

**SURVEY ON REPRODUCTIVE HEALTH UNDER JICA DEVELOPMENT
STUDY ON REPRODUCTIVE HEALTH IN MADHYA PRADESH**

FACILITY MANAGEMENT

After initially meeting with the officer in charge of the facility to ask questions on pages 1-3, explain that you would like to be shown the facilities to gather the remaining information. Complete one survey form for each facility.

{FAC1A}	WHAT IS THE ESTIMATED POPULATION SERVED BY THIS FACILITY? See Population In The Office Documents	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
{FAC1B}	HOW MANY BEDS ARE THERE AT THIS FACILITY (INCLUDING MATERNITY BEDS) Enter number	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
{FAC1C}	HOW MANY MATERNITY BEDS ARE THERE AT THIS FACILITY (BEDS FOR USE BEFORE, DURING AND AFTER DELIVERY) Enter number	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
(FAC2A)	CAN YOU PROVIDE US WITH THE NUMBER OF ALL, TRAINED TRADITIONAL BIRTH ATTENDANTS (DAI) UNDER THE SUPERVISION OF THIS FACILITY.	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
<p>WHICH OF THE FOLLOWING COMPLICATIONS HAVE OCCURRED AND HAVE BEEN MANAGED AT THIS FACILITY WITHIN THE PAST SIX MONTHS?</p> <p><i>Ask about each service separately-Confirm With The Registers /Records</i></p>		<p>Circle either 'Yes' or 'No' for each item</p>							
{FAC3A}	SEVERE ANAEMIA	1 Yes	2 No						
{FAC3B}	ANTEPARTUM HAEMORRHAGE	1 Yes	2 No						
{FAC3C}	PRE-ECLAMPSIA	1 Yes	2 No						
{FAC3D}	ECLAMPSIA }	1 Yes	2 No						
{FAC3E}	POSTPARTUM HAEMORRHAGE	1 Yes	2 No						
{FAC3F}	ABORTION COMPLICATIONS	1 Yes	2 No						
{FAC3G}	RETAINED PLACENTA }	1 Yes	2 No						
{FAC3H}	OBSTRUCTED LABOUR }	1 Yes	2 No						
{FAC3J}	SEPSIS	1 Yes	2 No						
{FAC3K}	ECTOPIC PREGNANCY }	1 Yes	2 No						
{FAC3L}	RUPTURED UTERUS	1 Yes	2 No						
<p>WHICH OF THE FOLLOWING LABORATORY SERVICES HAVE BEEN PROVIDED AT THIS FACILITY WITHIN THE PAST WEEK?</p> <p><i>Ask about each service separately</i></p>		<p>Circle either 'Yes' or 'No' for each item</p>							

{FAC4A}	MALARIA TESTING	1 Yes	2 No
{FAC4B}	SYPHILIS TESTING	1 Yes	2 No
{FAC4C}	HAEMOGLOBIN MEASUREMENT	1 Yes	2 No
{FAC4D}	URINE TESTING - PROTEIN MEASUREMENT	1 Yes	2 No
Emergency services and referral			
{FAC5A}	ARE MATERNITY SERVICES AVAILABLE AT NIGHT AND AT WEEKENDS?	1 Yes	2 No
{FAC5B}	ARE SERVICES FOR CARE OF COMPLICATED DELIVERIES AVAILABLE DURING REGULAR WORKING HOURS?	1 Yes	2 No
{FAC5C}	ARE ON-CALL SERVICES FOR CARE OF COMPLICATED DELIVERIES AVAILABLE AT NIGHT AND AT WEEKENDS?	1 Yes	2 No
{FAC5D}	ARE ON-CALL SERVICES FOR CAESAREAN SECTION AVAILABLE AT NIGHT AND AT WEEKENDS?	1 Yes	2 No
{FAC5E}	ONCE YOU DECIDE TO REFER AN OBSTETRIC EMERGENCY CASE, ABOUT HOW LONG DOES IT TAKE FOR HER TO ARRIVE AT THE REFERRAL FACILITY AND RECEIVE CARE? Make an estimate counting time to find transport and travel	Minutes:	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC5F}	HOW FAR IS THE NEAREST REFERRAL FACILITY, IN KILOMETRES? Enter number of kilometres, one way Enter 0 for referral centre/hospital	In Kms.	<input type="text"/> <input type="text"/>
{FAC5G}	WHO, APART FROM THE DRIVER, USUALLY ACCOMPANIES AN EMERGENCY REFERRAL PATIENT TO THE HOSPITAL? Circle one response	0 Patient is not accompanied (driver only) 1 Nurse/Midwife 2 Other health personnel 3 Family member 4 Other - specify	
{FAC5H}	TO WHAT FACILITY DO YOU REFER THE PATIENT?	1 CHC/FRU 2 BL-PHC/FRU 3 District Hospital 4 Other specify	
{FAC5I}	WHAT TRANSPORT DOES SHE USUALLY USE TO GO THE REFERRAL CENTRE? Circle the 2 that apply	1 From the hospital 2 Own 3 Private, from others 4 Ambulance 5 Jeep 6 Motorcycle 7 Bicycle 8 Other	
Infrastructure and equipment			
WHICH OF THE FOLLOWING ITEMS ARE AVAILABLE AND IN SATISFACTORY CONDITION? Ask about each item separately. Code as unsatisfactory items which in your judgement are not functional, have missing parts, are unhygienic, or otherwise sub-standard. Be sure to look at each item.		Enter correct number below 0 = Not available 1 = Available but not satisfactory (dirty broken etc) 2 = Available and satisfactory 9 = Not applicable for this	

		facility
{FAC6A}	EXAMINATION ROOM OR AREA PROVIDING CLIENT PRIVACY (ROOM FOR SCREENING, COUNSELLING AND EXAMINATION)	
{FAC6B}	TABLE FOR GYNAECOLOGICAL EXAMINATIONS	
{FAC6C}	STORAGE AREA OR CUPBOARD FOR DRUGS AND OTHER SUPPLIES	
{FAC6D}	TOILET FACILITIES OR LATRINE WITH RUNNING WATER	
{FAC6E}	DELIVERY OR LABOUR ROOM WITH BED AND LIGHTING	
{FAC6F}	REFRIGERATOR	
{FAC6G}	WATER SUPPLY	
{FAC6H}	TELEPHONE OR RADIO TRANSMITTER	
<p>WHICH OF THE FOLLOWING ITEMS ARE AVAILABLE AND IN SATISFACTORY CONDITION?</p> <p>Ask about each item separately. Code as unsatisfactory items which in your judgement are not functional, have missing parts, are unhygienic, or otherwise sub-standard. Be sure to look at each item.</p>		<p>Enter correct number below</p> <p>0 = Not available 1 = Available but not satisfactory 2 = Available and satisfactory 9 = Not applicable for this facility</p>
Registers		
{FAC7A}	CLINICAL MANAGEMENT GUIDELINES/FLOW CHARTS FOR MATERNAL HEALTH CARE	
{FAC7B}	DELIVERY REGISTER OR LOG BOOK	
{FAC7C}	ANTENATAL CARE REGISTER OR LOG BOOK	
{FAC7D}	FAMILY PLANNING REGISTER OR LOG BOOK	
Basic equipment		
{FAC8A}	BLOOD PRESSURE APPARATUS (SPHYGMOMANOMETER)	
{FAC8B}	STETHOSCOPE	
{FAC8C}	INFANT WEIGHING SCALE	
{FAC8D}	FETAL STETHOSCOPE	
{FAC8E}	STERILIZER	
{FAC8F}	CLINICAL ORAL THERMOMETER	
{FAC8G}	MANUAL VACUUM ASPIRATOR (MVA)	
{FAC8H}	PROTECTIVE CLOTHING (SHOES, APRONS)	
{FAC8I}	SPECULUM	
{FAC8J}	VACUUM EXTRACTOR	
{FAC8K}	OBSTETRIC FORCEPS(FOR LOW FORCEPS-Extraction)	
Absolute minimum equipment for delivery		
{FAC9A}	SCISSORS	

{FAC9B}	SUTURE NEEDLES AND SUTURE MATERIAL		
{FAC9C}	NEEDLE HOLDER, LONG		
Absolute minimum for care of neonate			
{FAC9D}	CLOTH OR TOWEL TO DRY BABY		
{FAC9E}	BLANKET TO WRAP BABY		
{FAC9F}	BAG AND MASK FOR NEONATAL RESUSCITATION		
Educational materials...			
{FAC10G }	... ON WARNING SIGNS OF COMPLICATIONS IN PREGNANCY		
{FAC10H }	... ON POSTPARTUM OR NEWBORN CARE OR BREAST-FEEDING		
{FAC10I}	... ON FAMILY PLANNING		
{FAC10J}	... ON SEXUALLY TRANSMITTED DISEASES / HIV/AIDS		
{FAC10K }	...ON ANTENATAL NUTRITION OR ANAEMIA		
{FAC11A}	IS ALL EQUIPMENT THAT YOU REQUIRE FOR FAMILY PLANNING/CONTRACEPTION AVAILABLE? If equipment is not available or unsatisfactory, please specify below:	1 Yes	2 No
{FAC11B}	IS ALL EQUIPMENT THAT YOU REQUIRE FOR CAESAREAN SECTION AVAILABLE? If equipment is not available or unsatisfactory, please specify below:	1 Yes	2 No
Essential drugs and consumable supplies			
For essential drugs and consumable supplies, it is sufficient to look for and see that a particular item is available, regardless of condition or expiration date.		Enter correct number below 0 = Not seen at facility 1 = Seen at facility 9 = Not applicable for this facility	
{FAC12A}	GLOVES		
{FAC12B}	DISPOSABLE SYRINGES AND NEEDLES		
{FAC12C}	IV KIT		
{FAC12D }	BLANK "PARTOGRAPHS"		
{FAC12E}	BLANK ANTENATAL CLIENT CARDS OR MATERNAL RECORDS (AS APPROPRIATE)		
{FAC12F}	CORD TIES		
{FAC12G}	SYPHILIS TEST KITS		

}		
{FAC12H}	URINE DIP STICK / PROTEINURIA TEST SUPPLIES	
}		
Anaesthetics: general		
{FAC13A}	NITROUS OXIDE OR OTHER GENERAL ANAESTHETIC AGENT	
{FAC13B}	DIAZEPAM (INJECTION)	
{FAC13C}	KETAMINE (INJECTION)	
Anaesthetics: local		
{FAC14A}	LIDOCAINE 2% OR OTHER	
Analgesics		
{FAC15A}	PETHIDINE	
Anti-infective drugs: antibacterial (mother)		
{FAC16A}	AMPICILLIN (CAPSULES OR INJECTION)	
{FAC16B}	BENZATHINE BENZYL PENICILLIN OR PROCAINE BENZYL PENICILLIN (INJECTIONS)	
{FAC16C}	CEFTRIAZONE (INJECTION) OR CIPROFLOXACIN (CAPSULE)	
{FAC16D}	GENTAMICIN (INJECTION)	
}		
{FAC16E}	KANAMYCIN (INJECTION)	
{FAC16F}	SULFAMETHOXAZOLE+TRIMETHOPRIM (400 mg + 80 mg TABLETS)	
<p>For essential drugs and consumable supplies, it is sufficient to look for and see that a particular item is available, regardless of condition or expiration date.</p>		<p>Enter correct number below</p> <p>0 = Not seen at facility</p> <p>1 = Seen at facility</p> <p>9 = Not applicable for this facility</p>
Anti-infective drugs: antibacterial (neonate)		
{FAC17A}	TETRACYCLINE (OINTMENT) OR SILVER NITRATE (EYE DROPS)	
Anti-infective drugs: anti-malaria		
{FAC18A}	CHLOROQUINE (TABLETS)	
{FAC18B}	QUININE (INJECTION) OR CHLOROQUINE (INJECTION)	
Antianaemia drugs		
{FAC19A}	FERROUS SALT+FOLIC ACID (IN COMBINED FORM OR SEPARATELY)	
Antihypertensive drugs		
{FAC20A}	METHYLDOPA OR PROPRANOLOL OR ANY OTHER ANTIHYPERTENSIVE	
{FAC20B}	HYDRALAZINE (INJECTION)	
Anticonvulsive drugs		

{FAC21A}	MAGNESIUM SULFATE (INJECTION) OR DIAZEPAM (INJECTION)				
Contraceptives					
{FAC22A}	ORAL CONTRACEPTIVES (ANY TYPE)				
{FAC22B}	INJECTABLE CONTRACEPTIVES (ANY TYPE)				
{FAC22C}	CONDOMS				
{FAC22D}	IUCDS/IUDS(Copper T)				
Immunologicals: Vaccines					
{FAC23A}	TETANUS TOXOID (INJECTION) STORED IN REFRIGERATOR				
{FAC23B}	BCG VACCINE (INJECTION)				
Oxytocics					
{FAC24A}	ERGOMETRINE (INJECTION) OR OXYTOCIN (INJECTION)				
Disinfectants and antiseptics					
{FAC25A}	CHLORHEXIDINE OR SURGICAL SPIRIT OR ANY OTHER				
Intravenous solutions					
{FAC26A}	SALINE SOLUTION OR SODIUM LACTATE COMPOUND SOLUTION OR ANY OTHER				
Delivery registry and presentation of maternal complications					
Ask to see the delivery records or logbook. Tally information on the number of cases of various conditions from the delivery registry or other relevant records for the past 12 months. Space is provided under each condition for tallying the number of cases. After completion, enter numerical totals in the right hand column. Exclude cases in which the baby was born before arrival at the facility.					
	Use space below for tally	Enter number below			
{FAC27A}	TOTAL NUMBER OF BIRTHS (FOR PAST 12 MONTHS) (Count tally here e.g. IIII)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
{FAC27B}	INSTRUMENTAL DELIVERIES (VACUUM EXTRACTION OR FORCEPS)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
{FAC27C}	ABNORMAL VAGINAL DELIVERIES (BREECH, FACE, SHOULDER DELIVERIES)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
{FAC27D}	CAESAREAN SECTIONS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
{FAC27E}	MATERNAL DEATHS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
{FAC27F}	STILLBIRTHS (FRESH AND MACERATED)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

{FAC27G }	EARLY NEONATAL DEATHS	<input type="text"/> <input type="text"/>
{FAC27H }	REFERALLS	<input type="text"/> <input type="text"/> <input type="text"/>
Family planning register		
<p>Ask to see the family planning register or log book. Tally information on the number of users of various contraceptive methods for the past 3 months. For sterilisation, it might be necessary to look at the or sterilisation camp register operating theatre register. Space is provided under each family planning type for tallying the number of clients. After completion, enter numerical totals in the right-hand column.</p>		
	Use space below for tally	Enter number below
{FAC28A}	ORAL CONTRACEPTIVES/PILL <i>(Count tally here e.g. IIII)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC28B}	INJECTABLE (E.G. DEPOT-MEDROXYPROGESTERONE ACETATE/DEPO- PROVERA, NORETHISTERONE ENANTHATE/"NORESTAT")	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC28C}	CONDOMS	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC28D}	DIAPHRAGMS	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC28E}	IUCD OR IUD(CopperT)	<input type="text"/> <input type="text"/> <input type="text"/>
{FAC28F}	STERILIZATION: FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>

{FAC28G}	STERILIZATION: MALE	<input type="text"/> <input type="text"/> <input type="text"/>
((FAC28H)	COUNSELLING ONLY	<input type="text"/> <input type="text"/> <input type="text"/>
Antenatal Care Records		
Consult The Registers and Records for the Last 4 Months		TOTAL NUMBER
FAC29A	HOW MANY CLIENTS WERE THERE IN THE 4 MONTHS?	<input type="text"/> <input type="text"/> <input type="text"/>
FAC29B	HOW MANY CLIENTS WERE EXAMINED IN THE HEALTH FACILITY?	<input type="text"/> <input type="text"/> <input type="text"/>
FAC29C	HOW MANY CLIENTS WERE EXAMINED AT HOME?	<input type="text"/> <input type="text"/> <input type="text"/>
FAC29D	HOW MANY CLIENTS WERE EXAMINED IN THE ANGANWANI CENTRES?	<input type="text"/> <input type="text"/> <input type="text"/>
NOTE: Q 29B, 29C, 29D SHOULD ADD UP Q 29A		
FAC29E	HOW MANY CLIENTS COME FOR THE FIRST TIME DURING THE FIRST, SECOND AND THIRD TRIMESTERS?	First Trimester <input type="text"/> <input type="text"/> <input type="text"/> Second Trimester <input type="text"/> <input type="text"/> <input type="text"/> Third Trimester <input type="text"/> <input type="text"/> <input type="text"/>
FAC29F	WHAT IS THE INFORMATION THAT IS REGISTERED REGARDING THE EXAMINATION? Circle what applies	1. Blood Pressure 2. Uterine Height 3. Immunization 4. There are no records of the clinical findings
FAC29G	HOW MANY PATIENTS WERE REFERRED TO ANOTHER HEALTH UNIT BECAUSE OF COMPLICATIONS OF PREGNANCY? NUMBER ENTER	<input type="text"/> <input type="text"/> <input type="text"/>
Normal Delivery Record Review		
Ask to see the Normal Delivery Records or logbook. Review the relevant records of the past 12 months.		

FAC30A	<p>CALCULATE THE NUMBER OF HOURS FROM TIME OF ADMISSION UNTIL TIME OF DELIVERY. FOR EXAMPLE, IF THE PATIENT WAS ADMITTED AT 8:00 AM AND DELIVERED AT 6:00 PM, ENTER "10"</p> <p style="text-align: center;">Record number of hours Round fractions down (i.e. record 2:30 as 2 hours) If the patient was admitted before onset of labour, start counting hours from the time of onset of labour. If delivery occurred less than one hour after admission, enter 1 If not available, e</p>	
FAC30B	<p>IS THE BIRTH WEIGHT OF THE BABY RECORDED ON THE REGISTRATION BOOK?</p> <p style="text-align: right;">Circle number</p>	<p>1 Yes 2 No</p>
FAC30C	<p>IS ANY ASSESSMENT OF THE CONDITION OF THE BABY RECORDED ON THE <i>REGISTRATION BOOK</i> (E.G. APGAR SCORE)?</p> <p style="text-align: center;">Do not enter actual condition or Apgar score Circle number</p>	<p>1 Yes 2 No</p>
FAC30D	<p>IS ANY ANTENATAL CARE RECORDED ON THE DELIVERY REGISTRATION BOOK?</p> <p style="text-align: right;">Circle number</p>	<p>1 Yes 2 No</p>

IN YOUR OPINION, WHAT ARE THE TWO GREATEST PROBLEMS FACING THE HEALTH SYSTEM IN THIS DISTRICT AND IN PARTICULAR IN THIS FACILITY AREA WHAT ARE THE SOLUTIONS TO THOSE PROBLEMS?

	PROBLEM	SOLUTION
FAC33A		
FAC33B		

OPEN QUESTIONS

FAC34

HOW IS THE COMMUNICATION WITH THE HEALTH DEPARTMENT IN BHOPAL- DO YOU DISCUSS YOUR PROBLEMS WITH THEM? DO YOU PRESENT SUGGESTIONS AND SOLUTIONS? WHO MAKES DECISIONS CONCERNING PROGRAMS AND THE HEALTH FACILITIES?

FAC35

HOW IS THE COMMUNICATION AND RELATIONSHIP BETWEEN THE CHCS, PHCS, AND SUBCENTERS? PERIODIC MEETINGS? DO THEY DISCUSS THEIR PROBLEMS? DO THEY PRESENT SUGGESTIONS AND SOLUTIONS? WHO MAKES THE DECISIONS CONCERNING PROGRAMS AND THE HEALTH FACILITIES?

FAC36

WHAT PROBLEMS ARE THERE BECAUSE OF DIFFERENT CASTES AMONG HEALTH WORKERS?

FAC37

WHAT PROBLEMS ARE THERE BECAUSE OF DIFFERENT CASTES BETWEEN HEALTH WORKERS AND CLIENTS?

FAC38

IN YOUR OPINION WHAT COULD BE DONE TO DELAY THE AGE OF MARRIAGE TO AT LEAST 18 YEARS OF AGE?

FAC39

IN YOUR OPINION WHY SO FEW WOMEN COME TO THE HEALTH FACILITY FOR DELIVERY?

PART A: TYPE OF SERVICES

(A10-12): For all the types of Health Facilities (HFs)

(A10-12) TYPE OF SERVICES AVAILABLE								
#	Services	Outpatient				(A12) Inpatient		
		(A10) Working hours AM8:00-PM1:00 PM5:00-PM6:00		(A11) Emergency 24 hours 7 days				
Reproductive health	01	Adolescent health	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	02	HIV / AIDS	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
		Essential Obstetric Care						
	03	Antenatal care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	04	Normal delivery	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	05	Postnatal care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	06	Blood test for anemia	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	07	Blood test for malaria	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	08	Urine test	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	09	Medical Termination of Pregnancy (MTP)	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	10	Treatment for septic / spontaneous abortion	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
		Emergency Obstetric Care						
	11	Caesarian section	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	12	Any other surgical care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	13	Blood transfusion	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
		RTIs/STIs						
	14	Syndromic diagnosis	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	15	Laboratory diagnosis	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	16	Treatment for RTIs / STIs	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
		Family planning						
	17	Family Planning counseling	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	18	Non-surgical (IUD, pill, condom, etc.)	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	19	Surgical (CTT, LTT, CVT, and NSVT)	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	20	Complication of family planning	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
21	Recanalization	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No	
	Gynecological problems							
22	Early detection	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No	
23	Surgical care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No	
24	Chemotherapy and radiotherapy	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No	
Child health	Newborn care							
	25	Normal newborn care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	26	High risk newborn care	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	27	Breast feeding counseling	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	28	Growth monitoring	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	29	Immunization	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	30	Diarrhea	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	31	Fever	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
	32	Acute Respiratory Infections (ARIs)	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No
33	Congenital abnormality	1 Yes	2 No	1 Yes	2 No	1 Yes	2 No	

Other PHC	34	Tuberculosis	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
	35	Chronic illnesses	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
	36	Others Primary Health Care services	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
Health education	37	Nutrition	1 Yes 2 No		
	38	Obstetrics	1 Yes 2 No		
	39	HIV / AIDS	1 Yes 2 No		
	40	Child health	1 Yes 2 No		
	41	Other health services	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No

(A13-16) NUMBER OF BEDS					
#	Department / Area	(A13) Sanctioned	(A14) Available and operational	(A15) In your opinion, how many beds are needed in your HF?	(A16) Bed occupancy rate in FY2000-2001
01	Obstetrics / Gynecology (RH)				(%)
02	Pediatrics (CH)				(%)
03	Others				(%)

(A17): Only for PHC and CHC

(A17) 24-HOUR DELIVERY SERVICES AT PHCs/CHCs	
To what extent, does your HF know and practice "24-hour delivery services at PHC/CHC"	1 We know "24-hour delivery services". It has been implemented
	2 We know "24-hour delivery services". It is planned but not implemented
	3 We know "24-hour delivery services". But, it is not planned for our PHC/CHC.
	4 We do not know about "24-hour delivery services".

PART B: REFERRAL SYSTEM (COMMON PART)

(B10-13): Only for SHC/PHC (rural), or Civil Dispensary /UFWC (urban)/ PPC

(B10-13) COMMUNITIES OF YOUR HF'S CATCHMENT AREA				
#	Name of community (Village/ Town?City)	Type of community	Population size	Year of data
			Fill out the data after the interview from the statistics	
01		1 City, 2 Town, 3 Village		
02		1 City, 2 Town, 3 Village		
03		1 City, 2 Town, 3 Village		
04		1 City, 2 Town, 3 Village		
05		1 City, 2 Town, 3 Village		
06		1 City, 2 Town, 3 Village		
07		1 City, 2 Town, 3 Village		
08		1 City, 2 Town, 3 Village		
09		1 City, 2 Town, 3 Village		
10		1 City, 2 Town, 3 Village		
11		1 City, 2 Town, 3 Village		
12		1 City, 2 Town, 3 Village		
13		1 City, 2 Town, 3 Village		
14		1 City, 2 Town, 3 Village		
15		1 City, 2 Town, 3 Village		
16		1 City, 2 Town, 3 Village		
17		1 City, 2 Town, 3 Village		
18		1 City, 2 Town, 3 Village		
19		1 City, 2 Town, 3 Village		
20		1 City, 2 Town, 3 Village		

Total no. of communities and population	(B10) No. of cities:	(B13)
	(B11) No. of towns:	
	(B12) No. of villages:	

(B14-22) Communication with other HFs		
(B14)	Superintendents' meeting or communication between higher/lower HF and your HF	1 Regular (HF often:) 2 Irregular/ad-hoc basis 3 No →SKIP TO (C10)
(B15)	Is referral system a part of agenda or topic?	1 Yes, always as a regular agenda / topic 2 Yes, often 3 Yes, sometimes 4 No →SKIP TO (C10)
(B16)	What part of referral system has been discussed?	
(B16)	Communication means	1 Yes, 2 No
(B21)	Transport means	1 Yes, 2 No
(B18)	Economic burden / loss of household income	1 Yes, 2 No
(B19)	Equipment that are lacking	1 Yes, 2 No
(B20)	Personnel that are lacking	1 Yes, 2 No
(B21)	Other (<i>specify</i>)	1 Yes, 2 No

PART C: Referral System (As a transferring lower HF)

(C10-12) GENERAL ISSUES AS A TRANSFERRING LOWER HF		
(C10)	Does your HF do necessary provisional treatment prior to referral?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons)
(C11)	Do you know the direct higher referral HFs above your HF?	1 Yes (<i>specify</i>) 2 No
(C12)	Does your HF transfer cases to higher HFs that is not designated in referral norms?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons.....)
(C13-21) THE WAY IN WHICH YOUR HF CONTACTS OR INFORM HIGHER HF		
(C13)	When transferring cases, does your HF contact or inform higher HF(s) of referral cases?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons.....) SKIP TO (C 22)
(C14)	In what form, does your HF contact or inform higher HF(s) of referral cases?	1 In written form using referral slip/coupon format 2 In written form without referral slip/coupon format 3 In verbal form
(C15)	By what communication means, does your HF contact or inform higher HF(s) of referral cases?	
(C15)	By e-mail	1 Yes, 2 No
(C21)	By fax	1 Yes, 2 No
(C17)	By telephone	1 Yes, 2 No
(C18)	By sending a messenger	1 Yes, 2 No
(C19)	By posting a letter	1 Yes, 2 No
(C20)	Through patient	1 Yes, 2 No
(C21)	Other (<i>specify</i>)	1 Yes, 2 No
(C22-23) FEEDBACK & RECORDING SYSTEM		
(C22)	As a transferring-lower-HF, does your HF receive feedback on the cases from the higher HF?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons.....)

(C23)	Does your HF keep a record of the referral cases that are transferred from your HF to higher HF?	1	Yes, in separate referral record forms or files
		2	Yes, describe in treatment record
		3	Yes, other (<i>specify</i>
		4	No

REFERRAL SYSTEM (AS A RECEIVING HIGHER HF)

This section applies for B-PHC/CHC/DH

(D10-11) GENERAL ISSUES AS A RECEIVING HIGHER HF		
(D10)	Does your HF refuse to accept referral cases from lower HF?	1 Always (Give reasons-----) 6 Frequently (Give reasons-----) 7 Sometimes (Give reasons-----) 8 Infrequently 9 Never
(D11)	Does your HF have cases that are already critical when being referred to your HF?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never
(D12)	Do you know direct lower referral HFs under your HF?	1 Yes, write the names of direct lower referral HFs below: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 2 No (<i>reason</i>)
(D13)	Does your HF accept the patients without referred from the lower HFs in referral system?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons-----)
(D14-19) THE WAYS IN WHICH YOUR HF RECEIVE PATIENTS FROM LOWER HF IN EMERGENCY CASES		
(D14)	In emergency referral cases, does your HF receive advanced notice from lower HFs?	1 Yes, always / often (roughly 80% or more) 2 Yes, but only emergency cases 3 No (<i>reason</i>)
(D15)	In emergency referral cases, what arrangements does your HF make for referral patients?	
(D15)	Send your HF's ambulance/vehicle with a driver to pick up patients	1 Yes, 2 No
(D16)	Send your HF's motorbike/tricycle with a driver to pick up patients	1 Yes, 2 No
(D17)	Send your HF's bicycle with a driver to pick up patients	1 Yes, 2 No
(D18)	Secure a readily available bed	1 Yes, 2 No
(D19)	Other (<i>specify</i>	1 Yes, 2 No
(D20-21) FEEDBACK & RECODING SYSTEM		
(D20)	Does your HF give feedback to lower HFs from which cases are transferred?	1 Always 2 Frequently 3 Sometimes 4 Infrequently 5 Never (Give reasons-----)
(D21)	Does your HF record the referral cases (transferred from lower HF to your HF)?	1 Yes, in separate referral record forms 2 Yes, describe in treatment record 3 Yes, other (<i>specify</i>) 4 No 8 Don't know

E: HUMAN RESOURCE DATA

(E101-316) HEALTH MANPOWER COMPOSITION					
(E10) Occupational group		(E11) No. of sanctioned posts	No. of filled posts		(E14) In your opinion, how many staff are needed for each group in your HF?
			(E12) Female	(E13) Male	
(101-107) Medical staff					
Specialist	(101) Obstetrician / Gynecologist				
	(102) Pediatrician				
	(103) Physician				
	(104) Ophthalmologist				
	Surgeon				
	Anaesthetists and Nurse Anaesthetists				
	(105) Other specialist				
	(106) Generalist (Medical officer)				
(107) Dentist					
(201-216) Paramedical staff					
	(201) Head nurse				
	(202) Staff nurse / nurse midwife				
	Nurse Midwife (with degree – Fully Qualified)				
	Nurse Midwife (Diploma Qualification) – General Nurses				
	(203) Pharmacist				
	(204) Compounder				
	(205) Laboratory technician				
	(206) Laboratory attendant				
	(207) Radiographer				
	(208) Theatre assistant / Dresser				
	(209) Block Extension Educator (BEE)				
	(210) Senior assistant				
	(211) Junior assistant				
	(212) HA (F) / LHV				
	(213) HA (M)				
	(214) MPW (F) / ANM				
	(215) MPW (M)				
(301-316) Administrative & support staff					
	(301) Computer / statistics				
	(302) Record assistant				
	(303) Office attendant				
	(304) Telephone operator				
	(305) Typist				
	(306) Electrician				
	(307) Plumber				
	(308) Dark room assitant				
	(309) Ward boy				
	(310) Washer man				
	(311) Sweeper				
	(312) Peon				
	(313) Nursing orderly / Lady's maid				
	(314) Driver (ambulance)				
	(315) Cleaner / Ambulance attendant				
	(316) Watchman				

Functionaries/ Volunteers under the area of Health Facility

	(E15) Volunteers	(E16) To be Trained	(E17) Trained	(E18) Actively Working
317	Anganwadi worker			
318	JSR female			
319	JSR male			
320	Mahila Swasthya Sangh			
321	Trained Dai			
322	Untrained Dai			

(E19) MANAGEMENT OF YOUR HF DURING EXTERNALLY ORGANIZED TRAINING PROGRAMMES PERIOD

(E19)	How do you manage the daily operation of your HF when releasing your staff to the "externally organized training programmes"?	1 The rest of staff manage 2 Share the patients with nearest HF 3 Close your HF 4 Your HF does not release the staff for externally organized training programmes. 5 Other (specify.....)
	(Select only one alternative)	

(E 20-23) Training for Dai and JSR

	Area	
(E20)	Have you trained Dai in your HF?	1 Yes, 2 No
(E21)	Have you had Training of Trainers (TOT) programme for Dai training?	1 Yes, 2 No
(E22)	Have you trained JSR in your HF?	1 Yes, 2 No
(E23)	Have you had Training of Trainers (TOT) programme for JSR training?	1 Yes, 2 No

THIS IS THE END OF QUESTIONS!! THANK YOU VERY MUCH FOR YOUR COLLABORATION!!

SURVEY ON REPRODUCTIVE HEALTH UNDER JICA DEVELOPMENT STUDY ON REPRODUCTIVE HEALTH IN MADHYA PRADESH

REVIEW OF REFERRAL CASES TO THE DISTRICT HOSPITAL

IDENTIFICATION														
01	Name of District	1. Tikamgarh 2. Chhatarpur 3. Panna 4. Sagar 5. Damoh <div style="float: right; border: 1px solid black; width: 30px; height: 30px; margin-top: 10px;"></div>												
02	Name and address of the health facility (HF)												
04	Name and title of interviewee	Name: Position:												
05	Name of survey team member visited												
06	Interview date and time	Date : <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">DD</td> <td></td> <td style="text-align: center; font-size: small;">MM</td> <td></td> <td style="text-align: center; font-size: small;">YY</td> <td></td> </tr> </table>							DD		MM		YY	
DD		MM		YY										

Please review all the files, records and registers of women that entered in the maternity-hospital for the last 12 months.

Select all the referred cases received by the maternity- hospital.

12 months from.....to

Ref1 HOW MANY REFERRED OBSTETRICAL CASES DID THE HOSPITAL RECEIVE?

Enter the number

--	--	--

Fill the questionnaire below, using one sheet per patient referred		
Ref3	WHAT WAS THE CLINICAL CONDITION OF THE MOTHER AT THE ARRIVAL TO THE HOSPITAL?	1. Coma 2. Shock 3. Debilitated 4. Well 5. Not registered
Ref4	WHAT WAS THE CLINICAL CONDITION OF THE FETAL HEART AT THE ARRIVAL TO THE HOSPITAL?	1. Normal heart beat 2. Depressed heart beat 3. Heart beat not heard 4. Not registered
Ref5	WHAT INTERVENTIONS/MEDICAL ASSISTANCE DID THE MOTHER RECEIVE WHILE IN THE HOSPITAL?	1. None 2. Normal delivery 3. Medical treatment 4. Cesarian section 5. Blood transfusion 6. Not registered
Ref6	WHAT WAS THE CLINICAL OUTCOME FOR THE MOTHER?	1. Death 2. Sequelae 3. Discharged well 4. Discharged at her request 5. Not registered
Ref7	WHAT WAS THE CLINICAL OUTCOME FOR THE BABY?	1. Stillbirth 2. Neonatal death 3. Newborn depressed 4. Newborn well
Ref8	HOW MANY DAYS DID THE MOTHER STAY IN THE HOSPITAL <i>Enter the number of days</i>	<input type="text"/> <input type="text"/>
Ref9	HOW MANY DAYS DID THE BABY STAY IN THE HOSPITAL <i>Enter the number of days</i>	<input type="text"/> <input type="text"/>

Complicated delivery (eclampsia) record review

Use one sheet for each case of eclampsia

Consult Labour room Register Clinical or Records for the Last 6 Months > eclamptic fits are recorded OR > diastolic blood pressure is greater than or equal to 100 mm Hg (for example, 140/100 mm Hg)		
Record the following information from the record:		
Ref10A	IS THE DIASTOLIC BLOOD PRESSURE RECORDED ON THE CARD GREATER THAN OR EQUAL TO 100 (FOR EXAMPLE, 140/100, ETC.)? <i>Circle code</i>	1 Yes 2 No 9 No register of BP
Ref10B	WAS THE ADMINISTRATION OF ANTIHYPERTENSIVE MEDICATION RECORDED (FOR EXAMPLE, HYDRALAZINE)? <i>Circle code</i>	1 Yes 2 No
Ref10C	IS ECLAMPSIA OR ARE ECLAMPTIC FITS RECORDED? <i>Circle code</i>	1 Yes 2 No
Ref10D	WAS THE ADMINISTRATION OF SEDATIVE OR ANTICONVULSIVE MEDICATION RECORDED (FOR EXAMPLE MAGNESIUM SULFATE OR DIAZEPAM)? <i>Circle code</i>	1 Yes 2 No
Ref10E	WAS THE BLOOD PRESSURE CHECKED AND RECORDED AT LEAST HOURLY? <i>Circle code</i>	1 Yes 2 No
Ref10F	WAS THE FOETAL HEART BEAT CHECKED AND RECORDED AT LEAST HOURLY? <i>Circle code</i>	1 Yes 2 No

Complicated delivery (obstructed labour) record review (Partograph or any other record of labour)

Consult Labour room Register Clinical Records for the Last 6 Months

Select the first records that meet the selection criteria outlined below:

- descent is static for three hours or more
- OR**
- strong contractions with no progress for three hours

Exclude multiple birth (twin, triplet etc.)
Exclude cephalic birth (breech, shoulder first, etc.)

Record the following information from the record:

Ref10G	<p>WAS THE DESCENT OF THE HEAD STATIC (NO PROGRESS FOR THREE HOURS OR MORE)</p> <p align="right"><i>Circle d</i></p>	<p>1 Yes</p> <p>2 No</p> <p>9 Not recorded</p>
Ref10H	<p>WERE STRONG CONTRACTIONS RECORDED FOR MORE THAN THREE HOURS WITHOUT DESCENT OF THE HEAD?</p> <p align="right"><i>Circle d</i></p>	<p>1 Yes</p> <p>2 No</p> <p>9 Not recorded</p>
Ref10I	<p>WHAT IS THE RECORDED CONDITION OF THE BABY AT BIRTH?</p> <p align="right"><i>Circle d</i></p>	<p>1 Stillbirth</p> <p>2 Live birth, not good condition (Apgar score 6 or less or equivalent)</p> <p>3 Live birth, good condition (Apgar 7-10 or equivalent)</p> <p>9 Not recorded</p>
Ref10J	<p>WHAT IS THE RECORDED MODE OF DELIVERY?</p> <p align="right"><i>Circle d</i></p>	<p>1 Spontaneous vaginal delivery</p> <p>2 Vacuum extraction</p> <p>3 Forceps delivery</p> <p>4 Caesarean section</p> <p>9 Not recorded</p>

**Study on Reproductive Health under JICA
Development Study on Reproductive Health
In the State of Madhya Pradesh, India**

Providers interview at the facility

Identification		
1	District _____	Tikamgarh.....1 Damoh.....2 Sagar.....3 Chhatapur.....4 Panna.....5
2	Block _____	<input type="checkbox"/> <input type="checkbox"/>
3	Type and address of the Facility	_____ _____ _____
4	Facility code (refer 'Code List')	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Type of health providers	LHV.....1 ANM/MPWF.....2 MPW(Male).....3 Staff Nurse.....4 Nurse midwife.....5 DAI.....6
6	Results	Completed1 Incomplete.....2 Not Available.....3 Refused.....4
7	Name of the Interviewer _____	
8	Date of Interview _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y
9	Name of the Supervisor _____	
10	Date of Checking _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D M M Y Y

A. Basic Information on Health Provider		
A1	Name and Code of Health Provider (Code as per the Q4)	Name _____ <input type="text"/> <input type="text"/>
A4	Age	In Completed years <input type="text"/> <input type="text"/>
A5	Sex	Female.....1 Male.....2
A6	Category of Caste	General Caste.....1 SC.....2 ST.....3 OBC.....4 Other Religious Group.....5
A7	Sub-Caste (specify caste name)	
A8	Years of providing services in the community	<input type="text"/> <input type="text"/>
A9	Area/Coverage	Within the village1 Neighboring villages as well.....2
B. Services provided		
B1	Regular service days (Circle all mentioned)	1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday
B2	Regular service days (2)	1. 1 day/week 2. 2 days/week 3. 3 days/week 4. 4 days/week 5. 5 days/week 6. 6 days/week 7. 7 days/week
B3	Regular service hours	() a.m. ~ () p.m. s () p.m. ~ () p.m.
B4	Emergency services?	1. Yes 2. No → go to B6
B5	24 hours emergency services?	1. Yes 2. No
B6	Number of clients per week (range)	1. March – September: () / week 2. October - February: () / week
B7	% of clients (range)	1. Women (~)% 2. Children (~)% 3. Men (~)%
B8	Services provided and number of clients per week (range)	1. Health Education () 2. Antenatal () 3. Delivery () 4. Post-Natal () 5. Family Planning () 6. Counseling (~) (FP/STI/HIV/AIDS) 7. Abortion () 8. Treat of complicated abortion ()

		9. STDs Diagnosis () 10. STD Treatment () 11. HIV/AIDS diagnosis () 12. HIV/AIDS Treatment () 13. Education on nutrition (~) 14. Treatment of malnutrition (~) 15. Provision of food supplement (~) 16. Child Diarrhea () 17. Child Fever () 18. Child ARI () 19. TB () 20. Chronic illnesses () 21. Emergency cases () 22. Malaria () 23. Other ()
B9	Coordination with any other health provider	1. Yes 2. No → go to B11
B10	Specify with whom (all)	1. () 2. () 3. () 4. () 5. () 6. ()
B11	What medication do you prescribe when your patient have diarrhea?	1. ORS 2. Antibiotics 3. Antidiarrheal 4. Ayurvedic medicine 5. None 6. Ohters () ()
B12	What medication do you prescribe when your patient have cough?	1. Antitusive 2. Antibiotics 3. Vitamines 4. Ayurvedic medicine 5. None 6. Ohters () ()
C. Education/qualification and Training		
C1	Educational background	() years
C2	Trained?	1. Yes, training recognized by Government 2. Yes, training NOT recognized by Government 3. No → go to D1

C3. Training particulars (Read out the list)					
Sl. No.	Category of training	Type training Pre-service - 1 In-service - 2 Both - 3	Duration of training (complete duration for all the training in each category)	Organization(s) which conducted training	Venue of In-service Training 1. District level 2. Block level 3. Sector/sub-centre level 4. Outside district <u>Put the appropriate code against each code</u>
1	Screening clients for spacing methods				
2	IUD insertion				
3	Prenatal care				
4	Checking blood pressure				
5	Safe delivery				
6	Neonatal care				
7	Immunization programme				
8	Control of diarrheal diseases/ORT				
9	Acute respiratory infection				
10	Nutrition				
11	Child survival and safe motherhood (CSSM)				
12	Reproductive and child health (RCH)				
13	Community needs assessment				
14	Counseling techniques				
15	RTI/STD				
16	Medial termination of pregnancy (MTP)				
17	Safe abortion				
18	Pap smear examination/test				
19	Others (specify)				

D. Support		
D1	Are you getting any support from other agencies/communities?	1. Yes 2. No → go to E1
D2	Which organization provides the support?	1. Panchayat 2. NGO 3. Community group 4. Other (specify: _____)
D3	Type of support provided	1. Fund (in cash / in kind) 2. Labour 3. Others (specify: _____)
E. Opinions and suggestions in relation to RCH		
E1	Problems faced in providing RCH services	1.
		2.
		3.
E2	Training needs, if any.	1.
		2.
		3.
E3	Support, other than the training need, required.	1.
		2.
		3.
E4	Whom do they think provide the support (including training)	1.
		2.
		3.
E5	Suggestions for improvement in the present delivery of RCH services.	1.
		2.
		3.

Annex 7-4 Community Health Provider Survey

Study on Reproductive Health Under JICA
 Development Study on Reproductive Health
 In the State of Madhya Pradesh, India
 Household Survey

Village Information

Identification		
1	District _____	Tikamgarh..... 1 Damoh..... 2 Sagar..... 3 Chhatapur..... 4 Panna..... 5
2	Block _____	<input type="text"/> <input type="text"/>
3	Village _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	PSU Number	<input type="text"/> <input type="text"/>
5	Interview Result	Completed 1 Incomplete 2 Refused..... 3 Other..... 4
6	Name of Interviewer _____	
7	Date of Interview _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
8	Name of the Supervisor _____	
9	Date of Checking _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y

1. Location and Accessibility

		Distance	Time taken to access	By which means
1	District Headquarter	km	hr ___ min ___	
2	Block Headquarter	km	hr ___ min ___	
3	Nearest Town (Name: _____)	km	hr ___ min ___	
4	Nearest Railway Station (Name: _____)	km	hr ___ min ___	
5	Nearest Bus Stop (Name: _____)	km	hr ___ min ___	
6	All Weather Road	km	hr ___ min ___	
7	Nearest Public Transportation	km	hr ___ min ___	
8	Type of Public Transportation Available			

2. Topography / Area

2.1 Please tick each type of village topography and location, which apply (multiple answers possible)

1. Plain
2. Hillside
3. Mountainous
4. Along a paved road
5. Along an unpaved road
6. Along the river
7. Other (specify _____)

2.2 Land Area

Total Land Area in Hector _____

	Classification of Land	Area	Percentage
1	Forest		
2	Agriculture		
3	Grazing (Banjar)		
4	Residential		
5	Other (specify _____)		
6	Other (specify _____)		
7	Other (specify _____)		

3. Population (Collect recent data either from school or AWC)

(Year: _____)

	Male	Female	Total
Children (<3)			
Children (3-6)			
Children (6-11)			
Children (11-14)			
Adults (15 and 15 <)			
Total			

4. Religion

	Religion	No. of HHs
1	Hinduism	
2	Muslim	
3	Jain	
4	Buddhism	
5	Sikh	
6	Other	
Total		

5. Caste

	Caste	No. of HHs	Sub-Caste
1	General Caste		
2	SC		
3	ST		
4	OBC		
5	Other Religious Group		
Total			

6. Occupation

	Major Occupation	Proportion	(No. of HHs)
1	Agriculture		
2	Labor (both Ag and Non-Ag)		
3	Service (both Gov. and Private)		
4	Small Scale Business		
5	Petty Business		
6	Forest Dependent		
7	Carpenter		
8	Mason		
9	Barbers (Saloon)		
10	Laundry person		
11	Fisherman		
12	Livestock Keeper (Cattle, Poultry, Goatry)		
13	Other (specify)		
14	Other (specify)		
15	Other (specify)		
16	Other (specify)		

7. Economic Situation (Collect Data from Phanchayat)

Caste		No. of HHs	
		APL	BPL
1	General Caste		
2	SC		
3	ST		
4	OBC		
5	Other Religious Group		
Total			

8. Land Holding Pattern by Household

	Agriculture Owned Land	Proportion	Gen	SC	ST	OBC	Other
1	Large farmer*		+++	++	+	□	
2	Medium farmer*						
3	Small farmer*						
4	Marginal farmer*						
5	Landless						

* Definition will be provided.

9. Electricity

9.1 (a) Does village have electricity supply?

1 Yes

2 No

(b) If yes, year of electrification: _____

9.2 Number of HHs electrified

	No. of HHs
1 Legal Connection (Private)	
2 One Lamp Connection (Government)	
3 Illegal Connection	
4 Other	

9.3 How many hours per day? _____ hr./day (on average)

9.4 What lighting system are used by the HHs without electricity?

1. _____
2. _____
3. _____

10. Drinking Water

10.1 Type of Water Sources

	Sources		Number	Ranking
1	Hand Pump	Deep		
		Shallow		
2	Tube Well			
3	Sanitary Well			
4	Private Tap			
5	Public Tap Stand			
6	Open Well			
7	River and Stream			
8	Pond			
9	Other			

(Water related Problems)

10.2 (a) Is drinking water sufficient year round?

1. Yes
2. No

(b) If no, specify the reasons

1. _____
2. _____
3. _____

11. Sanitation

11.1 (a) Are there any HH Latrines in this village?

1. Yes
2. No

(b) If yes, type of latrines:

Type of Toilet	Number of HHs which have toilet
Single Pit Sanitary	
Double Pit Sanitary	
Service Latrine	
Connected to Sewerage	
Other	
Total	

11.2 (a) Are there any community latrine in the village?

1. Yes
2. No

(b) If yes, number of HHs is dependent on community latrine?

12. Disposal of Garbage

Where do the villagers in general dispose the household garbage / waste? (multiple answers possible)

1. in an open field outside the village
2. own garbage pit away from the house
3. agricultural field
4. own garbage pit near or backside of the house
5. other (specify _____)

13. Institution Organization / Service

13.1 Government and Other Institutions

	Institution	within the village (Y/N)	If no, distance from nearest (km)
1	Bank		
2	Gram Panchayat		
3	Community Hall		
4	Cooperative Society		

13.2 Village Organization Activities

	Organi- zation	Y/N	No.	Members			Level of Activity 1.high 2.low 3.inactive	Activities
				Total	M	F		
1	Mahila Mandal							
2	Youth Society							
3	Nehru Yuva Kendra							
4	NGO							
5	Self Help Group							
6	Kirtan Mandal							
7	Other							

13.3 Composition of Gram Panchayat Elected Members

	Total	Gen.	SC	ST	OBC	Other Religion
Male						
Female						
Total						

14. Anganwadi Center

14.1 (a) Is there a Anganwadi Center in the Village?

1. Yes
2. No

- (b) If no, distance to nearest Anganwadi Centre? _____ Km
 (c) When established? _____ Year
 (d) How many Anganwadi workers in the Village? _____ Persons
 (e) How long has each one been working as Anganwadi worker?
 1. _____ years
 2. _____ years

14.2. Beneficiaries of the Village Anganwadi Center in the Village

	6-12 month	1-3 year	3-6 year	Pregnant women	Nursing Mother	Adolescent Girls
Male						
Female						
Total						

14.3 Number of Malnourished Children in the Village 1.boys 2.girls

14.4 Activities of Angawadi Center

	Activities	(Y/N)	Level of Satisfaction 1. Very satisfied 2. Satisfied 3. Somewhat satisfied (average) 4. Not very much satisfied 5. Not satisfied at all
1	Nutrition support to mothers		
2	Nutrition support to children		
3	Growth monitoring		
4	Pre-school education		
5	Distribution of iron tablet		
6	Distribution of Vit.A to children		
7	Mothers meeting		
8	Adolescent girls programme		
9	Immunization		
10			
11			

15. Market Accessibility

	Institution	within the village (Y/N)	If no, nearest distance (km)	Time taken to access
1	Small Shop			
2	Weekly Market			
3	Major Purchasing (Place:)			
4	Selling or Buying Crop (Place:)			
5	PDS (Fair Price Shop)			
6	Informal credit			

16. Media Accessibility

		No. of HHs
1	Radio	
2	Television	
3	Newspaper	
4	Telephone	

16.1 Which other media do villagers have access to? (Multiple Answers Possible)

1. Cinema
2. Dramatic Presentations
3. Puppet shows
4. Live Musical Performances
5. Other (specify _____)
6. None of the Above

16.2 What radio stations can be received in this village?

16.3 Which radio station do people listen to most?

16.4 Which television channels are available in this village?

16.5 Which television channels do people watch most?

16.6 What is the most popular newspaper in this village?

17. Communication Accessibility

	Means	within the village (Y/N)	If no, nearest distance(km)	Time taken to access
1	Post Office			
2	Phanchavat Telephone			
3	PCO			
4	STD/ISD			
5	Fax			
6	Private Courier			

18. Education (Collect Data from School)

18.1 Accessibility of Educational Institutions

	School	within the village (Y/N)	If no, nearest distance(km)	Time taken to access
1	Pre Primary			
2	Primary School(1-5)			
4	Middle School(6-8)			
5	Secondary School(9-10)			
6	College/ University			
7	Non-formal School (specify _____)			
8	Adult Education Center (specify _____)			
9	EGS			
10	Other (specify _____)			

18.2 School Attendance, Pupils and Teachers

	No. in Village	No of Teacher		Enrollment Students		
		Male	Female	Male	Female	Total
Pre Primary						
Primary School (1-5)						
Middle School (6-8)						
Non-formal School						
Other(specify _____)						
Other(specify _____)						
Other(specify _____)						

18.3 Education Committee

	Committee	Y/N	Members		Level of Activity 1.high 2.low 3.inactive
			Total	F.	
1	Village Education Committee (VEC)				
2	Parents Teacher Association (PTA) or Mothers Teachers Association (MTA)				
3	Village Construction Committee (VCC)				
	Other (specify _____)				

18.4 Education Promotion Program

(a) Which education programs are running in your village?

1. District Primary Education Program
2. Adult Education Program
3. Operation Black Board
4. Free Mid-day Meal Program
5. Joyful Learning Program
6. Other (specify _____)

(b) Program for Promoting Female Education

1. Is there any program for promoting female education?
 - (1) Yes
 - (2) No
2. If yes, what kind of program?

19. Fuel for Cooking

	Fuel	Ranking
1	Firewood	
2	Coal	
3	Kerosene	
4	Electrical Heater	
5	Gas	
6	Cow Dung Cake	
7	Other	

20. Health

20.1 Accessibilities of the Health Services

	Health Facilities	within the village (Y-1, N-2)	If no, nearest distance (km)	Time taken to reach there (hours)	Is it easy accessible during rainy season? (Y-1, N-2)
1	Teaching Hospital				
2	District Hospital				
3	CHC				
4	PHC				
5	Sub-Center				
6	Private Clinic				
7	Pharmacy/Medicine				
8	Other (specify _____)				

20.2 Personnel

		No. in Village	Caste	Sub-Caste	Most Frequently Use -1 Average -2 Not Frequently Used -3
1	Auxiliary Nurse Midwife (ANM)				
2	Multi Purpose Worker (Male)				
3	Village Health Guide				
4	Trained Dai				
5	Un-trained Dai				
6	Private Doctor				
7	Traditional Practitioner				
8	Other Volunteer (specify)				

20.3 Common Disease

		Highly Occurred Disease		
		Rainy Season	Non-rainy Season	All the Year Around
1	Adult Male	1.	1.	1.
		2.	2.	2.
		3.	3.	3.
2	Adult Female	1.	1.	1.
		2.	2.	2.
		3.	3.	3.
3	Children (0-15)	1.	1.	1.
		2.	2.	2.
		3.	3.	3.

20.4 (a) Is there a health committee in the Village?

- 1 Yes
- 2 No

(b) Name the committee.

- 1) _____
- 2) _____
- 3) _____

20.5 Death

(a) How many child death occurred in the last one year?

(b) How many woman's death related to pregnancy occurred in the last one year?

21. Agriculture

21.1 Major Crops Produced in the Village (Ranking)

Ranking	Kharif	Rabi
1		
2		
3		
4		
5		

21.2 Irrigation

(a) Is there any irrigation facilities available in the village?

1. Yes
2. No

(b) If yes, total percentage of agricultural land covered under irrigation: _____%

(c) Facilities Available

	Types	Y/N	Ranking
1.	Canal		
2.	Pond		
3.	Tube Well		
4.	Nallah/Stream		
5.	River		
6.	Well		
7.	Other		

22. Problems

22.1 What are the three major problems in your village?

(a) Overall Problem

- 1) _____
- 2) _____
- 3) _____

(b) Specifically Health Issues

- 1) _____
- 2) _____
- 3) _____

23. Government Program and Other donors/NGOs Programs

23.1 What development activities have been implemented or under implementation in your village?
(collect last two year information)

(a) Overall Sector

	Program/Activities	Implementin g Agency	Villagers' Evaluation 1. Effective 2. Average 3. Not So Effective
1.			
2.			
3.			
4.			
5.			

(b) Specifically Health Sector

	Program/Activities	Implementin g Agency	Villagers' Evaluation 1. Effective 2. Average 3. Not So Effective
1.			
2.			
3.			
4.			
5.			

24. Village history

24.1 How old this village is?

24.2 Development History

25. Persons Interviewed

	Name	M-1, F-2	Designation / Position
1			
2			
3			
4			
5			
6			
7			
8			
9			

26. Interviewer's Observation (after finishing your interview, interviewer will describe your observation and impression)

Please describe how this village each.

(i) Panchayat System and its Renovation

1) _____

2) _____

(ii) Specifically Health Issues

1) _____

2) _____

(iii) Specifically Gender Issues

1) _____

2) _____

Study on Reproductive Health Under JICA
Development Study on Reproductive Health
In the State of Madhya Pradesh, India

Women's Group Survey Module

Identification		
1	District _____	Tikamgarh.....1 Damoh.....2 Sagar.....3 Chhatrapur.....4 Panna.....5
2	Block _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	City/town/village _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4	Type of Locality _____	1. Urban 2. Rural
5	Group Name in Hindi	
6	Group Name in English	
7	Type of Group	Mahila Mandal.....1 Self-Help Group2 Women Health Group.....3 Other (specify)4
8	Interview Result	Completed1 Incomplete2 Refused3 Other4
9	Name of the Interviewer _____	
10	Date & Time of Interview	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DD MM YY
11	Name of Supervisor _____	
12	Date of Checking	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DD MM YY

1. Background
(पृष्ठभूमि)

1.1 Month/Year of Foundation
जिस महीने/साल में बना

--	--

MM

--	--	--	--

YY

1.2 (i) Is it registered?
क्या यह पंजीकृत है? Yes-1 No-2

(ii) If yes, year of registration
यदि हाँ, पंजीकृत का साल

--	--	--	--

YY

1.3 Who constituted the group?
समूह को किसने बनाया?

Anganwadi Center.....1
आंगनवाडी केंद्र

Gram Panchayat.....2
ग्राम पंचायत

NGO.....3
(स्वयं सेवी संस्था)

Voluntary Effort by Willingness.....4
स्वैच्छिक कार्य

1.4 Do you have own building?
क्या आपकी अपनी इमारत है? Yes-1 No-2

2. Membership (Recent Data)
सदस्यता

Total Members

--	--

2.1 Membership Composition
सदस्यता के बारे में

(1) Educational Background
शैक्षणिक पृष्ठभूमि

	Education	Number
1	Illiterate अशिक्षित	
2	Literate (but did not have any formal education) शिक्षित लेकिन स्कूल नहीं गए	
3	Literate (got adult education or literacy program) शिक्षित (अडल्ट शिक्षा या साक्षरता कार्यक्रम के अंतर्गत)	
4	Class 1-5	
5	Class 6-8	
6	Class 8-10	
7	More than class 10 कक्षा 10 से ज्यादा	
Total		

(2) Social Background
सामाजिक पृष्ठभूमि

	Caste	Number	Sub-Caste
1	General Caste सामान्य जाति		
2	SC अनु जाति		
3	ST अनु जनजाति		
4	OBC अन्य पिछड़ा जाति		
5	Other Religious Group अन्य धार्मिक समूह		
Total			

(3) Economic Background
आर्थिक पृष्ठभूमि

	Economic Classification	Number
1	APL गरीबी रेखा से उपर	
2	BPL गरीबी रेखा से नीचे	

(4) Age Range of Members
सदस्यों की उम्र

	Age Range	Number
1	Over 49 49 वर्ष से उपर	
2	30-49 30 से 49 साल	
3	Below 30 30 साल से कम	

2.2 What are the criteria of membership?

सदस्यता का पापदण्ड क्या है ?

- 1.
- 2.
- 3.

2.3 What motivates them to be member?

किस बात से प्रेरित होकर सदस्य बनते हैं ?

- 1.
- 2.
- 3.

2.4 Election of Head of the Group

समूह के मुखिया का चुनाव

How you select / elect the head of the group?

आप समूह के मुखिया का चुनाव कैसे करते हैं ?

- 1.
- 2.
- 3.

3. Objectives of the women's group

महिला समूह के उद्देश्य क्या हैं ?

1.

2.

3.

4. Finance

(वित्त)

4.1 (i) Is there a Bank account in the name of group? --- Yes -1, No-2

क्या समूह का बैंक खाता है ?

(ii) If yes, the amount of account at present --- Rs

यदि हां तो खाते में कितना पैसा है ?

--	--	--	--	--	--

4.2 (i) Is there any system of membership fees or contribution? Yes -1, No-2

क्या इसमें सदस्यता की कोई फीस लगती है ?

(ii) Whether fee is : क्या फीस है :

weekly.....1

monthly.....2

yearly.....3

one time.....4

(iii) What is the amount of membership fees ?

सदस्यता की फीस क्या है ?

Rs _____

4.3 (i) Have you received any contribution or loan from other organization ? Yes -1 No-2

क्या आप दूसरी संस्थाओं से मदद या लोन प्राप्त किये हैं ?

(ii) If yes,

अगर हाँ

(last 2 years information)

	Name of the Agencies संस्थाओं के नाम	Amount रकम	Contribution मदद		Loan कर्ज	
			Y-1	N-2	Y-1	N-2
1						
2						
3						
4						
Total						

5. Activities

कार्य

1.

2.

6. Meeting and Recording

मीटिंग एवं रिकार्ड

6.1 How often do the group have meeting?

आपके समूह की मीटिंग कब-कब होती है ?

- Once a week.....1
क्या हफते में
- Once a mont.....2
महीने में एक बार
- As requirement.....3
जैसी जरूरत हो
- Very irregular.....4
अनिमयित
- Regularly (specify)5
नियमित (उल्लेख करें)
- Not at all.....6
कभी नहीं

6.2 Where do you have a meeting ?

आपकी मीटिंग कहीं होती है ।

- Own Building1
स्वयं के भवन में
- Any Membership House.....2
किसी सदस्य के घर पर
- Panchayat Building3
पंचायत की भवन
- AWC.....4
आमनशाही केन्द्र में
- Community Hall.....5
समुदायिक हॉल में
- School6
स्कूल में
- Under Tree.....7
पेड़ के नीचे
- Other (specify).....8
अन्य

6.3 (i) Do you maintain the minutes of meeting?

क्या आप मीटिंग का ब्योरा रखते हैं ?

Yes -1 No-2

(ii) If yes, who documents the meeting?

अगर हाँ तो मीटिंग के कागजात कौन तैयार करता है ?

7. Collaboration with other Village Organizations

गाँव की अन्य सस्थाओं के साथ सहयोग ।

7.1 Do you have any collaboration with other village organization?

क्या आपको ग्राम की अन्य सस्थाओं से सहयोग मिलता है ?

Yes -1 No-2

7.2 If yes, with which organization do you mostly collaborate? (multiple answer possible)
अगर हाँ तो किस सस्था से आपको सबसे ज्यादा सहयोग मिलता है ?(एक से अधिक उत्तरो की सम्भावना)

- AWC.....1
आर्गन वाडी केन्द्र
- Sub-center2
उप केन्द्र
- Gram Phanchayat.....3
ग्राम पंचायत
- School4
स्कूल
- Other Women's Group.....5
अन्य महिला समुह
- Other (Specify _____)6
अन्य

7.3 What kind of collaboration do you have ?
आपको किस प्रकार का सहयोग प्राप्त होता है ?

1.

2.

8. Women's Interest and Daily Needs
महिलाओं की रुचि तथा रोज की जरूरतें ?

What are the some major concern, the group think, in the improvement of women's life and daily needs? (multiple answer possible)

आपके समूह के ऐसे कौन से मुख्य कान हैं जो महिलाओं के जीवन सुधार और उनके रोज की जरूरतों के लिये महत्वपूर्ण हैं

- Generating Income01
पैसा कमाना
- Children's Health02
बच्चों का स्वास्थ्य
- Children's Education.....03
बच्चों की शिक्षा
- Own Health04
अपना स्वास्थ्य
- Village Sanitation.....05
गाव की स्रच्छता
- Village Drinking Water06
गाव में पीने का पानी
- Family Issues07
पारिवारिक मुद्दे
- Legal Awareness on Women's Status.....08
महिलाओं की स्थिति के लिए कानूनी जानकारी
- Husband Cooperation and Understanding towards Household Chore...09
पति का सहयोग और घर की जरूरत के बारे में समझना
- Husband Alcoholism10
पति का शराब पीना
- Family's Happiness.....11
परिवार की खुशी
- Child's Marriage12
बच्चों की शादी
- Reducing Daily Heavy Work (how reduce the workload?).....13
प्रति दिन के ज्यादा काम को कम करना(कैसे कम करते हैं)। (उल्लेख करो)

9. Training
प्रशिक्षण

9.1 Do your organization receive any training? Yes -1 No-2
क्या आपकी संस्था ने कोई प्रशिक्षण लिया है ?

9.2 If yes, what type or subject did you receive? how long did you take ?
यदि हाँ तो यह किस विषय पर था और इसकी अवधि क्या थी ?

Type of training _____

Length of Training Days

9.3 Do you need to receive more training program? Yes -1 No-2
क्या आप और प्रशिक्षण चाहते हैं ?

9.3 If yes, on which subjects do you need to have training ?
अगर हाँ तो किस विषय पर और प्रशिक्षण चाहते हैं ?

- Agriculture Training1
कृषि प्रशिक्षण
- Livestock Training2
पशुपालन प्रशिक्षण
- Training for Starting New Small Business.....3
नए छोटे कारोबार को शुरू करने का प्रशिक्षण
- Cooking4
खाना पकाना
- Making New Income Generating Goods5
चीजे बनाकर पैसे कमाना
- Accounting.....6
(लेखा - जोखा)
- Managing Group7
समूह बनाना

10. Others
अन्य

10.1 Do your organization face any problem to run the group now? Yes -1 No-2
क्या अब आपकी संस्था समूह को चलाने में कितनी प्रकार की कठिनाई आ रही है ?

10.2 If yes, What are these problems now?
अगर हाँ तो वो परेशानियाँ क्या हैं ?

1.

2.

10.3 What are your suggestions or ideas to solve these problems?
इन परेशानियों को सुलझाने के लिए आपके सुझाव व विचार क्या हैं ?

1.

2.

Annex 8 Community Health Provider

Study on Reproductive Health Under JICA Development Study on Reproductive Health In the State of Madhya Pradesh, India Household Survey

Community Health Provider

Identification		
1	District _____	Tikamgarh.....1 Damoh.....2 Sagar.....3 Chhatapur.....4 Panna.....5
2	Block _____	<input type="text"/> <input type="text"/>
3	Village _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	PSU Number	<input type="text"/> <input type="text"/>
10	Date of Interview _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
11	Name of the Supervisor _____	
12	Date of Checking _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y
13	Is this village has any health provider?	Yes.....1 No.....2 →End the interview
14	Type of health providers	LHV.....1 ANM.....2 MPW.....3 JSR.....4 DAI.....5 Anganwadi Worker.....6 Private Doctor / Registered....7 Medical Practitioner.....8 Private Doctor / Traditional doctor.....9 Compounder.....10 Traditional Healer.....11 Health volunteer.....12 Other _____13
15	Results	Completed All Providers.....1 Completed Few Providers...2 Incomplete All.....3

NOTE: Includes all providers in the sampled village including outside the allopathic and government systems: non-allopathic medicine and private sector. Both Formally and not Formally trained, and both Registered and Unregistered.

This questionnaire will be applied up to the end of "B. Services provided" for LHV/ANM/MPW, JRS and DAL.

Type of Health Provider	_____
-------------------------	-------

A. Basic Information on Health Provider			
A1	Name and Code of Health Provider (Code as per the Q14)	Name _____	<input type="checkbox"/> <input type="checkbox"/>
A2	Medicine System	1. Allopathic 2. Ayurvedic 3. Homeopathy 4. Unani 5. Traditional Indian 6. Others	
A3	Legal Status	1. Registered 2. Unregistered 3. Unknown	
A4	Age	() years	1. <20 2. 20-24 3. 25-34 4. 35-44 5. 45-54 6. 55-64 7. 65 or more
A5	Sex	1. Female 2. Male	
A6	Category of Caste	1. General Caste 2. SC 3. ST 4. OBC 5. Other Religious Group	
A7	Caste		
A8	Years of providing services in the community	() years	1. <1 2. 1-3 3. 4-6 4. 7-9 5. 10-14 6. 15-19 7. 20-29 8. 30 or more
A9	Area/Coverage	1. Within the village – one section 2. Within the village – entire village 3. Neighboring village as well	

B. Services provided		
B1	Regular service days (1) (Circle all mentioned)	1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday
B2	Regular service days (2)	1. 1 day/week 2. 2 days/week 3. 3 days/week 4. 4 days/week 5. 5 days/week 6. 6 days/week 7. 7 days/week
B3	Regular service hours	() a.m. ~ () p.m.
B4	Emergency services?	1. Yes 2. No → go to B6
B5	24 hours emergency services?	1. Yes 2. No
B6	Number of clients per week (range)	
B7	% of clients (range)	1. Women ()% 2. Children ()% 3. Men ()%
B8	Services provided and number of clients per week (range)	1. Health Education () 2. Antenatal () 3. Delivery () 4. Post-Natal () 5. Family Planning () 6. Abortion () 7. Treat of complic. abortion () 8. STDs Diagnosis () 9. STD Treatment () 10. HIV/AIDS diagnosis () 11. HIV/AIDS Treatment () 12. Child Diarrhea () 13. Child Fever () 14. Child ARI () 15. TB () 16. Chronic illnesses () 17. Emergency cases () 18. Other ()
B9	Coordination with any other health provider	1. Yes 2. No → go to C1
B10	Specify with whom (all)	1. () 2. () 3. () 4. () 5. () 6. ()
B11	What medication do you prescribe when your patient have diarrhea?	1. ORS 2. Antibiotics 3. Shishazai 4. Ayurvedic medicine 5. None 6. Others ()

		()
B12	What medication do you prescribe when your patient have cough?	1. Chingaizai 2. Antibiotics 3. Vitamines 4. Ayurvedic medicine 5. None 6. Ohters () ()
C. Education/qualification and Training		
C1	Educational background	() years 1. <3 2. 3-6 3. 7-8 4. 9-12 5. 13-15 6. 16 or more
C2	Any qualification and/or certificate in health/medical field?	1. M.B.S. 2. Other (specify:) 3. None
C3	Trained?	1. Yes, training recognized by Government 2. Yes, training NOT recognized by Government 3. No → go to D1
C4	Category of Training (Circle all mentioned)	1. Screening clients for spacing methods 2. IUD insertion 3. Prenatal care 4. Checking blood pressure 5. Safe delivery 6. Neonatal care 7. Immunization programme 8. Control of diarrheal diseases/ORT 9. Acute respiratory infection 10. Nutrition 11. Child survival and safe motherhood (CSSM) 12. Reproductive and child health (RCH) 13. Community needs assessment 14. Counseling techniques 15. Pap smear examination/tests 16. RTI/STD 17. Medial termination of pregnancy (MTP) 18. Safe abortion 19. Others
C5	1. Duration of training	1. () (← indicate the number above in C4) () months / weeks / days 2. () (← indicate the number above in C4) () months / weeks / days 3. () (← indicate the number above in C4) () months / weeks / days
C6	2. Venue of training	1. () (← indicate the number above in C4) () 2. () (← indicate the number above in C4) () 3. () (← indicate the number above in C4) ()
C7	3. Organization	1. () (← indicate the number above in C4) () 2. () (← indicate the number above in C4) () 3. () (← indicate the number above in C4) ()

D. Service Charge (User Fee)		
D1	Do your clients pay for services?	1. Yes 2. No → E1
D2	Method of payment	1. Cash only 2. In kind only → go to E1 3. Cash and in kind 4. no payment / free services → go to E1 5. Others → go to E1
D3	How much do your clients pay for services?	
	1. First visit registration	(~) Rupees
	2. Consultation	(~) Rupees
	3. Drugs	(~) Rupees
	4. Delivery	(~) Rupees
	5. Abortion	(~) Rupees
	6. Minor surgery	(~) Rupees
	7. Others	(~) Rupees
E. Facility/Equipment and Sanitation		
E1	Do you have any place for providing services?	1. Yes 2. No → go to E5
E2	Ownership of building?	1. Own 2. Rented 3. Donated/Rent Free 4. Functioning from Panchayat 5. Other Gov. Building 6. Others
E3	Facilities Available	
	1. Waiting room	1. Yes 2. No
	2. Consultation room	1. Yes 2. No
	3. Toilet for client	1. Yes 2. No
	4. Water supply	1. Yes 2. No
	5. Electricity supply	1. Yes 2. No
E4	Cleanliness (Interviewer will evaluate cleanliness of facility)	1. Very clean 2. Clean 3. Fair 4. dirty 5. Very dirty
E5	Where do you provide services to your clients?	1. In client's house (visit client's house) 2. In open spaces in the community 3. Others (specify:)
E6	Availability of equipment? (Please ask health providers)	1. Yes, sufficient 2. Yes, but not sufficient 3. Not sufficient at all
E7	Availability of drugs?	1. Yes, sufficient 2. Yes, but not sufficient 3. Not sufficient at all
E8	Availability of supply of drugs?	1. Yes, sufficient 2. Yes, but not sufficient 3. Not sufficient at all

G. Support		
G1	Are you getting any support from other agencies/communities?	1. Yes 2. No → go to H1
G2	Which organization provides the support?	1. Panchayat 2. NGO 3. Community group 4. Other (specify: _____)
G3	Type of support provided	1. Fund (in cash / in kind) 2. Labour 3. Others (specify: _____)
H. Opinions and suggestions in relation to RCH		
H1	Problems faced in providing RCH services	1. _____
		2. _____
		3. _____
H2	Training needs, if any.	1. _____
		2. _____
		3. _____
H3	Support, other than the training need, required.	1. _____
		2. _____
		3. _____
H4	Whom do they think provide the support (including training)	1. _____
		2. _____
		3. _____
H5	Suggestions for improvement in the present delivery of RCH services.	1. _____
		2. _____
		3. _____

Interview with TBA

Name of respondent _____

Q1. We are conducting a survey of maternal health services provided in this area, and would be grateful if you would take a few minutes to answer some questions. All of your answers will be held in strict confidence.

हम लोग इस क्षेत्र में मां की स्वास्थ्य सेवाओं का सर्वेक्षण कर रहे हैं, यदि आप कुछ मिनट का समय दें और हमारे प्रश्नों का उत्तर दें तो हम आपके आभारी होंगे, आपके जवाब पूर्णतः गोपनीय रहेंगे। (या- किसी औरको नहीं बताएंगे?)

1.	When was the last time that you attended a birth ? आपने पिछला प्रसव कब किया था?	Never (close interview).....0 कभी नहीं (नोट-साक्षात्कार बंद कर दें) in the past week..... 1 पिछले सप्ताह में in the past month..... 2 पिछले महीने में in the past 6 months3 पिछले छः महीनों में in the past year..... 4 पिछले एक साल में in the past 5 years.....5 पिछले पांच सालों में 5 years or longer..... 6 पिछले पांच वर्षों के पूर्व do not know..... 9 याद नहीं (मालूम नहीं/पता नहीं)
	If TBA has never attended a birth, thank TBA and close interview यदि दाई ने कभी प्रसव नहीं किया हो तो साक्षात्कार समाप्त कर दें ।	

2- What warning or danger signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to a health facility ?

गर्भवस्था या प्रसव के दौरान तथा प्रसव के बाद, एस कान से खतर वाला चिन्ह आप को लगता है जनक कारण आप मरीज को स्वास्थ्य सुविधा में ~~करीब~~ भेज देती है (रेफरल)?

listen carefully. Probe for multiple responses. Do not read out list. Encircle Answers.

ध्यानपूर्वक सुनें, कई उत्तर निकलवायें/कृपया सूची न पढ़ें/ जितने बतावें उतने उत्तरों पर गोले करें ।

previous bad obstetric history / abdominal scars / previous stillbirth	1
यदि पहले प्रसव समस्या जनक रहा हो/पेट पर घाव यदि पहले मृत वृद्धा जन्मा हो	
hypertension / headache / swelling / fits	2
बढ़ा हुआ ब्लडप्रेसर/भिरदद/सूजन /भिरगी जैसे दौरें (फिट)	
anaemia / pallor / fatigue / breathlessness.....	3
एनीमिया (खून की कमी)/पीलापन/थकान/सांस लेने में तकलीफ	
cessation of foetal movement / baby does not move	4
गर्भ में शिशु का हिलनाडुलना बंद होना/गर्भ में शिशु हिलता ही नहीं	
abnormal lie / position of foetus	5
गर्भ में शिशु की असामान्य स्थिति	
sepsis / foul smelling discharge / postpartum abdominal pain	6
मवाद पड़ना/दुर्घन्धित स्राव/प्रसव के बाद पेटदर्द	
light bleeding / spotting	7
थोड़ा-थोड़ा खून बहना	
haemorrhage / heavy bleeding	8
अधिक खून बहना	
multiple pregnancy / large abdomen	9
जुड़वा बच्चे होना/ज्यादा बड़ा पेट होना	
obstructed / prolonged labour	10
फंसा हुआ प्रसव/लंबे समय तक चलने वाला प्रसव	
other - specify :	11
अन्य-लिखियें	

3.	<p>What do you use to cut the cord ? नाल काटने के लिए आप कौन सा औजार इस्तेमाल करती है?</p> <p>Probe to determine if and how tools are cleaned and sterilized. पूछें कि औजार कैसे साफ करती है और कैसे निःसंक्रामित (स्टरलाइज) करती है.</p> <p>Ask to see tools कृपया औजार देखें</p>	<p>Appropriate sterile instrument1 ठीक प्रकार का औजार -razor blade (new and/or sterile) रेजर ब्लेड-नया रेजर ब्लेड/स्टरलाइज किया हुआ रेजर ब्लेड -scissors (sterile) कैंची (स्टरलाइज की हुई) Appropriate instrument, but not sterile2 ठीक प्रकार का औजार पर स्टरलाइज नहीं किया हुआ -razor blade or scissors रेजर ब्लेड या कैंची Traditional materials3 पारंपरिक सामान -reeds, bamboo, etc लकड़ी, बांस, आदि Other - specify :9 अन्य - लिखिए</p>
----	--	--

4.	<p>After you cut and tie the cord, with what do you treat it ? नाल काटने और बांधने के बाद आप इसका क्या उपचार करती हैं</p>	<p>Nothing.....1 कुछ नहीं Ash.....2 राख Herbs / flowers3 जड़ी बूटी/फूल Dung.....4 गोबर Dust from pestle.....5 धूल Alcohol6 शराब Other - specify :9 अन्य (लिखिए)</p>
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5. Do you ever use herbs ? if yes, what do you use them for ?
क्या आप कभी जड़ी-बूटियों का प्रयोग करती है? यदि हां, तो किसलिए प्रयोग करती है?

Listen carefully. Probe for multiple responses. Do not read out list.
ध्यानपूर्वक सुने कई उत्तर प्राप्त करें कृपया सूची न पढ़ें

Encircle Answers
उत्तरों पर गोले करें

Do not use herbs	1
जड़ी बूटी का उपयोग नहीं करती	
Fever	2
बुखार	
Obstructed labour.....	3
रुका हुआ प्रसव	
At birth.....	4
जन्म के समय	
Bleeding.....	5
खून बहना	
To stimulate contractions.....	6
गर्भाशय के सिकुड़ने अथवा फैलने को बड़ाने के लिए	
To change sex of baby.....	7
बच्चे का लिंग बदलने के लिए	
To avoid abortion.....	8
गर्भपात रोकने के लिए	
To expel placenta.....	9
आंवल निकालने के लिए	
Other - specify	10
अन्य (लिखिए)	

6.	After a normal, non-complicated birth, do you refer a patient to the health facility ? if yes, when ? सामान्य प्रसव के बाद क्या आप मरीज को स्वास्थ्य सुविधा में भेजती (रेफर करती) है? यदि हां, तो कब ?	Never or do not refer patients.....	0
		रुभी नहीं	
		Immediately.....	1
		तत्काल	
		During first week.....	2
		प्रथम सप्ताह में	
		During first six weeks.....	3
प्रथम छः सप्ताह में			
If she is ill or in case of problem.....	4		
यदि बीमार हों या समस्या हो			
Other - specify	9		
अन्य (लिखिए)			

7. What advice and information do you provide to the mother after birth ?
प्रसव के बाद आप माता को क्या सलाह और जानकारी देती है?

Listen carefully. Probe for multiple responses. Donot read out list.
ध्यान से सुने, कई उत्तर निकलवायें, सूची न पढ़ें

Encircle Answers
उत्तरो पर गोले लगाए

Child spacing or family planning.....	1
बच्चों के बीच अंतर रखने या परिवार नियोजन	
Early breast-feeding.....	2
शीघ्र स्तनपान	
Information on postpartum complications.....	3
प्रसव के बाद होने वाली परेशानियों की सूचना	
Cord care.....	4
नाल की देखरेख	
Nutrition for mother.....	5
माता को पोष्टिक आहार	
Immunization.....	6
टीकाकरण	
Personal hygiene.....	7
व्यक्तिगत स्वच्छता	
Other - specify :	8
अन्य (लिखिए)	

8.	When was the last time that you saw a woman with complications resulting from an incomplete or unsafe abortion ? आपने पिछली बार किसी ऐसे भरीज को कब देखा था जिसे अपूर्ण या असुरक्षित गर्भपात की वजह से समस्या हुई हो?	Never.....	0
		कभी नहीं	
		In the past week.....	1
		पिछले सप्ताह	
		In the past month.....	2
		पिछले माह	
		In the past 6 months.....	3
		छःमाह पहले	
		In the past year.....	4
		पिछले साल	
In the past 5 years.....	5		
पिछले पांच सालों में			
5 years ago or longer.....	6		
पांच साल पहले या उससे भी पहले			
Do not know.....	9		
याद नहीं			
9.	Have you ever recieved training from the health facility staff in maternal health care ? if yes, when was the last time that you received this training ? क्या आपने कभी स्वास्थ्य सुविधा के कर्मचारियों से मातृ स्वास्थ्य की देखभाल संबंधी प्रशिक्षण प्राप्त किया है? यदि हां, तो बतायें पिछली बार यह प्रशिक्षण आपने कब प्राप्त किया था?	Never.....	0
		कभी नहीं	
		In the past week.....	1
		पिछले सप्ताह	
		In the past month.....	2
		पिछले माह	
		In the past 6 months.....	3
		पिछले छःमाह में	
		In the past year.....	4
		पिछले साल	
In the past 5 years.....	5		
पिछले पांच वर्षों में			
5 years ago or longer.....	6		
पांच वर्ष या उससे पूर्व			
Do not know.....	9		
याद नहीं			

10.	<p>Are you sometimes called after the baby is already born and just to delivery the placenta? If yes, when were you called in last time?</p> <p>क्या आपको कभी बच्चे का जन्म हो जाने के बाद आंवल निकालने के लिए बुलाया जाता है? यदि हां, तो पिछली बार आप को इसके लिए कब बुलाया था?</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छः माह में</p> <p>In the past year.....4 पिछले साल में</p> <p>Others.....5</p>
11.	<p>Do you ever meet with a nurse or midwife to discuss your work ? if yes, when was the last time ?</p> <p>क्या आप अपने काम संबंधी बातचीत करने के लिए कभी नर्स (परिचारिका) या प्रशिक्षित दाई से मिलती है? यदि हां, तो पिछली बार कब मिली थी?</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छः माह में</p> <p>In the past year.....4 पिछले साल</p> <p>In the past 5 years.....5 पिछले पांच वर्षों में</p> <p>5 years ago or longer.....6 पांच साल से पहले या अधिक</p> <p>Do not know.....9 याद नहीं</p>
12.	<p>Do you give reports of your deliveries to the anm or lady health supervisor</p> <p>क्या आप अपने द्वारा किए गये प्रसव की सूचना (रिपोर्ट) नर्स (ए.एन.एम.) या महिला स्वास्थ्य कार्यकर्ता को देती है</p>	<p>Once a Month.....1 माह में एक बार</p> <p>Over 2 Months.....2 दो माह से अधिक में</p> <p>Other specify.....3 अन्य स्पष्ट करें</p>
13.	<p>how old are you आपकी उम्र कितनी है ?</p>	<p>Years</p>
14.	<p>what are the activities do you perform in your village (open question)</p> <p>आप अपने गांव में क्या-क्या काम करती है? (खुला प्रश्न)</p>	<p>1</p> <p>2</p> <p>3</p>

Interview with nurses/midwife, LHV, ANM

Supervisor

Name of respondent _____

1.	<p>When was the last time that you attended a delivery ? आपने अंतिम प्रसव कब किया था?</p> <p>If respondent has never conducted a delivery, thank her and close interview. यदि उत्तरदाता ने कभी भी प्रसव नहीं किया हो तो धन्यवाद देकर सांभात्कार बन्द करें</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छः माह में</p> <p>6 month ago or longer.....4 छः माह से पूर्व या अधिक</p>
2.	<p>Alter a normal delivery, do you ask a client to return to the health facility ? if yes, when should she return ? सामान्य प्रसव हो जाने के बाद क्या आप उस महिला को स्वास्थ्य सुविधा में लौटने की सलाह देती है? यदि हां तो उसे कब लौटना चाहिए?</p>	<p>Never / do not ask.....0 नहीं/कभी नहीं बुलाते</p> <p>During first week.....1 पहले सप्ताह में</p> <p>During first six weeks.....2 पहले छः सप्ताहों में</p> <p>Only if she is ill / in case of problem3 तभी जब वह बीमार हो</p> <p>Other - specify4 अन्य (लिखिए)</p>
3.	<p>When was the last time that you encountered a woman with postpartum haemorrhage ? प्रसव के बाद रक्तस्राव का कसम पिछली बार आपने कब देखा था?</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छःमाह में</p> <p>6 month ago or longer.....4 छः माह से पहले या अधिक</p>
4.	<p>When was the last time that you encountered a woman with obstructed labour ? पिछली बार आपने कब फसा हुआ प्रसव देखा?</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छःमाह में</p> <p>6 month ago or longer.....4 छः माह से पहले या अधिक</p>

5.	<p>When was the last time that you encountered a woman with puerperal sepsis ? पिछली बार आपने कब प्रसव के बाद मवाद पड़ने (सेप्सिस) का केस देखा?</p>	<p>Never.....0 कभी नहीं In the past week.....1 पिछले सप्ताह में In the past month.....2 पिछले माह में In the past 6 months.....3 पिछले छःमाह में 6 month ago or longer.....4 छः माह से पहले या अधिक</p>
6.	<p>When was the last time that you encountered a woman with eclampsia ? आपने एकलेशिया का केस पिछली बार कब देखा था?</p>	<p>Never.....0 कभी नहीं In the past week.....1 पिछले सप्ताह में In the past month.....2 पिछले माह में In the past 6 months.....3 पिछले छःमाह में 6 month ago or longer.....4 छः माह से पहले या अधिक</p>
7.	<p>When was the last time that you encountered a woman with complications resulting from incomplete or unsafe abortions ? आपने अपूर्ण गर्भपात या असुरक्षित गर्भपात का खिगड़ा हुआ केस पिछली बार कब देखा था?</p>	<p>Never.....0 कभी नहीं In the past week.....1 पिछले सप्ताह में In the past month.....2 पिछले माह में In the past 6 months.....3 पिछले छःमाह में 6 month ago or longer.....4 छः माह से पहले या अधिक</p>

8. What symptoms and warning signs during pregnancy, delivery, and after delivery would prompt you to refer a woman to the hospital ?
गर्भावस्था, प्रसव के दौरान या प्रसव के बाद ऐसे कौनसे खतरेवाले चिन्ह होते हैं जिनके लिए आप मरीज को अस्पताल भेजती हैं?

listen carefully. Probe for multiple responses. Do not read out list.
ध्यान पूर्वक सुने कई उत्तर निकलवायें सूची न पढ़ें

Encircle Answers
उत्तरों पर गोले करें

previous bad obstetric history / abdominal scars / previous stillbirth	1
यदि पहले प्रसव समस्या जनक रहा हो/पेट पर घाव/यदि पहले मृत बच्चा जन्मा हो	
hypertension / headache / swelling / fits	2
बढ़ा हुआ ब्लडप्रेसर/सिरदर्द/सूजन /मिरगी जैसे दौरे (फिट)	
anaemia / pallor / fatigue / breathlessness.....	3
एनीमिया (खून की कमी)/पीलापन/थकान/सांस लेने में तकलीफ	
cessation of foetal movement / baby does not move	4
गर्भ में शिशु का हिलनाडुलना बंद होना/गर्भ में शिशु हिलता ही नहीं	
abnormal lie / position of foetus	5
गर्भ में शिशु की असामान्य स्थिति	
sepsis / foul smelling discharge / postpartum abdominal pain	6
मवाद पड़ना/दुर्घन्धित स्त्राव/प्रसव के बाद पेटदर्द	
light bleeding / spotting	7
थोड़ा-थोड़ा खून बहना	
haemorrhage / heavy bleeding	8
अधिक खून बहना	
multiple pregnancy / large abdomen	9
जुड़वा बच्चे होना/ज्यादा बढ़ा पेट होना	
obstructed / prolonged labour	10
फंसा हुआ प्रसव/लंबे समय तक चलने वाला प्रसव	
Other - specify :	11
अन्य-लिखियें	

9.	Approximately how many patients with complications resulting from incomplete or unsafe abortions did you see last month ? पिछले माह में लगभग कितने मरीज आपने अपूर्ण या असुरक्षित गर्भपात के देखे?	Number <input type="text"/> None00
9a	Are incomplete or unsafe abortion complication patients routinely given information and services for family planning ? क्या अपूर्ण या असुरक्षित गर्भपात के मरीजों को नियमित रूप से परिवार नियोजन की सलाह दी जाती है और इलाज किया जाता है?	Yes1 हाँ No2 नहीं

9b	<p>In this facility, <u>approximately</u> how many deaths from incomplete or unsafe abortion complications occur each year ?</p> <p>इस सुविधा में लगभग कितनी मौते हर साल अपूर्ण या असुरक्षित गर्भपात से होती है?</p>	<p>Number <input type="text"/> <input type="text"/></p> <p>None00</p>
9c	<p>From your experience, do you think that incomplete or unsafe abortion is a problem in this community ?</p> <p>अपने अनुभव के आधार पर क्या आप कह सकती हैं कि अपूर्ण और असुरक्षित गर्भपात इस समाज की एक समस्या है?</p>	<p>Yes.....1 हाँ</p> <p>No.....2 नहीं</p>
10.	<p>What is your qualification ?</p> <p>आप कितना पढ़ी-लिखी है?</p>	<p>Nurse / midwife with Degree नर्स/मिडवाइफ की डिग्री प्राप्त की है</p> <p>Nurse / midwife with Diploma नर्स/मिडवाइफ की डिप्लोमा प्राप्त की है</p> <p>LHV Health Supervisor Course महिला स्वास्थ्य कार्यकर्ता कोर्स</p> <p>ANM/Multi Purpose Worker Course ए.एन.एम./बहुउद्देशीय कार्यकर्ता कोर्स</p> <p>Other - specify : अन्य (लिखिए)</p>
11.	<p>When was the last time that you received any <u>midwifery</u> training. by training. i mean pre-service, in-service, or continuing education.</p> <p>अंतिम बार कब आपने कोई मिडवाइफ का प्रशिक्षण प्राप्त किया है? प्रशिक्षण से तात्पर्य नौकरी से पूर्व, नौकरी के दौरान या पढ़ाई के दौरान लिए गये प्रशिक्षण से है।</p> <p>If not training received, go to question NMW14 यदि प्रशिक्षण नहीं प्राप्त किया है तो एन.एम.डब्लू.14 पर जावे</p>	<p>Never.....0 कभी नहीं</p> <p>In the past week.....1 पिछले सप्ताह में</p> <p>In the past month.....2 पिछले माह में</p> <p>In the past 6 months.....3 पिछले छःमाह में</p> <p>In the past year.....4 पिछले साल में</p> <p>In the past 5 years.....5 पिछले पांच सालों में</p> <p>5 years ago or longer.....6 पिछले 5साल पूर्व या अधिक</p> <p>Do not know.....9 पता नहीं</p>

→ 0/13

12.	<p>When you received this midwifery training, did it include "hands-on" practical training ? जब आपने प्रसवकर्म का प्रशिक्षण लिया था तब क्या आपको "प्रयोगात्मक प्रशिक्षण भी मिला"</p>	<p>Yes.....1 हां No.....2 नहीं</p>
13.	<p>When was the last time that you received training in family planning. Again, by training, i mean preservice, in-service, or continuing education. परिवार नियोजनसंबंधी प्रशिक्षण आपने अंतिम बार कब प्राप्त किया था? यानि नौकरी के पूर्व, नौकरी के दौरान या पढ़ाई के दौरान लिया गया प्रशिक्षण</p>	<p>Never.....0 कभी नहीं In the past week.....1 पिछले सप्ताह में In the past month.....2 पिछले माह में In the past 6 months.....3 पिछले छः माह में In the past year.....4 पिछले साल में In the past 5 years.....5 पिछले पांच वर्षों में 5 years ago or longer.....6 पांच वर्ष पहले या उससे ज्यादा समय हो गया है Do not know.....9 पता नहीं</p>
14.	<p>When was the last time that your supervisor provided you with professional support ? by professional support, i mean advising and conselling your work and performance. अंतिम बार कब आपके "सुपरवाइजर" ने आपको काम में सहयोग दिया? यानि सहायता, सुझाव या सलाह दी हो जो आपकी कार्यकुशलता बढ़ाने में सहायक है</p>	<p>Never.....0 कभी नहीं In the past week.....1 पिछले सप्ताह में In the past month.....2 पिछले माह में In the past 6 months.....3 पिछले छः माह में In the past year.....4 पिछले साल में In the past 5 years.....5 पिछले पांच वर्षों में 5 years ago or longer.....6 पांच वर्ष पहले या उससे ज्यादा समय हो गया है Do not know.....9 पता नहीं</p>

Family Plan

section 15- only for anm/mpw female
अनुभाग 15 ए.एन.एम./बहुउद्देशीय महिला स्वास्थ्य कर्मी

15.	<p>Do you work also in the field/village क्या आप क्षेत्र (फील्ड)/गांव में भी काम करती है?</p>	<p>yes.....1 हां No.....2 नहीं</p>
15a	<p>How many villages do you cover. कितने गांव आप देखती है?</p>	<p>Number <input type="text"/> <input type="text"/></p>
15b	<p>How do you visit the village. आप गांवों का दौरा कैसे करती है?</p>	<p>On foot.....1 पैदल On bike.....2 साइकिल पर On moped.....3 मॉपेड पर Other specify.....4 अन्य (निर्दिष्ट)</p>

15c.	How much time does it take you to visit the most distant villages. सबसे दूरी के गांव का दौरा करने के लिए कितना समय लगता है	Minutes <input type="text"/> <input type="text"/> <input type="text"/>
15d	How do you know where to find pregnant women, and eligible couples. गर्भवती महिलायें तथा योग्य जोड़े का पता आप कैसे लगाती है?	1..... 2.....
15e	How many pregnant women did you see last time you went to the field. क्षेत्र का दौरा करने पर पिछली बार कितनी गर्भवती महिलायें आप ने देखी?	Number <input type="text"/> <input type="text"/>
15 f	How many family planning clients did you see last time you went to the field परिवार नियोजन संबंधी कितने क्लाइंट आपने अपने पिछले दौरे में देखे?	Number <input type="text"/> <input type="text"/>
15 g	How many home deliveries did you performe last time you went to the field क्षेत्र के दौरे के समय आपने कितने प्रसव घर में कराये	Number <input type="text"/> <input type="text"/>
15 h	Do you like to work in this Health facility ? इस स्वास्थ्य सुविधा में काम करना क्या आपको पसंद है?	Yes.....1 हां No.....2 नहीं
15 j	In your opinion, What are the 3major needs of this facility? आपकी राय में इस सुविधा की तीन महत्वपूर्ण जरूरतें कौन सी हैं?	1. 2. 3.

section 16- only for staff nurses (degree or diploma)
 अनुभाग 16 -केवल स्टाफ नर्सस के लिए (डिग्री या डिप्लोमा)

16.	When did you graduate आप स्नातक कब हुई ? <i>complete your hotel diploma</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY
16 a	What are your duties at the health facilities ? इस स्वास्थ्य सुविधा में आपके क्या-क्या काम है?	1 2 3 4 5
16 b.	Do you do field work? क्या आप क्षेत्र (फील्ड वर्क) में काम करती है?	Yes1 हां No.....2 नहीं
16 c.	Do you supervise LHV or ANM? क्या आप महिला स्वास्थ्य कार्यकर्ता एवं दाई के काम की देखरेख करती है?	Yes1 हां No.....2 नहीं
16 d.	Do you like to work in this Health Facility? क्या इस सुविधा में काम करना आपको पसंद है?	Yes1 हां No.....2 नहीं
16 e.	In your opinion, What are the 3 major needs of this facility? आपकी राय में इस सुविधा की तीन कौनसी महत्वपूर्ण जरूरतें हैं?	1 2 3

Thanks

Interview with JSR male, female and Anganwani workers

Name of respondent _____

I know you do not belong to the District Department of Health. However, I would like to know a little bit more about your work. Would you please respond to the following questions ?

हमें पता है कि आप स्वास्थ्य विभाग से नहीं है, फिर भी हम आपसे आपके काम के बारे में थोड़ी जानकारी चाहते हैं। क्या आप हमारे निम्न प्रश्नों का उत्तर देंगे?

1.	When did you finish your course ? आपने अपना कोर्स कब पूरा किया ?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YY
2.	Do you collaborate in the work of the sub-center and / or PHC and / or CHC ? क्या आप उपस्वास्थ्य केन्द्र, प्राथमिक स्वास्थ्य केन्द्र या सामुदायिक स्वास्थ्य केन्द्र के कार्य में <i>दुस्सा लेती है? नहीं</i>	Yes.....1 हां No.....2 नहीं
3.	What do you usually do in collaboration with them in the village ? आप उनके साथ मिलकर गांव में क्या-क्या काम करते हैं?	1. 2. 3.
4.	Other than your work with the health department, what other health activities do you do in the village ? आप स्वास्थ्य विभाग के साथ रहकर काम के अलावा गांव में स्वास्थ्य संबंधी क्या-क्या गतिविधियां करते हैं?	1. 2. 3.
5.	Do you like to work in this Health Facility ? क्या आप इस स्वास्थ्य सुविधा में काम करना पसन्द करती हैं?	Yes.....1 हां No.....2 नहीं
6.	In your opinion, What are the 3 major needs of this facility ? आपकी राय में इस सुविधा की तीन प्रमुख जरूरतें क्या हैं?	1. 2. 3.

Thanks