



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: India HealthRise Baseline Health Facility Survey 2014-2015

Project name: HealthRise Project in India

Date of release: February 14, 2020

Summary:

HealthRise is a collaborative multicountry initiative to implement and evaluate innovative community-based programs intended to improve heart disease and diabetes care in underserved communities. Conducted as part of HealthRise India, this health facility survey was carried out in 48 facilities in the Shimla district in the state of Himachal Pradesh and the Udaipur district in the state of Rajasthan. Data were collected about facility capacity, equipment availability, pharmaceutical and supply stocks, staffing, and services provided. The data were collected through computer-assisted personal interviews (CAPI).

Relevant publications and visualizations:

Gabert R, Ng M, Sogarwal R, et al. Identifying gaps in the continuum of care for hypertension and diabetes in two Indian communities. *BMC Health Serv Res.* 27 December 2017. 846 doi:10.1186/s12913-017-2796-9

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Indira Gandhi Medical College, Shimla (IGMC)
- GfK Mode (India)

Funders:

- Medtronic Foundation

Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), Indira Gandhi Medical College, Shimla (IGMC), GfK Mode (India). India HealthRise Baseline Health Facility Survey 2014-2015. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2020.

File Inventory

File Name	Description	Version Date
IHME_HRISE_IND_HFS_2014_2015_MOD_1_Y2020M02D14.CSV	Health Facility Module 1: Inputs, Finances and Management	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_2_Y2020M02D14.CSV	Health Facility Module 2: Facility Management and Direct Observation	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_3_Y2020M02D14.CSV	Health Facility Module 3: Outpatient, Inpatient, and Emergency Care	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_1_CODEBOOK_Y2020M02D14.CSV	Module 1 Codebook	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_2_CODEBOOK_Y2020M02D14.CSV	Module 2 Codebook	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_3_CODEBOOK_Y2020M02D14.CSV	Module 3 Codebook	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_1_QUEST_Y2020M02D14.PDF	Module 1 Questionnaire	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_2_QUEST_Y2020M02D14.PDF	Module 2 Questionnaire	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_MOD_3_QUEST_Y2020M02D14.PDF	Module 3 Questionnaire	February 14, 2020
IHME_HRISE_IND_HFS_2014_2015_INFO_SHEET_Y2020M02D14.PDF	Data Release Information Sheet	February 14, 2020

Data Structure

For the facility survey, the data are structured such that each row represents a set of observations for a given facility. Information from facility modules can be linked using the *custom_id* variable, a unique identifier which represents a specific facility.

Methodological Statement

Data Collection

Data from health facilities in the Shimla district in the state of Himachal Pradesh and the Udaipur district in the state of Rajasthan, were collected with the IHME HealthRise India Baseline Facility Survey from November 2014 to January 2015. The health facility survey was designed by IHME, and adapted to local context and translated into Hindi by IGMC Shimla and GfK Mode. All data were collected with Surveybe™, which allows for survey adaptation and customization based on respondent answers. All data went through a thorough verification process between IHME and the local field teams. Following data collection, the data were methodically cleaned and re-verified, and securely stored in databases hosted at IHME.

All instruments used for the HealthRise India Baseline Facility Survey are available through IHME's Global Health Data Exchange (GHDx): <http://ghdx.healthdata.org/record/ihme-data/india-healthrise-baseline-health-facility-survey-2014-2015>.

Sampling/Population

Health facility sampling was designed to include facilities from both the public and private sector and all tiers of public service delivery.

Public health facilities were selected using a stratified and staged random sample by first randomly sampling among Community Health Centers (CHCs). A random sample of Primary Health Centers (PHCs) reporting to selected CHCs were then chosen, followed by random selection of Sub-Centers (SCs) reporting to the selected PHCs. Private facilities were sampled at random with the objective of selecting approximately equal numbers of clinics and hospitals. Sampling frames were obtained from the Chief Medical Officers of each district, including a list of all public facilities in the district sorted by facility tier and a list of all private facilities registered by the Chief Medical Officer.

The final sample included 23 facilities in Shimla and 25 facilities in Udaipur. In Shimla, the breakdown of surveyed facilities by facility type is as follows: 2 public hospitals, 2 CHCs, 4 PHCs, 8 SCs, 4 private hospitals, and 3 private clinics. In Udaipur, the breakdown of surveyed facilities by facility type is as follows: 2 public hospitals, 2 CHCs, 5 PHCs, 8 SCs, 5 private hospitals, 3 private clinics.

Weighting

Sampling weights are not applicable to this dataset.

Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How

The data do not contain imputed or constructed variables.

Known Data Quality Issues

Many facilities did not maintain necessary documentation to respond to certain portions of the survey including financial records, personnel records, and facility utilization records. As such, data for these fields is regularly missing.

For variables containing sensitive or potentially identifiable information, all values have been replaced with "XXXX" to ensure the anonymity of the respondent.

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 HealthRise Project in India, please contact IHME:

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.