



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data summary***

Project name: Access, Bottlenecks, Costs, and Equity (ABCE) project in Madhya Pradesh.

Date of release: March 27, 2018

#### Summary:

The Access, Bottlenecks, Costs, and Equity (ABCE) project is a multipronged and multicountry research collaboration focused on understanding what drives and hinders health service provision. Two datasets resulting from the ABCE project in the Indian state of Madhya Pradesh are available for download. This first contains results of a health facility survey which gathered information on services offered, expenditure, revenue, personnel by category, equipment, capacity, vaccines, and other variables related to facility operations. In total, a nationally representative sample of 203 facilities were surveyed. Data were collected through interviews of health providers, direct observation of facility areas, and assisted observation of facility resources. The second dataset includes information collected in patient exit interviews conducted after patients visited facilities in the ABCE sample.

#### Relevant publications:

Institute for Health Metrics and Evaluation (IHME), Public Health Foundation of India (PHFI) and United Nations Children's Fund (UNICEF). *Assessing Facility Capacity, Costs of Care, and Patient Perspectives: Madhya Pradesh*. Seattle, WA: IHME and New Delhi: PHFI, 2017.

### **Acknowledgments**

#### Collaborating organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Public Health Foundation of India (PHFI)
- UNICEF Bhopal Madhya Pradesh state government and district officials

#### Funding institution:

- Bill & Melinda Gates Foundation

Suggested Citation: Institute for Health Metrics and Evaluation (IHME), Public Health Foundation of India, United Nations Children's Fund (UNICEF). Access, Bottlenecks, Costs, and Equity (ABCE) project in Madhya Pradesh, India: ABCE Patient Exit Interview Survey 2014. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2018.

### ***File inventory***

<b>File name</b>	<b>Description</b>	<b>Date Finalized</b>
IHME_ABCE_IND_MP_2014_EXIT_DATA_Y2018M03D27.CSV	Public use survey dataset – CSV format	March 27, 2018
IHME_ABCE_IND_MP_2014_EXIT_DATA_Y2018M03D27.DTA	Public use survey dataset – DTA format	March 27, 2018
IHME_ABCE_IND_MP_2014_EXIT_CODEBOOK_Y2018M03D27.CSV	Codebook, with descriptions of all variables included in the dataset	March 27, 2018
IHME_ABCE_IND_MP_2014_EXIT_QUESTIONNAIRE_Y2018M03D27.PDF	Patient Exit Interview Questionnaire	March 27, 2018
IHME_ABCE_IND_MP_2014_EXIT_INFO_SHEET_Y2018M03D27.PDF	Data release information sheet	March 27, 2018

### ***Data structure***

The data are structured in such a way that each row represents a facility-year (i.e., the variable “year” in each row corresponds with a given fiscal year).

### ***Methodological statement***

#### **Data collection**

Patient interviews were in Madhya Pradesh were collected with the ABCE Facility Survey from January to June 2014 by research associates (RAs) hired by PHFI. All data were collected with DatStat, which allows for survey adaptation and customization based on respondent answers. All collected data went through a thorough verification process between PHFI, IHME, and the ABCE field team. Following data collection, the data were methodically cleaned and re-verified, and securely stored in databases hosted at IHME and PHFI.

All instruments used for the ABCE project in Madhya Pradesh are available through IHME’s Global Health Data Exchange (GHDx): <http://ghdx.healthdata.org/record/india-madhya-pradesh-access-bottlenecks-costs-and-equity-project-2014>.

#### **Sampling/population**

This study was conducted as part of the larger ABCE project in India. First, a sample of facilities was selected using the process detailed in the Data Release Information Sheet for the ABCE Facility Survey in

Madhya Pradesh. Patient exit interviews were conducted at a subset of these facilities. A total of 2,092 patients were selected as a convenience sample as they exited facilities.

If a given facility had multiple exit locations, RAs were instructed to approach patients from each location based on the approximate proportion of patients passing through each. RAs assessed the eligibility of patients using a script provided by the electronic survey. If there was a group of patients exiting at once, the RA used a random number generator in the survey software to select which eligible patient should be interviewed.

Eligibility for participation in the exit interviews was determined by age (whether the patient was 18 years or older or, if younger than 18 years old, was accompanied by an attendant who met the age requirement) and responsiveness (whether the patient or attendant was able to respond to questions).

The sampling strategy varied slightly by facility type, in order to account for the varying patient volumes experienced at each facility by the type of health facility platform. Before beginning to sample, the RA asked the facility in-charge about the average number of patients treated each day; if the number was less than the value associated with a given platform type or level of care, they were instructed to conduct interviews on an additional day to get the required sample of patients from the facility.

Although the patient sample was a convenience sample, efforts were made to make it representative of patients that typically presented at a given health facility (e.g., RAs did not conduct the survey on the day of a special event such as a vaccination campaign). RAs were also asked to spend at least two days conducting interviews, interviewing 10-15 patients each day.

## **Weighting**

The data are unweighted.

## **Imputed variables and constructed variables**

No variables are imputed.

## **Known data-quality issues**

For facilities with very small patient volumes, RAs were unable to interview the required sample of patients. In addition, there were some facilities where no interviews took place, even though they were selected for the exit interview portion of the study.

## **Codebooks**

Variable names and labels can be found in the Excel file

[“IHME\\_ABCE\\_IND\\_MP\\_2014\\_EXIT\\_CODEBOOK\\_Y2018M03D27.CSV.”](#) This codebook contains variable names pertaining to the Patient Exit Interview Survey.

## **Public Use Dataset Notes**

This is a public use dataset. The data have been de-identified. Variables determined to contain identifiable private information, or potentially identifiable private information, for health facilities,

health workers, and/or other individuals have been removed in accordance with IHME's microdata release protocol. The protocol's determination for variables that constitute identifiable private information is based primarily on [HIPAA'S De-identification Standard](#).

### ***Additional Information***

#### **Terms and Conditions**

<http://www.healthdata.org/about/terms-and-conditions>

#### **Contact information**

To request further information about the ABCE project in India or in other countries, please contact IHME:

Institute for Health Metrics and Evaluation

2301 Fifth Ave., Suite 600

Seattle, WA 98121

USA

Telephone: +1-206-897-2800

Fax: +1-206-897-2899

Email: [data@healthdata.org](mailto:data@healthdata.org)

[www.healthdata.org](http://www.healthdata.org)

These files may be updated periodically, so we appreciate hearing feedback or additional information