

Baseline Survey and Situational Analysis of MCH Status in Champawat District, Uttarakhand

Report

For

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Formative Research and Development Services (FRDS)

Masjid Moth; South Extn-II

New Delhi

Contents

Executive Summary	vi
1. BACKDROP FOR THE STUDY	1
1.1 Core Components of the Project	1
1.2 The Baseline Survey	2
1.3 Objectives of the study	2
1.4 Areas of inquiry.....	2
2. METHODOLOGY AND DESIGN.....	4
2.1 Qualitative Approach	4
2.2 Quantitative Household Survey.....	4
2.1.1 Sampling Design and Sample Size.....	5
2.1.2 Sample Size.....	5
2.1.3 The Respondents of Household Survey.....	5
2.2 Tools for Data Collection	5
2.3 Consent Forms.....	6
2.4 Training for the Field Work	6
2.5 Data Collection, Processing and Analysis.....	6
3. HOUSEHOLD CHARACTERISTICS	7
4. CHARACTERISTIC OF SURVERY RESPONDENTS.....	8
5. ANTE NATAL CARE AND BIRTH PREPAREDNESS	9
5.1 Antenatal Care.....	10
5.2 Planning and Preparedness for Delivery	18
5.3 Breast Feeding Practices	23
5.4 Complications Experienced after delivery.....	27
6. CHILD HEALTH AND IMMUNIZATION	29
6.1 Childhood Morbidities	29
6.2 Coverage by Various Vaccination	30
7.0 ADOLESCENT GIRLS	34
8. HEALTH FACILITY ASSESSMENT IN CHAMPAWAT DISTRICT.....	39
8.1 Purpose of the Assessment.....	39
8.2 Methodology	39
8.3 Coverage	39

8.4 Findings	39
8.4.1 District Hospital.....	39
8.4.2 Lohaghat CHC.....	42
8.4.3 Sub-centers.....	44
8.5 Recommendations	47
9. ANNEXURE.....	48
9.1 Women Questionnaire.....	48
9.2 Focus Group Discussion Guide	76
9.3 Adolescent Questionnaire.....	82
9.4 Facility Checklist.....	95

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FRDS Team

List of Acronyms and Abbreviations

ANC	Antenatal Care
ANM	Auxiliary Nurse Mid-wife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CHC	Community Health Centre
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
CMW	Currently Married Women
DH	District Hospital
ENBC	Essential Newborn Care
FBNC	Facility Based Newborn Care
HBNC	Home Based Newborn Care
IFA	Iron and Folic Acid
JSSK	Janani Evam Shishu Suraksha Yojana
JSY	Janani Suraksha Yojana
MO	Medical Officer
MOIC	Medical Officer in Charge
MS	Medical Superintendent
NFHS	National Family Health Survey
ORS	Oral Rehydration Salt
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PNC	Postnatal Care
PPS	Probability Proportionate to Size
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH+A	Reproductive Maternal Newborn Child Health Adolescent
SC	Sub-centre
VHSND	Village Health Sanitation and Nutrition Day
WIFS	Weekly IFA Supplementation

Executive Summary

Public health remains one of the most challenging sectors for Uttarakhand Government to be addressed immediately; partly because of its hilly terrain, weak health care system, social beliefs, etc. Access to health care and shortage of medical and paramedical staff continues to be a major hurdle. The presence of private sector services is negligible in the high hill region and are limited to a few of the towns in the plains and foothills of the state.

Agrani India Foundation in collaboration with Govt of Uttarakhand and Tata Trust is implementing a health and nutrition project in two blocks of Champawat district.

To gain the understanding on the prevailing maternal and child health service delivery and health seeking behaviour of the community, a baseline survey was conducted by Formative Research and Development Services – a Delhi based research agency. The study explores all important public health aspects of the maternal and child health system delivery. Key areas of inquiry in this study includes the current health status of the most vulnerable population groups - women in active reproductive age group, children under 2 years and adolescent girls.

Sample household survey among 380 randomly selected women of the reproductive age was carried out in two intervention blocks during May 2019. The baseline survey gathered information on current maternal, neonatal and child health mainly in terms of related services' coverage and prevailing household level knowledge, attitude and behaviors towards maternal and newborn care.

The study followed a mixed method approach of primary data collection and analysis using qualitative and quantitative methods. In addition, a facility survey was also carried out among the selected facilities in the intervention blocks.

In order to understand the knowledge, behaviour and cultural practices among the community regarding the care during pregnancy and delivery; focus group discussion (FGD) were conducted among a selected group of women members.

The sampled households belong to Hindu religion divided into different caste structures. About 23 percent of the households belong to the Scheduled Caste and Scheduled Tribe population. Nearly three out of five of households live in a pucca house. On an average, above eighty percent of the households have more than five members per household which resonates well with rural household characteristics such as joint family structure, early marriages and early pregnancy in the district.

Nearly 41 percent of sample population have access to piped water, mostly through public tap. About 5 percent of households defecate in open - a substantial improvement from 43 percent at the time of NFHS-3. Wood is still main source of cooking in the Champawat hills. Sixty two percent of the total households use wood as fuel for cooking. A little over one fourth

of households in Champawat use LPG/Natural gas as fuel whereas use of electricity, biogas, coal/charcoal and straw grass is limited to less than 10% of the household in both the blocks.

More than 90 percent of the women are below 30 years of age about 40 percent of the women are educated above higher secondary. More than one-fourth of women had 3 or more number of pregnancies.

About 5 percent (20 women) did not go for any antenatal care services which is a concern to the program on RMNCH. It is encouraging to see that nearly all mothers were registered for ANC. These indicate that reach of basic health services is nearly universal and is happening with some predictable periodicity. Any ANC checks up and protection from tetanus is almost universal. Most of the ANC received is reported to be from CHC/ DH/ Sub-center levels and not at the AWCs/ VHSND sites as is the case in most other settings. This finding warrants a deeper look at the on-ground situation. The sub-centres mostly do not have all the facilities such as haemoglobin, urine albumin and most importantly ultrasound. Most of the women informed that they visit Champawat DH/ CHC Lohaghat for ultrasound services. Also, many women are advised to visit DH Champawat on 9th of every month under PMSMA. The findings from the facility assessment clearly explains such kind of situation.

About 70 percent of the pregnant women reported having BP checked and blood and urine examined, while examination of breast and height measurement was reported by 34 and 28 percent of the mothers respectively. Only around 13% of pregnant women have had four or more ANC which is recommended. It is also important to note that around 45% had availed only 2 or less ANC visits, which seems to be an area of interest for future interventions to ensure quality of ANC care to the pregnant women. Survey enquired about the place of receiving services for each of the ANC and hence one facility may be visited more than once while women may also switch the facility for receiving subsequent ANC. CHCs have been the most preferred place for availing ANC services (53%) which has facilities for blood test and urine test. Around 25 percent of the women availed ANC services at DH. Only 8% of the pregnant women appear to have received an ANC at AWC during village health and nutrition days (VHSND), while another 30% visited the nearby sub-centre to avail the services. About 86 percent of the mothers reported that they had two doses of TT injection. 95% received any IFA and of that 26% received 90+ IFA tablets. Nearly 20 percent of the women consumed more than 90 IFA tablets and about 70 percent had consumed less than 60 tablets.

The frontline health workers (ANM/ASHA/AWW) play a vital role in creating awareness among the beneficiaries and the community about the complications associated with and around pregnancy. The information provided to women on pregnancy complications who visited a facility/ VHSND for ANC services was low at around 40 percent. Women were informed about convulsion (46%) followed by severe abdominal pain (41%), high blood pressure (39%), and prolonged labor and vaginal bleeding (38% each).

Among women, knowledge of key health problems during pregnancy is low. Forty five percent of the women had knowledge about swelling of feet/ hand during pregnancy, while this was only 30 percent in Pati block. The knowledge about paleness was only among 29 percent of women while 11 percent of women knew about visual disturbances during pregnancy. While knowledge about other complications such as night blindness, fever, jaundice, high BP etc, were less than 10 percent. Overall one-fourth of the women were not aware on any health problems which might occur during pregnancy. Treatment seeking among those who experienced any complication / illnesses is very high and most women are seeking treatment from DH or CHC level service providers. Of the total women (44) who faced problems during pregnancy, almost all of them (41) sought services from the health facilities.

Almost all women (95%) informed that they had planned to deliver the baby in a health facility. Most of them (82%) had planned to deliver the baby at CHC/DH. Of all the birth preparedness indicators, identification of person who can donate blood in emergency is not happening to the same extent as other components; only 6% of mothers reported to have done this.

It is found that overall, 90 percent of the births are institutional deliveries and home delivery is just 10 percent only. More than two-third (69%) of women gave birth to her youngest child either at district hospital or block CHC. About 75 percent of births are normal delivery. In both the blocks after the baby was delivered, baby tray was used in nearly 50% of the cases to place the baby until the placenta got delivered. Approximately 25% mothers reported that the baby was placed next to her after the delivery. Despite the nurses' advice given to around 50 percent of the women for placing the baby on the mother's chest, less than 10% of the women reported that the baby should be placed on her abdomen immediately after delivery.

Most of the institutional deliveries are normal and about 25 percent are caesarean sections, most likely in Pithoragarh district hospital or private hospitals in Tanakpur town. There is no C-section facility available at the district hospital Champawat because there is no any surgeon appointed. Even there is no any gynaecologist posted at DH. Because of this, the MO placed at MCH wings, take extra precaution and refer high risk pregnancies to either Pithoragarh DH or Tanakpur and Khatima private facilities. Among institutional deliveries, NBC practices during immediate postpartum period are not so encouraging. Only one quarter of the babies born in the health facility were placed next to mother until the placenta was delivered, while only 7% were put on mother's abdomen. Ninety percent of the babies born in the health facility were weighed. Around 50% percent of the babies weighted more than 3 kgs, while another 20% had weight between 2.5 to 2.99 kgs. Less than 2.5 kgs were reported by 15 percent of the cases and rest 17 percent of the mothers' didn't remember the weight of the baby at the time of birth.

As part of the incentives for institutional delivery, around 53% of the mothers received financial incentives. At the same time, there were about 47% of mothers who were yet to receive the incentives. It is to be noted that around 17% of those who got financial incentives reported facing some difficulty in terms of submitting documents. Some women also reported harassment by the officials.

Post-delivery complications were reported by the women, which included severe pain in the lower abdomen by about 15 percent of women followed by experience of fever, excessive bleeding from vagina after delivery and pain after passing urine (7% each). There is need to urgently look into post-delivery complications such as excessive bleeding and low abdominal pain, as these two together reported by almost a quarter of women. Treatment seeking for post-delivery complications is high and around two-thirds of the women received treatment, mainly from the CHCs and DH.

Nearly 53% of children are being breast fed immediately after birth. Another 36 percent were initiated breastfeeding within 1 day of the delivery, however, there are about 11% of children who are getting breastfed only after a day of birth. Most of the babies who had delayed initiation were either sick or had low birth weight and not able to suck the milk. In other cases, it was reported that mother's milk was not coming. Also, the delay in the initiation was due to the birth of caesarean baby. On feeding pre-lacteal before the initiation of breast milk, more than 80% said they don't give pre-lacteals.

While proper newborn care practices were followed in case of institutional deliveries. The precautions and procedures followed during home delivery in both the blocks were abysmal. As recalled by the mothers, 1/3rd of them did not remember whether the health worker washed hands before conducting the delivery and 20% of them said that the health worker did not wash her hands before conducting the delivery. This is observed in the case of institutional deliveries. For 50% of the deliveries conducted at home, the health worker did not wear gloves. Moreover, every second newborn baby was placed next to the mother as compared to every fifth new-born placed on her abdomen. In almost all the deliveries at home, a new blade was used to cut the cord and in 2/5th of the cases nothing was applied to the cord after clamping and a quarter reported applying mustard oil, while around 10 percent applied talcum powder or sindoor, etc.

Diarrhoea episode was reported by about 5 percent of children in two weeks preceding the survey. Almost all these children sought treatment. While there wasn't much change in breastfeeding for children during the diarrhoea episode in about 40 percent of children, against it, breastfeeding was reduced among 53 percent of children.

Nearly 37 percent of the children had some form of respiratory infection (fever and cough) in last 2 weeks. While severity of illness was more in about 6 percent of children, all of them were reported in Champawat block only. Treatment seeking behaviour was high in both the blocks. In 45 percent of the episode of illness, breastfeeding was reduced, while for 28 percent of the cases, there were no change in breastfeeding practices and 12 percent cases witnessed increased breastfeeding. With such incidence rates of child morbidity and expected reduction

in feeding practices during and after illness, there is high likelihood of these frequent illnesses contributing heavily to malnutrition of children in the area.

Universal immunization of children against the eight-vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough, tetanus, polio, measles, Hep B and HiB) is crucial to reducing infant and child mortality. The coverage of other vaccination does vary from 77 – 98 percentage in case of OPV to measles among children aged 12-23 months. The coverage of Polio third drop under routine immunization program is the lowest in the study area with around 77% of the children aged 12-23 months received it, probably they might be covered under pulse polio rounds which are conducted by the government from time to time.

Full immunization coverage has been estimated as 63 percent in the two blocks under study. Coverage by fully immunized children is slightly better in Pati block (74%) than in Champawat (70%).

The current study examined the knowledge and behavior of adolescent girls in the two blocks of Champawat district and information was collected from the interview of 85 adolescent girls.

Almost all the girls have attended school ranging from class 6 to attending college. At the time of survey, 77 percent of the girls were attending school. This shows that the importance of education is deep rooted in the parents of adolescent girls in the district. Those who left school due to completion of education (20%) and helping in the household work (15%).

About 19 girls reported to have done a professional course. Most of the courses are computer training (74%) and tailoring (16%). Some of the girls also learned singing, dancing, and beauty parlour courses.

It is interesting to note that the previous generation fathers (94%) also were educated ranging from primary level to post graduation. More than 80 percent of fathers were educated up to 12 class and about 5 percent are graduate and above. Mothers of these adolescent girls were less educated as compare to the fathers. About 35 percent of fathers are salaried either in govt or private sector. About one-fifth (21%) of the fathers were engaged in farming and almost similar proportions engaged in labour work.

Fifty three percent of adolescents' watched TV program every day while 19 percent reported that they never watch TV. Another significant proportion of them (18%) informed to watch TV occasionally. Habit of reading a newspaper is poor among the adolescent girls in Champawat. Thirty five percent of girls reported to read newspaper regularly while thirty percent of the girls never read it.

About 57 percent of girls have access to mobile phones in which 37 percent had their own mobile while 20 percent girls can access it from others mobile generally from the family. Only 32 percent girls were found to have access to internet facility.

Eighteen percent of girls reported that they had worked in the past for which they did not receive any remuneration while five percent reported that they had received money for her work. The work these girls did was job, self-farming, labor, tailoring, etc.

Almost all (90%) the girls were aware about the legal age at marriage for girls in India. While 80 percent of the girls were aware of accurate legal age of marriage, the remaining did not know it correctly. In case of legal age at marriage for boys, only 61 percent knew it correctly.

On the question of what is needed to keep oneself healthy, most of the girls (75%) reported to keep the body clean and hygienic followed by clean up the surroundings (33%) and consumption of protein enriched food - pulses, green vegetables, fruits, milk, egg, etc. (20%). Regular physical exercise was answered by only 4 percent of girls.

More than three-fourth of the girls were aware of deficiency of blood (anaemia). On the question of symptoms of anaemia, weakness was reported by 59 percent of girls followed by dizziness (30%), pale skin (18%), tiredness (11%) and problem in eyesight (2%). Another symptom reported by just one adolescent girl was excessive discharge of blood during menstrual period.

On reasons for anaemia, most of the girls (52%) reported about not eating adequately followed by not eating enough green and leafy vegetables (28%), lack of consumption of fruits (9%) and lack of iron rich food (7%). More than 70 percent of the girls responded that one should consume green leafy vegetables more often while the remaining 28 percent told about the consumption of IFA tablets.

About 77 percent of the girls knew about the IFA tablets being distributed either at schools or at AWCs. Also about 71 percent of the girls reported to have consumed IFA tablets. A quarter of girls (25%) reported that they were consuming IFA regularly.

About 55 percent of the girls told that menstruation is the process of bleeding of dirty blood from the body followed by bleeding from uterus, which occurs every month and ovulation (8%). About 10 percent of the girls did not know at all what menstruation is.

About 85 percent of the girls had attained menarche. More than half of the girls (54%) reported about the first year of menstruation. Most of the girls reported to had been informed about the menstrual cycle before they experienced it. Most of the girls were told by the friends (33%) followed by mother (31%) and sisters-in-law (19%). During the menstruation, most of the girls use sanitary napkins (59%) followed by locally made napkins (33%). Only about 4 percent told that they use cloths. Most of the girls (72%) change the napkin twice a day followed by three times (13%) and four times (7%). Used sanitary napkins are thrown in dustbin by 75 percent of the adolescent girls and about 19 percent burn it. Almost all girls (93%) reported to take bath and clean vagina during the menstrual periods. About 75 percent of the girls reported to have experienced normal periods while 18 percent did not have normal periods during the last 6 months.

About the issues related to the menstrual periods, 31 percent of the girls agreed that menstruation is a disease and 41 percent agreed that woman should keep herself separate during their periods. The correct knowledge of adolescent girls on sexual and reproductive health was judged by asking a question “can a girl become pregnant if she has sexual intercourse for the very first time without using any contraception” and almost half of the girls (47%) replied positively.

Regarding agency of the adolescent girls, it was found that for buying cloths, most of the girls (41%) decide jointly with other members of the family followed by any other person (33%) and lastly by the girl herself (25%). In case of further study, 32 percent of the girls say that this is decided other persons, 25 percent say it is decide jointly while almost same proportion (24%) say that she decides this. In case of spending of money, 39 percent of girls decide by herself while 28 percent decide jointly.

The decision with whom to marry with is generally taken by others in case of 55 percent of girls while 33 percent girls informed that this will be decided jointly. Most importantly, 11 percent of the girls said that she would decide it.

Very few girls (8%) were associated with some group such as Aajivika Ekikrit Pariyojna, Krishi Samuh, Nagnath Samuh, Silayi Mandal, etc. More than half of the girls (52%) had participated in sports, 44% participated in rallies/ functions, 51% participated in national celebrations and 40% in other festivals.

1. BACKDROP FOR THE STUDY

In most of the states of India with well improved maternal and child health during the last decade, there are some highly vulnerable pockets of population which continue to experience higher levels of mortality, morbidity, malnutrition and overall poor health status of women and children as compared to the rest of the population. Even access to quality health care services in several such areas is very poor and often government programs plan intensive efforts for such areas. However, due to the lack of flexibility in government programs to innovate beyond the norms and non-availability of qualified human resources, such intensive efforts do not lead to intended outcomes as planned. Most of the hilly areas, desert districts and mountainous geographies have such higher vulnerability and often there are no disaggregated data for such population pockets.

Public health remains one of the most challenging sectors for Uttarakhand Government to be addressed immediately; partly because of its hilly terrain, weak health care system, social beliefs, etc. Access to health care and shortage of medical and paramedical staff continues to be a major hurdle. The presence of private sector services is negligible in the high hill region and are limited to a few towns in the plains and foothills of the state.

Agrani India Foundation in collaboration with Govt of Uttarakhand is planning to implement a health and nutrition project in Champawat district. In order to design a comprehensive health and nutrition initiative, it is imperative to thoroughly understand the health status, service provision systems, and individual and community practices and challenges of the district. To gain such understanding, a detailed situational analysis and baseline survey has been conducted by Formative Research and Development Services in two blocks of Champawat district of Uttarakhand. The study explores all important public health aspects of the community's maternal and child health system delivery.

Agrani India Foundation supported in designing the assessment, data collection, analysis, and interpretation of the study's findings, so as to develop a needs-based comprehensive health and nutrition project. Such a project is expected to contribute to improving the health and nutritional status of the population, primarily focusing on women of reproductive age and under 5 children. The project is likely to be instrumental in developing a model for improving access to health care by aggregating private and non-profit sector support.

1.1 Core Components of the Project

The project in Champawat district will have the following components:

1. Strengthening community level maternal and child health service delivery and social and behavior change through the agency of frontline government health workers (ASHA, AWW, ANM) and TBAs, and increasing awareness of communities. HBNC will form a major component of neonatal care.

2. Improving the quality of care at subcentres by providing primary level services for maternal and childcare by developing them as ideal delivery points.
3. Supporting the efforts of the health department to improve surgical facility at the District Hospital, Champawat through surgical camps.

Intervention is likely to begin in one block of Champawat District and then be scaled up for all the 4 blocks over the next 3 years.

1.2 The Baseline Survey

To gain the understanding on the prevailing maternal and child health service delivery and health seeking behaviour of the community, a baseline survey has been conducted by Formative Research and Development Services – a Delhi based research agency. The study explores all important public health aspects of the community's maternal and child health system delivery. FRDS is likely to support the project in Champawat district through its panel of advisors and experts with experience of extensive working in design, implementation and data analysis for the baseline and other strategic intervention needs. FRDS as a group is headquartered in Delhi and has undertaken multiple largescale assignments, specially focusing on maternal and child health research and largescale population-based surveys of health outcomes sponsored by various Ministries, State Governments, Non-Governmental Organizations, UN Agencies and Corporate sectors.

1.3 Objectives of the study

1. To establish a baseline status of current maternal, neonatal and child health practices at the household level and the level of coverage of key health services.
2. To develop an understanding of the Knowledge, Attitudes and Practices of key maternal and basic childcare topics among the frontline workers of health and ICDS programs and in women from the community.
3. To undertake a comprehensive health facility assessment in the District Hospital, CHC Lohaghat and select 5 Sub-centers in 2 blocks.
4. To assess health and nutrition-related challenges faced within the communities, from the context of geographical/environmental vulnerabilities as well as health & ICDS service provisions and referral systems.
5. To assess the status of sanitation access and behavior at the household, institutional and community levels within communities and to link such access to each community's health in general.

1.4 Areas of inquiry

Key areas of inquiry in this study includes the current health status of the most vulnerable population groups - women in active reproductive age group, children under 2 years and adolescent girls.

Related to health, nutrition and sanitation, the assessment was designed to examine access, health care needs, prevailing health behaviours and the robustness of delivery systems – both

public and private. A health facility assessment has been carried out for the selected facilities with a focus on improving quality of care. This baseline survey findings may be used for pre-post comparisons and help determine and measure the impact of the project among the community.

Sample Household Baseline Survey creates a baseline of current maternal, neonatal and child health mainly in terms of related services' coverage and prevailing household level knowledge, attitude and behaviors of community towards newborn care. Knowledge attitude and practices of FLWs and TBAs as well as current intervention priorities of FLWs has been assessed through a mix of qualitative and quantitative methods.

FRDS and the team of experts were engaged to design and implement the above mentioned quantitative and qualitative assessments and surveys. Local resource persons and field-investigators for data collection were recruited, trained and supervised by a dedicated team of professionals of FRDS and its partners. FRDS team developed the detailed methodology and approach for data collection in consultation with Agrani India team and its partners.

The study took a close look at all the existing secondary sources of data for the state and the districts (NFHS, DLHS and AHS) as well as data on health, nutrition and sanitation aspects by government programs. Also gathered significant amount of required primary data using mix-method approach.

- The baseline assessment primarily focusses on women, child and adolescent health. It additionally touches on major health problems of the adult populations – mainly for the access and service delivery system-related components.
- The **quantitative component** is a sample households survey and in-depth interviews with public health care providers. Attempts were made to cover an adequate number of villages, sampled in a scientific approach in order to give a good picture of the proposed project area.
- The **qualitative component** includes discussions with community members, health service providers and peripheral level health workers.
- The **health facility assessment** includes a facility-wise, quality of care improvement plan for the District Hospital and one CHC of Lohaghat. Additionally, 5 sub-centres in Champawat Block where the intervention is designed, have been considered for detailed understanding. Using an adapted version of GoI/ RMNCHA's facility assessment tool and other tested tools, the baseline survey assessed maternal, neonatal, and surgical services. Areas assessed include the organization of the labour room, operation theatre, wards, and the effective use of space in the District Hospital; the appropriateness of infrastructure for infection prevention; the supply status and process for all related medical and surgical care; the capacity and skills of nurses providing delivery and newborn care; and the presence of any quality improvement processes, etc.

2. METHODOLOGY AND DESIGN

The baseline study followed a mixed method approach of primary data collection and analysis using qualitative and quantitative methods. In addition, **analysis of secondary data** was performed for trends and patterns in use of services.

The respondents for eliciting **primary data** are described below-

Table No. 1 – Different Categories of the Respondents

DH Champawat	Number
CMS, DH Champawat	1
MO (in Charge of labour room)	1
Staff Nurse (labour room) – Champawat	1
CHC Lohaghat	
MOIC Lohaghat	1
Pharmacist Lohaghat	1
Staff Nurse (labour room) – Lohaghat	1
Sub-Centre	
ANM	5
Community	
Women	380
Adolescent Girls	75
FGD	5
ASHA	12
Facility	
DH	1
CHC	1
Sub-centres	5

2.1 Qualitative Approach

The qualitative methods include Interviews with health officials, MOICs of CHCs and ANMs on the issues of program management; training, care of newborn babies, examination of every new-born for prematurity and low birth weight, follow up for sick newborn, etc.

In order to understand the knowledge, behaviour and cultural practices among the community regarding the care during pregnancy and delivery; focus group discussion (FGD) were conducted among a selected group of women members. The FGDs were conducted among homogeneous group of population from the different demographic and social categories.

A total of 5 FGDs were conducted among recently delivered young / pregnant women and adolescent girls by a separate team of researchers.

2.2 Quantitative Household Survey

To create a baseline of current maternal, neonatal and child health mainly in terms of related services' coverage and prevailing household level behaviours, a household level sample survey was conducted.

The household survey was designed to collect information about pre-natal, intra-natal, immediate post-natal care practices by inquiring from pregnant women and mothers of children below the 2 years of age.

2.1.1 Sampling Design and Sample Size

Sampling Procedure: All the villages of Champawat and Pati blocks formed the universe of the study. A two-staged sampling procedure was adopted to select villages for the conduct of survey under this study. At the first stage, villages were selected using probability proportional to size (PPS) technique. For this all the villages in the rural areas were arranged as per their 2011 population size. Female literacy and caste were used as implicit stratification to select the villages. Three equal strata of the village size were made and within each stratum, required number of villages were selected. This ensured us the spread of the sample from various population size categories and representation of the true caste structure of the universe. At the second stage of sampling, households having at least one pregnant woman or those women who delivered during the last two years preceding the survey, were selected for detailed interview. A systematic sampling procedure was adopted to select the household from the villages. Thus, the sample drawn represents the rural areas of the two blocks of the district.

2.1.2 Sample Size

The quantitative survey was conducted among the mothers who have delivered during last two years or were pregnant at the time of data collection when the team of investigators visited the household.

In the absence of any district level knowledge estimates of maternal health, the safest choice for the population proportion of 0.5 has been assumed. The minimum sample size was estimated as 384 interviews of women with 95% confidence interval and 80% power.

It was decided to interview 16 mothers with children < 2 or pregnant women from one village (referred as primary sampling unit). Thus, a total of 24 villages (PSUs) were covered from the two blocks under study.

Effort were made to interview one ASHA from each selected village using a semi structured questionnaire. However, all ASHAs could not be contacted due to the extreme remoteness of the villages.

2.1.3 The Respondents of Household Survey

A woman, either pregnant or having a child less than two years of age was interviewed from each selected household. The respondents were those who had a child less than 2 years of age or were pregnant at the time of survey.

2.2 Tools for Data Collection

FRDS developed the tools for different levels of stakeholders in the study in consultation with Agrani India team. The tools were kept bilingual. All the study tools for data collection (qualitative and quantitative) were developed with support/ approval from Agrani India team.

The study mainly used the following tools

- A. Survey questionnaires
 - Women questionnaire (for all married women in age group of 18-35)
 - Adolescent girls' tool
 - Service provider questionnaire – community level (for ASHA, AWWs and ANMs)
- B. Checklists for assessment of public health facilities – District Hospital, CHC and Sub Center
- C. Checklists for focus group discussions (FGDs) with community members

2.3 Consent Forms

Consent forms were developed for taking the concurrence of respondents for the interview. The consent forms were placed with each questionnaire in the beginning.

2.4 Training for the Field Work

A training of field level staff (investigators and supervisors) which were recruited locally from Uttarakhand state, was organized in Bhimtal from May 2-5, 2019. The entire field team was trained on the objectives, methods, data collection techniques, Do's and Don'ts in the field and the tools. The team was explained thoroughly on the basic purpose of the baseline survey and its utility/ importance in improving the health of mothers and children in Champawat. The training programme included extensive classroom sessions and mock exercises/ role plays in addition to the theoretical sessions. On the last day of the training program, the entire field staff visited two nearby villages for conducting practice interviews with mothers and adolescent girls.

2.5 Data Collection, Processing and Analysis

Data was collected by a team of 6 female investigators and 2 supervisors during May 9-25, 2019. The facility assessment was carried out between July 17-20, 2019. The entire data was entered into computers using a specifically designed package in CPro. A detailed tabulation and analysis plan were prepared by looking at the objectives and questions of the tools. All the statistical analysis has been performed using statistical soft-wares SPSS.

3. HOUSEHOLD CHARACTERISTICS

Nearly three out of five of households in Champawat district (59% in Champawat and 64% in Pati) live in a pucca house. On an average, more than eighty percent of the household has more than five people per household which resonates well with rural household characteristics such as joint family structure, early marriages and early pregnancy in the district.

A total of 41 percent of households use piped water for drinking. Forty six percent of the sampled households use piped water source of drinking water in Champawat block, whereas in Pati more than 50% of the households receive piped water from public source into their dwelling, yard, or plot.

About 5 percent of households defecate in open a substantial improvement from 43 percent at the time of NFHS-3. A substantial four-fifth households in Champawat and three-fifth household in Pati own a flush toilet. The practice of share pit toilet, a type of toilet that collects human faeces in a hole in the ground, is prevalent more in Pati than in Champawat.

Wood is still main source of cooking in the Champawat hills. Sixty two percent of the total households use wood as fuel for cooking. Fifty nine percent in Champawat and sixty seven percent of household in Pati use wood as fuel for cooking. A little over one fourth (27 percent) of households in Champawat use LPG/Natural gas as fuel whereas use of electricity, biogas, coal/charcoal and straw grass is limited to less than 10% of the household in both the blocks. It seems that impact of Ujjwala Yojana has been less effective in Pati block as compared to Champawat. Only 8 percent of the households in Pati use LPG as the main source for cooking.

Table 3.1: Household Characteristics and Availability of Basic Facilities

Household Characteristics	Champawat	Pati	Total	Total Household
Type of House				
Kachcha/ Semi Pucca	41.0	36.0	39.5	150
Pucca	59.0	64.0	60.5	230
HH Size				
Less than 5	21.8	12.3	18.9	72
5 or more	78.2	87.7	81.1	308
Sources of Drinking Water				
Piped water inside dwelling unit	45.9	29.8	41.1	156
Piped water (Public)	46.2	51.8	47.9	182
Handpump inside dwelling unit	1.1	0.0	0.8	3
Handpump Public/ Tube Well, Bore Well	1.9	2.6	2.1	8
Natural Water	4.9	15.8	8.2	31
Toilet Facility				
Own Flush Toilet	79.7	60.5	73.9	281
Shared Flush Toilet	4.9	0.0	3.4	13
Own Pit Toilet	1.1	5.3	2.4	9
Shared Pit Toilet	6.8	21.9	11.3	43

Public/ Community toilet	4.9	2.6	4.2	16
No toilet facility/ open defecation	2.3	9.6	4.5	17
Others	0.4	0.0	0.3	1
Sources of fuel for cooking				
Electricity	0.8	1.8	1.1	4
LPG/Natural gas	27.1	7.9	21.3	81
Biogas	8.3	10.5	8.9	34
Coal / Charcoal	1.9	1.8	1.9	7
Wood	59.0	67.5	61.6	234
Straw grass	2.6	10.5	5.1	19
Others (Crop cake/Dung cake)	0.4	0.0	0.3	1
Total Household	266	114	380	380

Table 3.2 shows that majority of the households belong to either general category (69%) or Scheduled Caste/ Scheduled Tribe. Only four households out of 266 belongs to Other Backward Class in Champawat block. Also, all households in the sample practice Hindu religion.

Table 3.2: Social Group

Socio-cultural characteristics	Champawat	Pati	Total	Total Household
Social Group				
SC/ ST	19.2	30.7	22.6	86
OBC	1.5	0.0	1.1	4
Others	79.3	69.3	69.3	290
Religion				
Hindu	100.0	100.0	100.0	380
Others	0.0	0.0	0.0	0
Total	266	114	380	380

4. CHARACTERISTIC OF SURVERY RESPONDENTS

The health and demographic behaviour of women vary by socio-economic and demographic characteristics, such as age, education, religion, caste, etc. Education plays a very important role in the attitude towards health care practices of households as well as of their children. This section presents background characteristic of survey respondents with respect to their education and literacy, age structure, pregnancy history, etc.

Age distribution of respondents show that 45 percent are less than 25 years and another 48 percent are between 25 to 30 years, which are peak fertile ages. . In the baseline survey, more than fifty percent of women (53%) in Pati and 41 percent of women in Champawat block were in the very young age group of less than 25 years. Since the survey collected information from the mothers of children less than two years, and those were pregnant at the time of survey, these women represented the peak childbearing ages. Fifty-six percent women in both the blocks had less than 10 years of schooling and only one-fifth reported attaining 11-14 years

of schooling. Almost similar proportion (18%) of women reported to have 15 or more years of education in the sample.

Forty percent of the women reported to have at least two pregnancies. This was followed by experiencing only one pregnancy (33%) and three or more pregnancies (27%). Forty percent of the women both in Champawat and Pati block reported at-least two pregnancies at the time of survey. Given that less than 25 years is the dominant age group both in Champawat and Pati and more than one-fourth of the women reported 3+ pregnancies, it is assumed that the incidences of early marriages and in turn early pregnancies are high in the district. Moreover, NFHS-4 data for Champawat shows that approximately one fifth of the women in the age group 20-24 years were married before 18 years of age (NFHS-4, 2015-16).

Table 4.1: Background Characteristics of Sampled Women

Characteristics	Champawat	Pati	Total	Total Women
Age group				
< 25 years	41.4	52.6	44.7	170
25-30 years	51.5	38.6	47.6	181
>30 years	7.1	8.8	7.6	29
Highest Education				
Illiterate	2.8	7.9	4.4	16
<10 years	56.6	56.1	56.4	206
11-14 years of schooling	21.1	20.2	20.8	76
15+ years of schooling	19.5	15.8	18.4	67
Number of Pregnancy				
1	35.0	28.9	33.2	126
2	39.8	40.4	40	152
3+	25.2	30.7	26.8	102
Total	266	144	380	380

5. ANTE NATAL CARE AND BIRTH PREPAREDNESS

Antenatal care (ANC) refers to pregnancy-related health care, which is usually provided by a doctor, an ANM, or another health professional. Ideally, antenatal care should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care, and related issues. The Reproductive and Child Health Program of the government viz. (RMNCH+A) aims at providing at least four antenatal check-ups which should include a weight measurement and blood pressure check, abdominal examination, immunization against tetanus, iron and folic acid prophylaxis, as well as anemia management and urine test to assess the presence of sugar and proteins.

The survey collected information about the utilization of ANC services by women on specific problems they may have faced during their pregnancies and whether they visited any service provider for antenatal care for their pregnancy. Mothers who received antenatal care were asked about the care provider, the timing of the first antenatal care visit, the total number of

visits, the procedures conducted as part of their antenatal care, and the advice given to them. In addition, the survey asked women whether they received tetanus toxoid injections and iron and folic acid tablets/ syrup during the pregnancy, and its consumption. The probing was done to understand what steps they took for birth planning and preparedness. Results from each of these questions are discussed in this chapter.

5.1 Antenatal Care

It is very encouraging to see that nearly all mothers (97%) were registered for ANC. The pregnancy registration was uniform across the different socio-demographic group of women and in the two blocks under study. These indicate that reach of basic health services is nearly universal and is happening with some predictable periodicity. The ANM village visits together with the presence of ASHA-AWWs' must be the factors contributing to higher level of registration. The project should build on this positive service reach pattern and address other relevant issues based on the findings of the baseline study.

Table 5.1a: Registration

Characteristics	Champawat	Pati	Total
Age group			
< 25 years	97.3 (107)	98.3 (59)	97.6 (166)
25-30 years	96.4 (132)	90.9 (40)	95.0 (172)
>30 years	100.0 (19)	100.0 (10)	100.0 (29)
Highest Education[#]			
Illiterate	100.0 (7)	100.0 (9)	100.0 (16)
<10 years	97.2 (138)	96.8 (62)	97.1 (200)
11-14 years of schooling	94.3 (50)	91.3 (21)	93.4 (71)
15+ years of schooling	100.0 (49)	94.4 (17)	98.5 (66)
Number of Pregnancy			
1	97.8 (91)	93.9 (31)	96.8 (122)
2	95.2 (101)	100.0 (46)	96.7 (147)
3+	100.0 (67)	100.0 (35)	100.0 (102)
Social Group			
SC/ ST	98.0 (50)	94.3 (33)	96.5 (83)
OBC & Others	96.7 (208)	96.2 (76)	96.6 (284)
Total	96.9 (258)	96.5 (109)	96.5 (367)

Similarly, it is evident from the table that almost 95 percent of the pregnant women received at least one antenatal check-up. However, more women in Champawat (96%) went for at least one check-up than in Pati block (92%). Antenatal care check-ups are lower among illiterate, older women and higher order pregnancy.

Table 5.1b Any ANC Check up

Characteristics	Champawat	Pati	Total
Age group			
< 25 years	97.3 (107)	95.0 (57)	96.5 (164)
25-30 years	94.9 (130)	86.4 (38)	92.8 (168)
>30 years	100.0 (19)	90.0 (9)	96.6 (28)
Highest Education			
Illiterate	100.0 (7)	88.9 (8)	93.8 (15)
<10 years	95.8 (136)	90.6 (58)	94.2 (194)
11-14 years of schooling	94.3 (50)	91.3 (21)	93.4 (71)
15+ years of schooling	100.0 (49)	94.4 (17)	98.5 (66)
Number of Pregnancy			
1	97.8 (91)	90.9 (30)	96.0 (121)
2	94.3 (100)	95.7 (44)	94.7 (144)
3+	97.0 (65)	85.7 (30)	93.1 (95)
Social Group			
SC/ ST	96.1 (49)	94.3 (33)	95.3 (82)
OBC & Others	96.3 (207)	89.9 (71)	94.6 (378)
Total	96.2 (256)	91.2 (104)	94.7 (360)

5.1b Findings of the study also reveal that in spite of the universal registration and receiving at least one ANC check-up, most of the women do not go for the GOI recommended 4 check-ups during the pregnancy. The proportion of women who received at least 4 ANC check-ups during her pregnancy period is extremely low, availed by only 13 percent of women. **As per NHFS 2015-16, about 26 percent of the rural women in Champawat district availed 4 check-ups during their pregnancy.** However, proportion of pregnant women who received at least 4 check-ups is comparatively better in Champawat block (14%) than in Pati block (9%). Four check-ups received by pregnant women are higher for younger, higher educated, lower pregnancy order and among women who do not belong to SC/ST group. However, the cell values in the table is too small and the results should be interpreted with caution. In the focus group discussions also, it was voiced by the women participants that they generally visit a facility or a doctor only when they have some health issues otherwise ANC is rather limited to obtaining the TT injection and getting the ultrasound done. **These findings suggest that there is a need to motivate/ counsel women to visit health facility/ VHSND and complete at least four recommended check-ups during their pregnancy.**

Table 5.1c: At least four ANC Check-Ups

Characteristics	Champawat	Pati	Total	Total Women
Age group				
< 25 years	13.6 (15)	13.3 (8)	13.5 (23)	23
25-30 years	16.1 (22)	4.5 (2)	13.3 (24)	24
>30 years	5.3 (1)	0.0 (0)	3.4 (1)	1
Highest Education[#]				
Illiterate	0.0 (0)	0.0 (0)	0.0 (0)	0
<10 years	15.5 (22)	4.7 (3)	12.1 (25)	25
11-14 years of schooling	11.3 (6)	26.1 (6)	15.8 (12)	12
15+ years of schooling	18.4 (9)	5.6 (1)	14.9 (10)	10
Number of Pregnancy				
1	15.1 (14)	9.1 (3)	13.5 (17)	17
2	14.2 (15)	13.0 (6)	13.8 (21)	21
3+	13.4 (9)	2.9 (1)	9.8 (10)	10
Social Group				
SC/ ST	11.8 (6)	8.6 (3)	10.5 (9)	9
OBC & Others	14.9 (32)	8.9 (7)	13.3 (39)	39
Total	14.3 (38)	8.8 (10)	13.3 (48)	48
Total Women	266	114	380	

5.1d The data on mothers whose last birth was protected against neonatal tetanus show that coverage by TT injection during the pregnancy is received by a majority of the women (86%). This coverage is slightly lower than the NFHS-4. **As per the NFHS 205-16, about 94 percent of the rural women in Champawat district were protected against neonatal tetanus.** More women in Champawat block (87%) received 2 TT than in Pati (84%). Coverage by TT injection is higher among the women with more years of schooling, lower order of pregnancy and the age 30 years and above. The findings from the FGD also revealed that women are highly aware and concerned to get the TT injection as they consider this is a threat to the life of mother and her unborn baby.

Table 5.1d: Received two TT injections

Characteristics	Champawat	Pati	Total Women
Age group			
< 25 years	85.0 (91)	84.2 (48)	84.8 (139)
25-30 years	86.2 (112)	81.6(31)	85.1 (143)
>30 years	100.0 (19)	88.9 (8)	96.4 (27)
Highest Education[#]			
Illiterate	100.0 (7)	55.6 (5)	75.0 (12)
<10 years	77.5 (110)	79.7 (51)	78.2 (161)
11-14 years of schooling	90.6 (48)	73.9 (17)	85.5 (65)
15+ years of schooling	87.8 (43)	77.8 (14)	85.1 (57)
Number of Pregnancy			
1	88.2 (82)	75.8 (25)	84.9 (107)
2	79.2 (84)	80.4 (37)	79.6 (121)
3+	83.6 (56)	71.4 (25)	79.4 (81)
Social Group			
SC/ ST	83.7 (41)	87.9 (29)	85.4 (70)
OBC & Others	87.4(181)	81.7 (58)	85.9 (239)

Total	86.7 (222)	83.7(87)	85.8 (309)
Total Women	256	104	360

Note: 20 women did not go for ANC

Five percent (19) of the women who received antenatal care did not receive 100 IFA tablets during the ANC period. Overall 95% of the women reported to have received IFA tablets. The proportion of women received IFA is slightly higher in Champawat (96%) than in Pati (91%).

Table 5.1e: IFA Receipt and Consumption

IFA	Champawat		Pati		Total Women	
	Number	Percent	Number	Percent	Number	Percent
Received IFA	246	96.1	95	91.3	341	94.7
<100 Tablets	187	76.0	56	58.9	243	71.3
100 or more	58	23.6	30	31.6	88	25.8
Don't remember	1	0.4	9	9.5	10	2.9
Consumed IFA	242	98.4	92	93.9	334	97.8
1-10 tab	22	9.1	16	16.8	38	11.3
11-30 tab	56	23.1	33	34.7	89	26.4
31-60 tab	95	39.3	14	14.7	109	32.3
61-89 tab	31	12.8	4	4.2	35	10.4
90+ tab	38	15.7	28	29.5	66	19.6

Out of those who received IFA, about 71 percent of women received 100 or more tablets. The proportion of women who received 100 or more tablets is much higher in Champawat block (76%) than in Pati block (59%). Almost all women (98%) reported to have consumed at least few of the IFA tablets. Overall only 20 percent of the women consumed 90 or more tablets however more women (30%) in Pati block consumed 90+ tabs than Champawat block. As per NFHS 2015-16, about 27 percent of women consumed IFA tabs for more than 100 days.

Table 5.1f: Received more than 100 IFA tablets

Characteristics	Champawat	Pati	Total Women
Age group			
< 25 years	23.3 (24)	26.9 (14)	24.5 (38)
25-30 years	26.6 (33)	45.7 (16)	30.8 (49)
>30 years	5.3 (1)	0.0 (0)	3.7 (1)
Highest Education#			
Illiterate	42.9 (3)	0.0 (0)	21.4 (3)
<10 years	19.4 (25)	34.6 (18)	23.8 (43)
11-14 years of schooling	25.0 (12)	35.0 (7)	27.9 (19)
15+ years of schooling	29.2 (14)	31.3 (5)	29.7 (19)
Number of Pregnancy			
1	35.2 (31)	33.3 (9)	34.8 (40)
2	13.8 (13)	31.8 (14)	19.6 (27)
3+	21.9 (14)	29.2 (7)	23.9 (21)
Social Group			
SC/ ST	37.0 (17)	23.3 (7)	31.6 (24)
OBC & Others	20.9 (41)	35.4 (23)	24.5 (64)
Total	23.6 (58)	31.6(30)	25.8 (88)
Total Women	246	95	341

Note: 19 women did not receive IFA tablets and 20 women did not go for ANC

5.1g Overall about 86 percent of women who were registered, received Mother and Child Protection (MCP) card. **As per NFHS 2015-16, about 97 percent of women had received MCP cards.** Receipt of card was substantially more (91%) in Pati block than in Champawat block (83%). Approximately 3/4th of the women in Champawat who received MCP card after ANC registration in their consecutive pregnancies were more than 25 years of age and had attained more than 10 years of schooling. Whereas in Pati, women respondents were predominantly less than 25 years of age had less than 10 years of schooling and only 1/3rd of the women received MCP card during ANC for consecutive pregnancies.

Table 5.1g: Received MCP Card after registration

Characteristics	Champawat	Pati	Total Women
Age group			
< 25 years	86.9 (93)	86.4 (51)	86.7 (144)
25-30 years	81.8 (108)	97.5 (39)	85.5 (147)
>30 years	68.4 (13)	90.0 (9)	75.9 (22)
Highest Education[#]			
Illiterate	85.7 (6)	77.8 (7)	81.3 (13)
<10 years	85.5 (118)	91.9 (57)	87.5 (175)
11-14 years of schooling	74.0 (37)	90.5 (19)	78.9 (56)
15+ years of schooling	85.7 (42)	94.1 (16)	87.9 (58)
Number of Pregnancy			
1	86.8 (79)	90.3 (28)	87.7 (107)
2	76.2 (77)	89.1 (41)	80.3 (118)
3+	87.9 (58)	93.8 (30)	89.8 (88)
Social Group			
SC/ ST	78.0 (39)	87.9 (29)	81.9 (68)
OBC & Others	84.1 (175)	92.1 (70)	86.2 (245)
Total	82.9 (214)	90.8 (99)	85.3 (313)
Total women	258	109	367

Note: 13 women did not register for ANC

Younger, educated, lower pregnancy order and other than SC/ST women are more likely to have an MCP card than their counterparts.

5.1h. More than half of the women (54%) availed antenatal care services from the block CHC followed by health sub-centres (30%), District Hospital (24%) and during the VHSND (8%). PHCs were the least preferred facility for availing ANC services. A small proportion of women (4%) also received the ANC services from the private facilities. Since the District hospital is located in Champawat block, about one-third women from Champawat block received ANC from DH. However, very few women (4%) came to DH for ANC services from Pati block. Nearly 1/5th of beneficiaries for ANC check-up reported visiting the nearest health facility (any) to avail the services both in Champawat and Pati. The proportion of women who availed service from private clinic is higher in Champawat as compared to the women of Pati block. In contrast, more than three-fourth of the women in Pati block went to the CHC to avail ANC services during their last pregnancy. Findings from the FGD disclosed that ANC services are received from the multiple facilities. For general check up

and TT, women visit the nearest government health facility preferably peripheral level while they visit to higher level facility (DH, CHC, Private Hospitals, etc.) for ultrasound and blood and urine tests.

Table 5.1h: Place of ANC (multiple response)

Type of Facility	Champawat	Pati	Total Women
Sub-Centre	28.9 (74)	33.7 (35)	30.2 (109)
PHC/APHC	4.3 (11)	2.9 (3)	3.9 (14)
CHC	44.1 (113)	76.9 (80)	53.6 (193)
DH/ SDH	32.8 (84)	3.8 (4)	24.4 (88)
Private Clinic	5.5 (14)	1.0 (1)	4.2 (15)
Others (AWC/VHSND)	9.0 (23)	6.7 (7)	8.3 (30)
Total	256	104	360

Note: Total may not add up to 360 due to multiple response.

5.1i The ultrasound scan during the ANC seems very common as more than 90 percent of the women reported to have gone for ultrasound during their last pregnancy. Following this, the other common services received by women during the last pregnancy were blood test (78%), blood pressure and weight measured (70% each), urine tested (67%), abdomen examined (64%), breast examined (34%) and height measured (28%). Nearly 3/4th of the pregnant women in Champawat block reported availing most of the service such as BP measurement, abdominal examination, height, weight, blood and urine test, USG etc. provided in ANC care package at least once during their ANC visit as compared to nearly 3/5th women availing similar services in Pati.

It was also informed during the focus group discussions, that women are encouraged by the ANMs to visit District Hospitals on 9th of every month for ANC under the PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan). To ensure the ANC services to all the pregnant women in the country, Ministry of Health and Family Welfare, Government of India launched PMSMA in November 2016. Under this program, private practitioners are voluntarily involved in providing ANC services to pregnant women on 9th of every month.

Table 5.1i: Type of services received at least once during the ANC visits (N=360)

Services received	Champawat	Pati	Total Women (received services)
BP Measured	75.8 (194)	54.8 (57)	69.7 (251)
Abdominal Examination	70.7 (181)	48.1 (50)	64.2 (231)
Weight	78.5 (201)	48.1 (50)	69.7 (251)
Hight	33.2 (85)	14.4 (15)	27.8 (100)
Blood Test	86.7 (222)	54.8 (57)	77.5 (279)
Urine Test	75.4 (193)	45.2 (47)	66.7 (240)
Breast examined	41.0 (105)	17.3 (18)	34.2 (123)
Ultrasound	94.1 (241)	83.7 (87)	91.1 (328)

5.1j The information provided to women on pregnancy complications who visited a facility/ VHSND for ANC services was low at around 40 percent. The frontline health workers (ANM/ASHA/AWW) play a vital role in creating awareness among the beneficiaries and the community about the complications associated with and around pregnancy. Most of the women were informed about convulsion (46%) followed by severe abdominal pain (41%), high blood pressure (39%), and prolonged labor and vaginal bleeding (38% each). It is evident from the table that women in Pati block were better informed about the pregnancy complications than the women in Champawat. It was revealed during the facility visit that IEC activities are undertaken by the frontline health workers, the information on pregnancy complications needs to be given to pregnant women more sincerely and seriously.

Table 5.1j: Informed about the Pregnancy complications during the ANC visits (N=360)

Complications	Champawat	Pati	Total Women (Informed)
Vaginal bleeding	35.5 (91)	45.2 (47)	38.3 (138)
Convulsions	43.8 (112)	51.0 (53)	45.8 (165)
Prolonged labor	35.9 (92)	44.2 (46)	38.3 (138)
Severe abdominal pain	36.7 (94)	50.0 (52)	40.6 (146)
High blood pressure	35.5 (91)	47.1 (49)	38.9 (140)

5.1k All women respondents were asked if they were aware of health problems that may occur during the pregnancy. Of all the problems associated with the pregnancy, swelling of hands and feet (45%) was the most common problem of which women were aware off. This was followed by swelling of face (33%), paleness (29%), visual disturbance (11%), fever (8%), high blood pressure (8%), etc. The awareness about the health problems was comparatively better in Champawat block than in Pati block. Overall in both the blocks 1/4th of the women were not aware on any health problems occurring during pregnancy. It is essential that the VHSNDs and other community level platforms are well utilized by the frontline health workers to disseminate information regarding the complaints and complications associated with the pregnancy to for generating awareness and enabling the beneficiary to make informed decisions.

Table 5.1k: Women's knowledge of Health Problems during the Pregnancy

Problems	Champawat	Pati	Total Women
Swelling of hands and feet	51.1 (136)	29.8 (34)	44.7 (170)
Swelling of face	36.1 (96)	25.4 (29)	32.8 (125)
Paleness	28.9 (77)	28.1 (32)	28.7 (109)
Visual disturbances	9.4 (25)	14.0 (16)	10.8 (41)
Night blindness	1.9 (5)	3.5 (4)	2.4 (9)
Fever	9.4 (25)	4.4 (5)	7.9 (30)
Jaundice	2.6 (7)	0.9 (1)	2.1 (8)
High BP	7.9 (21)	7.0 (8)	7.6 (29)
Weak or no movement of fetus	2.6 (7)	7.9 (9)	4.2 (16)
Abnormal position of fetus	4.5 (12)	4.4 (5)	4.4 (17)
Others (weakness, pain in lower abdomen/back, nausea)	4.9 (13)	0.0 (0)	3.4 (13)

Don't know	21.8 (58)	32.5 (37)	25.0 (95)
Total	266	114	380

Note: Total may not add up to 380 due to multiple response

5.1l On the question if the women had faced any complications during her last pregnancy, about 10 percent of women reported to have suffered from convulsions followed by vaginal bleeding by a meagre proportion of women (2%) in the two blocks under study. About 75 percent of those who suffered from the vaginal bleeding consulted a health care provider for the treatment. Those who suffered from convulsions, about 66 percent consulted a health care providers.

Table 5.1l: Complications faced during the last pregnancy

Complications	Complications faced	Consulted Health care provider	Total Women
Vaginal bleeding	2.1 (8)	1.6 (6)	380
Convulsions	9.5 (36)	6.3 (24)	380

5.1m Of the total women (44) who faced problems during pregnancy, almost all of them (41) sought services from health facilities. The health seeking behavior and the perceived benefit from seeking health services was high among women in Champawat was found to be much higher than the women in Pati. Block Community Health Centres (CHC) (46%) and the District Hospitals (DH) (32%) are the major facilities to receive care during the pregnancy complications. A substantial proportion of women (18%) who suffered from pregnancy complications visited private health facility for their treatment in Champawat block.

Table 5.1m: Place of treatment of problems faced during the last pregnancy

Health Facility	Champawat	Pati	Total
District Hospital	32.4 (11)	28.6 (2)	31.7 (13)
CHC	41.2 (14)	71.4 (5)	46.3 (19)
APHC/Sub center	8.8 (3)	0.0 (0)	7.3 (3)
Private hospital/ Clinic	17.6 (6)	0.0 (0)	14.6 (6)
Total women	34	7	41

5.1n About 41 women (11%) experienced at least one danger signs during the last pregnancy. Out of these most of the women experienced swelling of face and feet (39% each) followed by swelling of hands and anaemia (37% each), severe headache and high blood pressure (15% each). Weak or no movement of foetus was reported by 10 percent of the women and about 7 percent of women reported abnormal position of foetus. Also other danger signs such as visual disturbances, night blindness and jaundice was reported by 7 percent of women for each of the three danger signs. Most of the women (almost all) who faced danger signs sought the treatment except in the case of swelling of feet, face, hands

and anaemia where fewer women (about 65%) sought treatment from a health service provider.

Of the women who sought treatment for the problems faced during pregnancy in both Champawat and Pati blocks of the district, most of them sought treatment at the nearest health facility for their condition, irrespective of the nature of the complaint. This explains the easy accessibility and availability of health service by the beneficiaries. Despite this, only 50 percent of the women who faced complaints during pregnancy availed health services at the health facility.

Table 5.1n: Danger signs experienced during the last Pregnancy (N=41)

Problems	Experienced	Sought treatment
Swelling of feet	39.0 (16)	24.4 (10)
Swelling of face	39.0 (16)	29.3 (12)
Swelling of hands	36.6 (15)	34.1 (14)
Anaemia	36.6 (15)	26.8 (11)
Visual disturbances	7.3 (3)	7.3 (3)
Night blindness	7.3 (3)	7.3 (3)
Jaundice	7.3 (3)	7.3 (3)
High BP	14.6 (6)	14.6 (6)
Weak or no movement of foetus	9.8 (4)	9.8 (4)
Abnormal position of foetus	7.3 (3)	7.3 (3)
Severe headache	14.6 (6)	12.2 (5)

Note: Multi response by respondents

5.2 Planning and Preparedness for Delivery

5.2a Almost all women (95%) informed that they had planned to deliver the baby in a health facility. It was encouraging to know that 96 percent of women in Champawat and 90 percent in Pati had planned to give birth to their youngest child at the hospital. Ten of the 266 women in Champawat and eleven of the 114 women in Pati did not prefer to deliver the child at the health facility. Among the ones who did plan, most of them opted for CHC (42%) and District Hospital (39%) in both the blocks. A very small but substantial proportion of women also planned to deliver at PHC/ SC in spite of the fact that hardly any PHC/SC has the facility for safe delivery. In Champawat, about 9 percent of the women had planned to deliver at a private hospital while in Pati no women planned for private facility as this block lacks any good private hospital.

As Champawat is the headquarter block of the district and availability of private healthcare providers in the area is high, this could be the one of the reasons for opting private set up as a choice for delivery in block.

Table 5.2a: Planning for delivery of the youngest child (N=380)

Delivery planning	Champawat	Pati	Total Women
Planned for Home	2.3 (6)	2.6 (3)	2.4 (9)
Planned for Hospital	96.2 (256)	90.4 (103)	94.5 (359)
Not planned	1.5 (4)	7.0 (8)	3.2 (12)
Total	266	114	380
Facility of planning*			
Medical College	1.6 (4)	1.0 (1)	1.4 (5)
District Hospital	39.1 (100)	38.8 (40)	39.0 (140)
SDH/FRU	2.0 (5)	1.0 (1)	1.7 (6)
CHC	42.6 (109)	40.8 (42)	42.1 (151)
PHC/ APHC/ SubCentre	6.3 (16)	18.4 (19)	9.7 (35)
Private Hospital/ Clinic	8.6 (22)	0.0 (0)	6.1 (22)
Total	256	103	359

*Note: *Among those who planned to deliver in a facility (359)*

5.2b Of all the families who planned for delivery at the health facility in both the blocks, approximately half of them (45%) had identified a person to take care of the baby immediately after the delivery and about 37 percent had identified one or more person to accompany to the facility. Also, about similar proportion of women (37%) also put some money aside for delivery or for any other emergency during the delivery. Only 42 percent of women were found to be aware of free ambulance services which is a disturbing finding. Keeping aside money for emergency needs is not at par with other preparedness activities whereas management of blood in case of emergency was the least thought of activity while planning for the delivery of the forthcoming child.

Table 5.2b: Preparedness for delivery (N=359)*

Particulars	Champawat	Pati	Total Women
Identified a vehicle in advance	31.3 (80)	36.9 (38)	32.9 (118)
Aware of Ambulance services	42.2 (108)	42.7 (65)	42.3 (152)
Identified one or more person to accompany to the facility	35.9 (92)	38.8 (40)	36.8 (132)
Identified person/s who can donate blood in emergency	7.0 (18)	3.9 (4)	6.1 (22)
Identified a person to care of your baby immediately after birth	47.7 (122)	39.8 (41)	45.4 (163)
Put money aside for delivery or for any emergency	33.6 (86)	43.7 (45)	36.5 (131)
Total	256	103	359

*Note: *Among those who planned to deliver in facility*

5.2c A question was asked to the women respondents in case if the child is delivered at home, what type of preparation was made by them. In both the blocks visited, approximately 2/5th of the families (38%) had identified a person to assist them during the delivery. ASHA/ AWW (67%) was the most common choice to assist the family in both the blocks of the district followed by Dai (50%). However, awareness of the community of importance of having the Drug Delivery Kit ready for the delivery and use of soap after the

delivery was abysmal. Moreover, clean cloth to wrap the newborn, new clean thread and clean cloth for the mother were the most common things kept ready for the delivery.

Table 5.2c: Preparedness in case of home delivery (N=359)

Particulars	Champawat	Pati	Total Women
Identified any person to assist in case of Home delivery	39.1 (100)	34.0 (35)	37.6 (135)
N	256	103	359
Who was identified*			
Doctor/ RMP	0.0 (0)	2.0 (2)	1.4 (2)
ANM/ Nurse	16.3 (16)	3.0 (3)	14.0 (19)
ASHA	44.8 (44)	21.4 (21)	48.1 (65)
AWW	23.4 (23)	3.0 (3)	19.2 (26)
Dai	47.9 (47)	20.4 (20)	49.6 (67)
Others (Saas, Other family member)	7.1 (7)	2.0 (2)	6.6 (9)
N	98	37	135
Things which were kept ready in case of home delivery			
DDK	3.5 (9)	7.8 (8)	4.7 (17)
New Blade	14.1 (36)	8.7 (9)	12.5 (45)
New clean thread	19.5 (50)	14.6 (15)	18.1 (65)
Soap	7.0 (18)	5.8 (6)	6.7 (24)
Clean cloth for child	26.2 (67)	22.3 (23)	25.1 (90)
Clean cloth for mother	16.0 (41)	2.9 (3)	12.3 (44)
N	256	103	359

Note: *Among those who identified a person who can assist in case of home delivery (135), however total may not add up to 135 due to multiple response.

Table 5.2d: Place of delivery (N=380)

Place of delivery	Champawat	Pati	Total Women
DH/ SDH	31.6 (84)	41.2 (47)	34.4 (131)
CHC	34.2 (91)	36.0 (41)	34.7 (132)
PHC	3.4 (9)	18.4 (21)	7.9 (30)
Private hospital/clinic	9.8 (26)	0.0 (0)	6.8 (26)
Home delivery	11.7 (31)	4.4 (5)	9.5 (36)
Others (Army hospital, medical college, any other Govt. hospital)	9.5 (25)	0.0 (0)	6.6 (25)
Total	266	114	380

5.2d Overall, 90 percent of the births are institutional deliveries and home delivery is about 10 percent only. More than two-third (69%) of women gave birth to her youngest child either at district hospital or block CHC. About 8 percent of babies are born at PHC and 7 percent at private facility. 2/3rd of the women interviewed had delivered at DH/SDH or CHC. Nearly 10% of families in Champawat opted for home delivery followed by other government health set up like army hospital or medical college whereas in Pati block, none of the families had planned for delivery at private set up or any other government facility such as army hospital or medical college. There is no C-section facility available at the district hospital Champawat

because there is no any surgeon appointed. Even there is no any gynaecologist posted at the DH. Because of this, the MO placed at MCH wings, take extra precaution and refer high risk pregnancies to either Pithoragarh DH or Tanakpur and Khatima private facilities.

Table 5.2e: Mode of transport used to visit facility for the delivery (N=344*)

Particulars	Champawat	Pati	Total Women
Mode of transport			
Ambulance	40.4 (95)	44.0 (48)	41.6 (143)
Jeep/ Car	56.6 (133)	42.2 (46)	52.0 (179)
Motorcycle	0.4 (1)	3.7 (4)	1.5 (5)
Tempo/ Auto/ Tractor	0.0 (0)	0.9 (1)	0.3 (1)
By walk	2.6 (6)	9.2 (10)	4.7 (16)
Total	235	109	344

Note: Among those who had delivered last child in a health facility

5.5e More than half (52%) of the families who had opted any health facility to deliver their child in both the blocks of the district had planned a Jeep/Car as a mode of transport to reach the health facility. Despite more than a decade of implementation of the Janani Suraksha Yojana (JSY) and the Janani Sishu Suraksha Karyakram (JSSK) schemes, the awareness among the people on free availability of such services was found low in both the blocks of the district. This is also well reflected in the NFHS-4 finding for the district where the average out of pocket expenditure per delivery in the public health facility is Rs.1,943.

Table 5.2f: Delivery Experiences and care (those who had institutional delivery) (N=344)

Particulars	Champawat	Pati	Total Women
Prolonged labor	37.4 (88)	33.0 (36)	36.0 (124)
Excessive bleeding	22.6 (53)	15.6 (17)	20.3 (70)
N	235	109	344
Type of delivery			
Normal Delivery	69.8 (164)	82.6 (90)	73.8 (254)
Caesarean Delivery	30.2 (71)	17.4 (19)	26.2 (90)
N	235	109	344
Reasons for Caesarean delivery*			
Asked by family	18.3 (13)	26.3 (5)	20.0 (18)
Baby was not getting delivered	53.5 (38)	52.6 (10)	53.3 (48)
Mother had some problem	16.9 (12)	15.8 (3)	16.7 (15)
Other reasons	8.5 (6)	0.0 (0)	6.7 (6)
Don't know	2.8 (2)	5.3 (1)	3.3 (3)
N	71	19	90
Health provider Who cut the cord			
Doctor	8.5 (20)	9.3 (10)	8.7 (30)
ANM/ Nurse	74.2 (174)	81.5 (89)	76.5 (263)
ASHA	3.0 (7)	2.8 (3)	2.9 (10)
Don't remember/Don't know	14.4 (34)	6.5 (7)	11.9 (41)
N	235	109	344
What was applied to the cord immediately after cutting it#			
Nothing	25.8 (61)	35.2 (38)	28.7 (99)
Mustard oil	12.3 (29)	7.4 (8)	10.7 (37)
Talcum Powder	13.1 (31)	6.5 (7)	11.0 (38)
Gentian Violet	2.1 (5)	0.0 (0)	1.5 (5)
Others (Chimti)	19.5 (46)	19.4 (21)	19.4 (67)
N	235	109	344
What was applied to the cord later at home until cord fell off#			
Nothing	38.1 (90)	38.0 (41)	38.0 (131)
Mustard oil	12.3 (29)	9.3 (10)	11.3 (39)
Cow dung	3.4 (8)	1.9 (2)	2.9 (10)
Talcum Powder	17.8 (42)	15.7 (17)	17.1 (59)
Gentian Violet	4.2 (10)	0.0 (0)	2.9 (10)
Others (Medicine/coconut oil, Ash, sindur)	5.9 (14)	2.8 (3)	5.2 (18)
Don't remember	24.6 (58)	34.3 (37)	27.6 (95)
N	235	109	344

*Note: *Among those who had caesarean delivery; #Multiple responses*

5.2f Of the 344 women who had institutional delivery 3/4th women had normal delivery in both the blocks. During the delivery (any), 1/3rd of the women in both the blocks experienced prolonged labour and 1/5th of the women (in Champawat) had excessive bleeding. Among the ones who had Caesarean section to deliver the child, more than half of the cases were in which there was difficulty in delivering the baby. In Champawat, nearly 1/5th of the families had requested for caesarean section for the mother to deliver the child. This also resonates well with the high rate of delivery in private sector in the block.

It was informed that in both the blocks, in 3/4th of the cases the ANM/Nurse had cut the cord after the delivery followed by doctor and in 1/3rd of the cases nothing was applied to

the umbilical cord immediately after the delivery whereas in 20% of the cases *Chimti*- a local preparation was used.

Table 5.2g: New-born care Practices Followed (N=344)

Practices	Champawat	Pati	Total Women
Place where baby was placed immediately after birth until placenta got delivered			
Baby tray	45.8 (108)	46.3 (50)	45.9 (158)
Mother's abdomen	6.4 (15)	7.4 (8)	6.7 (23)
Held in hand	2.5 (6)	1.9 (2)	2.3 (8)
On the delivery table	1.3 (3)	1.9 (2)	1.5 (5)
Placed next to mother	28.0 (66)	23.1 (25)	26.5 (91)
Placed on the NBCC	4.2 (10)	2.8 (3)	3.8 (13)
Others	0.9 (2)	0.9 (1)	1.2 (4)
Don't remember	10.6 (25)	15.7 (17)	12.2 (42)
Advised by the nurse or anyone else to keep the baby naked on your chest?	56.4 (133)	41.7 (45)	51.7 (178)
Satisfied with behavior of hospital staff	79.7 (188)	85.2 (92)	81.4 (280)
N	235	109	344

5.2g In both the blocks after the baby was delivered, baby tray was used in nearly 50% of the cases to place the baby until the placenta got delivered. Approximately 25% mothers reported that the baby was placed next to her after the delivery. Despite half of the women who had received advise by the nurse for placing the baby on the mother's chest, less than 10% of the women reported that the baby was placed on her abdomen immediately after delivery.

However, overall more than 4/5th of the women in both the blocks reported being satisfied with the behaviour of the hospital staff during the hospital stay for delivery.

5.3 Breast Feeding Practices

Infant feeding practices have significant effects on both mothers and children. Mothers are affected through the influence of breastfeeding on the period of postpartum infertility and hence on fertility levels and the length of birth intervals. These effects vary by the duration and intensity of breastfeeding. Proper infant feeding, starting from the time of birth, is important for the physical and mental development of children. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection.

The Government of India recommends that initiation of breastfeeding should begin immediately after childbirth, preferably within one hour. Early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus, delivery of placenta and hence reduces postpartum blood loss. The first breast milk (colostrum) is highly nutritious and has antibodies that protect the newborn from diseases. Late initiation of breastfeeding not only deprives the child of valuable

colostrum, but becomes a reason for introduction of pre-lacteal feeds (that is, something other than breast milk) like glucose water, honey, ghutti, animal milk, or powdered milk that are potentially harmful and contribute to diarrhea in the newborn. In the survey data on breastfeeding was obtained from a series of questions asked to the mother.

It was encouraging to see that more than 50 percent of the babies delivered at the health facility in both the blocks, was put up for breast feeding within one hour of birth and nearly two-third of the women had initiated breastfeeding their child while still in the labor room. However, about half of the women still did not initiate breastfeeding within one hour and approximately 11 percent of new-born were given breast feed after one day. Most of the babies who had delayed initiation were either sick or had low birth weight and not able to suck the milk. In other cases, it was reported that mother’s milk was not coming. Also, the delay in the initiation was due to the birth of caesarean baby. Nearly 17 percent of the newborn are given pre-lacteals feeds before initiation of breast feeding which is a major cause of concern in cognitive development and building the immunity of the child. The findings from the FGD also revealed that the knowledge about the initiation and exclusive breastfeeding has increased over the time but practicing EBF has not been easy for mothers. It was informed that other type of milk was given due to some problem with the mother and not because of lack of awareness.

Table 5.3a: Initiation of Breastfeeding

Feeding practices (q314)	Champawat	Pati	Total Women
Within one hour	51.9 (138)	56.1 (64)	53.2 (202)
Within 1 day	36.5 (97)	33.3 (38)	35.5 (135)
More than a day	11.7 (31)	10.5 (12)	11.3 (43)
N	266	114	380
Breastfed in the labor room (q315)	68.5 (161)	67.8 (74)	68.3 (235)
Any pre-lacteals given before initiation (q316)	17.0 (40)	15.5 (17)	16.6 (57)
N	235	109	344

5.3b It is encouraging to observe, in both the blocks almost all the newborns (89%) were weighed after birth and more than fifty percent of the babies weighed were more than 3.0 kgs. Overall, approximately 20 percent of the children weighed were between 2.5 -3.0 kgs and approximately 15 percent weighed were less than 2.5 kgs. Of the women who had low birth weight (>2.5 kgs) babies 50% of them were advised to take extra care of the baby in terms of extensive and exclusive breastfeeding for six months, complementary feeding after six months, hand wash and sanitation practices, aseptic measures to prevent the child from infection etc.

In terms of other essential newborn care, nearly 2/3rd of the babies in Champawat and half of them in Pati were given bath after the first day (24 hours) of birth. The proportion of babies bathed within 1-11 hour of birth was higher in Champawat as compared to Pati.

Table 5.3b: Other essential newborn care (N=344)

Baby given bath	Champawat	Pati	Total Women
Within one hour	16.1 (38)	13.0 (14)	15.1 (52)
Within 1-11 hour	17.8 (42)	33.3 (36)	22.7 (78)
More than a day	64.0 (150)	50.9 (54)	59.9 (206)
Not yet taken bath	0.0 (0)	1.9 (2)	0.6 (2)
Don't remember	2.1 (5)	0.9 (1)	1.7 (6)
Weight taken	88.1 (208)	91.7 (99)	89.2 (307)
Weight of the baby at the time of birth			
Less than 2.00 kg	0.5 (1)	0.0 (0)	0.3 (1)
2.00 to 2.49 kg	13.0 (27)	18.2 (18)	14.7 (45)
2.50 to 2.99 kg	22.6 (47)	13.1 (13)	19.5 (60)
More than 3.00 kg	51.0 (105)	44.4 (43)	48.9 (150)
Don't remember	13.0 (27)	24.2 (24)	16.6 (51)
N	235	109	344
Told about the low birth weight*	16.8 (35)	22.2 (22)	18.6 (57)
N	208	99	307
Advised for extra care as the baby was weak #	54.3 (19)	68.2 (15)	59.6 (34)
N	35	22	57

**Note: Among those who were weighed (307); #Among those who were told that their baby is low birth weight.*

5.3c While the new born care practices were followed in case of institutional deliveries, the precautions and procedures followed during home delivery in both the blocks were abysmal. As recalled by the mothers (N=36), 1/3rd of them did not remember whether the health worker washed hands before conducting the delivery and 20% of them said that the health worker did not wash her hands before conducting the delivery.

For 50% of the deliveries conducted at home, the health worker did not wear gloves. More than fifty percent (53%) of new born babies were placed next to the mother as compared to 20 percent new-born placed on her abdomen. In almost all the deliveries, a new blade was used to cut the cord and in 2/5th of the cases nothing was applied to the cord after clamping. Two third of the mothers reported that their baby was not weighed after the delivery.

One of the important findings from the facility survey revealed that mothers are discharged within 24 hrs of the delivery from the district hospital, Champawat and Lohaghat CHC. While probing it was found that mothers are discharged early as they themselves and the attendants both want to go back home at the earliest. This practice needs to be restricted. The facility staff and the women need to know the importance of staying at the facility and should not be discharged within 48 hours after the delivery.

Table 5.3c: Newborn care practices in home deliveries (N=36)

New born Care practices immediately after delivery at home		Percent	Number
Did the person wash hands with soap before conducting your delivery?	Yes	44.4	16
	No	19.4	7
	Don't remember	36.1	13
Did the person wear gloves before conducting your delivery	Yes	25.0	9
	No	50.0	18
	Don't remember	25.0	9
Where was the baby placed immediately after birth, until the placenta was delivered?	PLACED ON MOTHER'S ABDOMEN	19.4	7
	HELD IN HAND	16.7	6
	PLACED ON THE FLOOR	0.0	0
	PLACED NEXT TO MOTHER	52.8	19
	DON'T KNOW	11.1	4
What was used to cut the cord?	NEW BLADE	91.7	33
	OLD/USED BLADE/	0.0	0
	KNIFE OR OTHER INSTUMENT AVILABLE AT HOME	0.0	0
	Don't know	8.3	3
Applied to cord immediately after cutting it	Nothing	38.9	14
	Mustard oil	27.8	10
	Talcum powder	8.3	3
	Other (Ash, sindoor etc.)	2.8	1
	Don't remember	22.2	8
Was the baby weighed	Yes	11.1	4
	No	63.9	23
	Don't remember	25.0	9

5.3d Financial assistance from the government for delivery was received by more than 50% of the women in both the blocks. The NFHS-4 report for the Champawat district also states similar finding. Almost all the women who received financial assistance (N=200) from the government reported receiving around Rs. 1000-1500 in aid. It was encouraging to observe that 4/5th of the women who received incentive did not face any problem in getting the money from the government. This reflects well on the awareness on financial incentives available at the State under JSY scheme and accessibility to the incentive by the beneficiary is also smooth

Table 5.3d: Percentage of mothers who received financial assistance from government for delivery (N=380)

Financial assistance from Govt received for delivery and child care	Champawat	Pati	Total
Yes	48.1 (128)	63.2 (72)	52.6 (200)
No	51.9 (138)	36.8 (42)	47.4 (180)
N	266	114	380
How much money was received*			
Up to 1000	3.9 (5)	0.0 (0)	2.5 (5)
1001-1500	95.3 (122)	97.2 (70)	96.0 (192)
More than 1500	0.8 (1)	2.8 (2)	1.5 (3)
N	128	72	200
Did face any problem in getting this money*			
Yes	13.1 (17)	22.2 (16)	16.5 (33)
No	86.7 (111)	77.8 (56)	83.5 (167)
N	128	72	200

Note: *Among those who received financial assistance

5.4 Complications Experienced after delivery

5.4a Post-delivery complications were reported by some women. Most of the complications reported was severe pain in the lower abdomen by about 15 percent of women followed by experience of fever, excessive bleeding from vagina after delivery and pain after passing urine (7% each). However, excessive bleeding and low abdominal pain need to be looked into as almost 7 percent of women report having these complications. Treatment seeking for complications is high (77%) and it is usually from the DH and CHCs. Most of the women (42%) went to district hospital followed by block CHC (32%). Some women also visited private health facilities (12%).

Table 5.4a: Percentage of mothers who faced complications after delivery and type of complications (N=380)

Complications faced after delivery	Champawat	Pati	Total
Experienced excessive bleeding from vagina after delivery	6.8 (18)	7.0 (8)	6.8 (26)
Experienced severe pain in lower abdomen after delivery	17.7 (47)	7.9 (9)	14.7 (56)
Experienced fever after delivery	8.3 (22)	5.3 (6)	7.4 (28)
Experienced foul smelling discharge after delivery	6.0 (16)	3.5 (4)	5.3 (20)
Experienced pain while passing urine after delivery	8.6 (23)	2.6 (3)	6.8 (26)
N	266	114	380
Did consult anybody or sought treatment for any of the problem*			

Yes	76.6 (59)	77.3 (17)	76.8 (76)
No	23.4 (18)	22.7 (5)	23.2 (23)
N	77	22	99
Place from where sought treatment#			
Medical college	22.0 (13)	5.9 (1)	18.4 (14)
District hospital/H/FRU	20.3 (12)	35.3 (6)	23.7 (18)
PHC	1.7 (1)	23.5 (4)	6.5 (5)
CHC	42.4 (25)	23.5 (4)	38.2 (29)
Private hospital/clinic	11.9 (7)	11.8 (2)	11.8 (9)
Other (army hospital)	3.4 (2)	0.0 (0)	2.6 (2)
N	59	17	76

Note: *Among those (n=99) who face any complications; #Among those (n=76 who sought treatment

6. CHILD HEALTH AND IMMUNIZATION

The Government of India has been taking steps to strengthen maternal and child health services in India under its National Health Mission and have initiated programs for the health of the children such as Oral Rehydration Therapy (ORT) program and taking care of the childhood morbidities to influence infant and child mortality rates. The Universal Immunization Program is yet another example to prevent childhood diseases. This chapter presents childhood morbidities and immunization status of the children 0 – 23 months of age.

6.1 Childhood Morbidities

Incidence of Diarrhoea

The diarrhoea episode was reported by about 5 percent of children in two weeks preceding the survey. Almost all these children sought treatment. While there wasn't much change in breastfeeding for children during the diarrhoea episode in about 40 percent of children, against it, breastfeeding was reduced among 53 percent of children. It may be useful to see how their other food consumption altered during illness.

Table 6.1.a: Percentage of children 0 -23 months old who suffered from various morbidities and their treatment seeking behavior

Childhood morbidities and treatment seeking behavior – Diarrhea and ARI	Champawat		Pati		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
	Child had three or more times frequent loose watery stools (diarrhea) during last two weeks					
Yes	9	4.3	6	7.0	15	5.1
No	198	95.7	80	93.0	278	94.9
Total	207		86		293	
Did medical advice or treatment sought from any source other than your family members/friends/neighbors/self-treatment						
Yes	9	100.0	5	83.3	14	93.3
Number of cases	9		6		15	
During diarrhea, whether child was given more or less breastfeeding						
Increased	0	0.0	1	16.7	1	6.7
Decreased	8	88.9	0	0.0	8	53.3
No change	1	11.1	5	83.3	6	40.0
Not given	0	0.0	0	0.0	0	0.0
Total	9		6		15	
Child had Acute Respiratory Infection (ARI) symptoms in last two weeks - Fever with cough						
Yes	82	39.6	27	31.4	109	37.2
No	125	60.4	59	68.6	184	62.8
Total	207		86		293	
Child had Acute Respiratory Infection (ARI) symptoms in last two weeks - Cough with fast breathing						
Yes	17	8.2	0	0.0	17	5.8

No	190	91.8	86	100.0	276	94.2
Total	207		86		293	
Child had Acute Respiratory Infection (ARI) symptoms in last two weeks - Difficulty in breathing						
Yes	14	6.8	0	0.0	14	4.8
No	193	93.2	86	100.0	279	95.2
Total	207		86		293	
Did medical advice or treatment sought from any source other than your family members/friends/neighbours any of the ARI symptoms						
Yes	68	76.4	19	70.4	87	75.0
No	12	13.5	4	14.8	16	13.8
self-treatment	9	10.1	4	14.8	13	11.2
Total	89		27		116	
During this illness, whether child was given more or less breastfeeding						
Increased	12	13.5	2	7.4	14	12.1
Decreased	38	42.7	14	51.9	52	44.8
No change	26	29.2	7	25.9	33	28.4
Not given	13	14.6	4	14.8	17	14.7
Total	89		27		116	

Acute Respiratory Infection

Nearly 37 percent of the children had some form of respiratory infection (fever and cough) in last 2 weeks. While severity of illness was more in about 6 percent of children, all of them were reported in Champawat block only. Treatment seeking behaviour was high in both the blocks and reduced breastfeeding during the illness episode was reported. With such incidence rates of child morbidity and expected reduction in feeding practices during and after illness, there is high likelihood of these frequent illnesses contributing heavily to malnutrition of children in the area.

6.2 Coverage by Various Vaccination

6.1.a Almost all children (99%) born during the last two years had received mother and child protection (MCP) or immunization card. Information about coverage of various doses of immunization given to the child was recorded from the card, for whom it was available while information was gathered based on mother's recall about a particular dose of the vaccine. The coverage of zero dose polio at the time of birth was around 83 percent, given the fact that a sizable proportion of the deliveries were conducted at institutions. Coverage by BCG is almost universal however only one-fourth of the children are reported to have received hepatitis-B zero dose.

Table 6.2.a: Percentage of children 0 -23 months old (n=293) who received immunization card and could be seen during the survey

	Champawat		Pati		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
	Ever received vaccination					
Yes	203	98.1	86	100.0	98.6	289
No	4	1.9	0	0.0	4	1.4
N	207		86		293	
Did child receive MCP card or immunization card *						
Yes	202	99.5	83	96.5	285	98.6
No	1	0.5	3	3.5	4	1.4
N	203		86		289	
Card seen or not#						
Card Seen	181	89.6	66	79.5	247	86.7
Card not Seen	21	10.4	17	20.5	38	13.3
N	202		83		285	

Note: *Among those who ever receive any vaccination (289); # Among those who had MCP card (285)

Table 6.2.b: Childhood vaccination: Percentage of children 0 -23 months old who received various doses of immunization (N=247)

Vaccination does	0-11 months (127)		12-23 months (120)		Total (247)	
	Number	Percentage	Number	Percentage	Number	Percentage
Zero Polio vaccine (OPV '0')						
Yes	103	81.1	102	85.0	204	83.0
No	24	18.9	18	15.0	42	17.0
N	127		120		247	
BCG						
Yes	122	96.1	114	95.0	236	95.5
No	5	3.9	6	5.0	11	4.5
N	127		120		247	
Hepatitis-B birth dose (Hepatitis B-0)						
Yes	27	21.3	39	32.5	66	26.7
No	100	78.7	81	67.5	181	73.3
N	127		120		247	
Pentavalent vaccine						
Yes	109	85.8	110	91.7	219	88.7
No	18	14.2	10	8.3	28	11.3
N	127		120		247	
How many Pentavalent injections were given*						
1	13	11.9	6	5.5	15	6.8
2	16	14.7	4	3.6	11	5.0
3	80	73.4	100	90.0	193	88.1
N	109		110		219	
Polio vaccine (excluding Polio 0 & Pulse Polio)						
Yes	110	86.6	95	79.2	205	83.0

No	17	13.4	25	20.8	42	17.0
N	127		120		247	
How many polio dose#						
1	19	17.8	21	22.3	40	19.9
2	47	43.9	34	36.2	81	40.3
3	43	39.4	41	42.7	84	40.9
N	109		96		205	
Hepatitis-B vaccine (excluding Hep-B birth dose)						
Yes	97	76.4	81	67.5	178	72.1
No	30	23.6	39	32.5	69	27.9
N	127		120		247	
How many HEP-B vaccine**						
1	33	34.0	27	33.3	60	33.7
2	30	30.9	25	30.9	55	30.9
3	34	35.1	29	35.8	63	35.4
N	97		81		178	
Measles Vaccine						
Yes	102	80.3	118	98.3	220	89.1
No	25	19.7	2	1.7	27	10.9
N	127		120		247	
Vitamin A						
Yes	112	88.2	89	74.2	201	81.4
No	15	11.8	31	25.8	46	18.6
N	127		120		247	

Note: Among those whose immunization card was seen (N=259); *Among those who received at least one pentavalent vaccine (n=219);# Among those who received at least one polio except polio 0 and pulse polio (n=205); **Among those who received at least one Hepatitis vaccine (n=178);

6.2.b The coverage of other vaccination does vary from 77 – 98 percentage in case of OPV to measles among children aged 12-23 months. The coverage of Polio third drop under routine immunization program is the lowest in the study area with around 77% of the children aged 12-23 months received it, probably they might be covered under pulse polio rounds which are conducted by the government from time to time.

Table 6.2.c: Full Immunization coverage (N=120; 12-23 months old children whose card was seen)

	Immunization status of children 12-23 months old				Total	
	Champawat		Pati		Number	Percentage
	Number	Percentage	Number	Percentage		
BCG						
Yes	85	94.4	29	96.7	114	95.0
No	5	5.6	1	3.3	6	5.0
Total	90		30		120	
Pentavalent 3 Doses (n=110); Among those who ever received at least 1 penta						
Yes	78	95.1	26	92.9	104	94.5
No	4	4.9	2	7.1	6	5.5

Total	82		28		110	
OPV 3 Doses (n=116; among those who receive at least 1 OPV)						
Yes	64	73.6	25	86.2	89	76.7
No	23	26.4	4	13.8	27	23.3
Total	87		29		116	
Measles						
Yes	88	97.8	30	100.0	118	98.3
No	2	2.2	0	0.0	2	1.7
Total	90		30		120	
Full Immunization	62	63.9	23	62.2	85	63.4
Total	97		37		134	

Note: Full immunization- 1 dose of BCG, 3 doses of penta, 1 dose of measles, 3 dose of OPV

6.2.c Full immunization coverage has been estimated as 63 percent in the two blocks under study. Coverage by fully immunized children is slightly better in Champawat block (64%) than in Pati (62%).

7.0 ADOLESCENT GIRLS

Adolescence is an interesting and complex period in the life of any individual, where there is an accelerated growth and change in body and thought processes, only second to infancy. It is a time self-discovery, expanding horizons in life and emerging independence among individuals. It is a period where parents and the environment play a decisive role in assisting or exacerbating coping strategy of an individual's transition from childhood to adulthood. In the age of information technology, access to many information sources as well as a silence to discuss many issues that develop in the curious minds of adolescence effects their overall well-being.

The current study is, therefore, an important milestone as it examined the knowledge and behavior of adolescent girls in the two blocks of Champawat. Government of India launched on 7th January 2014 by Ministry of Health and Family Welfare, Government of India with the vision that "All adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being"¹(Source: RSK Operational Framework: Translating Strategy into Programs, Adolescent Health Division, MOHFW, GOI).

The strength of the intervention is its health promotion approach to provide information to adolescents on six priority areas, such as Nutrition, Sexual and Reproductive Health, Non-Communicable Diseases, Substance Misuse, Injuries & Violence and Mental Health. Thus, a paradigm shift was noticed from the existing clinic-based services approach to promotion and prevention of health and wellbeing of adolescents by reaching out to them in their own environment, such as in schools, families and communities through Peer Educators and frontline workers.

The baseline survey also conducted interviews with 85 adolescent girls of Champawat to understand their knowledge and behavior of health.

A question was asked to all the girls about their siblings. On an average there were more sisters (2.25) than brothers (1.64). All the girls were in the age group 12 to 19 years.

Almost all the girls have attended school ranging from class 6 to attending college. This shows that the importance of education is deep rooted in the parents of adolescent girls in the district. Also, almost 77 percent of the girls were attending school at the time of survey. Those who have left school informed the reason for leaving the school was education completed (20%) and to provide help in household work (15%). One girl left school because she was failed in the examination. Another girl left school due to health issues.

About 19 girls reported to have done a professional course. Most of the courses are computer training (74%) and tailoring (16%). Some of the girls also learned singing and dancing and beauty parlour courses.

It is interesting to note that the previous generation fathers (94%) also were educated ranging from primary level to post graduation. More than 80 percent of fathers were educated up to 12 class and

¹ (RSK Operational Framework: Translating Strategy into Programs, Adolescent Health Division, MOHFW, GOI)

about 5 percent are graduate and above. About 35 percent of fathers are salaried either in govt. or private sector. About one-fifth (21%) of the fathers were engaged in farming and almost similar proportions engaged in labour work.

Mothers of these adolescent girls were less educated as compare to the fathers. More than half of the mothers (54%) were educated up to the primary level while 14 percent did not even complete 5th class. Most of the mothers (77%) were housewives while about 17 percent were also engaged in self farming.

Watching TV Programs

Fifty three percent of adolescents watched TV program every day while 19 percent reported that they never watch TV. Another significant proportion of them (18%) informed to watch TV occasionally. 6 percent watched TV at least once in a week while 2 percent watched once in a month time.

Reading Newspaper

Habit of reading a newspaper is poor among the adolescent girls in Champawat. Thirty five percent of girls reported to read newspaper regularly while thirty percent of the girls never read it. About one-fourth of the girls reported to read newspaper sometimes. Remaining read it either weekly or monthly.

Listening of Radio Program

Radio program listening is almost missing. About 92 percent of the adolescent girls never listen any radio program and 6 percent listen occasionally. Only one girl reported to listen the radio almost every day.

Access to Mobile Phone

Mobile phones are not accessible to all girls. About 57 percent of girls have access to mobile phones in which 37 percent had their own mobile while 20 percent girls can access it from others mobile generally from the family.

Use of Internet

Most of the girls (61%) in Champawat do not use internet and only 32 percent girls were found to have access to internet facility.

Work Status

Eighteen percent of girls reported that they had worked in the past for which they did not receive any remuneration while five percent reported that they had received money for her work. The work these girls did was job, self-farming, labor, tailoring, etc.

Marriage Law

Almost all (90%) the girls were aware about the legal age at marriage for girls in India. While 80 percent of the girls were aware of accurate legal age of marriage the remaining did not know it correctly. In case of legal age at marriage for boys, only 61 percent knew it correctly.

Awareness of Health

On the question of what is needed to keep oneself healthy, most of the girls (75%) reported to keep the body clean and hygienic followed by clean up the surroundings (33%) and consumption of protein enriched food - pulses, green vegetables, fruits, milk, egg, etc. (20%). Regular physical exercise was answered by only 4 percent of girls.

Utilization of government health care services are more common in Champawat. For health care seeking, most of the family members including the girl herself visit government hospital (59%) more often than the private hospitals (35%).

Impact of Tobacco and Alcohol

On the question of impact of use of tobacco and alcohol on health, most of the girls replied for mouth and lung cancer (78%) followed by difficulty in breathing (34%) and heart problem (15%). Some girls also responded that the use of alcohol and tobacco is relaxing.

Anaemia

More than three-fourth of the girls were aware of deficiency of blood (anaemia). On the question of symptoms of anaemia, weakness was reported by 59 percent of girls followed by dizziness (30%), pale skin (18%), tiredness (11%) and problem in eyesight (2%). Another symptom reported by just one adolescent girl was excessive discharge of blood during the period.

On the question of reasons for anaemia, most of the girls (52%) reported about not eating adequately followed by not eating enough green and leafy vegetables (28%), lack of consumption of fruits (9%) and lack of iron rich food (7%). More than 70 percent of the girls responded that one should consume green leafy vegetables more often while the remaining 28 percent told about the consumption of IFA tablets.

About 77 percent of the girls knew about the IFA tablets being distributed at either schools or at AWCs. Also, about 71 percent of the girls reported to have consumed IFA tablets. A quarter of girls (25%) reported that they were consuming IFA regularly.

Monthly Periods

About 55 percent of the girls told that menstruation is the process of bleeding of dirty blood from the body followed by bleeding from uterus which occurs every month and ovulation (8%). About 10 percent of the girls did not know at all what menstruation is.

About 85 percent of the girls reported that they have attained menarche. More than half of the girls (54%) reported about the first year of menstruation. Most of the girls reported to had been informed about the menstrual cycle before they experienced it. Most of the girls were told by the friends (33%) followed by mother (31%) and sisters-in-law (19%). Very few girls (4%) were informed by teachers.

Around 73 percent of the girls knew that the menstrual cycle is of 4 to 5 days and the rest told that it is from 2 to 8 days. About 86 percent of the girls reported the menstruation stops once the woman gets pregnant. During the menstruation, most of the girls use sanitary napkins (59%) followed by locally made napkins (33%). About 4 percent told that they use cloths.

Also most of the girls (72%) change the napkin twice a day followed by three times (13%) and four times (7%). Used sanitary napkins are thrown in dustbin by 75 percent of the adolescent girls and about 19 percent burn it. Two percent of them use it again after the wash, may be these are the girls who use cloths. Almost all girls (93%) reported to take bath and clean vagina during the menstrual periods. Most of the girls (75%) eat the quantity of food as usual during the menstrual periods. Also, about 75 percent of the girls reported to have experienced normal periods while 18 percent did not have normal periods during the last 6 months. One-fourth (28%) of the girls faced some problem during their periods while 67 percent of the girls didn't face any kind of problem related to the periods. About 10 percent of the girls consulted lady doctor for the treatment and 7 percent opted for the household treatment. In case of any problem related to the menstrual cycle, most of the girls (33%) talk to their mothers followed by friends (24%) and sister-in laws (20%). About 35 percent of the girls did not attend school because of their periods.

On the opinion about some issues related to the menstrual periods, 31 percent of the girls agreed that menstruation is a disease; 38 percent agreed that one can visit temple/ mosque for worship during the menstrual periods; 52 percent agreed that women can enter into the kitchen and cook during the periods; 41 percent agreed that woman should keep herself separate during their periods; 60 percent agreed that girls can play during the periods; and lastly 53 percent agreed that woman can make Achar/ Papad during her periods.

On the question "can a girl become pregnant if she has sexual intercourse for the very first time without using any contraception" almost half of the girls (47%) replied positively. 24 percent of the girls feel that one can have ulcer in internal parts if she had unprotected sex and around 43 percent of the girls were not aware of any kind of infection if unprotected sex was made. The other infections quoted were white discharge, pain in lower abdomen, itching in internal parts, AIDS, etc. by few girls.

Gender Issues

For buying cloths, most of the girls (41%) decide jointly with other members of the family followed by any other person (33%) and lastly by the girl herself (25%). In case of further study, 32 percent of the girls say that this is decided other persons, 25 percent say it is decide jointly while almost same proportion (24%) say that this is decided by herself.

In case of spending of money, 39 percent of girls decide by herself while 28 percent decide jointly. In case of 13 percent of girls, decision for spending money is taken by others.

64 percent of the girls are allowed to go to market with someone while 32 percent can go alone. Only 3 percent told that they are not at all allowed to go to market. 38 percent of the girls are allowed to go to meet with friends alone while 33 percent can go with some other person. About 11 percent are not at all allowed to go to meet a friend. For visiting relatives, 62 percent can go with someone while 17 percent can go alone. To visit a health facility, 70 percent of the girls can go only with someone while only 6 percent can go alone.

The decision with whom to marry with is generally taken by others in case of 55 percent of girls while 33 percent girls informed that this will be decided jointly. Most importantly 11 percent of the girls said that it would be decided by herself only.

Eighty percent of the girls disagreed that boys should study more than girls while 13 percent agreed. 93 percent of the girls are against the view that girls should get marry immediately after completing 12 class. One third of the girls (32%) agreed that friendship of girls with boys is wrong while 64 percent disagreed. Almost 84 percent of the girls disagreed that girls like to be teased by boys while 6 percent agreed. Almost all (94%) girls agreed that boys should also participate in household work. 86 percent of girls agreed that accepting or giving dowry is an illegal act while 8 percent disagreed. Giving dowry is necessary as it helps the bride a better status in her in laws home was disagreed by 78 percent of the girls. Every family should have at least one boy was agreed by 60 percent of the girls. The danger of misbehaviour with girls is only outside the house was disagreed by 61 percent of the girls. Sex of the embryo is determined by the woman was disagreed by almost all girls (90%).

Community Participation

Very few girls (8%) were associated with some group such as Aajivika Ekikrit Pariyojna, Krishi Samuh, Nagnath Samuh, Silayi Mandal, etc. More than half of the girls (52%) had participated in sports, 44% participated in rallies/ functions, 51% participated in national celebrations and 40% in other festivals.

8. HEALTH FACILITY ASSESSMENT IN CHAMPAWAT DISTRICT

8.1 Purpose of the Assessment

The objective of the present study was to assess the functioning of the health facilities at different levels in the District Hospital, CHC Lohaghat and 5 sub-centres. It is meant to generate understanding on quality and access of the services to the community.

8.2 Methodology

The facility assessment was carried out using a structured checklist adopted by the Ministry of Health and Family Welfare, Government of India for monitoring the RMNCH+A program which was designed for data collection from the different levels of facilities. The broader issues included in the tool are case load for ANC and delivery, human resources deployed/posted in labor room, availability of essential equipment and drugs, and health facility management practices. The checklist used is placed at Annexure1 . In addition, interviews were conducted with the facility administration, in-charges at MCH wings, Nurses placed at labor rooms at DH and CHC, and ANMs at the sub-centres.

8.3 Coverage

Data was collected from District Hospital, CHC Lohaghat and 5 Sub-centres during July 18-20, 2019.

8.4 Findings

8.4.1 District Hospital

ANC

There are approximately 6-7 ANC per day at the District Hospital. All essential check-ups such as blood pressure, haemoglobin, blood glucose, urine albumin, ultrasound, etc. are done during the ANC visits. The pregnant women are counselled about the possible complications, danger signs, high risk pregnancies, dietary practices, delivery places, etc. and all other do's and don'ts, during the pregnancy care, delivery and postnatal care practices. Women generally don't inform about the parity or the number of pregnancies because they are shy. This makes the task of doctors difficult. Also, the rural women do not carry the MCP cards most of the times.

Delivery

This DH is not a high case load delivery point. All essential drugs and supplies such as MCP cards, patient records, oxytocin, misoprostol, antihypertensive, magnesium sulphate, tetanus toxoid, inj Vit K, mucus extractor, bag and mask, functional radiant warmer, etc. were found at place. Also available were ORS, Zinc Syp Salbutamol, all essential vaccines including pentavalent and JE, etc. antibiotics such as amoxicillin, metronidazole, ceftriaxone, etc. On an average 30-40 deliveries are conducted in a month. Management of obstructed labor was missing. About 34 deliveries were conducted during the month of June 2019 at the DH and about 6-8 (20%) high risk pregnancies/deliveries are referred to nearby government district hospitals or privately managed hospitals. (Pithoragarh DH, Haldwani, Tanakpur Govt. Facility, Khatima private hospitals, etc.) Most of the women also prefer to go to Tanakpur private hospital for deliveries.



Intra-partum and Immediate Postpartum Practices

All essential examinations / steps are carried out during the intra-partum and immediate postpartum period. This includes:

- a. Fetal heart rate (FHR) recorded at the time of admission
- b. Mother's temperature and blood pressure recorded at the time of admission
- c. Partograph used to monitor to monitor progress of labor
- d. Magnesium sulphate used to manage severe pre-eclampsia and eclampsia cases
- e. Uterotonic (oxytocin or misoprostol) given to mother immediately after the birth of baby

Labor Room

One Paediatrician is available but there is no Gynaecologist at the DH. All essential functions such as pregnant women not left unattended or ignored during care in the labor room are taken care of; availability of patients amenities such as drinking water and toilet present; drugs stored in containers/ tray and labelled; progress of labor recorded; etc. are managed in the labor room except we did not find a baby tray. Breastfeeding within one hour of birth is promoted sincerely.

Management of High-Risk Pregnancies

There was no Surgeon at the district hospital, so C-section was not being done there. However, with the joining of a new surgeon recently, C-sections may resume at Champawat DH. As of now, the high-risk pregnancies are identified and referred to the other neighbouring district hospital for caesarean section. So, the DH is not capable of handling the high-risk deliveries. Also do not treat low birth weight babies.

This is affecting the delivery system in the district.



HR Placed in Labor Room

There were 3 LMOs and 8 staff nurses posted in in the labor room. All were trained in SBA/ BEmOC however none were trained in facility based newborn care (FBNC). No Gynaecologist posted at the District Hospital.

Key Observations

The quantitative data revealed that only two-third women delivered at a government facility during the last two years before the survey took place. About 10 percent deliveries were conducted at private hospitals and almost equal percentage of women delivered at other institutions such as army hospital. About 12 percent of deliveries occurred at home. These findings also match with the recently conducted NFHS data where 58 percent of the births took place at government health facilities.

The field observations revealed that a large number of the pregnant women prefer going to the private facilities or other type of institutions for delivery of their babies; preferably those who can afford the cost of delivering other than government facilities. The non-availability of Surgeons for conducting caesarean section and non-availability of Gynaecologists to handle the complications of pregnancy and labor, the DH is not fully utilized and most of the pregnant women do not prefer to go to DH Champawat.

8.4.2 Lohaghat CHC

ANC

No record on the number of ANC was provided during the facility visit. Essential check-ups such as blood pressure, haemoglobin, blood glucose, urine albumin is measured during the ANC visits. Ultrasound facility is available but there is only one technician who gives services in Lohaghat CHC, Champawat DH and Pithoragarh DH. However, there was lack of appropriate management/ referral of high-risk clients. During the ANC, pregnant women are counselled about the possible complications, danger signs, high risk pregnancies, dietary practices, delivery places, and all other do's and don'ts during the pregnancy care, delivery and postnatal care practices. Also, the poor and uneducated women (?) generally do not bring the MCP cards which creates difficulty in accurately examining the patients. The facility is lacking a blood bank.

Delivery

This CHC is not a high case load delivery point. All essential drugs and supplies such as MCP cards, patient records, oxytocin, misoprostol, antihypertensive, magnesium sulphate, tetanus toxoid, inj Vit K, mucus extractor, bag and mask, functional radiant warmer, etc. were found at place. Also available were ORS, Zinc. Syp Salbutamol, all essential vaccines including pentavalent and JE, etc. antibiotics such as amoxicillin metronidazole, ceftriaxone, etc. On an average 30 deliveries are conducted in a month. Management of obstructed labor was missing. About 30 deliveries were conducted during the month of June 2019 at the CHC and only one high risk pregnancy/ delivery was referred to the nearby government hospitals and/ or mostly privately managed hospitals (Pithoragarh DH, Haldwani, Tanakpur Govt. Facility, Khatima private hospitals, etc.). Most of the women also prefer to go to Tanakpur private hospital for deliveries. No woman is referred to DH from the CHC.

Intra-partum and Immediate Postpartum Practices

All essential examinations / steps are carried out during the intra-partum and immediate postpartum period. This includes:

- a. Fetal heart rate (FHR) recorded at the time of admission
- b. Mother's temperature and blood pressure recorded at the time of admission
- c. Uterotonic (oxytocin or misoprostol) given to mother immediately after the birth of baby

Partograph was not available to monitor the progress of labor. Also, no case either of pre-eclampsia and eclampsia was detected at the CHC.

Labor Room

There is neither any Paediatrician nor any Gynaecologist posted at the CHC. All essential functions such as pregnant women not left unattended or ignored during care in the labor

room are taken care of; availability of patient's amenities such as drinking water and toilet present; drugs stored in containers/ tray and labelled; baby tray; etc. are managed. Behaviour of labor room staff is dignified and respectful.

However, progress of labor is not recorded as the facility lacked the partograph. Power back is available in the labor room. Newborn is wiped with a clean pre-warmed towel and wrapped in second pre-warmed towel. Weight of the baby is recorded and vitamin K is given to all. Breastfeeding within one hour of birth is promoted sincerely but the initiation is not recorded in any register. It was also found that women are discharged within 24 hrs of the delivery and none of the women stay there for 48 hrs.

Management of High-Risk Pregnancies

There was no Surgeon at the CHC also, so C-section was not being performed at all. As of now, the high-risk pregnancies are identified and referred to the other neighbouring district hospital for caesarean section. This CHC does not handle the high-risk deliveries. Complicated pregnancies such as pre-term, low birth, early age, etc. are not treated at the CHC. This lacks any serious effort to provide care to the pregnant women and her baby. This is affecting the delivery system in the district.

HR Placed in Labor Room

There were 2 LMOs and 7 Staff Nurses posted in in the labor room. None were trained in SBA/ BEmOC or FBNC. No Gynaecologist or Paediatrician posted at the CHC. Drop back facility to the mother is not available at the CHC.

Facility Mechanism

Utilization of untied funds is about 85 percent. Grievance redressal mechanism is not at place.

Community Process

ORS and Zinc are made available with ASHA and distributed in the community. There is no NRC in the district so malnourished children are not properly taken care of in the district. Weekly IFA supplementation, communitybased distribution of misoprostol for PPH prevention, home based newborn care and HBNC kits are provided by ASHAs. Menstrual hygiene practices being promoted and VHNDs are conducted on a monthly basis. JSSK/ JSY entitlements are given and Rashtriya Kishor Swasthya Karyakram (RKSK) is operation in the district.

8.4.3 Sub-centers

Five sub-centres were selected for the facility assessment in Champawat district. However only four facilities were visited for data collection. The fifth sub-centre of Amorhi was not visited however interview was conducted with the ANM of that sub-centre. Following sub-centres were visited for data collection:

1. Barakot
2. Munch
3. Swala
4. Chalthi
5. Amorhi



The condition of all the four sub-centres are not encouraging as far as labor room and delivery is concerned. The services at these facilities are limited to providing antenatal care and vaccinations. VHNDs are organized with the health of ASHAs but the turnover of women at the facilities is too low. The Munch sub-centre is located quite far from the district, so comparatively more pregnant women visit this centre. Deliveries are conducted at only Munch sub-centre as this centre is in the compound of Munch PHC.



However, barely 5-6 deliveries are conducted in a month at this sub-centre. The condition of all the facility was also not very good.

Table 8.1: Services provided by sub-centres in the previous month before the survey

Sl	Particulars	Barakot	Chalthi	Munch	Swala	Amorhi
1	Total delivery	0	0	6	0	0
2	ANC	2	6	26	12	21
3	Number of PW received IFA	2	5	26	12	16
4	Number of ANC clients with high risk conditions	4	0	6	0	5
5	Blood pressure measured during ANC visits	Yes	Yes	Yes	No	No
6	Haemoglobin measured during ANC visits	Yes	Yes	Yes	No	No
7	Blood glucose measured during ANC visits	Yes	Yes	No	No	No
8	Urine albumin measured during ANC visits	Yes	No	Yes	No	No
9	Appropriate referral of high-risk clients	Yes	Yes	Yes	Yes	No
10	Electricity	Yes	No	Yes	Yes	Yes
11	Water	Yes	No	Yes	Yes	Yes
12	Usable client toilet	Yes	No	Yes	Yes	Yes
13	SBA training	Yes	Yes	Yes	No	No
14	HBNC training	Yes	Yes	Yes	No	No
15	MCP card available	Yes	Yes	Yes	Yes	Yes
16	Aware of high-risk pregnancy	Yes	Yes	Yes	Yes	Yes
17	Immunization	Yes	Yes	Yes	Yes	Yes
18	ORS	Yes	Yes	Yes	Yes	Yes
19	Zinc	Yes	No	Yes	Yes	Yes
20	Albendazole	Yes	Yes	Yes	Yes	Yes
21	Vitamin A	No	No	No	No	No
22	IFA	Yes	Yes	Yes	Yes	Yes

Barakot

Sub-centre Barakot is a delivery point but deliveries are not conducted there. The ANM informed that because the PHC Barakot is located in the nearby area (around 5 KMs), some women used to go there for delivery. However, she also informed that at present there is no lady doctor, hence deliveries are not being conducted for more than a year now. Most of the deliveries take place in CHC Lohaghat even in the hard to reach areas. As reported by the MO at DH, similar information about hiding the number of pregnancies by women has been revealed by the ANM. In case of ANC, the ANM informed that they follow up the pregnant women to come for all 4 ANCs by making phone calls. It is found that most of the ANMs are providing only ANC services and immunization. It is also felt that ANMs do not even go for home visits after the birth of the baby. They expect that ASHA will do this job of visiting the household. Some of the ANMs also visit schools under the adolescent school health program. However, the ANMs were not trained for RSKS program. IFA tablets are distributed to the adolescent girls by ANM. When asked about providing the health information to the community, the ANMs responded that “Apna dhyan rakho”, a very generalized statement.

Munch

Small number of ANC. IFA is given to all the pregnant women. BCG not available. The ANM does not know about the availability of vaccines such as polio injection, Penta, Hepatitis B, etc. She said she will check and then can tell the situation. ANM trained in SBA and FBNC. No clean towel to receive the baby. Radiant warmer not available. This facility lacks many drugs and supplies necessary to perform the delivery. So even if there is small number of deliveries (5-6 in a month), it is important to ensure all the necessary drugs and supplies. About the initiation of breast feeding, the ANM informed that initiation data is sent to HMIS but there is no register where she maintains the record of initiation of breast feeding.

Swala

The approach to the facility was not easy. It is located at height from the road and climbing was very difficult. The ANM Ms Indu is in-charge of another sub-centre Amorhi which is vacant since last 2-3 years and she goes there only on Wednesday for immunization. She showed that differentiating haemoglobin by the colour of the blood was very difficult. So she does not do Hb test. She said that this situation prevails in all other sub-centres.

Chalthi

ANC is functional. The ANM lives in Khatima which is 2 hour drive from the centre. Deliveries take place at Tanakpur combined hospital. Under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), 9 of every month pregnant women are advised to go to Champawat for ANC. Urine test is done to detect the pregnancy status.

She comes here only on Wednesday and Saturday. The condition of building is not good. Electricity supply is disconnected because of non-payment of bill since last 3 years.

As per the ANM, preferred family size in her area of work is more than 3. Family size goes up for want of more sons. In spite of good education level, son preference is deep rooted. Mostly women are coming at the centre for ANC but very few pregnant women don't turn up even for ANC and they are left out. Even during the home visit, these women are not available. The ANM informed that all women complete the 4 ANC which does not seem correct.

ANM revealed that she advises pregnant women to visit Champawat DH or any other place for those services which are not available at the sub-centre. Incentive of 6000 INR for pregnant women had not been received by any women. Home deliveries are more frequent than hospitals in this area. In the last year, July 2018 to June 2019, 15 home deliveries and 12 Institutional delivery took place in this area. On the reasons of high prevalence of home

delivery, the ANM informed that most of the doctors at government facilities refer to go to the private health facility which becomes very expensive for the family. Therefore, these women prefer to opt for home deliveries.

ANM also informed that she does the home visits for postnatal care. Earlier she used to visit home to assist home delivery also, but nowadays she has stopped visiting. Women prefer going to deliver in the facility as she finds all health check-ups available there in the hospitals with better quality doctors. Colostrum is normally given to newborn these days. Earlier they felt it is dirty milk which was used to be thrown away. However, the ANM does not heard about the MAA program of GOI.

The ANM is aware of newborn care but she feels that every woman knows many things about breastfeeding so there is no need to explain to them separately.

None of the sub-centres is capable of conducting deliveries. For making these sub-centres delivery points, these facilities need a kayakalp along with training of the ANMs of these facilities and adequate supply of all essential drugs needed during the delivery

8.5 Recommendations

- A. Cesarean section needs to be functional at the DH by training the newly appointed surgeon. This will also need on-job training and post-training handholding exercises/ exposure to other hospitals.
- B. High-risk pregnancies should be addressed urgently with the appointment of Gynecologist and Pediatrician at the DH and CHC.
- C. Growth monitoring of babies needs to be ensured by establishing NRC for managing low birth weight babies.
- D. Process to be ensured for monitoring the newborn after the woman is discharged from the hospital after the delivery.
- E. Postpartum care needs to be strengthened at all levels of facilities.
- F. Ensure the drop back facilities are provided to all women coming for the delivery.
- G. All sub-centres need to be upgraded to delivery points and SBA training to all the ANMs at the subcenters.
- H. Ensure uninterrupted supply of all necessary drugs and supplies for conducting deliveries.



9. ANNEXURE

9.1 Women Questionnaire

BASELINE SURVEY AND SITUATIONAL ANALYSIS MCH PROJECT IN CHAMPAWAT

MOTHER OF CHILDREN AGED 0-23 MONTHS & PREGNANT WOMEN
फार्मेटिव रीसर्च एण्ड डेवलपमेंट सर्विसेस एवम अग्रणी इंडिया फाउंडेशन

IDENTIFICATION

CONFIDENTIAL

A. जिला / DISTRICT _____

प्रखंड / COMMUNITY DEVELOPMENT BLOCK _____

गाँव / VILLAGE _____

परिवार के मुखिया का नाम / NAME (HEAD OF THE HOUSEHOLD) _____

उत्तरदाता का नाम / NAME OF RESPONDENT _____

परिवार के मुखिया के साथ संबंध / RELATIONSHIP WITH HEAD OF THE HOUSEHOLD _____

पता / ADDRESS _____

मोबाइल नं० / MOBILE NUMBER

B. RESULT STATUS

COMPLETED.....1

REFUSED AFTER PARTIAL COMPLETION2

REASON FOR REFUSAL _____

INTERVIEW DATE									
DATE		MONTH		YEAR					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	SPOT CHECKED BY	BACK CHECKED BY	EDITED BY	KEYED BY
NAME	_____	_____	_____	_____
DATE	____/____/____	____/____/____	____/____/____	____/____/____

NAME OF THE INTERVIEWER

NAME OF THE SUPERVISOR

परिचय एवं सूचित सहमति / INTRODUCTION AND INFORMED CONSENT

नमस्ते, मेरा नाम _____ है और मैं **FRDS** एवम **अग्रणी इंडिया फाउंडेशन** के लिए काम करता/ती हूँ। हमलोग महिलाओं और नवजात शिशु के स्वास्थ्य से संबंधित एक अध्ययन और सर्वेक्षण में हम आपसे प्रसव के दौरान अपनाये गये व्यवहार, स्तनपान एवं प्रसव के बाद शिशु की देखभाल और टीकाकरण से संबंधित कुछ प्रश्न पूछेंगे। इस सर्वेक्षण में एकत्र किये गये सूचनाओं से माँ एवं बच्चों के स्वास्थ्य की स्थिति का आकलन करने में मदद मिलेगी और बेहतर स्वास्थ्य सेवा उपलब्ध कराने के लिए योजना बनाने में उपयोगी होगा। इस बातचीत में लगभग 30-40 मिनट का समय लगेगा। आपके द्वारा प्रदान की गई सूचनाओं को पूरी तरह से गोपनीय रखा जायेगा और इसका उपयोग चम्पावत जिले में माँ एवं बच्चों के स्वास्थ्य की स्थिति को बेहतर बनाने के लिए, योजना बनाने में किया जायेगा।

इस बातचीत में भागीदारी स्वैच्छिक है, आप अपनी स्वेच्छा से कभी भी बीच में भागीदारी छोड़ सकती हैं। लेकिन हम आशा करते हैं कि आप बातचीत में भाग लेंगी क्योंकि आपकी भागीदारी महत्वपूर्ण है। बातचीत के दौरान यदि आप कोई प्रश्न नहीं समझ पाती हैं तो कृपया मुझे दोहराने के लिए कहें। हमलोग जिन सूचनाओं को एकत्रित कर रहे हैं वो माँ एवं बच्चों के स्वास्थ्य से संबंधित कार्यक्रम को बेहतर बनाने के लिए बहुत ही महत्वपूर्ण है। इस कारण हम आपसे अनुरोध करते हैं कि अपना उत्तर ईमानदारी पूर्वक दें।

क्या आप अभी इस बातचीत से संबंधित कोई और प्रश्न पूछना चाहती हैं?

(महिला के प्रश्नों का उत्तर दें या शक को दूर करें।)

यदि आप सर्वेक्षण के बारे में और अधिक जानकारी चाहती हैं तो आप **FRDS** के ऑफिस से सम्पर्क कर सकती हैं।

(FRDS, ऑफिस सम्पर्क करने के लिए पता उपलब्ध करायें)

Namaste, my name is _____ and I am working with FRDS and AGRANI INDIA FOUNDATION. We are conducting a survey related to the health of women and newborn children. In this survey we will ask you questions related to Antenatal care, Birth planning and preparedness, delivery practices, breast feeding, postnatal care and immunization. The information collected in this survey will help the program to assess the health status of mother and child and will be used for improving health services. The survey usually takes around 30- 40 minutes to complete. The information provided by you will be kept strictly confidential and will be used for planning in improving the maternal and child health of Champawat.

Participation in this survey is voluntary and, you may withdraw your participation at any time. However, we hope that you will take part in this survey since your participation is important. During the interview process if you are not able to understand any question please feel free to ask me to repeat. The information that we are collecting is very critical for improving maternal and child health program, so I request you to provide honest response.

At this time, do you want to ask me anything about the survey?

(ANSWER ANY QUESTION AND ADDRESS RESPONDENT'S CONCERNS.)

In case you need more information about the survey, you may contact our district office.

(PROVIDE THE CONTACT DETAILS OF CARE INDIA DISTRICT OFFICE)

उपरोक्त वर्णित कथनों को पढ़कर समझाया गया और उत्तरदाता की सहमति ली गई।

ABOVE MENTIONED STATEMENT WAS READ AND EXPLAINED, INFORMED CONSENT WAS TAKEN FROM THE RESPONDENT.

.....

हस्ताक्षर/ SIGNATURE

भाग-I / SECTION-I

पारिवारिक और उत्तरदातापृष्ठभूमि / HOUSEHOLD AND RESPONDENT CHARACTERISTICS

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<p>सबसे पहले मैं आपके पारिवारिक पृष्ठभूमि और आपके घर में उपलब्ध सामान के बारे में कुछ प्रश्न पूछना चाहता/चाहती हूँ। At first, I would like to ask few questions related to your own characteristics and assets of your house.</p>			
101	<p>'परिवार' में कितने सदस्य यहाँ रहते हैं? How many members are there in this household who usually live here?</p>	<p>'परिवार' में रहने वाले सदस्यों की संख्या / NO.OF MEMBERS IN THE HH <input type="text"/> <input type="text"/></p>	
102	<p>आपका धर्म क्या है? What is your religion?</p>	<p>a. हिन्दु / HINDU 1 b. मुसलमान / MUSLIM 2 c. इसाई / CHRISTIAN 3 d. जैन / JAIN 4 e. बौद्ध / BUDDHIST 5 f. सिक्ख / SIKH 6 g. कोई धर्म नहीं / NO RELIGION 7 h. अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)</p>	
103	<p>आपकी जाति क्या है? What is Your caste? [उत्तरदाता द्वारा बताये गये जाति का नाम दर्ज करें] [RECORD CASTE AS MENTIONED BY THE RESPONDENT]</p>	<p>a. अनुसूचित जाति / SCHEDULED CASTE 1 b. अनुसूचित जन जाति / SCHEDULED TRIBE 2 c. अन्य पिछड़ी जाति / OBC 3 d. सामान्य / GENERAL 4</p>	
104	<p>घर किस प्रकार का है? Type of house? अवलोकन के आधार पर भरें, [RECORD BY OBSERVATION]</p>	<p>a. कच्चा / KACHCHA 1 b. अर्धपक्का / SEMI-PUCCA 2 c. पक्का / PUCCA 3</p>	
105	<p>आपके परिवार के सदस्यों के लिये पीने का पानी का मुख्य स्रोत क्या है ? What is the main source of drinking water for members of your household?</p>	<p>पाइप से पानी / (आवास / यार्ड / प्लॉट में) PIPED WATER (DWELLING / YARD / PLOT) 1 पाइप से पानी (सार्वजनिक नल) / PIPED WATER (PUBLIC TAP) 2 चापाकल (आवास / यार्ड / प्लॉट में) HAND PUMP INTO DWELLING / YARD / PLOT 3 सार्वजनिक चापाकल / ट्यूबवेल / बोरहोल / PUBLIC HAND PUMP / TUBE WELL / BOREHOLE 4 नौला / Natural Water 5 बरसात का पानी / RAINWATER 6 सतही पानी (नदी / बांध / झील / तालाब / झरना / नहर / सिंचाई माध्यम) / SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANNEL) 7 फिल्टर पानी / आर.ओ. पानी (जैरिकैन / बोतल) / FILTERED WATER / RO WATER (JERICAN, BOTTLE) 8 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)</p>	
106	<p>आपके परिवार के सदस्य किस प्रकार के शौचालय का इस्तेमाल करते हैं? Which kind of toilet facility do members of your household usually use?</p>	<p>खुद का फ्लस शौचालय / OWN FLUSH TOILET 1 साझा फ्लस शौचालय / SHARED FLUSH TOILET 2 खुद का पिट शौचालय / OWN PIT TOILET 3 साझापिट शौचालय / SHARED PIT TOILET 4 सामुदायिक शौचालय / PUBLIC / COMMUNITY TOILET 5 कोई सुविधा उपलब्ध नहीं / खुले में / NO FACILITY / OPEN DEFECAATION 6 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)</p>	

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	आपके घर में खाना बनाने के लिए मुख्य रूप से किस प्रकार के इंधन का उपयोग होता है? What type of fuel does your household mainly use for cooking?	बिजली / ELECTRICITY 1 एल.पी.जी / LPG/ NATURAL GAS 2 बायो गैस / BIO GAS 3 मिट्टी का तेल / KEROSENE 4 कोयला / COAL/LIGHT 5 लकड़ी कोयला / CHARCOAL 6 लकड़ी / WOOD 7 घासफूस / STRAW/SHRUBS/GRASS 8 फसल के कचरे / AGRICULTURAL CROP WASTE 9 / DUNG CAKES 10 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	

अब मैं आपकी व्यक्तिगत जानकारी जैसे कि आपकी उम्र, शिक्षा, पेशा और आपके पति एवं बच्चों से संबंधित प्रश्न पूछना चाहूँगा/चाहूँगी।
Now, I would like to ask you some of the questions related to your personal details such as your age, education, occupation and also some details about your spouse and children

108	आपकी उम्र क्या है? What is your age?	माता का उम्र पूर्ण वर्षों में / MOTHER'S AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
109	क्या आप पढ़ और लिख सकती हैं? Can you read and write?	हाँ / YES 1 नहीं / NO 2	→ Q111
110	यदि हाँ :आपने उच्चतम शिक्षा कहाँ तक प्राप्त की है। IF YES: What is the highest standard of formal education you completed? [पूर्ण वर्षों में दर्ज करें एवं औपचारिक शिक्षा नहीं ली गई हो तो "00" दर्ज करें] [RECORD IN COMPLETED YEARS OF EDUCATION AND 00 FOR NO FORMAL EDUCATION]	शिक्षा के पूर्ण किए गए वर्ष / उच्चतम शिक्षा <input type="text"/> <input type="text"/> NO. OF COMPLETED YEARS OF EDUCATION.....	
111	आपके पति की उम्र क्या है? What is the age of your husband?	उम्र पूर्ण वर्षों में / AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> पति जीवित नहीं / HUSBAND NOT ALIVE 77 मालूम नहीं / DON'T KNOW 99	→ Q115
112	क्या आपके पति पढ़ और लिख सकते हैं? Can your husband read and write?	हाँ / YES 1 नहीं / NO 2	→ Q114
113	यदि हाँ :आपके पति की उच्चतम शिक्षा क्या है? IF YES: What is the highest standard of formal education he completed? [पूर्ण वर्षों में दर्ज करें एवं औपचारिक शिक्षा नहीं ली गई हो तो "00" दर्ज करें] [RECORD IN COMPLETED YEARS OF EDUCATION AND '00' FOR NO FORMAL EDUCATION]	शिक्षा के पूर्ण किए गए वर्ष / उच्चतम शिक्षा <input type="text"/> <input type="text"/> NO. OF COMPLETED YEARS OF EDUCATION..... नहीं जानते हैं / कह नहीं सकते / DON'T KNOW / CAN'T SAY 99	
114	आपके पति मुख्य रूप से क्या काम करते हैं? What is your husband's main occupation?	कार्य नहीं कर रहा / सेवा निवृत्त / बेरोजगार / NOT WORKING/RETIRED/UNEMPLOYED 1 कृषक / CULTIVATOR 2 कृषि मजदूर / AGRICULTURAL LABOURER 3 गैर कृषिकुशल मजदूर / NON-AGRICULTURAL LABOURER(SKILLED) 4 गैर कृषि अकुशल मजदूर / NON-AGRICULTURAL LABOURER(UNSKILLED) 5 बिजनेस / छोटा व्यापारी / अपना काम / BUSINESS / PETTY TRADER/ SELF EMPLOYED 6 सरकारी वेतन भोगी / SALARIED EMPLOYEE GOVERNMENT 7 प्राइवेट वेतन भोगी / SALARIED EMPLOYEE PRIVATE 8 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
115	अपने जीवनकाल में आप कितनी बार गर्भवती हुई हैं? कृपया अपने गर्भावस्था के परिणाम का विवरण दें। How many times did you become pregnant in your lifetime? Please give details of your pregnancy outcome.	a. गर्भावस्था की संख्या / NO. OF PREGNANCY..... b. जीवित जन्मे बच्चों की संख्या / NUMBER OF LIVE BIRTH..... c. मृत जन्मे बच्चों की संख्या / NUMBER OF STILL BIRTH..... d. स्वतः गर्भपात होने की संख्या / NUMBER OF SPONTANEOUS ABORTION / MISCARRIAGE..... e. गर्भपात कराने की संख्या / NUMBER OF INDUCED ABORTION.....	
116	आपने अपने जीवन काल में अभी तक कितने जीवित बच्चों को जन्म दिया है? उनमें से कितने लड़के हैं, और कितनी लड़कियाँ हैं? (वो सारे बच्चों को शामिल करें जो विवाहित हैं, कहीं और रहते हैं या जन्म के बाद जिनकी मृत्यु हो गयी है) Now I would like to ask you, how many children you had during your life time? How many of them are sons and how many of them are daughters? (including those children who are married, living elsewhere and not alive)	a. जीवित जन्मे बच्चों की कुल संख्या / TOTAL NO. OF CHILDREN..... b. लड़कों की संख्या / TOTAL NO. OF SONS..... c. लड़कियों की संख्या / TOTAL NO. OF DAUGHTERS..... d. कितनी बार जुड़वा हुआ था / HOW MANY TIMES DID YOU HAVE TWINS..... e. कितनी बार तीड़वा (त्रिक) हुआ था / HOW MANY TIMES DID YOU HAVE TRIPLETS.....	
117	क्या आपने ऐसे लड़के या लड़कियों को जन्म दिया जिनकी जन्म के बाद मृत्यु हो गई हो ? Have you ever given birth to a boy or a girl who was born alive but died later?	हाँ / YES.....1 नहीं / NO.....2	→ Sec.2
118	यदि हाँ, तो कितने बच्चों की मृत्यु हो गई? Number of baby died :	लड़कों की संख्या / NUMBER OF BOYS..... लड़कियों की संख्या / NUMBER OF GIRLS.....	

भाग- 2 / SECTION-2
प्रसव पूर्व देख-भाल और जन्म की तैयारी
ANTE NATAL CARE AND BIRTH PREPAREDNESS

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
अब मैं आपसे (नाम) के जन्म के पहले की गई प्रसव पूर्व तैयारियाँ एवं जन्म देने की तैयारी से संबंधित कुछ सवाल पूछना चाहूँगा/चाहूँगी तथा उस दौरान आशा/ऑगनवाड़ी कार्यकर्ता द्वारा आपातकालीन प्रसव की तैयारियों से संबंधित दी गई सलाह के बारे में पूछना चाहूँगा/चाहूँगी Now I am going to ask you some questions related to antenatal care at the time of your last birth and Counselling you have received from ASHA/AWW regarding the emergency birth preparedness plan when you were pregnant with (NAME).			
201	आपके सबसे छोटे बच्चे का नाम क्या है? What is the name of your youngest child?	_____ (बच्चे का नाम / NAME OF THE CHILD)	
202	(नाम) लड़का है या लड़की ? Is (NAME) male or female?	लड़का / MALE1 लड़की / FEMALE2	
203	(नाम) का जन्म तिथि क्या है? What is the date of birth of (NAME)? [उम्र को दिन में दर्ज करें साथ ही जन्मतिथि भी दर्ज करें] [RECORD AGE IN DAYS ALONG WITH THE DATE OF BIRTH]	जन्म तिथि / DATE OF BIRTH DD MM YYYY उम्र दिनों में / AGE IN DAYS.....	
204	जब (नाम) आपके गर्भ में था तो क्या आपने अपनी गर्भावस्था का पंजीकरण करवाया था? When you were pregnant with (NAME), did you register your pregnancy?	हाँ / YES.....1 नहीं / NO.....2	→ Q209
205	Did you use a pregnancy testing kit to confirm this pregnancy?	YES.....1 NO.....2	
206	गर्भावस्था के किस महीने में आपने पंजीकरण करवाया? In which month you registered your pregnancy?	गर्भावस्था का माह / MONTHS OF PREGNANCY..... याद नहीं है / DON'T REMEMBER.....99	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP TO
207	क्या आपको पंजीकरण के बाद सुरक्षा कार्ड प्राप्त हुआ ? Did you receive a mother and child protection card after registration?	YES.....1 NO.....2						
208	क्या आपने इस गर्भावस्था के दौरान प्रसव पूर्व जाँच की थी ? Did you receive any antenatal checkup (ANC) during this pregnancy?	YES.....1 NO.....2 →						Q211
209	यदि हों तो आप इस गर्भावस्था में कितनी बार प्रसव पूर्व जाँच (एएनसी) करवाया? How many times did you visit for/received antenatal checkup (ANC) ?	कितनी बार / NUMBER OF TIMES <input type="text"/> <input type="text"/> याद नहीं है / DON'T REMEMBER.....99						
		1 st ANC	2 nd ANC	3 rd ANC	4 th ANC	5 th ANC	6 th ANC	
210a	a. गर्भावस्था के किस महीने में ANC / IN WHICH MONTH OF PREGNANCY was ANC done ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
210b	b.आपने एएनसी कहाँ से करवाया था? Where did you receive the ANC? a. स्वास्थ्य उपकेन्द्र / HSC..... 1 b. आंगनवाड़ी केन्द्र / भीएचएसएनडी / AWC/VHSND 2 c. अतिरिक्त स्वास्थ्य केन्द्र / प्राथमिक स्वास्थ्य केन्द्र / APHC/PHC..... 3 a. सामुदायिक स्वास्थ्य केन्द्र / CHC..... 4 b. एफ.आर.यू. / अनुमण्डलीय अस्पताल / जिला अस्पताल FRU/SDH/DH 5 c. प्राईवेट क्लिनिक / PRIVATE CLINIC 6 d. अन्य / OTHER _____ 88 (स्पष्ट करें / SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
210 C		1 st ANC	2 nd ANC	3 rd ANC	4 th ANC	5 th ANC	6 th ANC	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP TO
	<p>c. What all check up did you receive in ANC?क्याक्याजाँचकरवाया?</p> <p>a.रक्तचाप (बीपी) / BP MEASURED.....A</p> <p>b.पेट की जाँच / ABDOMINAL EXAMINATION.....B</p> <p>c.वजन / EIGHT.....C.</p> <p>d.ऊँचाई / HEIGH.....D</p> <p>e. रक्त जाँच / BLOOD TESTS..... E</p> <p>f. मूत्र जाँच / URINE TEST.....F</p> <p>g. स्तन जाँच / BREAST EXAMINEDG</p> <p>h. सोनोग्राफी या अल्ट्रासाउण्ड करावायाH.</p>	A	A	A	A	A	A
		B	B	B	B	B	B
		C	C	C	C	C	C
		D	D	D	D	D	D
		E	E	E	E	E	E
		F	F	F	F	F	F
		G	G	G	G	G	G
		H	H	H	H	H	H
211	<p>जब (नाम) आपके गर्भ में था तो उस दौरान आपने टेटनेस का इंजेक्शन लगवाया था ?</p> <p>During your pregnancy with (NAME) did you take TT injection?</p> <p>Instruction: If Q208 is marked as YES (1) then this question should automatically be marked as YES. Else NO.</p>	हाँ / YES.....1	नहीं / NO2	Q 215			
212	<p>अगर हाँ तो गर्भावस्था के दौरान कितनी बार टिटनेस का टीका इंजेक्शन लगवाया था ?</p> <p>If yes, how many times did you take a TT injection?</p>	कितनी बार / NUMBER OF TIMES..... <input type="text"/>	पता नहीं / याद नहीं है / DON'T KNOW / DON'T REMEMBER99				
213	<p>ए.एन.सी के दौरान निम्न जटिलताओं के बारे में बताया गया था?</p> <p>During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications?</p> <p>a. Vaginal bleeding / यानि से खून आना</p> <p>b. Convulsions / ऐठन</p> <p>c. Prolonged labor / लंबी प्रसव पीड़ा</p> <p>d. Severe abdominal pain / तेज पेट दर्द</p> <p>e. High blood pressure / तेज बीपी</p>	YES.....1	NO.....2				
214	<p>क्या आपको यह बताया गया था कि गर्भव्यथा की जटिलता की स्थिती में कहा जाना है?</p> <p>Were you told where to go if you had any pregnancy complications?</p>	YES.....1	NO.....2				

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
215	जब (नाम) आपके गर्भ में था तो क्या आपने आयरन की गोली प्राप्त की थी ? When you were pregnant with (NAME) did you receive tablets of Iron (IFA)? [आयरन की गोली का पैकेट या खुली गोली दिखाकर पूछें][SHOW STRIP AND LOOSE TABLETS TO ASK THIS QUESTION]	हाँ / YES 1 नहीं / NO 2	→ Q219
216	इस तरह की कुल कितनी गोलियाँ आपने प्राप्त की ? How many of these tablets did you receive in all?	गोलियों की संख्या / NUMBER OF TABLETS <input type="text"/> <input type="text"/> <input type="text"/> पता नहीं / याद नहीं है / DON'T KNOW / DON'T REMEMBER 999	
217	क्या आपने कभी इन गोलियों को खाया था? Did you ever consume these IFA tablets?	हाँ / YES 1 नहीं / NO 2	→ Q219
218	आप अपने पूरी गर्भावस्था के दौरान आपको दिये गये गोलियों में से वास्तव में कितनी गोलियों का सेवन किया ? Of the tablets given to you, how many did you actually consume in all during your pregnancy? निर्देश : बार बार पूछ कर पता करें। [INSTRUCTION: PLEASE PROBE]	गोलियों की संख्या / NUMBER OF TABLETS <input type="text"/> <input type="text"/> <input type="text"/> याद नहीं है / DON'T REMEMBER 999	
219	गर्भवस्था के दौरान क्या आपने अपनी आत पेट के कीड़े के लिए कोई दवा ली थी? During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2	
220	क्या कभी भी आपको दी गई गोलियों को लेने की जरूरत के बारे में आशा / आँगनवाड़ी कार्यकर्ता / ए.एन.एम. द्वारा सलाह दी गई ? Were you ever advised by the ASHA/AWW/ANM about the need to take all the tablets you were given?	हाँ / YES 1 नहीं / NO 2	
221	जब (नाम) आपके गर्भ में था, तो क्या आपने आयरन के लिए (खून की शक्ति बढ़ाने के लिए) मैंने जो गोलियाँ दिखाई उसको छोड़कर दूसरी कोई दवा, सिरप या सूई का उपयोग किया? When you were pregnant with (NAME), did you take any other tablets or tonic or injection for IFA (for making your blood strong), other than the tablets that I showed you? , "कोई अन्य" PROBE, "ANY OTHER?"	हाँ / YES नहीं / NO a. गोलियाँ / TABLETS 1 2 b. सिरप / SYRUP 1 2 c. सूई / INJECTION 1 2 d. अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	अगर सभी के उत्तर "नहीं" है तो प्र0 सं0 222 पर जायें If no for all go to Q222
222	क्या आप जानते हैं कि गर्भावस्था के दौरान किस तरह की स्वास्थ्य संबंधी समस्याएँ हो सकती हैं? Do you know what kind of health problem can occur during pregnancy? निर्देश : ...प्रोब करें, और कुछ Instruction : probe any thing else.	हाथ और पैर की सूजन / SWELLING OF HAND AND FEET A चेहरे की सूजन / SWELLING OF FACE B कमजोरी / PALENESS C देखने में परेशानी / VISUAL DISTURBANCES D रतौंधी / NIGHT BLINDNESS E बुखार / FEVER F पिलिया / JAUNDICE G उच्च रक्तचाप / HIGH BLOOD PRESSURE H भ्रुण का कमजोर होना या नहीं चलना / WEAK OR NO MOVEMENT OF FOETUS I भ्रुण की असामान्य स्थिति / ABNORMAL POSITION OF FOETUS J अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) पता नहीं / DON'T KNOW 99	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP TO
223	गर्भावस्था के दौरान क्या आपने निम्न में से किसी भी समस्याओं का अनुभव किया ? When you were pregnant with (NAME) before you delivered, did you experience any of the following problems?	हाँ / YES नहीं / NO a. योनी से रक्तस्राव / VAGINAL BLEEDING 1 2 b. चमकी / CONVULSIONS 1 2				अगर सभी के उत्तर "नहीं" है तो प्र० सं० 226 पर जायें। If no for all go to Q226
224	इस समस्या के लिए क्या आपने किसी स्वास्थ्य प्रदाता या अन्य किसी से चिकित्सीय सलाह ली या इलाज करवाया था? Did you consult any health care provide or anyone seek treatment for this problem?	हाँ / YES 1 नहीं / NO 2				→ Q226
225	यदि हाँ तो इस समस्या के लिए सलाह लेने या इलाज कराने आप कहाँ गयी थी? If yes, where did you get consultation or treatment for this health problem? (अन्तिम प्राप्त इलाज के जगह को घेरे?) (MARK THE LAST PLACE WHERE SHE GOT TREATMENT)	मेडिकल कॉलेज / MEDICAL COLLEGE 1 जिला अस्पताल / DISTRICT HOSPITAL 2 अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU 3 प्राथमिक स्वास्थ्य केन्द्र / PHC 4 सामुदायिक स्वास्थ्य केन्द्र / CHC 5 अतिरिक्त स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER 6 निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC 7 घर पर (डाक्टर या स्वास्थ्य प्रदाता द्वारा) / AT HOME (VISIT BY DOCTOR / OTHER HEALTH CARE PROVIDER) 8 घरेलू उपचार / HOME REMEDY 9 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)				
226-228	खतरे के लक्षण / Danger Signs क्या गर्भावस्था के दौरान आपने निम्नांकित खतरे के लक्षण का अनुभव किया था यदि हाँ तो क्या आपने उपचार कराया था यदि हाँ तो आपने उपचार कहाँ कराया था? Please tell me whether you have following danger signs during pregnancy, whether sought treatment for them (if any) and if yes then from where did you seek treatment?	226 क्या ये लक्षण देखा गया था? Whether experienced? YES 1 NO 2 If coded 2 skip to next option	227 क्या इसका उपचार किया गया? Whether sought treatment? YES 1 NO 2 If coded 2 skip to next option	228 आपने उपचार कहाँ कराया? Where did you seek treatment? चिकित्सा महाविद्यालय / MEDICAL COLLEGE 1 जिला / अनुमण्डलीय अस्पताल / एफ.आर.यू. / DISTRICT/FRU/SDH 2 प्राथमिक स्वास्थ्य केन्द्र / ए.पी.एच.सी. / एच.एस.सी. / PHC/APHC/HSC 3 निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL/CLINIC 4 डॉक्टर / आर.एम.पी. / Doctor/RMP 5		
a.	पैर की सूजन / SWELLING OF FEET	1 2	1 2	1 2 3 4 5		
b.	चेहरे की सूजन / SWELLING OF FACE	1 2	1 2	1 2 3 4 5		
c.	हाथ की सूजन / SWELLING OF HAND	1 2	1 2	1 2 3 4 5		
d.	खून की कमी / ANAEMIA	1 2	1 2	1 2 3 4 5		
e.	रतौंधी / NIGHT BLINDNESS	1 2	1 2	1 2 3 4 5		
f.	कोई अन्य प्रकार देखने में परेशानी / ANY OTHER VISUAL DISTURBANCES	1 2	1 2	1 2 3 4 5		
g.	पिलिया / JAUNDICE	1 2	1 2	1 2 3 4 5		
h.	उच्च रक्तचाप / HIGH BLOOD PRESSURE	1 2	1 2	1 2 3 4 5		
i.	भ्रूण का कम हिलना या नहीं हिलना / WEAK OR NO MOVEMENT OF FOETUS	1 2	1 2	1 2 3 4 5		

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP TO				
j.	भ्रूण की असामान्य स्थिति / ABNORMAL POSITION OF FOETUS	1	2	1	2	1	2	3	4	5	
k.	तेज सिर दर्द / SEVERE HEADACHE	1	2	1	2	1	2	3	4	5	
l.	अन्य / OTHER	1	2	1	2	1	2	3	4	5	

निर्देश:-अब मैं आपसे आपके गर्भावस्था के दौरान प्रसव की तैयारियों की योजना के बारे में पूछना चाहूँगा।
INSTRUCTION: Now I would like to ask you about the planning and preparedness of delivery during your pregnancy.

229	जब(नाम) आपके गर्भ में था तो आप प्रसव कहाँ कराने की सोची थी घर में या अस्पताल में ? When you were pregnant with name where did you plan to deliver, at home or in an institution?	घर पर / AT HOME1	अस्पताल / IN AN INSTITUTION2	कुछ भी नहीं सोचा / NOT PLANNED3	Q323
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2A-उनसे पूछे जिन्होंने संस्थागत प्रसव कराने की योजना बनाई थी? / Ask to those who planned for Institutional Delivery

230	आप या आपके परिवार ने किस स्वास्थ्य केन्द्र पर प्रसव कराने की योजना बनाई थी? In which health facility you or your family member planned to have delivery?	मेडिकल कॉलेज / MEDICAL COLLEGE1	जिला अस्पताल / DISTRICT HOSPITAL2	अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU3	प्राथमिक स्वास्थ्य केन्द्र / PHC4	सामुदायिक स्वास्थ्य केन्द्र / CHC5	अतिरिक्त स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER6	निजी अस्पताल / क्लिनिक / PRIVATE HOSPITAL / CLINIC7	अन्य / OTHER 88	(स्पष्ट करें / SPECIFY)	
231	क्या आप या आपके परिवार ने किसी गाड़ी/वाहन का चयन करके रखा था, जिसका उपयोग आप स्वास्थ्य केन्द्र तक पहुँचने के लिए करते? Had you or your family identified vehicle in advance that you would use to reach health facility?	हाँ / YES1	नहीं / NO2								
232	Do you know about the ambulance services for reaching to the facility for delivery?	हाँ / YES1	नहीं / NO2								
233	जब (नाम) आपके गर्भ में था, तो क्या आप या आपके परिवार ने एक या एक से अधिक व्यक्तियों को पहचान करके रखा था जो प्रसव के लिए या आपातकालीन स्थिति में स्वास्थ्य केन्द्र पर जा सकें? When you were pregnant with (NAME), did you or your family identify one or more persons who would accompany you to a health facility for delivery or in case of emergency?	हाँ / YES1	नहीं / NO2								
234	जब (नाम) आपके गर्भ में था, तो आप या आपके परिवार ने आपातकालीन स्थिति में खून देने वाले किसी व्यक्ति का पहचान करके रखा था? When you were pregnant with (NAME), did you or your family identify anybody in advance for donating blood in case of emergency?	हाँ / YES1	नहीं / NO2								
235	जब (नाम) आपके गर्भ में था, तो क्या आपके परिवार ने परिवार के किसी ऐसे व्यक्ति की पहचान करके रखा था, जो प्रसव के तुरंत बाद बच्चे की देखभाल कर सके? When you were pregnant with (NAME), had your family identified anyone in the family who would take care of your baby immediately after birth?	हाँ / YES1	नहीं / NO2								

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
236	जब (नाम) आपके गर्भ में था, तो आपने या आपके परिवार ने प्रसव के दौरान या प्रसव से संबंधित आपातकालिन स्थिति में उपयोग खर्च के लिए पैसे अलग से रखा था? When you were pregnant with (NAME), did you or your family put aside money specially for use during delivery or in an emergency?	हाँ / YES1 नहीं / NO2	
237	जब (नाम) आपके गर्भ में था, तो क्या घर पर प्रसव होने की स्थिति में सहायता के लिए आपने किसी व्यक्ति को चिन्हित / पहचान करके रखा था? When you were pregnant with (NAME), did you identify and inform anyone who could be called to assist you in case the delivery had to happen at home?	हाँ / YES1 नहीं / NO2	239
238	यदि हाँ, तो किसे आपने चिन्हित और सूचित किया था ? If yes, Whom had you identified and informed?	डॉक्टर / आर.एम.पी. / DOCTOR/RMP A ए.एन.एम / नर्स / ANM/NURSE B आशा / ASHA C ऑगनवाड़ी कार्यकर्ता / AWW D दाई / DAI E अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	
239	घर पर प्रसव होने की स्थिति में निम्नलिखित चीजे तैयार रखी गई थी? Did you keep the following ready in anticipation of home delivery?	हाँ / YES नहीं / NO a. प्रसव किट / DDK 1 2 b. नया ब्लेड / NEW BLADE 1 2 c. नया साफ धागा / NEW/CLEAN THREAD 1 2 d. साबून / SOAP 1 2 e. बच्चे के लिए साफ कपड़े / CLEAN CLOTH FOR CHILD 1 2 f. माता के लिए साफ कपड़े का पैड / CLEAN CLOTH PADS FOR MOTHER 1 2	इस प्र० के बाद प्र० सं० 256 (भाग 2सी) पर जाए। After this question go to Q256 (section 2C)

भाग- 3 / SECTION-3

सबसे छोटे बच्चे के जन्म के दौरान प्रसव और नवजात शिशु की देखभाल की प्रक्रिया।

BIRTH HISTORY OF YOUNGEST CHILD DELIVERY AND IMMEDIATE NEWBORN CARE PRACTICES

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	अब मैं आपसे आपके सबसे छोटे बच्चे के जन्म के दौरान प्रसव और जन्म के तुरंत बाद नवजात शिशु के देख-भाल से संबंधित अपनाई गई प्रक्रियाओं के बारे में कुछ प्रश्न पुछना चाहूँगा/चाहूँगी। Now, I would like to ask you some questions regarding practices followed during your youngest child birth related to delivery practices and immediate newborn care.		

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	(नाम) का जन्म कहाँ हुआ था? Where did you deliver (NAME)?	मेडिकल कॉलेज / MEDICAL COLLEGE 1 जिला अस्पताल / DISTRICT HOSPITAL 2 अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU 3 प्राथमिक स्वास्थ्य केन्द्र / PHC..... 4 सामुदायिक स्वास्थ्य केन्द्र / CHC..... 5 अतिरिक्त स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER 6 अन्य सरकारी अस्पताल / ANY OTHER GOVT HOSPITAL..... 7 निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC 8 घर पर / AT HOME 9 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	

3A -संस्थागत प्रसव / INSTITUTIONAL DELIVERY

संस्थागत प्रसव को समझने के लिए विशिष्ट प्रश्न SPECIFIC QUESTIONS FOR UNDERSTANDING PRACTICES OF INSTITUTIONAL DELIVERY

302	प्रसव कराने हेतु अस्पताल पहुँचने के लिए कौन सी गाड़ी/परिवहन के किस मुख्यसाधन का उपयोग आपके द्वारा किया गया? What was the main mode of transportation used by you to reach the hospital for delivery of (NAME)?	एम्बुलेंस / AMBULANCE 1 जीप / कार / JEEP/CAR..... 2 मोटर साईकिल / MOTORCYCLE/SCOOTER 3 बस / ट्रेन / BUS/TRAIN 4 टेम्पो / ऑटो / ट्रैक्टर / TEMPO/AUTO /TRACTOR..... 5 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	
303	प्रसव के दौरान क्या आपको प्रसवपीडा दर तक हुई थी? During delivery, did you experience prolonged labor?	YES 1 NO 2	
304	प्रसव के दौरान क्या आपको अधिक रक्तश्राव हुआ था? During the delivery, did you experience excessive bleeding?	YES 1 NO 2	
305	क्या प्रसव सामान्य था या ऑपरेशन से हुआ था? Was the delivery normal or caesarean? निर्देश : प्रसव ऑपरेशन द्वारा हुआ तो उनसे पूछें कि क्या बच्चा ऊपर से पेट काटकर निकाला गया था। [INSTRUCTION: for caesarean please explain by asking that the child was delivered by operating the abdomen]	सामान्य / NORMAL..... 1 ऑपरेशन / CAESAREAN 2	Q307

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	ऑपरेशन करने का क्या कारण था? What was the reason for doing the caesarean section?	परिवार के कहने पर / ASKED BY FAMILY 1 बच्चे का जन्म नहीं हो पा रहा था / BECAUSE BABY WAS NOT GETTING DELIVERED 2 माँ को कुछ समस्या थी / BECAUSE MOTHER HAD SOME PROBLEM 3 पता नहीं / DON'T KNOW 99 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	Q308
307	आपने (नाम) के जन्म में कुल मिलाकर कितना पैसा खर्च किया? How much money did you spend on the delivery of (NAME) in all?	राशि रुपये में / Amount in rupees <input type="text"/>	
308	गर्भनाल किसने काटा था? Who cut the cord?	डॉक्टर / DOCTOR 1 ए.एन.एम / नर्स / ANM/NURSE 2 आशा / Asha 3 दाई / DAI 4 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) पता नहीं / याद नहीं / DON'T KNOW / DON'T REMEMBER 99	
309	गर्भनाल काटने के तुरंत बाद उस पर क्या लगाया गया था ? What was applied to the cord immediately after cutting it? एक से अधिक उत्तर संभव है। प्रोब करें, "और कुछ लगाया गया था?" [Multiple options: probe, "What else?"]	कुछ नहीं / NOTHING A सरसो का तेल / MUSTARD OIL B टैल्कम पाउडर / TALCUM POWDER जेनसन भायलेट / GENTIAN VOILET F अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) पता नहीं / याद नहीं / DON'T KNOW / DON'T REMEMBER 99	
310	बाद में घर पर गर्भनाल के गिरने तक उस पर क्या-क्या लगाया गया था ? What all was applied to the cord later at home, until the cord fell off? एक से अधिक उत्तर संभव है। प्रोब करें, "और कुछ लगाया गया था?" [Multiple options: probe, "What else?"]	कुछ नहीं / NOTHING A सरसो का तेल / MUSTARD OIL B गोबर / COW DUNG C सिन्दूर / SINDOOR D टैल्कम पाउडर / TALCUM POWDER E जेनसन भायलेट / GENTIAN VOILET F राख / ASH G अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) याद नहीं / DON'T REMEMBER 99	
311	जन्म के तुरंत बाद प्लेसेन्टा बाहर आ जाने तक बच्चे को कहाँ रखा गया था? Where was the baby placed immediately after birth, until the placenta was delivered?	बेबी ट्रे / BABY TRAY 1 माँ के पेट पर रखा / PLACED ON THE MOTHER'S ABDOMEN 2 हाथ से पकड़े रखा / HELD IN HAND 3 प्रसव मेज पर रखा / PLACED ON THE DELIVERY TABLE 4 माँ के बगल में रखा / PLACED NEXT TO MOTHER 5 एनबीसीसी में रखा गया / PLACED IN THE NBCC 6 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) पता नहीं / DON'T KNOW 99	
312	किसी भी समय आपके अस्पताल में रहने के दौरान या प्रसव कक्ष में नर्स या किसी के भी द्वारा यह बताया गया था कि बच्चे को नग्न करके माता की खुली छाती पर रखना चाहिए, जिससे त्वचा से त्वचा का लगाव हो? At any time when you were in the labour room or during your stay in the hospital, were you advised by the nurse or anyone else to keep the baby naked on your chest, next to your skin? निर्देश : त्वचा से त्वचा की देखभाल की तस्वीर दिखायें। [Instruction: Show picture of skin-to-skin care]	हाँ / YES 1 नहीं / NO 2 याद नहीं / DON'T REMEMBER 99	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
313	कुल मिलाकर, क्या आप अस्पताल के कर्मियों के व्यवहार से संतुष्ट थी? Overall, Are you satisfied with the behaviour of the Hospital staff?	हाँ/ YES 1 नहीं/ NO 2	
314	जन्म के कितने समय बाद (नाम) को आपने पहली बार स्तनपान कराया ? How long after birth did you first put (NAME) to breast? [अगर एक घंटे से कम हो तो '00' दर्ज करें] [RECORD '00' IF LESS THAN AN HOUR] [अगर एक घंटे से अधिक या 24 घंटे से कम हो तो पूर्ण घंटे में दर्ज करें अथवा दिन में दर्ज करें] [RECORD IN HOURS IF LESS THAN 24 HOUR OTHERWISE, RECORD IN DAYS]	घंटा/ HOURS दिनों में/ DAYS कभी स्तनपान नहीं कराया / NAVER BREASTFED 99	Q318
315	प्रसव कक्ष में आपने अपने बच्चे को स्तनपान कराया था? Did you breastfeed your baby before coming out of the labour room?	हाँ/ YES 1 नहीं/ NO 2 याद नहीं/ DON'T REMEMBER 9	
316	क्या आपने या और किसी ने (नाम) को पहली बार स्तनपान कराने से पहले (जैसे शहद, पानी, चाय, गुड़, जानवर का दूध, घूटी आदि) कुछ और दिया था? Did you or anyone else give (NAME) anything (such as honey, water, tea, jaggery, animal milk, ghutti, etc) before giving breast-milk for the first time?	हाँ/ YES 1 नहीं/ NO 2 याद नहीं/ DON'T REMEMBER 99	
317	प्रसव के कितने समय बाद (नाम) को आपने पहली बार स्नान कराया था? How many hours after the birth, was (NAME) given the first bath? [अगर एक घंटे से कम हो तो '00' दर्ज करें] [RECORD '00' IF LESS THAN AN HOUR] [अगर एक घंटे से अधिक या 24 घंटे से कम हो तो पूर्ण घंटे में दर्ज करें अथवा दिन में दर्ज करें] [RECORD IN HOURS IF LESS THAN 24 HOUR OTHERWISE, RECORD IN DAYS]	घंटा/ HOUR दिनों में/ DAYS अभी तक नहीं नहलाया / NOT YET GIVEN THE FIRST BATH 77 याद नहीं है / DON'T REMEMBER 99	
318	क्या बच्चे का वजन अस्पताल में लिया गया था? Was the baby weighed in the Hospital? निर्देश: एम0सी0पी0 या टीकाकरण कार्ड लाने को कहें [Instruction: Ask to bring the card (MCP/IMMUNIZATION) if available]	हाँ/ YES 1 नहीं/ NO 2 याद नहीं/ DON'T REMEMBER 99	Q323
320	उस समय बच्चे का वजन क्या था? What was the weight of the baby at that time? निर्देश: कार्ड के बारे में पूछें, अगर कार्ड उपलब्ध हो तो देखकर लिखें, अगर रिकार्ड उपलब्ध न हो तो पूछकर लिखें। [Instruction: Ask for record, and use that if available. If card is not available, record what the informant says]	कार्ड द्वारा दर्ज किया / RECORDED FROM CARD 1 याद द्वारा दर्ज किया / RECORDED BY RECALL 2 वजन (ग्राम में) / WEIGHT (IN grams) याद नहीं है / DON'T REMEMBER 99	
321	क्या स्वास्थ्य केन्द्र में कहा गया कि आपका बच्चा कम वजन/ समय से पूर्व/ कमजोर है? Were you told in the facility that the baby is of low birth weight/ pre term/weak?	हाँ/ YES 1 नहीं/ NO 2	Q339

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
322	<p>क्या स्वास्थ्य केन्द्र में आपको सलाह दिया कि (नाम) को अतिरिक्त देखभाल की आवश्यकता है? क्योंकि (नाम) एक कमजोर बच्चा है?</p> <p>Did they advise you to provide extra care for (NAME), since (NAME) is a weak child?</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2 →</p>	Q339

घर में प्रसव3B - HOME DELIVERY

घर में प्रसव को समझने के लिए विशिष्ट प्रश्न / SPECIFIC QUESTIONS FOR UNDERSTANDING PRACTICES OF HOME DELIVERY

323-325		323	324	325	
		<p>प्रसव के समय घर में आपके साथ कौन उपस्थित था?</p> <p>Who was present with you in the room where you delivered? IF CODED 2 IN ALL, GO TO 340</p> <p>हाँ / YES नहीं / NO</p>	<p>इनमें से किसने आपके प्रसव में सहायता की ?</p> <p>Who among them assisted you in your delivery?</p> <p>हाँ / YES नहीं / NO</p>	<p>इनमें से कौन वर्तमान में घर पर उपलब्ध है?</p> <p>Who among them is currently available at home?</p> <p>हाँ / YES नहीं / NO</p>	
	पति / Husband / Home-----	1 2	1 2	1 2	
	पुरुष रिश्तेदार / पड़ोसी / दोस्त / Male relatives / neighbours / friends	1 2	1 2	1 2	
	महिला रिश्तेदार / पड़ोसी / दोस्त / Female relatives / neighbours / friends	1 2	1 2	1 2	
	ए.एन.एम. / नर्स / कम्पाउण्डर ANM/Nurse/Compounder	1 2	1 2		
	आशा / ASHA	1 2	1 2		
	ऑगनवाड़ी कार्यकर्ता / AWW	1 2	1 2		
	दाई / Dai	1 2	1 2		
	घर के सदस्य / Family Member	1 2	1 2		
	आर.एम.पी. / RMP	1 2	1 2		
	डॉक्टर / Doctor	1 2	1 2		

निर्देश:- अगर संभव हो तो 325 में बताएँ लोगो को इस इंटरव्यू में शामिल करने की कृपा करें।

INSTRUCTION: Request all those mentioned in 325 to join the interview for a little while, if possible.

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
326	घर पर प्रसव मुख्य रूप से किसने कराया? Who mainly conducted your delivery at Home?	चिकित्सक / DOCTOR 1 ए.एन.एम. / नर्स / ANM/NURSE 2 घर के सदस्य / Family Member 3 आशा / ASHA 4 ऑगनवाड़ी कार्यकर्ता / AWW 5 दाई / DAI 6 रिश्तेदार / पड़ोसी / दोस्त / RELATIVES / NEIGHBOURS / FRIENDS 7 आर.एम.पी. / RMP 8 अन्य / OTHERS 88 (स्पष्ट करें / SPECIFY)	
327	क्या उस व्यक्ति ने प्रसव कराने से पहले साबून से अपने हाथ धोए थे? Did the person wash hands with soap before conducting your delivery?	हाँ / YES 1 नहीं / NO 2 याद नहीं / DON'T REMEMBER 99	
328	क्या उस व्यक्ति ने प्रसव कराने से पहले दस्ताने पहने थे ? Did the person wear gloves before conducting your delivery?	हाँ / YES 1 नहीं / NO 2 याद नहीं / DON'T REMEMBER 99	
329	जन्म के तुरंत बाद प्लेसेन्टा अवलनाल बाहर आ जाने तक बच्चे को कहाँ रखा गया था? Where was the baby placed immediately after birth, until the placenta () was delivered?	माँ के पेट पर रखा / PLACED ON MOTHER'S ABDOMEN 1 हाथ से पकड़े रखा / HELD IN HAND 2 जमीन पर रखा / PLACED ON THE FLOOR 3 माँ के बगल में रखा / PLACED NEXT TO MOTHER 4 अन्य जगह पर रखा / OTHER PLACE 5 पता नहीं / DON'T KNOW 99	
330	गर्भनाल को बाँधने के लिए क्या इस्तेमाल किया गया था ? What was used to tie the cord?	नया या उबला हुआ धागा / NEW OR BOILED THREAD 1 पुराना इस्तेमाल किया हुआ धागा / OLD/USED THREAD 2 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) याद नहीं / DON'T REMEMBER 99	
331	गर्भनाल को काटने के लिए क्या इस्तेमाल किया गया था ? What was used to cut the cord?	नया ब्लेड / NEW BLADE 1 पुराना इस्तेमाल किया हुआ ब्लेड / OLD/USED BLADE 2 चाकू या कोई अन्य औजार जो घर में उपलब्ध हो / KNIFE OR OTHER INSTRUMENT AVAILABLE AT HOME 3 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) याद नहीं / DON'T REMEMBER 99	
332	गर्भनाल काटने के तुरंत बाद उस पर क्या लगाया गया था ? What was applied to the cord immediately after cutting it? एक से अधिक उत्तर संभव है। प्रोब करें, "और कुछ लगाया गया था?" [Multiple options: probe, "What else?"]	कुछ नहीं / NOTHING A सरसो का तेल / MUSTARD OIL B गोबर / COW DUNG C सिन्दूर / SINDOOR D टेल्कम पाउडर / TALCUM POWDER E जेनसन भायलेट / GENTIAN VOILET F राख / ASH G अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) याद नहीं / DON'T REMEMBER 99	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
333	बाद में गर्भनाल के गिरने से पहले उस पर क्या लगाया गया था ? What all was applied to the cord later, until the cord fell off? एक से अधिक उत्तर संभव है। प्रोब करें, "और कुछ लगाया गया था?" [Multiple options: probe, "What else?"]	कुछ नहीं / NOTHING A सरसो का तेल / MUSTARD OIL B गोबर / COW DUNG C सिन्दूर / SINDOOR D टैल्कम पाउडर / TALCUM POWDER E जेनसन भायलेट / GENTIAN VOILET F राख / ASH G अन्य / OTHER 88 (स्पष्ट करें / SPECIFY) याद नहीं / DON'T REMEMBER 99	
334	प्रसव के कितने समय बाद (नाम) को आपने पहली बार स्तनपान कराया ? How long after birth did you first breastfed (NAME)? [अगर एक घंटे से कम हो तो '00' दर्ज करें] [RECORD '00' IF LESS THAN AN HOUR] [अगर 24 घंटे से कम हो तो पूर्ण घंटे में दर्ज करें अथवा दिन में दर्ज करें] [RECORD IN HOURS IF LESS THAN 24 HOUR OTHERWISE, RECORD IN DAYS]	घंटा / HOUR <input type="text"/> <input type="text"/> दिनों में / DAYS <input type="text"/> <input type="text"/> कभी स्तन पान नहीं कराया / NEVER BREASTFED 99	→ Q 336
335	क्या आपने (नाम) को पहलीबार स्तनपान कराने से पहले कुछ और जैसे शहद, पानी, चाय, गुड़, जानवर का दूध, घूटी आदि दिया था? Did you give (NAME) anything such as honey, water, tea, jaggery, animal milk, ghutti, etc) before giving breast-milk for the first time?	हाँ / YES 1 नहीं / NO 2 याद नहीं / DON'T REMEMBER 99	
336	प्रसव के कितने दिन बाद (नाम) को पहली बार स्नान कराया गया? How many hours after the birth, was (NAME) given the first bath? [अगर एक घंटे से कम हो तो '00' दर्ज करें] [RECORD '00' IF LESS THAN AN HOUR] [अगर 24 घंटे से कम हो तो पूर्ण घंटे में दर्ज करें अथवा दिन में दर्ज करें] [RECORD IN HOURS IF LESS THAN 24 HOUR OTHERWISE, RECORD IN DAYS]	घंटा / HOUR <input type="text"/> <input type="text"/> दिनों में / DAYS <input type="text"/> <input type="text"/> अभी तक स्नान नहीं कराया / NOT YET GIVEN THE FIRST BATH 88 याद नहीं है / DON'T REMEMBER 99	
337	जन्म के बाद बच्चे का वजन लिया गया था? Was the baby first weighed after birth?	हाँ / YES 1 नहीं / NO 2 याद नहीं / DON'T REMEMBER 99	
338	जन्म के बाद पहली बार बच्चे का वजन क्या था? What was the weight when first measured after birth?	कार्ड द्वारा दर्ज किया / RECORDED FROM CARD 1 याद द्वारा दर्ज किया / RECORDED BY RECALL 2 वजन (ग्राम में) / WEIGHT (IN grams) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> याद नहीं है / DON'T REMEMBER 99	
3C. घर में एवं संस्थागत प्रसव दोनों के लिए : FOR BOTH INSTITUTIONAL AND HOME DELIVERIES:			
339	क्या आपने प्रसव और बच्चे की देखभाल के लिए कोई सरकारी आर्थिक सहायता प्राप्त की थी ? Did you receive any financial assistance from the Government for delivery and child care?	हाँ / YES 1 नहीं / NO 2	→ Q 342
340	आपको कितनी राशि मिली थी ? How much money did you receive?	रूपयें / RS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
341	क्या आपको इस राशि को प्राप्त करने में किसी भी समस्या का सामना करना पड़ा था? Did you face any problem in getting this money?	हाँ / YES 1 नहीं / NO 2	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
342	क्या आपको पता है कि सरकार के द्वारा कितनी राशि मिलती है? Do you know how much money is given by the Government?	रुपये / RS. पता नहीं / DON'T KNOW9999	

भाग- 4 / SECTION-4
प्रसव पश्चात् देख-रेख तथा स्तनपान
POST NATAL CARE AND BREASTFEEDING PRACTICES

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO		
<p>अब मैं आपसे (नाम) प्रसव पश्चात् देख-रेख, जो आपको मिला और स्तनपान के व्यवहार के बारे में जानना चाहूँगा/चाहूँगी। Now I would like to talk about some of the post natal care that you have received after the birth of (NAME OF THE CHILD) and breast feeding practices.</p>					
401	<p>(नाम) के जन्म के पश्चात् क्या आपको कभी निम्न स्वास्थ्य समस्याओं का अनुभव हुआ था ? After the delivery of (NAME) did you ever experience any of the following health problems?</p>	<p style="text-align: center;">हाँ / YES नहीं / NO</p> <p>a. योनि से बहुत खून बहना / EXCESSIVE BLEEDING FROM VAGINA 1 2</p> <p>b. पेट के निचले हिस्से में गंभीर दर्द / SEVERE PAIN IN LOWER ABDOMEN 1 2</p> <p>c. बुखार / FEVER 1 2</p> <p>d. बदबूदार स्राव / FOUL SMELLING DISCHARGE 1 2</p> <p>e. पेशाब के दौरान दर्द / PAIN WHILE PASSING URINE 1 2</p>	<p>अगर सभी के उत्तर "नहीं" है तो प्र0 सं0 405 पर जायें। If no for all go to Q405</p>		
402	<p>क्या आपने इस समस्या के लिए किसी से संपर्क या इलाज कराने की कोशिश की थी ? Did you consult any body or seek treatment for this problem?</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2</p>	<p>→ Q405</p>		
403	<p>यदि हाँ तो कहाँ से इस समस्या के लिए सलाह और उपचार आपको मिला था ? If yes, from where did you get consultation or treatment for this problem?</p> <p>जहाँ अन्तिम बार उपचार कराया उसे ही दर्ज करें। (MARK THE LAST PLACE WHERE SHE GOT TREATMENT)</p>	<p>मेडिकल कॉलेज / MEDICAL COLLEGE 1</p> <p>ज़िला अस्पताल / DISTRICT HOSPITAL 2</p> <p>अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU 3</p> <p>प्राथमिक स्वास्थ्य केन्द्र / PHC 4</p> <p>सामुदायिक स्वास्थ्य केन्द्र / CHC 5</p> <p>अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER 6</p> <p>निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC 7</p> <p>घर पर (डाक्टर के द्वारा) / AT HOME (VISIT BY DOCTOR / HCP) 8</p> <p>घरेलू उपचार / HOME REMEDY 9</p> <p>अन्य / OTHER 88</p> <p style="text-align: center;">(स्पष्ट करें / SPECIFY)</p>	<p>→ Q405</p>		
404	<p>क्या (नाम) को जन्म के पश्चात् शुरू के एक महीने में कभी स्वास्थ्य समस्याओं का अनुभव हुआ है? Did (NAME) ever fall sick in the first month after birth?</p> <p>Check from Q405</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2</p>	<p>→ Q411</p>		
405	<p>क्या (नाम) को जन्म के पश्चात् शुरू के एक महीने में कितनी बार स्वास्थ्य समस्याओं का अनुभव हुआ है? How many times did (NAME) fall sick in the first month?</p>	<table border="1" style="width: 50px; height: 20px; margin: auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			
406	<p>क्या (नाम) को जन्म के पश्चात् शुरू के एक महीने में कितनी बार उपचार कराया गया था? How many times did you take (NAME) for treatment in the first month for the problem?</p>	<table border="1" style="width: 50px; height: 20px; margin: auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			<p>If coded 00, go to 411</p>

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
सबसे पहले हुई इलाज के बारे में विवरण / DETAILS ABOUT THE FIRST TREATMENT (Q406 to Q410b)			
407	यदि हाँ तो कहाँ से इस समस्या के लिए सलाह और उपचार आपने लिया ? If yes, from where did you get consultation or treatment for this problem?	मेडिकल कॉलेज / MEDICAL COLLEGE 1 जिला अस्पताल / DISTRICT HOSPITAL 2 अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU 3 प्राथमिक स्वास्थ्य केन्द्र / PHC 4 सामुदायिक स्वास्थ्य केन्द्र / CHC 5 अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER 6 निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC 7 घर पर (डाक्टर या स्वास्थ्य प्रदाता / AT HOME (VISIT BY DOCTOR / HCP) 8 घरेलू उपचार / HOME REMEDY 9 आर.एम.पी. / RMP 10 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	Q409
408	बीमारी के शुरुआत के कितने दिन बाद आपने पहली बार स्वास्थ्य प्रदाता से परामर्श किया? How many days after the illness began did you first time consult the care provider? [निर्देश : यदि दिनों की संख्या 1 से कम हो तो "00" दर्ज करें।] [Instruction : If days less than 1 record "00" in days box]	दिन / DAYS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
409	क्या (नाम) को पिछले एक महीने में कभी भी एक दिन में तीन या तीन से अधिक बार पानी जैसा दस्त (जायरिया) हुआ था? (NAME) had three or more times frequent loose watery stools (diarrhea) in last one month?	हाँ / YES 1 नहीं / NO 2	Q415
410	क्या (नाम) को पिछले दो सप्ताह में कभी भी एक दिन में तीन या तीन से अधिक बार पानी जैसा दस्त (जायरिया) हुआ था? Has (NAME) had three or more times frequent loose watery stools (diarrhea) last two weeks?	हाँ / YES 1 नहीं / NO 2	Q415
411	यदि हाँ तो जब (नाम) को जायरिया हुआ था तब क्या आपने इसके लिए अपने परिवार के सदस्यों / दोस्त / पड़ोसीयों के अलावा अन्य किसी भी स्रोत से कोई चिकित्सीय सलाह या इलाज करवाया था? If Yes, when (NAME) had diarrhea, did you seek medical advice or treatment for it from any source other than your family members/friends/neighbours?	हाँ / YES 1 नहीं / NO 2 खुद से इलाज किया / SELF TREATMENT 3	Q415 Q415
412	आपने (नाम) के लिये कितनी बार चिकित्सीय सलाह लिया How many times did you get consultation for (NAME) ?	कितनी बार / NUMBERS OF TIMES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
413	कहाँ से आपने सलाह/उपचार लिया था? From Where did you seek advice or treatment?	मेडिकल कॉलेज / MEDICAL COLLEGE A जिला अस्पताल / DISTRICT HOSPITAL B अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU C प्राथमिक स्वास्थ्य केन्द्र / PHC D सामुदायिक स्वास्थ्य केन्द्र / CHC E अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER F निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC G घर पर (डाक्टर के द्वारा) / AT HOME (VISIT BY DOCTOR) H फार्मशी / PHARMACY I आशा / ASHA J ऑगनवाडी कार्यकर्ता / AWW K ए.एन.एम. / ANM L आर.एम.पी. / RMP M ओझा / OJHA N अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	
414	इस बीमारी के दौरान आपने(नाम) को स्तनपान ज्यादा कराया या कम कराया? During this illness, did you give the child more or less breastfeeds?	बढ़ाया / INCREASED 1 कम कराया / DECREASED 2 कोई परिवर्तन नहीं / NO CHANGE 3 नहीं कराया / NOT GIVEN 4	
415	क्या (नाम) में पिछले एक महीने में निम्नलिखित ए.आर.आई. का लक्षण देखा गया था? Has (NAME) had following Acute Respiratory Infection (ARI) symptoms in last one month?	हाँ / YES नहीं / NO a. खाँसी के साथ बुखार / FEVER WITH COUGH 1 2 b. खाँसी के साथ तेजी से साँस लेना / COUGH WITH FAST BREATHING 1 2 c. साँस लेने में कठिनाई / DIFFICULTY IN BREATHING 1 2	If coded 2 in all, go to Q421
416	क्या (नाम) में पिछले दो सप्ताह में निम्नलिखित ए.आर.आई. का लक्षण देखा गया था? Has (NAME) had following Acute Respiratory Infection (ARI) symptoms in last two weeks?	हाँ / YES नहीं / NO a. खाँसी के साथ बुखार / FEVER WITH COUGH 1 2 b. खाँसी के साथ तेजी से साँस लेना / COUGH WITH FAST BREATHING 1 2 c. साँस लेने में कठिनाई / DIFFICULTY IN BREATHING 1 2	If coded 2 in all, go to Q421
417	जब पिछली बार (नाम) को ए.आर.आई. का लक्षण हुआ था तब क्या आपने इसके लिए अपने परिवार के सदस्यों / दोस्त / पड़ोसीयों के अलावा अन्य किसी भी स्रोत से कोईचिकित्सीय सलाह या इलाज करवाया था? If Yes, when (NAME) had any of the ARI symptoms, did you seek medical advice or treatment for it from any source other than your family members/friends/neighbor?	हाँ / YES 1 नहीं / NO 2 → खुद से उपचार / SELF TREATMENT 3 →	Q421 Q421
418	आपने (नाम) के लिये कितनी बार चिकित्सीय सलाह लिया How many times did you get consultation for (NAME) ?	कितनी बार / NUMBERS OF TIMES <input type="text"/> <input type="text"/>	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
419	कहाँ से आपने सलाह/उपचार लिया था? From Where did you seek advice or treatment?	मेडिकल कॉलेज / MEDICAL COLLEGE A जिला अस्पताल / DISTRICT HOSPITAL B अनुमण्डलीय अस्पताल / एफ.आर.यू. / SDH/FRU C प्राथमिक स्वास्थ्य केन्द्र / PHC D अतिरिक्त प्राथमिक स्वास्थ्य केन्द्र / स्वास्थ्य उपकेन्द्र / APHC / SUBCENTER E निजी अस्पताल / क्लीनिक / PRIVATE HOSPITAL / CLINIC F घर पर (डाक्टर के द्वारा) / AT HOME (VISIT BY DOCTOR) G फार्मशी / PHARMACY H आशा / ASHA I आँगनवाड़ी कार्यकर्ता / AWW J ए.एन.एम. / ANM K आर.एम.पी. / RMP L ओझा / OJHA M अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	
420	इस बीमारी के दौरान आपने (नाम) को स्तनपान ज्यादा कराया या कम कराया? During this illness, did you give the child more or less breastfeeds?	बढ़ाया / INCREASED 1 कम कराया / DECREASED 2 कोई परिवर्तन नहीं / NO CHANGE 3 नहीं कराया / NOT GIVEN 4	
421	क्या वर्तमान में आप इस बच्चे को स्तनपान करा रही हैं? Are you currently breastfeeding this child?	हाँ / YES 1 → नहीं / NO 2	Q423
422	(नाम) कितने उम्र का था जब आपने स्तनपान कराना बंद कर दिया था? How old was (NAME) when you stopped breastfeeding him/her?	दिन / DAYS <input type="text"/> <input type="text"/>	इस प्र० के बाद प्र० सं० "425" पर जाए। After this question go to Q425
423	क्या पिछले 24 घंटों में आपने (नाम) को स्तनपान, के अलावा इनमें से कुछ दिया था? Have you given any of these things other than breastmilk to (NAME) in last 24 Hrs. निर्देश: प्रत्येक विकल्प को पढ़ें पिछले 24 घंटों को कल सवेरे से लेकर आज सवेरे तक माने। Instruction: Read out each option. 24 hours means from the time the child woke up yesterday morning to the time s/he woke up this morning.	हाँ / YES नहीं / NO a. गाय / भैंस / बकरी / अन्य जानवर का दूध / COW/BUFFALO/GOAT/ OTHER ANIMAL MILK 1 2 b. डिब्बे के पाउडर से बना दूध / MILK MADE OF MILK POWDER 1 2 c. सादा पानी / PLAIN WATER 1 2 d. उबला हुआ पानी / BOILED WATER 1 2 e. जनम घुंटी / JANAM GHUTTI 1 2 f. ग्राइप वाटर / GRIPE WATER 1 2 g. चाय / TEA 1 2 h. शहद / HONEY 1 2 i. चावल / रोटी / खिचड़ी या अन्य मसला हुआ खाना / RICE / ROTI/KhICHARI OR OTHER MUSHY FOOD 1 2 j. बिस्कुट / स्नैक्स / मिठाई / BISCUIT/SNACKS/SWEET etc 1 2 k. नमक-चीनी-पानी का घोल / SUGAR-SALT-WATER SOLUTION (ORS) 1 2 l. दवा / MEDICINES 1 2 अन्य / OTHER 88 (स्पष्ट करें / SPECIFY)	
424	पिछले 24 घंटे में आपने (नाम) को कितनी बार स्तनपान कराया था? How many times did you (NAME) breast feed in last 24 hours? निर्देश: पिछले 24 घंटों को कल सवेरे से लेकर आज सवेरे तक माने। Instruction: 24 hours means from the time the child woke up yesterday morning to the time s/he woke up this morning.	संख्या / NUMBER <input type="text"/> <input type="text"/>	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
425	<p>क्या आपने (नाम) को कभी भी स्तनपान के अलावा इनमें से कुछ दिया है?</p> <p>Have you ever given any of these things other than breastmilk at any time to (NAME).</p> <p>निर्देश: प्रत्येक विकल्प को पढ़ें। जन्म के बाद और स्तनपान शुरू करने के पहले दी गई चीजों को शामिल ना करें।</p> <p>Instruction: Read out each option. Don't record any thing which was given after birth and before breastfeed. (prelactaels).</p>	<p>हाँ / YES नहीं / NO</p> <p>a. गाय / बैस / बकरी / अन्य जानवर का दूध / COW/BUFFALO/GOAT/ OTHER ANIMAL MILK..... 1 2</p> <p>b. डिब्बे के पाउडर से बना दूध / MILK MADE OF MILK POWDER..... 1 2</p> <p>c. सादा पानी / PLAIN WATER..... 1 2</p> <p>d. उबला हुआ पानी / BOILED WATER..... 1 2</p> <p>e. जनम घुंटी / JANAM GHUTTI..... 1 2</p> <p>f. ग्राइप वाटर / GRIPE WATER..... 1 2</p> <p>g. चाय / TEA..... 1 2</p> <p>h. शहद / HONEY..... 1 2</p> <p>i. चावल / रोटी / खिचड़ी या अन्य मसला हुआ खाना / RICE / ROTI/KhICHARI OR OTHER MUSHY FOOD..... 1 2</p> <p>j. बिस्कुट / स्नैक्स / मिठाई / BISCUIT/SNACKS/SWEET etc..... 1 2</p> <p>k. नमक-चीनी-पानी का घोल / SUGAR-SALT-WATER SOLUTION (ORS)..... 1 2</p> <p>l. दवा / MEDICINES..... 1 2</p> <p>अन्य / OTHER..... 88</p> <p>(स्पष्ट करें / SPECIFY)</p>	

जानकारी संबंधी सवाल / KNOWLEDGE QUESTION

426	<p>जन्म के बाद स्तनपान कब शुरू करना चाहिए?</p> <p>When breastfeeding should be initiated after birth?</p>	<p>तुरंत / IMMEDIATELY 1</p> <p>घंटे में / IN HOURS <input type="text"/> <input type="text"/> दिनों में / IN DAYS <input type="text"/> <input type="text"/></p> <p>पता नहीं / DON'T KNOW 99</p>	
427	<p>सिर्फ और सिर्फ स्तनपान कब तक कराना चाहिए?</p> <p>Till what age the child should be exclusively breastfed ?</p>	<p>किस महीने तक / TILL MONTHS..... <input type="text"/> <input type="text"/></p> <p>जब तक आवश्यकता हो / AS LONG AS IT IS NEEDED..... 98</p> <p>पता नहीं / DON'T KNOW 99</p>	
428	<p>बच्चे के जन्म के बाद माँ का जो पहला गाढ़ा पीला दूध आता है क्या वो बच्चे को देना चाहिए?</p> <p>Should the first condensed yellow milk (colostrum) that is produced after giving birth be given to the child ?</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2</p> <p>पता नहीं / DON'T KNOW 99</p>	
429	<p>एक दिन में बच्चे को दूध कितने कितने देर पर पिलाना चाहिए ?</p> <p>At what interval, a child should be breastfed on a day?</p>	<p>बच्चे के जरूरत के अनुसार / "ON DEMAND", AS OFTEN AS THE CHILD WANTS, DAY AND NIGHT 98</p> <p>प्रत्येक / EVERY <input type="text"/> <input type="text"/> घंटे / HOURS</p> <p>प्रत्येक / EVERY <input type="text"/> <input type="text"/> मिनट / MINUTE</p> <p>पता नहीं / DON'T KNOW 99</p>	
430	<p>एक बार में बच्चे को कितनी देर स्तनपान करानी चाहिए?</p> <p>While breastfeeding, how long the child should be allowed to continue sucking on the breast?</p>	<p>जबतक बच्चा स्तन छोड़े नहीं / UNTIL THE BABY SPONTANEOUSLY RELEASES THE NIPPLE 1</p> <p>थोड़ी देर के लिए / FOR A SHORT TIME 2</p> <p>ज्यादा देर के लिए / FOR A LONG TIME 3</p> <p>पता नहीं / DON'T KNOW 99</p>	
431	<p>क्या बीमार माँ को स्तनपान कराते रहना चाहिए (जब तक कि डाक्टर के द्वारा मना ना किया जाय?)</p> <p>Unless doctor asked to stop should sick mother continue breastfeeding?</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2</p> <p>पता नहीं / DON'T KNOW 99</p>	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
432	अगर बच्चा बीमार है तो क्या माँ को दूध पिलाना चाहिए? If the child is sick, should breastfeeding be continued?	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	

भाग-5 / SECTION- 5
टीकाकरण / IMMUNIZATION

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
अब मैं आपके बच्चे के टीकाकरण के बारे में जानना चाहूँगा/चाहूँगी। Now I would like to ask you some of the questions regarding immunizations that your (NAME) has received.			
501	क्या (नाम) ने कभी कोई टीका लिया जो उसे बीमारी से बचा सके? Did (Name) ever receive any vaccination to prevent him/her from getting diseases? [निर्देश: पल्स पोलियो अभियान में लिया गया टीका शामिल ना करें] [INSTRUCTION: Do Not include vaccinations received in Pulse Polio campaign]	हाँ / YES 1 नहीं / NO 2	→ Q 505
502	क्या आपके पास एम सी पी या टीकाकरण कार्ड है? Do you have a MCP card or immunization card? [निर्देश: कार्ड दिखाएँ(सरकारी/प्राइवेट)] [INSTRUCTION: SHOW THE CARD (Govt. /Pvt.)]	हाँ / YES 1 नहीं / NO 2	→ Q505
503	यदि हाँ तो कृपया आप मुझे दिखायेंगे? If yes, may I see it please?	देखा / SEEN 1 नहीं देखा / NOT SEEN 2	→ Q 505

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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504	<p>A. कार्ड से टीकाकरण की तिथि लिखें / COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.</p> <p>B. अगर कार्ड पर तिथि अंकित नहीं हो और टीका दिया गया हो तो दिन वाले खाने में '44' दर्ज करें / WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED</p> <p>C. अगर कार्ड पर टीकाकरण तिथि का कोई भाग भरा हुआ हो तो बचे हुए खाने में "98" या "9998" दर्ज करें / (IF ANY PART OF DATE IS NOT FILLED THEN WRITE "98" OR 9998 IN REMAINING BOX)</p>																																																																																						
<table border="1"> <thead> <tr> <th>टीका / VACCINE</th> <th>दिन / DAY</th> <th>माह / MONTH</th> <th>वर्ष / YEAR</th> </tr> </thead> <tbody> <tr><td>बीसीजी / BCG</td><td></td><td></td><td></td></tr> <tr><td>ओपीओभी-0 / O.P.V-0</td><td></td><td></td><td></td></tr> <tr><td>हेपेटाइटिस-बी 0 / HepatitisB-0</td><td></td><td></td><td></td></tr> <tr><td>पोलियो-1 / Polio-1</td><td></td><td></td><td></td></tr> <tr><td>हेपेटाइटिस-बी 1 / HepatitisB-1</td><td></td><td></td><td></td></tr> <tr><td>पेंटावैलेंट 1 / Pentavalent 1</td><td></td><td></td><td></td></tr> <tr><td>पोलियो-2 / Polio-2</td><td></td><td></td><td></td></tr> <tr><td>हेपेटाइटिस-बी 2 / HepatitisB-2</td><td></td><td></td><td></td></tr> <tr><td>पेंटावैलेंट 2 / Pentavalent 2</td><td></td><td></td><td></td></tr> <tr><td>पोलियो-3 / Polio-3</td><td></td><td></td><td></td></tr> <tr><td>हेपेटाइटिस-बी 3 / HepatitisB-3</td><td></td><td></td><td></td></tr> <tr><td>पेंटावैलेंट 3 / Pentavalent 3</td><td></td><td></td><td></td></tr> <tr><td>आईपीवी / IPV</td><td></td><td></td><td></td></tr> <tr><td>खसरा 1 / Measles 1</td><td></td><td></td><td></td></tr> <tr><td>डीपीटी बुस्टर / DPT Booster</td><td></td><td></td><td></td></tr> <tr><td>ओपीओभी बुस्टर / OPV Booster</td><td></td><td></td><td></td></tr> <tr><td>विटामिन ए पहला डोज / Vitamin A-Dose 1</td><td></td><td></td><td></td></tr> <tr><td>विटामिन ए दूसरा डोज / Vitamin A-Dose 2</td><td></td><td></td><td></td></tr> <tr><td>विटामिन ए तीसरा डोज / Vitamin A-Dose 3</td><td></td><td></td><td></td></tr> <tr><td>खसरा 2 / Measles 2</td><td></td><td></td><td></td></tr> </tbody> </table>				टीका / VACCINE	दिन / DAY	माह / MONTH	वर्ष / YEAR	बीसीजी / BCG				ओपीओभी-0 / O.P.V-0				हेपेटाइटिस-बी 0 / HepatitisB-0				पोलियो-1 / Polio-1				हेपेटाइटिस-बी 1 / HepatitisB-1				पेंटावैलेंट 1 / Pentavalent 1				पोलियो-2 / Polio-2				हेपेटाइटिस-बी 2 / HepatitisB-2				पेंटावैलेंट 2 / Pentavalent 2				पोलियो-3 / Polio-3				हेपेटाइटिस-बी 3 / HepatitisB-3				पेंटावैलेंट 3 / Pentavalent 3				आईपीवी / IPV				खसरा 1 / Measles 1				डीपीटी बुस्टर / DPT Booster				ओपीओभी बुस्टर / OPV Booster				विटामिन ए पहला डोज / Vitamin A-Dose 1				विटामिन ए दूसरा डोज / Vitamin A-Dose 2				विटामिन ए तीसरा डोज / Vitamin A-Dose 3				खसरा 2 / Measles 2			
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<p>[पल्स पोलियो छोड़कर] [EXCLUDING PULSE POLIO]</p>																																																																																							
<p>कार्ड से टीकाकरण की तिथि लिखने के बाद प्रश्न संख्या 521 पर जाएं ।</p>																																																																																							

505	<p>क्या पोलियो का टीका (ओ.पी.भी.'0') बच्चे को दिया था? (चौदह दिन के अन्दर) Was polio vaccine (OPV '0') given to the child? (WITHIN 14 DAYS)</p>	<p>हाँ / YES 1</p> <p>नहीं / NO 2</p> <p>पता नहीं / DON'T KNOW 99</p>	
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Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
506	क्या इस बच्चे ने तपेदिक से बचाव के लिए बी.सी.जी. का टीका लिया जो आमतौर पर हाथ या कंधे पर दिया जाता है, जिसका एक निशान भी बन जाता है? Did this child receive any BCG vaccination against tuberculosis, which is an injection in the arm or shoulders that usually, causes a scar?	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	
507	क्या जन्म के तुरंत बाद हेपेटाइटिस-बी का टीका दिया गया जो आमतौर पर जांघ पर दिया जाता है? Was Hepatitis-B birth dose (Hepatitis B-0) given to the child (vaccine at the thigh of the child)? (WITHIN 24 HOURS)	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	
508	क्या बच्चे को नियमित टीकाकरण के तहत पेंटावैलेंट का टीका दिया गया? Was any pentavalent vaccine under routine immunization given to the Child? (जो कि अक्सर पहली बार डेढ़ महीने पर उसके बाद एक-एक महीने के अंतराल पर दाहिनी या बायीं जांघ पर दिया जाता है?) Generally which is given first time after one and half month in the right or left thigh and next after the interval of one month.	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	Q510
509	यदि हाँ, तो पेंटावैलेंट का कितना इंजेक्शन दिया गया? If yes, How many pentavalent injections were given? निर्देश: उत्तरदाता अगर संख्या बताए तो संख्या डाले, संख्या न बताने पर 9 डाले। Record number if told by the respondent, if not told by the respondent record 9	संख्या / NUMBER <input type="text"/>	
510	नियमित टीकाकरण के तहत पोलियो का कोई भी टीका (पोलियो-0 और पल्स पोलियो को छोड़कर) बच्चे को दिया गया? Was any Polio vaccine (excluding Polio 0 & Pulse Polio) under routine immunization given to the child?	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	Q512
511	यदि हाँ, तो नियमित टीकाकरण के तहत पोलियो का कितना खुराक दिया गया? If yes, how many polio dose were given to (NAME) under routine immunization? निर्देश: उत्तरदाता अगर संख्या बताए तो संख्या डाले, संख्या न बताने पर 9 डाले। Record number if told by the respondent, if not told by the respondent record 9	संख्या / NUMBER <input type="text"/>	
512	क्या नियमित टीकाकरण के तहत हेपेटाइटिस-बी का कोई भी टीका (हेपेटाइटिस-0 के अलावा) बच्चे को दिया गया? Was any Hepatitis-B vaccine (excluding Hep-B birth dose) given under routine immunization to the (NAME)? (जो कि अक्सर पहली बार डेढ़ महीने पर उसके बाद एक-एक महीने के अंतराल पर दाहिनी या बायीं जांघ पर दिया जाता है?) Generally which is given first time after one and half month in the right or left thigh and next after the interval of one month.	हाँ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	Q514

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
513	यदि हॉ तो नियमित टीकाकरण के तहत हेपेटाईटिस-बी का कितना खुराक दिया गया? If Yes, How many Hep-B vaccine were given to (NAME) under routine immunization? निर्देश:उत्तरदाता अगर संख्या बताए तो संख्या डाले, संख्या न बताने पर 9 डाले। Record number if told by the respondent, if not told by the respondent record 9	संख्या / NUMBER <input type="text"/>	
514	क्याबच्चेकोपोलियोसेबचावकेलिएकोईसुईभीलगाहै (पेंटावलेट 3 केसाथ)	हॉ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 9	
515	क्या खसरे से बचाव का टीका दिया गया? An injection giver to prevent measeles)? (खसरे का टीका जो आम तौर पर नौ महीना में दायी बाँह में दिया जाता है। Generally which is given first time after 9 months in the right soldier)	हॉ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	517
516	यदिहॉतोखसरे काकितनासुईलगाहै? If Yes, How many measeles vaccination were given? निर्देश:उत्तरदाता अगर संख्या बताए तो संख्या डाले, संख्या न बताने पर 9 डाले। Record number if told by the respondent, if not told by the respondent record 9	संख्या / NUMBER <input type="text"/>	
517	क्या उपरोक्त वर्णित सारे टीकाकरण बच्चे को एक साल की उम्र में दे दिया गया था? Did the child receive all of above mentioned vaccines within one year of his/her age?	हॉ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 3	Q518 Q519
518	कौन सा टीकाकरण एक साल की उम्र में नहीं दी गई थी? What all vaccines did she not receive within one year of age?	बीसीजी / BCG A हेपेटाईटिस-‘बी’ / Hep B..... B डीपीटी / DPT..... C खसरा / Measles D पता नहीं / DON'T KNOW 99	
519	क्या विटामिन “ए” का खुराक दिया गया था? Was Vitamin A given?	हॉ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99 कभी कोई टीका नहीं पड़ा 98	521 521
520	पिछली बार जब (नाम)कोविटामिन “ए” का खुराक दिया गयातो क्या उस समय कीड़े का दवा (गोली / सिरप)भी दिया गया था? Last time when the child got Vit A, did he/she also receive some medicine (tablet/liquid) for deworming?	हॉ / YES 1 नहीं / NO 2 पता नहीं / DON'T KNOW 99	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
521	आखिरी बार जब (नाम) का टीकाकरण हुआ, तब क्या आशा/आंगनवाड़ी कार्यकर्ता/ए.एन.एम. ने बताया कि किस तारीख या महीने में (नाम) को अगला टीका दिया जायेगा? When (NAME) was last immunized, did the ASHA/AWW/ANM told you on what date or month (name) is due for her/his next vaccine?	हाँ/YES 1 नहीं/NO 2 पता नहीं/याद नहीं/ DON'TKNOW/DON'T REMEMBER 99	

क्या आप अपने क्षेत्र के आशा एवं आंगनवाड़ी का नाम बता सकती है :

CAN YOU PLEASE TELL ME NAME OF FLWs OF YOUR AREA:

2. आशा का नाम / NAME OF ASHA _____

2. आंगनवाड़ी कार्यकर्ता का नाम / NAME OF AWW: _____

बातचीत खत्म होने का समय दर्ज करें / RECORD THE END
TIME _____ पूर्वाह्न / अपराह्न / AM/PM

आपकी भागीदारी के लिए धन्यवाद। आपने जो अपना बहुमूल्य समय एवं जानकारी हमें दिया है उसकी सराहना करते हैं, अगर दी गई जानकारी में किसी भी तरह का शंका हुआ तो भविष्य में पुनः आपसे संपर्क कर सकते हैं।

Thank you for your participation. We appreciate your time and the information that you have given us. If there is any doubt, we may contact you in the future.

अन्वेषक नोट / NOTE OF THE INVESTIGATOR:

9.2 Focus Group Discussion Guide

Study on Health Status of Women in Champawat Districts of Uttarakhand

FOCUS GROUP DISCUSSIONS GUIDE

Objectives

To gain an insight into how the group thinks about health status of women and adolescents (levels of knowledge, beliefs and practices; availability and utilization of services etc.) and suggestions for improvements

District Name:	
Block Name:	
Village Name:	

Welcome the participants; explain objectives; talk about confidentiality; obtain consent

Information about the respondents enrolled for FGD
(To be filled by the Moderator/Facilitator before the FGD begins)

Details	Focus Group Participants									
	1	2	3	4	5	6	7	8	9	10
Age in completed years										
Years of schooling										
No. of children ever born										
No. of sons surviving										
No. of daughters surviving										
Occupation (codes)										
Name of Caste										
Codes for Occupation: 1 Cultivator (large farmer); 2 Cultivator (small/marginal farmer); 3 Agricultural Labourer; 4 Non-agricultural Labourer; 5 Government Service; 6 Private Service; 7 Business; 8 Self-employed; 8 Housewife; 9 Home-based Worker; 10 Others (Specify)										

Name of the Moderator: _____

Name of the Recorder: _____

Date:

Start Time:

End Time:

1. Education of Girls and Women

Education plays a very important role in one's life. We would like to know about the level of education that the adolescent girls and women generally attain in your community.

- Girls should get equal opportunity for education as boys? What happens in your community?
- Are adolescent girls in your area able to access higher education (secondary & above)? What are the barriers for the same, if any?
- Does education increase value of girls? In your opinion what is the perception of parents on it in your community?
- What are your considerations/concerns when you send the girls to other places for further studies?
- Are there any concerns about safety and security of adolescent girls in your community? If yes, what are those?
- What is the age at which girls are married in your community?
- What happens to age at marriage when girls continue education up to higher secondary/college level?
- What can be done to improve status of the adolescents' girls in terms of education (particularly professional expertise)? Any suggestions?

Probes

- Level of education for boys & girls
- Accessibility to higher education for girls and barriers for the same
- Advantages of educating girls
- Safety and security of girls in the community
- Impact of education on (economic & other) value of girls
- Concerns for sending girls to other places for further studies
- Type of professional expertise needed for the adolescent girls
- How to improve their vocational and technical skills so that they can contribute to the society event better?

2. Health of the Adolescent Girls

Adolescent are future mothers and parents and society must do something for the future of not only their adolescent girls but the next generation. We would like to know about the current health status of the adolescent girls in your community.

- Do you think that the adolescent girls in the age group of 15-19 years have good health? If no, why and what are problems they are facing?
- If the health of is not good, what are the beliefs and practices which have led to such a situation?

Probes

- Status of health of adolescents' girls
- Anaemia level among adolescents' girls and reasons for good or bad status

<ul style="list-style-type: none"> ➤ Is there any stigma which prevents adolescent girls to obtain health services? ➤ What about the menstrual hygiene among adolescent girls? Do they know how to take care of their monthly menstruation cycle? Is there any stigma surrounding onset and menstruation among adolescent girls in your community? ➤ What are menstruation hygienic practices followed by the women, particularly adolescent girls in your community? ➤ Do you think that this can be improved further? What are your suggestions? ➤ How about the anaemia status of among adolescent girls? Do you think the situation is good, if so why and if not what are the reasons for that? ➤ What can be done to prevent anaemia among adolescent girls and women? ➤ Are you aware about special programme of the government to prevent anaemia among adolescent's girls? Which programmes are in place? Do you think that the adolescents in your area are getting benefits out of that programme? 	<ul style="list-style-type: none"> • Ways of preventing anaemia among girls and women • Government programmes to control anaemia among adolescents
--	--

3. Knowledge on reproductive health, childbearing and health care utilization

<p><i>We would like to understand about the community norm regarding the number of children couples like to have presently, what are their knowledge, believes and practices related to care of pregnant women and children in your community. Also, we would appreciate if you can discuss and let us know about the availability of the government services and barriers in its utilization, which will help us to understand the current need and the way forward.</i></p>	
<ul style="list-style-type: none"> ➤ Could you please tell about an ideal number of children for a couple living in this area? ➤ Could you please tell about an ideal number of sons and daughters for a couple living in this area? 	<p>Probes</p> <ul style="list-style-type: none"> • Ideal number of children by sex • Factors influencing small child norm • Believes and practices around caring of the pregnant women

<ul style="list-style-type: none"> ➤ Why couples think these numbers as ideal now-a-days? Whether this number has declined from past? If So, why? ➤ Whether pregnant women in your community know about necessary ante natal care services e.g. check-up, IFA, TT, advise on birth preparedness, danger signs during pregnancy and surrounding delivery, safe delivery, post-natal check-up etc. Who provide the information in your community? Are there any suggestions to improve on these in your community? ➤ What are the services available for the pregnant women in your community (ANC)? Are there any government services to provide nutrition (AWC) and health services (ASHA and ANM) during pregnancy? ➤ Are there any problems which prevents pregnant women to access these services in your community? If so, what? ➤ Are these service providers regularly available to provide services in your community? If not what are the reasons? ➤ Whether all pregnant women in your community access these services? Are there any variations by caste and class group? ➤ Are there any barriers in obtaining these services from community side? Are there any taboos? ➤ Where is the nearest facility for delivery in your community? ➤ Are there problems in accessing health facility for delivery in your villages? What about those living in nearby villages which are remote and inaccessible? ➤ Is proper transportation facility available for taking a pregnant woman to the health facility for the delivery in your community? If not, what can be done? ➤ What about such facilities for those living in remote villages with poor connectivity to the health facility? 	<ul style="list-style-type: none"> • Services available for ANC care and nutrition in the community • Believes and practices related to child bearing, delivery care and post-natal care • Availability of the health facility for safe delivery • Government schemes for women and children • Knowledge, practices and believes around use and non-use of family planning methods
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- Are there any government programmes to provide incentives to the pregnant women and those who are delivering in the health institutions? What are those?
- Do you think these programmes are benefiting? Are there any bottlenecks? If yes what are those? Are there any suggestions to improve this?

4. Child Health: Nutrition, immunization and health care utilization among children

Now we would like to discuss about the health and nutrition status of the children in your community. We are interested to know the practices concerning child health and availability of services in your community. We would very much like you to discuss and let us know what can be done to improve the status of the child health in your community.

<ul style="list-style-type: none"> ➤ What do you think whether more births are happening in the intuitions in your area or at home? ➤ If more in health facility, what are the reasons? ➤ Whether mothers in your community breastfeed the children? Whether they initiate it immediately? Are there any pre-lacteals give? What are those? ➤ Are there any believes and practices related to breastfeeding of the new born in your community? What are those? ➤ What about exclusive breastfeeding to a new-born child? How long only breastfeeding is done in your community? If less than six months, why? ➤ At what age the new-born should be given semi solid foods? What are practices in your community? Is there any stigma and believes surrounding feeding practices of the children less than one year of age? ➤ Who advices about breastfeeding and complementary feeding in your community? ➤ Are there any government schemes for child nutrition in your community? Which are those and who provides 	<p>Probes</p> <ul style="list-style-type: none"> • Institutional delivery accessibility and issues surrounding that • Believes and practices related to breastfeeding to the infants in the community • Status of infant feeding practices in the community – breastfeeding as well as complementary feeding • Believes on child immunization practices, availability of services and suggestion to improve
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them? Any problems in the implementation of such schemes in your community and nearby?

- What are your suggestions to improve child feeding practices? Who should do what?
- Whether infants in your community are measured for weight and height (growth monitoring)? **Who does that?**
- Do you think it is important to monitor the weight gain in the infants? Who should be doing that? Are there any problems in growth monitoring of infants in your community? How this can be improved?
- Are child immunization services available in your community? Who provides and where? At what interval these services are available in your community?
- Are monthly nutrition and health days organized in your village? Which government functionaries participate in these events? What services are available in the NHDs?
- Do community members utilize these services made available by the government? If not, why?
- Whether children in your community utilize government services for immunization or private? What are reasons?
- What are your suggestions to improve child feeding practices in your community?
- What are your suggestions to improve immunization services in your community?

9.3 Adolescent Questionnaire

Confidential, for research purposes only

Study on Health Status of Women in Champawat Districts of Uttarakhand Schedule for Unmarried Adolescent Girls (10-19 years)

भाग 1: पहचान			
1.3	ब्लॉक का नाम	चम्पावत 1 पाती2	
1.4	ब्लॉक का कोड	<input type="checkbox"/>	
1.5	गाँव का नाम		
1.6	गाँव का कोड	<input type="checkbox"/> <input type="checkbox"/>	
1.7	घर के मुखिया का नाम		
1.8	चयनित किषोरी का नाम		
1.9	साक्षात्कार कर्ता का नाम		
1.10	साक्षात्कार की तारीख	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> दिन महीना साल	
1.11	सुपरवाइजर का नाम		

नमस्कार। मेरा नाम..... है। मैं FRDS एवं AGRANI संस्था में काम करती हूँ। हम स्वास्थ्य, पोषण और विकास आदि से जुड़े विषयों पर अध्ययन करते हैं। अभी हम लोग महिलाओं बच्चों और किषोरियों के स्वास्थ्य के बारे में अध्ययन कर रहे हैं। आप अपने कीमती समय में से कुछ समय हमसे बातचीत के लिए निकालेंगे तो हम आपके आभारी रहेंगे। आपके द्वारा दी गई सूचना को गोपनीय रखा जाएगा (किसी को भी बताया नहीं जाएगा) तथा अन्य लोगों को आपका नाम नहीं बताया जायेगा और इसका प्रयोग केवल शोध कार्य के लिए किया जाएगा। हम आप का लगभग आधा घण्टे का समय लेंगे। इस सर्वे में भग लेना स्वैच्छिक है और आप साक्षात्कार के किसी भी समय प्रश्नों का उत्तर देने से मना कर सकती हैं। अगर आप अनुमति दें तो मैं साक्षात्कार पुरु करूँ।

अनुमति दी गयी1

अनुमति नहीं दी गयी 2

भाग 2: स्वयं के बारे में जानकारी			
प्रश्न सं.	प्रश्न	कोड	प्रश्न पर जायें
2.1	आप कितने भाई एवं बहन हैं ?	भाई <input type="checkbox"/> बहन <input type="checkbox"/>	
2.2	आपका जन्म किस महीने तथा वर्ष में हुआ था?	जन्म का महीना <input type="checkbox"/> <input type="checkbox"/> जन्म का महीना मालूम नहीं 98 जन्म का साल <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> जन्म का साल मालूम नहीं.....9998	
2.3	आपके पिछले जन्म दिन पर आपकी उम्र क्या थी? पिछले सवाल से तुलना करें एवं सही उम्र दर्ज करें	उम्र पूर्ण वर्षों में <input type="checkbox"/> <input type="checkbox"/>	
2.4	क्या आप कभी स्कूल गए हैं?	हाँ 1 नहीं 2	→ 2.7
2.5	आपके द्वारा ली गई उच्चतम शिक्षा का स्तर क्या है?	कक्षा <input type="checkbox"/> <input type="checkbox"/>	
2.6	क्या आप अभी स्कूल जा रहे हैं?	हाँ 1 नहीं 2	→ 2.8
2.7	आपके स्कूल न जा पाने या बीच में स्कूल छोड़ देने के मुख्य कारण क्या है। एक से अधिक उत्तर सम्भव पूछें और किन कारणों की वजह से आपने पढाई छोड़ दी	शिक्षा पूरी हो गयी 1 घर के काम में मदद करने के लिए 2 खेत/परिवार के व्यवसाय में काम के लिए 3 माता-पिता ने पढाई छोड़ने को मजबूर किया . 4 शिक्षा की जरूरत नहीं है5 स्कूल दूर था6 स्वास्थ्य सम्बन्धी समस्या के कारण 7 स्कूल जाने का साधन नहीं था 8 स्कूल में सुविधाएँ नहीं थी 9 परीक्षा में फेल हो गया 10 पढने में रुचि नहीं 11 स्कूल जाना लडकियों के लिए सुक्षित नहीं है ..12 पढाई महंगी है 13 लडकियों के लिए अलग स्कूल नहीं है 14 अन्य (बताएँ)..... 15	
2.8	क्या आपने कोई व्यावसायिक प्रशिक्षण या कोर्स किया है?	हाँ 1 नहीं 2	→ 2.10
2.9	आपने कौन सा व्यावसायिक प्रशिक्षण या कोर्स किया है या कर रहीं हैं? एक से अधिक उत्तर सम्भव	टेलरिंग.....1 कुकिंग.....2 टाइपिंग शार्टहैंड.....3 कंप्यूटर प्रशिक्षण.....4 पेंटिंग.....5 ब्यूटी पार्लर सैलून.....6 एम्ब्रायडरी.....7 गाना या नृत्य.....8 हस्तकला9 कोई अन्य.....98	
2.10	क्या आपके पिताजी पढ लिख सकते हैं?	हाँ 1 नहीं 2	→ 2.12
2.11	आपके पिताजी की शिक्षा का उच्चतम स्तर क्या है?	प्राथमिक शिक्ष पूरी नहीं की 1	

		कक्षा 5 तक 2 कक्षा 8 तक 3 कक्षा 10 तक 4 कक्षा 12 तक 5 स्नातक 6 स्नातकोत्तर 7 व्यावसायिक कोर्स 8	
2.12	आपके पिताजी का मुख्य व्यवसाय क्या है?	सरकारी नौकरी 1 प्राइवेट नौकरी 2 स्वरोजगार 3 स्वयं की खेती 4 दूसरे के खेत पर खेती 5 मजदूरी 6 ड्राइवर 7 छोटी दूकान 8 कोई काम नहीं 9 कोई काम नहीं/घरेलू कार्य 10 अन्य (स्पष्ट करें) 11	
2.13	क्या आपकी माताजी पढ़ लिख सकती है?	हाँ 1 नहीं 2	→ 2.15
2.14	आपकी माताजी की शिक्षा का उच्चतम स्तर क्या है?	प्राथमिक शिक्षा पूरी नहीं की 1 कक्षा 5 तक 2 कक्षा 8 तक 3 कक्षा 10 तक 4 कक्षा 12 तक 5 स्नातक 6 स्नातकोत्तर 7 व्यावसायिक कोर्स 8	
2.15	आपके माताजी का मुख्य व्यवसाय क्या है?	सरकारी नौकरी 1 प्राइवेट नौकरी 2 स्वरोजगार 3 स्वयं की खेती 4 दूसरे के खेत पर खेती 5 मजदूरी 6 ड्राइवर 7 छोटी दूकान 8 कोई काम नहीं/घरेलू कार्य 9 अन्य (स्पष्ट करें) 10	
2.16	आप टी वी पर कार्यक्रम कितनी बार देखती हैं?	लगभग प्रत्येक दिन 1 सप्ताह में कम से कम एक बार 2 महीने में कम से कम एक बार 3 कभी कभी 4 कभी नहीं 5	
2.17	आप समाचार पत्र या पत्रिका कितनी बार पढ़ती हैं?	लगभग प्रत्येक दिन 1 सप्ताह में कम से कम एक बार 2 महीने में कम से कम एक बार 3 कभी कभी 4 कभी नहीं 5	
2.18	आप रेडियो कितनी बार सुनती हैं?	प्रत्येक दिन 1 सप्ताह में कम से कम एक बार 2 महीने में कम से कम एक बार 3 कभी कभी 4	

		कभी नहीं 5	
2.19	क्या आपके पास स्वयं का मोबाइल फोन है या ऐसा मोबाइल फोन जिसका आप उपयोग कर सकती हैं?	हाँ स्वयं का 1 हाँ किसी और का 2 नहीं 3	
2.20	क्या आप मोबाइल फोन पर इंटरनेट का उपयोग करती हैं?	हाँ 1 नहीं 2	
2.21	घरेलू कामों के अलावा, क्या आपने कभी कोई ऐसा काम किया है जिसके बदले में आपको भुगतान नहीं मिला हो, जैसे की अपने खेतों पर काम करना या अपने परिवार के व्यवसाय में काम करना?	हाँ 1 नहीं 2	
2.22	क्या पिछले साल आपने घरेलू कामों के अलावा, कोई ऐसा काम किया है जिसके लिए आपको पैसा, सामान या दोनों मिले हैं/थे?	हाँ 1 नहीं 2	→ 3.25
2.23	आपने कौन कौन सा काम किया जिससे आपके पैसा, सामान या दोनों मिले हैं/थे?	व्यापार 1 नौकरी 2 स्वयं की खेती 3 दूसरे के खेत पर खेती 4 मजदूरी 5 सिलाई कटाई या अन्य हुनर 6 मुर्गी / पशुपालन 7 अन्य (स्पष्ट करें) 8	
2.24	क्या आपने यह काम अपने ही गांव में ही किया या गाँव से बाहर जा कर किया?	गाँव में ही किया 1 काम के लिए गाँव से बाहर गयी 2	
2.25	क्या भारत में विवाह की कोई कानूनी उम्र है?	हाँ 1 नहीं 2	
2.26	भारत में लडकियों के विवाह की कानूनी उम्र क्या है?	कानूनी उम्र <input type="text"/> <input type="text"/> पता नहीं 98	
2.27	भारत में लडकों के विवाह की कानूनी उम्र क्या है?	कानूनी उम्र <input type="text"/> <input type="text"/> पता नहीं 98	

भाग 3: स्वास्थ्य के बारे में जानकारी

प्रश्न सं	प्रश्न	कोड	प्रश्न पर जायें
3.1	आपको स्वस्थ रहने के लिए क्या-क्या आवश्यक हैं? एक से अधिक उत्तर सम्भव	शरीर को साफ-सुथरा रखना 1 आस पास साफ सफाई का ध्यान रखना 2 खाने में दाल, हरी सब्जी, फल, दूध, अण्डा, आदि शामिल करना 3 तनाव न लेना..... 4 रोज़ व्यायाम करना 5 कोई जवाब नहीं 6 अन्य 7	
3.2	आप और आपके परिवार के लोग बीमार पड़ने पर इलाज के लिए मुख्यतः कहाँ जाते हैं?	घर पर खुद से इलाज 1 ओझा/झाड़ फूँक 2 सरकारी अस्पताल पी एच सी 3 प्राईवेट अस्पताल / डॉक्टर 4 गुणी या वैद्य 5 अप्रशिक्षित डॉक्टर 6 कोई जवाब नहीं 7 अन्य 8	

3.3	क्या आपको पता है कि सिगरेट, गुटखा, तम्बाकू और शराब के सेवन के क्या परिणाम हो सकते हैं? एक से अधिक उत्तर सम्भव	सांस लेने में कमी/दम फूलना 1 थकान दूर होती है 2 हृदय रोग 4 मजा आता है 5 मुंह और फेफड़े का कैंसर 6 काम करने की ताकत मिलती है 7 खांसी 8 तनाव दूर करने के लिए 9 कोई जवाब नहीं 10 अन्य: 11	
3.4	क्या आपने कभी खून की कमी के बारे में सुना है?	हाँ 1 नहीं 2 →	3.8
3.5	महिलाओं में खून की कमी के लक्षण क्या हैं? एक से अधिक उत्तर सम्भव	हाथ/पैर/चेहरे में सूजन 1 कमजोरी 2 चक्कर आना 3 पीली त्वचा 4 बुखार 5 दृष्टि की समस्याएं 6 थकावट/थकान 7 माहवारी में अत्यधिक रक्तस्राव 8 अन्य (विशेष रूप से बताएं) _____ 9	
3.6	खून की कमी के मुख्य कारण क्या हैं? एक से अधिक उत्तर सम्भव	आहार कम लेना 1 हरी पत्तेदार सब्जियों के सेवन का अभाव 2 फलों के सेवन का अभाव 3 लौहतत्व से भरपूर खाद्य पदार्थों का अभाव 4 परजीवियों के उपचार का अभाव 5 अन्य (विशेष रूप से बताएं) _____ 6	
3.7	खून की कमी को दूर करने के लिए क्या किया जाना चाहिए?	हरी पत्तेदार सब्जियों का सेवन ----- 1 आयरन की गोलियाँ लेनी चाहिए 2 पता नहीं 3 अन्य 4	
3.8	क्या आप आंगनवाड़ी केन्द्र या स्कूल में मिलने वाले साप्ताहिक आयरन की गोलियों के बारे में जानते हैं?	हाँ 1 नहीं 2 →	3.11
3.9	क्या आपने साप्ताहिक आयरन की गोलियाँ कभी खायीं हैं?	हाँ 1 नहीं 2 →	3.11
3.10	क्या आपने साप्ताहिक आयरन की गोलियाँ अभी खा रहीं हैं?	हाँ 1 नहीं 2	
3.11	महावारी क्या है?	अंडाशय से अंडे का निकलना 1 बच्चेदानी से खून का हर महीने बहना 2	

	केवल एक उत्तर पर गोला करें	शरीर से गंदा खून बाहर आना पता नहीं	3 4	
3.12	क्या आपकी महावारी पुरु हो गयी है?	हाँ 1 नहीं 2		3.14 →
3.13	आपको महावारी पुरु हुए कितने साल या महीने हो गये हैं?	साल _____ महीने: _____		
3.14	आपकी महावारी पुरु होने से पहले क्या किसी ने इसके बारे में बताया था/है?	हाँ 1 नहीं 2		
3.15	आपको महावारी के बारे में किसने बताया था/है?	माँ 1 पिता 2 बहन/भाभी/ननद 3 भाई/देवर/जीजा 4 मित्र 5 रिश्तेदार 6 शिक्षक 7 अन्य (विशेष रूप से बताएं) _____ 8		
3.16	क्या आपको महावारी पता है कि महावारी का चक्र कितने दिनों का होता है?	दिनों का <input type="checkbox"/>		
3.17	क्या आपको पता है कि जब महिला गर्भवती होती है तब महावारी रुक जाती है?	हाँ 1 नहीं 2		
3.18	माहवारी की अवधि में महिलाएं खून के धब्बे छुपाने के लिए विभिन्न चीजों का प्रयोग करती हैं। इसके लिए आप मुख्यतः क्या प्रयोग करती हैं? पूछें : कोई और चीज?	कपड़ों का प्रयोग 1 स्थानीय रूप से तैयार नैपकिंस 2 सैनिटरी नैपकिंस का प्रयोग 3 कुछ प्रयोग नहीं करती 4 अन्य चीजों का प्रयोग करती हैं (विशेष रूप से बताएं) _____ 5		3.21 →
3.19	आप दिन में कितनी बार महावारी में इस्तेमाल किया हुआ कपड़ा/सैनिटरी नैपकिन बदलती हैं?	कितनी बार <input type="checkbox"/>		

3.20	आप इस्तेमाल किया हुआ कपड़ा/सैनिटरी नैपकिन के क्या करती हैं?	साफ करके दुबारा इस्तेमाल करते हैं 1 जला देते हैं 2 कूड़े में फेंकते हैं 3 अन्य 4	
3.21	क्या आप महावारी के दौरान नहाती हैं /योनी की सफाई करती हैं?	हाँ 1 नहीं 2	
3.22	क्या आप महावारी के दौरान पहले की तरह ही खाना खाती हैं या कुछ अन्य /ज्यादा चीजें भी खाती हैं?	हाँ / ज्यादा 1 नहीं 2	
3.23	क्या आप सोचती हैं कि पिछले छः महीनों की अवधि के दौरान आपकी माहवारी सामान्य रूप से हुई? (नियमित अंतराल पर तथा अधिक रक्तस्राव नहीं)	हाँ 1 नहीं 2	
3.24	क्या आपको अपने महावारी के संबंध में कभी कोई समस्या हुई थी?	हाँ 1 नहीं 2 →	3.26
3.25	अपनी महावारी संबंधी समस्या को दूर करने के लिए आपने क्या किया?	घरेलू उपचारों का सहारा लिया 1 दवा की दुकान से परामर्श किया 2 महिला मेडिकल डॉक्टर से परामर्श किया 3 पुरुष मेडिकल डॉक्टर से परामर्श किया 4 स्थानीय योग्यता विहीन डॉक्टर से परामर्श 5 अन्य (विशेष रूप से बताएं) _____ 8	
3.26	यदि आपको माहवारी से संबंधित कोई समस्या होती है, तो आपको इसके बारे में किससे बात करेगीं?	माँ 1 पिता 2 बहन/भाभी/ननद 3 भाई/देवर/जीजा 4 मित्र 5 रिश्तेदार 6 शिक्षक 7 कोई नहीं 8 अन्य (विशेष रूप से बताएं) _____ 9	

3.27	क्या आप कभी भी माहवारी के कारण स्कूल से नहीं गयीं?	हाँ नहीं	1 2
3.28	अब मैं आपको माहवारी के बारे में कुछ बातें पढ़कर सुनाऊंगी। आप बताएं कि कौन-कौन सी बातों से आप सहमत या असहमत हैं।		
3.28.1	माहवारी एक बीमारी है	सहमत 1 असहमत 2 निश्चित नहीं 3	
3.28.2	माहवारी के दौरान पवित्र स्थान जैसे मंदिर/मस्जिद जा सकती हैं	सहमत 1 असहमत 2 निश्चित नहीं 3	
3.28.3	माहवारी के दौरान महिलाएं खाना बना सकती हैं	सहमत 1 असहमत 2 निश्चित नहीं 3	
3.28.4	माहवारी के दौरान सबसे अलग रहना चाहिए	सहमत 1 असहमत 2 निश्चित नहीं 3	
3.28.5	माहवारी के दौरान लड़की खेलकूद सकती है	सहमत 1 असहमत 2 निश्चित नहीं 3	
3.28.6	माहवारी के दौरान महिलाएं अचार-पापड़ बना सकती हैं	सहमत 1 असहमत 2 निश्चित नहीं 3	

जॉच लें: 3.29 एवं 3.30 – 15.19 साल की लडकियों से ही पूछना है

3.29	क्या कोई लडकी पहली बार षारिरीक सम्पर्क बनाने पर गर्भवती हो सकती है यदि गर्भनिरोधक के किसी तरीके का प्रयोग न करे?	हाँ 1 नहीं 2
3.30	क्या आप षारिरीक सम्पर्क बनाने के कारण होने वाले कसी रोग के लक्षणों के बारे में बता सकती हैं? पूछें : कोई और क्या लक्षण? एक से अधिक उत्तर सम्भव	अन्दरूनी भागों में फोड़ा/फुन्सी 1 धात् गिरना 2 अन्दरूनी भागों में खुजली 3 पेडु के नीचे दर्द / 4 अन्दरूनी भागों में मस्सा या विकास होना . 5 पेषाब के समय दर्द या जलन होना 6 कोई लक्षण नहीं 7 कोई लक्षण की जानकारी नहीं..... .. 8 अन्य कोई स्पष्ट करेंड 9

भाग 4 लिंग संबंधी भूमिकाएं और दृष्टिकोण

प्रश्न सं	प्रश्न	कोड	प्रश्न पर जायें
4.1	निम्नलिखित के बारे में मुख्यत कौन फैसला करता है? आपके लिए कपड़े इत्यादि खरीदने आगे की पढाई के लिए आपके पैसे को खर्च करते के लिए	केवल उत्तरदाता केवल अन्य लोग दुसरो के साथ मिल कर 1 2 3 1 2 3 1 2 3	
4.2	क्या आपको निम्नलिखित स्थानों पर अकेले जाने कीए केवल किसी के साथ जाने की अनुमति है या बिलकुल अनुमति नहीं है? a. बाजार b. मित्र से मुलाकात करने c. रिश्तेदार से मुलाकात करने d. किसी स्वास्थ्य केन्द्र जाने में	अकेले किसी के साथ बिलकुल नहीं 1 2 3 1 2 3 1 2 3 1 2 3	
4.3	मुख्य रूप से कौन यह निर्णय करेगा कि आपकी शादी किसके साथ होगी?	उत्तरदाता अकेले 1 केवल दूसरा; अन्य कोई 2 दूसरे लोगों के साथ मिलकर .. 3	

4.4	क्या आप सोचती हैं कि लड़कियों की तुलना में लड़कों को पढ़ाना ज्यादा जरूरी है?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.5	क्या आपको लगता है कि लड़कियों के लिए जल्दी या कम से कम 12वीं पास करते ही शादी कर लेना ठीक रहता है?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.6	क्या आप सोचती हैं कि लड़की का लड़कों से दोस्ती होना गलत है?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.7	क्या आप सोचती हैं कि लड़कियों को लड़कों द्वारा उन्हें छेड़ा जाना अच्छा लगता है?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.8	क्या आप सोचती हैं कि लड़कों को घरेलू काम में हाथ बटाना चाहिए?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.9	क्या आप सोचती हैं कि दहेज लेना एवं देना कानूनी जुर्म है?	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.10	क्या आप सोचती हैं कि दहेज देना जरूरी है क्योंकि इससे लड़की के ससुराल में उसका मान बढ़ता है	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.11	हर परिवार में कम से कम एक बेटा होना चाहिए	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.12	लड़कियों के साथ गलत व्यवहार होने का खतरा सिर्फ घर से बाहर होता है	सहमत 1 असहमत 2 निश्चित नहीं 3	
4.13	लड़का होगा या लड़की इसके लिए केवल स्त्री जिम्मेदार है	सहमत 1 असहमत 2 निश्चित नहीं 3	

भाग 5 सामुदायिक कार्यक्रम में भागीदारिता					
प्र सं	प्रश्न	कोड			
5.1	क्या आप किसी समूह या मंडल से जुड़े हैं?	हाँ 1 नहीं 2	→ 5.3		
5.2	आप किस समूह या मंडल से जुड़े हैं?	नाम			
5.3	आपने पिछले एक साल में निम्न में से किस सामूहिक कार्यक्रमों में भाग लिया है —	भाग लिया	भाग नहीं लिया	ऐसे कार्यक्रम नहीं हुए	
5.4	खेलकूद प्रतियोगिता	1	2	3	
5.5	रैली व जलसा	1	2	3	

5.6	राष्ट्रीय त्योहार (26 जनवरी, 15 अगस्त)	1	2	3	
5.7	पर्व/त्योहार	1	2	3	

आपकी भागीदारी के लिए धन्यवाद। आपने जो अपना बहुमूल्य समय एवं जानकारी हमें दिया है उसकी सराहना करते हैं, अगर दी गई जानकारी में किसी भी तरह का शंका हुआ तो भविष्य में पुनः आपसे संपर्क कर सकते हैं।

अन्वेषक नोट

Facility Assessment Checklist: Champawat Baseline Study

C1: Name of the supervisor -	C2: Designation -	C3: Level of supervisor - Block / District / State / National / Other
C4: Facility Name -	C5: Facility Type - SC/ Non 24*7 PHC /24*7 PHC/Non- FRU CHC/FRU CHC/SDH/DH/ other	C6: Facility Level - L1/ L2/ L3
C7: Date of visit -	C8: Name of Facility in-charge/nodal officer -	C9: Designation of In-charge-

Data of previous month from facility

D1 Number of deliveries in facility

Total Deliveries	
Normal	
Assisted Vaginal Delivery	
C-section	
Referred out cases	
Live births	

D2 Number of new-borns immunized before discharge

D3 IPD load

D4 OPD load

D5 Discharged after 48 Hrs of Delivery

Normal	
Assisted Vaginal delivery	
Others	

D6 PW visit for ANC

1 st ANC	
2 nd ANC	
3 rd ANC	
4+ ANC	

D7 No. of PW received IFA

D8 No. of AG received IFA

D9 No. of ANC clients with high risk conditions

D10 HR deployed/posted in Labor Room

	Posted	Trained in SBA/BEmOC	Trained in FBNC
MO			
ANM/Staff nurse			

E Drugs/supplies availability (If possible, verify physically)			
E1: Reproductive Health		E3: New Born Health	E7. Antibiotics
E1.1: MCP Card	<input type="checkbox"/>	E3.1: Inj. Vit K (1 mg/ml)	<input type="checkbox"/>
E1.2: Patient Record	<input type="checkbox"/>	E3.2: Mucus Extractor	<input type="checkbox"/>
E1.3: Adequate visual privacy	<input type="checkbox"/>	E3.3: Bag and mask (240 ml) with both pre & term mask (size 0,1)	<input type="checkbox"/>
E1.4: Management of obstructed labour	<input type="checkbox"/>	E3.4: Clean linen/towels for receiving new born	<input type="checkbox"/>
E1.5: Mifepristone + Misoprostol (MMA)	<input type="checkbox"/>	E3.5: Sterile cord cutting equipment	<input type="checkbox"/>
E1.6: MVA Kit/EVA	<input type="checkbox"/>	E3.6: Designated Newborn Care Corner	<input type="checkbox"/>
E2: Maternal Health		E3.6: Functional Radiant Warmer	<input type="checkbox"/>
E2.1: Inj. Oxytocin (check whether stored in cold box/refrigerator)	<input type="checkbox"/>	E4: Child Health	E8.6: Oxygen Cylinder functional
E2.2: Tab Misoprostol	<input type="checkbox"/>	E4.1 ORS	<input type="checkbox"/>
E2.3: Antihypertensive (alpha methyl dopa/Labetalol or Nifedipine)	<input type="checkbox"/>	E4.2: Zinc (10mg & 20 mg)	<input type="checkbox"/>
E2.4: Inj. Magnesium Sulfate	<input type="checkbox"/>	E4.2: Syp Salbutamol/Salbutamol Nebulizing Solution	<input type="checkbox"/>
E2.5: Inj. Tetanus Toxoid	<input type="checkbox"/>	E4.3: Syrup Albendazole	<input type="checkbox"/>
E2.6: Sterile pads	<input type="checkbox"/>	E5: Adolescent Health	E8.11: Autoclave/Boiler
E2.7: IFA Tablet	<input type="checkbox"/>	E5.1: Dicyclomine	<input type="checkbox"/>
E2.8: Pregnancy Test Kit (only at sub-centres and with ASHAs)	<input type="checkbox"/>	E5.2: Weekly Iron folic acid supplementation tablets	<input type="checkbox"/>
E2.9: Functional Blood Bank/blood storage units	<input type="checkbox"/>	E 5.3 Albendazole	<input type="checkbox"/>
E2.10: Haemoglobinometer	<input type="checkbox"/>	E6: Vaccines	E8.15: Electricity back-up
E2.11: Urine albumin kit	<input type="checkbox"/>	E6.1: BCG	<input type="checkbox"/>
E 2.12: Blood grouping typing	<input type="checkbox"/>	E6.2: OPV	<input type="checkbox"/>
E 2.13:HIV screening	<input type="checkbox"/>	E6.3: Hep B	<input type="checkbox"/>
E 2.14:Hepatitis B screening	<input type="checkbox"/>	E6.4: DPT	<input type="checkbox"/>
E2.15: Partograph	<input type="checkbox"/>	E.6.5: Measles	<input type="checkbox"/>
E2.16: Protocols displayed in LR	<input type="checkbox"/>	E.6.6: Syrup Vit. A	<input type="checkbox"/>
E2.17: IV Fluids	<input type="checkbox"/>	E.6.7: Pentavalent vaccine (in relevant states)	<input type="checkbox"/>
E 2.18 Inj Dexamethasone	<input type="checkbox"/>	E.6.8 JE Vaccine (where relevant)	<input type="checkbox"/>
			E7.1 Antibiotics as per RMNCH+A 5X5 Matrix (Amoxicyclillin, Ampicillin, Ampicillin, Gentamicin, Metronidazole, Trimethoprim & Sulphamethoxazole, Cefrtiaxone (oral/IM/IV as applicable)
			E8: Other essential supplies & equipments(check functionality & utilization)
			E8.1 Weighing Machine
			E8.2: Hub cutter with needle destroyer
			E8.3: Refrigerator
			E8.4: RTI/STI Kit
			E8.5: Bleaching Powder
			E8.6: Oxygen Cylinder functional
			E8.7: BP apparatus with stethoscope
			E8.8: Thermometer
			E8.9: PPIUCD Forceps
			E8.10: Fetoscope/ Doppler
			E8.11: Autoclave/Boiler
			E8.12: Running water
			E8.13: Soap
			E8.14: Color coded bins and bags
			E8.15: Electricity back-up
			E8.16: Toilet near LR
			E8.17: Cold box, ILR, Deep freezer present for vaccine storage as per requirement
			E 8.18 MCP cards

F1. Ante Natal Care		Response
F1.1	Blood Pressure Measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.2	Haemoglobin measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.3	Blood Glucose measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.4	Urine Albumin measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.5	Appropriate management/referral of high risk clients (identified on the basis of High BP/ Blood sugar/Haemoglobin)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.6	Family Planning Counselling happening during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F2. Intra-partum and Immediate post-partum practices	F2.1 Fetal Heart Rate (FHR) recorded at the time of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.2	Mother's temperature and BP recorded at the time of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.3	Partograph used to monitor progress of labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.4	Antenatal corticosteroids used for preterm labour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F2.5	Magnesium Sulphate used to manage severe Pre-eclampsia and Eclampsia cases	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.6	Uterotonic (Oxytocin or Misoprostol) given to mother immediately after birth of baby	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3. Essential new born care (ENBC) and New-born Resuscitation (NRR)	F3.1 Newborn care corner adequately equipped (bag-and-mask, radiant warmer, mucous extractor, shoulder roll, thermometer, clock, Oxygen source)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.2	Early initiation of breastfeeding practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.3	Practice of skin to skin contact being promoted	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.4	Babies dried with clean and sterile sheets/towels just after delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.5	Provider aware about the steps of new-born resuscitation (Positioning, stimulation, suctioning, repositioning, PPV using Ambu bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.6	New-borns given BCG,OPV, Hep-B within 24 hours of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4. Labour Room	F4.1 Behaviour of labour room staff is dignified and respectful	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.2	Pregnant women not left unattended or ignored during care in the labour room	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.3	Availability of patients amenities such as drinking water, toilet and changing area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F4.4	Availability of Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.5	Availability of Ob&G specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.6	Availability of baby tray	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.7	Drugs are stored in containers/ tray/ crash cart and labelled	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.8	Availability of power back up in labour room	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.9	Progress of labour is recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.10	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.11	Records births weight and gives injection vitamin k	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5. Client Satisfaction	F5.1 Privacy during delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.2	Is transport being provided for drop back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.3	Staff was well behaved with you during your stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.4	Were you informed about the procedures before they were undertaken	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.5	Free diet provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.6	Would you suggest visiting this facility to your relatives/friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F6. Facility mechanisms and others	F6.1	Is utilization of untied fund adequate?	<input type="checkbox"/> Yes <input type="checkbox"/>
	F6.2	Awareness generation (use of IEC/BCC)- Posters, audio visual aids, display of citizen charter?	<input type="checkbox"/> Yes <input type="checkbox"/>
	F6.3	Is grievance redressal mechanism in place?	<input type="checkbox"/> Yes <input type="checkbox"/>
F7 Functionality of programs at community	F.7.1	Exclusive breastfeeding practised upto six months (no water)	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.2	Complementary feeding practised	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.3	ORS and Zinc available with ASHAs and distributed in community	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.4	Growth monitoring at AWW centers and VHNDs	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.5	Malnourished children referred to Nutritional Rehabilitation Centres	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.6	Incentives to ASHAs for delaying and spacing of births	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.7	Incentives to ASHAs for accompanying clients for PPIUCD insertions	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.8	Weekly IFA supplementation (WIFS)	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.9	Community based distribution of Misoprostol for PPH prevention	<input type="checkbox"/> Yes <input type="checkbox"/>
	F7.10	Home-based new born care by ASHA	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.11	HBNC kits available with ASHA	<input type="checkbox"/> Yes <input type="checkbox"/>
	F7.12	Referrals of sick newborns or newborns with danger signs being undertaken	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.13	Home delivery of contraceptives by ASHAs	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.14	Menstrual hygiene practices being promoted	<input type="checkbox"/> Yes <input type="checkbox"/>
	F.7.15	VHNDs being conducted on a monthly basis (Services include ANC, Growth Monitoring, Immunization, Health Messages etc)	<input type="checkbox"/> Yes <input type="checkbox"/>
F7.16	JSSK (JSSK entitlements being given?)	<input type="checkbox"/> Yes <input type="checkbox"/>	
F7.17	JSY (JSY entitlements being given?)	<input type="checkbox"/> Yes <input type="checkbox"/>	
F7.18	Rashtriya Bal Swasthya Karyakram operational	<input type="checkbox"/> Yes <input type="checkbox"/>	

Plan of Action					
	Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline
Maternal Health					
Newborn Health					
Child Health					
Adolescent Health					

Facility In-charge Signature

Supervisor Signature