospitalised	7 Known mental illness	5 Not employed		7 Healthy so not done
8 Sister		6 PUC/ higher secondary/ diploma after 10 th		5 Currently hospitalised for an illness	8 Other disability	6 Casual wage labourer/ Manual labourer		8 Covered by another scheme so not done
9 Father-in-law		7 Graduate and above			9 Multiple disability (more than one disability)	7 Self-employed		9 Five members already enrolled
10 Mother-in-law						8 Salaried employee in Government		10 Too young/old so not done
11 Son – in-law						9 Salaried employee in Private		11 Other, specify _____ <i>Please write in Page 3 below the table</i>
12. Daughter-in-law								98 Do not know
13 Brother In-law								99 Refused to answer
14 Sister – in-law								
15 Grand son								
16 Grand daughter								
17 Grand father								
18 Grand mother								
19 Others								

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

B2.1	DEO to not enter	B2.2	B2.3	B2.4	B2.5	B2.6	B2.7	B2.81	B2.82	B2.91	B2.92	G3.8	G3.9
Mem id.	Name	Relation to head	Gender	Age (in yr)	Marital status	Highest education attained	Literacy	Known health status	Difficulty in performing daily activities	Occupation	How are wages earned?	Which member has been registered on the card (fill after finishing section G)	
	<i>Start with the head of household (Enter information for only permanent members)</i>	<i>Refer code</i>	1Female 2Male 3Transgender	<1yr = 0	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	1 Yes 2 No	If no, why not registered?
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

Section C: Social dimension

C1.1	Social organisation or group	C1.2	C1.3
		Is anyone in the household a member?	If yes, who is/are member(s)?
		1 Yes 2 No → go to next question 98 Do not know 99 Refused to answer	Enter member id only
01	Gram (Taluka/ Zilla) panchayat	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
02	Self-help group	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
03	Youth organisation	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
04	Women's organisation (excluding self-help group)	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
05	Farmers' organisation/organisation based on occupation	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
06	Any cooperative	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
07	Trade/labour union	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
08	Other, specify	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
09	Other, specify	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
C2.1	Were there any social community gatherings in the village last month? <i>(village fairs, grama sabha)</i>	1 Yes 2 No → go to C3.1 98 Do not know → go to C3.1 99 Refused to answer → go to C3.1	<input type="checkbox"/>
C2.2	Did any member of the household attend these events?	1 Yes 2 No → go to C2.4 98 Do not know → go to C3.1 99 Refused to answer → go to C3.1	<input type="checkbox"/>
C2.3	What was their role in these events? Go to C3.1	1 Organising the event 2 Participated in the event but not organise 3 Observed the events along with the others 4 Observed from far 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
C2.4	If no in C2.2, why did you/they not attend?	1 Not enough money 2 Not interested 3 Other event at same time 4 Not invited 5 Interested but not allowed to 5 Others, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
C3.1	Were there any social events among your family, relatives and friends last month? <i>(Marriage, naming ceremony, seemantha)</i>	1 Yes 2 No → go to C4 98 Do not know → go to C4 99 Refused to answer → go to C4	<input type="checkbox"/>
C3.2	Did any household member attend these events?	1 Yes → go to C4 2 No 98 Do not know → go to C4 99 Refused to answer → go to C4	<input type="checkbox"/>
C3.3	If no in C3.2, why did you or they not attend?	1 Not enough money 2 Not interested 3 Other event at same time 4 Not invited 5 Others, specify _____ 98 Do not know	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

D4.1	Have you ever felt that any member of your household were denied from participating in cultural events like festivals or <i>pooja</i> in the village?	99 Refused to answer 1 Yes 2 No → go to D5.1 98 Do not know → go to D5.1 99 Refused to answer → go to D5.1	<input type="checkbox"/>
D4.2	If yes in D4.1, why were you or they not allowed?	1 Because of our religion 2 Because of our caste 3 Because of our occupation 4 Because I or they were women 5 Because I or they were widowed 6 Because of an illness 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.1	What is language spoken in your house?	1Kannada 2Marathi 3 Telugu 4 Tamil 5Hindi/Urdu 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.2	Can at least one adult member in this house read Kannada?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.3	Through which media do you mainly get your information?	1 By word of mouth 2 Newspaper 3 Radio 4 Television 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

Section E: Political dimension

E1.1	Does at least one member in this house have a Voter's identification card (EPIC)?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E1.2	In the past, has any member of this house participated in the village or higher politics in any form?	1Yes 2No → go to E1.5 98 Do not know → go to E2.1 99 Refused to answer → go to E2.1	<input type="checkbox"/>
E1.3	If yes, who? <i>DEO - enter member id only</i>	Name _____ Name _____	01 <input type="checkbox"/> 02 <input type="checkbox"/>
E1.4	How did they participate? Go to E2.1	1 Elected representative - Panchayat member/ MLA 2 Village committee member 3 Village elder 4 Local political party leader or member 5 Local political rallies 6 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/>
E1.5	If no in E1.2, why did anyone not participated ?	1 Not interested 2 Wanted to but not allowed too 3 Other responsibilities do not allow it 4 Do not support the local parties/ leaders 5 Belong to a minority religion 6 Belong to a minority caste 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

E2.1	Has any member of this house voted in the last local elections?	1 Yes 2 No → go to E2.3 98 Do not know → go to E3.1 99 Refused to answer → go to E3.1	<input type="checkbox"/>
E2.2	If yes in E2.1, did anyone force you to vote for a particular candidate? Go to E3.1	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E2.3	If no in E2.1, why did not anyone vote?	1 Not interested 2 Wanted to but not allowed to 3 Other responsibilities do not allow it 4 Do not support the local parties/ leaders 5 Do not know whom to vote for 6 Cannot read and write 7 Do not have voter's card / name is not in list 8 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E3.1	How far is the nearest:		
01	Anganwadi	<i>Time (in min)</i> <i>within the village by walk</i> <i>outside the village by bus</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
02	Primary school		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
03	High school	<i>Distance (in km)</i> <i>Enter 0 if less than 1 km</i> <i>Round it to the nearest number</i> <i>888 Do not know</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
04	PUC / Plus 2 college		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
E3.2	Is there any child of school age (between 6 to 16 years) in this house who is not going to school?	1 Yes 2 No, they all go to school → go to E4.1 3 No, there is no child of this age → go to E4.1 98 Do not know → go to E4.1 99 Refused to answer → go to E4.1	<input type="checkbox"/>
E3.3	If yes, why does he/she or they not attend school? <i>Multiple response question</i>	1 Not interested 2 She is a girl 3 Not enough money 4 Too far from house 5 Was attending but dropped out 6 Education is not important 7 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>
E4.1	How far is the nearest:		
01	Public phone or landline	<i>Time (in min)</i> <i>within the village by walk</i> <i>outside the village by bus</i> <i>If at home, enter 0 min</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
02	Radio		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
03	Television	<i>Distance (in km)</i> <i>Enter 0 if less than 1 km or at home</i> <i>Round it to the nearest number</i> <i>888 Do not know</i> <i>999 Refused to answer</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
04	Market		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
05	Panchayat office		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
06	Bus station		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
07	Railway station		<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
E4.2	How often does the head of household visit the Taluka headquarter?	1 Often 2 Once in a while 3 Rarely 4 Never 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

Section F: Health

F1.1 Participation in community health related activities		F1.2		F1.3		
		Is any member in this house involved in this activity?		If yes, who is (are) member(s)?		
		1 Yes 2 No → go to next question 98 Do not know 99 Refused to answer		Enter member id only		
01	Arogya raksha samiti	<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>	
02	Village health and sanitation committee	<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>	
03	ASHA	<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>	
04	Anganwadi helper	<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>	
05	Anganwadi worker	<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>	
F2.1 Please comment on the nearest health centres	F2.2 When is it mainly open?	F2.3 How far is it from your house?				
		Time		Distance		
		If in village – by walk		Enter 0 if less than 1 km		
		If outside village – by bus		Round it to nearest number		
		888 Do not know		888 Do not know		
		999 Refused to answer		999 Refused to answer		
01	Sub-centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	Primary health centre (PHC)	1 Rarely/never open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	Taluka hospital	2 Few days in a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	District hospital	3 Daily but half day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	Private doctor or clinic	4 Daily and full day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	Private hospital	5 Daily and 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		98 Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3.11	Is any household member currently pregnant? (enter details for permanent household members only)	1 Yes 2 No → go to F4.1 98 Do not know → go to F4.1 99 Refused to answer → go to F4.1				<input type="checkbox"/>
F3.12	How many members are currently pregnant?	1 Only one 2 More than one 98 Do not know 99 Refused to answer				<input type="checkbox"/>
In case more than one members are pregnant, enter details of the one who is closer to delivery						
F3.2	If yes, who is it? DEO- enter member id only	Name _____				<input type="checkbox"/>
F3.3	How many months has she finished?	98 Do not know 99 Refused to answer				<input type="checkbox"/>
F3.4	At which health centre has she gone for pregnancy check up?	1 Sub-centre 2 PHC 3 Other Government hospital 4 Private practitioner/clinic 5 Local RMP 6 Traditional practitioner 7 Not registered anywhere → go to F3.7 8 Other, specify _____ 98 Do not know 99 Refused to answer				<input type="checkbox"/>
F3.5	Why did she select that facility?	1 Near home 2 Recommended by friends, relatives or neighbours 3 Referred by ASHA or ANM 4 Better quality of care got there 5 Affordable services 6 Other, specify _____				<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

		98 Do not know 99 Refused to answer	
F3.6	Has she received TT injection & Iron tablets there?	1 Yes, she has received both 2 Yes, but she has received only one 3 No, as it is still too early 4 No → go to F4.1 98 Do not know → go to F4.1 99 Refused to answer → go to F4.1	<input type="checkbox"/>
F3.7	If not registered, what is the reason?	1 Too early in pregnancy, will register later 2 Went to register, but no one at centre 3 Do not know where to go 4 Not interested 5 Taken care at home itself 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.1	Were there any births in the household in the last 3 months? (enter details for permanent household members only)	1 Yes 2 No → go to F5.1 98 Do not know → go to F5.1 99 Refused to answer → go to F5.1	<input type="checkbox"/>
In case of more than one births, enter details of the recent-most birth			
F4.2	If yes, who is the mother? <i>DEO- enter member id only</i>	Name _____	<input type="checkbox"/>
F4.3	When did the delivery occur? <i>Date of birth</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>
F4.4	What type of delivery was it?	1 Normal delivery 2 Planned operation (Caesarean) 3 Emergency operation (Caesarean) 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.51	Where did she go for delivery?	1 Sub-centre 2 PHC 3 Other Government hospital 4 Private practitioner/clinic 5 Local RMP 6 Traditional practitioner/dai 7 At home itself → go to F4.53 8 On the way to the health centre → go to F4.53 9 Other, specify _____ 98 Do not know → go to F4.6 99 Refused to answer → go to F4.6	<input type="checkbox"/>
F4.52	Why did she go to that facility? Go to F4.6	1 It is nearby 2 It was planned earlier 3 The doctor or staff are available at night 4 The doctor or staff are known to be good 5 It is affordable 6 No other facility open or nearby 7 Referred by ANM or doctor 8 Operation or blood transfusion needed 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.53	Why did she deliver at home or on the way?	1 It is our tradition 2 It happened very fast/it was emergency 3 It happened in the night 4 Did not have access to transport 5 Health centre is far away 6 Did not have enough money to go to hospital 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.6	What was the outcome of the delivery?	1 Both mother and child were well 2 Mother was well but baby was sick or died 3 Baby was well but mother was sick or died	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

		4 Both mother and baby were sick or died 98 Do not know 99 Refused to answer					
F4.7	Apart from breast milk, is the child being given other foods/nutrition?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F4.8	Has the child received all needed injections/vaccines till date according to his/her age?	1 Yes, all given 2 Yes but only some 3 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
		<table border="1"> <tr> <td><i>At birth</i></td> <td><i>BCG, polio drops</i></td> </tr> <tr> <td><i>2 to 3 months</i></td> <td><i>BCG, polio, DPT, Hepatitis B</i></td> </tr> </table>	<i>At birth</i>	<i>BCG, polio drops</i>	<i>2 to 3 months</i>	<i>BCG, polio, DPT, Hepatitis B</i>	
<i>At birth</i>	<i>BCG, polio drops</i>						
<i>2 to 3 months</i>	<i>BCG, polio, DPT, Hepatitis B</i>						
F5.1	Were there any deaths in this house in the last three months? (Collect details for permanent household members only)	1 Yes 2 No → go to Sec G 98 Do not know → go to Sec G 99 Refused to answer → go to Sec G	<input type="checkbox"/>				
In case of more than one deaths, enter details of the recent-most death							
F5.2	How was the deceased related to the head of household?	Refer code page 3	<input type="checkbox"/>				
F5.3	When did it occur? <i>Date of death</i>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				
F5.4	Where did it occur?	1 Hospital 2 In the field, road, vehicle, outside 3 Office, at place of work 4 Home 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F5.5	Did the person visit a health centre in the last 24hrs before he died?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F5.6	What happened?	1 It was sudden, unexpected, accident, unnatural 2 He/she was seriously ill before 3 He/she was chronically ill before 4 Natural, old age 98 Do not know 99 Refused to answer	<input type="checkbox"/>				

Section G: RSBY related information

G1.1	Have you seen this card before? <i>Show the RSBY card to the informant</i>	1 Yes → go to G1.3 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.2	Have you ever heard of a scheme called Rashtriya Swasthya Bima Yojana/RSBY or a government scheme that provides free hospital treatment up to Rs.30,000?	1 Yes → go to G1.4 2 No → go to G4.1 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	
G1.3	What is the name of the scheme associated with this card?	1 RSBY or Rashtriya Swasthya Bima Yojana 2 Smart card 3 Other name, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.4	Where did you hear about it from?	1 By word of mouth 2 Newspaper/pamphlet 3 Radio 4 Television 5 from the ASHA ,ANM AWW 6 Public announcement 7 Panchayat member/other government functionary 8 At the enrolment camp itself 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

G1.5	According to your knowledge, who can get this card ? <i>Multiple responses. Please enter all the points mentioned. Do not probe.</i>	1 BPL people/ very poor people 2 NREGA beneficiaries 3 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/>
G1.6	According to your knowledge, how many members in a house can use this card?	<i>Enter number</i> 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.7	According to your knowledge, what are the benefits of this card? <i>Multiple responses. Please enter all the points mentioned. Do not probe.</i>	1 Provides free hospital treatment if admitted 2 Free treatment up to Rs.30,000 3 Both medical and surgical treatment provided 3 Both public and private hospitals under the scheme 4 Pregnancy and delivery covered 5 Pre-existing illnesses also covered 6 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/>
G2.1	Enrolment details Did any member of your household or the full household enrol in RSBY this year?	1 Yes → go to G2.3 2 No 98 Do not know → go to G4.1 99 Refused to answer → go to Sec G4.1	<input type="checkbox"/>
G2.2	If no in G2.1, why did anyone not enrol? Go to G4.1	1 Did not know about the scheme 2 Did not know about the camp 3 Camp was announced but not organized 4 Camp was organized far away 5 There was a long queue at enrolment so could not enrol 6 Not present at time of enrolment due to various reasons apart from work 7 Not present at time of enrolment as could not miss work or lose wages 8 Name was not in BPL list 9 We do not want insurance 10 We cannot afford to pay Rs. 30 to enrol in the scheme 11 Went to enrol but not allowed to by organisers 12 We did not get benefit last time 13 Since it stopped for a while last year 14 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.3	If yes in 2.1, when was the camp held?	1 Oct - Dec 2011 2 Jan - Mar 2012 3 Apr - May 2012 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.4	Where was the enrolment camp held?	1 In your village 2 In Gram panchayat headquarter 3 In Taluka headquarter 4 In District headquarter 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.5	How did you hear about the enrolment camp?	1 By word of mouth 2 Newspaper/pamphlet 3 Radio 4 Television 5 from the ASHA or ANM 6 Public announcement 7 Panchayat member/other government functionary 8 At the enrolment camp itself 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.6	Did you receive a book or paper with hospital names at the camp?	1 Yes → go to G2.8 2 No 98 Do not know → go to G2.8 99 Refused to answer → go to G2.8	<input type="checkbox"/>
G2.7	If no in G2.6, why did you not get one?	1 Did not know about it 2 They ran out of book	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

		3 I cannot read 4 They did not give any book 98 Do not know 99 Refused to answer	
G2.8	Did you pay any money at the camp?	1 Yes, paid 30Rs. → go to G2.12 2 Yes, more than 30Rs. → go to G2.10 2 No 98 Do not know → go to G2.10 99 Refused to answer → go to G2.10	<input type="checkbox"/>
G2.9	If no in G2.8, why did you not make any payment? Go to G2.12	1 Did not know about it 2 Did not have money 3 Knew the organisers 4 Others, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.10	If yes, how much did you pay totally? (In Rs.)	888 Do not know 999 Refused to answer	Rs. <input type="text"/> <input type="text"/> <input type="text"/>
G2.11	If yes, to whom did you pay?	1 Organiser at the enrolment camp 2 Panchayat member 3 Government officer 4 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.12	Were thumbprints and photograph taken at the camp?	1 Yes both were taken → go to G2.14 2 Yes but only either one was taken 3 No, both were not taken 98 Do not know → go to G2.14 99 Refused to answer → go to G2.14	<input type="checkbox"/>
G2.13	If no, why was one or both not taken?	1 Did not know about it 2 Machine not working 3 No electricity 4 Thumbprints/photographs of others were taken for instead of the household members 5 Were told not needed 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.14	Has your household been enrolled in RSBY before /last year?	1 Yes 2 No → go to G3.1 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.15	Did you use the card last year for any hospitalisation?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.16	What were the reasons for enrolling again?	1 We used the scheme last year and hence, renewed 2 We were not able to use it but still want to renew 3 Now we are more aware of scheme 4 We heard the scheme is better this year 5 We heard we can get more money this year 6 Advised by friends/relatives 7 Advised by ASHA/ANM 8 Government functionary/ Panchayat member 9 No particular reason 10 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.1	RSBY Card details Did your household receive a card for RSBY?	1 Yes 2 No → go to G3.3 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	<input type="checkbox"/>
G3.2	If yes, when did you receive the card? Go to G3.4	1 At the enrolment camp itself 2 Within one week 3 More than a week but within a month (1 to 5 weeks) 4 Between 1 to 3 months 5 More than 3 months 98 Do not know	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

G3.3	If no, then why did you not receive a card? Go to G4.1	99 Refused to answer 1 Did not know about the card 2 Ran out of cards in the camp 3 Were told they would get it later 4 Did not have enough money to purchase it 5 Were given a card but taken by someone else 6 Machine not working 7 No electricity 8 Were told not needed 9 Other, specify _____ 10 Not needed 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.4	Is the card now available at home for us to see?	1 Yes → go to G3.6 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.5	If no, in G3.4, what is the reason? Go to G3.7	1 Some household member taken it with him/her 2 Someone is hospitalized right now 3 Someone borrowed it from us 4 It is kept with panchayat member/ASHA/someone else only 5 It is locked and kept inside 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.6	Enter the card URN No. by looking at the card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
G3.7	Have all the members of your household been registered on your card?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
Go to page 3 for G3.8 and G3.9			
G3.10	Have you made a 'split card' (extra card) for any member of this household?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.11	Have you used this card so far?	1 Yes 2 No → go to G4.1 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	<input type="checkbox"/>
G3.12	If yes, what was the reason for using the card?	1 Household member was hospitalised 2 Household member received out-patient treatment 3 Someone borrowed it 4 Hospital borrowed it 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G4.1	Hospitalisation Was any member of the house hospitalised in the last 3 months?	1 Yes 2 No → go to Sec J 98 Do not know → go to Sec J 99 Refused to answer → go to Sec J	<input type="checkbox"/>

Section H: Hospitalisation

H1.1	Who was hospitalised?	<i>Enter member id only</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H1.2	What was his/her main problem for which admitted?	<i>Diagnosis</i>			
H1.3	What type of treatment did he/she receive?	1 Medical/non-operative 2 Operation 3 Pregnancy related 98 Do not know 99 Refused to answer	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

H1.4	Where was he/she admitted?	Name of hospital and Taluka/town where it is			
H1.5	What type of hospital is it?	1 Govt hospital 2 Private hospital 3 Medical college hospital 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.6	Did the hospital come under RSBY scheme?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.7	Why was he/she taken to this hospital?	1 It is nearby 2 Reputation of the hospital is good 3 Recommended by friends/relatives 4 Referred by doctors 5 Always go to this hospital only 6 It is a hospital under RSBY scheme 7 It is affordable for us 8 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.8	Was it an emergency admission?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.9	How long was he/she admitted?	Number of days	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
H1.10	What was the approximate cost for this episode of hospitalisation?				
01	How much did you spend from your pocket on treatment in the hospital?	Total amount spent on medicines, lab tests, operation, bed charges, etc	Rs.	Rs.	Rs.
02	How much did you spend on food, transport and accommodation for the patient and bystanders during this hospitalisation?	Total amount spent on food, transport, accommodation, tips or bribes paid if any Do not include treatment cost here	Rs.	Rs.	Rs.
<p>Ask the following questions only if the patient is insured by RSBY card. Refer Members' detail table Page 3</p>					
H2.1	Did the patient or bystanders use the RSBY card during this hospitalisation?	1 Yes → go to Sec J 1.1 2 No 98 Do not know → go to Sec J 1.1 99 Refused to answer → go to Sec J 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2.2	If no, why did they not use the card?	1 Hospital does not offer RSBY scheme 2 Tried to use but hospital refused 3 Told treatment is not covered by the card 4 Forgot to take the card 5 Did not know that the card could be used 6 Other, specify _____ 7 have kept it for emergency use 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

Section J: Economic dimension

J1.1	Did all the members of the household have enough food to eat in the last year?	1 Yes 2 No, sometimes had less food 3 No, most of the time had less food 98 Do not know 99 Refused to answer			<input type="checkbox"/>
J1.2	What was the occupation of the father of the head of household?	1 Casual/landless labourer 2 Farmer/agriculture 3 Weaver/Potter/Carpenter/ Electrician/own small business/shop 4 Own large business/shop 5 Salaried in Government service 6 Salaried in Private service 7 Other, specify _____ 98 Do not know 99 Refused to answer			<input type="checkbox"/>
J2.1	Did any member of this household migrate out for work in the last three months?	1 Yes 2 No → go to J3.1 98 Do not know → go to J3.1 99 Refused to answer → go to J3.1			<input type="checkbox"/>
J2.2	If yes in J2.1, who migrates for work?	Enter member id	01 <input type="checkbox"/>	02 <input type="checkbox"/>	
J2.3	How long do they migrate for?	In number of days	01 <input type="checkbox"/>	<input type="checkbox"/>	02 <input type="checkbox"/>
J3.1	Does this household have a Ration card?	1 Yes → go to J3.3 2 Yes, but it has been pledged/lent to someone else 3 No → go to J4.1 98 Do not know → go to J4.1 99 Refused to answer → go to J4.1			<input type="checkbox"/>
J3.2	What was the reason for pledging/lending the card?	1 In exchange for money/kind 2 As a favour 3 Forced by someone 4 Other, specify _____ 98 Do not know 99 Refused to answer			<input type="checkbox"/>
J3.3	If yes in J3.1, what type of ration card is it?	1 Antyodaya Anna Yojana card 2 BPL card 3 APL card 98 Do not know 99 Refused to answer			<input type="checkbox"/>
J4.1	Does any member of this house have a NREGA job card or pass book?	1 Yes 2 No → go to J5.1 98 Do not know → go to J5.1 99 Refused to answer → go to J5.1			<input type="checkbox"/>
J4.2	Enter the Job card no. (Record from NREGA passbook) 77 Not available 98 Do not know 99 Refused to answer	KN - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
J4.3	Has any member received employment under the scheme so far?	1 Yes 2 No 98 Do not know 99 Refused to answer			<input type="checkbox"/>
J5.1		J5.2	J5.3	J5.4	J5.5
Q id.	Name of scheme/programme	Is any member in this house eligible or registered for this scheme?	Who is eligible or registered?	Did they use/receive benefit from them?	Why do you not use or receive benefits?
		1 Yes 2 No → go to next scheme 98 Do not know → go to next scheme 99 Refused to answer	Enter member id Enter '77' if entire household Multiple response 98 Do not know 99 Refused to answer	1 Yes 2 No 77 Whole household 98 Do not know 99 Refused to answer	Refer code below

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

01	Reservation for work (SC /ST /Woman /disability)	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	<input type="checkbox"/>
02	Pension (Govt, widow, disability)	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	<input type="checkbox"/>
03	Kisan Credit Card	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
04	Yeshaswini health insurance scheme	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
05	Vajpayee Arogyashree yojana	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
06	Private health insurance	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
07	Bhagyalakshmi scheme	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
08	Other, specify	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
09	Other, specify	<input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Reason for not using the scheme/benefit

- 1 Not aware of it then
- 2 Not enough money
- 3 Not interested
- 4 Other engagements at the time
- 5 Tried to but not allowed to by authorities/community
- 6 Other, specify _____
- 98 Do not know
- 99 Refused to answer

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

J6.1	Do you own the house you live in?	1 Yes, owned 2 No, shared → go to J6.3 3 No, rented → go to Sec J6.3 4 No, provided by employer → go to Sec J6.3 5 Other, specify _____ 98 Do not know → go to Sec J6.3 99 Refused to answer → go to Sec J6.3	<input type="checkbox"/>
J6.2	If yes, was any financial assistance received by the Government?	1 Yes, completely 2 Yes, partly 3 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J6.3	What type of house is it? <i>Record from observation of walls and roof</i>	1 Pucca 2 Semi-pucca 3 Katcha	<input type="checkbox"/>
J6.4	Where is nearest available source for drinking water?	1 Within the premises 2 Near the premises 3 Away 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J6.5	Is there a latrine in your house? <i>(attached or outside the house but owned by the household)</i>	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J6.6	What is the main fuel used in kitchen?	1 Wood 2 Kerosene 3 Biogas 4 LPG or gas 5 Electricity 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J6.7	What is the main source of lighting in your house?	1 Not electricity 2 Electricity – Janata connection 3 Electricity – regular connection 4 Electricity – Solar power 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J7.1	Do you own land (excluding homestead)? <i>(Include any land pledged)</i>	1 Yes 2 Yes but it has been fully/partly been pledged 2 No → go to J8 98 Do not know → go to J8 99 Refused to answer → go to J8	<input type="checkbox"/>
J7.2	If yes in J7.1, how much land do you own in total?	888 Do not know 999 Refused to answer	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
J 7.3	What is the measure used for land?	1 Square feet 2 Guntha 3 Acre 4 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J8	Ownership of consumer durables <i>Record your observations also</i>	1 Yes 2 No → go to next asset 98 Do not know 99 Refused to answer	
01	Radio	<input type="checkbox"/>	<input type="checkbox"/>
02	Television	<input type="checkbox"/>	<input type="checkbox"/>
03	Electric fan	<input type="checkbox"/>	<input type="checkbox"/>
04	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
05	Landline	<input type="checkbox"/>	<input type="checkbox"/>
06	Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
07	Livestock bred for domestic consumption	<input type="checkbox"/>	<input type="checkbox"/>
		08	<input type="checkbox"/>
		09	<input type="checkbox"/>
		10	<input type="checkbox"/>
		11	<input type="checkbox"/>
		12	<input type="checkbox"/>
		13	<input type="checkbox"/>
		14	<input type="checkbox"/>

Annexe 3(c) Form 1 Rural (Baseline household survey questionnaire)

B2.2	B2.5	B2.6	B2.7	B2.81	B2.82	B2.91	B2.92	G3.7
Relation to head	Marital status	Highest education attained	Literacy	Known health status	Difficulty in routine activities	Occupation	How are wages earned?	Why is this member's name not registered on the RSBY card?
1 Head of household	1 Never married	1 Not applicable (less than six yrs)	1 Not applicable (less than seven years)	1 Not ill	1 No difficulty	1 Not applicable (less than six or more than sixty years)	1 Daily	1 Did not know that all members needed to be present for enrolment
2 Spouse	2 Married	Six years & above:	Seven years and above:	Known chronic disease (must ask if age >40 years)	2 Difficulty in seeing	Six – sixty years:	2 Weekly	2 Not present in station at time of enrolment
3 Father	3 Separated	2 Never went to school	Seven years and above:	3a Diabetes/sugar / High BP/heart problem	3 Difficulty in hearing/speaking	2 Student	3 Monthly	3 Sick at time of enrolment
4 Mother	4 Divorced	3 Primary (1-5 th std)	2 Literate (can read and write in any language)	3b TB/ HIV	4 Difficulty in movement	3 Works in the house, shop or field but not earning	4 Irregularly	4 Had other engagements at the time
5 Son	5 Widowed	4 Middle (6-8 std)	3 Illiterate	3c Other	5 Mental retardation	4 House wife	5 Not wage earner (including less than six years, above sixty years)	5 Had to work on that day
6 Daughter		5 Secondary (9-10 std)		4 Major illness but not hospitalised	6 Known mental illness	5 Not employed	6 Physically/mentally ill so not done	6 Physically/mentally ill so not done
7 Brother		6 PUC/ higher secondary/ diploma after 10 th / ITI		5 Currently hospitalised for an illness	7 Other disability	6 Labourer/ works for others for income	7 Healthy so not done	7 Healthy so not done
8 Sister		7 Graduate and above			8 Multiple disability (more than one disability)	7 Self-employed	8 Covered by another scheme so not done	8 Covered by another scheme so not done
9 Father-in-law						8 Salaried employee in Government	9 Five members already enrolled	9 Five members already enrolled
10 Mother-in-law						9 Salaried employee in Private	10 Too young/old so not done	10 Too young/old so not done
11 Son – in –law							11 Other, specify _____	11 Other, specify _____
12. Daughter – in- law							— Please write in Page 3 below the table	— Please write in Page 3 below the table
13 Brother In law							98 Do not know	98 Do not know
14 Sister –in –law							99 Refused to answer	99 Refused to answer
15 Grand son								
16 Grand daughter								
17 Grand father								
18 Grand mother								
19 Others								

B2.1	<i>DEO to not enter</i>	B2.2	B2.3	B2.4	B2.5	B2.6	B2.7	B2.81	B2.82	B2.91	B2.92	G3.8	G3.9
Mem id.	Name	Relation to head	Gender	Age (in yr)	Marital status	Highest education attained	Literacy	Known health status	Difficulty in routine activities	Occupation	How are wages earned?	Which member has been registered on the card <i>(fill after finishing section G)</i>	
	<i>Enter information for only permanent members Start with the head of household</i>	<i>Refer code</i>	1Female 2Male 3 Trans-gender	<1yr = 0	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	1 Yes 2 No 98 Do not know 99 Refused to answer	If no, why not registered?
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In G3.9, if other, specify (enter member id also)													

Section C: Social dimension

C1.1	Social organisation or group	C1.2	C1.3
		Is anyone in the household a member?	If yes, who is/are member(s)?
		1 Yes 2 No → go to next question 98 Do not know 99 Refused to answer	Enter member id only
01	Taluka/ Zilla Panchayat/ Council	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
02	Self-help group	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
03	Youth organisation	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
04	Women's organisation (excluding self-help group)	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
05	Organisation based on occupation (Domestic worker, Auto drivers, etc.)	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
06	Any cooperative society	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
07	Local colony/slum association	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
08	Other, specify	<input type="checkbox"/>	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>
C2.1	Were there any social community gatherings in this area/ ward/ slum last month? <i>(fairs, festival, community/religious meeting, etc)</i>	1 Yes 2 No → go to C3.1 98 Do not know → go to C3.1 99 Refused to answer → go to C3.1	<input type="checkbox"/>
C2.2	Did any member of the household attend these events?	1 Yes 2 No → go to C2.4 98 Do not know → go to C3.1 99 Refused to answer → go to C3.1	<input type="checkbox"/>
C2.3	What was their role in these events? Go to C3.1	1 Organising the event 2 Participated in the event but not organise 3 Observed the events along with the others 4 Observed from far 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
C2.4	If no in C2.2, why did you/they not attend?	1 Not enough money 2 Not interested 3 Other event at same time 4 Not invited 5 Interested but not allowed to 5 Others, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
C3.1	Were there any social events among your family, relatives and friends last month? <i>(Marriage, naming ceremony, seemantha)</i>	1 Yes 2 No → go to C4 98 Do not know → go to C4 99 Refused to answer → go to C4	<input type="checkbox"/>
C3.2	Did any household member attend these events?	1 Yes → go to C4 2 No 98 Do not know → go to C4 99 Refused to answer → go to C4	<input type="checkbox"/>
C3.3	If no in C3.2, why did you or they not attend?	1 Not enough money 2 Not interested 3 Other event at same time 4 Not invited 5 Others, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
C4	Among your family or immediate relatives, do you know any?		

01	Nurse or doctor	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
02	Teacher		<input type="checkbox"/>
03	Employee in government service		<input type="checkbox"/>
04	Local politician		<input type="checkbox"/>
05	State politician		<input type="checkbox"/>
06	Living in Bangalore (State capital)		<input type="checkbox"/>
07	Living in another state/country		<input type="checkbox"/>

Section D: Cultural dimension

D1.1	What is the main religious community in this slum/ area/ ward?	1 Hindu 2 Muslim 3 Christian 4 Jain 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D1.2	What is your religion?	1 Hindu 2 Muslim 3 Christian 4 Jain 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D1.3	What proportion of this slum/ area/ ward belongs to your religious community? <i>Enter 00 for do not know</i>	<i>Enter %</i>	<input type="text"/> <input type="text"/> <input type="text"/> %
D2.1	What is the main caste/tribe in this area/ ward/ slum? <i>Enter NA in case of Muslim and go to D2.3</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D2.2	What social group category do they belong to?	1 General 2 OBC 3 SC 4 ST 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D2.3	What caste/tribe do you belong to? <i>Enter NA in case of Muslim and go to D2.3</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D2.4	What social group category do you belong to?	1 General 2 OBC 3 SC 4 ST 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D2.5	What proportion of this area/ward/slum belongs to your caste/tribe? <i>Enter 00 for do not know</i>	<i>Enter %</i>	<input type="text"/> <input type="text"/> <input type="text"/> %
D3.1	Does any household member visit your religious centre in or near the area/ ward/ slum? <i>(temple /mosque /church /other)</i>	1 Yes → go to D4.1 2 No 98 Do not know → go to D4.1 99 Refused to answer → go to D4.1	<input type="checkbox"/>
D3.2	If no in D3.1, why do you not visit the centre?	1 There is none nearby 2 Not enough money 3 Not interested 4 Want to but not allowed to 5 Do not believe in it 6 Need to work so cannot go 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

D4.1	Have you ever felt that any member of your household was denied from participating in cultural events like festivals or <i>pooja</i> in the area/ ward/ slum?	1 Yes 2 No → go to D5.1 98 Do not know → go to D5.1 99 Refused to answer → go to D5.1	<input type="checkbox"/>
D4.2	If yes in D4.1, why were you or they not allowed?	1 Because of our religion 2 Because of our caste 3 Because of our occupation 4 Because I or they were women 5 Because I or they were widowed 6 Because of an illness 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.1	What is language spoken in your house?	1Kannada 2Marathi 3 Telugu 4 Tamil 5Hindi/Urdu 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.2	Can at least one adult member in this house read Kannada?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
D5.3	Through which media do you mainly get your information?	1 By word of mouth 2 Newspaper 3 Radio 4 Television 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>

Section E: Political dimension

E1.1	Does at least one member in this house have a Voter's identification card (EPIC)?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E1.2	Does any member of this house participate in the local or higher politics in any form?	1Yes 2No → go to E1.5 98 Do not know → go to E2.1 99 Refused to answer → go to E2.1	<input type="checkbox"/>
E1.3	If yes, who? <i>DEO - enter member id only</i>	Name _____ Name _____	01 <input type="checkbox"/> 02 <input type="checkbox"/>
E1.4	How do they participate? Go to E2.1	1 MLA/Ward Council member /Municipality 2 Local area/ ward/ slum association 3 Local religious head/ leader 4 Local political party leader or member 5 Local political rallies 6 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/>
E1.5	If no in E1.2, why is anyone not involved?	1 Not interested 2 Wanted to but not allowed too 3 Other responsibilities do not allow it 4 Do not support the local parties/ leaders 5 Belong to a minority religion 6 Belong to a minority caste 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E2.1	Has any member of this house voted in the last local elections?	1Yes 2No → go to E2.3	<input type="checkbox"/>

		98 Do not know → go to E3.1 99 Refused to answer → go to E3.1	
E2.2	If yes in E2.1, did anyone force you to vote for a particular candidate? Go to E3.1	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E2.3	If no in E2.1, why did not anyone vote?	1 Not interested 2 Wanted to but not allowed to 3 Other responsibilities do not allow it 4 Do not support the local parties/ leaders 5 Do not know whom to vote for 6 Cannot read and write 7 Do not have voter's card / name is not in list 8 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E3.1	How far is the nearest:		
01	Anganwadi	<i>Time (in min)</i> <i>within the area/ ward/ slum by walk</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
02	Primary school	<i>outside the area /ward /slum by auto</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
03	High school	<i>Distance (in km)</i> <i>Enter 0 if less than 1 km</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
04	PUC / Plus 2 college	<i>Round it to the nearest number</i> <i>888 Do not know</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
E3.2	Is there any child of school age (between 6 to 16 years) in this house who is not going to school?	1 Yes 2 No, they all go to school → go to E4.1 3 No, there is no child of this age → go to E4.1 98 Do not know → go to E4.1 99 Refused to answer → go to E4.1	<input type="checkbox"/>
E3.3	If yes, why does he/she or they not attend school? <i>Multiple response question</i>	1 Not interested 2 She is a girl 3 Not enough money 4 Too far from house 5 Was attending but dropped out 6 Education is not important 7 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>
E4.1	How far is the nearest:		
01	Public phone or landline	<i>Time (in min)</i> <i>within the area/ward/slum by walk</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
02	Radio	<i>outside the colony/slum by auto</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
03	Television	<i>If at home, enter 0 min</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
04	Market	<i>Distance (in km)</i> <i>Enter 0 if less than 1 km or at home</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
05	Municipality/ Corporation office	<i>Round it to the nearest number</i> <i>777 Not available</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
06	Bus station	<i>888 Do not know</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km
07	Railway station	<i>999 Refused to answer</i>	<input type="text"/> <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> <input type="text"/> km

Section F: Health

F1.1	Participation in community health related activities	F1.2	F1.3
		Is any member in this house involved in this activity? 1 Yes 2 No → go to next question	If yes, who is (are) member(s)? Enter member id only

		98 Do not know 99 Refused to answer			
01	Local urban health centre/ Maternity Home/ dispensary/ PHC staff		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
02	Works in other local hospital or nursing home (Govt or private)		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
03	Works in municipality/corporation		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
04	Anganwadi helper		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
05	Anganwadi Teacher		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
06	Works in NGO / civil society		<input type="checkbox"/>	a. <input type="checkbox"/>	b. <input type="checkbox"/> c. <input type="checkbox"/>
F2.1	Please comment on the nearest health centres	F2.2 When is it mainly open?	F2.3 How far is it from your house?		
			Time		Distance
			<i>within the area/ ward/ slum by walk</i>		<i>777 Not available</i>
			<i>outside the area /ward /slum by auto</i>		<i>888 Do not know</i>
			<i>888 Do not know</i>		<i>999 Refused to answer</i>
			<i>999 Refused to answer</i>		
01	Urban Health centre/Maternity Home/Dispensary	1 Rarely/never open	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
02	Nearest government hospital	2 Few days in a week	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
03	District hospital	3 Daily but half day	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
04	Private doctor or clinic	4 Daily and full day	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
05	Private hospital	5 Daily and 24 hours	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
		98 Do not know	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
		99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> min	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> km
F3.11	Is any household member currently pregnant?	1 Yes 2 No → go to F4.1 98 Do not know → go to F4.1 99 Refused to answer → go to F4.1			<input type="checkbox"/>
F3.12	How many members in this house are currently pregnant?	1 Only one 2 More than one 98 Do not know 99 Refused to answer			<input type="checkbox"/>
In case more than one members are pregnant, enter details of the one who is closer to delivery					
F3.2	If yes, who is it? DEO- enter member id only	Name _____			<input type="checkbox"/>
F3.3	How many months has she finished?	98 Do not know 99 Refused to answer			<input type="checkbox"/>
F3.4	At which health centre has she gone for pregnancy check up?	1 Urban health centre/Maternity home 2 PHC 3 CHC/ other Government hospital 4 Private practitioner/clinic 5 Local RMP 6 Traditional practitioner 7 Not registered anywhere → go to F3.7 8 Other, specify _____ 98 Do not know 99 Refused to answer			<input type="checkbox"/>
F3.5	Why did she select that facility?	1 Near home 2 Recommended by friends, relatives or neighbours 3 Referred by local government nurse/doctor 4 Referred by private nurse/doctor 5 Better quality of care got there 6 Affordable services 7 Other, specify _____ 98 Do not know 99 Refused to answer			<input type="checkbox"/>

F3.6	Has she received TT injection & Iron tablets there?	1 Yes, she has received both 2 Yes, but she has received only one 3 No, as it is still too early 4 No → go to F4.1 98 Do not know → go to F4.1 99 Refused to answer → go to F4.1	<input type="checkbox"/>
F3.7	If not registered, what is the reason?	1 Too early in pregnancy, will register later 2 Went to register, but no one at centre 3 Do not know where to go 4 Not interested 5 Taken care at home itself 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.1	Were there any births in the household in the last 3 months?	1 Yes 2 No → go to F5.1 98 Do not know → go to F5.1 99 Refused to answer → go to F5.1	<input type="checkbox"/>
In case of more than one births, enter details of the recent-most birth			
F4.2	If yes, who is the mother? DEO- enter member id only	Name _____	<input type="checkbox"/>
F4.3	When did the delivery occur? Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>
F4.4	What type of delivery was it?	1 Normal delivery 2 Planned operation (Caesarean) 3 Emergency operation (Caesarean) 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.51	Where did she go for delivery?	1 Urban health centre 2 PHC 3 Other Government hospital 4 Private practitioner/clinic 5 Local RMP 6 Traditional practitioner/dai 7 At home itself → go to F4.53 8 On the way to the health centre → go to F4.53 9 Other, specify _____ 98 Do not know → go to F4.6 99 Refused to answer → go to F4.6	<input type="checkbox"/>
F4.52	Why did she go to that facility? Go to F4.6	1 It is nearby 2 It was planned earlier 3 The doctor or staff are available at night 4 The doctor or staff are known to be good 5 It is affordable 6 No other facility open or nearby 7 Referred by ANM or doctor 8 Operation or blood transfusion needed 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.53	Why did she deliver at home or on the way?	1 It is our tradition 2 It happened very fast 3 It happened in the night 4 Did not have access to transport 5 Health centre is far away 6 Did not have enough money to go to hospital 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
F4.6	What was the outcome of the delivery?	1 Both mother and child were well 2 Mother was well but baby was sick or died 3 Baby was well but mother was sick or died 4 Both mother and baby were sick or died 98 Do not know 99 Refused to answer	<input type="checkbox"/>

F4.7	Apart from breast milk, is the child being given other foods/nutrition?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F4.8	Has the child received all needed injections/vaccines till date according to his/her age?	1 Yes, all given 2 Yes but only some 3 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
		<table border="1"> <tr> <td><i>At birth</i></td> <td><i>BCG, polio drops</i></td> </tr> <tr> <td><i>2 to 10 months</i></td> <td><i>BCG, polio, DPT, Hepatitis B</i></td> </tr> </table>	<i>At birth</i>	<i>BCG, polio drops</i>	<i>2 to 10 months</i>	<i>BCG, polio, DPT, Hepatitis B</i>	
<i>At birth</i>	<i>BCG, polio drops</i>						
<i>2 to 10 months</i>	<i>BCG, polio, DPT, Hepatitis B</i>						
F5.1	Were there any deaths in this house in the last three months?	1 Yes 2 No → go to Sec G 98 Do not know → go to Sec G 99 Refused to answer → go to Sec G	<input type="checkbox"/>				
<i>In case of more than one deaths, enter details of the recent-most death</i>							
F5.2	How was the deceased related to the head of household?	Refer code page 3	<input type="checkbox"/>				
F5.3	When did it occur? <i>Date of death</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>				
F5.4	Where did it occur?	1 Hospital 2 In the field, road, vehicle, outside 3 Office, at place of work 4 Home 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F5.5	Did the person visit a health centre in the last 24hrs before he died?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>				
F5.6	What happened?	1 It was sudden, unexpected, accident, unnatural 2 He/she was seriously ill before 3 He/she was chronically ill before 4 Natural, old age 98 Do not know 99 Refused to answer	<input type="checkbox"/>				

Section G: RSBY related information

G1.1	Have you seen this card before? <i>Show the RSBY card to the informant</i>	1 Yes → go to G1.3 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.2	Have you ever heard of a scheme called Rashtriya Swasthya Bima Yojana/RSBY or a government scheme that provides free hospital treatment up to Rs.30,000?	1 Yes → go to G1.4 2 No → go to G4.1 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	<input type="checkbox"/>
G1.3	What is the name of the scheme associated with this card?	1 RSBY or Rashtriya Swasthya Bima Yojana 2 Smart card 3 Other name, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.4	Where did you hear about it from?	1 By word of mouth 2 Newspaper/pamphlet 3 Radio 4 Television 5 From the Anganwadi teacher 6 Public announcement 7 Municipality/Council/ Zilla/Taluka Panchayat member/other government functionary 8 At the enrolment camp itself 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G1.5	According to your knowledge, who can get this card? <i>Multiple responses. Please enter all the points</i>	1 BPL people/ very poor people 2 NREGA beneficiaries 3 Other, specify _____	01 <input type="checkbox"/>

	<i>mentioned. Do not probe.</i>	98 Do not know 99 Refused to answer	02 <input type="checkbox"/>
G1.6	According to your knowledge, how many members in a house can use this card?	<i>Enter number</i>	<input type="checkbox"/>
G1.7	According to your knowledge, what are the benefits of this card? <i>Multiple responses. Please enter all the points mentioned. Do not probe.</i>	1 Provides free hospital treatment if admitted 2 Free treatment up to Rs.30,000 3 Both medical and surgical treatment provided 3 Scheme in public and private hospitals under the scheme 4 Pregnancy and delivery covered 5 Pre-existing illnesses also covered 6 Other, specify _____ 98 Do not know 99 Refused to answer	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/>
G2.1	Enrolment details Did any member of your household or the full household enrol in RSBY this year?	1 Yes → go to G2.3 2 No 98 Do not know → go to G4.1 99 Refused to answer → go to Sec G4.1	<input type="checkbox"/>
G2.2	If no in G2.1, why did anyone not enrol? Go to G4.1	1 Did not know about the scheme 2 Did not know about the camp 3 Camp was announced but not organized 4 Camp was organized far away 5 There was a long queue at enrolment so could not enrol 6 Not present at time of enrolment due to various reasons apart from work 7 Not present at time of enrolment as could not miss work or lose wages 8 Name was not in BPL list 9 We do not want insurance 10 We cannot afford to pay Rs. 30 to enrol in the scheme 11 Went to enrol but not allowed to by organisers 12 We did not get benefit last time 13 Since it stopped for a while last year 14 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.3	If yes in 2.1, when was the camp held?	1 Oct - Dec 2011 2 Jan - Mar 2012 3 Apr - May 2012 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.4	Where was the enrolment camp held?	1 In your slum/area/ward, 2 In a nearby slum/area/ward 3 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.5	How did you hear about the enrolment camp?	1 By word of mouth 2 Newspaper/pamphlet 3 Radio 4 Television 5 From the Anganwadi teacher 6 Public announcement 7 Municipality/Council/ZP/Taluka Panchayat member/other government functionary 8 At the enrolment camp itself 9 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.6	Did you receive a book or paper with hospital names at the camp?	1 Yes → go to G2.8 2 No 98 Do not know → go to G2.8 99 Refused to answer → go to G2.8	<input type="checkbox"/>
G2.7	If no in G2.6, why did you not get one?	1 Did not know about it 2 They ran out of book 3 I cannot read 4 They did not give any book 98 Do not know	<input type="checkbox"/>

		99 Refused to answer	
G2.8	Did you pay any money at the camp?	1 Yes, paid 30Rs. → go to G2.12 2 Yes, more than 30Rs. → go to G2.10 2 No 98 Do not know → go to G2.10 99 Refused to answer → go to G2.10	<input type="checkbox"/>
G2.9	If no in G2.8, why did you not make any payment? Go to G2.12	1 Did not know about it 2 Did not have money 3 Knew the organisers 4 Others, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.10	If yes, how much did you pay totally? (In Rs.)	888 Do not know 999 Refused to answer	Rs. <input type="text"/> <input type="text"/> <input type="text"/>
G2.11	If yes, to whom did you pay?	1 Organiser at the enrolment camp 2 Municipality member 3 Government officer 4 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G2.12	Were thumbprints and photograph taken at the camp?	1 Yes both were taken → go to G2.14 2 Yes but only either one was taken 3 No, both were not taken 98 Do not know → go to G2.14 99 Refused to answer → go to G2.14	<input type="checkbox"/>
G2.13	If no, why was one or both not taken?	1 Did not know about it 2 Machine not working 3 No electricity 4 Thumbprints/photographs of others were taken for instead of the household members 5 Were told not needed 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.1	RSBY Card details Did your household receive a card for RSBY?	1 Yes 2 No → go to G3.3 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	<input type="checkbox"/>
G3.2	If yes, when did you receive the card? Go to G3.4	1 At the enrolment camp itself 2 Within one week 3 More than a week but within a month (1 to 5 weeks) 4 Between 1 to 3 months 5 More than 3 months 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.3	If no, they why did you not receive a card? Go to G4.1	1 Did not know about the card 2 Ran out of cards in the camp 3 Were told they would get it later 4 Did not have enough money to purchase it 5 Were given a card but taken by someone else 6 Machine not working 7 No electricity 8 Were told not needed 9 Other, specify _____ 10 Not needed 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.4	Is the card now available at home for us to see?	1 Yes → go to G3.6 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.5	If no, in G3.4, what is the reason? Go to G3.7	1 Some household member taken it with him/her 2 Someone is hospitalized right now 3 Someone borrowed it from us 4 It is kept with local leaders/Anganwadi teacher/at council or municipal office only	<input type="checkbox"/>

		5 It is locked and kept inside 6 Other, specify _____ 98 Do not know 99 Refused to answer	
G3.6	Enter the card URN No. by looking at the card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
G3.7	Have all the members of your household been registered on your card?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
Go to page 3 for G3.8 and G3.9			
G3.10	Have you made a 'split card' (extra card) for any member of this household?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G3.11	Have you used this card so far?	1 Yes 2 No → go to G4.1 98 Do not know → go to G4.1 99 Refused to answer → go to G4.1	<input type="checkbox"/>
G3.12	If yes, what was the reason for using the card?	1 Household member was hospitalised 2 Household member received out-patient treatment 3 Someone borrowed it 4 Hospital borrowed it 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
G4.1	Hospitalisation Was any member of the house hospitalised in the last 3 months?	1 Yes 2 No → go to Sec J 98 Do not know → go to Sec J 99 Refused to answer → go to Sec J	<input type="checkbox"/>

Section H: Hospitalisation

H1.1	Who was hospitalised?	<i>Enter member id only</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.2	What was his/her main problem for which admitted?	<i>Diagnosis</i>			
H1.3	What type of treatment did he/she receive?	1 Medical/non-operative 2 Operation 3 Pregnancy related 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.4	Where was he/she admitted?	<i>Name of hospital and Taluka/town/city where it is</i>			
H1.5	What type of hospital is it?	1 Govt hospital 2 Private hospital 3 Medical college hospital 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.6	Did the hospital come under RSBY scheme?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.7	Why was he/she taken to this hospital?	1 It is nearby 2 Reputation of the hospital is good 3 Recommended by friends/relatives 4 Referred by doctors 5 Always go to this hospital only 6 It is a hospital under RSBY scheme 7 It is affordable for us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		8 Other, specify _____ 98 Do not know 99 Refused to answer			
H1.8	Was it an emergency admission?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1.9	How long was he/she admitted?	<i>Number of days</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H1.10	What was the approximate cost for this episode of hospitalisation?				
01	How much did you spend from your pocket on treatment in the hospital?	<i>Total amount spent on medicines, lab tests, operation, bed charges, etc</i>	Rs.	Rs.	Rs.
02	How much did you spend on food, transport and accommodation for the patient and bystanders during this hospitalisation?	<i>Total amount spent on food, transport, accommodation, tips or bribes paid if any</i> <i>Do not include treatment cost here</i>	Rs.	Rs.	Rs.
Ask the following questions only if the patient is insured by RSBY card. Refer Members' detail table Page 3					
H2.1	Did the patient or bystanders use the RSBY card during this hospitalisation?	1 Yes → go to Sec J 1.1 2 No 98 Do not know → go to Sec J 1.1 99 Refused to answer → go to Sec J 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2.2	If no, why did they not use the card?	1 Hospital does not offer RSBY scheme 2 Tried to use but hospital refused 3 Told treatment is not covered by the card 4 Forgot to take the card 5 Did not know that the card could be used 6 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section J: Economic dimension

J1.1	Did all the members of the household have enough food to eat in the last year?	1 Yes 2 No, sometimes had less food 3 No, most of the time had less food 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J1.2	What was the occupation of the father of the head of household?	1 Casual/landless labourer 2 Farmer/agriculture 3 Weaver/Potter/Carpenter/ Electrician/own small business/shop 4 Own large business/shop 5 Salaried in Government service 6 Salaried in Private service 7 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
J2.1	Did any member of this household migrate out for work in the last three months?	1 Yes 2 No → go to J3.1 98 Do not know → go to J3.1 99 Refused to answer → go to J3.1	<input type="checkbox"/>
J2.2	If yes in J2.1, who migrates for work?	<i>Enter member id</i>	01 <input type="checkbox"/> 02 <input type="checkbox"/>

J2.3	How long do they migrate for?	<i>In number of days</i>			01	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	<input type="text"/>	<input type="text"/>	<input type="text"/>
J3.1	Does this household have a Ration card?	1 Yes → go to J3.3 2 Yes, but it has been pledged/lent to someone else 2 No → go to J4.1 98 Do not know → go to J4.1 99 Refused to answer → go to J4.1									<input type="checkbox"/>	
J3.2	What was the reason for pledging/lending the card?	1 In exchange for money/kind 2 As a favour 3 Forced by someone 4 Other, specify _____ 98 Do not know 99 Refused to answer									<input type="checkbox"/>	
J3.3	If yes in J4.1, what type of ration card is it?	1 Antyodaya Anna Yojana card 2 BPL card 3 APL card 98 Do not know 99 Refused to answer									<input type="checkbox"/>	
J4.1		J4.2	J4.3	J4.4	J4.5							
Q id.	Name of scheme/programme	Is any member in this house eligible or registered for this scheme?	Who is eligible or registered?	Did they use/receive benefit from them?	Why do you not use or receive benefits?							
		1 Yes 2 No → go to next scheme 98 Do not know → go to next scheme 99 Refused to answer	<i>Enter member id</i> <i>Enter '77' if entire household</i> <i>Multiple response</i> 98 Do not know 99 Refused to answer	1 Yes 2 No 77 Whole household 98 Do not know 99 Refused to answer	<i>Refer code below</i>							
01	Reservation for work (SC /ST /Woman /disability)	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
02	Pension (Govt, widow, disability)	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
03	Kisan Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
04	Yeshaswini health insurance scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
05	Vajpayee Arogyashree yojana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
06	Private health insurance	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
07	Bhagyalakshmi scheme	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
08	Other, specify	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
09	Other, specify	<input type="checkbox"/>	01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Reason for not using the scheme/benefit

- 1 Not aware of it then
 2 Not enough money
 3 Not interested
 4 Other engagements at the time
 5 Tried to but not allowed to by authorities/community
 6 Other, specify _____
 98 Do not know
 99 Refused to answer

J6.1	Do you own the house you live in?	1 Yes, owned 2 No, shared → go to J5.3 3 No, rented → go to Sec J5.3 4 No, provided by employer → go to Sec J5.3 5 Other, specify _____ 98 Do not know → go to Sec J5.3 99 Refused to answer → go to Sec J5.3	<input type="checkbox"/>	
J6.2	If yes, was any financial assistance received by the Government?	1 Yes, completely 2 Yes, partly 3 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J6.3	What type of house is it? <i>Record from observation of walls and roof</i>	1 Pucca 2 Semi-pucca 3 Kuchcha	<input type="checkbox"/>	
J6.4	Where is nearest available source for drinking water?	1 Within the premises 2 Near the premises 3 Away 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J6.5	Is there a latrine in your house? <i>(attached or outside the house but owned by the household)</i>	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J6.6	What is the main fuel used in kitchen?	1 Wood 2 Kerosene 3 Biogas 4 LPG or gas 5 Electricity 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J6.7	What is the main source of lighting in your house?	1 Not electricity 2 Electricity – Janata connection 3 Electricity – regular connection 4 Electricity – Solar power 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J7.1	Do you own land (excluding homestead)? <i>(Include any land pledged)</i>	1 Yes 2 Yes but it has been fully/partly been pledged 2 No → go to J7 98 Do not know → go to J7 99 Refused to answer → go to J7	<input type="checkbox"/>	
J7.2	If yes in J6.1, how much land do you own in total?	888 Do not know 999 Refused to answer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
J7.3	What is the measure used for land?	1 Square feet 2 Guntha 3 Acre 4 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>	
J8	Ownership of consumer durables <i>Record your observations also</i>	1 Yes 2 No → go to next asset	98 Do not know 99 Refused to answer	
01	Radio	<input type="checkbox"/>	08 Livestock bred for income	<input type="checkbox"/>
02	Television	<input type="checkbox"/>	09 Bicycle	<input type="checkbox"/>
03	Electric fan	<input type="checkbox"/>	10 Two or three wheelers (motorised)	<input type="checkbox"/>
04	Refrigerator	<input type="checkbox"/>	11 Machines used for work like sewing machine, welding machine, etc	<input type="checkbox"/>
05	Landline	<input type="checkbox"/>	12 Pushcart used for selling vegetables/vessels/etc	<input type="checkbox"/>
06	Mobile phone	<input type="checkbox"/>	13 Other, specify _____	<input type="checkbox"/>
07	Livestock bred for domestic consumption	<input type="checkbox"/>	14 Other, specify _____	<input type="checkbox"/>

Annex 3(e) Form 2 (Follow-up household survey questionnaire)

UID To be entered by DEO only

Section A: Identification

A1	Household number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Refer list
A2.1	House visit number	<input type="text"/>	1-3
A2.2	Date of survey (DD/MM/2012)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /12	
A3.1	Supervisor code	S <input type="text"/>	1-5
A3.2	Field investigator code	F <input type="text"/>	1-25
A4	Contact number Mobile/landline number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section B: Details of household members in the last month only

B1.1	Was any family member sick in the last month?	1 Yes → go to Sec C 2 No 98 Do not know 99 Refused to answer	<input type="text"/>
B1.2	Was there a wedding in the family last month?	1 Yes → Go to Sec D 2 No 98 Do not know 99 Refused to answer	<input type="text"/>
B1.3	Was there a birth in the family last month?	1 Yes → Go to Sec E 2 No 98 Do not know 99 Refused to answer	<input type="text"/>
B1.4	Did anyone in the family migrate out for work last month?	1 Yes → Go to Sec F 2 No 98 Do not know 99 Refused to answer	<input type="text"/>
B1.5	Was there a death in the family last month?	1 Yes → Go to Sec G 2 No 98 Do not know 99 Refused to answer	<input type="text"/>
End of the interview, thank them for their time			

Section C: Illness

		Serial no.	1	2	3
C2.1	Who was sick? <i>Enter member id only</i> <i>Refer list</i>		<input type="text"/>	<input type="text"/>	<input type="text"/>
C2.2	What were his/her main complaints? <i>Enter the most severe of his/her problems/symptoms.</i>	01			
		02			
		03			
C2.3	Were his/her daily routine activities affected by this episode for at least 3 days? Adults : Household work/Work for wages	1 Yes → Inform supervisor 2 No 98 Do not know 99 Refused to answer	<input type="text"/>	<input type="text"/>	<input type="text"/>

		<p>Children above 5yr: Not going to school/Not playing</p> <p>Under 5 yrs: Not active/Not crying or crying a lot/Not feeding</p>			
C2.4	Did he/she seek health care for this episode?	<p>1 Yes → go to C2.6</p> <p>2 No</p> <p>98 Do not know → end the section</p> <p>99 Refused to answer → end the section</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.5	Why did he/she not seek care? End the section	<p>1 Used home remedies</p> <p>2 Only a minor illness</p> <p>3 Went to centre but no one available</p> <p>4 Cannot afford it</p> <p>5 Too sick to travel</p> <p>6 No health centre nearby</p> <p>7 Other, specify _____</p> <p>98 Do not know</p> <p>99 Refused to answer</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.6	Where did he/she go? <i>Multiple response question</i>	<p>1 Pharmacy</p> <p>2 Traditional practitioner/local RMP</p> <p>3 Private practitioner/clinic</p> <p>4 Sub-centre/ANM</p> <p>5 PHC</p> <p>6 Taluka hospital</p> <p>7 District hospital</p> <p>8 Private hospital</p> <p>98 Do not know</p> <p>99 Refused to answer</p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>
C2.7	Why was he/she taken to this hospital?	<p>1 It is nearby</p> <p>2 Reputation of the hospital is good</p> <p>3 Recommended by friends/relatives</p> <p>4 Referred by doctors</p> <p>5 Always go to this hospital only</p> <p>6 It is a hospital under RSBY scheme</p> <p>7 It is affordable for us</p> <p>8 Other specify _____</p> <p>98 Do not know</p> <p>99 Refused to answer</p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>	<p>01 <input type="checkbox"/></p> <p>02 <input type="checkbox"/></p> <p>03 <input type="checkbox"/></p>
C2.8	Was he/she admitted?	<p>1 Yes → Inform supervisor</p> <p>2 No → go to C3.1</p> <p>98 Do not know → go to C3.1</p> <p>99 Refused to answer → go to C3.1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.9	How was the patient admitted?	<p>1 Immediately through OPD</p> <p>2 Immediately through emergency</p> <p>3 Referred by doctor but not an emergency</p> <p>4 Referred by doctor as an emergency</p> <p>98 Do not know</p> <p>99 Refused to answer</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.10	Has the patient been discharged?	<p>1 Yes</p> <p>2 No → Follow-up household daily till discharged. Inform supervisor</p> <p>98 Do not know</p> <p>99 Refused to answer</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.11	Did the patient/bystanders use the RSBY card during this hospitalisation? <i>Refer list</i>	<p>1 Yes → Go to C3.1</p> <p>2 No</p> <p>3 Not insured → Go to C3.1</p> <p>98 Do not know → Go to C3.1</p> <p>99 Refused to answer → Go to C3.1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.12	If no, why did they not use the card?	<p>1 Hospital does not offer RSBY scheme</p> <p>2 Tried to use but hospital refused</p> <p>3 Told treatment not covered by card</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		4 Forgot to take the card 5 Did not know that card could be used 6 Other, specify 98 Do not know 99 Refused to answer			
--	--	---	--	--	--

C3.1	What was the approximate cost of the treatment for this episode of illness?				
01	Doctor's consultation		Rs.	Rs.	Rs.
02	Medicines		Rs.	Rs.	Rs.
03	Lab tests		Rs.	Rs.	Rs.
04	Hospitalisation if done	<i>Overall cost</i>	Rs.	Rs.	
05	What according to you was the total amount of money spent for this entire episode of illness?	<i>All doctors consulted and hospitalisation included</i>	Rs.	Rs.	Rs.

After completing Section C, go back to B1.2

D1	When was the marriage?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /12							
D2.1		D2.2	D2.3	D2.4	D2.5	D2.6	D2.7	D2.8	D2.9
Mem id.	Name	Mem id of spouse	Relation to head	Gender	Age (in yr)	Education	Literacy	Known health status	Occupation
<i>Enter next number refer list</i>	<i>DEO – do not enter</i>	<i>Refer list</i>	<i>Refer code</i>	1Female 2Male 3 Trans-gender	<1yr = 0	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>	<i>Refer code</i>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

After completing Section D, go back to B1.3

Section D: Addition to the family

Section E: Birth

E1.1	Who is the mother? <i>DEO- enter member id only</i>	Name _____	<input type="text"/>
E1.2	When did the delivery occur? <i>Date of birth</i>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /12
E2.1	What was the type of delivery?	1 Normal delivery 2 Assisted delivery 3 Planned operation (Caesarean) 4 Emergency operation (Caesarean) 98 Do not know 99 Refused to answer	<input type="text"/>
E2.2	Where did she go for delivery?	1 Sub-centre 2 PHC 3 Other Government hospital 4 Private practitioner/clinic 5 Local RMP 6 Traditional practitioner/Dai 7 At home itself → go to E2.5 98 Do not know → go to E3.1 99 Refused to answer → go to E3.1	<input type="text"/>
E2.3	Why did she go to that facility?	1 It is nearby 2 It was planned earlier 3 The doctor/staff are available at night 4 The doctor/staff are known to be good 5 It is affordable 6 No other facility open/ nearby 98 Do not know	<input type="text"/>

		99 Refused to answer	
E2.4	Was RSBY card used for delivery? Go to E3.1	1 Yes 2 No 3 Not insured 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E2.5	Why did she deliver at home?	1 It is our tradition 2 It happened very fast, so could not go 3 It happened in the night, so could not go 4 Did not have access to transport 5 No health centre nearby 6 Did not have enough money to go to hospital 7 It happened on the way to hospital 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E3.1	What was the outcome of the delivery?	1 Both mother and child were well 2 Mother was well but baby was sick or died → end the section 3 Baby was well but mother was sick or died → end the section 4 Both mother and baby were sick or died → end the section 98 Do not know → end the section 99 Refused to answer → end the section	<input type="checkbox"/>
E3.2	Is the child being exclusively breast fed?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
E3.3	Has the child received BCG and oral polio vaccines?	1 Yes 2 No 98 Do not know 99 Refused to answer	<input type="checkbox"/>
After completing Section E, go back to B1.4			

Section F: Migration

F1.1	Who migrated for work? <i>DEO – enter member if only, refer list</i>	Name _____	<input type="checkbox"/>
F1.2	When did he/she migrate?	____/____/12	
F1.3	Where did he/she migrate to?	Town/city	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		State	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F1.4	For what work did he/she migrate?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
F1.5	How long is he/she expected to stay there?	<i>In number of days</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F2.1	Has he/she taken the RSBY split card? <i>Refer list</i>	1 Yes → end the section 2 No 3 Not insured → end the section 98 Do not know → end the section 99 Refused to answer → end the section	<input type="checkbox"/>
F2.2	If no in F2.1, then why not taken split card?	1 Did not know about it 2 Wanted to but did not know how to use 3 Tried to but took too much time 4 Tried to but difficulty with authorities 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
After completing Section E, go back to B1.5			

Section G: Death

G1.1	Deceased's identification <i>DEO- enter member id only</i>	Name _____	<input type="checkbox"/>
G1.2	When did it occur? <i>Date of death</i>	____/____/12	
G1.3	Where did it occur?	1 Hospital 2 In the field, road, vehicle, outside 3 Office, at place of work Health Inc Project Report	<input type="checkbox"/>

		4 Home 98 Do not know 99 Refused to answer	
G1.4	What was the type of death?	1 Sudden, accident 2 Was seriously ill before 3 Was chronically ill before 4 Natural, old age 5 Other, specify _____ 98 Do not know 99 Refused to answer	<input type="checkbox"/>
End of the interview, thank them for their time			

Annex 3(f) Form 3 (Post-hospitalisation survey questionnaire)

UID To be entered by DEO only

Section A: Identification

A1	Household number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A1.2	Date of survey (DD/MM/2012)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> /12
A1.2	Time of interview	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
A1.3	District coordinator code	D <input type="text"/> 1-4
A1.4	Supervisor code	S <input type="text"/> 1-5
A2	Member id of the informant	<input type="text"/> <i>Refer members list</i>

Section B: Hospitalisation

B1.1	Who was hospitalised? <i>DEO – enter member id only</i>	Name _____ <input type="text"/>		
B1.2	Diagnosis <i>ICD 10 code to be entered later</i> <i>Check the discharge summary or documentation available for the diagnosis</i>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <i>ICD 10 code</i>		
B1.3	Type of treatment	1 Medical (if no operation involved) 2 Surgical (any operation) 3 Obstetric (delivery, caesarean operation) 98 Do not know 99 Refused to answer <input type="text"/>		
B2	How many days prior to admission did the complaints start?	Write in days <input type="text"/> <input type="text"/> <input type="text"/>		
B3.1	Before admission Did you visit any doctor/health centre (including the same hospital)/ health workers/pharmacies prior to the current admission visit?	1 Yes 2 No → go to B4.1 98 Do not know → go to B4.1 99 Refused to answer → go to B4.1 <input type="text"/>		
B3.2	B3.3	B3.4	B3.5	B3.6
S No.	Where did you go? <i>Refer code</i>	When did you go there? <i>(As compared to day of start of symptoms)</i>	Why did you go there? <i>Refer code</i>	How much did it cost?
01	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Rs.
02	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Rs.
03	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Rs.
04	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Rs.
05	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Rs.
B3.3	B3.5		B3.6	
1 Pharmacy 2 Traditional practitioner /local RMP 3 Private practitioner/clinic 4 Sub-centre/Health Workers	1 It/he/she is nearby 2 Reputation of hospital/Doctor/health worker is good 3 Recommended by friends/relatives 4 Referred by doctors		Includes cost of drugs, tests, doctor's consultations, cost of procedures and cost of food, travel and stay 000 Not paid anything	

