



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: India HealthRise Endline Health Facility Survey 2018

Project name: HealthRise Project in India

Date of release: November 21, 2019

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 30 facilities in Shimla district in the state of Himachal Pradesh. The survey was adapted from a questionnaire created and conducted for the HealthRise project in India in 2015. Data were collected about facility capacity, equipment availability, pharmaceutical and supply stocks, staffing, and services provided. Patient exit interviews were also conducted with eligible patients at health facilities. The data were collected through computer-assisted personal interviews (CAPI).

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Development Solutions

Funders:

- Medtronic Foundation

Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), Development Solutions. India HealthRise Health Facility Survey 2018. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2019.

File Inventory

File Name	Description	Version Date
IHME_HRISE_INDIA_HFS_2018_FAC_M1_Y2019M11D21.CSV	Health Facility Module 1: Inputs, Finances, Revenues, Staff Characteristics, Facility Management	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M2_Y2019M11D21.CSV	Health Facility Module 2: Outputs, Outpatient Care, Inpatient Care, Emergency Care, Laboratory and Diagnostic Tests	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M3_Y2019M11D21.CSV	Health Facility Module 3: Medical Equipment Inventory (Assisted Observation), Staff Inventory (Assisted Observation), Laboratory (Assisted Observation), Pharmacy (Assisted Observation), Direct Observation	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_PATIENT_Y2019M11D21.CSV	Patient Exit Interview Module	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M1_CODEBOOK_Y2019M11D21.CSV	Health Facility Module 1 Codebook	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M2_CODEBOOK_Y2019M11D21.CSV	Health Facility Module 2 Codebook	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M3_CODEBOOK_Y2019M11D21.CSV	Health Facility Module 3 Codebook	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_PATIENT_CODEBOOK_Y2019M11D21.CSV	Patient Exit Interview Module Codebook	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M1_QUEST_Y2019M11D21.PDF	Health Facility Module 1 Questionnaire	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M2_QUEST_Y2019M11D21.PDF	Health Facility Module 2 Questionnaire	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_FAC_M3_QUEST_Y2019M11D21.PDF	Health Facility Module 3 Questionnaire	November 21, 2019

File Name	Description	Version Date
IHME_HRISE_INDIA_HFS_2018_PATIENT_QUEST_Y2019M11D21.PDF	Patient Exit Interview Module Questionnaire	November 21, 2019
IHME_HRISE_INDIA_HFS_2018_INFO_SHEET_Y2019M11D21.PDF	Data Release Information Sheet	November 21, 2019

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 notes a specific facility.

For the patient exit interview survey, the data are structured such that each row represents an interviewed individual/patient.

Facility-level information and patient-level information can be linked using values from the *custom_id* variable, present in all modules.

While *custom_id* serves as a unique identifier for each facility, the *unique_id* variable serves the same function for each individual respondent in the patient interview module. Additional information on the *unique_id* is available in the “Imputed Variables ...” section of the “Methodological Statement.”

Methodological Statement

Data Collection

Data from health facilities in Shimla district in the state of Himachal Pradesh, India were collected with the IHME HealthRise India Endline Facility Survey from August to September 2018 by research associates hired by Development Solutions. 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 Development Solutions field team. 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 Endline Facility Survey are available through IHME’s Global Health Data Exchange (GHDX): <http://ghdx.healthdata.org/record/india-healthrise-health-facility-survey-2018>.

Sampling/Population

Intervention facilities were sampled from Mashobra and Theog blocks, where HealthRise activities were implemented. Control facilities were sampled from Tikker and Jubbal Kotkhai blocks, where HealthRise activities were not conducted. Tikker and Jubbal Kotkhai were selected because they share sociodemographic similarities with the blocks where HealthRise activities were implemented.

Sampled facilities were one of three types: civil hospitals, community health centers (CHC), and primary health centers (PHC). The facility sample consisted of 18 of 33 facilities in intervention blocks, selecting with certainty facilities with targeted HealthRise interventions (eClinic, NCD Day, or SALT village): three

of four hospitals, three of four CHC, and 12 of 25 PHC. In comparison blocks, 12 of 33 facilities were selected at random: two of two hospitals, two of three CHC, and eight of 28 PHC. The order of non-selected facilities was randomized for use as alternates in case substitution was necessary.

At all selected facilities, a quota was defined for the number of participants needed for the patient survey based on location in an intervention or comparison block, the number of facilities in the sample. In cases when there was an insufficient number of patients arriving at a selected facility over two days of surveying, additional patients above the quota number were surveyed at other facilities to reach the total needed sample size. Patients were eligible for participation in the survey if they were age 30 or older and had ever been told by a medical professional that they have hypertension and/or diabetes. To efficiently identify patients for participation, field coordinators contacted each facility to learn when NCD patients commonly seek care or when patient volumes are highest. To ensure patients were selected at random, enumerators were instructed to approach the first potentially eligible patient, determine eligibility, and request consent to administer the survey. In Shimla, NCD patient volumes were so low that all eligible patients were invited to participate.

Weighting

Sampling weights are not applicable to this dataset.

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

Unique_id is generated by IHME as a unique identifier. It is the concatenation of the values of the following variables: *fac_district*, *fac_block*, *customid*, *fieldstaff_id*, *auto_id*. This variable is present in all modules.

Known Data Quality Issues

Module 1 has a facility with no reported data.

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.

Low volume of eligible participants at numerous health facilities at the time of the survey contributed to reduced sample sizes for the patient exit interview.

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.