



# **Manual for data collection on health system cost of health services delivered at various level of health system across India**

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## Introduction

The present document gives a detailed description and instructions for collecting health system cost data based on the data collection tool designed by School of Public Health, PGIMER, Chandigarh. The cost data collection tool is designed using an economic costing methodology and bottom up costing approach. A separate tool has been developed for each level of health facility (starting from sub-centres and primary health centres (PHCs) to community health centres (CHCs) and district hospitals (DHs)) that takes into consideration the design of health facility in terms of variation in type and quantity of service delivery and resources used. The costing manual gives a detailed understanding of these cost data collection tools and describes how to undertake the data collection and from what sources the desired data can be assessed. The data collection methodology is described in the “Cost data collection methodology” document and data entry forms also available on the website.

The first section of this manual outlines the structure of the data collection tools and contains the general instructions for filling these forms and the list of sub-sections within the tool. The next section gives a more detailed picture of each of the sub-sections, starting with the information to be collected/ requested, the potential sources of the intended information and possible solutions to various issues or problems that could arise during the data collection under each of the sub-section.



# General Guidance

## Structure of the manual

The manual describes and contains four cost data collection tools. Each tool is designed for a different level of the health system: District hospital; Community Health Centre; Primary Health Care Centre; and Sub-Health Center. For ease of use, each tool uses the same principles and layout and has been divided into the same sections.

## General instructions for all data collection tools

1. The data needs to be collected for one full recent *financial year*. This time period is referred as the *reference period* for the study.
2. Always use a pencil (soft or medium lead).
3. Write all the letters and numbers clearly.
4. Fill up all the questions that are applicable to the person being interviewed.
5. If the answer to a question is a no-response, clearly write NA against it. Do not leave it blank or put a zero value in front of the respective question.
6. Comments should be written down when they are made. Inform your supervisor of all the comments or questions or changes as soon as possible.
7. The supervisor should make a note of all the comments and questions and report them to the study coordinator as soon as possible.
8. During the first visit to a health facility, the first task of the investigator is to meet with the Person In charge (Senior Medical officer in case of district hospital) of the facility and introduce themselves. After that, the investigator is required to explain the purpose of the visit and the objective of the study and obtain the consent from him/her before proceeding further.



9. The data collection tool is a template only, add necessary sheets/columns/rows where ever necessary.
10. Due to regional variations some names/heads will be missing, do add all relevant heads as per local need like various state government schemes etc.

## **List of sections within each data collection tool**

**Section 1** enquires about the duration for which the health facility is open and delivering the services per day (hours), in a week (days) during the referral year.

**Section 2** requires collecting data about the human resources working at the health facility. This includes salaries, fringe benefits (incentives), by staff members (both permanent and contractual). This includes community health workers and other lay support

Any person who is retired during the reference year, the number of months for which he/she has worked should be included in the data collection. Any intern/trainee should be included if they are contributing to the output of the facility. For their salary, consider who would have been employed in their absence and what would be the remuneration paid. Make a note if you have done this. The same principle should apply to community health workers and any other lay or volunteer workers at the facility.

**Section 3** requires collecting data on the allowances received by the human resource working at the health facility. It should include all allowances received such as government residence, transport, uniform, etc.

**Section 4** deals with collecting information on the number of various services delivered by the health facility like outpatient consultations (OPD), patients admitted for inpatient care,



institution deliveries, ANC/PNC visits, children/mother immunised, surgeries, etc. during the reference year.

**Section 5** involves collecting data on the revenue earned by the health facility from various sources such as procedure fee, laboratory fee, fees for issuance of birth and death certificate, etc., during the reference year.

**Section 6** deals with the socio-demographic details of the area covered by the health facility in the form of total population, number of males and females etc.

**Sections 7 & 8** requires collecting information about the physical space i.e., dimensions of the land on which the building of the health facility is constructed.

**Section 9** involves identifying functional non-medical equipment (including furniture) being utilised in the health facility and recording their quantity (by observation and records or both).

**Section 10** requires collecting information on medical equipment being used in the facility during the reference year.

**Section 11** involves capturing the quantity of various drugs consumed in the facility along with the utility for each drug during the reference year.

**Section 12** requires capturing the quantity of various consumables consumed by the health facility during the reference year.

**Section 13** requires information on the type and quantity of IEC material used by the health facility during the reference year.



**Section 14** involves collecting information on the type and quantity of stationary and other miscellaneous items being consumed by the health facility during the reference year.

**Section 15** involves collecting data on the number of vehicles present in the facility during the reference year. Exclude those which are not in the working condition.

**Section 16** requires capturing data on annual expenditure on utilities/overheads like electricity, water, internet, transport, maintenance, etc.

**Section 17:** requires capturing data on the type and quantity of various laboratory tests and radiological investigations being done at the health facility during the reference year.

**Section 18** deals with capturing the data on number of patients, who used the referral transport of the health facility during the reference year.

**Section 19** captures data on the benefits/incentives given to the patients under various health schemes during the reference year.

**Section 20** enquires about the amount of money spent under various fund and grants in the reference year.

**Section 21** involves interviewing sampled staff member (both regular and contractual) to capture data on the frequency and duration of various activities performed by them.



## Data sources

The costing tool collects information pertaining to the following heads for the *reference year*.

The investigator will need to access different sources for the different pieces of information within each section. Below is a list of potential sources for the different types of information.

The investigator should note all sources of information used.

S.no	Different heads for cost data collection	Potential source of information
1	General information	Person In charge of the facility
2	Human Resource (Designation, number of leaves, salary and fringe benefits detail)	Attendance register/pay slips/salary details
3	Annual allowances received	Pay slips/salary details
4	Annual Services delivered	Service delivery registers of respective wards/OPD clinics/other service centres
5	Sources of revenue	Accountant
6	Population covered under the facility	Person In charge of the facility
7&8	Physical Infrastructure and services delivered in different rooms of facility	Survey of the health facility/map from the engineering department/ interview with the staff.
9	Non-medical equipment	Survey of the facility/reviewing of the stock register
10	Medical equipment	Reviewing of the non-consumables stock registers of respective department/Physical observation/ Online inventory.
11	Drugs Consumed	Reviewing of the consumable stock registers/ Voucher slips/Indent records.



12	Consumables: Materials and Supplies	Reviewing of the consumable stock registers Online medicine inventory/central stores department/indent records.
13	IEC material	Media print department/accounts section
14	Stationary	Purchase department/stock register/accountant
15	Vehicle details	Accountant
16	Utilities	Accountant
17	Laboratory/Radiological investigation/Procedure	Person In charge of the Laboratory/Annual report
18	Referral Transport	Person-In-Charge
19	Cash benefits paid	Accountant
20	Utilisation of funds and grants	Accountant
21	Time allocation sheet	Respective staff member



## Instructions for completing individual sections

### Section 1: Interview with the head of the facility

This section has two parts.

**Part 1:** The first part asks the following information

*QA:* Average number of days per week the health facility is closed.

*QB:* Average number of hours per day the health facility is opened. (Note: If an emergency ward is available in the health facility, the duration of it will be considered separately).

*QC:* Number of public holidays on which the health facility was closed.

Information can be collected from the head of the facility or person In-charge of the health facility. The attendance register of the health facility can be reviewed for assessing the number of public holidays in the reference year. The official calendar can also be checked where an attendance register is not made available.

### Part 2 (for PHC, CHC and District Hospital only)

This part requires collecting information on the number of days of inpatient stay for a randomly selected 100 patients who were treated at the health facility. This information can be accessed from the inpatient register of the facility. In the case of a district hospital, there are wards based on speciality whereas there is a single general ward at the PHC or CHC. Thus, for the district hospital, the investigator is required to capture the length of stay of 50 patients from each of the wards present in the hospital.



The list should exclude those patients who died during their treatment in the facility, who were transferred or referred to other health facility/hospital, who left against medical advice (LAMA), discontinued care without any information to hospital staff or others for whom length of stay is not exactly available from the records of the health facility.

## Section 2: Human resources - Salary and fringe benefits details

Staff No. Code*	Designation <sup>@</sup>	Speciality	Services (OPD=1, IPD=2, Out-reach (OR)=3, OPD+IPD=4, All= 5, OPD+OR=6, IPD+ OR=7)	Monthly gross salary (inclusive of all allowances or deductions)	Annual Incentive received for trainin(TA/D A received for training)	Period/day s of posting in the reference year <sup>\$</sup>	Days of absence from this health facility in the reference period <sup>\$\$</sup>
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\*Medical Superintendent = 1, General Surgeon=2, Physician=3, Obstetrician & Gynaecologist=4, Paediatrician=5, Anaesthetist=6, Public health specialist=7, Eye surgeon=8, Dental Surgeon=9, General Duty Medical Officer=10, Medical Officer –AYUSH=11, Staff Nurse=12, Pharmacist=13, Pharmacist – AYUSH=14, Lab. Technician=15, Radiographer=16, Dietician=17, Ophthalmic Assistant=18, Dental Assistant=19, Cold Chain & Vaccine=20, Logistic Assistant=21, OT Technician=22, Multi Rehabilitation/ Community Based Rehabilitation worker=23, Counsellor=24, Registration Clerk=25, Statistical Assistant/ Data Entry Operator=26, Account Assistant=27, Administrative Assistant =28, Dresser= 29, Ward Boys/Nursing Orderly=30, Driver=31, Public Health Specialist=32, Public Health Nurse=33, ANM=34

This section requires collecting data on the number of staff members (both permanent and contractual) working at the health facility along with the incentives received by each of them during the reference year. The most likely list of codes for various staff members is provided in the tool. However, the list may not be a complete one and investigators are required to capture the complete list of staff members from the attendance registers of the health facility.

In the column 1 of this section, code number of staff members working at the health facility is to be entered. Similarly, designation and speciality of each of the staff member is to be entered in column 2 and 3 respectively. Further, column 4 enquires about the services offered



by the respective staff member. The codes are given in the same table. Column 5 and 6 requires capturing information on the gross salary (inclusive of all allowances) and incentives (for trainings) received by the staff member respectively during the reference year. The accounts section of the facility is the most likely source for information on the monthly gross salary (which includes all allowances or deductions) and annual incentives for training.

Information on the duration of posting of the staff member during the reference year is to be entered in column 7. If a person is now transferred or is on deputation to other facility but worked for some duration during the reference period in the surveyed health facility, that specific time period should be recorded. Further, information on the number of casual leaves taken by each of the staff member (during the reference year) is to be filled in column. Both the above-mentioned information can be collected from the attendance registers of the reference year.



### Section 3: Details of annual allowances received (Interviews and record review)

Staff No. Code	Government residence		Transport facility		Uniform provided/ allowance			
	Area of the house building or rooms provided i.e. the covered area  (Do mention the unit of data collection either in meter <sup>2</sup> or square feet)	Square feet  Dimensions of the open area in the accommodation provided  (Do mention the unit of data collection either in meter <sup>2</sup> or square feet)	Amount paid in a year or How much would you pay if you would rent this house i.e. monthly rental price (specify the units)?	Amount paid in a year if personal vehicle is used	Vehicle name and year of make, if provided free	Times per year  (a)	The Unit cost of uniform  (b)	Amount incurred on uniform (a*b) or  If unit cost not available ask,  “For how much it will be available from the market, if bought on its own?”

Section 3 captures the information on the details of annual allowances, over and above the salaries and benefits listed in section 2. These may include provision of any government residence or apartment (*column 2*), government transport facility, (*column 3*) uniform allowance, etc. If an employee has been living in a government apartment, the investigator is required to enquire about the dimensions of the residence and the market monthly rental price of the similar space. Similarly, if an employee is availing a transport facility, the amount of expenditure incurred by the facility on it needs to be captured by the accounts records of the facility. Vehicle number and year of manufacture also has to be captured.



## Section 4: Annual services delivered

S. no	Name of Services delivered	Actual number of services delivered during 2017-18
1.	Outpatient consultations	
2.	ANC/PNC visits	
3.	Institutional deliveries	
4.	Vaccine doses	
5.	Patients admitted for inpatient care	
6.	Others	

This section deals with collecting information on the quantity of various services delivered by the health facility during the reference year. The investigator is required to visit each of the department or unit of the health facility (like outpatient clinic, inpatient ward, operation theatre, MCH room, labour room, etc.) involved in delivering a particular service as mentioned in the *column 2*. Further, in consultation with the staff of particular department, the investigator is required to review the record books of the respective unit (inpatient register or outpatient register) to assess the number of patients, who received the health service during the study's reference year. For example; in an inpatient ward of *Obstetrics and Gynaecology* department, the investigator needs to capture the number of women admitted in the ward due to any cause. Similarly, in case of an outpatient department, the investigator should capture the number of patients who received a consultation during the study's reference year. The investigator is required to take due permission from the person In-charge of each of the departments before reviewing the record registers. The investigator can also check the HMIS



reports with respect to each cost centre to verify the quantity of services. Missing departments/units should be added to the list and the number of services reported in the same way.

### **Section 4b: Vaccine details**

S. no	Name of vaccine	Number of doses	Number of vials consumed
1.	BCG		
2.	OPV		
3.	Tetanus		
4.	Others		

This section captures information on the consumption of various vaccines during the study's reference year. Column 1 and 2 have serial number and name of vaccines (covered under universal immunization programme) respectively. Column 3 requires data on number of doses given for each of the vaccine, which can be captured from the vaccine register. Column 4 captures information on the quantity of vials consumed for each vaccine during the reference year.

### **Section 5: Sources of revenue**

S. no	Sources of revenue	Amount collected during the reference year (2017-18)
1.	Procedure fee	
2.	Lab fee	
3.	Fee for birth/death registration and issuance of certificated	



4.	Other	
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This section involves collecting data on the revenue collected by the health facility from various sources during the reference year. *Column 2* describes the various sources of revenue at the public health facility. *Column 3* (to be filled by the investigator) requires information on the amount collected by the facility from each source. Most of the information on the amount of revenue collected can be obtained from the accounts section of the facility.

## Section 6: Demographic details of the population

Total population under the Public Health Centre	Total= Male= Female= Children (under 5 years) = Children (5-10 years) =
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This section intends to capture data on the demographic details of the catchment area for the facility, i.e., in the form of total population, including children under 5 and between 5-10 years of age, covered under the facility.

## Section 7 and 8: Physical Infrastructure

Particulars	Specify
Area of the building (Specify the units, either in meter <sup>2</sup> or square feet) (Covered + open space)	
What is the rental price of 100 sq. ft place where this Public Health centre is located?	
Was there any expense on the construction of building or renovation during the period of data collection (reference year)	



This section requires collecting information about the physical space i.e., land on which the building of the health facility is built. The floor space occupied by the health centre (both covered and open space; including operating as well as waiting area) needs to be measured either from available building plans or map of the health facility (available from the engineering department of the facility) or from direct measurement by the investigators. Permission from the person In-charge of the health facility should be taken by the investigator before undertaking direct measurement of the building. The measuring unit recommended for measuring unit of floor space is square feet (Sq. ft.) – or meter<sup>2</sup>.

The next step requires collecting information on the rental price per square feet/ meter<sup>2</sup> where the health facility is located. As land and building are considered as a capital asset, assessing the actual construction cost of the building might be a difficult task because of lack of availability of records. The market monthly rental price of the building can be used for assessing yearly cost incurred on the building. This information can be deduced from the person In charge of the facility and needs to be entered in the '*3<sup>rd</sup> row-2<sup>nd</sup> column*'. Expenditure incurred on construction or renovation of the building during the study's reference year also needs to be captured (from the account records) and entered in *the '4<sup>th</sup> row-2<sup>nd</sup> column'*.

## **Section 8: Services delivered in different rooms in the facility**

Room Name _____		
Area (Sq. feet) _____		
Services (a)	Freq* (b)	Hours (c)



This section enquiring about the various services delivered in the different rooms of the health facility (whether clinical, administrative or supportive). Multiple services may be delivered in the single room, so multiple codes needs entered in the respective room. Data on the type of service delivered in a room can be obtained by having an interview with the staff working in that room.

## Section 9: Non-medical equipment and furniture

Name of the equipment or furniture item	Quantity of functioning items in each room									
	Room no. 1	Room no. 2	Room no. 3	Room no. 4	Room no. 5	Room no. 6	Room no. 7	Room no. 8	Room no. 9	

This section involves identifying functional non-medical equipment being utilised in the health facility. Non-medical items include objects such as medicine trolley, dressing trolley, delivery table, etc., furniture items (table, chairs, almirah, bed etc.), and electrical equipment such as computer, printers, Photostat machines, fans, air conditioners, tube light, bulb, etc. A physical survey of the facility is recommended for capturing all the items being utilised in the different rooms of the health facility. A physical survey can be followed by reviewing of the stock registers for verifying any missing equipment or equipment that are stored due to non-utilization or non-functionality. *Column 1* gives the list of necessary items being used in the health facility. However, the list may not be a complete one and requires the addition of more items as per observation made by the research staff.



## Section 10: Medical Equipment

Room name.	Equipment	Quantity	Price	Date of Purchase of Equipment	Expected life of the equipment	List services for which it is used. Write serial number codes from Annexure 1
OPD						
IPD						

This section involves identifying various medical equipment present in the health facility along with their quantity and utility (services for which the equipment is used). Equipment are those items which have a lifespan of more than 1 year and come under the category of capital assets. Medical equipment includes both diagnostic and therapeutic items.

In column 1, name of the room is to be entered, before capturing the information on equipment present in that room. *Column 2* gives the list of medical equipment present in the health facility. However, the list may not be complete and the investigator is allowed to enter additional items. Physical observation of the health facility along with review of records from the stock registers can be done for assessing the quantity of different equipment. For example; if it comes out that there are 2 laparoscopes and 30 thermometers being used in the reference year, the quantity should be entered in *column 3*. For cross verification of the list,



the central store's department (mostly which is known as biomedical engineering department and distribute equipment to the wards), can be contacted. Procurement price of the equipment, if available with the facilities, needs to be entered in the column 4.

The expected life of the equipment, which is to be filled in *column 6* is the average duration for which the equipment can function normally. This information can be sought by having an interview with the staff members of that health facility. *Column 7* captures the information on the utility of each of the equipment as per annexure 1. Annexure 1 (attached along with each of the data collection tools) contains a detailed list of services along with their codes and investigators are required to identify the services for which particular equipment is being used and enter the code of those services in *column 7*.

*Subsections 10a to 10g* captures the information on medical equipment specifically used in the various specific departments or units of the facility such as operation theatre, special new born care unit (SNCU), dental department, laboratory/radiology unit, dialysis unit, blood bank, etc.

## **Section 11: Drugs consumed in the facility**

Name of drug	Quantity Consumed	Quantity Expired	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1



This section seeks information on the quantity of various drugs consumed during the study's reference year. In *column 2 & 3* investigators are required to fill in the quantity of 'drugs consumed' and 'quantity of expired drugs'. Stock registers/online inventory available with the chief pharmacist/pharmacist of the facility can be reviewed for capturing this information. Procurement price of drugs (in case of local purchase) needs to be entered in the *column 4*. *Column 5* captures the utility of the drugs in terms of various services (for which each of the drugs is used) as listed in the Annexure 1.

## Section 12: Consumables. Material and Supplies

Name of the consumable	Quantity Consumed	Price Per Unit	List services for which it is used. Write serial number codes from Annexure 1

This section asks about information on the quantity of different consumables being consumed by the health facility during the study's reference year. Generally, all the items with a lifespan of less than one year are counted as consumables such as bandages, cannula, syringes, surgical tape, etc. and are also known as recurrent resources.

Since each department, unit or inpatient ward probably uses a large number of consumables and thus it is necessary to cover all the units and wards. Careful reviewing of the consumable stock registers is recommended to ensure that all consumables are included. If central stores (biomedical engineering department) buy consumables in bulk and then distribute them to the various wards, records of the central stores can be reviewed for gathering information on the consumption of these recurrent resources. In some facilities pharmacists are given the responsibility of maintaining the records of consumables being distributed to various wards, hence he/she can also be consulted.



*Column 1* gives the detailed list of consumables being used in the health facility. However, the list may not contain the complete range of consumable items and the investigator should include the remaining ones as observed from the facility. Consumed quantity of various recurrent items needs to be entered in the *column 2*. Further, procurement price of various consumables (in case of local purchase) is to be entered in the *column 3*. Finally, *Column 5* captures the utility of the consumables in terms of various services (for which each of the recurrent items is used) as listed in the Annexure 1.

### Section 13: IEC material

Type of IEC material (Specify size)	Quantity	Expenditure	List services for which it is used. Write serial number codes from Annexure 1

The present section requires information on the type and quantity of IEC material used by the health facility during the study's reference year. IEC material includes flex board (of different sizes), paper charts, wall paintings, pamphlets, booklets, etc. *Column 1* gives the list on the type of IEC material being utilized. However, the list may not be complete and additional items should to be entered as per observation from the research staff.

Type and quantity of IEC material consumed during the reference year, can be obtained from the media print department or accounts department of the health facility and needs to be



entered in column 2. Similarly, expenditure incurred in the development of IEC material can be obtained from the account records and needs to be entered in *column 3*.

## Section 14: Stationary and other miscellaneous item

Item name (dimensions)	Quantity	Expenditure

This section involves collecting information on the type and quantity of stationary and sanitary items consumed during the study's reference year. *Column 1* gives a list of stationary and sanitary (such as soap, dish wash, soap, harpic, broom, disinfectant, etc.) items. However, the list may not be complete and the research staff should enter the additional items as per their observation. Consumed quantity (of various stationary/sanitary items) can be obtained from the accounts department of the health facility and needs to be entered in column 2. Similarly, expenditure incurred on the purchase of these items can be acquired from the account records and needs to be entered in *column 3*.

## Section 15: Vehicle Details

Type of Vehicle	Quantity	Date of Purchase of Vehicle	Price	Average Life



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This section captures the details on the type, quantity, price, date of purchase and average life of the number of vehicle owned by the facility during the reference year and excludes those vehicles entered in section 3 on allowances. All vehicles owned, administered, rented by the health facility (including those involved in delivering goods to other sites) should be included.

## **Section 16: Utilities/ Overhead**

Item name	Expenditure (Annual)
1.Means of transport	
2. Building	
3. Equipment	

This section involves collecting expenditure incurred on various overheads during the study's reference year. This includes expenditure incurred on electricity, water, telephone, kerosene, insurance, tax paid (if any) maintenance of equipment and building, etc. The amount of expenditure incurred on each of these overheads can be obtained from the accounts department and needs to be entered in column 2.

## **Section 17: Laboratory/ Radiological investigation/Procedure fee**

Type of tests	Quantity




This section requires capturing data on the type and quantity of various laboratory tests/radiological investigation/procedure/surgeries being done at the health facility in the study's reference year.

## **Section 18: Details of referral transport**

Total number of patients referred from facility using referral transport	No. of Under-Fives	No. of Over-Fives	List services for which it is used. Write serial number codes from Tables on time sheet allocation
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This section deals with the information on the services delivered by referral transport section of the health facility in the reference year. Column 1 requires the total number of patients who used referral transport of the facility. Similarly, column 2 and column 3 requires the disaggregation of the number of patients captured in column 1 into the number of patient's under-5 and over 5 years of age. This data can be captured the records of the referral transport registers. Column 4 captures the utility of the referral transport in terms of services as listed in the Annexure 1.

## **Section 19: Cash benefits paid to patients**

Name of the scheme	Amount paid during the period of data collection



This section enquires about the amount of expenditure incurred under cash benefits/incentives given to patients under various health schemes such as JSY as mentioned in column 1. This information can be sought from the accounts section of the health facility.

## **Section 20: Utilisation of funds and grants**

Name of the grant	Amount spent in the 2017-18	List services for which it is used. Write serial number codes from Annexure 1
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In this section, the investigator is required to capture the data on utilization of grants and funds received by the health facility. The amount spent under each grant or fund is required to be captured and entered in column 2. The utility or the services for which the respective fund or grant was used is to be mention in column 3. All this information can be collected from the accountant of the health facility.



## Section 21: Time allocation sheet

Service code no	Activity name	Type of activity		Fixed schedule activity			Routine activity		
		Fixed schedule	Routine	Frequency* (once in a week/once in month/twice a week Etc.) *	Hours per day of activity	Days for which the activity was done during the year 2017-18	Time per person (in minutes) (a)	Number of beneficiaries on a routine day (b)	If not (a) and (b) then how much time to do the activity
1.	Ante natal care								
2.	Institutional deliveries								
3.	Post natal care								
4.	New born care corner								
5.	Immunisation (at the facility)								
	Immunisation (outreach)								
6.	Routine OPD								
7.	Tubectomy motivation								
8.	Others								

\*'1' for once a year participation, '2' for twice a year, 3 for thrice a year participation, 4 for quarterly participation, 5 for once every two months, 6 for monthly participation, 7 for fortnightly participation, 8 for weekly participation, 9 for twice a week participation, 10 for thrice a week participation.



This section captures the time schedule of various health personnel (doctors, staff nurses, ward sister, pharmacist, etc.) working at the health facility. A semi-structured interview schedule has been designed for assessing the time being spent on various activities by the health personnel. The interview schedule intends to ask time spent on both regular activities (outpatient consultation, inpatient care, operation theatre etc.) and other activities (administration, meetings, etc.) carried out on fixed time interval (weekly, monthly, annually, etc.). Investigators are required to interview the health personnel based on the activities in which he/she is involved. The time sheet needs to be completed for a representative number of personnel – decided in discussion with the study coordinator - in each cadre for each facility (SHC, PHC) or department (CHC, DH) and the activity list amended according to the services provided and the main activities of the individual. The time sheet can be completed by the investigator by interviewing the staff member or alternatively, the investigator can ask the staff member to complete the table themselves. The investigator should explain that time associated with each activity should include both patient and administrative time in that activity. The methods with which these data are collected should be noted.

