

Full Length Research Paper

Domestic medical tourism in India: Some facets

Ajay Baksi* and A. K. Verma

National Sample Survey Organisation (NSSO), Ministry of Statistics and Programme, Data Processing Division (DPD)
Government of India.

Accepted 2 March, 2012

Domestic health or medical tourism is traveling from an individual's usual place of residence to another within the country for getting better medical treatment or for want of less expensive treatment available in his/her usual place of residence. National Sample Survey Office had conducted an all-India household survey on domestic tourism during the period of July 2008 to June 2009. The survey covered 8,188 villages and 4,764 urban blocks of whole India as first stage units. A detailed enquiry schedule 21.1 was canvassed for a sample of 12 households (second stage units) from each of those first stage units. From those survey data an attempt was made to study the various aspects of domestic health tourism like most attractive destination, expenditure, type of stay, duration of stay and average trip size etc. It was also seen in the paper that extent of those medical trip where expenditure was at least partially reimbursed by any government or other institutions. The important finding of this exercise was incidence of medical tourism was much more in Rural India than Urban India and that (more so ever) from Villages where infrastructure was very poor. Also it was seen that incidence of Medical trip in Urban India is much more homogeneous across the Quintile expenditure class than Rural India. Another most important issue was emerged from this study that less than five percent of medical trip was covered under medical insurance. The availability of poor health infrastructure is the most important reason for moving out to get medical treatment. Indian household on medical trip is spending a substantial amount of money. But very few households are covered by medical insurance or by any social security benefits. Hence there is an urgent need for availability of such medical insurance and social security benefits to the vast member of the Indian population.

Key words: Medical tourism, household survey, health infrastructures, usual place of residence, overnight trips and medical insurance.

INTRODUCTION

In recent times, tourism as an industry has acquired added importance in many countries. Indian tourism industry has also gained a lot. Among the various factors driving the industry, tourism for health and medical services needs special attention. Many scholars have studied the subject of medical tourism, especially from a cross-country perspective. Medical tourists from other countries have been found to choose India for factors such as low cost, scale and range of treatments available, language spoken, etc. The growth in medical tourism in the country, apart from generating revenue in

dollar terms, accelerates growth in several associated industries, including the hospital industry, the medical equipment industry and the pharmaceutical industry. Therefore, the Government of India has taken several policy decisions to attract medical tourists from other countries. Recently, the Union Ministry of Tourism has included Medical Tourism under the Marketing Development Assistance (MDA) Scheme.

The story of domestic medical tourism is quite different. Scholars, largely for want of adequate data on the subject, have not deliberated on the subject enough.

*Corresponding author. E-mail: ajay_baksi@rediffmail.com.

Abbreviations: NSSO, National Sample Survey Office; NSS, National Sample Survey; UPR, usual place of residence; SSS, second stage stratification; FSU, first stage unit.

Table 1. Schedules of enquiry.

Schedule 0.0	List of households
Schedule 21.1	Domestic tourism
Schedule 1.2	Housing condition
Schedule 0.21	Particulars of slum

Moreover, planners are fully aware that the medical facilities available at different places in the country are not adequate and therefore data or studies showing growth in domestic medical tourism will be embarrassing for them, especially because domestic medical tourism is mainly driven by lack or inadequacy of medical facilities at the place of one's residence and points to the need for more expenditure on the social sector. In the present paper, an attempt has been made to study various dimensions of domestic tourism undertaken in India for access to health and medical services.

To properly appreciate the subject, one has to understand the vastness and diversity of India. India is a large country with population over 1.21 billion and an area of 3,287,240 km². It has been divided into 28 States and 7 Union Territories for administration under a federal system. Each State and Union Territory has been further divided into districts. Each district consists of towns, cities and villages, which are natural clusters of human settlement. All villages together constitute a sector called the rural sector. The remaining part of the country forms the urban sector.

Objectives

The objectives of the paper are as follows:

- 1) To ascertain the extent to which domestic medical tourism flourishes in India – extent being measured by the proportion of domestic medicine trips among all trips and also by the proportion of households making domestic trips among households that made at least one trip.
- 2) To investigate whether domestic medical tourism is largely the outcome of poor health infrastructure.
- 3) To study from the survey data the various characteristics associated the domestic medical tourism duration of trip, number of places visited, average expenditure per trip, average trip size, affordability of medical treatment in places other than one's usual place of residence, and important destination points of medical trips.
- 4) To examine the incidence of medical insurance cover among households making overnight domestic health trips.

METHODOLOGY

National Sample Survey Office of India had conducted an all-India

household survey on domestic tourism during the period July 2008 to June 2009. The paper is based on the survey data as conducted by NSSO of India.

Sampling design

A stratified multi-stage design was adopted for the survey. The first stage units (FSUs) were the 2001 census villages (Panchayat wards in case of Kerala) in the rural sector and urban frame survey (UFS) blocks in the urban sector. For towns with no UFS frame available, each town was treated as an FSU. The ultimate stage-sampling units, in both sectors, were the households. Two hamlet-groups (hg)/ sub-blocks (sb) are selected from a large FSU wherever hamlet-groups/ sub-blocks are formed in the following manner – one hg/ sb with maximum percentage share of population is always selected and termed as hg/ sb 1; one more hg/ sb is selected from the remaining hg's/ sb's by SRS and termed as hg/ sb 2. Listing and selection of the households is done independently in the two selected hamlet-groups/ sub-blocks. The FSUs without hg/ sb formation are treated as sample hg/ sb number 1.

Sampling frame for first stage units

For the rural sector, the list of 2001 census villages (Panchayat wards for Kerala) constitutes the sampling frame. For the urban sector, the list of latest available urban frame survey (UFS) blocks has been considered as the sampling frame.

Stratification for the first-stage units (FSU)

In rural sector all villages of a district form a separate stratum. In the urban sector, strata have been formed within each NSS region on the basis of size class of towns as per Census 2001 town population.

Sub-stratification

There is no sub-stratification in the rural sector and for strata corresponding to non-UFS towns. However, to net adequate number of slums for all other urban strata, each stratum has been divided into 2 sub-strata as follows:

- Sub-stratum 1: all UFS blocks having area type 'slum area'
- Sub-stratum 2: remaining UFS blocks

Schedules of enquiry: During this survey, schedules of enquiry were canvassed as follows (Table 1):

- Schedule 0.0: List of households
- Schedule 21.1: Domestic tourism
- Schedule 1.2: Housing condition
- Schedule 0.21: Particulars of slum

Formation of second stage strata of households: All the households listed in the selected FSU/ hamlet-group/ sub-block have been stratified into 5 second stage strata (SSS) for schedule (Table 2).

The cut-off point 'B' (in Rs.) was determined from NSS 61st round survey on consumer expenditure data for each NSS region for urban areas in such a way that B was a level of MPCE, fixed for a particular NSS region separating the top 30% of the region's

Table 2. Formation of second stage strata of households.

Rural	
SSS 1:	Households having pucca dwelling structure and having at least one member, who performed at least one overnight trip during last 30 days
SSS 2:	Households not having pucca dwelling structure and having at least one member, who performed at least one overnight trip during last 30 days
SSS 3:	Remaining households having pucca dwelling structure and having at least one member, who performed at least one same day trip during last 30 days
SSS 4:	Remaining households not having pucca dwelling structure and having at least one member, who performed at least one same day trip during last 30 days
SSS5:	Other households
urban	
SSS 1:	Households with MPCE \geq B and having at least one member, who performed at least one overnight trip during last 30 days
SSS 2:	Households with MPCE $<$ B and having at least one member, who performed at least one overnight trip during last 30 days
SSS 3:	Remaining households with MPCE \geq B and having at least one member, who performed at least one same day trip during last 30 days
SSS 4:	Remaining households with MPCE $<$ B and having at least one member, who performed at least one same day trip during last 30 days
SSS 5:	Other households

Table 3. Allocation of households to different SSS.

SSS	Number of sample households allotted for survey	
	FSU without hg/sb formation	FSU with hg/sb formation (for each hg/sb)
schedule 21.1		
SSS 1:	4	2
SSS 2:	2	1
SSS 3:	2	1
SSS 4:	2	1
SSS 5:	2	1

population ranked by MPCE from the bottom 70% according to the NSS 61st round (2004/2005) survey of consumer expenditure in India. NSS regions are agro-climate geographical unit within a State/Union Territory. This has been used for second-stage stratification (SSS).

Allocation of households to different SSS: A total of 12 households were canvassed from each selected FSU (Table 3).

Sampling scheme

As per census arrangement the villages have been arranged and FSUs have been selected by circular systematic sampling with probability proportional to population for all rural strata. For urban strata \times sub-strata (wherever applicable), the towns within the stratum have been arranged in ascending order of population; then FSUs were selected by circular systematic sampling with equal probability for UFS towns. Within each stratum/ sub-stratum, multiple of 4 FSUs were selected. Samples have been drawn in the form of two independent sub-samples and equal number of samples has been allocated among the four sub rounds. From each

SSS the sample households for the Schedule 21.1 was selected by SRSWOR.

Sample size

As regards the sample size, 12952 first stage units (FSUs) – 8,188 villages and 4,764 urban blocks – were allocated at all-India level. Of these, 8,109 villages and 4,719 urban blocks were actually surveyed. A sample of 12 households (second stage units) was planned for canvassing the detailed enquiry schedule 21.1, from each selected village and urban block. Finally 1, 53,308 households were actually surveyed – 97,074 in rural areas and 56,234 in urban areas.

Brief of schedule 21.1

In the present round, schedule 21.1 (Annexure 2) is on domestic tourism and consists of ten blocks with two blocks, viz, Block 5 and Block 6, having two sub-blocks each, namely, Block 5.1, 5.2, 6.1 and 6.2 respectively.

Table 4. Code structure.

Distance	Within the village	<2 km	≤2 km and <5 km	≤5 km and <10 km	≤10 km and <20 km	≤20 km
Code	1	2	3	4	5	6

The first three blocks, viz., Block 0, 1 and 2, are to be used for recording identification of sample households and particulars of field operations, as practiced in previous rounds. The last three blocks, viz., Block 7, 8 and 9, are to be used to record the remarks of investigator/senior investigator, superintendent/senior superintendent and other supervisory officer respectively.

Block 3 is meant for recording household characteristics such as household size, principal industry, principal occupation, household type, religion, social group, number of overnight trips undertaken by the household during last 30 days and last 365 days separately, number of same-day trips undertaken by the household during last 30 days and last 365 days separately, whether any NRI visited the household during last 365 days, what was the impact of the NRI visit in influencing the household to undertake any trip, whether some portion of the house was rented out to tourists for at least one night during the last 365 days, whether any member of the household is aware of the "Incredible India" campaign by Government of India and if so, where have the member(s) seen/heard the campaign, and what was its impact, whether any member of the household is aware of the tourism promotional campaigns by State Tourism departments / development corporations or any other organisation and if so, where have the member(s) seen/heard the campaign, and what was its impact. This block would also record household consumption expenditure through a set of five questions.

Block 4 is to be used for recording the demographic and other particulars of all the household members. Such particulars include name of the household member, relation to head, sex, age, marital status, educational level, usual principal activity status, NIC (2-digit level) - for employed members, NCO (1-digit) - for employed members, number of overnight trips completed by the member during last 30 days and last 365 days separately, number of same-day trips completed by the member during last 30 days and last 365 days separately.

In Block 5.1 particulars of overnight trips made during last 30 days by household members are to be recorded. These include serial no. of the trip, number of household members in that trip, details of the characteristics of each household member who was in that trip, like serial no. of the member, age of the member, purpose of trip for the member, type of trip, mode of travel: major and minor, type of stay: major and minor, number of nights spent outside usual place of residence (including journey). Apart from that characteristics of the trip like leading purpose of the trip, starting month, ending month, main destination, state code and number of places visited during the trip have also been collected.

In Block 5.2 particulars of same-day trips made during last 30 days by household members are to be recorded. These include serial number of the trip, number of household members in that trip, details of the characteristics of each household member who was in that trip like serial number of the member, age of the member, purpose of trip for the member, type of trip, mode of travel: major and minor, type of stay, and also characteristics of the trip like leading purpose of the trip, month of visit, main destination, state code and number of places visited during the trip.

Block 6.1 is designed to collect particulars of expenditure on the latest three overnight trips covered in Block 5.1. Here, the break-up of expenditure is to be recorded in detail along with information on reimbursement/direct payment by any institution.

Block 6.2 is designed to collect aggregate of expenditures on all same-day trips covered in Block 5.2. Here, too, the break-up of expenditure is to be recorded in detail along with information on

reimbursement/ direct payment by any institution.

Information from NSSO survey data used for the study

One major characteristic of overnight trips was the leading purpose. The leading purpose of a trip was that purpose without which none of the household members in that trip would have undertaken the trip. In case no purpose satisfied this condition, the leading purpose was identified as that purpose which the informant considered to be the most important for performing the trip. In the survey, purposes were broadly categorized as: business; holidaying, leisure and recreation; social including visiting friends and relatives, attending marriages, etc.; religious and pilgrimage; education and training; health and medical; shopping and others (for example, volunteer work). In this study we have used the term "domestic medical/health trip" to mean those domestic trips whose leading purpose was "health and medical". The various estimates were obtained directly from the survey data using the appropriate weights arising from the survey design earlier mentioned.

Here in this paper different characteristics of medical trips/ domestic health tourism are discussed. No absolute figures are provided; all the estimates are ratio estimates directly calculated from the survey data collected in Block 5.1 of Sch. 21.1 with reference period "last 30 days" (from the date of survey). As the households were interviewed during July 2008 to June 2009, the estimates obtained from the profile of medical tourism relate to roughly to this one-year period. This approach was quite different from the NSS report (number 536) on tourism. The NSS report provides estimates based on data collected for a "last 365 days" reference period under the assumption that the distribution of trips undertaken by households during last 365 days by various household/trip/visitor-trip characteristics was the same as the corresponding distribution of trips made during the last 30 days. The latter could actually be ascertained from the data collected while the former could not be ascertained without making such an assumption as no data on the characteristics of trips performed during the last 365 days had been collected.

Now to study the relationship between domestic health trip and the rural health infrastructure we have to link the survey data to the details available in the household listing schedules filled for the FSU to which the household belongs. Block 7 of the NSS 65th round listing schedule (Sch. 0.0 as attached in Annexure 1) recorded information on medical/health infrastructure facilities available in the selected village. Information on distance of health sub-centre / dispensary (Item 14), primary health centre (Item 15), community health centre / government hospital (Item 16), private clinic / doctor (Item 17) and medicine shop (Item 18) from the village was recorded in code-distance being measured from the geographical centre of the village. However, if a particular facility was available within the village, the distance code was always recorded as 1 irrespective of its distance from the centre of the village. That is, codes other than 1 were applicable only if the facility was outside the village. Thus the code structure is shown in Table 4.

Based on the presence or absence of various health facilities in a village, we define the overall availability of health facilities as follows in a village. The overall health facility available in a village is considered 'adequate' if it has all the five facilities earlier mentioned. It may be considered 'marginally inadequate' in case of

Table 5. Distribution of villages by overall availability of medical facilities.

Criterion used	Number of villages where medical facility is absent					Sample no of villages
	Adequate	Inadequate		No facility	Total	
		Marginally	Significantly			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Normal	1	6	28	65	100	8109
Extended by 2 km	4	15	34	47	100	8109
Extended by 5 km	16	35	33	17	100	8109

availability of only any four or three facilities and 'significantly inadequate' in case of availability of only two facilities or only one facility. In case none of the mentioned facilities is available in the village, the overall health facility of the village may be classified as 'no facility'. The household schedule (Schedule 21.1) Block 5.1 was used to obtain information related to overnight trips and during the last 30 days related characteristics of the households undertaking them. After linking the rural household-level data with the characteristics of the surveyed villages, it was possible to obtain estimates of medical tourism classified by village (overall) health facilities.

RESULTS AND DISCUSSION

Incidence of domestic health trips

The incidence of domestic health tourism can be measured in two different ways namely:

- 1) Incidence of domestic health trips per household.
- 2) Occurrence of domestic tourism activity in a period.

In the NSS survey each household overnight trip including leading purpose has been collected in Block 5.1 (Annexure 2). Here the reference period is one month from the date of survey. In this paper domestic medical tourism activity has been measured by the proportion of households participating (at least once) in domestic medical trips among the households, which have made at least one trip (during a month). We may call this a measure of the occurrence of domestic tourism activity among households. Now from Table 5 it is found that 7.71% of rural households and 3.41% of urban households made at least one medical trip. Considering rural India the major States of Andhra Pradesh, Assam, Bihar, Jharkhand, Kerala, Orissa and West Bengal were above national average in this respect. In case of urban India the major States that were above the national average were Assam, Bihar, Chhatisgarh, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Orissa and West Bengal. Table 5 also shows that medical trips account for 7.3% of trips of the rural India trips and 3.46% of trips of urban India.

Medical tourism and health infrastructure

In an ideal situation, every village, town or city is

supposed to have basic health services. Unfortunately, we do not have basic health services in every village or its neighbourhood. This may be one of the reasons for medical tourism. To study the relationship between medical tourism and health infrastructure we need data on both the aspects. Fortunately, an attempt to assess the availability of basic health services in villages was also concurrently made by NSSO in the survey on village facilities along with the survey on tourism. Availability of health facilities in terms of health sub-centre/ dispensary, primary health centre, community health centre, government hospital, private clinic/doctor and medicine shop in the village and its neighbourhood was ascertained. This gives us an opportunity to study the relationship between health infrastructure and medical tourism.

We have already explained in an earlier section the classification of villages that was by overall availability of health facilities that was adopted only 1% villages. In terms of this classification, in that sample, had 'adequate health facility', 6% villages had 'marginally inadequate health facility' and 28% villages had 'inadequate health facility'. As many as 65% villages were found to have no health facility.

The afore-mentioned categorization of villages was re-examined and revised relaxing the criterion for availability of a facility by including a facility available in the neighbourhood of the village as "available" in the village. For this exercise, the neighbourhood was first extended by 2 km and later by 5 km. The position so obtained is shown in Table 6.

It is clear from Table 6 that even if we adopt the relaxed criterion, we find that the availability of medical facilities in villages is far from satisfactory. Note that the quality of the service available has not been taken into consideration here.

The propensity for medical tourism is expected to have a direct linkage with the availability of adequate medical facility in the usual environment of a person. To examine this aspect, the distribution of medical trips by type of villages (origin) has been analyzed. It is observed that only 2% of the medical trips had originated from the villages having 'adequate medical facilities'. The corresponding figure for villages having 'marginally inadequate medical facilities' was 20%. Not surprisingly, 78% of the medical trips had originated from the villages either having no medical facility or having significantly in-

Table 6. Statement: percentage inflow of medical trip over total flow (inflow + outflow) of trip and distribution of all outgoing trip by states.

State/u.t.	Percentage	Percentage of medical trip among all out going trip
Andhra Pradesh	31.01	3.69
Arunachal Pradesh	0	0
Assam	64.75	1.7
Bihar	42.98	6.02
Chhatisgarh	18.69	0.22
Delhi	96.88	8.28
Goa	0	0
Gujrat	87.59	4.47
Haryana	42.71	4.88
Himachal Pradesh	7.89	0.31
Jammu and Kashmir	12.49	0.08
Jharkhand	37.84	2.59
Karnataka	31.8	4.5
Kerala	28.31	2.11
Madhya Pradesh	18.39	2.01
Maharastra	82.71	9.92
Manipur	15.71	0.04
Meghalaya	1.75	0.01
Mizoram	62.75	0.11
Nagaland	91.98	0.84
Orissa	70.11	3.51
Punjab	45.39	4.5
Rajasthan	53.18	6.9
sikkim	3.04	0.01
Tamil Nadu	84.36	11.72
Tripura	3.32	0.01
Uttarakhand	45.65	0.93
Uttar Pradesh	45.22	9.21
West Bengal	36.49	4.58
Andaman and N. Island	0	0
Chandigarh	97.11	5.99
Dadra and Nagar Haveli	0	0
Daman and Diu	0	0
Lakshadeep	10.63	0.06
Puduchery	36.29	0.81
All-India	50.00	100

adequate medical facility. The relationship between medical tourism and availability of health facility for different states (state-wise) may be seen from Tables 7 and 8. In almost all cases, the percentage of medical trips originating from the villages having adequate medical facility is less than the percentage of medical trips originating from the villages having 'marginally inadequate medical facilities which in turn is less than the percentage of medical trips originating from the villages having significantly inadequate medical facility. The difference between the villages having significantly inadequate medical facility and the villages having no medical facility

failed to depict any definite trend. This shows that, in practice, availability of one or two basic facilities was not significantly different from having no facility. From the above analysis it is clear that medical tourism has direct linkage with the availability of adequate medical facility in the usual environment of a person.

Household economic status and medical trip

Next comes the question of affordability of medical treatment in places other than one's usual place of

Table 7. Distribution of states/uts by average expenditure per medical trip by sector,

Expenditure range	States/uts [Arranged in ascending order of expenditure]	
	Rural	Urban
Up to Rs.2000	Chandigarh, Dadra and Nagar Haveli, Delhi, Assam, Pondicherry, Madhya Pradesh, Meghalaya, Bihar, Nagaland	Dadra and Nagar Haveli, Pondicherry, Chhattisgarh, Haryana
Rs.2000 – Rs.5000	Tripura, Chhattisgarh, Orissa, Uttar Pradesh, West Bengal, Jharkhand, Maharashtra, Andhra Pradesh, Sikkim, Jammu and Kashmir, Uttaranchal, Mizoram, Himachal Pradesh, Arunachal Pradesh, Tamilnadu, Karnataka, Manipur, Rajasthan	Chandigarh, Uttar Pradesh, Nagaland, Uttaranchal, Assam, Bihar, Himachal Pradesh, Madhya Pradesh, Tripura, Karnataka, Jammu and Kashmir, Jharkhand, Orissa, Goa
Rs.5000–Rs.10000	Haryana, Daman and Diu, Kerala, Punjab	Maharashtra, Gujarat, Punjab, Manipur, Kerala, Rajasthan, Meghalaya, West Bengal, Daman and Diu, Sikkim, Mizoram, Arunachal Pradesh
Above Rs.10000	Goa, Lakshadweep, Andaman and Nicobar Island, Gujarat	Andhra Pradesh, Tamilnadu, Lakshadweep, Andaman and Nicobar Island, Delhi.

residence. Tables 9 and 10 shows percentage distribution of medical trips over quintile classes of household monthly per capita expenditure formed for households that made at least one medical trip. From the Tables 9 and 10 it is observed that at all-India level, 41% of medical trips of households in rural areas are made by households in the highest quintile expenditure class, while in urban India, 31% of medical trips are made by households in the highest quintile expenditure class. In rural India, the major States of Gujarat, Jammu and Kashmir, Orissa and West Bengal were among the States where the percentage of trips performed by households in the lowest quintile expenditure class is higher than the national average of 10%. Again in urban India, the major States of Himachal Pradesh, Kerala, Madhya Pradesh, Punjab and Uttar Pradesh were among the States where the percentage of trips performed by households in the lowest quintile expenditure class is higher than the national average of 15%. Clearly, the incidence of medical trips in urban India is more uniform across the quintile expenditure classes than in rural India. There is another dimension of trend in occurrences of medical trip among different quintile class. In almost all States/UTs, the percentage of medical trips undertaken by households in the lowest three quintile classes was less than the percentage for the highest quintile class. Similarly, in almost all cases, the percentage of medical trips undertaken by the households in the lowest two quintile classes was less than the percentage for the fourth (60 to 80%) quintile expenditure class. Clearly, the percentage of medical trips increased with increase in income (approximated by expenditure) across the

country.

Proportion of medical trips performed within state/district and most important destination state for medical trips

This area takes a look at the direction, so to speak of medical trips and tries to locate the states that attract the largest numbers of domestic medical tourists. Tables 11 and 13 shows the per 1000 distribution of overnight medical trips by main destination separately for each State/UT of origin. Among the rural population only 7.5% of domestic medical trips were for travel to other States, compared to 15% for the urban population. However among the major States only for Gujarat and Madhya Pradesh is the incidence of medical trips to destinations outside the State much more for trips made by the rural population than by the urban. Also for the rural population a majority (63%) of medical trips are within-district trips compared to only 28% in case of the urban population.

It is true that all the medical trips originating from a State have some destination State. Overall in all India Level total no of outgoing medical Trip from all States is equal to total no of incoming medical trip of all States. So for a particular state if incoming medical trip is higher than outgoing Trip then the state is assumed to be attracting more medical tourist than other (Tables 12 and 13).

Hence from the above statement it is observed that among major states Delhi, Gujrat, Tamilnadu and

Table 8. Percentage of medical trip among all trip and percentage of household who has made at least one medical trip for last 30 days reference period sector: rural.

State	Measurement of trip			
	Percentage of medical trip among all trip	Percentage of household who has made at least one medical Trip	Sample no of medical trip	Sample no of household who has made at least one medical Trip
(1)	(2)	(3)	(4)	(5)
Andhra Pradesh	8.65	9.41	328	305
Arunachal Pradesh	13.83	16.9	84	82
Assam	11.23	11.82	235	227
Bihar	10.71	11.16	303	292
Chhatisgarh	4.87	5.23	51	48
Delhi	5.2	5.2	6	6
Goa	2.09	2.12	5	5
Gujrat	5.03	5.32	104	99
Haryana	5.99	6.2	72	59
Himachal Prad	6.23	6.42	99	85
Jammu and Kash	3.04	3.18	58	52
Jharkhand	11.46	11.03	108	106
Karnataka	5.62	5.81	117	103
Kerala	10.83	13.1	366	319
Madhya Pradesh	4.9	5.36	176	163
Maharashtra	9.07	8.84	348	321
Manipur	10.44	12.08	175	172
Meghalaya	15.11	15.6	113	111
Mizoram	7.1	8.03	33	33
Nagaland	4.6	5.62	23	22
Orissa	8.4	9.06	249	240
Punjab	5.12	5.75	64	55
Rajasthan	6.73	5.77	182	163
Sikkim	13.48	14.11	66	63
Tamilnadu	4.39	4.63	152	143
Tripura	8.91	9.03	143	138
Uttaranchal	3.71	4.18	36	36
Uttar Pradesh	5.01	5.65	552	513
West Bengal	9.91	10.46	463	443
Andaman and N. Isla	10.16	11.52	19	18
Chandigarh	0.67	0.7	1	1
Dadra and Nagar Hav	0.55	0.57	2	2
Daman and Diu	17.79	18.02	12	12
Lakshadweep	49.67	49.66	13	13
Pondichery	6.26	6.42	6	6
all-India	7.3	7.71	4764	4456

Maharashtra are the most important destination States for medical treatment. Also these four states accounted for 36% of total domestic medical trip. The major outflows of medical trips are from States like Jammu and Kashmir, Madhya Pradesh, Kerala, Andhra Pradesh, Karnataka and West Bengal. In terms of attraction of domestic medical trip these six states accounted only 17% of

domestic medical trip.

Average expenditure per medical trip and Incidence of medical Insurance among overnight domestic health trips

It is obvious that household went for overnight medical

Table 9. Percentage of medical trip among all trip and percentage of household who has made at least one medical trip for last 30 days reference period in the urban sector.

State	Measurement of trip			
	Percentage of medical trip among all trip	Percentage of household who has made at least one medical Trip	Sample no. of medical trip	Sample no. of household who has made at least one medical trip
Andhra Pradesh	2.86	3.28	68	64
Arunachal Pradesh	10.39	12.13	30	29
Assam	6.87	7.27	48	48
Bihar	6.79	7.11	38	37
Chhatisgarh	4.2	4.63	30	25
Delhi	0.44	0.46	8	8
Goa	1.11	1.16	6	6
Gujrat	2.17	2.3	33	32
Haryana	5.03	5.8	33	31
Himachal Prad	5.37	5.8	13	11
Jammu and Kash	2.09	2.36	14	13
Jharkhand	5.18	5.48	28	28
Karnataka	2.63	2.86	43	42
Kerala	3.14	3.87	81	69
Madhya Pradesh	8.79	4.52	90	75
Maharashtra	2.79	2.73	93	87
Manipur	13.97	13.84	90	88
Meghalaya	13.98	13.81	30	28
Mizoram	2.89	3.05	20	20
Nagaland	2.92	3.55	6	6
Orissa	4.26	4.65	37	34
Punjab	2.49	2.64	25	24
Rajasthan	1.59	1.76	40	38
Sikkim	7.17	6.44	15	13
Tamilnadu	2.66	2.76	83	81
Tripura	5.14	5.74	38	38
Uttaranchal	2.7	2.87	6	6
Uttar Pradesh	3.94	3.94	123	117
West Bengal	4.87	4.83	158	146
Andaman and N. Isla	7.12	7.91	7	7
Chandigarh	0.88	0.82	4	3
Dadra and Nagar Hav	3.42	3.86	4	4
Daman and Diu	9.85	10.1	8	8
Lakshadweep	29.86	33.57	30	30
Pondichery	6.3	7.25	9	9
All-India	3.46	3.41	1389	1305

trip due to the non-availability of adequate affordable medical care system in his/her normal usual place of residence. The escalating cost of medical treatment today is beyond the reach of a common man. In such times, health insurance provides the much needed financial relief. We can observe from Tables 14 and 15 that on an average per medical trip expenditure is higher in urban India than rural India. In rural sector expenditure is Rs 3416.06 and in urban India Rs 6955.59. In rural

area per medical Trip expenditure of Gujrat and Punjab are Rs 14133 and Rs 6009 respectively which much higher than national average. Similarly in Urban area per medical Trip expenditure of Tamilnadu and Andhra Pradesh are Rs 17414 and Rs 14897 respectively which much higher than national average. The classification of states/uts as per average expenditure range is as shown in Table 16.

Health insurance can improve access to good quality

Table 10. Percentage distribution of medical trip by type of medical infrastructure facility available in the Villages sector: rural.

State	Type of medical facilities available in surveyed villages			No. of facility	Total	Sample no of medical trip
	Adequate	Inadequate marginally	Inadequate significantly			
Andhra Pradesh	7	34	40	20	100	328
Arunachal Pradesh	12	1	13	73	100	84
Assam	0	6	31	62	100	235
Bihar	4	19	36	41	100	303
Chhatisgarh	0	15	59	26	100	51
Delhi	0	100	0	0	100	6
Goa	0	41	59	0	100	5
Gujrat	1	17	44	38	100	104
Haryana	1	35	59	4	100	72
Himachal Prad	0	8	32	60	100	99
Jammu and Kash	0	22	64	14	100	58
Jharkhand	3	3	12	82	100	108
Karnataka	7	31	30	32	100	117
Kerala	0	15	50	35	100	366
Madhya Pradesh	2	5	37	56	100	176
Maharashtra	1	20	25	54	100	348
Manipur	7	17	30	46	100	175
Meghalaya	3	4	14	79	100	113
Mizoram	0	35	54	11	100	33
Nagaland	1	5	72	22	100	23
Orissa	3	7	19	72	100	249
Punjab	0	15	45	40	100	64
Rajasthan	0	39	38	23	100	182
Sikkim	0	7	60	33	100	66
Tamilnadu	2	23	26	49	100	152
Tripura	4	16	47	33	100	143
Uttaranchal	0	13	13	75	100	36
Uttar Pradesh	2	15	37	46	100	552
West Bengal	2	18	50	30	100	463
Andaman and N. Isla	0	5	41	54	100	19
Chandigarh	0	100	0	0	100	1
Dadra and Nagar Hav	0	0	0	100	100	2
Daman and Diu	0	100	0	0	100	12
Lakshadweep	0	100	0	0	100	13
Pondichery	0	98	2	0	100	6
All-India	2	20	37	41	100	4764

health care. Here in this paper an attempt is being made to see to what extent the expenditure made during medical trip is reimbursed by any institutions. In the data enquiry schedule Sch 21.1 in expenditure block item 12 of block 6.1 of last three trips of the household a question was asked about reimbursement of expenditure where code '1' means expenditure were reimbursed and amount is known, code '2' means expenditure were reimbursed and amount is not known by the informant at that point of time and code '3' means expenditure were

not reimbursed. Here assuming that those medical Trip (Trip having leading purpose as described in Block 5.1 column 12 code is '6' that is, health and medical) have code in item 12 of Block 6.1 '1' and '2' where at least expenditure was partially reimbursed by any Government or other Institutions. Tables 17 and 18 describe the state wise proportion of medical trip where at least some amount of expenditure is reimbursed. It is very much obvious from Tables 15 and 16 that extent of reimbursement of medical expenditure occurred during

Table 11. Percentage distribution of household medical trips by quintile class of per capita expenditure considering the households that made at least one medical trip sector: Rural.

State	Quintile class of household per capita expenditure					Total	Number of sample households that made at least one medical trip
	0-20	20-40	40-60	60-80	80-100		
Andhra Pradesh	11	10	13	17	49	100	305
Arunachal Pradesh	12	26	15	21	26	100	82
Assam	9	23	17	16	34	100	227
Bihar	5	6	11	28	50	100	292
Chhatisgarh	13	11	14	39	23	100	48
Delhi	0	0	2	43	55	100	6
Goa	27	0	0	11	62	100	5
Gujrat	18	10	14	11	47	100	99
Haryana	2	50	2	26	20	100	59
Himachal Prad	9	27	20	11	34	100	85
Jammu and Kash	24	15	14	27	20	100	52
Jharkhand	8	15	29	16	32	100	106
Karnataka	4	5	1	11	79	100	103
Kerala	10	22	16	24	28	100	319
Madhya Pradesh	6	13	17	19	46	100	163
Maharashtra	13	16	17	22	33	100	321
Manipur	21	21	8	23	26	100	172
Meghalaya	12	19	8	30	31	100	111
Mizoram	15	8	3	17	57	100	33
Nagaland	18	11	8	41	23	100	22
Orissa	16	18	13	20	33	100	240
Punjab	7	11	24	9	49	100	55
Rajasthan	5	16	19	14	46	100	163
Sikkim	7	7	8	11	68	100	63
Tamilnadu	7	9	14	4	66	100	143
Tripura	8	8	10	14	61	100	138
Uttaranchal	14	15	8	37	26	100	36
Uttar Pradesh	12	11	14	22	41	100	513
West Bengal	15	20	11	15	39	100	443
A&N Islands	1	7	50	6	37	100	18
Chandigarh	0	0	0	100	0	100	1
Dadra and Nagar Hav	0	87	13	0	0	100	2
Daman and Diu	0	29	37	17	16	100	12
Lakshadweep	0	0	0	27	73	100	13
Pondichery	52	0	45	0	3	100	6
all-India	10	13	16	20	41	100	4456

Table 12. Percentage distribution of household medical trips by quintile class of per capita expenditure considering the households that made at least one medical trip sector: Urban.

State	Quintile class of household per capita expenditure					Total	No. of sample households that made at least one medical trip
	0-20	20-40	40-60	60-80	80-100		
Andhra Pradesh	4	4	22	34	35	100	64
Arunachal Pradesh	8	9	19	17	47	100	29
Assam	15	35	11	23	17	100	48
Bihar	11	30	8	34	18	100	37
Chhatisgarh	6	52	8	9	24	100	25
Delhi	0	9	8	47	36	100	8

Table 12. Contd.

Goa	0	0	1	26	73	100	6
Gujrat	1	10	5	58	26	100	32
Haryana	1	3	53	31	12	100	31
Himachal Prad	54	19	5	6	16	100	11
Jammu and Kash	0	0	0	46	54	100	13
Jharkhand	11	18	32	13	25	100	28
Karnataka	3	17	16	14	51	100	42
Kerala	32	10	7	11	41	100	69
Madhya Pradesh	30	9	15	23	23	100	75
Maharashtra	14	12	36	22	16	100	87
Manipur	5	9	28	19	39	100	88
Meghalaya	2	4	12	8	75	100	28
Mizoram	0	5	5	20	70	100	20
Nagaland	0	37	19	23	20	100	6
Orissa	11	10	14	14	50	100	34
Punjab	37	4	4	39	16	100	24
Rajasthan	5	21	12	32	30	100	38
Sikkim	0	3	0	38	59	100	13
Tamilnadu	6	7	11	24	52	100	81
Tripura	18	3	13	18	47	100	38
Uttaranchal	12	0	80	0	8	100	6
Uttar Pradesh	19	18	22	18	24	100	117
West Bengal	14	20	15	20	31	100	146
A&N Islands	0	7	0	0	93	100	7
Chandigarh	0	16	0	31	54	100	3
Dadra and Nagar Hav	21	16	0	63	0	100	4
Daman and Diu	30	10	10	0	50	100	8
Lakshadweep	4	7	0	36	53	100	30
Pondichery	8	0	5	0	88	100	9
all-India	15	15	17	22	31	100	1305

Table 13. Per 1000 distribution of overnight medical trips by main destination separately for each state/UT of origin: Rural.

State/UT	Main destination			Total	Sample no. of overnight trip
	Within the district	Outside the district but within the state	Outside state		
Andhra Pradesh	673	260	67	1000	328
Arunachal Pradesh	546	109	310	1000	84
Assam	578	387	34	1000	235
Bihar	663	245	89	1000	303
Chhattisgarh	608	349	43	1000	51
Delhi	0	530	470	1000	6
Goa	787	0	213	1000	5
Gujarat	715	253	31	1000	104
Haryana	376	451	173	1000	72
Himachal Pradesh	620	165	215	1000	99
Jammu and Kashmir	548	328	124	1000	58
Jharkhand	430	415	155	1000	108
Karnataka	468	269	263	1000	117
Kerala	691	256	53	1000	366

Table 13. Contd.

Madhya Pradesh	499	343	153	1000	176
Maharashtra	780	215	5	1000	348
Manipur	256	618	127	1000	175
Meghalaya	584	355	43	1000	113
Mizoram	622	375	3	1000	33
Nagaland	666	256	78	1000	23
Orissa	769	207	23	1000	249
Punjab	454	304	241	1000	64
Rajasthan	674	240	86	1000	182
Sikkim	321	343	336	1000	66
Tamil Nadu	391	580	29	1000	152
Tripura	853	71	65	1000	143
Uttarakhand	640	284	76	1000	36
Uttar Pradesh	484	457	59	1000	552
West Bengal	704	244	53	1000	463
A&N Islands	595	197	209	1000	19
Chandigarh	0	0	1000	1000	1
Dadra and Nagar Hav	1000	0	0	1000	2
Daman and Diu	0	0	1000	1000	12
Lakshadweep	0	0	1000	1000	13
Puducherry	537	0	463	1000	6
All India	628	296	75	1000	4764

Table 14. Per 1000 distribution of overnight medical trips by main destination separately for each state/UT of origin and no per 1000 of medical trip of destination states: Urban.

State/UT	Main destination			Total	Sample no of overnight trip
	Within the district	Outside the district but within the state	Outside state		
Andhra Pradesh	343	585	72	1000	68
Arunachal Pradesh	53	189	758	1000	30
Assam	207	717	76	1000	48
Bihar	462	409	123	1000	38
Chhattisgarh	456	417	119	1000	30
Delhi	97	394	509	1000	8
Goa	871	0	129	1000	6
Gujarat	69	917	13	1000	33
Haryana	316	81	603	1000	33
Himachal Pradesh	367	151	483	1000	13
Jammu and Kashmir	349	169	483	1000	14
Jharkhand	285	430	285	1000	28
Karnataka	156	579	265	1000	43
Kerala	620	291	89	1000	81
Madhya Pradesh	85	822	83	1000	90
Maharashtra	468	458	74	1000	93
Manipur	424	457	93	1000	90
Meghalaya	151	122	692	1000	30
Mizoram	199	370	431	1000	20
Nagaland	0	737	232	1000	6
Orissa	406	469	124	1000	37
Punjab	174	445	381	1000	25

Table 14. Contd.

Rajasthan	168	726	107	1000	40
Sikkim	28	39	933	1000	15
Tamil Nadu	259	652	89	1000	83
Tripura	173	395	335	1000	38
Uttarakhand	117	0	883	1000	6
Uttar Pradesh	158	658	184	1000	123
West Bengal	380	474	146	1000	158
A&N Islands	0	150	850	1000	7
Chandigarh	0	0	1000	1000	4
Dadra and Nagar Hav	368	316	316	1000	4
Daman and Diu	0	0	1000	1000	8
Lakshadweep	13	0	987	1000	30
Puducherry	33	26	941	1000	9
All India	281	565	152	1000	1389

Table 15. State wise proportion of medical trip where at least some amount of expenditure is reimbursed: Rural.

State/UT	Average expenditure per medical trip	Proportion of medical trip where at least some amount of expenditure is reimbursed	Sample no. of overnight trip
Andhra Pradesh	3232.45	2.51	328
Arunachal Pradesh	4251.79	7.56	84
Assam	1267.5	8.36	235
Bihar	1381.01	1.34	303
Chhattisgarh	2307.52	20.1	51
Delhi	662.38	0	6
Goa	10972.5	21.26	5
Gujarat	14132.93	3.21	104
Haryana	5335.51	4.59	72
Himachal Pradesh	4214.39	6.17	99
Jammu and Kashmir	3443.41	2.25	58
Jharkhand	2666.93	0.21	108
Karnataka	4439.54	0	117
Kerala	5798.36	2.15	366
Madhya Pradesh	1368.79	0	176
Maharashtra	3157.98	1.63	348
Manipur	4546.61	8.73	175
Meghalaya	1374.43	4.79	113
Mizoram	3820.08	32.14	33
Nagaland	1858.58	4.43	23
Orissa	2416.96	4.5	249
Punjab	6009.41	1.85	64
Rajasthan	4972.61	2.79	182
Sikkim	3315.69	2.54	66
Tamil Nadu	4434.12	1.35	152
Tripura	2108.84	0.3	143
Uttarakhand	3801.44	0	36
Uttar Pradesh	2572.78	1	552
West Bengal	2598.95	2.94	463
A&N Islands	13676.91	1.21	19
Chandigarh	132	0	1

Table 15. Contd.

Dadra and Nagar Haveli	522.85	0	2
Daman and Diu	5351.73	0	12
Lakshadweep	11899.55	0	13
Puducherry	1350.76	0	6
All India	3416.06	2.45	4764

Table 16. State-wise proportion of medical trip where at least some amount of expenditure is reimbursed: Urban.

State/UT	Average expenditure per medical trip	Proportion of medical trip where at least some amount of expenditure is reimbursed	Sample no of overnight trip
Andhra Pradesh	14897.11	21.8	68
Arunachal Pradesh	9497.79	21.11	30
Assam	3488.36	10.72	48
Bihar	3728.1	0	38
Chhattisgarh	1286.49	0.88	30
Delhi	28932.3	9.67	8
Goa	4884.49	0	6
Gujarat	5633.5	0	33
Haryana	1339.86	12.04	33
Himachal Pradesh	3745.23	5.38	13
Jammu and Kashmir	4577.67	0	14
Jharkhand	4617.76	2.35	28
Karnataka	4424.64	1.9	43
Kerala	6152.64	1.67	81
Madhya Pradesh	3765.15	0.23	90
Maharashtra	5173.75	1.17	93
Manipur	5917.03	6.7	90
Meghalaya	7004.79	30.45	30
Mizoram	8696.8	56.91	20
Nagaland	2705.3	19.37	6
Orissa	4719.69	17.19	37
Punjab	5741.13	0	25
Rajasthan	6944.33	3.73	40
Sikkim	7638.04	0	15
Tamil Nadu	17414.29	4.48	83
Tripura	4119.14	5.79	38
Uttarakhand	3335.11	0	6
Uttar Pradesh	2688.22	0.66	123
West Bengal	7351.49	2.9	158
A and N Islands	26116.59	28.33	7
Chandigarh	2016.41	0	4
Dadra and Nagar Haveli	523.05	0	4
Daman and Diu	7622.73	0	8
Lakshadweep	18664.7	0	30
Puducherry	1256.33	0	9
All India	6955.59	4.56	1389

those overnight medical trips is very low. At the all India level in rural areas only 2.45% Trips expenditure was

partially reimbursed and for urban areas it is slightly higher of 4.56%. This explains the extent of under

coverage of health insurance in India.

Conclusion

The availability of poor health infrastructure was the most important reason for moving out to get medical treatment. From the afore-mentioned study it was found that Indian household on medical trip was spending a substantial amount of money. But very few households were covered by medical insurance or by any social security benefits. Hence there is an urgent need for availability of such medical insurance and social security benefits to the vast member of the Indian population. Also it was found that significant of medical trip were outside the state boundaries. The study showed that in rural area only 7.5% of domestic medical trips were meant for outside states and 15% of domestic medical trips were meant for outside States in urban area. So extent of movement of medical Trip outside States was much more in urban area than the rural area.

Limitations

In the NSS Tourism survey purposes of the trip were ascertained but evaluation of trip with regard various

facilities had not been collected. The experience of medical tourist with regard to the place of visit is an important indicator of relative merit of different domestic medical tourism destination point. This also helps concern government as well as private entrepreneurs to upgrade facilities and take necessary action to attract more people. As it was very difficult for an individual to conduct such large scale survey over whole of India the other confounding factors like medical service, transport, accommodation and food could not be studied. Hence planner of National Sample Survey office may consider that the perception of the tour member with regard to the trip and its related facilities may be collected in future such surveys.

REFERENCES

- Bryan HF, Twining-Ward L (2003). Reconceptualizing Tourism. Elsevier Ltd., Great Britain. *Ann. Tourism Res.* 31(2):274-295.
- Healthcare in India, January 2009. Boston Analytics.
- Rupa C (2011). India-EU relations in health services: prospects and challenges. *Globalization and Health* 7:1.
- National Sample Survey, NSS (2010). Domestic Tourism in India pp.2008-2009.
- NCEAR (2003). Report of the Domestic Tourism Survey; 2002 to 2003.

ANNEXURE 1

Government of India, National Sample Survey Organisation. Socio-economic Survey; Central State (Urban and Rural Households). Sixty fifth round: July 2008 to June 2009

Table 1. Schedule 0.0: List of households (*Tick mark (✓) may be put in the appropriate place).

[0] Descriptive identification of sample FSU					
1.	State/ u.t.:			4. Village name:	
2.	District:			5. Ward/ investigator unit:	
3.	Tehsil/ Town*:			6. Block:	

[1] identification of sample FSU									
Item no.	Item	Code			Item no.	Item	Code		
1.	Serial number of sample FSU				12.	FOD sub-region			
					13.	Frame code			
2.	Round number	6		5	14.	Frame population			
3.	Schedule number	0		0	15.	Approx. present population			
4.	Sample (Central-1, State-2)				16.	Total number of hg's/ sb's formed (D)			
5.	Sector (Rural-1, Urban-2)				17.	Survey code			
6.	NSS region				18.	Reason code for substitution of original sample (for codes 4 – 7 in item 17)			
7.	District								
8.	Stratum								
9.	Sub-stratum (Urban)								
10.	Sub-round				19.	Number of slums in the FSU (urban)			
11.	Sub-sample								

CODES FOR BLOCK 1:

Item 13 (Frame code): 2001 Census: Rural.

Urban: 1982-87 UFS – 06, 1987-92 UFS – 07, 1992-97 UFS – 09, 1997-2002 UFS – 11, 2002-07 UFS – 14, 2001 census – 13 (for non-UFS towns).

Item 17 (Survey code): Selected FSU surveyed: inhabited – 1, uninhabited – 2, zero case – 3: Selected FSU casualty but substitute FSU surveyed: inhabited – 4, uninhabited – 5, zero case – 6: Selected FSU casualty and no substitute surveyed – 7

Item 18 (Reason for substitution of original sample code): Sample FSU: not identifiable/traceable – 1; not accessible – 2; restricted area (not permitted to survey) – 3; others (specify) – 9.

[2] particulars of field operations											
S/No.	Item	Investigator/ Senior investigator			Superintendent/ Senior superintendent			Other supervisory officer			
1.	(i) Name (block letters)										
	(ii) Code										
2.	Date(s)	DD	MM	YY	DD	MM	YY	DD	MM	YY	
	(i) Survey/ inspection										
	(ii) Receipt										
	(iii) Scrutiny										
	(iv) Dispatch										
3.	Number of additional sheet(s) attached										
4.	Total time taken to canvass the schedule (in hours)										
5.	Whether the schedule contains remarks? (yes – 1, no – 2)	In Block 9			In Block 10/ 11			Elsewhere in the schedule			
6.	Signature										

[3] Sketch map of hamlet-group (hg) / sub-block (sb) formation

Table 1. Contd.

[4.1] List of hamlets (only for rural samples with hamlet group [hg] formation)			[4.2] List and selection of hamlet-groups (hg's)/ sub-blocks (sb's)				
S/No.	Name of hamlet	% of population	Serial no. of hg/ sb	Serial no. of hamlets in the hg (rural only)	% of population in the hg/ sb	Sampling serial number of the hg/ sb*	Sample hg/ sb number#
Total		100	Total		100		

* '0' for hg/ sb having maximum percentage share of population
'1' for hg/sb with '0'.

[5] List of households and record of selection for households (hg/ sb 1/ 2)																								
House number	Household serial number	Name of head of household	Household size	Structure type code (rural)	urban			Did any household member perform any trip* during last 30 days (yes: involving at least one overnight trip by any member –1, involving no overnight trip but at least one same day trip – 2; no – 3)	Schedule 1.1					Schedule 1.2										
					Average monthly total consumer expenditure for the entire household (Rs)	MPCE (Rs. in whole number) (col. 6 + col. 4)	MPCE code		SSS					SSS										
									Sampling serial number			Sample household number		Sampling serial number			Sample household number							
									For code 1 in col. 9		For code 2 in col. 9		For code 3 in col. 9	Sample household number		Sampling serial number		Sample household number						
									Code 1 in col. 5 (R) / 8 (U)	Code 2 or 3 in col. 5 (R) / 8 (U)	Code 1 in col. 5 (R) / 8 (U)	Code 2 or 3 in col. 5 (R) / 8 (U)		Code 1 in col. 5 (R) or in col. 8 (U)	Code 2 in col. 5 (R) or in col. 8 (U)	Code 3 in col. 5 (R) or in col. 8 (U)								
1	2	3	4	5	1	2	3	4	5	1	2	3	1	2	3									
H=	H=	H=	H=	H=	h=	h=	h=	h=	h=	H=	H=	H=	h=	h=	h=									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
Page total																								

* Trips could be performed for any purpose other than: (i) taking up employment, (ii) setting up of residence and (iii) migration.

CODES FOR BLOCK 5

Column (5): **structure type code** (only for rural samples): pucca – 1, semi pucca – 2, others – 3

Column (8): **MPCE code**: MPCE ≥ B – 1, A < MPCE < B – 2, MPCE ≤ A – 3 (values of A and B for each NSS region, are worked out such that top 30% of the population will have MPCE ≥ B and bottom 30% of the population will have MPCE ≤ A)

Table 1. Contd.

[6] Particulars of sampling households											
Schedule	hg/sb number*	Population	2nd stage stratum (SSS)	Number of households listed (H)	Number of households				Casualty [Col. 6 - Col. 9]	Number of households replaced	
					Selected (h)	surveyed		Total [Col.7 + Col. 8]			
						Originally selected	Substituted				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
21.1	1		1								
			2								
			3								
			4								
			5								
		All									
	2			1							
				2							
				3							
				4							
5											
	All										
1.2	1		1								
			2								
			3								
			All								
	2			1							
				2							
				3							
				All							

Table 1. Contd.

[7] Distance of the village to the nearest facility and availability of some amenities in the village (For inhabited villages only)						
S/n. (1)	Item (2)	Distance Code (3)		S/n. (1)	Item (2)	Distance code (3)
Distance to the nearest facility (code): for items 1 – 35						
1.	Town			18.	Medicine shop	
2.	Gram panchayat headquarters			19.	Community centre	
3.	Block/ mandal headquarters			20.	Post office	
4.	District headquarters			21.	library	
5.	Railway station			22.	Park/ play ground	
6.	Bus stop			23.	Police station/ police outpost	
7.	Boat jetty			24.	Wholesale market	
8.	Metalled road			25.	Cooperative credit society	
9.	All-weather road			26.	Commercial bank	
10.	School having primary level classes			27.	Land development bank	
11.	School having secondary level classes			28.	Marketing society	
12.	Higher secondary school/ junior college			29.	Pco	
13.	College			30.	Video parlour/ cinema hall	
14.	Health sub-centre/ dispensary			31.	Veterinary hospital/ dispensary	
15.	Primary health centre			32.	Fertilizer/ pesticide shop	
16.	Community health centre/ government hospital			33.	Fair price shop	
17.	Private clinic/ doctor			34.	Cold storage	
				35.	Industrial training institute	
Availability of amenities in the village (code): For items 36 – 39						
36.	Major source of drinking water (code)			38.	Type of drainage arrangement (code)	
37.	Approach road / lane / constructed path remain waterlogged in monsoon (yes – 1, no – 2)			39.	Electricity connection (code)	
				40.	Informant code	
CODES FOR BLOCK 7						
Items 1 to 35 (Distance code (d)): <i>Within village</i> – 1 (not applicable for S/n.1); <i>outside village</i> (in kilometers): $d < 2$ – 2, $2 \leq d < 5$ – 3, $5 \leq d < 10$ – 4, $10 \leq d < 20$ – 5, $d \geq 20$ – 6.						
Items 36: (Major source of drinking water): Bottled water – 01, tap – 02, tube well / hand pump – 03, well: protected – 04, unprotected – 05; tank / pond (reserved for drinking) – 06, other tank / pond – 07, river / canal / lake – 08, spring– 10, harvested rainwater – 11, others – 19						
Item 38 (Type of drainage arrangement): Underground – 1, covered pucca – 2, open pucca – 3, open katcha – 4, no drainage – 5						
Item 39 (Electricity connection): Yes (percentage of households connected); $P < 10\%$ – 1, $10\% \leq P < 25\%$ – 2, $25\% \leq P < 50\%$ – 3, $50\% \leq P < 75\%$ – 4, $P \geq 75\%$ – 5; no – 6,						
Item 40 (Informant code): Sarpanch (male) – 1, sarpanch (female) – 2, other panchayat member – 3, patwari/ gram sevak – 4, teacher – 5, health personnel – 6, others – 9						

Table 1. Contd.

[8] Particulars relating to public works programme in the village (for inhabited villages only)		
S/n. (1)	Item (2)	Code/ number (3)
1.	Whether any public works taken up in the village during last 12 months? (yes – 1, no – 2) if '2', go to item 9	
2.	Number of public works taken up in last 12 months	
Information about most recent public works programme:		
3.	Type of programme (code)	
4.	Type of public works (code)	
5.	Wage rate for public works (Rs.)	
6.	Prevailing casual agricultural wage rate at that time (Rs.)	
7.	Who made the choice of the public works (Gram panchayat – 1, Zila parishad – 2, State govt. – 3, Don't know – 4)	
8.	Was there enough work on public works to satisfy demand? (Yes – 1, No – 2, Don't know – 3)	
9.	Informant code	

CODES FOR BLOCK 8

Item 3 (Type of programme): National Rural Employment Guarantee Programme (NREGP) – 1, Sampoorna Grameen Rozgar Yojana (SGRY) – 2, National Food for Work Programme (NFFWP) – 3, Any other wage employment programme for 'poverty alleviation' or as 'relief measure' – 4

Item 4 (Type of public works): Irrigation canal/ water conservation/ water harvesting/ drought proofing/ flood control/ embankment etc. – 1, land leveling, development of orchard etc. – 2, road construction, laying pipes and cables – 3, building construction/ repair – 4, sanitation, running creche etc. – 5, any other work – 9

Item 9 (Informant code): Sarpanch (male) – 1, sarpanch (female) – 2, other panchayat member – 3, patwari/ gram sevak – 4, others – 9

Table 2. Contd.

[3] Household characteristics										
1.	Household size				11.1	Whether any member of the household is aware of the "Incredible India" campaign by the Govt. of India? (yes-1, no-2)				
2.	Principal industry (NIC – 2004)	Description				If 'yes' in item 11.1,	11.2	Where has/have the member(s) seen /heard the campaign? (code)		
		Code (5-digit)								
3.	Principal occupation (NCO-2004)	Description				12.1	11.3	What was the impact of seeing/ hearing the campaign? (code)		
		Code (3-digit)								
4.	Household type (code)				If 'yes' in item 12.1,	12.2	Where has/have the member(s) seen /heard the campaign? (code)			
5.	Religion (code)					12.3	What was the impact of seeing/ hearing the campaign? (code)			
6.	Social group (code)				Household consumption expenditure (Rs.) during last 30 days out of:					
7.1	Number of overnight trips undertaken by the household during last 30 days									
7.2	Number of overnight trips undertaken by the household during last 365 days				13.	Purchase				
8.1	Number of same-day trips undertaken by the household during last 30 days				14.	Home produced stock				
8.2	Number of same-day trips undertaken by the household during last 365 days				15.	Receipts in exchange of goods and services				
9.1	Whether any NRI visited the household during last 365 days? (yes-1, no -2)				16.	Gifts and loans				
9.2	What was the impact of the NRI visit in influencing the household to undertake trips? (code)				17.	Free collection				
10.	Whether some portion of the house was rented out to the tourists for at least one night during the last 365 days? (yes-1, no-2, cannot say-3)				18.	Total (items 13 to 17)				

CODES FOR BLOCK 3

Item 4 (Household type): for rural areas: self-employed in non-agriculture-1, agricultural labour-2, other labour-3, self-employed in agriculture-4, others-9 for urban areas: self-employed-1, regular wage/salary earning-2, casual labour-3, others-9

Item 5 (Religion): Hinduism-1, Islam-2, Christianity –3, Sikhism-4, Jainism-5, Buddhism-6, Zoroastrianism-7, others-9

Item 6 (Social group): scheduled tribe-1, scheduled caste-2, other backward class-3, others-9

Item 11.2/12.2 (where have the member[s] seen /heard the campaign? code): newspaper/magazine-1, radio-2, TV-3, internet-4, billboard/hoarding-5, more than one of these-6, others-9

Item 9.2/11.3/12.3 (Impact code): Resulted into one or more trips-1, planning to make a trip in near future –2, willing to make trip but could not make it due to other constraints (like time, money etc) – 3, no impact – 4, cannot say-5

Table 2. Contd.

[4] demographic and other particulars for all household members													
S/n.	Name of household member	Relation to head (code)	Sex (male-1, female-2)	Age (years)	Marital status (code)	Educational level (code)	Usual principal activity status (code)	For employed members (code 11-51, col. 8)		Number of overnight trips completed by the member during		Number of same-day trips completed by the member during	
								NIC-2004 (Code; (2-digit)	NCO-2004 (Code; (1-digit)	Last 365 days	Last 30 days	Last 365 days	Last 30 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

CODES FOR BLOCK 4

Col (3): Self-1, spouse of head-2, married child-3, spouse of married child-4, unmarried child-5, grandchild-6, father/mother/father-in-law/mother-in-law-7, brother/sister/brother-in-law/sister-in-law/other relatives-8, servants/employees/other non-relatives-9

Col (4): Male-1, female-2

Col (6): Never married – 1, currently married – 2, widowed – 3, divorced/separated – 4

Col (7): Not literate -01, literate without any schooling: 02, literate without formal schooling: through NFEC/AIEP -03, literate though TLC/ AEC -04, others -05; literate with formal schooling including EGS: below primary -06, primary -07, upper primary/middle -08, secondary -10, higher /senior secondary -11, diploma/certificate course -12, graduate -13, postgraduate and above -14

Col (8): Worked in h.h. enterprise (self-employed): own account worker-11; Worked in h.h. enterprise (self-employed): employer-12;

Worked as helper in h.h. enterprise (unpaid family worker) -21; Worked as regular salaried/ wage employee – 31; Worked as casual wage labour: in public works -41,

Worked as casual wage labour: in other types of work -51; Did not work but was seeking and/or available for work -81; Attended educational institution, attended educational institution-91,

Attended domestic duties only – 92; Attended domestic duties and was also engaged in free collection of goods (vegetables, roots, firewood, cattle feed, etc.), sewing, tailoring, weaving, etc. for household use -93; Rentiers, pensioners, remittance recipients, etc – 94; Not able to work due to disability – 95; Others (including begging, prostitution, etc.) -97.

Table 2. Contd.

[5.1] Particulars of overnight trips completed by household members during last 30 days																
S/n. of trip #	No. of hh members in the trip	S/n. of hh member who was in that trip (as in col. 1, block 4)	Age (as in col. 5, block 4)	Purpose of the trip for the member (code)	Type of trip (code)	Mode of travel (code)		Type of stay (code)		No. of nights spent outside usual place of residence (including journey)	Leading purpose* for all the members performing the trip (code)	Starting month (code)	Ending month (code)	Main destination (code)	If code '3' in col. 15 then state code	No. of places visited during the trip
						Major (max. distance traveled)	Minor (2 nd max. distance traveled)	Major (max. no. of nights spent)	Minor (2 nd max. no. of nights spent)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)

CODES FOR BLOCK 5.1

Col 5/12 (Purpose of trip for the member/ leading purpose for all the members performing the trip): Business -1, holidaying, leisure and recreation-2, social (including visiting friends and relatives, attending marriages, etc.)-3, pilgrimage & religious activities -4, education & training -5, health & medical -6, shopping-7, others- 9

Col 6 (Type of trip): Package-1, non-package- 2

Col 7/8 (Mode of travel): On foot-01, bus-02, train (railways)-03, ship/boat-04, air-05, own transport: bicycle-06, two-wheeler-07, rickshaw-08, auto rickshaw-10, car/jeep-11, tractor/truck-12, animal driven transport-13; transport equipment rental(hired transport): bicycle-14, two-wheeler-15, rickshaw-16, auto rickshaw-17, car/jeep-18, tractor/truck-20, animal driven transport-21; others -29

Col 9/10 (Type of stay): Hotel-1, private guest house-2, Govt. guest house -3, dharamshala-4, rented house-5, friends & relatives-6, others including carriages / coaches -9

Col 13/14 (Starting/ending month): January-01, February-02, March-03, April-04, May-05, June-06, July-07, August-08, September-09, October-10, November-11, December-12

Col 15 (Main destination): Destination within the district - 1, destination outside the district but within the state-2, destination outside the state but within the country-3

Col 16 (State code): Andhra Pradesh28, Gujarat24, Madhya Pradesh23, Punjab03, West Bengal19, Arunachal Pradesh12, Haryana06, Maharashtra27, Rajasthan....08, A & N Islands35, Assam18, Himachal Pradesh02, Manipur14, Sikkim11, Chandigarh04, Bihar10, Jammu & Kashmir01, Meghalaya....17, Tamil Nadu....33, Dadra & Nagar Haveli....26, Chhattisga22, Jharkhand20, Mizoram15, Tripura16, Daman & Diu25, Delhi07, Karnataka29, Nagaland....13, Uttaranchal05, Lakshadweep....31, Goa30, Kerala32, Orissa21, Uttar Pradesh09, Pondicherry....34.

#Ordering the trips commencing from the latest completed trip.

*Leading purpose of trip as a whole is that purpose without which none of the members in that trip would have undertaken the trip.

Table 2. Contd.

[5.2] Particulars of same-day trips completed by household members during last 30 days													
S/n. of trip #	No. of hh members in the trip	S/n. of hh member who was in that trip (as in col. 1, block 4)	Age (as in col. 5, block 4)	Purpose of the trip for the member (code)	Type of trip (code)	Mode of travel (code)		Type of stay (code)	Leading purpose* for all the members performing the trip (code)	Month of visit (code)	Main destination (code)	If code '3' in col. 12 then state code	No. of places visited during the trip
						Major (max. distance traveled)	Minor (2 nd max. distance traveled)						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

CODES FOR BLOCK 5.2

Col 5/10 (Purpose of trip for the member/ leading purpose for all the members performing the trip): Business –1, holidaying, leisure and recreation-2, social (including visiting friends and relatives, attending marriages, etc.)-3, pilgrimage & religious activities -4, education & training –5, health & medical –6, shopping-7, others- 9

Col 6 (Type of trip): Package-1, non-package-2

Col 7/8 (Mode of travel): On foot-01, bus-02, train-03, ship/boat-04, air-05, own transport: bicycle-06, two-wheeler-07, rickshaw-08, auto rickshaw-10, car/jeep-11, tractor/truck-12, animal driven transport-13; transport equipment rental (hired transport): bicycle-14, two-wheeler-15, rickshaw-16, auto rickshaw-17, car/jeep-18, tractor/truck-20, animal driven transport-21; others -29

Col 9 (Type of stay): Hotel-1, private guest house-2, Govt. guest house -3, dharamshala-4, rented house-5, friends & relatives-6, did not stay at all -7, others including carriages / coaches -9

Col 11 (Month of visit): January-01, February-02, March-03, April-04, May-05, June-06, July-07, August-08, September-09, October-10, November-11, December-12

Col 12 (Main destination): Destination within the district-1, destination outside the district but within the state-2, destination outside the state but within the country-3

Col 13 (State code): Andhra Pradesh28, Gujarat24, Madhya Pradesh23, Punjab03, West Bengal19, Arunachal Pradesh12, Haryana06, Maharashtra27, Rajasthan....08, A & N Islands35, Assam18, Himachal Pradesh02, Manipur14, Sikkim11, Chandigarh04, Bihar10, Jammu & Kashmir01, Meghalaya....17, Tamil Nadu....33 Dadra & Nagar Haveli....26 Chhattisga22 Jharkhand20 Mizoram15, Tripura16, Daman & Diu25, Delhi07, Karnataka29, Nagaland....13, Uttaranchal05, Lakshadweep....31, Goa30, Kerala32, Orissa21, Uttar Pradesh09, Pondicherry....34.

#Ordering the trips commencing from the latest completed trip.

*Leading purpose of trip as a whole is that purpose without which none of the members in that trip would have undertaken the trip.

Table 2. Contd.

[6.1] Particulars of expenditure* (in Rs.) for latest 3 trips in last 30 days covered in block 5.1				
Trips				
		(1)	(2)	(3)
1.	Trip serial no. [as in col.1,block 5.1]			
2.	Type of trip [as in col.6, block 5.1]			
3.	Package component (in Rs.)			
Non-package component (in Rs.)				
4. Accommodation				
4.1	Hotel			
4.2	Private guest house			
4.3	Govt. guest house			
4.4	Dharamshala			
4.5	Rented house			
4.6	Friends and relatives			
4.9	Others			
4.0	Sub-total (4.1 to 4.9)			
5. Food and drink				
5.1	In the accommodation unit			
	Outside accommodation unit and during journey and transit			
5.0	Sub-total (5.1 to 5.2)			
6. Transport				
6.1	Railways			
6.2	Road (excluding transport equipment rental)			
6.3	Water			
6.4	Air			
6.5	Transport equipment rental			
6.6	Travel agency services/tour operators			
6.9	Others and supporting services			
6.0	Sub-total (6.1 to 6.9)			
7. Shopping				
7.01	Clothing and garments			
7.02	Processed food			
7.03	Tobacco products			
7.04	Alcohol			
7.05	Travel related consumer goods			
7.06	Footwear			
7.07	Toiletries			
7.08	Gems and jewellery			
7.11	Books, journals, magazines, stationery, etc.			
7.19	Others			
7.00	Sub-total (7.01 to 7.19)			

Table 2. Contd.

8. Recreation, religious, cultural, sporting and health-related activities					
8.1	Cinema, theatre, amusements, etc.				
8.2	Entry fee to and other expenses at religious sites				
8.3	Entry fee to and other expenses at cultural sites				
8.4	Sporting activities				
8.5	Medical and health related activities	8.5.1	Medicine		
		8.5.2	Medical accessories		
		8.5.3	Other health related services		
		8.5.0	Sub-total [8.5.1 to 8.5.3]		
8.0	Sub-total [8.1 + 8.2 + 8.3 + 8.4 + 8.5.0]				
9.	Others				
10.	Sub-total [4.0 +5.0+ 6.0+7.00+8.0+9]				
11.	Total [3 +10]				
12.	Whether any reimbursement/direct payment made by any institution? (code)				
If code '1' in item 12, amount (Rs.) paid/ reimbursed by	Source	13.	Government		
		14.	Other agencies		

CODES FOR BLOCK 6.1

Item 12: whether any reimbursement/direct payment made by any institution? (code): yes and amount known -1, yes and amount not known -2, no -3

*Notes:

(i) All expenditure paid or payable by the selected household in connection with the trip except those to be used / intended to be used for productive purposes/enterprises are to be included in this block.

(ii) If the expenditure or break-up of the expenditure cannot be reported for any trip, detailed remarks and comments should be recorded in Blocks 7, 8 and 9 respectively.

Table 2. Contd.

[6.2] Particulars of expenditure* (in Rs.) for latest 3 trips in last 30 days covered in block 5.2				
Trips		(1)	(2)	(3)
1.	Trip serial no. [as in col.1,block 5.1]			
2.	Type of trip [as in col.6, block 5.1]			
3.	Package component (in Rs.)			
Non-package component (in Rs.)				
4. Accommodation				
4.1	Hotel			
4.2	Private guest house			
4.3	Govt. guest house			
4.4	Dharamshala			
4.5	Rented house			
4.6	Friends and relatives			
4.9	Others			
4.0	Sub-total (4.1 to 4.9)			
5. Food and drink				
5.1	In the accommodation unit			
	Outside accommodation unit and during journey and transit			
5.0	Sub-total (5.1 to 5.2)			
6. Transport				
6.1	Railways			
6.2	Road (excluding transport equipment rental)			
6.3	Water			
6.4	Air			
6.5	Transport equipment rental			
6.6	Travel agency services/tour operators			
6.9	Others and supporting services			
6.0	Sub-total (6.1 to 6.9)			
7. Shopping				
7.01	Clothing and garments			
7.02	Processed food			
7.03	Tobacco products			
7.04	Alcohol			
7.05	Travel related consumer goods			
7.06	Footwear			
7.07	Toiletries			
7.08	Gems and jewellery			
7.11	Books, journals, magazines, stationery, etc.			
7.19	Others			
7.00	Sub-total (7.01 to 7.19)			

Table 2. Contd.

8. Recreation, religious, cultural, sporting and health-related activities				
8.1	Cinema, theatre, amusements, etc.			
8.2	Entry fee to and other expenses at religious sites			
8.3	Entry fee to and other expenses at cultural sites			
8.4	Sporting activities			
8.5	Medical and health related activities	8.5.1	Medicine	
		8.5.2	Medical accessories	
		8.5.3	Other health related services	
		8.5.0	Sub-total [8.5.1 to 8.5.3]	
8.0	Sub-total [8.1 + 8.2 + 8.3 + 8.4 + 8.5.0]			
9.	Others			
10.	Sub-total [4.0 +5.0+ 6.0+7.00+8.0+9]			
11.	Total [3 +10]			
12.	Whether any reimbursement/direct payment made by any institution? (code)			
If code '1' in item 12, amount (Rs.) paid/ reimbursed by	Source	13.	Government	
		14.	Other agencies	

CODES FOR BLOCK 6.2

Item 12: whether any reimbursement/direct payment made by any institution? (code): yes and amount known -1, yes and amount not known -2, no -3

*Notes:

(i) All expenditure paid or payable by the selected household in connection with the trip except those to be used / intended to be used for productive purposes/enterprises are to be included in this block.

(ii) If the expenditure or break-up of the expenditure cannot be reported for any trip, detailed remarks and comments should be recorded in Blocks 7, 8 and 9 respectively.

[7] remarks by investigator/senior investigator

[8] comments by superintendent / senior superintendent

[9] comments by other supervisory officer
